



## IDAHO'S CONCUSSION LAW: A BRIEF OVERVIEW

In 2016, the Idaho Legislature updated Section 33-1625, the Youth Sports Concussion Statute. The intent of the law is to help protect young athletes with concussion and also to help schools and sport programs limit liability on the basis of negligence should a significant concussive injury occur. While youth sport programs outside of public middle, junior and high schools are not required to comply with this law, liability protections afforded by the law will be extended to those who comply.

According to Section 33-1625 of Idaho Code, the Idaho State Board of Education and the Idaho High School Activities Association are required to provide access to appropriate concussion identification and management guidelines to all member schools that administer or promote organized athletic leagues (which includes club sport programs and intramural programs) and sport programs. Those guidelines must be consistent with the current standards of the U.S. Centers for Disease Control and Prevention. Further, each school that sponsors such athletic and/or sport activities must provide athletes and their parents with a copy of those guidelines prior to any athlete being allowed to participate in any organized practice or game. Idaho's law states that schools must obtain written consent from the youth athlete's parent or guardian on an annual basis attesting to the fact that the youth athlete's parent or guardian has received a copy of the guidelines, acknowledge the inherent risk, and authorizes the youth athlete to participate in the athletic activity. An example of such an acknowledgment form is included in this guidebook. Coaches, officials and athletic trainers are also required to review such guidelines upon employment and every two years thereafter.

If during any practice or game situation, an athlete sustains a concussion or exhibits the signs, symptoms or behaviors consistent with the injury, he/she must be immediately removed from all athletic participation. That athlete may only return to physical activity if/when he/she receives a written clearance from an appropriate health care provider who is specially trained in the evaluation and management of sports related concussion. This can include a physician, a physician assistant, an advanced practice nurse, or a licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician. Students who have sustained a concussion and return to school may need informal or formal accommodations, modifications of curriculum, and monitoring by a medical or academic staff until the student is fully recovered. A student athlete should be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to play by a qualified health care professional.

This handbook is intended to provide school and sport administrators with a template for creating and implementing written concussion management policy, as required by Idaho Law. It is recommended that schools and sport programs work collaboratively with local medical professionals to implement these recommendations.

### CONCUSSION RESOURCES



**HEADS UP:**  
Concussion in  
High School  
Sports  
Centers for Disease

[www.cdc.gov/concussion](http://www.cdc.gov/concussion)

*The CDC offers free online materials for administrators, coaches, parents and athletes. The Heads Up: Concussion Toolkit is also available free of charge.*



**Center for Sports  
Concussion**  
Idaho State University  
Dep't of Sport Science  
& Physical Education

[www.knowconcussion.org](http://www.knowconcussion.org)

*Online resources; free online Coaches' Certification Course in concussion identification and management.*

## CONCUSSION MANAGEMENT IMPLEMENTATION GUIDE

In sport, no injury is cloudier than concussion, and few are as catastrophic. Often though, the identification of concussion does not take place. Concussion is a very complex physiologic event. While other common sports injuries such as ligament tears and broken bones can be felt under examination or viewed on x-rays, concussion diagnosis relies on symptom assessment and assessment of brain function. Every year, an estimated 300,000 sport-related concussions occur annually in the United States with high school football players suffering nearly one quarter of those injuries. However, concussion is not isolated to football, and it is also not isolated to boys. By the time their high school playing career is complete, more than 60 percent of all teenage athletes will have experienced some type of concussive injury. The prevalence of this injury is so high that for young people aged 15 to 24, concussion is second only to motor vehicle crashes when it comes to traumatic brain injury.

Cases that involve a loss of consciousness are easily recognized to someone with an untrained eye, but the much more common subtle concussion cases often go undiagnosed. For years, many people have used the labels *bell-ringer* or *ding* to describe the effects of a subtle blow to the head. This has led to the popular assumption that such momentary states of confusion or disorientation are not reasons to be concerned. This, however, is not the case.



## UNDERSTANDING CONCUSSION

### RECOGNIZING THE SIGNIFICANCE OF MILD TRAUMATIC BRAIN INJURY

No matter the severity, concussion is serious. Less than 10% of concussions involve a loss of consciousness. Undiagnosed “mild” concussions can cause significant long-term effects if not managed appropriately and given adequate time to heal. Even what appears to be a mild jolt or blow to the head or body may cause the brain to shift or rotate suddenly within the skull. This sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain. These chemical changes result in physical, emotional, and cognitive symptoms (see the symptom checklist for common signs/symptoms of concussion). Once these changes occur, the brain is vulnerable to further injury and sensitive to any increased stress until it fully recovers. Studies suggest that it usually takes brain cells about two-to-three weeks to regain normal function, but it may take even longer for some individuals.

Young athletes appear to be particularly vulnerable to the effects of concussion. They are more likely than older athletes to experience problems after concussion and often take longer to recover. Teenagers also appear to be more prone to a second injury to the brain that occurs while the brain is still healing from an initial concussion. This second impact can result in long-term impairment or even death.

The importance of proper recognition and management of concussed young athletes cannot be over-emphasized. It is most effective to have a school-based team coordinate implementation of a school’s concussion management policy. Ideally, a school’s Concussion Management Team would include all stakeholders involved in the medical, athletic, and academic aspects of the concussion management process: a school administrator, athletic director, certified athletic trainer, school nurse, school psychologist, counselor, teachers, parents, and coach.