

## Sample Tool to Identify a Suspected Concussion

This sample checklist tool, completed by school staff (e.g., teachers/coaches/intramural supervisors), is used to identify the signs and/or symptoms of a suspected concussion, to respond appropriately and to communicate this information to parent/guardian. This tool may also be used for continued monitoring of the student.

**Complete appropriate steps below.**

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

**Recognition 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 (e.g., teacher/coach) responsible for that student suspects a concussion, the following actions must be taken immediately:

**Step A. Red Flags – Call 911.** Check (✓) for Red Flag signs and/or symptoms.

Important! If any one or more red flag signs or symptoms are present, call 911, followed by a call to parents/ guardians/emergency contact.		
Neck pain or tenderness	Severe or increasing headache	Deteriorating conscious state
Double vision	Seizure or convulsion	Vomiting
Weakness or tingling/burning in arms or legs	Loss of consciousness	Increasingly restless, agitated or combative

**Where a Red Flag has been identified, complete only Step E - Communication to Parent/Guardian.**

**Step B. Other Signs and Symptoms:** If a red flag has not been identified, continue and complete the following steps (as applicable) and Step E - Communication to Parent/Guardian.

**Step B1. Other Concussion Signs:** Check (✓) what you see.

Lying motionless on the playing surface	Disorientation or confusion, or an inability to respond appropriately to questions	Balance, gait difficulties, motor incoordination, stumbling, slow, laboured movements
Slow to get up after a direct or indirect hit to the head	Blank or vacant look	Facial injury after head trauma

**Step B2. Other Concussion Symptoms reported (what the student is saying):** Check (✓) what you hear.

Headache	Dizziness	“don’t feel right”	Difficulty concentrating
“Pressure in head”	Blurred vision	More emotional	Difficulty remembering
Balance problems	Sensitivity to light	More irritable	Feeling slowed down
Nausea	Sensitivity to noise	Sadness	Feeling like “in a fog”
Drowsiness	Fatigue or low energy	Nervous or anxious	
<b>IF ANY SIGNS OR SYMPTOMS WORSEN, CALL 911</b>			

**Step B3. Conduct Quick Memory Function Check:** Ask the student the following questions, recording the answers below. 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:* \_\_\_\_\_

**Failure to answer any one of these questions correctly, indicates a suspected concussion.**

**Step C. Where signs are observed and/or symptoms are reported, and/or if the student fails to answer correctly one or more of the questions in the Quick Memory Function Check – 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 he/she is 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 (e.g., diabetes, asthma)
- Teacher/coach to inform parent/guardian that the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner\*\*
- Parent/guardian must be provided with a completed copy of this form and a copy of the Documentation of Medical Assessment.

**Step D. If there are no signs observed, no symptoms reported, and the student answers correctly all questions in the Quick Memory Function Check – Actions Required:**

- The student requires continued monitoring (using this form), by their parent/guardian and where appropriate, school staff, for 24 hours as signs 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 urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner\*\*. Parent/guardian is to communicate the results of the Medical Assessment to the appropriate school personnel using the Documentation of Medical Assessment.
- If after 24 hours of observation no signs and/or symptoms have emerged, the student is permitted to resume physical activity.

**Step E. Communication to Parent/Guardian: Summary of Suspected Concussion Check – Indicate (✓) appropriate results:**

Your child/ward was checked for a suspected concussion (i.e., red flags, other signs and symptoms, Quick Memory Function Check) with the following results:

- Red Flag signs observed and/or symptoms reported, and EMS called.
- Signs were observed and/or symptoms reported.
- The student failed to correctly answer all the Quick Memory Function questions.
- No signs or symptoms were observed or reported, and the student correctly answered all of the questions in the Quick Memory Function Check. Continued monitoring is required (see Step D above).

Teacher/Coach/Supervisor name: \_\_\_\_\_

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

Forms for Parent/Guardian to accompany this tool:

- Documentation of Medical Assessment

\*\* 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, the Medical Assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.