

Concussion Awareness Tool

Identification of Suspected Concussion

Any blow to the head, face or neck, or a blow to the body that transmits a force to the head may cause a concussion. If a student displays **any one or more** of the signs or symptoms outlined in the chart below and/or the student fails the QuickMemory Function Assessment, the student shall be considered to have a suspected concussion. **If student needs medical attention, call 9-1-1 immediately.**

1. Check appropriate box

An incident occurred involving: _____ (student name) on _____ (date).

The student reported symptoms of a concussion as outlined below, OR

None of the symptoms described below were reported at the time.

Signs and Symptoms of Suspected Concussion

Possible Symptoms Reported

*A symptom is something the student will feel/report.
Please note any symptoms reported by the student.*

Physical

| | | |
|-------------------------------|---------------------------------|--|
| Headache | Pressure in head | Nausea/stomach ache/pain |
| Feeling off/not right | Ringing in the ears | Neck Pain |
| Seeing stars, flashing lights | Pain at physical site of injury | Seeing double or blurry/loss of vision |
| Balance problems or dizziness | Fatigue or feeling tired | Sensitivity to light or noise |

Cognitive

| | | |
|---|------------------------------------|-------------------|
| Difficulty concentrating or remembering | Slowed down, fatigue or low energy | Dazed or in a fog |
|---|------------------------------------|-------------------|

Emotional/Behavioural

| | |
|---|-----------------------------|
| Irritable, sad, more emotional than usual | Nervous, anxious, depressed |
|---|-----------------------------|

Other

Possible Signs Observed

A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).

Physical

| | | |
|---|--|---------------------------|
| Vomiting | Slurred speech | Slowed reaction time |
| Poor coordination or balance | Blank stare/glassy-eyed/dazed or vacant look | Decreased playing ability |
| Loss of consciousness or lack of responsiveness | Lying motionless on the ground or slow to get up | Amnesia |
| Seizure or convulsion | Grabbing or clutching of head | |

Cognitive

| | | |
|--|---|--|
| Difficulty concentrating | Easily distracted | General Confusion |
| Does not know time, date, place, class, type of activity in which he/she was participating | Cannot remember things that happened before and after the injury (see Quick Memory Function Assessment on page 2) | Slowed reaction time (e.g., answering questions or following directions) |

Emotional/Behavioural

Strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)

Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later.

If any signs or symptoms worsen, call 9-1-1.

2. Perform Quick Memory Function Assessment

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.

What activity/sport/game are we playing now?

What field are we playing on today?

What part of the day is it?

What is the name of your teacher/coach?

What room are we in right now?

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 a parent/guardian (or emergency contact) supervision.

In all cases of suspected concussion the student must be examined by a medical doctor or nurse practitioner for diagnosis.

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.

School Contact Name:

Date:

This completed form must be copied and provided to the parent/guardian; the original should be filed as per school board policy.

Freedom of Information Notice

The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be utilized only for the purpose of managing student learning and well-being. Access to this information will be limited to those who have an administrative need, to the student to whom the information relates and the parent(s)/guardian(s) of a student who is under 18 years of age. Any questions with respect to this information should be directed to the school principal.