



CONCUSSION AWARENESS TRAINING TOOL

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CONCUSSION AWARENESS
TRAINING TOOL



BC INJURY research and
prevention unit

Concussion Awareness Training Tool (CATT)

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WHAT is the Concussion Awareness Training Tool?



CONCUSSION AWARENESS
TRAINING TOOL



Concussion Awareness Training Tool (CATT)

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- Built to address a gap in knowledge amongst various audiences a decade ago
- In-depth environmental scan globally to see what exists
- Focus groups with various audiences
 - Knowledge and understanding varies by audience (depending on who you are, what you need to know is very different)



Concussion Awareness Training Tool (CATT)

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- Educational tool with relevant resources
- Learner-centered model
- Evidence-based
 - **DID NOT** reinventing the wheel
- Reviewed & updated quarterly
- Evaluated
- Available 24/7
- Free



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CATT CONCUSSION AWARENESS TRAINING TOOL

Audience Learn Concussions Resources News About SCATS

I want to learn more about concussions as a...

- Medical Professional
- Coach
- Parent or Caregiver
- School Professional
- Athlete
- Workers and Workplaces
- Women's Support Worker
- Youth

Recent News

ATHLETE | CONCUSSION | EDUCATION MODULE | RETURN TO SCHOOL

Has your institution mandated CATT for Athletes?

Social Media

Children with a concussion should limit screen time.

CATT for Medical Professionals is designed to teach you the skills you need to provide evidence-based care for your concussion patients.

CATT CONCUSSION AWARENESS TRAINING TOOL

Audience Learn Concussion Resources News About Sign In Sign Up

Concussion Awareness Training Tool

Understand and manage concussions to reduce long-term health consequences and brain damage.

I want to learn more about concussions as a...

- Medical Professional
- Coach
- Parent or Caregiver
- School Professional
- Athlete
- Workers & Workplace
- Women's Support Worker
- Youth

Need to assess a concussion?

A concussion is a type of brain injury usually caused by direct impacts or motion to the head or the body. Timely concussion recognition and management may decrease...



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WHO is the CATT
intended for?



CONCUSSION AWARENESS
TRAINING TOOL



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- CATT for Medical Professionals (2013, updated 2018, **March 2024**)
- CATT for Coaches (2014, updated Dec 2019, **March 2024**)
- CATT for Parents (2014, updated Dec 2019, **April 2024**)
- CATT for School Professionals (2016, updated September 2019, **March 2024**)
- CATT for Workers and Workplaces (launched June 2019, **April 2024**)
- CATT for Intimate Partner Violence (launched September 2020, **Summer 2024***)
- CATT for High Performance Athletes - University (February 2021, **April 2024**)
- CATT for High School Youth (August 2021, **April 2024**)

- ✓ Recognized provincially, nationally and internationally
- ✓ Mandated by schools, sporting associations and universities across the country and globally



Resources

Resources

Resources

- 2023 CATT Return to Work/Concussion Pathway Flip Card (For Adults)**
Concussion Awareness Training Tool (CATT)
- 2023 CATT Return to School/Sport Flip Card**
BC Injury Research and Prevention Unit (BCIRPU)
- 2023 Concussion Information Package for Women's Support Workers**
Concussion Awareness Training Tool (CATT)
- 2023 Concussion Information Package for School Professionals**
Concussion Awareness Training Tool (CATT)
- 2023 Concussion Information Package for Parents/Caregivers**
Concussion Awareness Training Tool (CATT)
- 2023 Concussion Information Package for Coaches**
Concussion Awareness Training Tool (CATT)
- 2023 Concussion Information Package for Motion Picture, Film, and Live Performance Workers**
Concussion Awareness Training Tool
- 2023 Concussion Information Package for Athletes**
Concussion Awareness Training Tool (CATT)
- 2023 Concussion Information Package for Medical Professionals**
Concussion Awareness Training Tool (CATT)
- 2023 Concussion Information Package for Workers and Workplaces**
Concussion Awareness Training Tool (CATT)
- 2023 What You Need to Know About Concussion**
Concussion Awareness Training Tool (CATT)
- 2023 Student Return to Learn Plan**
Concussion Awareness Training Tool (CATT)
- 2023 Concussion Pathway for the Motion Picture, Film, & Live Performance Industries**
Concussion Awareness Training Tool (CATT)
- 2023 Concussion Pathway**
Concussion Awareness Training Tool (CATT)
- 2023 Concussion Pathway for Neurodivergent Students and Students with Disabilities**
Concussion Awareness Training Tool (CATT)

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A selection of CATT print resources are available to order. View our catalogue and fill out an order form.

