



APPENDIX C

TOOL TO IDENTIFY A SUSPECTED CONCUSSION

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

1. Check appropriate box

An incident occurred involving _____ (name of student) on _____ (date). The student was observed for signs and symptoms of a concussion.

- ☐ 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 (refer to #4 below).*
- ☐ The following signs were observed or symptoms reported:

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.

Red Flag Signs and Symptoms:

- 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

Other Signs and Symptoms

If Red Flag(s) are not identified continue and complete the steps (as applicable) and Step E: Communicate to Parents and Guardians

Other Signs and Symptoms:

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

Other Concussion Symptoms Reported (What the Student is Saying)

Check what students report feeling.

- 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
- Ringing in the ears
- Seeing stars or flashes of light

If any observed signs or symptoms worsen, call 911.

2. Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a concussion:

- 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:* _____

3. Action 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;
- the student must be immediately removed from play 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.
- the student must not take medications except for life threatening medical conditions (i.e. diabetes, asthma)

In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow Policy Section on “Concussion Protocol: Prevention, Identification and Management Procedures”.

4. Continued Monitoring by Parent/Guardian

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 participating immediately and must not be allowed to return to play that day even if the student states that they are feeling better. The Principal must be informed of the incident.
- The teacher/coach /school 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) or symptom(s) emerge**, the student needs an urgent medical assessment by a medical doctor or nurse practitioner as soon as possible that day.
- The parent/guardian communicates 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 communicates 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.

5. Teacher name: _____

Teacher signature: _____ Date: _____

This completed form must be copied, with the original filed in the Documentation File of the student’s OSR and the copy provided to parent/guardian.