



TCUK Head Contact and Concussion Protocols Purpose

1. Purpose

Taekwondo Council UK (TCUK) is committed to protecting the health, safety, and welfare of all participants while recognising the nature of Taekwondo as a controlled, semi-contact martial art.

These protocols set out the mandatory requirements for the **safe management of head contact and concussion**, ensuring that head contact is delivered lawfully, appropriately, and safely, and that any suspected concussion is managed in line with duty-of-care obligations.

These protocols apply to all TCUK-recognised activities.

2. Scope

These protocols apply to:

- All TCUK Full Member Clubs
 - All instructors, assistant instructors, officials, volunteers, and Club Welfare Officers (CWOs)
 - All participants, including children, young people, and adults
 - All training sessions, competitions, gradings, demonstrations, and events delivered under TCUK recognition
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3. Duty of Care

TCUK and its affiliated clubs owe a **duty of care** to all participants.

Instructors and officials must take all reasonable steps to:

- Minimise the risk of head injury
- Ensure head contact is delivered in accordance with TCUK rules
- Act immediately and decisively where concussion is suspected

Participant safety must always take precedence over performance, grading outcomes, or competition results.

4. Head Contact in TCUK Activities

- **Head contact is permitted** within TCUK activities in accordance with the relevant ruleset and age category.

- All TCUK contact is **semi-contact**, defined as:

Controlled techniques delivered with appropriate force, intent, and restraint, designed to demonstrate skill rather than cause injury.

- Instructors and officials must ensure that:
 - Head contact only occurs where permitted by the ruleset and age group
 - Techniques are delivered with appropriate control
 - Excessive, reckless, or uncontrolled contact is not permitted

Any failure to maintain control during head contact constitutes a **safe practice concern** and must be addressed immediately.

5. Risk Management of Head Contact

Even within a semi-contact environment, head contact carries an inherent risk of concussion.

Clubs must take reasonable steps to manage this risk, including:

- Appropriate instructor–student ratios
- Close supervision during sparring and contact drills
- Gradual and age-appropriate introduction of head contact in training
- Ensuring participants have the necessary experience and skill level
- Use of appropriate protective equipment where required
- Adjusting activities where fatigue, mismatch, or behaviour increases risk

Risk assessments must explicitly consider **head contact and concussion risk**, particularly during sparring, competition preparation, and contact drills.

6. Recognition of Concussion

Concussion is a brain injury and may occur **with or without loss of consciousness**, and even where contact is legal, controlled, and semi-contact.

Signs and symptoms may include (but are not limited to):

- Headache or pressure in the head
- Dizziness, balance problems, or nausea
- Confusion, disorientation, or memory disturbance
- Slowed reactions or slurred speech
- Sensitivity to light or noise
- Changes in behaviour, mood, or awareness

If concussion is suspected, it must be treated as a concussion.

7. Immediate Response

- Any participant who sustains, or is suspected of having sustained, a concussion **must be removed from activity immediately**.
 - This decision is final and **must not be challenged or overruled**.
 - A participant suspected of concussion **must not return to training or competition on the same day**, under any circumstances.
 - Basic first aid should be provided where required.
 - Emergency services must be contacted if symptoms are severe, worsening, or concerning.
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8. Medical Assessment and Clearance

- Participants suspected of concussion must be advised to seek assessment from a **suitably qualified medical professional**.
- A participant may only return to training or competition once **appropriate medical clearance** has been obtained in accordance with TCUK guidance.
- Responsibility for obtaining medical clearance rests with:
 - The participant (adults), or
 - The parent or carer (children and young people)

Instructors **must not permit a return to activity** without confirmation that clearance has been given.

9. Return to Training and Competition

- Return to activity must follow a **graduated, step-by-step approach**.
- Participants must be **symptom-free at rest and during exertion** before progressing.
- If symptoms recur at any stage, activity must stop immediately and medical advice sought.

No accelerated or early return is permitted.

10. Children and Young People

- Children and young people require a **more cautious approach** to concussion management.
- Parents or carers must be informed **as soon as reasonably practicable** of any head injury or suspected concussion.
- No child or young person may return to training or competition **without medical clearance**.

11. Recording and Reporting

- All head injuries and suspected concussions must be **recorded by the club**.
- Records should include:
 - Date and activity
 - Observed symptoms
 - Action taken
 - Return-to-play decision
- Incidents must be reported in line with TCUK safeguarding and incident reporting procedures where required.

12. Roles and Responsibilities

Instructors and Officials must:

- Enforce head contact rules consistently
- Prioritise participant welfare over performance
- Act immediately where concussion is suspected
- Follow these protocols at all times

Participants and Parents/Carers must:

- Report symptoms honestly
- Follow medical advice and return-to-play guidance

13. Non-Compliance

Failure to comply with these protocols may result in disciplinary action under TCUK procedures and may place instructor recognition or club membership at risk.

14. Review

These protocols will be reviewed every three years, or sooner in response to medical, legislative, or sport safety guidance changes.

Approved by: TCUK Board & Management Committee
Effective from: January 2026
Next review due: January 2029