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).

<table>
<thead>
<tr>
<th>You see:</th>
<th>The student/player complains of:</th>
<th>The student/player is showing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Repeated vomiting</td>
<td>□ Neck pain</td>
<td>□ Unusual behavior change</td>
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<tr>
<td>□ Seizure or convulsion</td>
<td>□ Double vision</td>
<td>□ Increasing confusion or irritability</td>
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<tr>
<td>□ Deteriorating or loss of consciousness</td>
<td>□ Severe or increasing headache</td>
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<td></td>
<td>□ Weakness or tingling/burning in the arms or legs</td>
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</tbody>
</table>

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 healthcare professional as soon as possible. While the student/player is waiting to be taken to a healthcare professional follow instructions in Step 3.

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

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)

- Slurred Speech
- Poor coordination or balance
- Dazed, or vacant look
- Decreased playing ability
- Motionless on the ground or slow to get up
- Grabbing or clutching of the head

#### Possible Symptoms Reported
A symptom is something that the student/player will admit to feeling to someone

- Headache
- Ringing in the ears
- Sensitivity to light or noise
- Seeing stars, flashing lights
- Fatigue or feeling tired
- Balance problems or dizziness
- Seeing double or blurry / loss of vision
- Feeling off / not right

#### Physical

- Headache
- Ringing in the ears
- Sensitivity to light or noise
- Seeing stars, flashing lights
- Fatigue or feeling tired
- Balance problems or dizziness
- Seeing double or blurry / loss of vision
- Feeling off / not right

#### Cognitive

- Difficulty concentrating
- Easily distracted
- General confusion
- Slowed reaction time (e.g. answering questions)

#### Emotional/Behavioral

- Strange or inappropriate emotions
- Irritable, sad, more emotional than usual
- 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.

<table>
<thead>
<tr>
<th>5 to 12 years old</th>
<th>Time</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Time</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Time</th>
<th>Correct</th>
<th>Incorrect</th>
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<tbody>
<tr>
<td>Where are we now?</td>
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<td>Is it before or after lunch?</td>
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<td>What did you have last class?</td>
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<td>What is your teacher's name?</td>
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<table>
<thead>
<tr>
<th>13 years old and over</th>
<th>Time</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Time</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Time</th>
<th>Correct</th>
<th>Incorrect</th>
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<td>What venue are you at today?</td>
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<td>Which half is it now?</td>
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<td>Who scored last in this game?</td>
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<td>What team did you play last game?</td>
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<td>Did your team win the last game?</td>
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**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: ___________________________

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