

## SMAC Advisory Committee Recommendations

Spring 2024

- Y 1. Recommend keeping the current Concussion Return to Play form as is. (Vote 8-0)

**Rationale: The committee believes the changes found in the Consensus Statement from the 6<sup>th</sup> International Conference on Concussion in Sport are already found within the protocols expected in the current form, and changes would cause confusion and possibly a lesser quality of care, due to an over-emphasis on learning a new protocol.**

- Y 2. \*Recommend to convene a group of SMAC and the Football Advisory to discuss the prohibiting of the following drills during summer contact days, regular season and postseason padded practices: Bull in the Ring/King of the Circle, Oklahoma Drill, Offensive/Defensive Line Run Blocking / Board Drill, Bull Rush during Pass Protection/Rush Drills, Half Line/Pods/3-Spot/Shock & Shed. (Vote 8-0)

**Rationale: The committee recognizes the same recommendation, to ban the five drills banned by the NFL, has been made to the board of Directors in March 2023 and August 2023. The board tabled the recommendation until after the NFHS SMAC meeting in April 2023. As of spring 2024, the NFHS SMAC has yet to move forward with a recommendation on prohibiting high risk full pad/full contact drills for the sport of football. After much discussion a decision was reached to establish a dialogue with members of the Football Advisory Committee and members of SMAC to determine the current reality, the current position of football coaches, and understand the route forward.**

\*Approved 4/6/2024

- Y 3. Recommend the MSHSAA staff rearrange the Cold Weather Guidelines document including in the document the NFHS Statement. To develop a Cold Weather tab on the SMAC web page and post the resource on the website. (8-0)

**Rationale: The committee believes adding a resource on cold weather would be valuables to members as they consider extreme conditions of any kind.**

- Y 4. Recommend for the MSHSAA staff to develop consistent protocols for the access of licensed medical professionals for post season events. (8-0)

**Rationale: The committee believes the experience of licensed medical professionals representing qualifying schools at team sport championships lacks consistency from sport to sport. Issues range from access to the facility to access to the competition area, and credentialing.**

- A 5. Recommend to reconvene after the May 1 meeting with MOATA to form a subcommittee to look into creating a minimum coverage amount per event that would be included into the RFP service expectations and discuss the future for medical coverage for MSHSAA. (8-0)

**Rationale: The committee believes a comprehensive review of the expectations of the medical professional covering the events would put the association in a stronger position when communicating needs to potential and contracted providers. Greater clarity will improve service.**

- N 6. Recommend that all member schools have an Athletic Trainer designated to their school for medical coverage. (8-0)

**Rationale:** For a number of years the SMAC has voiced the importance and necessity for all high schools to secure the services of an AT for the safety and well being of their athletes. SMAC is well aware there is 500+ member schools. MSHSAA Staff that works directly with the SMAC continues to remind committee members that there are a significant number of issues related to this recommendation above and beyond the fact that the number of currently certified ATs would not permit ALL schools the ability to employ and AT or even contract through medical services provider the services of an AT. Other issues/hurdles for ALL schools to have the ability to employ an AT include financial resources, remote geographical locations of a number of member schools, number of student athletes to justify additional employee expense, etc.

- T 7. Recommend to ask the Baseball and Softball Advisory Committees to determine a reasonable pause in play to evaluate an athlete for a medical concern prior to resuming play. (6-0)

**Rationale:** The committee believes current re-entry rules in softball and baseball could cause an athlete with a medical detection device to be disadvantaged while a situation is assessed and treated.

Staff recommendations are shown to the left of each item.

Y	Yes	The staff's recommendation is for the Board to approve the committee's recommendation.
A	Yes as Amended	The staff's recommendation is to approve the committee's recommendation, as amended/modified by the staff; the original committee recommendation can be viewed in the committee minutes.
N	No	The staff's recommendation is for the Board to deny the committee's recommendation.
D	Discuss	The staff's recommendation is for the Board to discuss the committee's recommendation due to a variety of pros and cons associated with its potential approval.
T	Table	The staff's recommendation is for the Board to table the committee's recommendation for further study or for its referral to another committee.

