



Thursday, October 26, 2023 – 9:30 a.m.
SPORTS MEDICINE ADVISORY COMMITTEE
Video (ZOOM) Conferencing

Members Present:

Kelly Brown, Brighton
Dr. Camy Chapin, Lansing
Candace Cox, Quincy
Judy Cox, Bay City
Dr. Corey Dean, Ypsilanti
Brian Gordon, Royal Oak
Dr. Edwin Kornoelje, Grand Rapids
Dr. Dallas Lintner, Owosso
Jason Malloy, Westland
Brian Osborn, Howell

Kelly Salter, Birmingham
Mitch Smelis, Fenton
Dr. Alyssa Vermeulen, Lansing
Lauren Wetmore, Gladwin

MHSAA Staff:

Cole Malatinsky
Kathy Vruggink Westdorp (Recorder)

WELCOME, GENERAL REVIEW AND PURPOSE OF THE COMMITTEE

The MHSAA Sports Medicine Advisory Committee (SMAC) exists to serve the MHSAA membership while emphasizing the health and safety of students in interscholastic sports. The goals of this committee include:

1. To advise and work cooperatively with the Representative Council, Executive Committee, staff and sport committees on medical and safety issues as they relate to interscholastic sport's rules writing, regulations and guidelines.
2. Monitor, evaluate and disseminate current sports medicine information to the MHSAA and its member schools.
3. Evaluate existing resources while developing new educational measures provided through the MHSAA for member schools.
4. Work cooperatively with MHSAA sport committees to address sports medicine issues and the impact on the health and risk management of its participating students.
5. Assist the MHSAA in identifying, prioritizing and researching sport medicine issues.

The Sports Medicine Advisory Committee continues to be cognizant and reviews the full picture of what the MHSAA does and is aware of the culture of what the MHSAA does in connection with schools and students in grades 6 – 12. The process in which the Representative Council considers proposals and how the proposals relate to the educational mission of member schools continues to be a priority.

INFORMATION RECEIVED FROM THE MEDICAL AND SCHOOL COMMUNITIES

Members of the medical community provided an awareness regarding what types of illnesses are currently being seen in clinics and hospitals. The incidences and types of injuries and illnesses are typical, and no explicit or additional concerns were expressed regarding the current or expected spread of viral infections such as COVID, influenza, and RSV.

The committee discussed concerns regarding the lack of athletic trainer coverage during interscholastic athletic events and as in many other fields, applicants are not available for positions. Athletic trainers are indicating that they are doing more with less support. Changes to degree requirements, burnout, lack of advancement opportunities, and no direct connection with the school have all contributed to the shortage of athletic trainers. Many schools are indicating that they cannot find an athletic trainer. The MHSAA, MATS, and its member schools will continue to work to address these shortages. Representation from the health department also indicated that schools were struggling to find nurses.

The committee also discussed mental health concerns among high school athletes. Committee members from both the medical and educational communities, indicated an increase in individuals seeking assistance for mental health concerns and the challenges of dealing with these issues in both medical clinics and schools. There is an increased focus on mental health and increasing number of resources available, however still a

shortage of providers available. A continued focus must be to provide available mental health resources and training. Mental health training through the “be nice” foundation of West Michigan is provided in the health and safety portions of all MHSAA rules meeting. Additional resources posted and reviewed by committee members included the U.S. Council for Athletes’ Health, NFHS #We See You Mental Health Campaign, and nfhslern Student Mental Health and Suicide Prevention.

HEAD INJURY REPORTING DATA

MHSAA staff presented a summary of head injury reporting data for the 2022-23 school year, which included all the collected data from the 750 member schools within the report. MHSAA staff also presented the NFHS Statement on Medical Appliances and/or Medical Devices as well as the Summary Report for the 2022-23 National High School Sports-Related Injury Surveillance Study. While reviewing the head injury reporting data, the committee also discussed the use of devices, such as the Guardian Cap and Q-Collar during athletic activity and the legitimacy of claims that the devices decrease the risk and incident of concussion.

Also discussed was the use of energy drinks as they relate to the NCAA Banned Substances list. Anecdotal information was provided by committee members that consumption of energy drinks by high school athletes is prevalent and indicated that sleep deprivation is one of the key contributors to the use of these products. Efforts to educate coaches and students continues through the Coaches Advancement Program as well as health and safety meetings.

CPR/AED/EMERGENCY ACTION PLANS

Further discussion included various topics and issues related to CPR, AED, and emergency action planning for interscholastic athletic practices and events. The committee expressed full support for two proposals that will be considered by the Representative Council related to CPR requirements for middle school and junior high school head coaches as well as a requirement for specific emergency action planning for all high school sports teams.

1. Starting with the 2024-25 school year, middle schools must attest by each season’s established deadline that their middle school head coaches have a valid, current Cardiopulmonary Resuscitation (CPR) certification. This will ensure that each team at the middle school has one CPR-certified coach present for each level.
2. Starting with the 2024-25 school year, high schools must attest by each season’s established deadline that their high school sports coaches have emergency action plans specific to the location, which are posted, dispersed, rehearsed, discussed, and documented within practice plans.

This is the first layer of planning in an emergency in athletic practices or games. None of these resources should be independent of each other, but one of the first steps is making certain there is a practiced Emergency Action Plan. This means emergency action plans specific to the venue and not just having a plan but dispersing it, rehearsing it, discussing it, and posting it. Schools should be developing emergency action plans specific to various emergency scenarios (cardiac, cervical, injury, heat-related, weather, active shooter, etc.). The committee unanimously favored this motion with creation of a basic template and other general resources to assist schools in starting their own emergency action planning process tailored to specific facilities and situations. The committee also emphasized that these emergency action plans needed to be written available both as a written document and digitally), communicated to coaches/staff and students and practiced regularly.

With support for the EAP proposal, the committee stated the importance of practice, with regular review and rehearsal of all emergency action plans by coaches and teams. In addition, the committee put forth an additional recommendation to the Representative Council that for an MHSAA tournament contest to begin, there must be an AED within visible distance of the event. In addition to the AED requirement, the committee also discussed the inclusion of an EpiPen onsite as part of the requirements for hosting MHSAA tournament events.

ADDITIONAL RECOMMENDATION TO THE REPRESENTATIVE COUNCIL

1. Recommendation to host an MHSAA tournament event, a school is required to have an AED within visible distance of the event (14-0).