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| Minimum safety standards  For contests conducted by recognised amateur associations |

Contestants

To compete in a contest or exhibition, a contestant must:

* + 1. be registered with the recognised amateur association;
    2. be 10 years of age or older;
    3. have been found to be fit to compete by a medical practitioner no more than 12 months prior to the date of the contest; and
    4. for contestants 15 years and older, have undergone a blood test no more than twelve months prior to the date of the contest and must not, in the opinion of a medical practitioner, be capable of transmitting any of the following blood borne diseases to any other person:

the HIV virus;

the Hepatitis B virus; and/or

the Hepatitis C virus.

With the exception of mixed martial arts contests, the following glove sizes are to be worn unless otherwise agreed by the Board.

For male contestants 17 years and over:

no less than ten (10) oz gloves are to be used from the Light Flyweight (49 kg) category to the Light Welterweight (64 kg) category; and

no less than twelve (12) oz gloves must be used for the Welterweight (69 kg) category to Super Heavyweight (91+ kg) category.

For all female contestants and all male contestants 16 years and under, no less than ten (10) oz gloves must be used for all weight classes.

No less than eight (8) oz grappling gloves to be used for all mixed martial arts contests.

Medical Practitioner

A medical practitioner must be present at all contests and exhibitions for the duration of the event. If a medical practitioner is not present at ringside, the contest or exhibition shall not commence.

The medical practitioner must be approved by the Professional Boxing and Combat Sports Board at least 7 days before a contest or exhibition.

The medical practitioner is responsible for supplying all necessary medical equipment, including but not limited to the following:

* basic doctor’s bag kits, including disposable gloves and gauze swabs
* auriscope and opthalmoscope
* airway support equipment
* oxy-viva mask
* oxygen

The medical practitioner must undertake a pre-contest examination of each contestant within 24 hours of the contest or exhibition.

The medical practitioner must undertake a post-contest examination of each contestant before the contestant leaves the venue of the contest or exhibition.

Before the commencement of a contest or exhibition

The medical practitioner and the referee must agree on a clear, pre-determined means, whether by bell, hammer, prescribed hand signal or another method, by which the medical practitioner can:

1. indicate the need for, or desirability of, a medical examination of a contestant during the contest or exhibition; and
2. stop the contest or exhibition.

An adult person must be nominated to call emergency services if required. This person must remain ringside during each bout and during any medical emergency. The medical practitioner and the nominated person must agree on a clear, pre-determined means, whether by prescribed hand signal or another method, by which the medical practitioner will instruct the person to call emergency services. The nominated person must know the name and street address of the venue.

Paramedics must have a clear, unobstructed route to access the ring/safety enclosure to allow for the unimpeded evacuate an injured contestant. An officer of the recognised amateur association must inspect this route with the medical practitioner prior to the commencement of the contest or exhibition.

A spinal board must be kept beside the ring/safety enclosure for the duration of each contest or exhibition.

During the contest

A contest or exhibition can only commence or continue when a medical practitioner is at ringside.

The medical practitioner must sit ringside in a position:

* + 1. adjacent to the stairs to allow prompt access to the ring/safety enclosure;
    2. that allows effective communication with the referee; and
    3. that ensures that they have an unobstructed view of the contestants at all time during a contest or exhibition, including between rounds.

The medical practitioner must examine a contestant at any time during a contest or exhibition in order to determine if:

* + 1. there is a serious impairment of the contestant’s ability to defend him or herself;
    2. there is a likelihood of serious injury to the contestant’s health if the contestant were to continue; and/or
    3. it is desirable to do so in the interests of the safety or welfare of the contestant.

The medical practitioner will indicate the need to examine a contestant to the referee using a predetermined method agreed with the referee.

The referee must confer with the medical practitioner about the need for a medical examination following any round in which a contestant:

* + 1. receives heavy punishment;
    2. receives a significant number of heavy blows to the head; and/or
    3. appears to be suffering from signs and symptoms consistent with a concussion.

Authority to Stop a Contest

The medical practitioner has the authority to stop a contest or exhibition at any time if, in the view of the medical practitioner:

* + 1. there is a serious impairment of a contestant’s ability to defend him or herself;
    2. there is a likelihood of serious injury to a Contestant’s health if the contest were to continue; and/or
    3. it is desirable to do so in the interests of the safety or welfare of a contestant.

