

CONCUSSION MANAGEMENT PROTOCOL

The District considers concussions and head injuries serious matters and will follow all laws and regulations regarding the identification and management of such injuries. The District shall provide annually to each parent or guardian of each student in grades seven through twelve a concussions and brain injury information sheet, as provided by the Iowa Department of Public Health, the Iowa High School Athletic Association, and the Iowa Girls High School Athletic Union. The student and the student's parents or guardian shall sign the sheet and return it to the District prior to the student's participation in any extra-curricular interscholastic activity.

If a student's coach or activity sponsor observes signs, symptoms or behaviors consistent with a concussion or brain injury during an extra-curricular interscholastic activity, the student shall be immediately removed from the activity. Extra-curricular interscholastic activity means any dance or cheerleading activity or extra-curricular interscholastic activity, contest or practice governed by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union that is a contact or limited contact activity as identified by the American Academy of Pediatrics.

The student's parent or guardian shall be contacted as soon as possible following the injury, and told that the student cannot return to participate in the activity until evaluated by an appropriate health-care professional. The student shall not return to participate in the activity or practice on the same day of a concussion. The student shall not return to an extra-curricular interscholastic activity, contest or practice until a written clearance to participation signed by the appropriate health care provider is given to the district. The student shall be examined by an appropriate health-care professional the same day the injury occurs. A licensed health care provider means a physician, physician's assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist or licensed athletic trainer. There may be situations when the Iowa High School Athletic Association, Iowa Girls High School Athletic Union and/or the district specifically designates individuals to act as the health-care professional during an activity or event. In such situations, the Iowa High School Athletic Association's, the Iowa High School Athletic Union's, and/or the District's decision regarding the designation of the health-care professional is final. The written release shall be maintained as part of the student's cumulative record.

For students who participate in an extracurricular interscholastic activity which is a contest in grades seventh through twelve, the District shall adopt a return to play protocol consistent with the Department of Public Health's rules and a return to learn plan based on guidance developed by the Brain Injury Association of America. In cooperation, when a student is removed from participation in an extra-curricular interscholastic activity and diagnosed with a concussion or brain injury, the student's parent or guardian, the school system, and the student's licensed health care provider will work together to accommodate the student as the student returns to the classroom.

RETURN TO LEARN PROTOCOL

Total cognitive and physical rest, also called the complete rest phase, is the first step in the recovery plan. This should last for three days or less if the student is symptom free for 24 hours. Activities that should be avoided include cell phone use (including texting), computer use, and video games. Activities that can be done include yoga, light meditation, light stretching activities, and breathing exercises. Light thinking activities are the second step in the recovery plan. Activities that are appropriate include listening to music that is calm and relaxing and playing familiar games. Activities that were mentioned in the complete rest phase may be expanded upon (yoga, meditation, stretching exercises, and breathing activities). Now you have reached the return to school phase in the recovery plan. Start with half-days or attending school part time. Discuss a 504 plan with accommodations with the teacher and school staff.

Identify accommodations that will make the student most successful. Always monitor the student carefully, allow rest breaks, and look for signs that he or she is not doing well. Everyone involved with the student should work together. This includes parents and school staff. It is key for everyone to keep the lines of communication open while monitoring the recovery plan.

RETURN-TO-PLAY PROTOCOL

The following return-to-play step-wise process shall begin when the student who has been removed from participation in any extracurricular interscholastic activity governed by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union is no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury for a minimum of 24 hours and has received written medical clearance from a licensed health care provider to return to/or commence such participation.

RETURN-TO-PLAY PROCESS

If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury at any step of the return-to-play protocol, the student must stop the activity and the student's licensed health care provider and parent or guardian shall be contacted.

If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury during this process, an additional 24-hour period of rest shall take place. After the 24-hour period of rest, the student shall drop back to the previous level when the student showed no signs, symptoms, or behaviors consistent with a concussion or other brain injury and begin the progression again.

Step 1	Athlete has received written medical clearance from a licensed health care provider to begin the return-to-play, AND the athlete is back to regular activities including school, without experiencing any concussion signs, symptoms, or behaviors for a minimum of 24 hours.
Step 2	Low impact, light aerobic exercise, Walking or stationary cycling at slow to medium pace. No resistance/weight training.
Step 3	Basic exercise, such as running in the gym or on the field. No helmet or other equipment.
Step 4	Noncontact, sport-specific training drills (dribbling, ball handling, batting, fielding running drills) in full equipment. Resistance/weight training may begin.
Step 5	Full contact practice and participation in normal training activities.
Step 6	Contest participation.

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