



CONCUSSION TOOL

What is a concussion?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things and can cause a variety of symptoms and signs. You do NOT need to lose consciousness to have a concussion.

What causes a concussion?

Any blow to the head, face or neck, or a blow to the body that transmits a force to the head may cause a concussion, e.g., a ball to the head in soccer, being checked into the boards in hockey.

What are the symptoms and signs of a concussion?

Any one or more of the following symptoms and signs may suggest a concussion:

	Symptoms Reported:		Signs Observed:	
Physical	<ul style="list-style-type: none"> Headache Neck pain Stomach ache Blurred vision 	<ul style="list-style-type: none"> Pressure in head Dizziness Nausea Sensitivity to light/noise 	<ul style="list-style-type: none"> Loss of consciousness Nausea/vomiting Seizure/convulsion Poor coordination/balance 	<ul style="list-style-type: none"> Amnesia Slowed reaction time Slurred speech
Cognitive	<ul style="list-style-type: none"> Feeling in a fog Difficulty concentrating 	<ul style="list-style-type: none"> Difficulty remembering 	<ul style="list-style-type: none"> Difficulty concentrating Difficulty remembering 	<ul style="list-style-type: none"> Confusion Slowed reaction time
Behavioural	<ul style="list-style-type: none"> Irritability Sad/emotional 	<ul style="list-style-type: none"> Nervous/anxious Depressed 	<ul style="list-style-type: none"> Inappropriate emotions Depression 	
Sleep	<ul style="list-style-type: none"> Drowsiness 	<ul style="list-style-type: none"> Difficulty falling asleep 	<ul style="list-style-type: none"> Drowsiness 	

Note: It may be more difficult for students under the age of 10, those with special needs or students for whom English or French is not their first language, to communicate how they are feeling. The signs of a concussion for younger students may not be as obvious.

Action plan: What to do if you suspect a student has a concussion

If the student is **unconscious**:

- Initiate the Emergency Action Plan and call 911 and inform the principal.
- Assume a possible neck injury and, only if trained, immobilize the student before EMS arrives.
- Do not move the student or remove athletic equipment; wait for EMS to arrive.
- Do not leave the student alone.
- Contact the student's parent/guardian.

If the student is **conscious**:

- Stop the activity immediately.
- When the student can be safely moved, remove from activity.
- Conduct an initial concussion assessment – review Symptoms and Signs, perform Memory Testing and Balance Testing (optional).

i. Following the initial assessment, if a **concussion is suspected**:

- Do not allow the student to return to activity.
- Contact the student's parent/guardian to pick up student.
- Stay with the student until parent/guardian arrives.
- If any signs or symptoms worsen, call 911.
- Inform the parent/guardian that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible and provide them with a copy of this tool.

ii. Following the initial assessment, if a **concussion is not suspected**:

- The student may return to activity.
- Contact the student's parent/guardian to inform them of the incident.
- Provide the parent/guardian with a copy of this tool and inform them that the student should be monitored for 24-48 hours since signs and symptoms may take hours or days to emerge.

Memory Testing

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

- What activity/sport are we playing right now?
- What field/facility are we at today?
- What part of the day is it?
- What is the name of your teacher/coach?
- What school do you go to?

Note: Questions should be geared to student's age and activity.

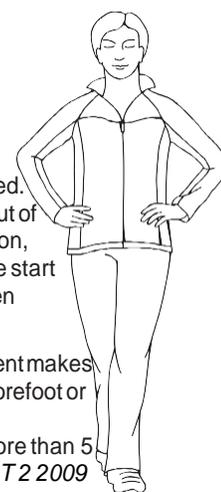
Balance Testing (OPTIONAL)

Instructions for tandem stance

Ask the student to stand heel-to-toe with non-dominant foot in back. Weight should be evenly distributed across both feet.

Student should try to maintain stability for 20 seconds with hands on hips and eyes closed. Count the number of times the student moves out of this position. If student stumbles out of this position, have student open his/her eyes and return to the start position and continue balancing. Start timing when student is set and has eyes closed.

Observe the student for 20 seconds. If the student makes errors (e.g. lifts hands off hips; opens eyes; lifts forefoot or heel; steps, stumbles, or falls; or remains out of the start position for more than 5 seconds), this may suggest a concussion. SCAT 2 2009



GUIDELINES FOR STUDENTS RECOVERING FROM A CONCUSSION

It is important for students to be active and play sports. However, a student with a diagnosed concussion needs to follow a medically supervised, individualized Return to Learn/Return to Physical Activity Plan.

- **Return to Learn and Return to Physical Activity**

Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Physical Activity.

Step 1: Rest, with limited cognitive and physical activity. This means limited TV, computer, texting, video games, or reading. The student does not attend school during Step 1. Step 1 continues for a minimum of 24 hours and until the student's symptoms/signs begin to improve or the student is symptom/sign-free.



- **Return to Learn***

The Return to Learn process is individualized and gradual to meet the particular needs of the student. There is no preset formula for developing strategies to assist a student with a concussion to return to his/her learning activities.