## **MSHSAA SPORTS MEDICINE ADVISORY COMMITTEE MEETING**

**HELD AT THE MSHSAA OFFICE, COLUMBIA, MO**

**March 20, 2024 @ 8:00 AM**

**Voting Members Present:** Dr. Kim Colter (South Central MD), Deb Cook (School Nurse), Gini Fite (KC ATC), Dr. Mark Halstead (St. Louis MD), Dr. Renee Mapes (Mental Health), Ryan Palmer (Southwest ATC), Cynthia Rajkovich (St. Louis ATC)

**Voting Members Absent:** Dr. Greg Canty (KC MD), Dr. Bus Tarbox (Central MD)

**Voting Members Zoom:** Stefanie West (Central ATC)

**Non-Voting Members Present:** None

**MSHSAA Staff Present:** Dr. Jennifer Rukstad, Executive Director, Stephanie Turner, Coordinator of Sports & Activities, Janel Twehous, Executive Assistant, Jarrett Long, Intern

**Meeting was called to order at 8:02 am**

### **Old Business:**

#### **1. Welcome and Introductions**

Dr. Rukstad opened, welcomed the Committee and went around the room for introductions.

#### **2. Approval of the Minutes from the 2023 Fall SMAC Meeting (Dr. Rukstad)**

The committee was emailed a copy of the August-2023 meeting minutes, also given a hard copy of the minutes in the meeting packet. The committee reviewed the minutes.

**Motion to approve the minutes from the 2023 Fall SMAC Meeting.**

**Motion Fite, Second Rajkovich. Motion passed (8 Favor – 0 Opposed).**

#### **3. Review of Recommendations to MSHSAA Board from August 2023 Fall SMAC Meeting (Dr. Rukstad)**

Dr. Rukstad explains the five recommendations and went over them. Three of the five approved by the Board. Notes on all recommendations are located on the Board Action form.

#### **4. Sudden Cardiac Arrest Video (Dr. Rukstad)**

Anyone Can Save a Life – Sudden Cardiac Arrest video by Dr. Drezner was added as a resource to the Sports Medicine page under Heart/Cardiac Resources category and MSHSAA home page. It's a 2-minute YouTube video by M.D. Jonathon Drezner of How to Save a LIFE – Recognize Sudden Cardiac Arrest.

#### **5. Discussion – Future SMAC Positions – Filling Openings (Dr. Rukstad)**

Dr. Rukstad explains that when leaving the last meeting we knew we had two seats open (Paul Snow, retired & Jim Raynor, changed careers). We left the last meeting with Dr. Rukstad needed to fix the issue. At this time Dr. Rukstad needs more direction from the Committee. Spoke about having an AD and an AT. In addition, Cook will be retiring – her future is still unknown on the Committee. Dr. Rukstad asks for more thoughts on the positions.

Fite expresses that one of the concerns is having the rural aspect covered. Also comments on if Cook does leave the Committee the importance of having the knowledge of how a school operates with not

having at AT in the school. It is beneficial to have that aspect. She mentions Blaise Kriley with Cameron Region Medical Center.

Rajkovich conveys that the Committee needs that perspective here of the small schools.

Dr. Rukstad believes we need to also find a rural AD to find out how they are receiving those services. That is not reliant on a AT. Small school representation.

Fite mentions the importance of having an AD that is involved, goes to the AD conferences, etc.

Rajkovich mentions looking at the northeast region area. Not a ton of AT's in the area.

Fite mentions having a good representation of AT's across the State. There are areas that are hard to find representation.

Cook reiterates Fite's comment due to the School Nurses Association having trouble across the State finding representation.

Dr. Rukstad mentions the areas of Southeast, South Central, Northeast, Central are the areas that have trouble having representation.

Fite gave one more name of Scott Winslow who is from the Branson area.

