THE OLDE FORGE CRC
CONCUSSION MANAGEMENT POLICY AND PROCEDURE

RECOGNIZE & REMOVE

Concussion should be investigated **if one or more** of the following visible clues, signs, symptoms or memory lapses/issues are present.

1. VISIBLE CLUES OF SUSPECTED CONCUSSION

Any one or more of the following visual clues can indicate a possible concussion:

-Loss of consciousness or responsiveness
-Lying motionless on ground / Slow to get up
-Unsteady on feet / Balance problems or falling over / Lack of coordination
-Grabbing / Clutching of head
-Dazed, blank or vacant look
-Confused / Not aware of surroundings

2. SIGNS AND SYMPTOMS OF SUSPECTED CONCUSSION

Presence of any one or more of the following signs & symptoms may suggest a concussion:

-- Loss of consciousness	--Headache
-- Seizure or convulsion	--Dizziness
-- Balance problems	--Confusion
-- Nausea or vomiting	--Feeling slowed down
-- Drowsiness	--"Pressure in head"
--unusually emotional	--Blurred vision
-- Irritability	--Sensitivity to light
-- Sadness	--Loss of memory
-- Fatigue or low energy	--Feeling like "in a fog"
-- Nervous or anxious	--Neck Pain
-- "Don't feel right"	--Sensitivity to noise
-- Difficulty remembering	--Difficulty concentrating

POINTS TO REMEMBER:

-- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
-- Do not attempt to move the individual (other than required for airway support) unless trained to so do
-- Do not remove any head coverings (if present) unless trained to do so.

3. MEMORY FUNCTION

Failure to answer any of these questions correctly may suggest a concussion.

"At what venue are we at today?"
"What class were you participating in?"
"Who is the instructor?"

Any participant with a suspected concussion should be IMMEDIATELY REMOVED FROM THE CLASS, and should not be returned to activity until they are assessed medically. Individuals with a suspected concussion should not be left alone and should not drive a motor vehicle.
It is always in the best interest of the participant to be reminded and encouraged seek medical professional for diagnosis.

Adopted from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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CONCUSSION REPORT FORM:

Date of Incident:____________________ Location/Address: ______________________

Phone Number:_____________________Staff Person on duty: ___________________

Program: _________________________

Client Involved: __________________________ Emergency Contact Number: ___________

Please check off the following symptoms that may apply:

- ☐ Loss of consciousness
- ☐ Headache
- ☐ Seizure or convulsion
- ☐ Dizziness
- ☐ Balance problems
- ☐ Confusion
- ☐ Nausea or vomiting
- ☐ Feeling slowed down
- ☐ "Pressure in head"
- ☐ More emotional
- ☐ Blurred vision
- ☐ Irritability
- ☐ Sensitivity to light
- ☐ Sadness
- ☐ Amnesia
- ☐ Fatigue or low energy
- ☐ Feeling like "in a fog"
- ☐ Nervous or anxious
- ☐ Neck Pain
- ☐ "Don't feel right"
- ☐ Sensitivity to noise
- ☐ Difficulty remembering
- ☐ Difficulty concentrating

Incident details:

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Witness: ____________________ **Telephone Number:** ____________

_______________________________________ ______________________
Staff Signature **Date**