

**MINISTRY OF HEALTH  
INFORMATION BRIEFING NOTE**

**Cliff:** 960097

**PREPARED FOR:** Honourable Dr. Margaret MacDiarmid, Minister of Health  
- **FOR INFORMATION**

**TITLE:** Concussion Prevention and Management

**PURPOSE:** To provide an update on the Ministry of Health's (the Ministry) approach to the development and implementation of concussion prevention, diagnosis and management training and resources including funding recently allocated to the British Columbia Injury Research and Prevention Unit (the Injury Unit) through LIFT Philanthropy Partners.

**BACKGROUND:**

Concussions have received enormous attention in recent years, both in lay and scientific literature, especially in the areas of football and hockey. Evidence suggests that children and youth are at greater risk of concussions and more serious head injury than the general population, take longer than adults to recover following a concussion, and that concussions can permanently change the way a child or youth talks, walks, learns, works, and interacts with others. If an individual returns to activity too soon and a second concussion is sustained before recovering from the first, a condition known as second-impact syndrome may occur: a swelling of the brain that can result in brain damage causing severe disability or even death. An individual is three times more likely to sustain a second concussion while in recovery from a concussion.

In British Columbia, there were 45,401 hospitalizations resulting from head injuries from 2001 to 2010, 22.6 percent of which occurred in children and youth ages 1-19 years<sup>1</sup>. Concussions accounted for 12.9 percent of all head injury hospitalizations<sup>2</sup>. Concussions are the most common form of head injury, yet it is believed that they are underreported owing to both a lack of consensus on the minimum requirements of the definition of a concussion and the presence of misconceptions among the general public regarding concussions.

Ministry of Health (the Ministry) staff have identified the need to increase prevention, consistent diagnosis and management protocols for concussion in BC. This has resulted in the Ministry developing resources and programs to prevent concussions and working closely with the BC Medical Association (BCMA) and provincial sports organizations to establish standardized concussion management protocols and guidelines. The Ministry collaborates closely with the Ministry of Community, Sport and Cultural Development, which has a role to support education on the issue through partnerships with SportMed BC and provincial sports organizations.

On November 17, 2011, to raise awareness of the need to better support concussion management in BC, Honourable Moira Stilwell, Minister of Social Development, introduced a private member's bill (Bill M206) calling for "Return to Play" legislation (Appendix A). Bill M206 called for youth "high risk" sport organizations to develop and adopt concussion guidelines, educational forms to be signed by athletes and parents/guardians, and licensed health care providers to evaluate and provide clearance to return to play. The proposed legislation

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<sup>1</sup> Discharge Abstract Database

<sup>2</sup> *ibid*

contained within Bill M206 is aligned to similar legislation that has been implemented recently in several states in the United States.

On November 22, 2012, Honourable Stilwell met with the BC Concussion Advisory Network (the Network), chaired by Dr. Shelina Babul of the Injury Unit with members from the BCMA, University of BC Division of Sports Medicine, SportMed BC, BC Children's Hospital, Football BC and BC Hockey among others, to discuss her proposed approach on concussion prevention and management.

During this discussion, the Network provided feedback to Honourable Stilwell regarding existing gaps in concussion prevention and management in health care, school, community, and sport settings, as well as recommended next steps and actions. Particular recommendations from the Network included the need to develop targeted educational tools and resources for parents, coaches and trainers, as well as to work with the Ministry of Education to explore the development of "Return to Learn" and "Return to Play" protocols for a student's return to academics and athletics after a concussion.

### **DISCUSSION:**

On December 3, 2012, LIFT Philanthropy Partners granted \$150,000 to the Injury Unit to fund the development and provincial implementation of concussion prevention and management training and resources. This funding will be used to enhance development, implementation and promotion of a new Concussion Awareness Training Tool for health professionals which is currently being developed by the Injury Unit through funding from ChildHealth BC.

The grant will also fund the development of an educational training tool for parents, coaches, trainers, and athletes. Engagement with the not-for-profit organization, Community Against Preventable Injuries, and Preventable.ca, is being explored to leverage their expertise in social marketing to raise the awareness of concussions as well as the need for proper management and prevention. The development of an educational tool for parents, coaches, trainers, and athletes will build on materials that are currently being developed through a \$1.5 million Public Health Agency of Canada "Active and Safe" grant by Think First Canada, Hockey Canada, the Coaching Association of Canada, and the Canadian Centre for Ethics in Sport.

In response to the recommendations from the Network's November 22, 2012 meeting, the funds will also be used to modify tools and resources produced by the Centres for Disease Control and Prevention in the United States, such as their recently released *Heads Up to Schools: Know your Concussion ABC's* resources which offer information regarding concussions to teachers, counsellors and school professionals.

