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**CONCUSSION RECOGNITION TOOL 5 ©**

To help identify concussion in children, adolescents and adults

**STEP 1: RED FLAGS — CALL AN AMBULANCE**

If there are concerns after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

**STEP 2: OBSERVABLE SIGNS**

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, stumbling, slow or laboured movements
- Facial injury after head trauma

**STEP 3: SYMPTOMS**

- Headache
- "Pressure in head"
- Balance problems
- "Pressure in head"
- Nausea or vomiting
- Dizziness
- Fatigue
- "Don't feel right"
- "Feel slowed down"
- "Feeling like in a fog"
- Fatigue or low energy
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain

**STEP 4: MEMORY ASSESSMENT**

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD BE ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE.