

This tool is a quick reference, to be completed by the activity supervisor (for example, teacher/coach/LKDSB staff), to help identify a suspected concussion and to communicate this information to parents/guardians

Identification of Suspected Concussion

If after a jarring impact to the head, face or neck, or elsewhere on the body, an impulsive force is transmitted to the head (observed or reported), and the activity supervisor suspects a concussion, the following action must be taken immediately.

1. Check for Red Flag (*) signs or symptoms. If any one or more are present, call 911, followed by a call to parents/guardians/emergency contact.
2. If no Red Flag (*) signs or symptoms, complete the rest of the checklist for signs observed and symptoms reported. Follow up by communicating with the parent/guardian and provide them this and follow up forms.

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:

Red Flag Symptoms of a Suspected Concussion * if any one or more present, call 911 and seek immediate medical support, then call parents/guardians/emergency contact.

<ul style="list-style-type: none"> <input type="checkbox"/> Deteriorating conscious state <input type="checkbox"/> Seeing double or blurry/loss of vision <input type="checkbox"/> Increasingly restless, agitated or combative <input type="checkbox"/> Loss of consciousness or lack of responsiveness <input type="checkbox"/> Weakness or tingling/burning in arms or legs 	<ul style="list-style-type: none"> <input type="checkbox"/> Neck pain or tenderness <input type="checkbox"/> Seizure or convulsion <input type="checkbox"/> Severe or increasing headache <input type="checkbox"/> Vomiting
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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>
<ul style="list-style-type: none"> <input type="checkbox"/> Balance, gait difficulties, motor incoordination, stumbling, slow labored movements <input type="checkbox"/> Blank or vacant look <input type="checkbox"/> Disorientation or confusion, 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 	<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 <input type="checkbox"/> Nervous or anxious <input type="checkbox"/> "Pressure in head" <input type="checkbox"/> Sadness <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Sensitivity to noise

If any of the observed signs or symptoms worsen, call 911.

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:* _____

Activity Supervisor name: _____ **Signature:** _____

Date: _____

SEE OVER FOR IMPORTANT INFORMATION

If any of the observed signs or symptoms worsen, call 911.

3. Action to be Taken

If there are any red flag signs observed or symptoms reported, or if the student fails to answer any of the memory function 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;
- the student must not leave the premises without parent/guardian (or emergency contact) supervision;
- the student must not drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
- the student must not take medications except for life threatening medical conditions (for example, diabetes, asthma).

The activity supervisor is to inform the parent/guardian that the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion. All students with a suspected concussion must undergo evaluation by a one of these professionals.

Parent/guardian must be provided with a completed copy of this form and a copy of Appendix C-2b: Medical Concussion Assessment Form. The activity supervisor informs principal of the incident.

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. At that point, parents must communicate with the school and if medical assistance was sought, provide the school a copy of Appendix C-2b: Medical Concussion Assessment Form.

This completed form must be signed by the activity supervisor. Please keep the original filed in the school office. The duplicate copy should be provided to the parent/guardian. The form should be returned with a parent signature, for students with no symptoms, in order for students to return to school. Students with suspected concussions must continue through the other stages of the Concussion Protocol complete with a doctor's note and completed paperwork as provided by the school.

I have monitored this child at home for 24-48 hours following the incident and no further concussion signs or symptoms have emerged.

Parent/Guardian signature: _____ **Date:** _____

Parent/Guardian printed name: _____

Notice of Collection of Personal Health Information

The Lambton-Kent District School Board is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system. Information on this Form is collected under the legal authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's Return to Learn and Return to Physical Activity under the Concussion Management Procedures. This form will be retained in the OSR. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.