SUSPECTED CONCUSSION IDENTIFICATION TOOL

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.

It may be difficult for students to communicate their symptoms if they are under the age of 10, have special needs, or are reluctant to report symptoms.*

**For students who use Augmentative and Alternative forms of Communication (AAC) it is imperative the educator note changes in baseline behaviour/communication prior to suspected concussion (or injury).*

An incident occurred involving _____ (student name)

on _____ (time/date).

Student was observed for signs and symptoms of a concussion.

Description of Injury: *(Include cause, location and how injury occurred)*

_____

_____

_____

_____

_____

Step A: RED FLAGS SIGNS AND SYMPTOMS

If any one or more red flag signs or symptoms are present, call 911, followed by a call to parents/guardians/emergency contact.

RED FLAG SIGNS:
***Call 911 immediately** if the signs or symptoms worsen or the student has:*

- ☐ Loss of consciousness
- ☐ Neck pain or tenderness
- ☐ Double vision
- ☐ Seizure or convulsion
- ☐ Severe or worsening headache
- ☐ Weakness or tingling/burning in arms or legs
- ☐ Deteriorating state of consciousness
- ☐ Vomiting or nausea
- ☐ Increasingly restless, agitated or combative
- ☐ Confusion

*If **Red Flags** are identified, complete only **Step E: Communication to Parent/Guardian.***

Keep a copy for school file.

SUSPECTED CONCUSSION IDENTIFICATION TOOL - continued

Step B: OTHER SIGNS AND SYMPTOMS

If Red Flags are not identified continue and complete the steps (as applicable) and Step E: Communication to Parents/Guardians.

Step B1: OTHER CONCUSSION SIGNS AND SYMPTOMS

Complete Checklist (check one of the boxes below after completing the form)

☐ No signs or symptoms described below were noted at the time. Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later.

☐ The following signs were observed or symptoms reported:

SIGNS AND SYMPTOMS OF SUSPECTED CONCUSSION	
Possible Signs Observed *A sign is something that is observed by another person.*	**Possible Symptoms Reported** *A symptom is something the student will feel/report.*
Physical ☐ vomiting ☐ slowed reaction time ☐ poor coordination or balance ☐ blank stare/glassy-eyed/dazed or vacant look ☐ decreased playing ability ☐ lying motionless on the ground or slow to rise ☐ grabbing or clutching of head ☐ drowsiness **Cognitive** ☐ difficulty concentrating ☐ easily distracted ☐ general confusion ☐ difficulty remembering (e.g., place, date, time, class, what happened before the injury) ☐ slowed reaction time **Emotional/Behavioural** ☐ strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)	**Physical** ☐ headache ☐ pressure in head ☐ neck pain ☐ feeling off/not right ☐ ringing in the ears ☐ seeing double or blurry/loss of vision ☐ seeing stars, flashing lights ☐ pain at physical site of injury ☐ nausea/stomach-ache/pain ☐ balance problems or dizziness ☐ sensitivity to light or noise ☐ numbness or tingling **Cognitive** ☐ difficulty concentrating or remembering ☐ difficulty thinking clearly or foggy ☐ slowed down, fatigued or low energy **Emotional/Behavioural** ☐ irritable, sad, more emotional than usual ☐ nervous, anxious, depressed

If any sign or symptom worsens call 911.

SUSPECTED CONCUSSION IDENTIFICATION TOOL - continued

Step B2: PERFORM QUICK MEMORY FUNCTION ASSESSMENT

Ask the student the following questions based on their grade level/ability and record the answers below. Questions may need to be modified for very young students or students receiving special education programs and services. Failure to answer any one of the questions correctly indicates a suspected concussion. Record student responses.

Graduated Questioning:

What is your name? Answer:_____ Correct/Incorrect

How old are you? Answer:_____ Correct/Incorrect

What grade are you in? Answer:_____ Correct/Incorrect

What is your teacher's name? Answer:_____ Correct/Incorrect

What activity/sport/game are we playing right now? Answer:_____ Correct/Incorrect

What room are we in right now? Answer:_____ Correct/Incorrect

What part of the day is it? Answer:_____ Correct/Incorrect

What school do you go to? Answer:_____ Correct/Incorrect

Other_____? Answer: _____ Correct/Incorrect

Step C: STUDENT FAILS QUICK MEMORY FUNCTION CHECK

If there are any signs 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 physical activity and must not be allowed to return to physical activity that day even if the student states that he/she is feeling better.
- The student must not leave the premises without parent/guardian (or emergency contact) supervision. Any person with a suspected concussion is not to drive themselves home or to medical attention. Students are not to take medications except for life threatening medical conditions (e.g. diabetes, asthma).

The teacher/coach informs the parents/guardians that the student needs an 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 must undergo evaluation by one of these professionals.

The parents/guardians must be provided with a completed copy of this tool (Appendix A1) and a copy of a Medical Assessment and Monitoring Form (Appendix A2). The teacher/coach informs the principal of incident.

SUSPECTED CONCUSSION IDENTIFICATION TOOL - continued

Step D: A POSSIBLE CONCUSSION BUT THE STUDENT PASSES THE QUICK MEMORY CHECK

Actions required 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:

- The student must stop participation immediately and must not be allowed to return to physical activity for a minimum of 24 hours even if the student states that they are feeling better. Principals must be informed of the incident.
- The teacher/coach informs the parents/guardians and the principal of the incident and that the student requires continued monitoring for 48 hours as signs and or symptoms can appear hours or days after the incident:
  - If any red flags emerge call 911 immediately.
  - If any other signs and/or symptoms emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
  - The parents/guardians communicate the results of the medical assessment to the appropriate school personnel using a Medical Assessment and Monitoring Form (Appendix A2).
  - If after 24 hours of monitoring no signs and or symptoms have emerged, the parents/guardians communicate the results to the appropriate school official using the Medical Assessment and Monitoring Form (Appendix A2). The student is permitted to resume physical activities. Medical clearance is not required.

Step E: COMMUNICATION TO PARENTS/GUARDIANS

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 signs were observed and/or symptoms reported and emergency medical services (EMS) called.
☐ Other concussion signs were observed and/or symptoms reported and/or the student failed to correctly answer all the Quick Memory Function questions. Medical assessment needs to take place.
☐ No signs or symptoms were reported, and the student correctly answered the questions in the Quick Memory Function Assessment, but a possible concussion event was recognized. Continued monitoring is required (consult Step D).

School Staff name completing this form: _____

School Staff signature: _____

Date:_____ Time: _____

Forms for parents/guardians to accompany this tool:

☐ The Medical Assessment and Monitoring Form (Appendix A2)

Parents/Guardians must communicate to the principal/designate the results of the 48-hour monitoring period (using Medical Assessment and Monitoring Form (Appendix A2)):

☐ Results of the Medical Assessment
☐ No concussion signs and/symptoms were observed or reported after the 48 hours monitoring period.