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Looking for a specific resource? Try searching for key words or use the filters below.

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Topics

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- General Inform...
- Management
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- Return to Activ...
- Return to Scho...
- Return to Spor...
- Return to Wor...
- School
- Sports

Region

- All
- Canada
- International
- USA

Type



Resources

Return to School

This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Every concussion is unique, and recovery is very different for each individual. Not everyone will require a Return to School Strategy. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training. Note: For information about returning to activities that pose risk of head contact, please refer to Return to School or Return to Activity.

STEP 1:	STEP 2:	STEP 3:	STEP 4:
Activities of daily living and relative rest* <ul style="list-style-type: none"> Maximum of 24-48 hours Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: <ul style="list-style-type: none"> Preparing meals Housework Light Minimize screen time Avoid driving after a concussion 	School activities (as tolerated) <ul style="list-style-type: none"> Returning to school as soon as possible (as tolerated) is encouraged. Reading or other cognitive activities at school or at home. Goal: Increase tolerance to cognitive work, and connect socially with peers. Take breaks and adapt activities if concussion symptom exacerbation (worsening) is more than mild and brief.** 	Part-time or full-time days at school with accommodations (if needed) <ul style="list-style-type: none"> Gradually reintroduce schoolwork. May require accommodations, such as: <ul style="list-style-type: none"> Partial school days with access to breaks throughout the day Academic accommodations (extra time to complete work, reduced workload) to tolerate the classroom or school environment. 	Return to school full-time <p>Return to full days at school and academic activities without requiring accommodations (related to the concussion).</p> <p>Note: Medical clearance is NOT required to return to school</p> <p>For returning to PE or sports, please refer to Return to Sport protocol.</p>

Return to Work

This tool is a guideline for managing an individual's return to work following a concussion and does not replace medical advice. Every concussion is unique, and recovery is very different for each individual. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training. It is important to get medical clearance before returning to high-risk activities.

STEP 1:	STEP 2:	STEP 3:	STEP 4:
Activities of daily living and relative rest* <ul style="list-style-type: none"> Maximum of 24-48 hours Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: <ul style="list-style-type: none"> Preparing meals Housework Light walking Minimize screen time for first 24-48 hours following concussion. Avoid driving during the first 24-48 hours after a concussion. <p>Contact workplace to discuss a tailored Return to Work plan.</p>	Work activities (at work, as tolerated) <ul style="list-style-type: none"> Medically unnecessary delays in Return to Work should be avoided. Individuals are encouraged to remain at, or promptly return, to some form of productive work, provided it does not pose risk of re-injury. Reading or other cognitive activities at school or at home. Take breaks and adapt activities if concussion symptom exacerbation (worsening) is more than mild and brief.** Use of devices with screens may be gradually resumed, as tolerated. 	Part-time or full-time days at work with accommodations (if needed) <ul style="list-style-type: none"> Gradually reintroduce work activities, according to your graduated return to work plan. May require accommodations, such as: <ul style="list-style-type: none"> Partial work days with access to breaks throughout the day Extra time for tasks Access to a quiet, distraction-free work environment Gradually reduce accommodations and increase workload until full days without concussion-related accommodations are tolerated. Accommodations can be phased out in "trial" periods, to ensure that they are no longer needed. 	Return to work full-time <p>Return to full days at work with accommodations (related to the concussion).</p> <p>Note: Only return to job duties that have safety implications for you (e.g., operating heavy equipment from heights) when cleared by a nurse practitioner, or licensed health professional.</p> <p>After a maximum of 24-48 hours after injury, BEGIN STEP 4</p> <p>Refer to the Return to Sport if more than mild exacerbate activity, and attempt to go 2 to establish full resolution should be provided before Driving should resume after</p> <p>*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.</p> <p>**Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10 point symptom severity scale.</p> <p>***10-point symptom severity scale</p>
Activities of daily living, as tolerated <p>After a maximum of 24-48 hours after injury, BEGIN STEP 2</p>	Increase tolerance to work-related activities and connect social with peers/colleagues. <p>If able to tolerate work with accommodations, BEGIN STEP 3</p>	Gradually reduce accommodations and increase workload <p>If can tolerate full days without concussion related accommodations, BEGIN STEP 4</p>	Full workload (no accommodation related to the concussion) <p>Return to Work completed</p>

Returning to work is an individual process. In some instances workers may return to regular duties, while others may need accommodations or placement in a completely different job function. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation**. Therefore, each program should be individually prescribed and should support the reintegration and rehabilitation of the person with the injury or disability back into the workplace. Written determination of medical clearance should be provided before full Return to Work, as required by workplaces or occupational health and safety organizations.

