

Iowa Code § 280.13C

§280.13C - Concussion and brain injury policies

1. Legislative findings. The general assembly finds and declares all of the following:
 - a. Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.
 - b. Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions can occur with or without loss of consciousness, but the vast majority of concussions occur without loss of consciousness.
 - c. Continuing to play with a concussion or symptoms of a brain injury leaves a young athlete especially vulnerable to greater injury and even death. The general assembly recognizes that, despite having generally recognized return-to-play standards for concussions and head injuries, some affected youth athletes are prematurely returned to play or expected to learn at full capability, resulting in prolonged symptoms, actual or potential physical injury, or death to youth athletes in this state.
 - d. A concussion can impair not only the physical abilities of a student athlete, but can also affect how a student athlete thinks, acts, feels, and learns. A student athlete who has sustained a concussion may need informal or formal adjustments, accommodations, modifications of curriculum, and monitoring by medical or educational staff until the student is fully recovered.
2. Definitions. For the purposes of this section :
 - a. “Contest” means an interscholastic athletic game or competition.
 - b. “Contest official” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.
 - c. “Emergency medical care provider” means the same as defined in section 147A.1.
 - d. “Extracurricular interscholastic activity” means any dance or cheerleading activity or extracurricular 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.
 - e. “Licensed health care provider” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board designated under section 147.13.

3. Training.a. The department of public health, Iowa high school athletic association, and the Iowa girls high school athletic union shall work together to develop training materials and courses regarding concussions and brain injuries, including training regarding evaluation, prevention, symptoms, risks, and long-term effects of concussions and brain injuries. Each coach or contest official shall complete such training at least every two years.

b. Individuals required to complete training pursuant to this subsection shall submit proof of such completion to the Iowa high school athletic association or the Iowa girls high school athletic union, as applicable.

4. Guidelines and information sheet.a. The department of public health, Iowa high school athletic association, and the Iowa girls high school athletic union shall work together to distribute the guidelines of the centers for disease control and prevention of the United States department of health and human services and other pertinent information to inform and educate coaches, students, and the parents and guardians of students of the risks, signs, symptoms, and behaviors consistent with a concussion or brain injury, including the danger of continuing to participate in extracurricular interscholastic activities after suffering a concussion or brain injury and their responsibility to report such signs, symptoms, and behaviors if they occur.

b. For school years beginning on or after July 1, 2018, each school district and nonpublic school shall provide to the parent or guardian of each student in grades seven through twelve a concussion and brain injury information sheet, as provided by the department of public health, the Iowa high school athletic association, and the Iowa girls high school athletic union. The student and the student's parent or guardian shall sign and return a copy of the concussion and brain injury information sheet to the student's school prior to the student's participation in any extracurricular interscholastic activity.

5. Removal from participation.a. If a student's coach, contest official, or licensed health care provider or an emergency medical care provider observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity, the student shall be immediately removed from participation.

b. A student who has been removed from participation shall not recommence such participation or participate in any dance or cheerleading activity or activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union until the student has been evaluated by a licensed health care provider trained in the evaluation and management of concussions and other brain injuries and the student has received written clearance to return to or commence participation from a licensed health care provider.

6. Return-to-play protocol and return-to-learn plans.a. The department of public health, in cooperation with the Iowa high school athletic association and the Iowa girls high school athletic union, shall develop a return-to-play protocol based on peer-reviewed scientific evidence consistent with the guidelines of the centers for disease control and prevention of the United States department of health and human services, for a student's return to participation in any extracurricular interscholastic activity after showing signs, symptoms, or behaviors consistent with a concussion or brain injury. The department of public health shall adopt the return-to-play protocol by rule pursuant to chapter 17A. The

board of directors of each school district and the authorities in charge of each accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity which is a contest in grades seven through twelve shall adopt such protocol by July 1, 2019.

b. Personnel of a school district or accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity which is a contest in grades seven through twelve shall develop a return-to-learn plan based on guidance developed by the brain injury association of America in cooperation with a student removed from participation in an extracurricular interscholastic activity and diagnosed with a concussion or brain injury, the student's parent or guardian, and the student's licensed health care provider to accommodate the student as the student returns to the classroom.

