



Concussion Checklist – Pre Diagnosis

Student: _____ Grade: _____ Courses: _____ Teacher Contact: _____

Student: Receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head, and as a result may have suffered a concussion.

Student Is Conscious	Student Is Unconscious
<p>Teacher/Coach/Supervisor/Volunteer:</p> <ul style="list-style-type: none"> <input type="radio"/> Conduct Initial Concussion Assessment (Appendix A: <i>Tool to Identify Suspected Concussion</i>) 	<p>Teacher/Coach/Supervisor/Volunteer:</p> <ul style="list-style-type: none"> <input type="radio"/> Stop Activity Immediately! Call 911 and <i>Initiate Emergency Action Plan</i> for Concussion and Head Injury

Student: Concussion <u>NOT</u> Suspected	Student: Concussion Suspected	
<p>Teacher/Coach/Supervisor/Volunteer:</p> <ul style="list-style-type: none"> <input type="radio"/> Contact Parent/Guardian and inform them of the incident <input type="radio"/> Provide a copy of <i>Tool to identify a Suspected Concussion</i> (Appendix A) <input type="radio"/> Inform Principal of the incident <input type="radio"/> Complete all necessary board injury reports <input type="radio"/> (i.e. OSBIE) 	<p>Teacher/Coach/Supervisor/Volunteer:</p> <ul style="list-style-type: none"> <input type="radio"/> Contact Parent/Guardian re: the injury and of the need to pick up the student <input type="radio"/> Provide a copy of <i>Tool to Identify a Suspected Concussion</i> (Appendix A) and <i>Concussion Passport</i> (Appendix B) <input type="radio"/> Inform Principal of Suspected Concussion <input type="radio"/> Complete all necessary board injury reports (i.e. OSBIE) 	<p>Teacher/Coach/Supervisor/Volunteer:</p> <ul style="list-style-type: none"> <input type="radio"/> Contact Parent/Guardian re: the injury and of the need to pick up the student <input type="radio"/> Provide a copy of <i>Tool to Identify a Suspected Concussion</i> (Appendix A) and <i>Concussion Passport</i> (Appendix B) <input type="radio"/> Inform Principal of Suspected Concussion <input type="radio"/> Complete all necessary board injury reports (i.e. OSBIE, Critical Injury)
<p>Parent/Guardian:</p> <ul style="list-style-type: none"> <input type="radio"/> Continued Monitoring for 24-48 hours by parent/guardian at home and by staff at school. <p>***Student should not participate in physical activity during the monitoring period***</p>	<p>Parent/Guardian:</p> <ul style="list-style-type: none"> <input type="radio"/> Informed that student is to be examined by a medical doctor or nurse practitioner as soon as possible that day. <input type="radio"/> Once a diagnosis is made, report to the principal prior to the student's return to school a signed copy of <i>Concussion Passport</i> (Appendix B) <input type="radio"/> Obtain copy of <i>Return to Learn/Return to Physical Activity</i> (Appendix C) 	<p>Parent/Guardian:</p> <ul style="list-style-type: none"> <input type="radio"/> Informed that student is to be examined by a medical doctor or nurse practitioner as soon as possible that day. <input type="radio"/> Once a diagnosis is made, report to the principal prior to the student's return to school a signed copy of <i>Concussion Passport</i> (Appendix B) <input type="radio"/> Obtain copy of <i>Return to Learn/Return to Physical Activity</i> (Appendix C)
	<p>Principal:</p> <ul style="list-style-type: none"> <input type="radio"/> Informs school (class teacher(s), coaches, recess supervisors, LRTs, EAs) of suspected concussion. 	<p>Principal:</p> <ul style="list-style-type: none"> <input type="radio"/> Informs school (class teacher(s), coaches, recess supervisors, LRTs, EAs) of suspected concussion.