

C-2 - Tool to Identify a Suspected Concussion

This tool, completed by school staff, 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. Be sure to fill out OSBIE accident report form and submit to the office as well.

Student name _____ Date _____ Time of incident _____ A.M. _____ P.M.

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

Step A – Red Flags **If any one or more of the following sign(s) or symptom(s) are present, CALL 911, followed by a CALL to PARENTS/GUARDIANS/EMERGENCY CONTACT*

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

If Red Flag(s) identified and checked off, complete only **Step E – Communication to Parent/Guardians*

Step B – Other Sign(s) and Symptom(s) **If red flag(s) not identified, continue and complete the following steps (as applicable) and **Step E – Communication to Parent/Guardians***

Step B1 – Other Concussion Signs <i>*Check off any of these visual cues (what you see)</i>		
<input type="checkbox"/> Lying motionless on the playing surface (no loss of consciousness) <input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions <input type="checkbox"/> Balance, gait difficulties, motor coordination, stumbling, slow or laboured movements <input type="checkbox"/> Slow to get up after a direct or indirect hit to the head <input type="checkbox"/> Blank or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> Facial injury after head trauma		
Step B2 – Other Concussion Symptoms reported <i>*Check off any these that the student reports (what the student is saying)</i>		
<input type="checkbox"/> Headache <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> More irritable <input type="checkbox"/> Sensitivity to noise <input type="checkbox"/> Nausea <input type="checkbox"/> Feeling like “in a fog” <input type="checkbox"/> Dizziness	<input type="checkbox"/> Blurred vision <input type="checkbox"/> “Pressure in head” <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Sadness <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Drowsiness	<input type="checkbox"/> More emotional <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Balance problems <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Nervous or anxious <input type="checkbox"/> “Don’t feel right”

IF ANY SIGN(S) OR SYMPTOM(S) WORSEN, CALL 911



Step B3 – Conduct Quick Memory Function Check

Ask the student the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a concussion. (Questions may need to be modified for students based on their particular need.)

- 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 Check questions correctly, a concussion should be suspected.

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; and
- the student must not:
 - o leave the premises without parent/guardian (or emergency contact) supervision;
 - o drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
 - o take medications except for life-threatening medical conditions (e.g., diabetes, asthma).

The 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.

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

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:

- 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.
Principal/designate must be informed of the incident.

Teacher/coach to ***inform parent/guardian and principal/designate 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) 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 official using form ***C-3 – Documentation of Medical Assessment***

OR

- If, after 24 hours of monitoring, no sign(s) or symptom(s) have emerged, the parent/guardian is to communicate the results to the appropriate school official using the schools 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 symptoms reported and EMS called.
- Other concussion sign(s) and/or symptom(s) reported and/or student failed to correctly answer all the Quick Memory Function questions – **concussion suspected and an urgent Medical Assessment by a medical doctor or nurse practitioner is required. Form C-3 must be filled in and returned to the school.**
- 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).

Name of Teacher/Coach/Supervisor/Administrator _____

Signature of Teacher/Coach/Supervisor/Administrator (optional) _____

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

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