



# JJIF

## Medical Guideline

Ed. 1.2

This document is a brief HOWTO  
for managing medical issues on  
the JJIF covered competitions.

We tried to compile the Best Practice solutions and explain them in a  
simple way (for both medical and non-medical auditory)



## Hosting Country Medical Regulations

As part of JJIF family we are firmly following all the rules, requirements and agreements during the competitions. But what is even more important we are obligated to respect and follow the Laws and regulations of the Hosting Country. There are lot of specific regulations and requirements in the medical services in different countries. Most common is a requirement of local license to provide any kind of medical activities.

**So it is highly important to always perform compliance check for medical service on tournament and to manage it according to the local Medical Rules and Regulations. Responsibility on this compliance should be shared to both Head of organizers team and Medical Coordinator/Tournament doctor).**

## Abbreviations

ABC	<b>A</b> = Airway with cervical spine control; <b>B</b> = Breathing; <b>C</b> = Circulation with control of bleeding.
AVPU	<b>A</b> = alert and conscious; <b>V</b> = responsive to verbal stimuli; <b>P</b> = responsive to painful stimuli; <b>U</b> = unresponsive.
BP/HR	Blood Pressure / Heart Rate
EMS	Emergency Medical Services
EMT	Emergency Medical Technician-Paramedic
GCS	Glasgow Coma Score
IR	Immediate Response
JJIF	Ju-Jitsu International Federation
LOC	Loss Of Consciousness
NB	Nota Bene - Attention!
TD	Tournament Doctor

# Tournament Doctor

Should be recognized as primal decision maker in all medical issues.  
General task of TD is estimating risks for athletes to continue competition and managing those risks. With a primacy of the "Safety First" rule.

## Reasonable amount of Calls for each athlete

During the fight in any medical issue athlete may request medical assistance.

Sometimes it happens that one of the athletes calls for medicals multiple time.

The reasons are might be: repeating issue, multiple issues, tactical reasons.

Tactical reasons are might be ok if athletes is not building the hole tactics on it which is killing the spirit of martial art and actually far from Fair Play.

Repeating issue means that problem is bigger than athletes and medics realize and it is better to stop the fight for advanced medical check in the clinic.

Multiple issues should be treated as lost of focus or exhausting which is mean that it is not safe to continue the fight.

## «Three calls» rule

In common we suggest to use «Three calls» rule which is mean that it is always not good to continue the fight after third call from one of the athletes.

### First call:

- ✓ Inspecting/performing immediate response

### Second call:

- ✓ Inspecting/performing immediate response
- ✓ Warning to Athlete and Tatami coach *(after second call it is better to inform the athlete and/or corner coach that it is might be not safe to continue the fight if medical issue will appear third time)*
- ✓ Medic should stay close to this tatami till the end of fight.

### Third call:

- ✓ Immediate evacuation athlete from Tatami for detailed examination and monitoring *(Even if athlete denies going to the clinic medic should be insisting due to athlete may appear in the status of pain shock or altered critics.)*
- ✓ Conclusion of necessarily of hospitalization
- ✓ «Fit to continue» decision for Competition



## Paramedics

Immediate response

IR should be provided as soon as possible and followed by actual EMS protocols.

The main issue for IR is 2 minutes limit for medical time-out in Ju-Jitsu rules.

Therefore some specific changes in protocols were found out by generations of sport-medicine doctors.

**We are always suggest to use any protocol reasonably with meaning of the Patient's Safety.**

### Equipment

1. Oxygen balloon with a mask
2. Peroxide swabs/Noseplugs
3. Coldspray
4. Eye-rinse
5. Bandages and occlusive dressings
6. Tapes
7. Splints
8. Ammonium swabs
9. Wheelchair
10. Backboard and collar
11. Pack of gloves (unsterile)
12. Bleach
13. Diapers
14. Isothermal bag with ice



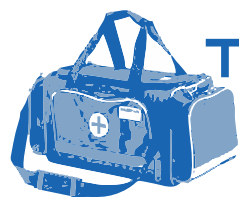
## Tournament clinic

The dedicated room/facility for detailed examination and providing specialized medical service (by doctor).

Should be situated not further than 3 minutes of normal walking from Tatami. Clear and fast evacuation path to the ambulance parking is the crucial.

