

Appendix A Suspected Concussion Form

Student: _____

Completed by: _____

Date / Time: _____

WITNESSED or REPORTED (circle) a jarring impact to the head, face, neck or body, that transmitted a force to the head that caused the brain to move rapidly within the skull.

● Remove the student immediately from the activity or sport, if this can be done safely. The student is not to return to play, even if they indicate they are feeling better.

STEP 1. Red Flags – Call 911. Check (✓) for Red Flag sign(s) and or symptom(s).

If any one or more red flag sign(s) or symptom(s) are present, call 911			
No red flag signs or symptoms	Severe or increasing headache	Deteriorating conscious state	
Neck pain or tenderness	Seizure or convulsion	Vomiting	
Weakness or tingling/burning in arms or legs	Double vision	Increasingly restless, agitated or combative	
	Loss of consciousness		

If Red Flag(s) identified, complete only STEP 3 - Communication to Parent/Guardian.

STEP 2. Other Sign(s) and Symptoms(s): If red flag(s) not identified, complete STEP 2 and STEP 3 - Communication to Parent/Guardian.

Other Concussion Signs: Check (✓) visual cues.			
No signs observed	Disorientation or confusion, or an inability to respond appropriately to questions	Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements	Lying motionless on the playing surface (no loss of consciousness)
Blank or vacant look	Facial injury after head trauma	Slow to get up after a direct or indirect hit to the head	
Other Concussion Symptoms reported: Check (✓) what you hear from student.			
No signs reported	Blurred vision	More emotional	Difficulty concentrating
Headache	Sensitivity to light	More irritable	Difficulty remembering
"Pressure in head"	Sensitivity to noise	Sadness	Feeling slowed down
Balance problems	Fatigue or low energy	Nervous or anxious	Feeling like "in a fog"
Nausea	"don't feel right"	Drowsiness	Dizziness

IF ANY SIGN(S) OR SYMPTOM(S) WORSEEN, CALL 911

Quick Memory Function Check: Record student responses below. Questions may need to be modified based on the nature of the activity, as well as the age, cognitive ability and/or the English language proficiency of the student.

Failure to answer any one of these questions indicates a suspected concussion.

- What room are we in right now? _____
- What activity/sport/game are we playing 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? _____

STEP 3. Communication to Parent/Guardian

This assessment for a suspected concussion identified the following:

- Red flag sign(s) and/or symptom(s) were noted. Emergency Medical Services called. Student requires an emergency medical examination for a suspected concussion. Parent/Guardian informed of event and hospital location.
- Other sign(s) and/or symptom(s) were noted. Student requires an urgent medical examination by a physician or nurse practitioner for a suspected concussion. Student requires a minimum of 24 hours of rest and monitoring at home with no physical activity. Parent/Guardian contacted for student pick-up.
- No sign(s) and/or symptom(s) were noted. Student requires a minimum of 24 hours of monitoring at home and school, using STEP 1 and 2 on this form. Parent/Guardian informed of event; student may remain at school with monitoring but no physical activity.

STEP 4. MEDICAL EXAMINATION / MONITORING (to be completed by Parent/Guardian)

Parent/Guardian: _____ Date: _____

Results medical examination:

- _____ (student name) was examined by _____ (name of physician or nurse practitioner) and
 - a concussion has been diagnosed and student is medically supervised. An HDSB Home and School Concussion Management Plan is required. NOTE: Student must remain at home for rest during Stage 1 and 2, as per this plan.
 - no concussion has been diagnosed. However, the medical examination led to the following recommendations: _____

 - no concussion has been diagnosed. Student can return to full participation in learning and physical activities without restrictions.

Results of monitoring (where no signs or symptoms were noted):

- _____ (student name) developed signs and/or symptoms during the monitoring period. Student requires an urgent medical examination by a physician or nurse practitioner for a suspected concussion. Results of medical examination must be noted above.
- _____ (student name) was monitored at home for a minimum of 24 hours. No signs or symptoms were noted. Student may return to full participation in learning and physical activities without restrictions.

Parent/Guardian Signature: _____