



Appendix C – Tool to Identify a Suspected Concussion (revised September 2018)

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

Identification of Suspected Concussion

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined in the chart below **and/or** the failure of the Quick Memory Function Assessment.

First, assess the danger to the victim and the rescuer, and then check airway, breathing and circulation.

COMPLETE APPROPRIATE STEPS BELOW.

An incident occurred involving _____ (student name) on _____ (date) at _____ (time).

He/she was observed for signs and symptoms of a concussion.

- ☐ No signs or symptoms described below were noted at the time of assessing the student/athlete.
Note: Continued monitoring of the student/athlete is important as signs and symptoms of a concussion may appear hours or days later (refer to Step D).
- ☐ The following signs were observed or symptoms reported (refer to Step A or Step B).

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**. Follow the Risk Management Advisory-**Transporting Students to Hospital/Urgent Care**.

- ☐ 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

If **Red Flag(s)** identified, complete only Step D – Action to be taken.

Please **complete** the following steps if Red Flag(s) have **not** been identified. 

STEP B

Other Sign(s) and Symptoms(s)

If red flag(s) not identified continue and complete the following steps (as applicable) and Step D – Action to be taken.

STEP B1

Other Concussion Signs

Check for 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 for what the student feels.

- ☐ Headache
- ☐ Blurred vision
- ☐ More emotional
- ☐ Difficulty concentrating
- ☐ “Pressure in head”
- ☐ Sensitivity to light
- ☐ More irritable
- ☐ Difficulty remembering
- ☐ Balance problems
- ☐ Sensitivity to noise
- ☐ Sadness
- ☐ Feeling slowed down
- ☐ Nausea
- ☐ Fatigue or low energy
- ☐ Nervous or anxious
- ☐ Feeling like “in a fog”
- ☐ Drowsiness
- ☐ “Don’t feel right”
- ☐ Dizziness

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

STEP C: Perform Quick Memory Function Assessment

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

Note: It may be difficult for younger students (under the age of 10), students with special needs or students for whom English is not their first language to communicate how they are feeling. Select the most appropriate questions for the student based on his/her ability to respond.

Primary/Junior:

- What is your name? Answer: _____
- How old are you? Answer: _____
- What grade are you in? Answer: _____
- What is your teacher's name? Answer: _____
- Other _____? Answer: _____

Intermediate/Senior:

- 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: _____
- What part of the day is it? Answer: _____
- What is the name of your teacher/coach? Answer: _____
- What school do you go to? Answer: _____

Comments:

STEP D: Action to be taken

- ☐ **Red Flag(s)** sign(s) observed and/or symptom(s) reported and EMS called. Parent/guardian (or emergency contact) contacted. Follow the **Risk Management Advisory-Transporting Students to Hospital/Urgent Care**.

- ☐ **Signs observed or Symptoms reported:**

If there are **any** signs observed or symptoms reported, or if the student/athlete fails to answer any of the above questions correctly:

- a concussion should be suspected;
- the student/athlete must be immediately removed from play and must not be allowed to return to play that day even if the student/athlete states that he/she is feeling better; and
- the student/athlete must not leave the premises without parent/guardian (or emergency contact) supervision.

In all cases of a suspected concussion, the student/athlete must be examined by a medical doctor or nurse practitioner for diagnosis and must follow the Student Concussion and Head Injury Policy.

- ☐ **No signs observed or symptoms reported:**

- Student to be monitored for 24 hours and removed from physical activity (where teacher/coach determines monitoring is applicable or where teacher/coach is not sure).
- Monitoring of the student/athlete to take place at home by parents and at school by school staff. To monitor for signs and symptoms parents/guardians can use the chart on the front of this information form.
- If any signs or symptoms emerge, the student/athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Comments:

School Contact/Teacher Advisor Name: _____ **Date:** _____

Following the completion of this form (Appendix C), an OSBIE Incident Report form must be completed, indicating that the tool has been completed and the parent/guardian has received copies of Appendix C and Appendix D2.

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, Grand Erie District School Board collects this information in order to fulfil its commitment to promote the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form please contact the school principal.

***The original copy is filed with the principal**

***Duplicate copy provided to parent/guardian**

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