

# SMAC Newsletter

## Colorado High School Activities Association

1/15/2026

Winter 2025-2026



### CHSAA Training Videos

Head Heart Heat

Emergency Action Plan (EAP)

Pre-Participation Physical Evaluation  
(PPE) Form

### Sports Medicine Advisory Handbook

Click Below:

HANDBOOK



#### PURPOSE

The CHSAA Sports Medicine Advisory Committee is a collective group of medical and educational professionals whose expertise provides current information to the association membership. It is designed to reflect and evaluate information provided throughout several resources.

#### MISSION

The mission of the Sports Medicine Advisory Committee (SMAC) is to provide information, vision, and guidance to the Colorado High School Activities Association (CHSAA), while emphasizing the health and safety of students participating in interscholastic sports and activities.

### Athlete Hygiene/Skin Infections

The transmission of infections such as Methicillin-Resistant Staphylococcus aureus (MRSA) and Herpes Gladiatorum, blood-borne pathogens such as HIV and Hepatitis B, and other infectious diseases can often be greatly reduced through proper hygiene.

#### **UNIVERSAL HYGIENE PROTOCOL FOR ALL SPORTS**

- Shower immediately after every competition and practice, using liquid soap and not a shared bar of soap
- Wash all workout clothing after each practice, washing in hot water and drying on a high heat setting
- Clean and/or wash all personal gear (knee pads, head gear, braces, etc.) and gym bags at least weekly
- Do not share towels or personal hygiene products (razors) with others
- Refrain from full body and/or cosmetic shaving of head, chest, arms, legs, abdomen and groin

#### **SKIN INFECTIONS**

**Viral Skin Infections** – Herpes gladiatorum and herpes labialis (cold sores)

**Fungal Skin Infections** – Tinea corporis (ringworm), tinea capitis, tinea pedis, tinea cruris

**Bacterial Skin Infections** – Impetigo, Folliculitis, Carbuncle

#### **CHSAA recommends the following actions:**

- **Prevention** – Remind athletes to shower immediately after practice/meets, change workout clothes/socks daily and do not share equipment or towels.
- **Be Vigilant** – Look at athletes' skin daily for wounds or lesions, clean and cover open wounds or scrapes so they don't get infected and let athletes know they should report skin lesions to the coaches or athletic trainer immediately.
- **Seek Treatment** – Get athletes to a health care provider immediately for diagnosis and treatment of skin lesions. Many of these skin infections require minimum treatment times in order for the athletes to be eligible.

For complete CHSAA Athlete Hygiene and Skin Infections information, please go to 

## Seizure Protocol

### DEFINITION

A disorder of brain function characterized by sudden, brief attacks of altered conscious, motor activity, sensory phenomena or inappropriate behavior caused by an uncontrolled electrical disturbance in the brain.

### SYMPTOMS

Recognition of seizures can include any or all of the following symptoms:

- Blank stare, dazed, unresponsive
- Unaware of surroundings
- Rapid blinking or chewing movements
- Clumsy
- Rigidity, followed by muscle jerks
- Shallow breathing
- Possible loss of bladder or bowel control
- Generalized shaking of entire body

### MANAGEMENT

- Protect patient from further injury, especially the head
- Do not forcibly restrain
- Roll patient to the side to avoid choking on vomit, "rescue position"
- Do not put anything in the mouth, including your finger
- Activate EMS by calling 911

#### Once seizure has subsided:

- Check for injuries
- Referral to medical care immediately

### PREVENTION

- Youth with seizure disorders are more likely than their peers to have a sedentary lifestyle and to develop obesity and other medical problems. Regular participation in physical activity can improve both physical and psychosocial outcomes for young athletes with seizure disorders.
- Athletes who have a seizure should not participate in high risk sports (swimming, contacts sports, or high velocity sports such as biking) until cleared by a medical provider.

For complete CHSAA Seizure Protocol information, please go to 

## Diabetic Emergency Protocol

### DEFINITION

- Diabetes is a condition in which the pancreas does not produce insulin, a hormone needed to get energy from food. Many diabetics must take insulin by injection to live.
- Exercise is important to the health and well-being of diabetics, but exercise can also cause unexpected increases or decreases in blood sugar, which can be an emergency.
- Hypoglycemia (low blood sugar) is a potentially life-threatening condition in which too little glucose is in the blood.
- Hyperglycemia (high blood sugar) is a condition in which too much glucose (sugar) is present in the blood.

### PREVENTION

**It is the responsibility of the athlete/legal guardian to notify his or her coach/school/athletic trainer if they have been diagnosed with one of these conditions at any time.**

- Coaches should know if their athlete has diabetes.
- Diabetics should wear a medical alert bracelet with details of their diagnosis
- Diabetes should always have a source of sugar with them at every practice/game in case of low blood sugar and must carry snacks and meals when traveling.
- Diabetics in whom the disease is poorly controlled, or whose blood sugar is high (>180 mg/dl) or low (<70 mg/dl) should not exercise until they have improved blood sugar control.
- Diabetic athletes must have a diabetes care plan from their medical provider which includes guidance on measuring blood glucose levels before, during and after exercise and how to adjust food and insulin doses in response to blood sugar levels and exercise.
- Most athletes with diabetes require a snack of complex carbohydrate prior to any exercise, with additional snack for every hour of exercise. Give the athlete breaks for hydration, snacks and blood sugar checks.
- Condition gradually at the start of the season
- Warm up for exercise
- Limit exercise in extreme heat or cold

For complete CHSAA Diabetic Emergency Protocol information, please go to 

**For all CHSAA Sports Medicine Advisory Committee Information, visit**



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