

Tool to Identify a Suspected Concussion/ Concussion Signs and Symptoms Form

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

This sample tool, completed by school staff (for example, 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 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:	Teacher/Coach:
Date:	Time of Incident:

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) or symptom(s) 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

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 Parents/Guardians

<p>Check visual cues (what you see).</p> <ul style="list-style-type: none"> ○ 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 	<p>Check what students report feeling.</p> <ul style="list-style-type: none"> ○ Balance problems ○ Blurred vision ○ Difficulty concentrating ○ Difficulty remembering ○ Dizziness ○ "Don't feel right" ○ Drowsiness ○ Fatigue or low energy ○ Feeling like "in a fog" ○ Feeling slowed down ○ Headache ○ More emotional ○ More irritable ○ Nausea ○ Nervous or anxious ○ "Pressure in head" ○ Sadness ○ Sensitivity to light ○ Sensitivity to noise
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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 indicates a suspected concussion. Record student responses.

What is your teacher/coach's name?
What activity/sport/game are we playing?

What field are we playing at today?
What room are we in now?

What school do you go to?
Is it before or after lunch?

Step C: When sign(s) are observed and/or symptom(s) are reported, and/or the student fails to answer any of the Quick Memory Function 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:
 - 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 parent/guardian 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 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:
- If any red flags emerge call 911 immediately.
- If any other sign(s) and/or symptom(s) emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
- The parent/guardian communicate the results of the medical assessment to the appropriate school personnel using a [Medical Assessment Form](#).
- 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.

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 sign(s) were observed and/or symptom(s) 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 the 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).

This completed form must be copied, with the original filed as per board policy and the copy provided to parent/guardian.