**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***

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| **Step B1 – Other Concussion Signs** \**Check off any of these 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 coordination, stumbling, slow or laboured movements * Slow to get up after a direct or indirect hit to the head * Blank or vacant look * decreased playing ability * Facial injury after head trauma | | |
| **Step B2 – Other Concussion Symptoms reported** \**Check off any these that the student reports (what the student is saying)* | | |
| * Headache * Difficulty concentrating * More irritable * Sensitivity to noise * Nausea * Feeling like “in a fog” * Dizziness | * Blurred vision * “Pressure in head” * Difficulty remembering * Sadness * Fatigue or low energy * Drowsiness | * More emotional * Sensitivity to light * Balance problems * Feeling slowed down * Nervous or anxious * “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*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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:   + 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 (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