

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 fails the Quick Memory Function Assessment, the student shall be considered to have a suspected concussion. **If student needs medical attention, call 911 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	
<p>Possible Symptoms Reported <i>A symptom is something the student will feel/report. Please note any symptoms reported by student.</i></p>	<p>Possible Signs Observed <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"/> 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"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<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"/> does not know time, date, place, class, type of activity in which he/she was participating <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"/> 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>Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later.</p> <p>If any signs or symptoms worsen, call 911.</p>	

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:	
QUESTIONS	ANSWER
1. What activity/sport/game are we playing now?	
2. What field are we playing on today?	
3. What part of the day is it?	
4. What is the name of your teacher/coach?	
5. What room are we in right now?	
6. 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.

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.