



Tool to Identify Suspected Concussion

Student name: _____

Time of Incident: _____ Date: _____

Identification of suspected concussion: If after a jarring impact to the head, face or neck or elsewhere on the body 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 signs and or 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 and Symptoms:

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

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

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

Check visual cues (what you see).

- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Disorientation or confusion, or an inability to respond appropriately to questions

- Facial injury after head trauma
- Lying motionless on the playing surface (no loss of consciousness)
- Slow to get up after a direct or indirect hit to the head

Step B2: Other Concussion Symptoms Reported (What the Student is Saying)

Check what the student says he/she feels.

- | | |
|---|---|
| <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 or symptom worsens call 911.*

Step B3: Conduct Quick Memory Function Check

Failure to answer any one of the questions correctly indicates a suspected concussion. Record student responses.

Is it before or after lunch? _____

What were you playing when you got hurt? _____

Where were you playing today? _____

What is the name of your teacher/coach? _____

What room are we in right now? _____

What school do you go to? _____

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services.

Step C: Student Fails Quick Memory Function Check

Actions required when signs are observed and/or symptoms are reported, and/or the student fails to answer any of the Quick Memory Function questions correctly:

- 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:
 - leave the premises without parent/guardian (or emergency contact) supervision;
 - drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
 - take medications except for life threatening medical conditions (for example, 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.

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

Step D: A Possible Concussion but the Student Passes the Quick Memory Function 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 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 parents/guardians and the principal of the incident and that the student requires continued monitoring for 24 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 school personnel using a Medical Concussion Assessment Form (Appendix L).
 - If after 24 hours of monitoring no signs and or symptoms have emerged, the parents/guardians communicate the results to school personnel. 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 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.
- No signs or symptoms were reported, and the student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Continued monitoring is required (consult Step D).

Teacher/Coach/Principal name: _____

Teacher/Coach/Principal signature (optional): _____

Forms for parents/guardians to accompany this tool:

- The Medical Concussion Assessment Form - Appendix L

Parents/Guardians must communicate to the principal/designate the results of the 24-hour monitoring period:

- Results of the Medical Assessment
- No concussion signs and/symptoms were observed or reported after the 24 hours monitoring period.

**This tool was adapted from Davis GA, et al. Br J Sports Med 2017;0:1. doi:10.1136/bjsports-2017-097508CRT5*