The coordination, development and implementation of the above mentioned resources and protocols are based on recommendations out of the *2009 Zurich Consensus Statement on Concussion in Sport* (Appendix B), recognized as the global standard, which the Network has adopted to guide the work around concussions in BC.

### **CONCLUSION:**

The outlined approach will result in better standardized concussion prevention, diagnosis and management in BC specific to children and youth.

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<b>Date:</b>	February 22, 2013
<b>File Name with Path:</b>	

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Ministry of Community, Sport and Cultural Development  
**BRIEFING NOTE FOR MINISTER**

Ref #: 152361

**FOR DECISION**

**Date:** January 15, 2013

**Title:** Bodychecking Option Paper

**Issue:** The medical community wants government to ban bodychecking in youth hockey.

**Background:**

A growing body of research is highlighting the frequency and severity of injuries – particularly concussions – as a result of bodychecking (see attachment 1). Organizations including the Canadian Paediatric Society and the Rick Hansen Foundation are recommending (as has BC's Provincial Health Officer) a ban on bodychecking at the Pee Wee level (age 11-12). Additionally, Safer Hockey in Canada (a group of hockey parents) has initiated a national petition targeted at Hockey Canada (see attachment 2 for summary positions).

Citing this research, in June 2012, BC Hockey (BCH) introduced a resolution to ban bodychecking at the Pee Wee level (age 11-12). The resolution was narrowly rejected, but the board plans to bring the motion forward again at the 2013 AGM.

Hockey Canada has the ability to ban bodychecking at a national level however currently has not (it has implemented four step bodychecking skill development programs and disseminates information on concussions and return to play protocols). Each Province/Territory (P/T) and local association sets its own regulations. In every jurisdiction but Quebec, bodychecking for male hockey is introduced in Pee Wee leagues (ages 11-12 years). In Quebec, it is introduced in Bantam (ages 13-14). Bodychecking is banned in female hockey and in some recreational youth leagues (including some in BC).

Of BCH's almost 60,000 members (*2010-11 BC Activity Reporter data*), just over 41,000 are under the age of 18.

**Families First Considerations:** Child health and safety is a key concern for families with children participating in sport.

**First Nations Considerations:** n/a

**Discussion:**

Bodychecking is a divisive and high emotion issue. A summary of actions the BC Government and the sport sector has taken and a brief summary of other jurisdictions in Canada is provided in Attachment 3.

People who typically support bodychecking at younger ages cite “skill development” as the basis for introducing contact earlier. That is, younger players should have bodychecking experience in order to protect themselves and move on to higher competitive levels, including the NHL. The reality though is that only a very small percentage of minor league players (less than 1%) play hockey professionally.

The issue is further complicated by division across the country. Provincial/Territorial (P/T) associations set their own rules and generally do so to ensure a “level playing field” when their players are competing out-of-province or as they progress to higher levels.

A survey of other jurisdictions reveals that British Columbia is the only P/T government considering taking action on this issue. The Province of Quebec indicates that despite pressure from some hockey groups to reverse their decision, the ban on bodychecking is strongly supported and will continue.

The BCH board is supportive of a bodychecking ban for players until they reach the Bantam level but needs approval from its membership which includes local associations (i.e. individual parents or players do not vote).<sup>s.13</sup>  
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**Options:**

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Honourable Bill Bennett, Minister

Date:

Approved / Not Approved

Contact: Sharon White  
Telephone: 250-387-5651

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Last update:15/01/2013 - shwhite

## **Attachment 1 – Bodychecking Research**

The Centers for Disease Control, Atlanta (the Center) has estimated that 1.6 to 3.8 million cases of sport-related concussions occur annually in the United States. In British Columbia, there were 2,475 hospitalizations due to concussion from 2001 to 2008, averaging 309 cases per year.

While there has been much research and discussion on the bodychecking issue in past years, a recent study (commissioned by the Quebec government and carried out by Laval, McGill and Calgary Universities) comparing Quebec's and Alberta's youth hockey injury rates reinforces that bodychecking increases the risk of all injuries and the risk of concussion specifically. The study found that injury rates for Pee Wee level hockey were 3.3 times higher in Alberta, where bodychecking is allowed, than in Quebec, where bodychecking is not allowed and that concussion rates were 3.9 times higher in Alberta.

A second study of the two leagues examined the effect on injury rates of delaying bodychecking until players reach the Bantam level; that is, was experience in bodychecking a "protective factor" – so that kids who have taken or given a hit at the Pee Wee level, are they less likely to be injured when they play Bantam hockey. In this study, the risk of injury was the same in Alberta and Quebec; more severe injuries (resulting in more than 7 days loss of play) were slightly, but not significantly higher in Quebec.

