

# Appendix C-2

## Sample Tool to Identify a Suspected Concussion<sup>1</sup>

This sample tool is a quick reference, to be completed by teachers, to help identify a suspected concussion and to 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.

First, assess the danger to the student and the rescuer, and then check airway, breathing and circulation.

### 1. Check appropriate box

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

## 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:

- What room are we in right now? *Answer:* \_\_\_\_\_
- What activity/sport/game are we playing now? *Answer:* \_\_\_\_\_
- What field are we playing on today? *Answer:* \_\_\_\_\_
- What part of the day is it? *Answer:* \_\_\_\_\_
- What is the name of your teacher/coach? *Answer:* \_\_\_\_\_
- What school do you go to? *Answer:* \_\_\_\_\_

*\*Questions may need to be modified for very young students and/or students receiving special education programs and services.*

## 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 Protocol: Prevention, Identification and Management Procedures".

## 4. Continued Monitoring by Parent/Guardian (and where appropriate, School Staff)

- 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 name: \_\_\_\_\_

Teacher signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

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

<sup>i</sup> Adapted from McCroy et. al, *Consensus Statement on Concussion in Sport. Br J Sports Med* 47 (5), 2013