The medical practitioner will stop a contest or exhibition by communicating to the referee using the predetermined agreed method.

Non-fight Periods

The minimum non-fight periods set out below apply to every contest and exhibition unless otherwise agreed in writing by the Board:

The medical practitioner may impose a minimum non-fight period on a contestant. The non-fight periods in the table above will, however, supersede any shorter suspension period imposed by a medical practitioner at a contest or exhibition.

The medical practitioner may require that the contestant undergo a medical clearance before the contestant’s next contest or exhibition.

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| Contest Outcome | Non-fight period |
| Any period of unconsciousness or injury requiring the contest to be stopped because the contestant was unable to continue | 30 days |
| Knockout or technical knockout | 30 days |
| Second consecutive knockout or technical knockout | 60 days |
| Third consecutive knockout or technical knockout | 90 days |
| Fourth consecutive knockout of technical knockout | Will result in reassessment of the contestant’s registration by the recognised amateur association |

Concussed contestants

The attending medical practitioner’s finding that a contestant is concussed is final.

A concussed contestant must follow the Concussion Management Guidelines set out in below or as otherwise prescribed, in writing, by a health care professional who has experience in treating brain injuries (e.g. ringside doctor or concussion specialist).

Concussion Management Guidelines

Concussed contestants must:

* + 1. not drink alcohol while symptoms persist, particularly not after a contest;
    2. get as much rest as possible (physical and cognitive) – avoid physically demanding activities (e.g. training, heavy physical work) or those that require a lot of thinking or concentration (e.g. computer work or video games) while symptoms persist;
    3. not return to sparring until medical clearance has been obtained from a medical practitioner;
    4. immediately attend a hospital emergency department if the following symptoms are experienced:
       - * repeated vomiting
         * increasing and persistent headache
         * loss of consciousness
         * inability to stay awake during times when usually awake
         * confusion ◦
         * restlessness ◦
         * agitation ◦
         * convulsions ◦ seizures
         * difficulty walking or balancing ◦
         * weakness or numbness
         * blurring or difficulty with vision

slurred speech

* + 1. see a health care professional who has experience in treating brain injuries (e.g. ringside doctor or other concussion specialist) if symptoms persist for more than 10 days; and
    2. observe the Return To Fight Strategy set out below or as otherwise prescribed by a health care professional who has experience in treating brain injuries (e.g. ringside doctor or concussion specialist).

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Return To Fight Strategy for Concussed Contestants

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| **Stage** | **Activity** | |
| An initial period of **24/48 hours** of both relative **physical and cognitive rest** is recommended before beginning Phase 1 of this graduated strategy.  There should be at least **48 hours (or longer) for each step of the progression**. If any symptoms worsen during exercise, contestants should go back to the previous step. | | |
| 1 | Return to symptom limited activity | Daily activities that do not provoke symptoms |
| **Stage 2: Return to general fitness** – may only advance to this stage once concussion symptoms have resolved. It is recommended that Stage 2 not be commenced for at least one week. | | |
| 2.1 | Light aerobic activity | Walking, elliptical, stationary cycling at slow to medium pace. No resistance training |
| 2.2 | Moderate aerobic activity | Jogging, swimming, skipping, other aerobic activities. No head impact activities |
| 2.3 | Sport-specific activity | Sprinting, mitts, bag/footwork, walk-through grappling. No partner work. May start progressive resistance training. |
| **Stage 3: Return to non-contact fighting activities** | | |
| 3.1 | Bag/mitt work with movement | Tests fighter ability to punch and/or kick in multiple planes. |
| 3.2 | Shadow boxing/drills | Re-introduces fighter to sport environment and re-establishes footwork. |
| 3.3 | One-sided sparring & grappling. | Fighter begins to spar without the concern of contact. Reacts to opponents movements and begins to get timing back for punches, kicks and body position |

\* Adapted from Nalepa B, Alexander A, Pardini J, et al. Fighting to keep a sport safe: Toward a structured and sport-specific return to play protocol. The Physician and Sports Medicine. February 2017