

## C-2: Tool to Identify a Suspected Concussion

*This checklist tool, completed by school staff (for example, teachers/coaches/intramural supervisors), is used to identify the sign(s) and/or symptom(s) of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parent/guardian.*

Student name: \_\_\_\_\_  
Incident Time: \_\_\_\_\_ Date: \_\_\_\_\_

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 following actions must be taken **immediately**:

### **STEP A: Red Flags-Call 911.** 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.

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

If Red Flag(s) identified, complete only Step E - Communication to Parent/Guardian Guardian.

If red flag(s) not identified continue and complete the following steps (as applicable) and Step E: Communication with Parents/Guardians.

### **STEP B: Other Sign(s) and Symptoms(s)**

#### **STEP B1: Other Concussion Signs** Check (✓) visual cues (what you see).

- Lying motionless on the playing surface (no loss of consciousness)
- 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 feel. *IF ANY SIGN(S) OR SYMPTOM(S) WORSEEN, CALL 911*

- |   |  |
|---|--|
| <input type="checkbox"/> Headache                 | <input type="checkbox"/> Sadness                 |
| <input type="checkbox"/> Blurred vision           | <input type="checkbox"/> Feeling slowed down     |
| <input type="checkbox"/> More emotional           | <input type="checkbox"/> Nausea                  |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Fatigue or low energy   |
| <input type="checkbox"/> "Pressure in head"       | <input type="checkbox"/> Nervous or anxious      |
| <input type="checkbox"/> Sensitivity to light     | <input type="checkbox"/> Feeling like "in a fog" |
| <input type="checkbox"/> More irritable           | <input type="checkbox"/> Drowsiness              |
| <input type="checkbox"/> Difficulty remembering   | <input type="checkbox"/> "Don't feel right"      |
| <input type="checkbox"/> Balance problems         | <input type="checkbox"/> Dizziness               |
| <input type="checkbox"/> Sensitivity to noise     |  |

**STEP B3: Conduct 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 these questions correctly indicates a suspected concussion. Record student responses below.

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 C: Where sign(s) observed and/or symptom(s) are reported, and/or if the student FAILS to answer any of the Quick Memory Function questions correctly.**

Actions are Required as follows

- 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).

**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. 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.

Parent/guardian must be provided with a completed copy of this form and a copy of Appendix C-3 – Sample Documentation of Medical Assessment.

Teacher/coach informs principal of incident.

**STEP D: If there are no signs observed, nor symptoms reported, and the student answers correctly all questions in the Quick Memory Function Check but a possible concussion event was recognized by teacher/coach**

Actions Required as follows:

- 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.

Teacher/coach to inform parent/guardian and principal of the incident and that the student requires continued monitoring for 24 hours as sign(s) and or symptom(s) 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 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 Appendix C-3 – Sample Documentation of Medical Assessment.
- If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged the parent/guardian is to communicate the results to the appropriate school official using the school's process and/or form. Student is permitted to resume physical activities.

**Medical Clearance is not required.**

**STEP E: Communication to Parent/Guardian  
Summary of Suspected Concussion Check  
- Indicate (☐) appropriate results and follow-up requirements.**

Your child/ward was checked for a suspected concussion (i.e., Red Flags, Other Signs and Symptoms, Quick Memory Function) with the following results:

- Red Flag(s) sign(s) observed and/or symptom(s) reported and EMS called.
- Other concussion sign(s) were observed and/or symptom(s) reported and or student failed to correctly answer all the Quick Memory Function questions.
- No sign(s) or symptom(s) were reported and student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Continued monitoring is required (see Step D above).

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

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

Forms for Parent/Guardian to accompany Appendix C-2:

- Appendix C-3 – Sample Documentation of Medical Assessment

Parent/Guardian must communicate to principal/designate results of 24 hour monitoring (using school process/form):

- Results of Medical Assessment (Appendix C-3 – Sample Documentation of Medical Assessment)
- No concussion sign(s) and/symptom(s) observed or reported after 24 hours