

HF546

We can do more to help aid recovery and prevent further injury, or even death for IA children.

ELEMENTARY LEVEL TRAUMATIC BRAIN INJURIES AND CONCUSSION OVERVIEW.

Traumatic brain injury in children represents a significant public health burden in the United States and the leading cause of TBI in children 0 to 14 years are unintentional falls. [1]

214,883 persons <14 years old were treated in the emergency room for playground related TBI nationally between 2001 – 2013. The rate for persons 5 to 9 years was 53.5% per 100,000. 32.5% occurred at school, 28.3% accounted for playground monkey bars, and 28.1% accounted for swings. [2]

2 million persons <18 years old visited the emergency room for TBI during 2001 – 2016. Playground, football and soccer accounted for the highest numbers.[3]

OVERVIEW OF IOWANS WHO SUSTAINED A TBI.

- 33,430 in 2014 sustained a traumatic brain injury.
- 26% were children 0 to 14 years
- 17% were children 15 to 24 years.[4]

[1] Executive summary report to Congress, *The Management of Traumatic Brain Injury in Children, 2013.*
[2] American Academy of Pediatrics, *Nonfatal-Related Traumatic Brain Injuries Among Children, 2016.*
[3] *Morbidity and Mortality Weekly Report*, E.D. Visits for Recreation Related TBI Among Children, 2016.
[4] IDPH Special Emphasis Report on TBI's, 2014.

WE HAVE AN INCOMPLETE UNDERSTANDING ABOUT THE EFFECTS OF TBI BEYOND INITIAL INJURY.

Following TBI children are at risk for increased social isolation, reduced participation in activities, and harmful effects on their well-being. 60% of children have symptoms 1 month post injury and 10% of children have symptoms 3 months post injury.[4]

OVERVIEW OF IOWA LAWS TO REDUCE THE RISK OF NEGATIVE IMPLICATIONS FOR CHILDHOOD DEVELOPMENT AND DISABILITY FOR ELEMENTARY AGED CHILDREN.

- 2016 REAP was adopted by the Iowa Brain Injury Alliance of Iowa.
- 2018 Return to play protocol for Iowa high schools based on REAP.
- IDPH expands their guidelines for brain injury best practice for Iowa students in elementary is voluntary.[5]

H*F546 WILL OPTIMIZE BETTER OUTCOMES FOR ALL CHILDREN IN IOWA.*

- Return to learn plans are pivotal in setting up a student for success post-concussion.
- The need to identify and acknowledge when a TBI occurs at the elementary level will be met.
- The need for children in k – 6th grade to return to school activity and independence after a TBI will be met.
- Iowa will lead the way in setting the example of concussion education and best practice management regardless of grade or activity.
- All students in public schools, regardless of age or activity will have access to best practice guidelines.
- Students and families will receive information about concussion recognition, district practices, and protocols for preventing and managing academic and social success post injury.



[4] American Academy of Pediatrics, *Returning to learning following a concussion*, 2013.

[5] Iowa Department of Public Health Concussion Management Guidelines for Iowa Schools, 2017.

CASE STUDY

J.V. an eleven-year-old male suffered a mild TBI on the playground at Wallace Elementary in Johnston, Iowa, September 2019. J.V. was monitored for only 15 minutes post injury, half the time recommended by the IDPH best practice guidelines. J.V. became symptomatic when he was sent back to class approximately 20 minutes post injury. The negative impact by not having a district wide policy in place resulted in the following:

- Outdated concussion management check list.
- Parent was not notified.
- No educational material sent home with student post injury.
- Student expected to meet classroom expectations 3.5 hours post injury.
- Classroom teacher not aware of what symptoms to watch for post injury.
- Student had no access to a return to learn plan after mild concussion diagnosis.
- Student missed 5 days of school post injury in lieu of a return to learn plan.
- No academic accommodations available when student returned to school.

