



## Appendix D: OCDSB 910 Tool to Identify a Suspected Concussion

Student Name:

Time of Incident:

Date:

Supervisor/Coach/Staff member reporting incident:

When a possible concussion event is observed by, or reported to, a staff member during the instructional day, that staff member should conduct an assessment following steps A to B3 of the Tool to identify a Suspected Concussion, prior to sending the injured student to the office. Office Staff will administer and document the steps in the process as outlined below, seeking additional information from the supervising staff member if required.

When the possible concussion event occurs at an extracurricular event, outside of the instructional day, the supervisor/coach will follow, and document, the steps within this tool.

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 individual (for example, teacher/coach) responsible for that student suspects a concussion, the Steps within this tool must be taken immediately.

### **Step A: Red Flags Signs and Symptoms**

Check for Red Flag sign(s) and or symptom(s).

If any one or more red flag sign(s) or symptom(s) are present, call 911, followed by a call to parents/guardians/emergency contact.

### **Red Flag Signs and Symptoms:**

Deteriorating conscious state

Double vision

Loss of consciousness

Increasingly restless, agitated or combative

Neck pain or tenderness	Seizure or convulsion
Severe or increasing headache	Vomiting
Weakness or tingling/burning in arms or legs	

**Step B: Other Signs and Symptoms**

If Red Flag(s) are not identified, continue and complete the steps (as applicable) and Step E: Communication to Parents/Guardians.

**Step B1: Other Concussion Signs**

**Check visual cues (what you see).**

Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements

Disorientation or confusion, or an inability to respond appropriately to questions

Slow to get up after a direct or indirect hit to the head

Blank or vacant look

Facial injury after head trauma

Lying motionless on the playing surface (no loss of consciousness)

**Step B2: Other Concussion Symptoms Reported (What the Student is Saying)**

**Check what students report feeling.**

Balance problems

Blurred vision

Difficulty concentrating

Difficulty remembering

Dizziness

“Don’t feel right”

Drowsiness

Fatigue or low energy

Feeling like "in a fog"

Feeling slowed down

Headache

More emotional

More irritable

Nausea

Nervous or anxious

“Pressure in head”

Sadness

Sensitivity to light

Sensitivity to noise

***If any sign(s) or symptom(s) worsens call 911***

### **Step B3: Conduct Quick Memory Function Check**

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. Failure to answer any one of the questions correctly indicates a suspected concussion. Record student responses.

Is it before or after lunch?

What activity/sport/game are we playing now?

What field are we playing on today?

What is the name of your teacher/coach?

What room are we in right now?

What school do you go to?

### **Step C: When sign(s) are observed and/or symptom(s) are reported, and/or the student fails to answer any of the Quick Memory Function questions correctly**

Actions required:

- a concussion should be suspected;
- the student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better; and
- the student must not:
  - leave the premises without parent/guardian (or emergency contact) supervision;
  - drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
  - take medications except for life threatening medical conditions (for example, diabetes, asthma).
- The teacher/coach informs the parent/guardian that the student needs an 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; therefore, all students with a suspected concussion must undergo evaluation by one of these professionals. In rural or northern regions, the medical assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.
- The parents/guardians must be provided with a completed copy of this tool and a copy of OCDSB 908 Concussion Medical Assessment Form.
- The teacher/coach informs the principal of incident.

**Step D: If there are no signs observed, no symptoms reported, and the student answers all questions in the Quick Memory Function Check correctly but a possible concussion event was recognized by teacher/coach.**

Actions required:

- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.
- The teacher/coach informs the parent/guardian of the incident and that the student attends school and requires continued monitoring for 24 hours as signs and or symptoms can appear hours or days after the incident:
  - If any red flags emerge call 911 immediately.
  - If any other sign(s) and/or symptom(s) emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
  - The parent/guardian communicate the results of the medical assessment to the appropriate school personnel using OCDSB 908 Concussion Medical Assessment Form.
  - If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged, the parent/guardian will inform the school and he student will be permitted to resume physical activities. Medical clearance is not required.

**Step E: Communication to Parents/Guardians**

Summary of Suspected Concussion Check – Indicate appropriate results and follow-up requirements.

Your child/ward was checked for a suspected concussion (that is, Red Flags, Other Signs and Symptoms, Quick Memory Function Check) with the following results:

Red Flag sign(s) were observed and/or symptom(s) reported and emergency medical services (EMS) called.

Other concussion sign(s) were observed and/or symptom(s) reported and/or the student failed to correctly answer all the Quick Memory Function questions.

No sign(s) or symptom(s) were reported, and the student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours. Continued monitoring is required (consult Step D).

Teacher/Coach/Intramural Supervisor signature:

**Forms for parents/guardians to accompany this tool:**

OCDSB 908 Concussion Medical Assessment Form

**Parent/Guardian must communicate to the principal/designate the results of the 24-hour monitoring period:**

Results of the Medical Assessment

Concussion sign(s) and/symptom(s) were observed or reported after the 24 hours monitoring period. Symptoms listed below:

No concussion sign(s) and/symptom(s) were observed or reported after the 24 hours monitoring period.

Parent/Guardian signature:

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