



COACH/TRAINER'S TOOL TO IDENTIFY SUSPECTED CONCUSSION

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

IDENTIFICATION OF A SUSPECTED CONCUSSION

Following a blow to the head, neck, or face, 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 a failure of the Memory Assessment.

1. CHECK APPROPRIATE BOXES

An incident occurred involving _____ (athlete name) on _____ (date and time). 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 may appear hours or even days later.
 - Provide parents with this sheet for monitoring
- The following signs and symptoms were observed/ reported:

POSSIBLE SIGNS OBSERVED	POSSIBLE SYMPTOMS REPORTED	IMMEDIATE MEDICAL ATTENTION SUGGESTED
<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/glassy/dazed/vacant look <input type="checkbox"/> Decreased playing ability <input type="checkbox"/> Lack of responsiveness <input type="checkbox"/> Slow to get up <input type="checkbox"/> Amnesia <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"/> Fails Memory Assessment (below) <input type="checkbox"/> Does not know time/date/place/ activity involved in <input type="checkbox"/> Slow to answer questions <p>EMOTIONAL/BEHAVIOURAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strange or inappropriate emotions (laughing, crying, anger, etc.) <input type="checkbox"/> OTHER: _____ 	<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/ blurry vision <input type="checkbox"/> Seeing stars/ flashing lights <input type="checkbox"/> Pain at physical site of injury <input type="checkbox"/> Nausea/stomach pain/ache <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 <input type="checkbox"/> Slowed down/fatigue <input type="checkbox"/> Dazed or foggy <p>EMOTIONAL/BEHAVIOURAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Irritable/sad <input type="checkbox"/> Nervous/anxious/depressed <input type="checkbox"/> OTHER: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Slurred speech worsens <input type="checkbox"/> Headaches worsen <input type="checkbox"/> Severe behavioural change <input type="checkbox"/> Increased irritability <input type="checkbox"/> Increased drowsiness (can't be awakened) <input type="checkbox"/> Seizure or convulsions <input type="checkbox"/> Severe neck pain <input type="checkbox"/> Repeated/profuse vomiting <input type="checkbox"/> Increased confusion/ can't recognize people or places <input type="checkbox"/> Weakness or numbness in arms or legs

2. PERFORM MEMORY ASSESSMENT

Ask the athlete the following questions, recording the answers below. Failure to answer any one of these questions correctly (and with appropriate response time) may indicate a concussion:

- a. What sport were you playing? ANSWER: _____
- b. What rink are we playing at today? ANSWER: _____
- c. What part of the day is it? ANSWER: _____
- d. What is the name of your coach? ANSWER: _____
- e. What team do you play for? ANSWER: _____
- f. What school do you go to? ANSWER: _____

3. ACTION TO BE TAKEN AND TIMELINE FOR RETURN:

A. If there are signs or symptoms reported, or if the student fails the memory assessment:

- A concussion should be suspected;
- The athlete must be removed from play and NOT ALLOWED to return to play;
- The athlete must not leave the premises without parent/guardian supervision;
- The athlete must seek medical diagnosis;
- The athlete cannot return to play without a note from a medical doctor (see timeline for return)

TIMELINES FOR RETURN:

- Medical note provided clearing athlete for activity
- Athlete participated in light activity (can be done at home) and symptoms did not reappear
- Wait 24 hours for monitoring and signature
 - Activity and date: _____
 - Signature of parent indicating symptom free: _____
- Athlete participated in a minimum of one practice (including contact if applicable) and symptoms did not reappear
- Wait 24 hours for monitoring and signature
 - Activity and date: _____
 - Signature of parent indicating symptom free: _____
- Athlete is free of signs and symptoms and is cleared to resume all activities with the team
 - Signature of parent indicating symptom free: _____
 - Signature of trainer indicating symptom free: _____

B. If there are no signs or symptoms present:

- Athletes should be monitored for 24-48 hours following an incident as signs and symptoms may appear immediately after the injury or may take hours or even days to emerge (provide parents with a copy of this sheet for monitoring use)
- After 24 hours: DATE: _____
 - Signature of parent indicating symptom free: _____
 - Signature of trainer indicating symptom free: _____

A COPY OF THIS FORM AND THE MEDICAL NOTE SHOULD BE RETAINED IN THE TEAM'S MEDICAL FILES.