7. Protective gear. For school budget years beginning on or after July 1, 2018, the board of directors of each school district and the authorities in charge of each accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity which is a contest in grades seven through twelve shall provide students participating in such contests with any protective gear, including but not limited to helmets and pads required for the activity by law, by the rules for such contests, or by Iowa high school athletic association or Iowa girls high school athletic union guidelines. However, an individual student is responsible for other protective gear that the individual student needs but that is not required for participation in the contest as provided in this subsection.

8. Liability.a. A school district or accredited nonpublic school that adopts and follows the protocol required by this section and provides an emergency medical care provider or a licensed health care provider at a contest that is a contact or limited contact activity as identified by the American academy of pediatrics shall not be liable for any claim for injuries or damages based upon the actions or inactions of the emergency medical care provider or the licensed health care provider present at the contest at the request of the school district or accredited nonpublic school so long as the emergency medical care provider or the licensed health care provider acts reasonably and in good faith and in the best interest of the student athlete and without undue influence of the school district or accredited nonpublic school or coaching staff employed by the school district or accredited nonpublic school. A school district or accredited nonpublic school shall not be liable for any claim for injuries or damages if an emergency medical care provider or a licensed health care provider who was scheduled in accordance with a prearranged agreement with the school district or accredited nonpublic school to be present and available at a contest is not able to be present and available due to documentable, unforeseen circumstances and the school district or accredited nonpublic school otherwise followed the protocol.

b. An emergency medical care provider or a licensed health care provider providing care without compensation for a school district or accredited nonpublic school under this section shall not be liable for any claim for injuries or damages arising out of such care so long as the emergency medical care provider or the licensed health care provider acts reasonably and in good faith and in the best interest of the student athlete and without undue influence of the school district or accredited nonpublic school or coaching staff employed by the school district or accredited nonpublic school.

South Tama County School District
Management of a Concussed Student

Student Name: Male____ Female____
Date of Birth: Grade:
Date of Injury/Concussion:

Concussions are as unique as the individual who experience them. This uniqueness includes the severity and combination of symptoms experienced as well as the rate at which the student will recover. Open communication between the parent/guardian, student, student's support team, health care provider, and school staff will be important for determining how soon the student returns to school and the extent of academic adjustments required to ensure optimal recovery based on the individual student's symptoms. A plan will be devised and may include adjustments such as: no school, shortened school days, allotted rest periods, decreased assignments, limited or no screen time throughout the healing process. When/If concussion symptoms reappear at any time during Return to Learn, the student should cease activity and be re-evaluated by the school nurse, licensed athletic trainer, and/or other licensed health care professionals.

The goal is to return the student to the classroom as soon as possible without causing symptoms to worsen. It is not necessary for the student to be 100% symptom free before returning to school. The student's individual symptoms will be monitored closely, and appropriate adjustments will be put in place to help the student's recovery.

To accurately evaluate the rate of recovery, it is important for post-concussive symptoms to be monitored carefully.

Return to Learn/Activity Steps

Date Completed:

_____ No activity, complete rest.

_____ Return to school (shortened days first)

_____ Symptom Free during AM classes

_____ Symptom Free during PM classes

_____ Symptom Free during full day of school

_____ No longer needing breaks during class or day

_____ No longer needing medication to reduce symptoms

_____ No longer receiving academic adjustments

_____ Student has completed Return to Learn

_____ Clearance by licensed health care provider to begin RTP

Once the student has completed Return to Learn, he/she is now ready to return to activity/sport. The student will NOT begin Return to Play/Activity until the student has completed the Return to Learn.

South Tama School District will follow the most current/up to date step by step Return to Play Protocol issued by the Iowa High School Athletic Association as well as the Iowa Girls Athletic Union. The start of this activity will be determined and monitored by the licensed athletic trainer or other approved licensed health care provider. Each step will take a minimum 24 hours to complete. If a symptom reappears activity will be stopped for the day and will start again the following day.