Combined, both studies indicated that eliminating bodychecking at the Pee Wee levels would significantly reduce overall injuries, including concussions, in minor hockey.

The potential impact of bodychecking on head injuries is particularly worrisome for younger children. A lead researcher on repeated concussions (Dr. Robert Cantu of Boston University's medical school) says kids younger than 14 are especially vulnerable to brain trauma – he describes it as a "bobble head doll effect" where children are at an age when the head is disproportionately large for the relative strength of the neck.

## **Attachment 2 – Summary of Position statements**

**The Canadian Paediatric Society** recently issued a position statement on bodychecking in youth ice hockey which identified several recommendations such as eliminating bodychecking from all levels of organized recreational/non-elite competitive male ice hockey and delaying the introduction of bodychecking in elite male competitive leagues until players are 13 to 14 years of age (Bantam level) or older.

Bill Barrable, CEO of the **Rick Hansen Institute**, and Toronto neurologist Dr. Charles Tator have also publicly (through media articles) called for bodychecking bans. Mr. Barrable, who has forwarded Dr. Tator's recommendations to Minister Bennett as well as Health Minister Dr. Margaret MacDiarmid and Provincial Health Officer Dr. Perry Kendall, is calling on government to address the bodychecking issue primarily by withholding funding to hockey. Dr. Kendall is supportive of such a ban on bodychecking in youth ice hockey.

A petition directed at Hockey Canada (originated by **Safer Hockey in Canada** ([www.facebook.com/saferhockey](http://www.facebook.com/saferhockey)), an organization formed by hockey parents) is calling for bodychecking bans at all levels of Pee Wee and Bantam hockey and is currently being circulated nationally via Facebook. The petition thus far contains more than 700 names.



### **Attachment 3 – BC Government and Other Jurisdiction Actions**

#### **Ministry of Community, Sport and Cultural Development / Government Actions**

The Sport Branch collaborates with the Ministry of Health (the lead on injury prevention) and other injury prevention organizations across the province (BC Injury Research and Prevention Unit, BC Medical Association, SportMedBC, Thinkfirst BC) on strategies to prevent head injuries as well as educate and train parents, coaches and health care professionals on the most current concussion management and prevention protocol.

The Branch, through its annual funding to provincial sport organizations, requires codes of conduct for athletes and coaches as well as measures to develop and promote safety practices – such as Football BC’s distribution of concussion cards – a practice we encourage other sports to follow.

The Sport Branch is also a member of the BC Concussion Advisory Network (led by the BC Injury Research and Prevention Unit as per direction of the Ministry of Health) which was formed to provide a central hub for concussion information in BC, to standardize recognition and diagnosis of concussions, as well as to bring together organizations, experts, and stakeholders regarding concussion prevention, diagnosis, and management.

The Sport Branch funds SportMed BC (which is also a BC Concussion Advisory Network member) to provide injury prevention information to health care professionals, sports and the public.

The Branch also works with sport partners in the development and distribution of the Province’s SportSafe resources – which provides guides and information on preventing harassment and abuse, violence and injuries to parents, coaches and participants.

On November 17, 2011, Minister Stilwell introduced a private member’s bill (Bill M206) calling for “Return to Play” legislation. Bill M206 called for youth “high risk” sport organizations to develop and adopt concussion guidelines, educational forms to be signed by athletes and parent/guardians, and licensed health care providers to evaluate and provide clearance to return to play. The proposed legislation contained within Bill M206 is aligned to similar legislation that has been implemented recently in several states in the United States. In November 2012, Minister Stilwell met with the BC Concussion Advisory Network to discuss her proposed approach on concussion management and prevention as well as to receive feedback on existing gaps in concussion management and prevention.

#### **Other Jurisdictions**

The Branch canvassed other provinces/territories to see if governments and/or hockey associations had or were considering bans on bodychecking or had safety legislation or other regulatory mechanism. With the exception of Quebec, none had, but were monitoring the issue and/or developing concussion prevention strategies.

Since 1986, Hockey Quebec has banned bodychecking in Pee Wee levels and lower (with the exception of elite levels starting at 13 years of age) following the conclusions of a Quebec government commissioned study that showed the rate of fracture being 12 times higher in leagues where bodychecking was allowed. Dozens of subsequent North American studies collaborated these results.

