

TRACKING SHEET – CONCUSSION MANAGEMENT PROTOCOL, JUNE 2017

This sheet must not be used to diagnose a concussion and is not a substitute for a medical opinion. It is a recording tool, to be used to transmit information to the participant, the parents, the organizations concerned and the health network. For further details, please see the Protocol at <http://www.education.gouv.qc.ca/>.

NAME : _____ AGE : _____ DATE OF INCIDENT: _____

RECOGNITION ← ①

Remove participant from activity, **do not leave him/her unattended**, and send him/her to the designated person for a checkup

Check for signs and symptoms **CHOOSE ONE OF THE FIVE OPTIONS**

Preventive removal due to: <input type="checkbox"/> an impact or a brusque movement of the head <input type="checkbox"/> doubts about the information provided <input type="checkbox"/> past history of concussions	<input type="checkbox"/> Presence of signs or symptoms ... ▶ COMPLETE SECTION 5 OVERLEAF	<input type="checkbox"/> Presence of emergency warning signs (Obtain transportation to a hospital emergency department) ... ▶ COMPLETE SECTION 5 OVERLEAF
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If the participant is a minor child, inform the parents of the situation and procedure as quickly as possible.

Circumstances of the incident (activity, causes, type of impact, part of body affected, etc.):

OBSERVATION PERIOD ← ②

CHOOSE ONE OF THE TWO OPTIONS

Has not shown any signs or symptoms since being removed from the activity, has successfully completed the 48-hour observation period and may resume activities without following the progressive return to activity procedure. **PROCEDURE COMPLETED**

Has shown or is showing signs or symptoms and must immediately start initial rest (Section 3). **COMPLETE SECTION 5 OVERLEAF**

PROGRESSIVE RETURN TO ACTIVITIES ← ③

COMPLETE SECTION 6 OVERLEAF

Initial rest completed (minimum of 48 hours)

Steps completed for intellectual activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
Steps completed for physical and sports activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

MEDICAL EVALUATIONS ← ④

GIVE THIS TRACKING SHEET TO HEALTH NETWORK PERSONNEL

Immediate medical evaluation at a hospital emergency department

Health network personnel must refer to the current practical guide: *Algorithme décisionnel pour la gestion du risque de complications neurologiques graves à la suite d'un TCCL.*

Medical evaluation at a hospital emergency department if warning signals appear (see Section 5) or if signs and symptoms become worse in the hours or days following the incident

Medical evaluation as quickly as possible, for diagnosis

Second medical evaluation if no noticeable improvement after 10 days

Medical permission to return to unrestricted training in a sport with a risk of contact, collisions or falls

Direction de la promotion de la sécurité (Secteur du loisir et du sport), ministère de l'Éducation et de l'Enseignement supérieur
 1 800 567-7902 ■ promotionsecurite@education.gouv.qc.ca

DETAILS OF SIGNS AND SYMPTOMS

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EMERGENCY WARNING SIGNS (RED FLAGS, CALL 911)

<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Epileptic fits or convulsions
<input type="checkbox"/> Repeated vomiting	<input type="checkbox"/> Intense neck pain
<input type="checkbox"/> Severe balance problems	<input type="checkbox"/> Deteriorating conscious state
<input type="checkbox"/> Feeling gradually weaker	<input type="checkbox"/> Unusual behaviour
<input type="checkbox"/> Severe or worsening headaches	<input type="checkbox"/> Increasing confusion or irritability
<input type="checkbox"/> Problems with speech	<input type="checkbox"/> Double vision
<input type="checkbox"/> Severe drowsiness or difficulty waking	<input type="checkbox"/> Failure to recognize places or people
<input type="checkbox"/> Weakness, tingling or numbness	

SIGNS OBSERVED	UNDER 24 HOURS	BETWEEN 24 AND 48 HOURS
Clutching head	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Problems standing, walking and running	<input type="checkbox"/>	<input type="checkbox"/>
Clumsiness	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>
Searches for words or answers slowly	<input type="checkbox"/>	<input type="checkbox"/>
Repeats what he/she said	<input type="checkbox"/>	<input type="checkbox"/>
Blank or vacant look	<input type="checkbox"/>	<input type="checkbox"/>
Becomes more emotional, irritable or sad	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness or anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Drowsiness	<input type="checkbox"/>	<input type="checkbox"/>

SYMPTOMS REPORTED	UNDER 24 HOURS	BETWEEN 24 AND 48 HOURS
Headache or pressure in head	<input type="checkbox"/>	<input type="checkbox"/>
Neck pain	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness or balance problems	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Blurred vision	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to noise	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or low energy	<input type="checkbox"/>	<input type="checkbox"/>
Feeling slowed down or in a fog	<input type="checkbox"/>	<input type="checkbox"/>
"Doesn't feel right"	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating or remembering	<input type="checkbox"/>	<input type="checkbox"/>
Sleeplessness	<input type="checkbox"/>	<input type="checkbox"/>

WHEN ALL STEPS HAVE BEEN SUCCESSFULLY COMPLETED

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INITIAL REST	DATE
Intellectual, physical and sports activities and driving a motor vehicle should be limited for a minimum of 48 hours until the symptoms gradually decrease.	___ / ___ / ___

The return to intellectual, physical and sports activities can take place at the same time, as long as there is compliance with the procedures shown in the two tables.

For Steps 1 and 2 (regarding intellectual activities) and Steps 1, 2 and 3 (regarding physical and sports activities) to be completed successfully, symptoms must gradually decrease. If symptoms do not decrease, go back to the previous step. For the following steps, symptoms must not reappear. If symptoms reappear, go back to the previous step.

INTELLECTUAL ACTIVITIES	STEP/DATE
Engage in intellectual activities for periods of 15 to 20 minutes (e.g. reading, television, music). It is important to limit these activities for a few days, to ensure proper rest.	1 ___ / ___ / ___
Gradually resume structured intellectual activities (e.g. school work, music, singing, theatre).	2 ___ / ___ / ___
Do not move to the next step until symptoms have disappeared	
Resume the normal school activities (e.g. exams, projects), work, artistic or recreational routine.	3 ___ / ___ / ___

For physical activities and sports, at least 24 hours must elapse between each step.

PHYSICAL AND SPORTS ACTIVITIES	STEP/DATE
Light training exercises (e.g. rapid walking, jogging, swimming, biking on flat surfaces).	1 ___ / ___ / ___
Do not move to the next step without an initial medical evaluation	
Training specific to the physical activity or sport, practised individually (no contact, spinning or jumping)	2 ___ / ___ / ___
Training specific to the physical activity or sport, practised individually or with a teammate (e.g. resistance training, passing exercises)	3 ___ / ___ / ___
Do not move to the next step until the participant has resumed normal intellectual activities and symptoms have disappeared	
Training specific to the physical activity or sport, practised as a team (no contacts or scrums) (normal duration, increased resistance).	4 ___ / ___ / ___
Do not move to the next step without medical permission to return to unrestricted training in a sport with a risk of contact, collisions or falls	
Full practice with physical contact (e.g. contact, scrums).	5 ___ / ___ / ___
Return to competition (at least 24 hours after successfully completing unrestricted training).	6 ___ / ___ / ___