#### **6. Pre-Event Medical Planning Meeting – PEMM (Rukstad)**

Dr. Rukstad gives an update – last Spring the Committee made the requirement of an EAP on the school website for all Host sites for MSHSAA events from Districts and beyond for the facility and sport. Schools have complied. MSHSAA tried to make it easy. Focus on the AED – do you have one, the location and is it within 2 minutes. Schools enter information by facility and by sport. Names, numbers and AED information. It is not required but recommended for the regular season.

Dr. Rukstad explains that the pre-event medical minute is not as prevalent. We are working on this. Fite discusses an incident she dealt with. How they are prepared for the student participant but when it comes to fans not so prepared.

Dr. Rukstad mentions it is really event management that we are talking about. The entire event. She gives two incident examples – girls soccer championships with temperatures and the basketball championships medical emergency in the parking lot with a Coach.

Fite mentions the key word is “Event Management”. Reminding everyone it is the entire event to have a plan in place.

West mentions working State Basketball and they didn't do a PEM but each AT went to introduce their selves to the coaches before the game, told them where they were, if they had an AT they spoke to them. So, it's done without specifically saying it is the PEM.

Dr. Rukstad mentions the Staff at MSHSAA assumes the ATs are doing this but as Staff we also need to know due to having staff on the floor. This is so MSHSAA Staff can help the AT's do their job. This agenda item was to inform the Committee how it's going, acknowledge that we are getting better but that we also need to improve our own efforts and help our schools in the same way.

Fite mentions that two of the ATs are presenting at the MIAAA on Emergency Action Planning.

A discussion takes place with Cook, Fite and Rajkovich on the EAP template. How it is typically the same, then build in venue / sport specific information and make changes as needed yearly. Primary focus is what has changed yearly and updating the template.

West asks if there is a location the PEM can be reiterated.

Dr. Rukstad explains the message is going to the AD's. The AD Conference in the Spring is a good location for this to go out. We, as MSHSAA staff, are looking at better communication on all fronts. We are building a studio in the basement so MSHSAA staff can do more video trainings. Getting the MIAAA

on board with the need of communication then they can help us. MIAAA is a regular communication to the ADs. The membership is approximately 85% of the State. They meet at least twice a year. Dr. Halstead explains it's the first year we are doing it. It is going to take time before it becomes routine.

**New Business:**

**1. MSHSAA Concussion RTP Form – (Dr. Halstead)**

Dr. Halstead explains an email communication happened. He feels keeping it as is right now is what we should do. If we change it, this will only make it more complicated. He explains what he has observed, it is currently not being translated well to families. Possibly revisit in the future. Keep it simple – don't change anything. This does not change anything for return to play.

Fite mentions that as a Committee keeping in mind that MSHSAA speaks on the whole State. 60% of those schools do not have an AT or medical professional that is comfortable doing the protocol. Adding more steps can complicate the issue.

Discussion took place with Fite, Cook and Dr. Halstead on the 6 steps. Need more education out to the health care providers. Concussion management. Retention schedule was discussed. Per FIRPA it is 5 years after graduation.

**Recommend to keep the current RTP form as is.**

**Motion Dr. Halstead, Second Fite. Motion passed (8 Favor, 0 Opposed).**

**2. Review Request/Recommendation for Football Drills (Halstead)**

Dr. Halstead explains he is still standing with the original recommendation. He would like to send it back up. The NCAA was discussed on how they came up with their guidelines – NCAA guidelines are different than the NFLs. Dr. Halstead has reached out to other colleagues in other States. If these are the one's banned by NFL then we should be looking to ban them.

Fite mentions we originally spoke about this in the Fall of 2022. Surprised it is still not on the NFHS agenda.

Dr. Rukstad will speak to Bob Colgate on this issue to see where they stand. The next NFHS meeting is April 2024. She will ask what happened. They were talking about the issue and now they are not.

Dr. Colter discusses several of the drills. Thinks it needs to be on every agenda till its gone. Going forward we should be moving into limited number of contacts.

Palmer mentions getting key coaches involved to help with education.

Fite mentions the message going forward. If skeletally, physically and mentally mature collegiate and pro players are not allowed to do these drills. Why is it safe for immature, still developing students to do the drills he questions.

Dr. Mapes comments on the bigger picture of why do humans persist on doing things that we know are not smart for us. We are not good at plugging objective evidence into our decision making equations. We do rely a lot more heavily on tradition, emotion and other kind of factors. Looking at systematic change in shifts and perception - its thinking again. She explains what are other angles we could approach to make these changes. Direct evidence is not getting their attention. We can have all the

great evidence and stats. She continues with are there creative or smarter ways to go about this. Rethink our approach. Listen and have a conversation. Ask Coaches - then sincerely listen.

Fite mentions involving the football advisory to have a joint meeting. To hear their concerns and let them hear our concerns.

Dr. Rukstad addresses this being a good idea - meeting with the football coaches. There are a couple different avenues to approach this issue (football advisory and meeting with the football coaches association). Present the information, here are our concerns and tell us your concerns. So, we can know they feel heard. The advisory committees are the voice. Dr. Rukstad will bring it back to the MSHSAA staff to discuss. The medical community or this group needs to help them understand what the concerns are.

Dr. Mapes comments on laying ground work then gather data on what people are really doing during their practices. Can be done by surveys, football advisory, etc. Culture change is a long gain but very possible. It is an emotional subject.

Dr. Rukstad reiterates that football has come a long way. Changes have been made. MSHSAA can do all kinds of things to gather data. To see what the situation is out there. To also understand where the coaches stand.

Fite and Cook express having a sub Committee is a good first step of a focus group or subcommittee of a couple football coaches and SMAC members to develop talking points and data. Timeline is a concern. Start these conversations prior to December.

West mentions having the AT's inquire with the coaches about who runs the drills and get their thoughts. Interested in seeing the feedback.

Palmer reiterates the importance of asking.

Dr. Mapes comments on what we are really trying to do is help Coaches connect back too what is there more important health sense of value. Like competitive spirit, being successful. They also have some sense of health and well being of kids and being a positive part of a child's sporting experience.

If you slam people with data and ignore the huge emotional component it won't work.

Dr. Halstead read two telling quotes from Roger Goodells press release from five years ago when the drills were banned from the NFL.

A decision was made to hold till August on banning the drills.

**Recommend to convene a group of SMAC and the Football Advisory to discuss the prohibiting of the following drills during summer contact days, regular season and postseason padded practices: Bull in the Ring/King of the Circle, Oklahoma Drill, Offensive/Defensive Line Run Blocking / Board Drill, Bull Rush during Pass Protection/Rush Drills, Half Line/Pods/3-Spot/Shock & Shed.**

**Motion Fite, Second Dr. Halstead. Motion passed (8 Favor, 0 Opposed).**

### **3. Cold Weather Guidelines (Palmer)**

Palmer explains the proposal. His hope is to put it on the website and it be a resource.

Fite mentions these are good recommendations to follow and give as a resource. Giving a reference to look at, to be aware of and only giving recommendations.

The Committee had a discussion on wind chill and the medical information.

Dr. Rukstad discusses making some changes in the organization of the material.

Fite mentions having two separate documents (like how the WBGT is done) – Here is the temperatures then How to approach with recommendations.

The committee looked over the website and mentioned bringing up another tab for cold weather and to include the NFHS statement in the guidelines. Use the draft provided by Palmer and MSHSAA staff make changes.

**Recommend the MSHSAA staff rearrange the Cold Weather Guidelines document including in the document the NFHS Statement and to post this resource on the SMAC website. To develop a Cold weather tab on the SMAC web page.**

**Motion Palmer, Second Rajkovich. Motion passed (8 Favor, 0 Opposed).**

**There was a break taken at 9:54 am**

**Meeting reconvened at 10:04 am**

#### **4. School AT's Access at State Championships (Fite)**

Fite explains inconsistencies with how AT's have access. She gives examples of State events. Across the board there is no consistency with AT's. Consistencies not including a licensed medical professional as a part of the limitations for a team. Advocating that each school be allowed one medical pass to be used for a licensed medical professional for all access. The question then, is how do we know this medical tag is a licensed medical provider. Looking for consistency across the board.

