

262 THE ONLINE CONCUSSION AWARENESS TRAINING TOOL

Shelina Babul, Ian Pike, Kate Turcotte. *BC Injury Research and Prevention Unit, Canada; University of British Columbia, Canada*

10.1136/injuryprev-2016-042156.262

Background The online Concussion Awareness Training Tool (CATT—www.cattonline.com) includes three toolkits providing training in the recognition and treatment of concussion: Medical Professionals—MP; Parents, Players and Coaches—PPC; School Professionals—SP.

Objective To create an accessible, regularly updated online resource based upon the Zurich Consensus Statement on Concussion in Sport and evidence-based resources, intended to support standardise concussion diagnosis, treatment and management. Each toolkit includes a self-paced learning module as well as tailored resources.

CATT MP aims to standardise practice in a clinical setting with a focus on the paediatric patient.

CATT PPC speaks to concussion identification and management, with Smartphone accessible resources: *Concussion Response Tool* and *Questions to Ask Your Doctor*.

CATT SP includes *Return-to-Learn* protocol and resources for teachers, counsellors and others in the school setting.

Results For each of the CATT toolkits, evaluation was undertaken with a pre-post intervention survey design. Sample sizes of at least 33 were required to compare the change in scores with the power to detect a large effect size of 0.5.

CATT MP was launched mid April, 2013. Physicians demonstrated significant positive change in concussion practices ($p = 0.001$), and significant change in knowledge by those treating more than 10 concussions/yr ($p = 0.039$). Nurses had significant positive change in practices ($p = 0.005$) and attitudes ($p = 0.035$). CATT PPC was launched mid June, 2014. Parents demonstrated significant positive change in concussion knowledge ($p = 0.002$). CATT SP is anticipated for launch in November 2015, with an accompanying evaluation.

Conclusions Concussion is an under-diagnosed medical condition, requiring both physical and mental rest. CATT addresses this gap by increasing knowledge and awareness among appropriate audiences. Good concussion management can reduce related health problems and the risk of long-term brain damage.

263 HEADS UP FOR YOUTH SPORT CONCUSSION: MOVING FROM AWARENESS TO EVALUATION OF BEHAVIOURAL INTENTION

Kelly Sarmiento, Robin Lee, Ann Dellinger, Grant Baldwin. *Centres for Disease Control and Prevention/National Centre for Injury Prevention and Control, USA*

10.1136/injuryprev-2016-042156.263

Background Children and adolescents account for an estimated 65% of emergency department visits for sports and recreation-related traumatic brain injuries, including concussions. Immediate identification and appropriate response to a concussion can help reduce the risk of short- or long-term health problems that can affect thinking, learning, behaviour, and/or emotions.

Description of the Problem Combining innovative and evidence-based communication strategies, CDC created HEADS UP.

HEADS UP is a series of educational initiatives grounded in audience preferences for content, design, format, and distribution channels. The content is specifically built to draw attention to what was considered an under-reported and under-identified public health problem and is designed to improve awareness, early identification and management of sports-related concussion.

Results In the last decade, CDC's HEADS UP has partnered with over 85 organisations, received over 200 million media impressions, distributed more than 6 million print resources, and obtained over 40 million social-media impressions. In addition, through HEADS UP, CDC has trained over 3 million sports coaches and health care professionals through online training courses required by many state policies and sports programs. Evaluation results indicate improvements in knowledge and attitudes towards concussion after exposure to HEADS UP materials.

Conclusion CDC's HEADS UP demonstrates how a health communication initiative can play a critical role in driving the science of an important health issue and can help support implementation of policies on a large-scale. As CDC embarks on the next stage of HEADS UP, continued emphasis will be placed on adapting to the changing landscape of concussion research and awareness and identifying effective approaches for improving both behaviours and the culture of concussion nationwide.

264 PARENT AND PLAYER CONCUSSION KNOWLEDGE AND FACILITATORS OF APPROPRIATE MANAGEMENT IN YOUTH ICE HOCKEY

¹Amanda M. Black, ²Shelina Babul, ^{3,4}Alberto Nettel-Aguiré, ^{1,3,4}Carolyn Emery. ¹*Sport Injury Prevention Research Centre, Faculty of Kinesiology, University of Calgary, Canada;* ²*Department of Paediatrics/Pathology and Laboratory Medicine, University of British Columbia, Canada;* ³*Alberta Children's Hospital Research Institute, Canada;* ⁴*Departments of Paediatrics and Community Health Sciences, Cumming School of Medicine, University of Calgary, Canada*

10.1136/injuryprev-2016-042156.264

Background Concussions are a significant burden in youth ice hockey that can have serious health consequences if not identified and managed appropriately. Parents' role in facilitating identification and appropriate concussion management as well as child education is vital. This project aims to understand parent and player concussion knowledge and potential barriers to physician diagnosis and appropriate return to play after concussion.

Methods Using a mixed methods study design, 63 players (ages 11–14) and 82 parents from Vancouver and Calgary (Canada) completed a survey on concussion knowledge. Qualitative interviews of 6 mothers and 7 fathers explored the barriers and facilitators associated with physician follow-up after a concussion.

Results All parents and 93.6% players identified concussion as a brain injury. When asked to identify concussion symptoms from a list with 8 concussion and 8 distractor symptoms, parents and players had similar mean scores (12.7 and 12.3/16 respectively). Only 50.8% of parents and 14.3% of players were able to identify the correct course of action for all three scenario-based concussion management questions. Finally, only 59.8% of parents and 11.1% of players recognised the term “graduated return to play protocol”. A preliminary analysis of themes from the interviews highlighted barriers to physician follow-up: Parents' belief that the concussion was not serious, concussion symptoms