

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

**Identification of Suspected Concussion - 3 Step Process**

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/athlete 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 of assessing the student/athlete.  
*Note: Continued monitoring of the student/athlete is important as signs and symptoms of a concussion may appear hours or days later (refer to #3 b) on the reverse).*
- The following signs were observed or symptoms reported:

<b>Signs and Symptoms of Suspected Concussion</b> <b>*If any observed signs or symptoms worsen, call 911.</b>	
<b>Possible Signs Observed</b> <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	<b>Possible Symptoms Reported</b> <i>A symptom is something the student/athlete will feel/report.</i>
<p><b>Physical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> loss of consciousness *</li> <li><input type="checkbox"/> lack of responsiveness (ER Action Plan to be followed)*</li> <li><input type="checkbox"/> vomiting</li> <li><input type="checkbox"/> slurred speech*</li> <li><input type="checkbox"/> slowed reaction time</li> <li><input type="checkbox"/> poor coordination or balance*</li> <li><input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look</li> <li><input type="checkbox"/> decreased playing ability</li> <li><input type="checkbox"/> lying motionless on the ground * or slow to get up</li> <li><input type="checkbox"/> amnesia*</li> <li><input type="checkbox"/> seizure or convulsion *</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> grabbing or clutching of head</li> <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 reverse</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>	<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>
<p><b>PLEASE TURN OVER</b> </p>	

## 2. Perform Quick Memory Function Assessment

Ask the student/athlete 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:* \_\_\_\_\_

## 3. Action to be Taken

### a) Signs observed or Symptoms reported:

If there are **any** signs observed or symptoms reported, or if the student/athlete fails to answer any of the above questions correctly:

- a concussion should be suspected;
- the student/athlete must be immediately removed from play and must not be allowed to return to play that day even if the student/athlete states that he/she is feeling better; and
- the student/athlete must not leave the premises without parent/guardian (or emergency contact) supervision.

In all cases of a suspected concussion, the student/athlete must be examined by a medical doctor or nurse practitioner for diagnosis and must follow Board Concussion Protocol.

### b) No signs observed or symptoms reported:

Student/Athlete to be monitored for 24 hours following the incident as signs and symptoms can appear immediately after the injury or may take hours or days to emerge. Monitoring of the student/athlete to take place at home by parents and at school by school staff.

To monitor for signs and symptoms parents/guardians can use the chart on the front of this information form.

If any signs or symptoms emerge, the student/athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

School Contact: \_\_\_\_\_

Date: \_\_\_\_\_

Student/Athlete Name: \_\_\_\_\_

Following the use of this Tool to Identify a Suspected Concussion (Form C-2), an OSBIE Incident Report form must be completed, indicating that the tool has been completed and parent/guardian has received the Documentation of Monitoring/Medical Examination (Form C-3) required