Dr. Rukstad mentions each sport has a different approach. The administrator for the sport makes the decisions.

Fite mentions the consistency across the board is important. When thinking on MOATA they are advocating for ATs at all schools. Getting mixed messages is hard to show a united front. Also mentions thinking of MSHSAA this will not work at State Wrestling. She can not think of any other sport other than Wrestling that it will be a huge issue.

Dr. Rukstad explains rules for Team sports and then rules for Individual ones. In the Individual sports it is different. Maybe in the consistency we have a Team sport standard and then an Individual sport standard.

Rajkovich inquires to another component is determining what does the medical tag allow you to do at a Team sport final and an Individual sport final.

Fite mentions this ties into #5 – of what is the minimum requirements that we as a committee expect to have at a State level event. Minimum number of things: what is that access, what does it look like, so #5 and this agenda item are kind of together. Specifically, to this the agenda item it is really about your access. How does MSHSAA ascertain that people are a licensed medical provider. This may actually get

people to fill out the AT information listed on the school website MSHSAA page. A spot could be created for the license number of each AT.

Dr. Rukstad agrees it would help having an AT listed on your school website MSHSAA page. Then MSHSAA would have the ability to run a list of qualifiers and see if they have an AT listed. If they do we could put the AT tag in the school packet. Then MSHSAA would provide one per team – if one was listed.

Palmer and Rajkovich mentions a majority of schools are now going to two AT's when traveling.

**Recommendation for the MSHSAA staff to develop consistent protocols for the access of licensed medical professionals for Post Season events.**

**Motion Fite, Second Cook. Motion passed (8 Favor, 0 Opposed).**

### **5. Minimum Requirements for Medical (Fite)**

Fite explains it opens up the dialogue of what is the State AT training minimum going to look like for the future and what is those minimum requirements. Fite feels her recommendation may be to form a subcommittee. To plan and see what it is going to look like. How do we insure we are getting the care needed? May need to provide a minimum coverage document.

Dr. Rukstad explains MSHSAA can be covered in these ways: 1- Event venue provides coverage as part of the agreement (RFP or came with venue). 2- MOATA helps to provide coverage and then MSHSAA gives money to MOATA they provide volunteer coverage at State Championship events. MOATA said in the last meeting they will provide in 23-24 year but at some point, they may be unable to find willing volunteers at the level that is needed for the State Championship events. Dr. Rukstad goes on to explain MSHSAA is in a position where we are ready to pay for services, we do not have the connections that MOATAT does. We can get them if we need. A meeting is planned May 1 with MOATA to talk about the agreement moving forward. We have had some pain points this year with finding coverage for some of our events. Especially events that are in conflict for anything we have on a Friday during football season. State Tennis was also a real issue. State Swimming not a problem, we have the same one's year after year that want to work this event. In the future, team Tennis, will overlap Softball. Currently there is no overlap. We don't know what will happen but MSHSAA is very aware that the money may have to be reallocated. The money paid to MOATA possibly going to pay the providers directly. If that's what we have to do, we will. Having the coverage is important.

Fite says moving forward it is important that we have minimum requirements. Create a document and making sure it is consistent.

West mentions she was invited to the meeting on May 1.

A discussion takes place on the communication with MOATA as a sport administrator and what MSHSAA says the minimum standard are. It's a combination of the sport administrator and the MOATA representative for the sport. We have the information but having it in writing would be beneficial.

Discussion continued with a company having an investment then the company knows they are going to get the business – for being present / visible. It was also explained that MSHSAA can have partnerships in others areas and have them come in to do the Championships. This would be a provider agreement established, establish minimum standards required and we pay "x" amount. Possibly every RFP moving forward includes providing medical care. Only problem here is MSHSAA does not put out RFPs for tennis



or swimming. There is no other venue in the State that can host those State events. Will need to be prepared for inconsistencies in coverage. The discussion continued with talking about several of the sports. Golf was one and it is supposed to be covered by the venue.