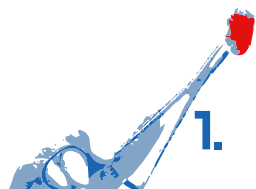
### Equipment

1. Oxygen source
2. BP/HR monitor
3. Ice source
4. Instrumental table
5. Patient table
6. Desk
7. Splints and collars



## Team medics

Some teams have a medical staff. We accept that it is ok to let them work with their teams, but it should be in private areas (warming up, clinic, etc) due to it is always doubtful that team medic has an appropriate license for hosting country.



## 1. Bleeding

On referee call use dry swab to clean out spot of bleeding and to estimate level of bleeding.

On any kind profuse bleeding fight should be stopped, extra assistance called, used standard paramedical protocols.

After successful IR stay nearby tatami till the end of this particular fight.

### Lips

- ✓ Remove mouthguard (if used)
- ✓ Check athlete's teeth and tongue.
- ✓ Press the wound with a dry swab.
- ✓ Clean athlete from blood
- ✓ Change swab if needed.
- ✓ Finish cleaning athlete, clean tatami from blood with bleach (cleaning staff might be called for it)
- ✓ Ask athlete if he is willing to continue.
- ✓ Call referee to estimate athlete's appearance.

### Nose

- ✓ Use two swabs with peroxide to tamponade both (NB) nostrils.
- ✓ Clean the athlete from blood
- ✓ Remove peroxide swabs and put dry ones
- ✓ Finish cleaning athlete, clean tatami from blood with bleach (cleaning staff might be called for it)
- ✓ Ask athlete if he is willing to continue.
- ✓ Call referee to estimate athlete's appearance



## 2. Pain shock

Assure ABC, determine AVPU level

### In case of LOC:

- ✓ Oxygen via non-rebreather mask
- ✓ Inform referee about LOC and stop the fight
- ✓ Check neck and head
- ✓ Use backboard to evacuate Athlete to Clinic

### No LOC:

- ✓ Use cold spray/instant ice/icebags to injured area
- ✓ Use Ammonium swab to focus Athlete
- ✓ Ask athlete if he/she is willing to continue.
- ✓ Call referee to estimate athlete's



### 3. Chocking

In any case of LOC athlete cannot continue the fight and participation in the tournament for the rest of the day.

- ✓ Assure ABC
- ✓ Rapid check for neck injuries
- ✓ Turn athlete face up
- ✓ Oxygen via non-rebreather mask.
- ✓ Check again throat cartilage
- ✓ In suspecting of injury use collar and backboard to evacuate athlete to the clinic

**If there is no response and you are trained for next steps:**

- ✓ **Intubate with cervical immobilization,**
- ✓ **start active ventilation if needed**

*Swab with ammonium might be used to accelerate waking up*

*Elevating of legs might be helpful*

**Be ready to calm down athlete after waking up.**

**Speak slowly and friendly**

**Check for amnesia and explain briefly the situation if needed.**



## 4. Throat hits

In any case of LOC athlete cannot continue the fight and participation in the tournament for the rest of the day.

- ✓ Assure ABC
- ✓ Rapid check for neck injuries
- ✓ Turn athlete face up
- ✓ Oxygen via non-rebreather mask.
- ✓ Check again throat cartilage
- ✓ In suspecting of injury use collar and backboard to evacuate athlete to the clinic

**If there is no response and you are trained for next steps:**

- ✓ **Intubate with cervical immobilization,**
- ✓ **start active ventilation if needed**

***Ask to say a few words and estimate vocals***

***Ask to breath in and out deeply***

***Ask athlete if he/she is willing to continue.***

***Call referee to estimate athlete's appearance.***

## 5. Eyes issues

### Lens drop

- ✓ Check the eye for shifted lens
- ✓ Look for a lens on Athlete closes and tatami
- ✓ Rinse a lens with an eye-rinse or saline solution prior to mount it back
- ✓ Ask athlete if he/she is willing to continue.
- ✓ Call referee to estimate athlete's appearance.

### Injuries/irritating

- ✓ Check an eyeball
- ✓ Rinse with eye-rinse or saline solution
- ✓ Tetryzoline (Visine ®) or other Alpha-1 agonist drops might be applied
- ✓ Ask athlete if he/she is willing to continue.
- ✓ Call referee to estimate athlete's appearance.

