



Concussion Recognition Tool

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

An incident occurred involving _____ (student's/player's name)

at the following location: _____. He/she was observed for the presence of any one or more of the signs and symptoms of a concussion.

Date of incident _____ Time _____

Name of person monitoring student/player at the scene _____

Description of incident: ☐ Blow to the head ☐ Hit to the body

What happened? _____

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

A) Initiate the first steps of the Emergency Action Plan

- Exercise universal precautions related to blood/bodily fluids
- If a student/player cannot start a movement by himself/herself, do not move the body part for him/her
- Stay calm. Keep an even tone in your voice.
- Instruct any bystanders to leave the injured student/player alone.

B) Identify if the student/player shows any of these **Red Flag** signs and symptoms at any time (check off any that appear).

RED FLAGS

You see:

- ☐ Repeated vomiting
- ☐ Seizure or convulsion
- ☐ Deteriorating or loss of consciousness

The student/player complains of:

- ☐ Neck pain
- ☐ Double vision
- ☐ Severe or increasing headache
- ☐ Weakness or tingling/burning in the arms or legs

The student/player is showing:

- ☐ Unusual behavior change
- ☐ Increasing confusion or irritability

C) If there is serious injury OR any of the **Red Flags**

- Call 911
- Stay with the injured student/player and monitor them until Emergency Medical Services arrives
- If the person is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise
- If applicable, do not remove the student's/player's helmet unless you are trained to do so

STEP 2 Remove the student/player from the activity

If the injury is **NOT** an emergency, remove the student/player from participating in the activity and do not let them return to any activities that day. The student/player needs to be seen by a health care professional as soon as possible. While the student/player is waiting to be taken to a healthcare professional follow instructions in Step 3.

STEP 3&4
NEXT PAGE

STEP 3 Monitor the student/player

- A)** Do not leave the student/player alone and ensure they are with a responsible adult at all times. In addition to the **Red Flags** watch for the following signs and symptoms of concussion and check off any that appear.

SIGNS AND SYMPTOMS OF A SUSPECTED CONCUSSION	
Possible Signs Observed A sign is something that is observed by another person (e.g. teacher, coach, supervisor, peer)	Possible Symptoms Reported A symptom is something that the student/player will admit to feeling to someone
Physical <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"/> Decreased playing ability <input type="checkbox"/> Motionless on the ground or slow to get up <input type="checkbox"/> Grabbing or clutching of the head Cognitive <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) Emotional/Behavioral <ul style="list-style-type: none"> <input type="checkbox"/> Strange or inappropriate emotions 	Physical <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"/> Seeing double or blurry / loss of vision <input type="checkbox"/> Feeling off / not right Cognitive <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" Emotional/Behavioral <ul style="list-style-type: none"> <input type="checkbox"/> Irritable, sad, more emotional than usual <input type="checkbox"/> Nervous, anxious, depressed
IF ANY OBSERVED SIGNS OR REPORTED SYMPTOMS WORSEN, CALL 911	

- B)** Ask these questions to test memory. Repeat periodically (every 15 mins) and check off the response.

5 to 12 years old	Time	Correct	Incorrect	Time	Correct	Incorrect	Time	Correct	Incorrect
Where are we now?									
Is it before or after lunch?									
What did you have last class?									
What is your teacher's name?									

13 years old and over	Time	Correct	Incorrect	Time	Correct	Incorrect	Time	Correct	Incorrect
What venue are you at today?									
Which half is it now?									
Who scored last in this game?									
What team did you play last game?									
Did your team win the last game?									

STEP 4 Refer to parent/guardian

If there are any signs observed or symptoms reported, or if the student/player fails to answer the above questions correctly, a concussion should be suspected. The student/player must not leave the premises without parent/guardian (or emergency contact) supervision. The parent/guardian should take the student/player to a Physician or Nurse Practitioner for assessment as soon as possible. Ideally this should be done on the same day as the injury and may require taking the student/player to an emergency department if they are unable to access their own healthcare provider.

Date: _____

Responsible Adult's Name: _____ Responsible Adult's Signature: _____

For students, this completed form must be copied, with the original filed as per School District policy and the copy provided to the parent / guardian.

Adapted from the "Concussion Response Tool" by the BC Injury Research and Prevention Unit, Concussion Awareness Training Tool