

Tool to Identify a Suspected Concussion

This form must be completed by the responsible adult at the scene of the incident.

Student Name: _____

Date of Incident _____ Time _____

Location of Incident: _____

Name of the responsible adult monitoring the student at the scene: _____

Cause of Injury: Blow to the head Hit to the body Uncertain

Describe the Incident: _____

1 Stop the activity immediately to determine if this is a medical emergency

- A)** Initiate the first steps of the Emergency Action Plan
- Wear gloves if blood is present.
 - If a student cannot start a movement by themselves, do not move the body part for them.
 - Stay calm. Keep an even tone in your voice.
 - Instruct any bystanders not to approach the injured student.
- B)** Identify if the student shows any of the **Red Flag** signs and symptoms below. (Check all that apply).

RED FLAGS		
You see:		The student complains of:
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Increasing restlessness	<input type="checkbox"/> Neck pain or tenderness
<input type="checkbox"/> Seizure or convulsion	<input type="checkbox"/> agitation or combativeness	<input type="checkbox"/> Double vision
<input type="checkbox"/> Deteriorating conscious state		<input type="checkbox"/> Severe or increasing headache
<input type="checkbox"/> Loss of consciousness		<input type="checkbox"/> Weakness or tingling/burning in arms or legs

- C)** If there is any **Red Flags** or other serious injury present:
- **Call 911**
 - Stay with the injured student and monitor them until Emergency Medical Services arrives.
 - Inform the parent of the situation and the steps that are being taken.
 - If the student is not fully conscious, suspect a cervical spine injury and do not move the student.
 - If applicable, do not remove the student's helmet - wait for Emergency Medical Services to arrive.

2 Remove the student from the activity

If the injury does **NOT** require Emergency Medical Services, **remove the student from participating in the activity** and do not let them return to any activities that day. Proceed to Step 3 and 4 to complete this form.

STEPS 3&4
NEXT PAGE

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Identify the signs and symptoms

A) Look for the following signs and symptoms of a suspected concussion and **check off any that apply**.

SIGNS AND SYMPTOMS OF A SUSPECTED CONCUSSION	
<p>Possible Signs Observed</p> <p>A sign is something that is observed by another person (e.g. teacher, coach, supervisor, peer).</p>	<p>Possible Symptoms Reported</p> <p>A symptom is something that the student reports.</p>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Slurred speech <input type="checkbox"/> Poor coordination or balance <input type="checkbox"/> Dazed, or vacant look <input type="checkbox"/> Motionless on the ground or slow to get up <input type="checkbox"/> Grabbing or clutching of the head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Easily distracted <input type="checkbox"/> General confusion <input type="checkbox"/> Slowed reaction time (e.g. answering questions) <p>Emotional/Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strange or inappropriate emotions (e.g. laughing, crying, easily angered) <p>Other: _____</p>	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Headache <input type="checkbox"/> Ringing in the ears <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Seeing stars, flashing lights <input type="checkbox"/> Fatigue or feeling tired <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Difficulty seeing or blurry / loss of vision <input type="checkbox"/> Nausea <input type="checkbox"/> Feeling off / not right <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty concentrating or remembering <input type="checkbox"/> Slowed down, fatigue or low energy <input type="checkbox"/> Dazed or “in a fog” <p>Emotional/Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Irritable, sad, more emotional than usual <input type="checkbox"/> Nervous or anxious <p>Other: _____</p>

B) Ask these questions to test memory and check off if the response is correct or incorrect.

Sample Quick Memory Test Questions	Correct	Incorrect
What room are we in right now?		
What field are we playing on today?		
Is it before or after lunch?		
What is the name of your teacher/coach?		
What school do you go to?		

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Next steps

Suspect a concussion if **ONE** sign is observed or **ONE** symptom is reported or **ONE** Quick Memory Test Question is answered incorrectly.

- Contact the parent or emergency contact to come and pick up the student. Continue to observe the student for signs and symptoms of a concussion. Ensure they are with a responsible adult **at all times**.

The parent/emergency contact should have the student examined by a medical doctor or nurse practitioner as soon as possible if a concussion is suspected.

Continued surveillance undertaken by the parent/guardian

The student should be monitored during the first 24 to 48 hours after the injury as signs and symptoms may appear hours or days later. If signs and/or symptoms appear, the student should be examined by a medical doctor or nurse practitioner as soon as possible.

Name of the responsible adult: _____

Provide this completed form to the school principal. If possible, a copy may be provided to the parent/emergency contact.

Adapted from the Concussion Response Tool 5 (CRT5) from the Concussion in Sport Group.