

Appendix B

Home and School Concussion Management Plan - Part B

Student: _____

Prior Concussion(s): Y / N

School Care Team: _____

If YES, date(s) (mm/yy): _____

Parent / Guardian / Student 18+ Authorization: This plan may be shared with (check all that apply):

- school staff lunchroom supervisor relevant occasional staff before and/or after care
 class/teammates transportation provider relevant volunteers other:

STAGE: Initial Rest (to be completed at home)

In the first 24-48 hours, the student has complete physical and cognitive rest prior to initiating a return to activity.

- 24 hours of complete physical and cognitive rest and symptoms have improved
Or
 48 hours of complete physical and cognitive rest

Stage - Initial Rest completed on (dd/mm/yy) _____

Parent/Guardian/Student 18+ signature: _____

STAGE 1: Light Cognitive and Physical Activity (to be completed at home)

The student may begin light cognitive and physical activity, with frequent breaks, that does not provoke symptoms.

Stage 1 Completion (all boxes must be checked):

- Minimum of 24 hours at Stage 1
 Tolerates 30 minutes of light cognitive activity
 Tolerates light physical activity
 No exhibited or reported return of symptoms, new symptoms or worsening symptoms.

Stage 1 completed on (dd/mm/yy) _____ Parent/Guardian/Student 18+ signature: _____

STAGE 2: Gradual Return to Activity (to be completed at home)

The student has begun a return to activity process at home by gradually undertaking brief familiar tasks, until no new or worsening concussion symptoms are experienced.

Stage 2 Completion (all boxes must be checked):

- Minimum of 48 hours at Stage 2 (24 hours at 2a and 2b respectively)
 Tolerates additional cognitive
 Tolerates daily physical activity
 Tolerates 20-30 minutes of light aerobic activity
 No exhibited or reported return of symptoms, new symptoms or worsening symptoms NOTE: if this occurs, return to Stage 1 and seek a medical re-examination.

Stage 2 completed on (dd/mm/yy) _____ Parent/Guardian/Student 18+ signature: _____

STAGE 3: Prepare to Return to Cognitive and Physical Activity (to be completed at home and school)

The student has begun a gradual return to cognitive and physical activity process at home and school by attending school part-time and gradually increasing usual activities, with appropriate supports.

School Care Team Meeting date: _____

Restriction/Modification/Accommodation	Timeline

Stage 3 Completion (all boxes must be checked):

- Minimum of 24 hours at Stage 3
- Symptoms have improved
- Tolerates 4-5 hours of cognitive activity a day between home and school
- Tolerates simple individual drills/sport specific drills
- No exhibited or reported return of symptoms, new symptoms or worsening symptoms NOTE: if this occurs, return to Stage 2 and seek a medical re-examination.

Stage 3 completed on (dd/mm/yy) _____ Parent/Guardian/Student 18+ signature: _____
 School Care Team signature: _____

STAGE 4: Complete Return to Learn and Increased Physical Activity (to be completed at home and school)

The student is returning to full cognitive activities by attending school full-time and increased physical activities. Minimal supports required at this stage.

School Care Team Meeting date: _____

Restriction/Modification/Accommodation	Timeline

Stage 4 Completion (all boxes must be checked):

- Minimum of 24 hours at Stage 4
- Symptoms have improved
- Tolerates a full day of school and a nearly normal workload with no accommodations or modifications
- Tolerates increased physical activity, as detailed in chart (pg.2)
- No exhibited or reported return of symptoms, new symptoms or worsening symptoms NOTE: if this occurs, return to Stage 3 and seek a medical re-examination
- Concussion Medical Clearance signed by a physician or nurse practitioner

Stage 4 completed on (dd/mm/yy) _____ Parent/Guardian/Student 18+ signature: _____
 School Care Team signature: _____

STAGE 5: Return to Full Non-Contact Physical Activity (to be completed at home and school)

The student is returning to full non-contact physical activities, with signed Concussion Medical Clearance. Contact activities are only permitted in training/practices for contact sports.

- Not applicable. Student does not participate in any physical activities (e.g., Physical Education, physical activities, intramurals, athletics). NOTE: secondary students only

OR

School Care Team Meeting date: _____

Restriction	Timeline

Stage 5 Completion (all boxes must be checked):

- Minimum of 24 hours at Stage 5
- Tolerates full non-contact physical activity
- Tolerate contact in training/practices for contact sports (if applicable)
- No exhibited or reported return of symptoms or new symptoms NOTE: if this occurs, seek a medical re-examination and a re-assessment of the Concussion Medical Clearance

Stage 5 completed on (dd/mm/yy) _____ Parent/Guardian/Student 18+ signature: _____
School Care Team signature: _____

STAGE 6: Return to Unrestricted Physical Activity (to be completed at home and school)

The student is returning to full physical activity, without restrictions.

- Not applicable. Student does not participate in competitive contact sports.

OR

School Care Team Meeting date: _____

Stage 6 Completion (all boxes must be checked):

- Minimum of 24 hours at Stage 5
- Tolerates unrestricted physical activity
- No exhibited or reported return of symptoms or new symptoms NOTE: if this occurs, seek a medical re-examination and a re-assessment of the Concussion Medical Clearance

Stage 6 completed on (dd/mm/yy) _____ Parent/Guardian/Student 18+ signature: _____
School Care Team signature: _____