



## **Return to School Plan-Home Concussion Management** **(Appendix E)**

### **The Initial Rest to Step 2 of the Return to School Plan is the Home Concussion Management Plan**

**The Home Concussion Management Plan is the first two steps before a student, that has been diagnosed with a concussion, can start the Return to School Plan. The following steps will be followed if the student has received a diagnosis of concussion from doctor or nurse practitioner. Medical Concussion Assessment (Appendix D Part 2) would have had to be completed and signed off by a doctor or nurse practitioner. The parent/guardian/caregiver monitor and sign off on each step.**

Each step must last a minimum of 24 hours.

#### **Initial Rest**

**Focus: 24 48 hours of relative cognitive rest:**

Activities permitted if tolerated by student:

short board/card game



## **Step 1**

### **Focus:**

- light cognitive (thinking/memory/ knowledge) activities; and gradually increase cognitive activity up to 30 minutes. Take frequent breaks.

Activities permitted if tolerated by student:

activities from previous stage;  
easy reading (for example, books, magazines, newspaper);  
limited tv;  
limited cellphone conversations;  
drawing/building blocks/puzzles; and  
some contact with friends.

Activities that are NOT permitted at this stage:

technology use (for example, computer, laptop, tablet, cell phone; and  
attendance at school or school type work.

### **The student moves to Step 2 when:**

the student tolerates 30-minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities in Step 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms;  
and  
the student has completed a minimum of 24-hours at Step 1.

However:

the student must return to the previous step for a minimum of 24-hours when they have exhibited or reported a return of symptoms, or new symptoms.

At any time, the student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms

Parent/Guardian/Caregiver Sign off completed Step1: \_\_\_\_\_

Date: \_\_\_\_\_

