

## Tool to Identify a Suspected Concussion

This tool, completed by school staff, is used to identify the signs and/or symptoms of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parents/guardians. This tool may also be used for continued monitoring of the student. Complete the appropriate steps.

Student name: \_\_\_\_\_  
 Time of incident: \_\_\_\_\_ A.M. P.M.

Date: \_\_\_\_\_  
 Teacher/Coach: \_\_\_\_\_

**Identification of Suspected Concussion:** If after a jarring impact to the head, face or neck, or elsewhere on the body, an impulsive force is transmitted to the head (observed or reported), and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the Steps within this tool must be taken immediately.

### Step A: Red Flags Signs and Symptoms

Check for Red Flag sign(s) and/or symptom(s). If any one or more red flag sign(s) and/or symptom(s) are present, call 911, followed by a call to parents/guardians/emergency contact.

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|--|--|--|
| <input type="checkbox"/> Neck pain or tenderness | <input type="checkbox"/> Severe or increasing headache                 | <input type="checkbox"/> Double vision                 |
| <input type="checkbox"/> Vomiting                | <input type="checkbox"/> Increasingly restless, agitated, or combative | <input type="checkbox"/> Deteriorating conscious state |
| <input type="checkbox"/> Seizure or convulsion   | <input type="checkbox"/> Weakness or tingling/burning in arms or legs  | <input type="checkbox"/> Loss of consciousness         |

### Step B: Other Signs and Symptoms

If Red Flag(s) are not identified, continue and complete the steps (as applicable) and Step E: Communication to Parent/Guardians.

<b>Step B1: Other Concussion Signs</b> <i>Check visual cues (what you see).</i>		
<input type="checkbox"/> Balance, gait difficulties, motor coordination, stumbling, slow laboured movements <input type="checkbox"/> Blank or vacant look <input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions <input type="checkbox"/> Facial injury after head trauma <input type="checkbox"/> Lying motionless on the playing surface (no loss of consciousness) <input type="checkbox"/> Slow to get up after a direct or indirect hit to the head		
<b>Step B2: Other Concussion Symptoms Reported</b> <i>(What the Student is Saying)</i> <i>Check what students report feeling.</i>		
<input type="checkbox"/> Balance problems <input type="checkbox"/> Blurred vision <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Dizziness <input type="checkbox"/> "Don't feel right" <input type="checkbox"/> Drowsiness	<input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Feeling like "in a fog" <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Headache <input type="checkbox"/> More emotional <input type="checkbox"/> More irritable	<input type="checkbox"/> Nausea <input type="checkbox"/> Nervous or anxious <input type="checkbox"/> "Pressure in head" <input type="checkbox"/> Sadness <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Sensitivity to noise

**If any sign(s) and/or symptom(s) worsen, call 911.**

**Step B3: Conduct Quick Memory Function Check**

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. Failure to answer any one of the questions correctly may indicate a concussion. Record student responses.

- Is it before or after lunch? *Answer:* \_\_\_\_\_
- What activity/sport/game are we playing now? *Answer:* \_\_\_\_\_
- What field are we playing on today? *Answer:* \_\_\_\_\_
- What is the name of your teacher/coach? *Answer:* \_\_\_\_\_
- What room are we in right now? *Answer:* \_\_\_\_\_
- What school do you go to? *Answer:* \_\_\_\_\_

**Step C: Where sign(s) observed and/or symptom(s) are reported, and/or if the student fails to answer any of the Quick Memory Function Check questions correctly**

**Actions Required:**

- A concussion should be suspected
- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better; and
- The student must not:
  - o leave the premises without parent/guardian (or emergency contact) supervision;
  - o drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
  - o take medications except for life-threatening medical conditions (for example, diabetes, asthma).

The teacher/coach informs parent/guardian that the student needs urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion should undergo evaluation by one of these professionals. In rural or northern regions, a medical assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

The parents/guardians must be provided with a completed copy of this form and a copy of a **Medical Assessment Form**.

The teacher/coach informs the principal of incident.

**Step D: If there are no signs observed, no symptoms reported, and the student answers all questions in the Quick Memory Function Check correctly but a possible concussion event was recognized by teacher/coach**

**Actions Required:**

- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.
- The teacher/coach informs the parent/guardian of the incident and that the student attends school and requires continued monitoring for 24 hours as signs and/or symptoms can appear hours or days after the incident:
  - o if any red flags emerge call 911 immediately
  - o if any other sign(s) and/or symptoms emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
  - o the parent/guardian communicate the results of the medical assessment to the appropriate school personnel using a **Medical Assessment Form**.
  - o if after 24 hours of monitoring no sign(s) and or symptom(s) have emerged, the parent/guardian communicate the results to the appropriate school official using the school's process and/or form. The student is permitted to resume physical activities. Medical clearance is not required.

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**Step E: Communication to Parent/Guardian**

Summary of Suspected Concussion Check - Indicate appropriate results and follow-up requirements.

Your child/ward was checked for a suspected concussion (that is, Red Flags, Other Signs and Symptoms, Quick Memory Function Check) with the following results:

- Red Flag sign(s) were observed and/or symptoms reported and emergency medical services (EMS) called.
- Other concussion sign(s) were observed and/or symptom(s) reported and/or the student failed to correctly answer all the Quick Memory Function questions.
- No sign(s) or symptom(s) were reported and student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours. Continued monitoring is required (consult Step D).

**Teacher/Coach/Intramural Supervisor signature (optional):** \_\_\_\_\_

Forms for parents/guardians to accompany this tool:

- Medical Assessment Form

Parent/Guardian must communicate to principal/designate the results of 24 hour monitoring (using school process/form) period:

- Results of Medical Assessment
- No concussion sign(s) and/or symptom(s) were observed or reported after 24 hour monitoring period.