

## **Tool to Identify a Suspected Concussion (Appendix D Part 1)**

This tool, completed by school staff or a coach, is used to identify the signs and/or symptoms of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parents/guardians/caregivers. This tool may also be used for continued monitoring of the student. Complete the appropriate steps.

THIS FORM WILL GO HOME WITH THE STUDENT (Appendix D Part 1 and Appendix D Part 2)

\*Please include Appendix E (Home Concussion Management) home with the student as a proactive measure. The family may or may not have to use it as it will be based upon the results of the Medical Assessment Form\*

Student name:		Date:	
Time of incident:	A.M. P.M.	Teacher/Coach:	
		e on the body, an impulsive force is transmitted to the head ner/coach) responsible for that student must complete these ste	
Step A: Red Flags Signs and Sym	ptoms		
Check for Red Flag sign(s) and/o 911, followed by a call to parent		e or more red flag sign(s) and/or symptom(s) are present, c contact.	
Vomiting	Severe or increasing head Increasingly restless, agita Weakness or tingling/burn	ted, or combative Deteriorating conscious	
Parent/Guardians.  Step B1: Other Concussion Signs	continue and complete	the steps (as applicable) and Step E: Communication to	
Check visual cues (what you see).  ☐ Balance, gait difficulties, motor	coordination, stumbling, s	ow labored movements	
☐ Blank or vacant look			
$\square$ Disorientation or confusion, or	an inability to respond app	opriately to questions	
Facial injury after head trauma			
☐ Lying motionless on the playing		usness)	
☐ Slow to get up after a direct or i Step B2: Other Concussion Sympton		rudent is Savina)	
Check what student reports feeling		adent is saying,	
☐ Balance problems	☐ Fatigue or low	energy $\square$ Nausea	
☐ Blurred vision	☐ Feeling like "in	a fog"	
☐ Difficulty concentrating	☐ Feeling slowed	down   — "Pressure in head"	
$\square$ Difficulty remembering	☐ Headache	☐ Sadness	
Dizziness	☐ More emotiona	, –	
☐ "Don't feel right"	☐ More irritable	☐ Sensitivity to noise	
☐ Drowsiness			



#### **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 the questions correctly may indicate a concussion. Record student responses.

Is it before or after lunch?	Answer:	
What activity/sport/game are we playing now?	Answer:	
What field are we playing on today?	Answer:	
What is the name of your teacher/coach?	Answer:	
What room are we in right now?	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 then...

#### **Actions Required:**

- 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:
- 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; and
  - take medications except for life-threatening medical conditions (for example, diabetes, asthma).

The teacher/coach informs parent/guardian/caregiver that the student needs 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

The teacher/coach informs the principal of incident.

The parents/guardian/caregiver must be provided with a completed copy of this form (Appendix D Part 1), a copy of a Medical Assessment Form (Appendix D Part 2), Return to School Home Concussion Management (Appendix E)

Step D: 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 observed by a school staff member /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;
- Principals must be informed of the incident; and
- The teacher/coach informs the parent/guardian/caregiver of the incident and that the student attends school. They require continued monitoring for 24 hours as signs and/or symptoms can appear hours or days after the incident.

If at home monitoring the parent/guardian/caregiver observes...

- any red flags emerge call 911 immediately;
- any other sign(s) and/or symptoms emerge, the student needs a medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner; and
- the parent/guardian/caregiver communicate the results of the medical assessment to the appropriate school personnel using a Medical Assessment Form Appendix D Part 2;

#### OR

 if after 24 hours of monitoring and there continues to be no sign(s) and or symptom(s) emerging, the parent/guardian caregiver communicate 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

The parents/guardian/caregiver must be provided with a completed copy of this form (Appendix D Part 1) and a copy of a Medical Assessment Form (Appendix D Part 2) (to use if they observe signs and need to go to a medical facility)



### **Step E: Communication to Parent/Guardian**

Summary of Suspected Concussion Check - Indicate appropriate results and follow-up requirements.

Jannin	ary or suspected corrects that care appropriate results and rollow up requirements.
	hild/ward was checked for a suspected concussion (that is, Red Flags, Other Signs and oms, Quick Memory Function Check) with the following results:
	Red Flag sign(s) were observed and/or symptoms reported and emergency medical services (EMS) called.
	Other concussion sign(s) were observed and/or symptom(s) reported and/or the 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. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours. Continued monitoring is required (consult Step D).
School	Contact:
Forms	for parents/guardians to accompany this tool:
	Medical Assessment Form (Appendix D Part 2) - if signs were observed for needs to be completed.
Parent	/Guardian must communicate to principal/designate one of the following:
a	Results of a Medical Assessment Form Appendix D Part 2
0	R
b	No concussion sign(s) and/or symptom(s) were observed immediately after the incident or reported after 24 hour monitoring period



# **Medical Concussion Assessment Form (Appendix D Part 2)**

The Medical Concussion Assessment Form is provided to a student that demonstrates or reports concussion signs and/or symptoms. For more information, consult the Tool to Identify a Suspected Concussion (Appendix D Part 1).

Student Name:	Date:			
The student must be assessed as soon as possible Canada, only medical doctors and nurse practition diagnosis. Prior to returning to school, the parer principal of the results of the medical assessmen	oners are qualified to provide a concussion nts/guardians/caregiver must inform the school			
Results of Medical Assessment:				
	cussion has not been diagnosed and therefore may d physical activity without any restrictions.			
<ul> <li>My child has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to School Plan (RTSP) which includes a Return to Learn (RTL) and a Return to Physical Activity (RTPA). We will begin to follow <b>Appendix E Home Concussion Management.</b></li> <li>My child has been assessed and a concussion has not been diagnosed but</li> </ul>				
the assessment led to the following dia	the assessment led to the following diagnosis and recommendations.			
Medical doctor/nurse practitioner				
Name:(Please print)	Phone Number:			
Signature:	Date:			
Parent/Guardian/Caregiver				
Signature:	Date:			