Driving should resume after consultation with a doctor, nurse practitioner, or healthcare professional. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation**.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.

Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10 point symptom severity scale.*Brief exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

***10-point symptom severity scale: Please see the Visual Analog Scale for an example of a 0-10 symptom severity scale.

Return to Activity

This tool is intended for a general audience and serves as a guideline for managing an individual's return to activity following a concussion and does not replace medical advice. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or healthcare professional with relevant training. Begin Step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours.

STEP 1:	STEP 2:	STEP 3:	STEP 4:
Activities of daily living and relative rest* <ul style="list-style-type: none"> Maximum of 24-48 hours Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: <ul style="list-style-type: none"> Preparing meals Housework Light walking Minimize screen time Avoid driving during hours following concussion Sleep as much as you can while trying to maintain night sleeping schedule Avoid driving during hours after a concussion 	2A: Light effort aerobic activity <ul style="list-style-type: none"> Up to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age). In a safe and controlled environment, engage in light effort aerobic activity. Examples: <ul style="list-style-type: none"> Stationary cycling Walking at slow to brisk pace Gardening 	2B: Moderate effort aerobic activity <ul style="list-style-type: none"> Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age). Examples: <ul style="list-style-type: none"> Workouts Exercises and activities that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms and do not have a 	Increase activity intensity <ul style="list-style-type: none"> Participate in normal day-to-day activities, including normal physical/training activities, school gym-class, and work-related activities. Examples: <ul style="list-style-type: none"> Swimming Fast-paced walking Showering
Return to activity <p>Back to normal, unrestricted activity</p> <p>Examples:</p> <ul style="list-style-type: none"> Outdoor biking Paddling and water activities Normal unrestricted work-related tasks and higher risk activities School gym class No restrictions on physical activities 			

Return to Sport

This tool is a guideline for managing an individual's return to sport following a concussion and does not replace medical advice. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training. Begin Step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours.

STEP 1:	STEP 2:	STEP 3:	STEP 4:	STEP 5:	STEP 6:
Activities of daily living and relative rest* <ul style="list-style-type: none"> Maximum of 24-48 hours Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: <ul style="list-style-type: none"> Preparing meals Housework Light walking Minimize screen time for first 24-48 hours following concussion. 	2A: Light effort aerobic exercise <ul style="list-style-type: none"> Up to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age). In a safe and controlled environment, engage in light aerobic exercise. Examples: <ul style="list-style-type: none"> Stationary cycling Walking at slow to medium pace Light resistance training that does not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. 	2B: Moderate effort aerobic exercise <ul style="list-style-type: none"> Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age). Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities. 	Individual sport-specific activities (that do not have a risk of inadvertent head impact) <ul style="list-style-type: none"> Addition of individual sport-specific activities that are supervised by a teacher/coach/parent. Examples: <ul style="list-style-type: none"> Skating drills (hockey) Running drills (soccer) Change of direction drills Individual gym class activities <p>It is important to get medical clearance before returning to training that involves any risk of inadvertent head impact.</p>	Non-contact training drills and activities <ul style="list-style-type: none"> Progress to exercises at high intensity, including more challenging drills and activities. Examples: <ul style="list-style-type: none"> Multi-player training Supervised non-contact gym class activities Practices without body contact 	Return to all non-competitive activities <ul style="list-style-type: none"> Return to all non-competitive activities, all gym class activities, and full-contact practices Participate in higher-risk activities including normal training activities, all school gym-class activities, and full-contact sports practices and scrimmages. Avoid competitive gameplay.
Activities of daily living, as tolerated <p>After a maximum of 24-48 hours after injury, BEGIN STEP 2</p>	Increase heart rate <p>If can tolerate moderate aerobic exercise, BEGIN STEP 3</p>	Increase intensity of aerobic activities and introduce low-risk sport-specific movements and changing of directions <p>If medically cleared and have fully returned to school, BEGIN STEP 4</p>	Resume usual intensity of exercise, coordination, and activity-related cognitive skills <p>If can tolerate usual intensity of activities, BEGIN STEP 5</p>	Return to activities that have a risk of falling or body contact, restore game-play confidence and have coaches assess functional skills. <p>If can tolerate non-competitive, high-risk activities, BEGIN STEP 6</p>	Note: Returning to full contact, competitive play or high-risk activities before you have recovered increases the risk of delayed recovery and for sustaining another more severe concussion or serious injury.

