

Being Mindful About Head Injuries



In Scouting, youth get to experience a huge variety of adventures, from hiking, to biking to rock climbing. Getting moving outdoors gives us a sense of freedom, but we nonetheless need to be mindful of our safety when enjoying these activities.

A concussion is an injury to the brain, and it can affect the way a person feels, behaves and remembers. A concussion can be caused by a strong blow to the head or neck, a fall, or by any other impact.

A concussion should be suspected in any person who has a hit to the head or neck or body and has any signs or symptoms of concussion or visual signs of suspected concussion (lying motionless, slow to get up after the accident, blank gaze, unable to answer questions, balance problems, facial injury after hit to head).

Signs and symptoms of a concussion

- Headache or pressure in the head
- Sensitivity to noise, light, motion and odors
- Drowsiness
- Nausea
- Dizziness
- Blurred vision
- Feeling emotional or irritable
- Feeling nervous or anxious
- Neck pain
- Inability to concentrate
- Difficulty remembering facts or events from earlier in the day

Red Flag symptoms

Symptoms that may indicate a **serious head injury** include loss of consciousness, severe headache, neck pain or tenderness, double vision, seizure or convulsions, repeated vomiting, increasingly restless/agitated or combative state, or slurred speech.

If a person has any of these symptoms call an ambulance to get an emergency medical assessment. Do not attempt to move the person unless it is necessary.

What should you do if you suspect a concussion?

Anyone with a suspected concussion needs to be assessed by a medical doctor or nurse practitioner as soon as possible to confirm the diagnosis of concussion.

1

Stop the activity immediately to avoid another injury.

2

Watch for symptoms of concussion. Some concussion symptoms may not start right away. People with delayed symptoms still require a medical assessment.

3

Do not leave the person alone and contact the parent/caregiver. Do not let the child/adolescent return to Scouting activities or sports that day.

4

"If in doubt, sit them out."

When to see a doctor*

If your child has a head injury, he or she should see a doctor or nurse practitioner as soon as possible. If your child is diagnosed with a concussion, schedule a medical follow up appointment 1–2 weeks after the first assessment. Return to the doctor or nurse practitioner if any worsening symptoms or if the person is not better by 2–4 weeks.

When can I return to Scouting activities?

Medical clearance is not required to return to low-risk Scouting activities. Parents should be aware that some Scouting activities can be resumed as soon as symptoms can be tolerated and after 1–2 days of rest. **Avoid any activity that has a risk of body contact, falling, or hitting one's head until medically cleared by a doctor or nurse practitioner.**

Even if the person did not get their concussion while at Scouts, it is important to tell your Scouter if you have a concussion and what step you are on the Return to Scouts after a Concussion protocol.

Recovery tips*

- The time it takes to recover from a head injury will vary. After a short rest (1–2 days at the most) returning to usual everyday activities, school, scouting, and light physical activity is an important part of your recovery. Your doctor or nurse practitioner will help prepare a plan to safely participate in activities (see Return to Scouting after a Concussion Protocol). Missing more than one week of school may be harmful. Medical clearance is not required to return to school.
- Resting completely for more than 1–2 days after a concussion may slow recovery.
- Screened devices should be avoided in the first 1–2 days after concussion.
- Early care (as early as 1–2 days after the injury) by an interdisciplinary concussion team may help people get back to activities faster and safer. Supervised aerobic exercise (walking, stationary bike) as early as 1–2 days after injury after the injury may improve recovery.

* Recommendations are adapted from: Zemek, R., Reed, N., Dawson, J., et al. "Living Guideline for Pediatric Concussion Care". pedsconcussion.com



Return to Scouts After a Concussion



STEP 1 Rest (1–2 days maximum)	STEP 2 1–2 hours/day at Scouts, light physical activities	STEP 3 Return to 1/2-day low-risk Scouting activities	STEP 4 Return to full-day low-risk Scouting activities	STEP 5 Return to all non-competitive Scouting activities	STEP 6 Return to all competitive activities
<p>Calm/quiet activities that do not worsen symptoms. Contact school and your Scout leader to make a return plan.</p>	<p>Light physical activities (20–30 minutes at a time). Symptoms may slightly increase. Stop if moderate or severe symptom increase.</p>	<p>Modify Scouting activities and allow breaks to enable participation while tolerating existing concussion symptoms. Emphasize social connections.</p>	<p>Full-day Scouting activities with modified activities tailored to the current symptoms. Expand participation to include all non-contact Scouting activities and aerobic activities.</p>	<p>Full participation in Scouting activities, no concussion-related accommodations required.</p>	<p>Full days at camp, no concussion-related accommodations required. Full participation in all sport activities including competition. Full contact game play without restrictions.</p>
<p>Examples: Quiet games, talking with friends, crafts, light walking as long as it does not increase the heart rate.</p>	<p>Examples: Walking, jogging, or cycling on a stationary bike. Scouting activities may include gentle hiking, reading, singing, socializing, crafts, some screened devices (if tolerated), other modified or low-risk Scouting activities that do not make symptoms worse for short time periods.</p>	<p>Examples: Low-risk sport specific drills, light resistance weight training, non-contact aquatic sports, participation in other lowrisk Scouting activities.</p>	<p>Examples: Non-contact aquatic sports, paddling, non-contact sport drills, increased resistance training. Decision to participate in low-risk day trips may be made at this step.</p>	<p>Examples: Full contact sports, scrimmages or game play (e.g dodgeball), diving, cycling outdoors, higher risk aquatic activities. Overnight backcountry trips permitted.</p>	
<p>Avoid: Activities or environments that make the person feel worse, screened devices, sports, reading.</p>	<p>Avoid: Sports, resistance training.</p>	<p>Avoid: Sports drills or camp activities that have head impact, risk of collision, or falls. No diving or sailing.</p>	<p>Avoid: Impact sports, diving, sailing, overnight backcountry trips.</p>	<p>Avoid: Competitive gameplay</p>	
				<p>STEPS 5 AND 6 ARE ONLY PERMITTED IF A PERSON HAS MEDICAL CLEARANCE AND THEY HAVE FULLY RETURNED TO SCHOOL.</p>	
<p>GOAL Minimal mental and physical activity.</p>	<p>GOAL Increase the heart rate and aim to return to low-risk Scouting activities for 1–2 hours to connect socially.</p>	<p>GOAL Half-day participation in Scouting activities. Increased intensity & time of lowrisk physical activities.</p>	<p>GOAL Increase aerobic activities to full exertion without body contact.</p>	<p>GOAL Adjust to full Scouting participation and gameplay in sports.</p>	<p>GOAL Resume competitions.</p>

This protocol should only be used after a comprehensive medical assessment by a physician or nurse practitioner. If symptoms worsen, return to the doctor/NP for another assessment. Progression through the steps should be under the supervision of a medical professional whose clinical judgment should be used to support decision making.

INSTRUCTIONS: Step 1 should last a maximum of 2 days, then proceed to step 2. Move from steps 2 to 4 as long as symptoms are tolerated. **A minimum of 24 hours is required at each step.** It is expected that some symptoms may still be present. If unsure about progression with specific activities, consult with an MD or NP. **Step 5 requires medical clearance from a doctor;** returning too early to high-risk physical activities increases the risk of another injury and may slow recovery. Medical clearance is not required to progress through steps 1–4 of the return to Scouting protocol. *Recommendations are adapted from: Zemek, R., Reed, N., Dawson, J., et al. "Living Guideline for Pediatric Concussion Care." pedsconcussion.com and created in collaboration with 360 Concussion Care (360concussioncare.com)*