

TOOL TO IDENTIFY SUSPECTED CONCUSSION

Program Safety Guidelines for Concussions

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

If a student experiences **one or more** of the following signs or symptoms, then a concussion should be suspected and the **student must be examined by a medical doctor or nurse practitioner**. If a concussion is suspected, then the student must be immediately removed from physical activity and must not be allowed to return to physical activity that day even if he/she indicates that they are feeling better. Students suspected of having a concussion should not be left alone and must not leave the premises without parent, guardian or emergency contact supervision.

Student's Name: _____ **Date/Time of Injury:** _____

Description of Injury:

(Include cause and force of the blow to the head/body, about any loss of consciousness, for how long, memory loss, or seizures following the injury, or previous concussions, if any)

Call 911 if:

- Loss of consciousness
- One pupil larger than the other
- Drowsiness or cannot be awakened
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- A headache that gets worse
- Increasing confusion, restlessness, or agitation
- Unusual behavior

Call 911 if:

- Any signs or symptoms worsen

Memory Function

Failure to answer any of these questions correctly may indicate a concussion.

"I am going to ask you a few questions, please listen carefully and give your best effort."

- What room are we in now?
- What field / school are we at now?
- What activity are we doing now?
- What part of the day is it?
- What subject did you have last lesson/class?
- What is your coach's name?
- What is your teacher's name?
- What school do you go to?

Continued Monitoring

Monitoring should continue for 24-48 hours following the incident because it may take hours or days for signs and symptoms to emerge. If any delayed signs or symptoms emerge, the student needs to be examined by a medical professional.

	0 Minutes	15 Minutes	30 Minutes	<input type="text"/> Minutes (just prior to leaving)
OBSERVED PHYSICAL SIGNS				
vomiting				
slurred speech				
slowed reaction time				
poor coordination or balance				
blank stare/glassy-eyed/dazed/vacant look				
decreased playing ability				
loss of consciousness/responsiveness				
motionless on ground or slow to get up				
amnesia				
seizure or convulsion				
grabbing or clutching of head				
OBSERVED COGNITIVE SIGNS				
difficult concentrating / easily distracted				
general confusion				
cannot remember things before / after injury				
does not know time / date / place / class				
slowed response to questions / directions				
OBSERVED EMOTIONAL / BEHAVIOURAL SIGNS				
strange behavior (laughing, crying, angry)				
STUDENT REPORTED PHYSICAL SYMPTOMS				
headache / "pressure" in head / neck pain				
feeling off / not right				
ringing in ears				
seeing double / blurry or loss of vision				
seeing stars or flashing lights				
nausea / stomach ache / pain				
balance problems or dizziness				
fatigue or feeling tired				
sensitivity to light or noise				
STUDENT REPORTED COGNITIVE SYMPTOMS				
difficulty concentrating or remembering				
slowed down, fatigued or low energy				
dazed or in a fog				
STUDENT REPORTED EMOTIONAL / BEHAVIOURAL SYMPTOMS				
irritable, sad, more emotional than usual				
nervous, anxious, depressed				
Other:				

