

Concussion – Tool to Identify a Suspected Concussion ¹

Identification of a Suspected Concussion:

Following a blow to the head, face, or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of **one or more** of the signs or symptoms outlined in the chart below **and/or** the failure of the Quick Memory Function Assessment.

1. Check appropriate box

An incident occurred involving _____ on _____
(Student's Name) (Date)

He/she was observed for signs and symptoms of a concussion.

- No signs or symptoms described below were noted at the time.
(*Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later (refer to #4 below).*)
- The following signs were observed or symptoms reported

Signs and Symptoms of Suspected Concussion (Check appropriate box)

Possible Signs Observed <i>A sign is something that is observed by another person (e.g. parent/guardian, teacher, coach, supervisor, peer)</i>	Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i>	RED FLAGS <i>Call 911 if you observe any of the following</i>
<ul style="list-style-type: none"> <input type="checkbox"/> Balance, gait difficulties, motor in coordination, stumbling, slow laboured movements <input type="checkbox"/> Blank or vacant look <input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions <input type="checkbox"/> Facial injury after head trauma <input type="checkbox"/> Lying motionless on the playing surface (no loss of consciousness) <input type="checkbox"/> Slow to get up after a direct or indirect hit to the head 	<ul style="list-style-type: none"> <input type="checkbox"/> Balance problems <input type="checkbox"/> Blurred vision <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Dizziness <input type="checkbox"/> "Don't feel right" <input type="checkbox"/> Drowsiness <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Feeling like "in a fog" <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Headache <input type="checkbox"/> More emotional <input type="checkbox"/> More irritable <input type="checkbox"/> Nausea <input type="checkbox"/> Nervous or anxious <input type="checkbox"/> "Pressure in head" <input type="checkbox"/> Sadness <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Sensitivity to noise 	<ul style="list-style-type: none"> <input type="checkbox"/> Deteriorating conscious state <input type="checkbox"/> Double vision <input type="checkbox"/> Increasingly restless, agitated or combative <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Neck pain or tenderness <input type="checkbox"/> Seizure or convulsion <input type="checkbox"/> Severe or increasing headache <input type="checkbox"/> Vomiting <input type="checkbox"/> Weakness or tingling/burning in arms or legs

IF ANY OBSERVED SIGNS OR SYMPTOMS WORSEN, CALL 911.

2. Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a concussion:

- a) What room are we in? _____
- b) What activity/sport/game are we playing now? _____
- c) What field are we playing on today? _____
- d) What part of the day is it? _____
- e) What is the name of your teacher/coach? _____
- f) What school do you go to? _____

3. Action to be taken

If there are **any** signs observed or symptoms reported, or if the student fails to answer any of the above questions correctly:

- a concussion should be suspected;
- **the student must be immediately removed from play and must not be allowed to return to play that day** even if the student states that he/she is feeling better; and
- the student must not leave the premises without parent/guardian (or emergency contact) supervision.

In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow the concussion protocol described in Administrative Procedures AP-324.

4. Continued Monitoring by Parent/Guardian

- Students should be monitored for 24–48 hours following the incident as signs and symptoms can appear immediately after the injury **or may take hours or days to emerge.**
- **If any signs or symptoms emerge**, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

5. Respondent Name: _____
(Please print)

Respondent Signature: _____ Date: _____

Principal Signature: _____ Date: _____

¹Adapted from McCroy et. al, *Consensus Statement on Concussion in Sport. Br J Sports Med* 47 (5), 2013

Information Collection Authorization: The personal information contained on this form has been collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and Policy and Program Memorandum 158, titled School Board Policies on Concussion. The information is collected for the sole purpose of helping to identify a suspected concussion.

Questions regarding the information contained on this form should be directed to the Principal.

USER: MEDICAL STAFF, PRINCIPAL, TEACHERS

ORIGINAL: PARENT/GUARDIAN/STUDENT, IF OVER THE AGE OF 18 COPY: OSR