

Concussion - Tool to Identify a Suspected Concussion

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)

They were 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 <u>Signs</u> Observed <i>A sign is something that is observed by another person (e.g. parent/guardian, teacher, coach, supervisor, peer)</i>	Possible <u>Signs</u> Observed <i>A sign is something that is observed by another person (e.g. parent/guardian, teacher, coach, supervisor, peer)</i>	RED FLAGS Call 911 if you observe any of the following:
<ul style="list-style-type: none"> <input type="checkbox"/> Balance, gait difficulties, motor in coordination, stumbling, slow laboured movements <input type="checkbox"/> Dazed, blank or vacant look <input type="checkbox"/> Disorientation or confusion, staring or limited responsiveness, 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 <input type="checkbox"/> Unsteady on feet/balance problems or falling over/poor coordination/wobbly <input type="checkbox"/> Falling unprotected to the playing surface 	<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 or vomiting <input type="checkbox"/> Nervous or anxious <input type="checkbox"/> "Pressure in head" <input type="checkbox"/> Sadness <input type="checkbox"/> More sensitivity to light <input type="checkbox"/> More sensitivity to noise <input type="checkbox"/> Ringing in the ears <input type="checkbox"/> Seeing stars or flashing lights 	<ul style="list-style-type: none"> <input type="checkbox"/> Increased confusion or deteriorating conscious state (becoming less responsive, drowsy) <input type="checkbox"/> Loss of Vision or double vision <input type="checkbox"/> Increasingly restless, agitated or combative <input type="checkbox"/> Loss of consciousness or responsiveness <input type="checkbox"/> Neck pain or tenderness <input type="checkbox"/> Seizure, or "fits" or convulsion <input type="checkbox"/> Severe or increasing headache <input type="checkbox"/> Repeated Vomiting <input type="checkbox"/> Weakness or numbness/tingling/burning in arms or legs <input type="checkbox"/> Visible deformity of the skull

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. Modify each question appropriately for each sport and age of athlete. Failure to answer any one of these questions correctly may suggest a concussion:

- Is it before or after lunch? _____
- What grade are you in? _____
- What activity/sport/game are we playing now? _____
- What is the name of your teacher/coach? _____
- What school do you go to? _____

3. Action to be taken

Any athlete/student with a suspected concussion should be IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH WITH OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes/students with suspected concussion should NOT:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their Healthcare Professional.
- Drive a motor vehicle until cleared to do so by a healthcare professional.
- 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-808.

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.

Respondent Name: _____
(Please Print)

Respondent Signature: _____ Date: _____

Principal Signature: _____ Date: _____

¹ Parachute. (2024). Canadian Guideline on Concussion in Sport. (2nd edition) parachute.ca/guideline

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