South Tama Teacher Feedback for Concussed Student

Teachers: Thank you for your help with this student. Your feedback is **VERY** valuable. We do not want to release this student back to physical activity if you are still seeing physical, cognitive, emotion or sleep/energy symptoms in your classroom. Please share any concerns you may have regarding this student.

Student Name:

Teacher Name & Class Taught:

Is this student still receiving any academic adjustments in your classroom?

- Yes
- No

What adjustments is the student receiving?

Have you recently noticed, or has the student reported, the student is experiencing any concussion symptoms? (refer to symptoms below)

- Yes
- No

Please check or highlight any symptom you have noticed or the student has reported:

Symptoms:

- Headache
- Pressure in Head
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred Vision
- Balance Problems

South Tama County School District

This student has been found to need adjustments in the classroom based on information and instructions from a Licensed Health Care Provider.

Goals:

1. Student is no longer experiencing concussion symptoms.
2. Student has no restrictions for academics or activities.
3. NOTE: Doctor/Medical personnel notes required for all missed class time for medical appointments to be covered under excused medical absence.

Area of Concern

Classroom Environment

Possible adjustments to be made for the student:

- Allow student to put head down in class if symptomatic
- Allow student to stand or move around at times during seatwork
- Allow lunch in quiet place with friend
- Allow to sit out of assemblies or other large, loud, and crowded places
- Allow ear buds or plugs
- Allow late arrival/early out to allow less noise during passing periods

Area of Concern

Learner Needs-Physical Limitations

Possible adjustments to be made for the student:

- Allow for short breaks between assignments
- Allow rest periods during the day
- Allow Fitness medical waiver until return to play protocol requirements are met as determined by physician, school athletic trainer, or other licensed health care provider.
- Allow student to leave classroom to go to the Nurse's office.

Area of Concern

Lesson Presentations/Note taking

Possible Adjustments to be made for the student:

- Allow student to record lessons or lectures for replay (student must let teacher know they are recording)
- Provide written outline, study guide, notes, or other written material ahead of time to aid organization and reduce multi-tasking demands
- If above is not possible, assist student in getting notes from other student
- Provide notes in larger font if requested

Area of Concern

Assignments

Possible adjustments to be made for the student:

- Frequent work breaks by allowing student to step out the class or away from work.
- Limit/decrease screen time on iPad or computers as much as possible by providing paper copy of work needing to be done.
- Allow laptop of larger screen learning device as needed
- Shorten assignments and projects

- Work independently with student to break down plan for submitting missing homework and catch up
- Break long assignments into manageable chunks with deadlines
- Allow audible learning (discussions, talk to text for assignments, etc)
- Reduce make up work to critical work only, remove nonessential work

Area of Concern

Testing

Possible adjustments to be made for the student:

- Allow student to prioritize multiple quizzes/tests in one day
- Allow extended time to make up missing tests
- Allow testing in a quiet environment
- Allow testing across multiple sessions
- No standardized testing until cleared by school nurse
- Allow oral testing or talk to text answers for tests

Area of Concern

Organization/Other

Possible adjustments to be made for the student:

- Half or full days as tolerated while symptomatic as directed by Licensed Health Care Provider working with this student. Half days should be varied between AM and PM classes.
- Arrange extra tutoring as needed

Special Considerations (REAP Manual, pg 13):

80-90% of concussions will resolve with 3-4 weeks. Students whom are not showing gradual improvement may require additional evaluation. Students with the following pre-existing conditions/concerns may be more likely to have difficulty recovering from a concussion:

- ADD/ADHD
- Learning disabilities
- Migraines or frequent headaches
- Sleep disorders
- Depression or other mental health conditions
- Previous concussion, especially if the last concussion was recent and/or the current symptoms seem worse than expected for the current injury
- Life-altering injury; may consult with Brain Injury Resource Team for planning assistance if long-term accommodations are needed from the start.

Team Members:

Administrator

School Counselor/Guidance Department Head

Athletic Trainer

School Nurse