APPENDIX F

TOOL TO IDENTIFY A SUSPECTED CONCUSSION

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

Following an impact to the head, face or neck, or an impact elsewhere on 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 below **and/or** the failure of the Quick Memory Function Assessment. The individual responsible for that student must follow the steps within this tool immediately.

Student Name: _____ Date: _____

Location: _____ Time of Incident: _____

STEP 1: Red Flag 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:

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

If Red Flags are identified, proceed to Step 4.

STEP 2: Other Signs and Symptoms

If Red Flags are not identified, continue and complete the steps as applicable.

- **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

- **Check Reported Symptoms (What student feels)**

☐ Balance problems	☐ Headache
☐ Blurred vision	☐ More emotional
☐ Difficulty concentrating	☐ More irritable
☐ Difficulty remembering	☐ Nausea
☐ Dizziness	☐ Nervous or anxious
☐ "Don't feel right"	☐ "Pressure in head"
☐ Drowsiness	☐ Sadness
☐ Fatigue or low energy	☐ Sensitivity to light
☐ Feeling like "in a fog"	☐ Sensitivity to noise
☐ Feeling Slowed down	

If any sign or symptom worsens, call 911.

STEP 3 – Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answers below.

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

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

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

STEP 4: Actions 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.

1. The student must be immediately removed from play and must not be allowed to return to play that day even if the students states that they are feeling better.
2. A parent/guardian should be contacted and the student released to them. They must not leave the premises without parent/guardian (or emergency contact) supervision.
3. The student must not:
    a. Drive a motor vehicle until cleared to do so by a medical doctor or nurse practitioner;
    b. Take medications except for life threatening medical conditions (ex., diabetes, asthma).
4. Send a copy of this form home with the student, as well as a copy of the Medical Concussion Form (**Appendix H**).
5. Inform that parent/guardian (or emergency contact) that the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner for diagnosis.

6. Inform the principal of the incident, and follow the Return to Learn and Return to Physical Activity Plan.

OR

☐ If there are no signs observed or symptoms reported, a concussion could still have occurred.

1. The student must stop participation immediately and must not be allowed to return to play that day even if they state that they are feeling better.
2. Inform the parent/guardian of the incident.
3. Send a copy of this form home with the student.
4. Advise the parent/guardian to monitor the student for 24-48 hours following the incident, as signs and symptoms may take hours or days to emerge:
    - 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 Form (Appendix H);
    - If after 24 hours of monitoring no signs and/or symptoms have emerged, the parents/guardians communicate the results to the appropriate school official. The student is permitted to resume physical activities. Medical clearance is not required.
5. Inform the principal of the incident.

STEP 5: Summary & Parent/Guardian Communication

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.

☐ 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 4).

- Parents/Guardians must communicate to the principal/designate the results of the 24 hour monitor period, with either the results of a medical assessment or a confirmation that no signs or symptoms of a concussion were observed or reported.

Teacher/Coach/Supervisor Name (please print): _____

Teacher/Coach/Supervisor Signature: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____