Fite brings up that on the website under Sports Medicine there is a resource - Medical Coverage resource post season event. No date is listed on it. Not consistent. Recommendation to take off the website. Until after the meeting.

A discussion took place with the Committee on this resource – which is for post season play. Dr. Halstead explains the importance of leaving this on the website until we get something else in place. It specifically addresses the role of a team or tournament physician. Rajkovich reiterates the importance of leaving it up. Moving forward with a subcommittee it gives the group the ability to look at the resource and address areas that need changed.

Dr. Rukstad explains the subcommittee can discuss the future of medical coverage of MSHSAA post season. Focus areas within.

**Recommend to reconvene after the May 1 meeting with MOATA to form a subcommittee to look into creating a minimum coverage amount per event that would be included into the RFP and discuss the future for medical coverage for MSHSAA.**

**Subcommittee Fite, Palmer, West and Dr. Halstead (pulled in when specifically discussing physicians).**

**Motion Fite, Second West. Motion passed (8 Favor, 0 Opposed).**

#### **6. Recommendations for AT's (Fite)**

Fite is making the standing same recommendation as made in last August. The Committee, as Best Practices are making the recommendation once again. Voice the importance and necessity for all high schools being able to secure the services of an AT for the safety and wellbeing of their athletes as well as for assistance with athletes recovering from injuries.

**Recommend that all member schools have an Athletic Trainer designated to their school for medical coverage.**

**Motion Fite, Second Cook. Motion passed (8 Favor, 0 Opposed).**

**There was a lunch break taken at 11:11 am**

**Meeting reconvened at 11:41 am**

**Rajkovich left the meeting at 11:43 am**

#### **7. Trans Athlete Discussion (Fite)**

Fite explains she has been asked by her peers if MSHSAA has a policy and goes on to explain we currently do not have a policy or a recommendation. It's just more in the light these days, there was a situation at State Wrestling. She asks where do we stand with the topic and what should we be doing as SMAC to help.

Dr. Rukstad explains the State Law passed last session. It nullified the MSHSAA Board policy on transgender participation. MSHSAA had the Board policy since 2012. It was modeled after the old NCAA policy. Incidentally that Board policy was the only policy that talked about any sort of drug use. We do not have any sort of drug policy and MSHSAA has to comply with the State Law. If schools violate the statute they lose State funding. Dr. Rukstad continues with MSHSAA has a by-law regarding which gendered sport an individual must participate in, and state law requires participation consistent with the gender on birth certificate. Current students who had already started a medical transition are grandfathered. By law, no student under the age of 18 can begin a medical transition, unless grandfathered. In the short term there is a population of students who could be under hormone therapy who must participate by the gender of their birth certificate.

Dr. Rukstad continued explaining the State Wrestling situation. The female wrestler was socially transitioning and preferred male pronouns. The students won the girls district championship, which was the first for her school. The school wanted to celebrate on social media and referred to the student by the preferred male pronouns. There was significant attention on social media, even to a national level. The school's PR person alerted MSHSAA. All parties involved monitored the situation going into state tournament to ensure safety of the students. All state laws and MSHSAA by-laws were followed.

A discussion with the Committee took place on the subject.

There was concern among Missouri legislators. With the help of MSHSAA lobbyists, the situation was explained as well as possible with lawmakers. One senator took exception to the incident and after a conversation with Dr. Rukstad in which there was not agreement about how to approach the situation. The senator filed a bill requiring schools to not be a member of a state high school association that did not have a performance enhancing drug policy. The implication of the bill would be required testing for testosterone.

Cook mentions it's probably cost prohibited. She relates the hormone testing to the routine drug testing of random students and she knows it is costly due to her schools' experiences.

Dr. Halstead mentions its short sided, opening up a huge box, would be a financial problem and can't see this going anywhere.

Fite mentions a State Representative reached out to her. Believes this is a topic we need to be aware of and think on.

Dr. Rukstad explains we don't require a school to verify student gender. We assume a school has a gender assigned to the student in the student information system.