In the mid-90s, six out of 12 divisions in Hockey Canada followed Quebec's example, however, the bodychecking debate and the NHL model progressively brought these organizations to reverse their position, leaving Quebec as one of the few, if only, jurisdiction in North America and other countries to ban bodychecking in Pee Wee hockey in recent years. In 2011, however, based on American/Canadian Medical Association, Hockey USA revised its position to adopt rules similar to Quebec's.

The pressure on Hockey Quebec to change is constant and amplified by the fact that few players from Quebec get picked in the annual NHL draft. In that context, the Quebec government initiated the studies referenced previously as well as one currently underway that compares performance (Quebec and Alberta). s.13

The Quebec government's approach is to develop and circulate supporting evidence, rather than legislate through its "*An Act Respecting Safety in Sport*." (Note: This Act doesn't specifically reference or regulate specific rules or safety practices – it specifies firearm safety, scuba diving, alpine skiing and combative sports. The over-arching sport safety focus is that sport organizations must have and enforce safety regulations for their sport; the Minister / Ministry of Education, Sport and Recreation can inspect premises, equipment, safety practices, etc – and fine (up to \$5,000 for violations).

The federal government provided \$5 million over two years in 2011 for the Active and Safe initiative to support injury prevention initiatives in high-participation youth sports. SportMed BC received \$100,000 to provide introductory sport safety workshops for parents and coaches and ThinkFirst Canada (in partnership with Hockey Canada and other agencies) received \$1.5 million for strategies to reduce the rate and severity of brain injuries in sport.

## ADVICE TO MINISTER

### CONFIDENTIAL ISSUES NOTE

**Ministry: Health**

**Date: Nov. 5, 2014**

**Minister Responsible: Terry Lake**

### Concussion Prevention

#### **BACKGROUND REGARDING THE ISSUE:**

- Concussions continue to receive attention in the media recent, with some doctors and child advocates calling for more government oversight on concussion prevention.
- The ministries of Health, Education, and Community Sport and Cultural Development have all been called upon by various groups to do more to prevent and manage concussions.
- The Ministry of Health has been working with the Ministry of Community, Sport and Cultural Development, the Ministry of Education, Doctors of BC and provincial sport organizations to establish standardized concussion management protocols and guidelines.
- In 2010 the Ministry, through the BC Injury Research and Prevention Unit, established the BC Concussion Advisory Network with the mandate to:
  - provide a central hub for concussion information in BC
  - standardize recognition and diagnosis of concussions
  - bring together organizations, experts and stakeholders regarding concussion prevention, diagnosis and management training, protocol and guidelines.
- The Advisory Network has provided expert guidance on the development of the online Concussion Awareness Training Tool.

#### The Concussion Awareness Training Tool

- In November 2012, Moira Stilwell, then Minister of Social Development, met with the BC Concussion Advisory Network, which includes members from Doctors of BC, UBC Division of Sports Medicine, SportMed BC, BC Children's Hospital, Football BC and BC Hockey. Recommendations from this meeting included the need to develop targeted educational tools and resources for parents, coaches, trainers and educators.
- In December 2012, the Ministry of Health partnered with the BC Injury Research and Prevention Unit and Child Health BC to support the creation and implementation of an interactive Concussion Awareness Training Tool ([www.cattonline.com](http://www.cattonline.com)).
- The training tool has three phases, all available online, free of charge:
  - The first phase is for health professionals to establish standardized practice for concussion prevention, diagnosis and management in BC.
  - The second and third phases target parents, players, coaches, trainers, educators and school support staff, with guidance on the development of resources and protocols to support young British Columbians to return to academics and sport following a concussion.
  - Phase one and two are currently available, and phase three, which is targeted to

the education sector, will be launched in spring 2015.

- Other educational tools and resources for preventing and properly managing concussions have been developed as part of a partnership between the Public Health Agency of Canada, Think First Canada, Hockey Canada, the Coaching Association of Canada, and the Canadian Centre for Ethics in Sport. These tools and resources have been incorporated into provincial initiatives for physical activity promotion and injury prevention.

#### About concussions

- Concussions are the most common form of head injury. It is believed they are underreported due to a lack of consensus on the definition of a concussion and misconceptions among the general public.
- The majority (80-90%) of concussions resolve in a 7-10 day period, though the recovery time may be longer for children and adolescents.
- Evidence suggests children and youth are:
  - at greater risk of concussions and serious head injury than the general population
  - take longer than adults to recover following a concussion
  - at risk of permanent change to the way they talk, walk, learn, work and interact
- If an individual returns to activity too soon and a second concussion is sustained before recovering from the first, a condition known as second-impact syndrome may occur: a swelling of the brain that can result in brain damage causing severe disability or even death. An individual is three times more likely to sustain a concussion while in recovery from the first concussion.
- In British Columbia, there were 45,401 hospitalizations resulting from head injuries from 2001 to 2010, 22.6 percent of which occurred in children and youth ages 1-19 years. Concussions accounted for 12.9 percent of all head injury hospitalizations.