If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale)*** occurs during Steps 1-3, stop the activity, and attempt to exercise the next day. Individuals experiencing concussion symptoms during Steps 4-6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before unrestricted return to Sport as directed by local laws and/or sporting regulations.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.

Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10 point symptom severity scale.*Brief exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

***10-point symptom severity scale: Please see the Visual Analog Scale for an example of a 0-10 symptom severity scale.



Resources



Concussion Resources for
**Medical
Professionals**



Concussion Resources for
**Parents &
Caregivers**



Concussion Resources for
**Workers &
Workplaces**



Concussion Resources for
Athletes



Concussion Resources for
**School
Professionals**



Concussion Resources for
Coaches



Concussion Resources for
**Women's
Support Workers**



Knowledge Translation Strategies for the Concussion Awareness Training Tool (CATT)

RELATIONSHIP BUILDING



Developed relationships with
150+ organizations & key
stakeholders



DISTRIBUTED
MORE THAN

50,000

PRINT
RESOURCES



The CATT e-learning modules
have been completed

145,000+ TIMES

by people from over 50 countries



CATTONLINE.COM
RECEIVES OVER



28,000+

WEBSITE VISITS
PER MONTH

CATT HAS BEEN
MANDATED

by **100+**

ORGANIZATIONS
& SCHOOLS



200+

media
appearances on
TV, radio & PSAs

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CONCUSSION AWARENESS
TRAINING TOOL

CATT Website Statistics

January 1, 2018–January 16, 2024



Top Visitor Locations:



2,000,000+
visits



300,000+
visitors



161%
increase in
average
daily visits



209
countries/
territories



140,000+
course
completions



109
course
mandates

www.cattonline.com

Data: Google Analytics. Icons from Freepik.



Social Marketing Campaigns



Outlining the Invisible: Experiences and Perspectives Regarding Concussion Recovery, Return-to-Work, and Resource Gaps
 by @StacyKarnes, @KatieSutton, @JillLaurie, @ShelinaBabu

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Delivering Evidence-Based Online Concussion Education to Medical and Healthcare Professionals: The Concussion Awareness Training Tool (CATT)

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Academic Editor: Ian L. Swaine

Collaboration, Training and Resources to Support School Policy Development and Recovery from Concussion

Authors: Sadler, Kaitlyn Turcotte, Katie Babu, Shelina
 Source: Health Behavior and Policy Review, Volume 8, Number 3, May 2021, pp. 257-268(12)
 Publisher: Sage Scholar Publishing Ltd.
 DOI: <https://doi.org/10.1177/1488588520958377>

Stakeholder Recommendations to Increase the Accessibility of Online Health Information for Adults Experiencing Concussion Symptoms

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PMID: 33605848 | PMCID: PMC7628603 | DOI: 10.3389/hsn.2020.00174
 Prevalence: PLoS ONE

Abstract
 Background: Concussion is a global public health problem. In Canada, concussion is among the top five reasons for ambulance time-loss. Concussion results in physical, cognitive, and/or emotional symptoms that temporarily prevent some with physical and mental exertion, such as driving.

Annals of Sports Medicine and Research

Concussion Awareness and Education among Sports Resource Providers in Uganda: Piloting the Concussion Awareness Training Tool (CATT)

Authors: Babu, Shelina
 Source: Annals of Sports Medicine and Research, Volume 10, Number 1, 2022, pp. 1-10
 Publisher: Annals of Sports Medicine and Research
 DOI: <https://doi.org/10.1177/14885885211000000>

● International Collaborations

1 47,532



● Lebanon

● Pakistan

● East Africa (Nairobi / Dar es Salaam / Kampala)



Plans for 2024+

- New platform launch April 1, 2024
- Engagement with rural and remote communities
- Para Sport
- Indigenous Peoples
 - Indigenous Sport, Recreation and Physical Activity Council (ISPARC)
 - Brainwaves program in schools with higher indigenous students



Concussion Awareness Training Tool (CATT)

cattonline.com

HOW can you access the CATT?



Thank You!

- Website: www.cattonline.com
- Twitter: [@cattonline](https://twitter.com/cattonline)
- Instagram: [catt.concussions](https://www.instagram.com/catt.concussions)
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