

South Dakota Concussion Legislation

1. Who Does The Law Apply To?

Every coach, youth athlete, and their parent(s) or guardian(s) who seek to compete in activities sanctioned by the South Dakota High School Activities Association (SDHSAA).

2. Educational and Training Opportunities

Legal Requirements	SDHSAA Sports	Youth Sports
Requires SDHSAA and the SD Department of Education to develop and distribute guidelines and information including protocols and content consistent with current medical knowledge to each member school, coach, athlete, and the athlete's parent(s) or guardian(s) regarding: the nature and risks of concussions; the signs, symptoms, and behaviors consistent with concussions; the need to alert appropriate medical professionals for diagnosis and treatment; and the need to follow proper medical direction and protocols for treatment and return-to-play after an athlete sustains a concussion.	X	
Requires each coach participating in athletic activities, sanctioned by the SDHSAA, to complete a training program each academic year, developed by the SDHSAA and SD Department of Education.	X	
Requires the parent(s) or guardian(s) of a youth athlete to sign a consent form each academic year allowing the youth athlete to participate in an athletic activity. The form must include information about the nature and risks of concussions.	X	

3. Removal Guidelines

An athlete shall be removed from participation in any athletic activity sanctioned by the SDHSAA at the time the athlete (a) exhibits signs, symptoms, or behaviors consistent with a concussion or (b) is suspected of sustaining a concussion.

4. Return-To-Play

Once an athlete has been removed from participation in an athletic activity sanctioned by the SDHSAA, the youth athlete may not return to athletic activities until (a) the athlete no longer exhibits signs, symptoms, or behavior consistent with a concussion and (b) receives an evaluation by a licensed health care provider trained in the evaluation and management of concussions and (c) receives written clearance to return-to-play from such health care provider.

5. Scope of Legal Coverage

Under this provision, "health care provider" means a person who is registered, certified, licensed, or otherwise recognized in law, by the State of South Dakota, to provide medical treatment and is trained and experienced in the evaluation, management, and care of concussions.

For a complete list of SD legislative details, please visit:
<http://www.legis.state.sd.us/sessions/2011/Bills/SB149ENR.pdf>.

Explanation of Legislation

Background

- As many as 40 percent of youth athletes who sustain a concussion return to the field of play sooner than modern guidelines suggest.
- Athletes who are not fully recovered from an initial concussion are significantly more vulnerable to recurrent, cumulative, and potentially catastrophic consequences of a second concussive injury.
- Resting and avoiding physical and cognitive exertion are critical in the acute management of a sport-related concussion. No athlete should return to activity until asymptomatic at rest *and* with exertion.
- Concussions can occur in all athletes of any age and in any sport. Children and teens are more likely to get a concussion and take longer to recover than adults.
- To date, more than half of the states in the U.S. including SD, ND, MN, NE and IA, have enacted concussion legislation since 2009.
- Early anecdotal data suggest that the laws are having an immediate and positive impact, while helping to achieve the critical goal of preventing subsequent risk associated with brain injuries and making sports safer for youth.

The Law

- The primary goal of the law is getting youth athletes off the field of play after sustaining a concussion. It further provides any affected youth athlete proper time to heal from a concussion and significantly minimizes the risk for prolonged concussion symptoms, and the undue risk for further injury, including death.
- A student-athlete must sit out after receiving the concussion (or suspected concussion) and cannot return to athletic activity until s/he:
 1. No longer exhibit signs, symptoms or behaviors consistent with a concussion.
 2. Receives written clearance to return to play from a licensed health care provider trained in the evaluation and management of concussions.
- Other important features of the law include:
 1. The health care provider can be a volunteer.
 2. The law requires coaches to complete a short, concise, online training program, free of charge, to educate them on the nature and risk of concussion associated with athletic activity and how to recognize the signs, symptoms and behaviors consistent with a concussion.
 3. The law is intended to help educate parents and youth athletes about the nature and risk of concussions associated with athletic activity and how to recognize the signs, symptoms, and behaviors consistent with a concussion and how to appropriately respond and seek proper care.
 4. There is no liability attached to the legislation. It does not mandate any civil or criminal penalties, nor does it create greater liability for individuals and/or organizations. The education and awareness efforts, coupled with the requirement of medical clearance before return to play, have decreased the variability of care and overall liability.

Concussions in Youth Sports–Physician Guide

- South Dakota
- North Dakota
- Minnesota
- Nebraska
- Iowa

Resources

- Information regarding clinical services, concussion facts, and available resources can be viewed at sanfordhealth.org, enter keyword: concussion
- The Centers for Disease Control and Prevention (CDC) booklet of Facts for Physicians can be accessed at www.cdc.gov/concussion/HeadsUp/physicians_tool_kit.html
- A free tutorial is available on the CDC website at www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html

¹ Center for Injury Research and Policy at Nationwide Children's Hospital, Columbus, Ohio.
² American College of Sports Medicine – Youth Concussion Educational Awareness and Advocacy Packet.
³ 2010 AAP clinical report "Sport-Related Concussion in Children and Adolescents"