

Appendix C-2

Sample Tool to Identify a Suspected Concussion¹

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.

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	
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>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"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment on page 2</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <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>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ 	<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"/> _____

If any observed signs or symptoms worsen, call 911.

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:* _____

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

- 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: _____ Date: _____

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

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

Appendix C-3

Sample Documentation of Medical Examination

This form to be provided to all students suspected of having a concussion. For more information see "Appendix C-1 - Concussion Protocol: Prevention, Identification and Management Procedures"

_____ (student name) sustained a suspected concussion on _____ (date). As a result, this student must be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

Results of Medical Examination

- My child/ward has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.

- My child/ward has been examined and a **concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature: _____

Date: _____

Comments:

Appendix C-4

Sample Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan

This form is to be used by parents/guardians to communicate their child’s/ward’s progress through the plan and is to be used with “Appendix C-1 - Concussion Protocol: Prevention, Identification and Management Procedures”.

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a - Return to Learn must be completed prior to the student returning to physical activity. Each step must take a minimum of 24 hours (Note: Step 2b - Return to Learn and Step 2 - Return to Physical Activity occur concurrently).

Step 1 - Return to Learn/Return to Physical Activity

- *Completed at home.*
- *Cognitive Rest - includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).*
- *Physical Rest - includes restricting recreational/leisure and competitive physical activities.*

My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward will proceed to Step 2a - Return to Learn.

My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward will proceed directly to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: _____

Date: _____

Comments:

If at any time during the following steps symptoms return, please refer to the "Return of Symptoms" section on page 4 of this form.

Step 2a - Return to Learn

- *Student returns to school.*
- *Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.*
- *Physical rest- includes restricting recreational/leisure and competitive physical activities.*

My child/ward has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child/ward will proceed to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: _____

Date: _____

Comments:

Step 2b - Return to Learn

- *Student returns to regular learning activities at school.*

Step 2 - Return to Physical Activity

- *Student can participate in individual light aerobic physical activity only.*
- *Student continues with regular learning activities.*

My child/ward is symptom free after participating in light aerobic physical activity. My child/ward will proceed to Step 3 - Return to Physical Activity.

Appendix C-4 will be returned to the teacher to record progress through Steps 3 and 4.

Parent/Guardian signature: _____

Date: _____

Comments:

Step 3 - Return to Physical Activity

- *Student may begin individual sport-specific physical activity only.*

Step 4 - Return to Physical Activity

- *Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.*
- Student has successfully completed Steps 3 and 4 and is symptom free.
- Appendix C-4 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Teacher signature: _____

Medical Examination

- I, _____ (medical doctor/nurse practitioner name) have examined _____ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: _____

Date: _____

Comments:

Step 5 - Return to Physical Activity

- *Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.*

Step 6 - Return to Physical Activity

- *Student may resume full participation in contact sports with no restrictions.*

Return of Symptoms

- My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:
- Step _____ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: _____

Date: _____

Comments:

Appendix C-5

Sample Concussion Prevention Strategies

PPM 158 (Policy/Program Memorandum #158: School Board Policies on Concussion) recognizes the importance of prevention and states that every board policy should include strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events.

The prevention strategies have been organized into two main sections according to when they should be implemented:

- those strategies that should be used prior to physical activity (at the beginning of the school year) and/or prior to the sport season (e.g., interschool teams, intramural/house league activities);
- those strategies that should be used during a unit of physical activity, and/or sport season or intramural activities.

1. Prior to the sport season/beginning of the school year

a) Teachers/coaches/supervisors should:

- be knowledgeable of school board's concussion policy and procedures for prevention, identification, and management (return to learn and return to physical activity);
- be knowledgeable about safe practices in the sport/activity e.g., the rules and regulations and the specific sport/activity pages in the Ontario Physical Education Safety Guidelines;
- be familiar with the risks of a concussion or other potential injuries associated with the activity/sport and how to minimize those risks;
- be up to date and enforce school board/Athletic Association/Referee rule changes associated with minimizing the risks of concussion.
- be up to date with current body contact skills and techniques (e.g., safe tackling in tackle football), when coaching/supervising contact activities;
- be knowledgeable (when applicable) with the requirements for wearing helmets. (To date there is no evidence that helmets protect against concussions.) For more information on helmets please see the Generic Section.

