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PARENT'S PATHWAY FOR CHILD AND YOUTH CONCUSSION

FOR USE BY PARENTS AND CAREGIVERS 1 APPROPRIATE FOR AGES 5 TO 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
- Siurred speech
- Very tired or lethargic
- Meakness or tingling in arms or legs/unsteady/paralysis

YES TO ANY?

GO TO EMERGENCY DEPARTMENT



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.
- !rritable 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 to 48 hours following the incident and visit doctor/nurse practitioner if general concussion symptoms appear. Go to the 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

PUBLIC HEALTH

1-877-464-9675 TTY: 1-866-512-6228 york.ca/concussion



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MANAGING YOUR CHILD'S CONCUSSION RECOVERY Page 2 of 5

Rest is most important for the first 24 to 48 hours. Following the 24 hour period of rest, 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. Coaches, trainers and activity leaders outside of school also need to be informed.

Return to Doctor/Nurse Practitioner if general concussion symptoms last more than one to two weeks to reassess and monitor for any signs of ongoing, persistent symptoms. Ask for a referral to a concussion specialist if symptoms last more than four weeks.

Return to learn and play: Children and youth should not return to play or activities until they have successfully returned to school.

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. Tel: 905-883-1212

Mackenzie Health Urgent Care Centre:

9401 Jane Street, Vaughan Tel: 905-832-4554

Markham-Stouffville Hospital:

381 Church Street, Markham. Tel: 905-472-7000

Southlake Regional Health Centre:

596 Davis Drive, Newmarket, Tel: 905-895-4521

Finding Concussion Programs

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

hollandbloorview.ca/programsandservices/Concussioncentre/ Concussionservices

Canadian Academy of Sport and Exercise Medicine

(Sport-related concussion)

casem-acmse.org/physician-directory/find-a-sport-medicine-doctor

Return to Learn/Return to Play

SCHOOL BOARD POLICIES AND RESOURCES FOR MANAGING STUDENTS WITH CONCUSSION

York Region District School Board vrdsb.ca/Parents/Pages/concussion-Management.aspx

Resources

York Region Public Health

Injury prevention resources, including concussion york.ca/concussion



Resource to help with concussion management and recovery hollandbloorview.ca/programsandservices/Concussioncentre/Concussioneducation/Handbook

Concussion Awareness Training Tool

Online course cattonline.com

Ontario Government Concussion Web Portal

Resources for students, parents, educators and coaches <u>ontario.ca/concussions</u>

Parachute

Concussion resources parachutecanada.org/concussion

Ontario Brain Injury Association (OBIA)

Support for people living with the effects of acquired brain injury (ABI) obia.ca



York Catholic District School Board Concussion Management Student Medical Clearance following Suspected Concussion

	has den	nonstrated signs of a concussion and	
(Student Na		-	
must be see	o York Catholic District School Board <i>Policy</i> en by a physician or Nurse Practitioner prior learn accommodations.	212: Concussions and related Procedure to returning to play and to establish the need	
Stage 1: Ide	entification		
RESULTS C	OF INITIAL MEDICAL EXAMINATION		
	NO concussion has been diagnosed (Studactivity routines)	dent resumes normal learning and physical	
	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: M	Management of Return to Learn (Limitation	ons)	
Stage 2B: M	Management of Return to Play (Limitation	s)	
 (Physician/N	Nurse Practitioner Name - Please Print)		
(Physician/N	Nurse Practitioner Signature)	(Date)	
Stu	udents should be symptom free for 24 hours t	o progress to the next stage, see pg.3	
((Attach any documentation received from the Ph	ysician/Nurse Practitioner to this form)	

Copy to Student's O.S.R.

Stage 3 Clearance: Light	
Aerobic Exercise and Sport-Specific Exercise	
I Parent/Gua (Parent/Guardian or Student over 18 Name)	rdian of(Student Name)
confirm that (s)he continues to be symptom free and Aerobic	is able to progress to Stage 3 Clearance: Light
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/0	Ruardian of
(Parent/Guardian or Student over 18 Name)	(Student Name)
confirm that (s)he continues to be symptom free and Contact Training (rehabilitation stage #4) at school.	is able to progress to Stage 4 Clearance: Non-
(Parent/Guardian or Student over 18 Signature)	(Date)
Stage 5 Clearance: Full Contact Practice	
I, have ex	kamined
I, have ex (Physician/Nurse Practitioner Signature)	(Student Name)
and confirm (s)he continues to be symptom free and Practice,	is able to transition to Stage 5- Full Contact
followed by Stage 6- Normal Game Play, provided (s)he remains symptom free.
(Physician/Nurse Practitioner Signature)	(Date)
(Attach any documentation received from the I	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 PRO	TOCOL
Recovery Stage	Activity Level	Objective of Stage
Complete physical and cognitive rest until medical clearance	No schoolStrict limits on technology usageRest	Return to school with academic accommodations
Return to school with academic accommodations	 Continue technology limits Avoid heavy backpacks No tests, PE, band or chorus, shop/tech Rest at home 	Continue academic accommodations
Continue academic accommodations	 Attend school full time, if possible Increase workload gradually Monitor symptoms Incorporate light aerobic activity Rest at home 	Full recovery to academics
Full recovery to academics	 Attend school full time Self- advocate in school Resume normal activities Resume sports following graduated Return to Play 	Full recovery
	RETURN TO PLAY PROT	OCOL
Rehabilitation Stage	Functional Exercise at each Stage	Objective of Stage
1. No Activity	Complete physical and cognitive rest	Recovery
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
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	