



Appendix C - QUICK MEMORY FUNCTION ASSESSMENT

This tool is a quick reference, to be completed by teachers/coaches/supervisors to help identify a suspected concussion and to communicate this information to parents/guardians. Be sure to complete an OSBIE incident report form and advise the school principal.

1. Identification of Suspected Concussion

Following a blow to the head, face, or neck 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.

Student Name:		
Incident Details:	Date:	Time:
	Location:	

The student was observed for sign and symptoms of a concussion.

- NO** signs or symptoms described below were noted at the time of the incident.

NOTE: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later.

- YES** the following signs were observed or symptoms reported:

Possible Signs Observed Observed by another person.	Possible Symptoms Reported Reported by the student.	Red Flags Call 911 if you observe ANY of the following
<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-eyes/dazed <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 of 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"/> memory loss of incident <input type="checkbox"/> slowed reaction time <input type="checkbox"/> cannot answer Quick Memory Test <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions 	<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 vision <input type="checkbox"/> loss of vision <input type="checkbox"/> seeing stars or 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, 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 	<ul style="list-style-type: none"> <input type="checkbox"/> loss of consciousness <input type="checkbox"/> slurred speech worsens <input type="checkbox"/> headaches that worsen <input type="checkbox"/> severe behavioural changes <input type="checkbox"/> increased irritability <input type="checkbox"/> increased drowsiness (cannot be awakened) <input type="checkbox"/> seizures or convulsions <input type="checkbox"/> severe neck pain <input type="checkbox"/> repeated vomiting/profuse vomiting <input type="checkbox"/> increased confusion/cannot recognize people or places <input type="checkbox"/> weakness or numbness in arms of legs
<p>Other</p>		

2. Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answer below. Failure to answer any one of these questions correctly may indicate a concussion:

Question	Answer
What room are we in right now?	
What activity/sport/game are we playing now?	
What field/gym are we playing on today?	
What part of the day is it?	
What is the name of your coach/teacher?	
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 suspected concussion, the student must be examined by a medical doctor or nurse practitioner for a diagnosis.

4. Continued Monitoring by Parent/Guardian

- Student should be monitored for 24-48 hours following the incident as signs/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. No signs/symptoms after 24 hours of observation by parent/guardian

Parent/Guardian Signature	
Date	

This completed form must be copied by the teacher/coach/supervisor. Please keep the original and provide the copy to the parent/guardian. This original and the returned signed parent copy must be filed in the student's Ontario Student Record (OSR).

The NCDSB is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (*Protection of Privacy and Information Management*). Information on this Form is collected under the legal authority of the Education Act and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's Return to Learn/Play activity plan under the Student Concussion policy and procedures. This form will be retained in the OSR. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Question or concerns about the collection of data on this form should be directed to the principal of the school.

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