- determine that protective equipment is approved by a recognized equipment standards association (e.g., CSA, NOCSAE), is well maintained, and is visually inspected prior to activity; and
- determine (where applicable) that protective equipment is inspected within approved timelines, by a certified re-conditioner as required by manufacturer (e.g., football helmet)

b) Boards, Athletic Associations and Referee Associations should:

- Consider rule changes to the activity, to reduce the head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport.
- Consider rule enforcement to minimize the risk of head injuries.

It is important for students/athletes and their parents/guardians to be provided information about the prevention of concussions. This concussion information must be as activity/sport specific as possible.

If students/athletes are permitted to bring their own protective equipment (e.g., helmets), student/athletes and parents/guardians must be informed of the importance of determining that the equipment is properly fitted and in good working order and suitable for personal use.

c) Parents/guardians to be informed of the:

- risks and possible mitigations of the activity/sport;
- dangers of participating with a concussion;
- signs and symptoms of a concussion;
- board's identification, diagnosis and management procedures; and
- importance of encouraging the ethical values of fair play and respect for opponents.

d) Student/athletes to be informed about:

- concussions;
 - definition
 - seriousness of concussions
 - causes,

- signs and symptoms, and
- the board's Identification and management procedure
- the risks of a concussion associated with the activity/sport and how to minimize those risks;
- the importance of respecting the rules of the game and practising Fair Play (e.g., to follow the rules and ethics of play, to practice good sportsmanship at all times and to respect their opponents and officials);
- the dangers of participating in an activity while experiencing the signs and symptoms of a concussion and potential long-term consequences.
- the importance of:
 - immediately informing the teacher/coach of any signs or symptoms of a concussion, and removing themselves from the activity;
 - encouraging a teammate with signs or symptoms to remove themselves from the activity and to inform the teacher/coach; and
 - informing the teacher/coach when a classmate/teammate has signs or symptoms of a concussion.
- the use of helmet when they are required for a sport/activity:
 - helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries (including bleeding into or around the brain), brain contusions and lacerations;
 - helmets are to be properly fitted and worn correctly (e.g., only one finger should fit between the strap and the chin when strap is done up).

Sample strategies/tools to educate students/athletes about concussion prevention information:

- hold a preseason/activity group/team meeting on concussion education;
- develop and distribute an information checklist for students/athletes about prevention strategies;
- post concussion information to inform/reinforce symptoms and signs and what to do if a concussion is suspected;
- post information posters on prevention of concussions (e.g., encouraging students to report concussion symptoms) in high traffic student areas (e.g., change room/locker area/classroom/gymnasium);

- implement concussion classroom learning modules aligned with the curriculum expectations;
- distribute concussion fact sheets (prevention, signs and symptoms) for each student/athlete on school teams;
- Distribute and collect completed student concussion contract or pledge (signed by student/athlete and parents/guardians).

2. During the physical activity unit/sport season/intramural activity

a) teachers/coaches /supervisors should:

- teach skills and techniques in the proper progression;
- provide activity/sport-specific concussion information when possible;
- teach and enforce the rules and regulations of the sport/activity during practices and games/competition (particularly those that limit or eliminate body contact, or equipment on body contact);
- reinforce the principles of head-injury prevention (e.g., keeping the head up and avoiding collision);
- teach students/athletes involved in body contact activities:
 - sport-specific rules and regulations of body contact e.g., no hits to the head.
 - body contact skills and techniques and require the successful demonstration of these skills in practice prior to competition.
- discourage others from pressuring injured students/athletes to play/participate;
- demonstrate and role model the ethical values of fair play and respect for opponents;
- encourage students/athletes to follow the rules of play, and to practice fair play;
- use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- inform students about the importance of protective equipment fitting correctly (e.g., helmets, padding, guards).

b) During the physical activity unit/sport season/intramural activity students/athletes should:

-
- attend safety clinics/information sessions on concussions for the activity/sport;
 - be familiar with the seriousness of concussion and the signs and symptoms of concussion;
 - demonstrate safe contact skills during controlled practice sessions prior to competition;
 - demonstrate respect for the mutual safety of fellow athletes e.g., no hits to the head, follow the rules and regulations of the activity;
 - wear properly fitted protective equipment;
 - report any sign or symptom of a concussion immediately to teacher/coach from a hit, fall or collision;
 - encourage team mates/fellow students to report sign(s) or symptom(s) of a concussion and to refrain from pressuring injured students/athletes to play.

RESOURCES

- Ontario portal: www.Ontario.ca/concussions

Students/athletes who are absent for safety lessons (e.g. information, skills, techniques) must be provided with the information and training prior to the next activity sessions.