



Parent Concussion Information

The following is a concise explanation of the DMPS concussion policy. The purpose of this document is to help educate parents and students/athletes on concussion management expectations at DMPS. If you have any questions about this policy, please refer to your school's Athletic Trainer if you are an athlete and to the school nurse for students.

Note: Certified Athletic Trainers are considered health care providers

What is a concussion? https://www.cdc.gov/headsup/basics/concussion_what_is.html

"A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells" CDC (, 2019, Feb 12)

What are the signs/symptoms of a concussion?

Concussion Signs Observed

- Can't recall events before or after a hit or fall
- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Concussion Symptoms Reported

- Headache or "pressure" in the head
- Nausea or vomiting
- Balance problems of dizziness or double or blurry vision.
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration, or memory problems
- Just not "feeling right" or "feeling down"

DMPS **ACTIVITIES**

DES MOINES PUBLIC SCHOOLS

STEP 1

RETURN TO LEARN

****Each step in the return to learn process is determined on an individual basis. These steps give general guidance on the process.**

Step 1: Immediately after a concussion, it is beneficial to take a break from cognitive (thinking, processing) activities for up to a few days, depending on the severity of symptoms.

- **This may mean no school, no homework, no computer, no texting, no video games and maybe no TV if it makes symptoms worse. In general, it is beneficial to minimize screen time.**
- **As symptoms improve, slowly reintroduce light cognitive activity, if these activities do not increase symptoms.**

Step 2: Light cognitive activity is resumed once symptoms have decreased at rest.

- **The student may do activities that do not cause symptoms to get worse.**
- **Initially, the student may only tolerate five to 15 minutes of work at a time. Stop the activity when symptoms increase.**
- **The student may increase the length of cognitive activity as long as symptoms do not worsen significantly or as long as symptoms improve within 30 minutes of taking a break.**

Step 3: School-specific activity should be increased gradually:

- **When feeling better, your child should try to do some schoolwork at home, increasing the duration as tolerated.**

Step 4: Follow these guidelines to determine when the student is ready to return to school:

- **When the student can do one hour of homework at home, he/she may try to return to a modified school schedule.**
 - **Examples of a modified schedule: Fewer classes, adjustments to decrease reading and note taking, and extra time to complete assignments and tests.**
- **If symptoms develop while the student is at school, he/she should take a break in a quiet, supervised area until symptoms improve. When symptoms improve, he/she may return to class.**
- **The student may increase his/her time in school as tolerated.**



STEP 2

Step 2 cannot be taken until Step 1 is complete

RETURN TO PLAY

- Step 1:** Physical and cognitive rest. No exertional activity until asymptomatic (light aerobic exercise can begin at 72 hours if healthcare provider believes appropriate)
- Step 2:** Return to school full-time /normal cognitive daily activities.
- Step 3:** Low impact, light aerobic exercise.
- Step 4:** Moderate exercise. No contact.
- Step 5:** Non-contact, sports specific training. No helmet or other equipment. Weight training can begin.
- Step 6:** Full contact practice or training.
- Step 7:** Normal competition.

NOTE: Generally, each step should take a minimum of 24 hours. If concussion symptoms occur at ANY step, the student must stop the activity and their licensed health care provider as defined in Iowa Code Section 280.13C should be contacted.

If any post-concussion symptoms occur during this process, the student should drop back to the previous asymptomatic (no symptoms) level and begin the progression again after an additional 24-hour period of rest has taken place.

DMPS will adhere to the graduated return to learn strategy, leading to the graduated return to play strategy, as outlined by the IDPH concussion guideline/REAP manual:

https://idph.iowa.gov/Portals/1/userfiles/32/Iowa2019REAP_20pg_Final%20%282%29.pdf

Concussion Policy

1. Any student displaying concussion symptoms must be removed from practice/play immediately and for the rest of the day.
2. A licensed health care provider must evaluate any student with suspected head injury/concussion.
3. Any athlete (in or out of season) assessed to have sustained a concussion must follow up with their school's Certified Athletic Trainer and school nurse regardless of if the concussion happened on school grounds or not. (See nurse if not an athlete)
4. Any student assessed to have sustained a concussion must complete a six-step protocol with a licensed health care provider with provisions for delayed return to play based upon the return of any signs or symptoms before they are allowed to return to play.
5. Return to play will be started after the school nurse completes the return to learn, and no more extended school accommodations are necessary.
6. Return to play will be commenced when the student is no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury for a minimum of 24 hours.
7. Each step-in return to the play process shall take a minimum of 24 hours. Suppose the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury at any step of the return to play protocol. In that case, that student must stop the activity, and the student's parent or guardian shall be contacted, and an additional 24-hour period of rest shall take place. Once the student shows no signs, symptoms, or behaviors consistent with a concussion or other brain injury, they may begin the return to play progression again from stage 1.
8. Return to play stages will only begin after Return Learn has been completed with the school Nurse
 - a. Stage 1: Daily activities that do not provoke symptoms
 - b. Stage 2: Light aerobic exercise
 - c. Stage 3: sport-specific exercise
 - d. Stage 4: Non-contact training drills
 - e. Stage 5: Full contact practice
 - f. Stage 6: Return to competition