

Parent's Pathway for Child and Youth Concussion

For use by Parents and Caregivers | Appropriate for ages 5-18 years

Every child/youth suspected of a concussion should be seen by a medical doctor or nurse practitioner

Child/youth experiences a hit to the head or to the body (incident)

Are "Red Flag" symptoms present?

- Loss of consciousness
- Seizure or convulsions
- Uncontrollable vomiting
- Worsening mental status
- Neck pain
- Severe or increasing headache
- Trouble with vision
- Slurred speech
- Very tired or lethargic
- Weakness or tingling in arms or legs / unsteady / paralysis

Yes to any:

Go to Emergency Department

(Continue to monitor for symptoms)

Are general concussion symptoms present?

- Headache
- Dizziness
- Fuzzy or blurry vision
- Nausea and vomiting
- Confusion
- Not thinking clearly
- Feeling slowed down
- Sensitivity to light or noise
- Not able to concentrate or remember
- Irritable or emotional, mood changes
- Easily upset or angered
- Unsteady
- Changes in sleep or trouble falling asleep
- Unusual behaviour

No to any general symptoms:

Monitor: continue to watch child for 24-48 hours following the incident and visit doctor/nurse practitioner if general concussion symptoms appear. Go to nearest Emergency Department if **Red Flag symptoms** appear.

Yes to any general symptoms:

Schedule an appointment with child's Doctor or Nurse Practitioner to discuss the injury incident, symptoms and any **pre-existing factors** below:

- Headaches (e.g. migraines)
- Previous brain injury/concussion
- Attention Deficit Hyperactivity Disorder
- Learning disabilities
- Mental illness

Managing your child's concussion recovery:

Rest is most important for first and second day (24-48 hours). Encourage light activity only as tolerated.

Get informed about concussion injury recovery:

- Check for symptom changes regularly (at least once a day)
- Child will need physical and mental rest with regular naps and sleep
- Limit activities that require concentration like reading, computer use, video gaming, playing musical instruments and driving if applicable

Tell the child's school if a concussion is suspected or diagnosed. School boards have concussion policies to manage students with a concussion.

Return to Doctor/Nurse Practitioner if general concussion symptoms last more than four weeks. Ask for a referral to a concussion specialist.

Return to learn and play: complete Return to Learn at school before starting Return to Play in sport and recreation activities (see back for more).

If child has pre-existing factor(s):

Be aware that recovery may take longer – weeks to months

Watch for anxiety, depression and risky behaviour and, where necessary, immediately seek referral for mental health services

Monitor closely and take child to a concussion specialist if symptoms last for more than four weeks



Brain Injury Management Support Services in York Region

Emergency Room Departments

Triage, treatment, admittance and referral

Mackenzie Health; 10 Trench Street, Richmond Hill, ON L4C 4Z3 Tel: 905-883-1212

Markham-Stouffville Hospital; 381 Church Street, Markham, ON L3P 7P3 Tel: 905-472-7000

Southlake Regional Health Centre; 596 Davis Drive, Newmarket, ON L3Y 2P9 Tel: 905-895-4521

Finding a Concussion Specialist

Holland Bloorview Kids Rehabilitation Hospital Concussion Clinical Services (18 years and under)

<http://hollandbloorview.ca/programsandservices/Concussioncentre/Concussionservices>

150 Kilgour Rd, Toronto, ON M4G 1R8, 416-424-3804

Canadian Academy of Sport and Exercise Medicine (Sport-related concussion)

<http://casem-acmse.org/physician-directory/find-a-sport-medicine-doctor>

Resources

York Region Public Health – injury prevention resources, including concussion

<http://www.york.ca/injuryprevention>

Holland Bloorview Kids: Concussion Handbook for Parents and Kids – resource to help with concussion management and recovery

<http://hollandbloorview.ca/programsandservices/Concussioncentre/Concussioneducation/Handbook>

Concussion Awareness Training Tool – online course

<http://www.catonline.com>

Ministry of Health and Long Term Care – resources for parents, educators and coaches

<http://www.ontario.ca/concussions>

Parachute – injury prevention topics, including concussion

<http://parachutecanada.org/injury-topics>

Ontario Brain Injury Association (OBIA) – support for people living with the effects of acquired brain injury (ABI)

<http://obia.ca>

CanChild Centre for Childhood Disability Research –

Return to Learn and Return to Activity guidelines for children and youth; infant and toddler mild traumatic brain injury/concussion

<https://www.canchild.ca/en/diagnoses/brain-injury-concussion>

Return to Learn – School board policies and resources for managing students with concussion:

York Region District School Board

<http://www.yrdsb.ca/boarddocs/Documents/PP-concussions-627.pdf>

http://www.yrdsb.ca/schools/billcrothers.ss/athletics/Documents/02_ReturnToLearnTable.pdf

York Catholic District School Board

www.ycdsb.ca/trustees/documents/policies/Policy212-Concussions.pdf

www.ycdsb.ca/trustees/documents/procedures/procedure-concussions-policy212.pdf

Adapted from a resource produced by the City of Hamilton Public Health Services

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1-800-361-5653
TTY: 1-866-252-9933

York Region Health Connection

Community and Health Services

Public Health

www.york.ca



York Catholic District School Board Concussion Management

Student Medical Clearance following Suspected Concussion

_____ has demonstrated signs of a concussion and
according to
(Student Name)

York Catholic District School Board *Policy 212: Concussions* and related *Procedure* must be seen by a physician or Nurse Practitioner prior to returning to play and to establish the need for return to learn accommodations.

Stage 1: Identification

RESULTS OF INITIAL MEDICAL EXAMINATION

- NO** concussion has been diagnosed (**Student resumes normal learning and physical activity routines**)
- Concussion **HAS** been diagnosed and therefore the student **must** begin medically supervised, individualized and gradual return to learn/return to play Procedures (**below**).

Stage 2A: Management of Return to Learn (Limitations)

Stage 2B: Management of Return to Play (Limitations)

(Physician/Nurse Practitioner Name - Please Print)

(Physician/Nurse Practitioner Signature)

(Date)

Students should be symptom free for 24 hours to progress to the next stage, see pg.3

(Attach any documentation received from the Physician/Nurse Practitioner to this form)

Copy to Student's O.S.R.

Stage 3 Clearance: Light Aerobic Exercise and Sport-Specific Exercise

I, _____, Parent/Guardian of _____
(Parent/Guardian or Student over 18 Name) (Student Name)

confirm that (s)he continues to be symptom free and is able to progress to Stage 3 Clearance: Light Aerobic

Exercise (*rehabilitation stage #2*) and Sport-Specific Exercise (*rehabilitation stage #3*) at school.

(Parent/Guardian or Student over 18 Signature) (Date)

Stage 4 Clearance: Non-Contact Training

I, _____, Parent/Guardian of _____
(Parent/Guardian or Student over 18 Name) (Student Name)

confirm that (s)he continues to be symptom free and is able to progress to Stage 4 Clearance: Non-Contact

Training (*rehabilitation stage #4*) at school.

(Parent/Guardian or Student over 18 Signature) (Date)

Stage 5 Clearance: Full Contact Practice

I, _____ have examined _____
(Physician/Nurse Practitioner Signature) (Student Name)

and confirm (s)he continues to be symptom free and is able to transition to Stage 5- Full Contact Practice,

followed by Stage 6- Normal Game Play, provided (s)he remains symptom free.

(Physician/Nurse Practitioner Signature) (Date)

(Attach any documentation received from the Physician/Nurse Practitioner to this form)

Copy to Student's O.S.R

Students should be symptom free for 24 hours to progress to the next stage.

RETURN TO LEARN PROTOCOL

Recovery Stage	Activity Level	Objective of Stage
1. Complete physical and cognitive rest until medical clearance	<ul style="list-style-type: none"> No school Strict limits on technology usage Rest 	Return to school with academic accommodations
2. Return to school with academic accommodations	<ul style="list-style-type: none"> Continue technology limits Avoid heavy backpacks No tests, PE, band or chorus, shop/tech Rest at home 	Continue academic accommodations
3. Continue academic accommodations	<ul style="list-style-type: none"> Attend school full time, if possible Increase workload gradually Monitor symptoms Incorporate light aerobic activity Rest at home 	Full recovery to academics
4. Full recovery to academics	<ul style="list-style-type: none"> Attend school full time Self-advocate in school Resume normal activities Resume sports following graduated Return to Play 	Full recovery

RETURN TO PLAY PROTOCOL

Rehabilitation Stage	Functional Exercise at each Stage	Objective of Stage
1. No Activity	Complete physical and cognitive rest	Recovery
2. Light Aerobic Exercise	Walking, swimming or stationary cycling low intensity; no resistance training	Increase heart rate
3. Sport-Specific Exercise	Skating drills in hockey, running drills in soccer, no head impact activities	Add movement
4. Non-Contact Training	Progression to more complex training drills, may start progressive resistance training	Exercise, coordination and cognitive load
5. Full Contact Practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to Play	Normal Game Play	