#### **ADVICE AND RECOMMENDED RESPONSE:**

- **The ministry is concerned about the safety of all British Columbians participating in sport, particularly children and youth.**
- **We are also aware of the social and financial costs of violence, concussion and traumatic brain injury to our communities and our health care system.**
- **That's why the Ministry of Health has collaborated with the Ministry of Community, Sport and Cultural Development, the Ministry of Education, Doctors of BC, provincial sports organizations and other injury prevention organizations across the province on strategies to prevent and manage concussions.**
- **For example, the ministry has supported the development of a free online concussion awareness training tool that provides toolkits to BC health professionals, educators, players, coaches and trainers.**
- **The first two phases of the online tool are already available and the third phase will be launching in spring 2015.**
- **This tool and other resources help health professionals, parents, coaches and**

## ADVICE TO MINISTER

**trainers stay up to date on best practices for preventing, diagnosing and managing concussions.**

- **For more information on preventing concussions, visit [www. CATOnline.com](http://www.CATOnline.com)**

Communications Contact: Nicole Beneteau      Reviewer:  
Program Area Contact: Shelley Canitz, Kyle Todoruk  
File Created: Nov. 5, 2014  
File Updated:

Minister's Office	Program Area	Deputy	HLTH Communications

## ADVICE TO MINISTER

### CONFIDENTIAL ISSUES NOTE

**Ministry: Health**

**Date: Sept. 14, 2015**

**Minister Responsible: Terry Lake**

## Concussion Prevention

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### The Concussion Awareness Training Tool

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- The training tool has three phases, all available online, free of charge:
  - The first phase is for health professionals to establish standardized practice for concussion prevention, diagnosis and management in BC.
  - The second and third phases target parents, players, coaches, trainers, educators and school support staff, with guidance on the development of resources and protocols to support young British Columbians to return to academics and sport following a concussion.
  - Phase one and two are currently available, and phase three, which is targeted to

the education sector, will be launched in fall 2015.

- Other educational tools and resources for preventing and properly managing concussions have been developed as part of a partnership between the Public Health Agency of Canada, Think First Canada, Hockey Canada, the Coaching Association of Canada, and the Canadian Centre for Ethics in Sport. These tools and resources have been incorporated into provincial initiatives for physical activity promotion and injury prevention.

#### About concussions

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## ADVICE TO MINISTER

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Program Area Contact: Shelley Canitz, Kyle Todoruk  
File Created: Nov. 5, 2014  
File Updated: Sept. 14, 2015

Minister's Office	Program Area	Deputy	HLTH Communications



## Key Messages – Youth Concussions

Jan. 24, 13

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### **What is the Ministry of Health is currently doing to prevent and properly manage concussions in children and youth:**

- The Ministry of Health, through the BC Injury Research and Prevention Unit (BCIRPU), established and provides ongoing leadership and secretariat support to the BC Concussion Advisory Network with the mandate to provide a central hub for concussion information in BC, to standardize recognition and diagnosis of concussions, as well as to bring together organizations, experts, and stakeholders regarding concussion prevention, diagnosis, and management.
- The BC Concussion Advisory Network has adopted the 2009 Zurich Consensus Statement on Concussion in Sport to guide prevention and management of concussions in BC. An update to this consensus statement, highlighting the 4th meeting held in Zurich on November 1-2, 2012, will be published in March 2013.
- With the help of funding through Child Health BC, the BCIRPU produced a report in 2012 entitled “The Burden of Concussion in British Columbia – With a special focus on Children and Youth” to provide a baseline report utilizing concussion data that are currently available from various sources.
- The BCIRPU is developing an interactive Concussion Awareness Training Tool for health practitioners to establish a standardized practice for the recognition, diagnosis, treatment, and management of concussions. Funding for this has been provided by BC Children’s Hospital Telethon and Child Health BC.
- The Ministry of Health works closely with the Ministry of Community, Sport and Cultural Development to prevent and properly manage concussion in youth sports. The Ministry of Community, Sport and Cultural Development funds SportMed BC who provides health care professionals and the public with concussion prevention and management information.
- Educational tools and resources for preventing and properly managing concussions are currently being developed through a \$1.5 million Public Health Agency of Canada “Active and Safe” grant by Think First Canada, Hockey Canada, the Coaching Association of Canada, and the Canadian Centre for Ethics in Sport which will be utilized in BC where appropriate.