## 6. Hard impact to the head

In any case of LOC athlete cannot continue the fight and participation in the tournament for the rest of the day.

- ✓ Assure ABC
- ✓ Maintain cervical spine immobilization.
- ✓ Determine level of consciousness AVPU
- ✓ Complete motor examination (paralysis, weakness, posturing), if possible.
- ✓ Pupillary examination (size, equality).
- ✓ Open wounds which expose the brain tissue should be covered with saline-soaked gauze.
- ✓ Oxygen via non-rebreather mask. consider intubation and hyperventilation with 100% oxygen for markedly decreased LOC, inability to maintain a patent airway, or for GCS
- ✓ if pulseless, apneic: intubate with neck in neutral position (stabilized with traction by second EMT).
- ✓ Hyperventilate with 100% oxygen.
- ✓ On minor symptoms:
- ✓ In case of cuts use absorbent dressing after wound toilet (applying A'minocaproic acid will be helpful).
- ✓ Use Ammonium swab to focus Athlete
- ✓ Ask athlete if he/she is willing to continue.
- ✓ Call referee to estimate athlete's



## 7. Hard impact to the core

### Chest

- ✓ Assure ABC
- ✓ Oxygen via non-rebreather mask
- ✓ Check for Flail chest
- ✓ Check the chest excursion (breath movements)
- ✓ Use cold spray/ice on injured area
- ✓ Be aware of pneumothorax

### Abdomen

- ✓ Assure ABC
- ✓ Check BP/HR for shock signs (if trained)
- ✓ Check for peritonitis signs (if trained)
- ✓ Use cold spray/ice on injured area

#### On minor symptoms:

- ✓ Use Ammonium swab to focus Athlete
- ✓ Ask athlete if he/she is willing to continue.
- ✓ Call referee to estimate athlete's appearance.

#### On major symptoms

- ✓ Use backboard to evacuate athlete to clinic

## 8. Abdominal problems

### Nausea

- ✓ Use Ammonium swab to focus Athlete
- ✓ Ask athlete if he/she is willing to continue.
- ✓ Call referee to estimate athlete's appearance.

### Heartburning

- ✓ Check for cardiac symptoms
- ✓ No specific treatment should be provided
- ✓ Ask athlete if he/she is willing to continue.

### Vomiting

- ✓ Use Ammonium swab to focus Athlete
- ✓ Clean athlete, clean tatami from vomit with bleach (cleaning staff might be called for it)
- ✓ Ask athlete if he/she is willing to continue.
- ✓ Call referee to estimate athlete's appearance.
- ✓ Stay close to tatami till the end of fight
- ✓ Bring athlete to clinic after fight

## 9. Limb injury

- ✓ Use cold spray/ice on injured area
- ✓ Ask athlete if he/she is willing to continue.
- ✓ Call referee to estimate athlete's appearance.

## 10. Cramping

- ✓ The cause of muscular spasm is the decisionmaking factor in case of muscle cramps. TD should be called in any cramping situation for making a decision.
- ✓ In case of cramps caused by exhausting or insufficient physical conditions this athlete cannot to continue the fight.
- ✓ If cramping (muscular spasm) is caused by bruise or sprain:
- ✓ Try to stretch cramping muscle
- ✓ Use cold spray/ice on injured area
- ✓ Ask athlete if he/she is willing to continue.
- ✓ Call referee to estimate athlete's appearance.
- ✓ On repeating call the fight should be stopped.

# Organizer's Check-list

## Staff

☐

Tournament doctor

Should be recognized by JJIF

☐

Paramedic

Preliminary briefing for paramedics upon this document is highly recommended (due to some differences from standard EMS protocols).

☐

Clinical staff

Just regular clinical staff: at least one Doctor (nurses, physiotherapist and masseurs are optional)

## Clinic facility

☐

Clinic room at least 20 m<sup>2</sup>

☐

Source of water

☐

Close to aisles

Perfectly situated clinic should be just in between tatami and exit to parking

## Infrastructure

☐

Ambulance car with crew

☐

Multidisciplinary urgent hospital nearby.



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