Step 2A: (symptoms improving)

During this step, the student requires individualized classroom strategies and/or approaches to return to full learning activities—these will need to be adjusted as recovery occurs.

At this step, the student's cognitive activity should be increased slowly (both at school and at home) because the concussion may affect his/her academic performance.

Note: Cognitive activities can cause a student's concussion symptoms to reappear or worsen.

Step 2B: (symptom-free)

Student begins regular learning activities without any individualized classroom strategies and/or approaches. Even when students are symptom-free, they should continue to be closely monitored to see if symptoms/signs return and/or there is a deterioration of work habits or performance.

Note: This step occurs at the same time as Step 2 – Return to Physical Activity. Some students may progress from Step 1 directly to Step 2B if they are symptom-free.

- **Return to Physical Activity**

Step 2:

Individual, light aerobic physical activity only such as walking or stationary cycling.

Step 3:

Individual activity related to specific sports, e.g., skating in hockey, running in soccer. No body contact.

Step 4:

Activities where there is no body contact, such as progressive resistance training, non-contact practice and progression to more complex training drills, e.g., passing drills in football and ice hockey.

Note: Clearance by a medical doctor or nurse practitioner is required before Step 5.

Step 5:

Full participation in regular physical activity in non-contact sports following medical clearance. Full training/practice for contact sports.

Step 6:

Full participation in contact sports.

Note: Steps are not days. Each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the child/youth.

If at any time concussion signs and/or symptoms return and/or deterioration of work habits or performance occurs, the student needs to be examined by a medical doctor or nurse practitioner.

For more information on concussions visit:

Concussions Ontario: www.concussionsontario.org

Ophea: safety.ophea.net

Parachute: www.parachutecanada.org/active-and-safe

Ontario Government: www.ontario.ca/concussions

* Reproduced with permission from Ophea, Ontario Physical Education Safety Guidelines (updated annually)

Developed based on tools in the literature including the International Consensus Statement on Concussion in Sport (2013) and the ThinkFirst concussion tool.

This tool has been reviewed by the Parachute/ThinkFirst Canada Concussion Education and Awareness Committee and the Recognition and Awareness Working Group, part of the mTBI/Concussion Strategy, of the Ontario Neurotrauma Foundation who funded the development of this tool.

Concussion Awareness Tool

Identification of Suspected Concussion

Any blow to the head, face or neck, or a blow to the body that transmits a force to the head may cause a concussion. If a student displays **any one or more** of the signs or symptoms outlined in the chart below **and/or** the fails the Quick Memory Function Assessment, the student shall be considered to have a suspected concussion. **If student needs medical attention, call 911 immediately.**

1. Check appropriate box

An incident occurred involving _____ (student name) on _____ (date).

- The student reported symptoms of a concussion as outlined below; OR
 None of the symptoms described below were reported at the time.

Signs and Symptoms of Suspected Concussion	
Possible Symptoms Reported	Possible Signs Observed
<i>A symptom is something the student will feel/report. Please note any symptoms reported by student.</i>	<i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>
<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"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<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"/> does not know time, date, place, class, type of activity in which he/she was participating <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"/> 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>Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later.</p> <p>If any signs or symptoms worsen, call 911.</p>	

2. Perform Quick Memory Function Assessment

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:	
QUESTIONS	ANSWER
1. What activity/sport/game are we playing now?	
2. What field are we playing on today?	
3. What part of the day is it?	
4. What is the name of your teacher/coach?	
5. What room are we in right now?	
6. What school do you go to?	

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.

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.
- **Please contact the school principal if you have any questions.**

School Contact Name: _____

Date: _____

This completed form must be copied and provided to the parent/guardian; the original should be filed as per school board policy. A copy has to be filed in the student's OSR and the original filed with the OSBIE report, if applicable (S04-01, Student Health – OSBIE Log).

Freedom of Information Notice

The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be utilized only for the purpose of managing student learning and well-being. Access to this information will be limited to those who have an administrative need, to the student to whom the information relates and the parent(s)/guardian(s) of a student who is under 18 years of age. Any questions with respect to this information should be directed to the school principal.

OCDSB 908: Documentation of Medical Examination

This form to be provided to all students with a suspected *concussion*, as described in OCDSB 903: Concussion Awareness Tool. It is not required after every incident.

_____ (student name) sustained a suspected concussion on _____ (date). As a result, the OCDSB recommends that the student be seen by a medical doctor or nurse practitioner.

Prior to returning to school and/or physical activity, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

- I understand that the Ottawa-Carleton District School Board recommends my child receive medical attention.

Results of Medical Examination

- My child 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 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.
- My child **has been examined** but I have chosen not to obtain medical documentation and give permission for my child to assume full participation in the learning and physical activity with no restrictions during the core instructional day. I understand that this does not include extra-curricular activities where there may be requirement for medical authorization, dependent on the nature of the extra-curricular activity.

Parent/Guardian signature: _____

Date: _____

Comments:

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

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 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 will proceed to Step 2a – Return to Learn.
- My child 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 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 3 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 has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child 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 is symptom free after participating in light aerobic physical activity. My child will proceed to Step 3 – Return to Physical Activity.
- Appendix E 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 E 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 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:

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