Dr. Halstead mentions there is limited research out there. There are all kinds of discussions you can have on this topic. If interested in reading into the proposal it is MO Senate Bill 1440.

Dr. Rukstad explains that we are talking about a small population of students. The number of transgender students looking to have access to MSHSAA athletics is extremely low. There were twelve athletes last year and that was the largest number so far.

Dr. Mapes comments on the Committee possibly having standard language in place and available.

Fite mentions waiting until August, see where State Legislation sits. She mentions the manual to add a paragraph of: due to the current Law there is no MSHSAA policy for transgender athlete participation.

Dr. Rukstad mentions it currently states until 2027.

The Committee wants to add the agenda item to old business for the Fall August meeting to have a healthy discussion again.

### **Discussion No Action Taken**

#### **8. Football quarter allowance adjustment for running clock. (Football Advisory Committee)**

Dr. Rukstad shared data to the Committee. There is a limitation on number of quarters (6) a player can play in a week. The week is defined as Thursday to Wednesday. If the clock is running the whole second half. Can it be counted as one quarter only is the question. Examples were given of some game scores.

The question is can we adopt this provision? The recommendation from Football Advisory was to have SMAC look it over because the quarter limitations is a safety issue.

Fite mentioned she discussed this with her Coaches last season.

West inquires to how it will be enforced.

Dr. Rukstad explains the same as it is now. Peers help track it and the school itself will track.

Dr. Halstead explains that regardless of how many plays you have there is still room for injury. He inquires into if NFHS has any limits. This is a MSHSAA adoption.

West doesn't see that SMAC needs to take any stand on this from a safety standpoint.

### **Discussion No Action Taken**

#### **9. Game allowance procedures for detection device corrections. (Middle School Advisory Committee)**

Dr. Rukstad explains an AD brought this to the Middle School Advisories attention. A softball player who subbed into the game. By rules, if you sub in and leave the game you cannot come back in. There are no reentry procedures for softball substitution. Same with baseball. This student while wearing a medical detection device, Mom is in the stands, an alert comes on her phone that a medical correction needs to be made. Mom alerts Coach but because of the timing in the game the student had to leave the game / be taken out. The ADs question is could there be guidelines for allowing medical conditions to be corrected / necessary adjustment to be made. Dr. Rukstad goes on to explain this might be a NFHS SMAC discussion or Softball / Baseball conversation. Any medical accommodations we are looking at the question is, does it fundamentally impact the play of the game.

**Dr. Mappes left the meeting at 12:41 pm**

Committee discussed what sports this would affect.

Fite mentions this might be new or newer diagnoses since coming from the Middle School. It may be new for the student, they may be adjusting. Trying to figure out how to use the monitor, etc... But High Schoolers are typically managing the medical condition.

Dr. Colter and Dr. Halstead comment on the activities and mention that with the monitors you can set the points. Looking at it from a safety standpoint it doesn't make sense that you can't sub in and out for a medical condition.

Fite mentions it coming down to the official's discretion.

Cook mentions will an athlete put off making the medical correction if they know they can't go back into the game. Some kids might. There should be some common-sense leeway here.

**Recommend to ask the Baseball and Softball Advisory Committees to consider a reasonable pause in play to evaluate an athlete for a medical concern prior to resuming play.**

**Motion – Dr. Halstead, Second – Dr. Colter. Motion passed (6 Favor, 0 Opposed).**

**NFHSA SMAC agenda was included in the meeting information**

The Committee was able to reference what the NFHSA SMAC Committee would be discussing in the Spring Meeting

Dr. Rukstad mentioned that Dr. Elkins passed away unexpectedly the past week.

**Fite inquired into 5-day break / pause over the holidays from the previous meeting**

Dr. Rukstad mentioned she was taking it to the section meeting and checking into the topic more. The States that have it: Iowa, Kansas and Nebraska. Iowa has it during an economic downturn they did it to save Districts money on transportation. Dr. Rukstad explained that she would do more checking into the subject.

**The next SMAC meeting will take place on Wednesday, August 21, 2024 at 8:00 am**

**Meeting adjourned at 1:15 pm**