

Form C-2

Tool to Identify a Suspected Concussion¹

This tool is a quick reference, to be completed by teachers/coaches/intramural supervisors, to help identify a suspected concussion and communicate this information to parent/guardian.

Identification of 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 **any 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 _____ (student name) on _____ (date) at _____ (time). 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	
Possible Signs Observed	Possible Symptoms Reported
<p><i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i></p> <p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment on page 2</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> 	<p><i>A symptom is something the student will feel/report.</i></p> <p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or low energy <input type="checkbox"/> dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/>
<p>If there is a loss of consciousness or lack of responsiveness, or any other observed signs or symptoms worsen, call 911.</p>	

2. Perform Quick Memory Function Assessment

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

<u>Question</u>	<u>Age Appropriate Response</u>			
What room are we in right now?	Yes		No	
What activity/sport/ game are we playing now?	Yes		No	
What field are we playing on today?	Yes		No	
What part of the day is it?	Yes		No	
What is the name of your teacher/coach?	Yes		No	
What school do you go to?	Yes		No	

The use of the quick memory function assessment needs to be considered within an age appropriate context.

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 [“Appendix C-1 - Concussion Management Procedures: Return to Learn and Return to Physical Activity”](#).

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. Teacher/Coach/Intramural Supervisor name:(Print)_____

Teacher/Coach/Intramural Supervisor signature:_____ Date:_____

This completed form must be copied and the copy provided to parent/guardian. The original is to be forwarded to the school principal.

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

PLACE ORIGINAL IN STUDENT'S OSR

RETENTION: E+ 5 where E = retirement / transfer of student

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