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**MILTON PUBLIC SCHOOLS**

**Substance Use Prevention, Deterrence  
and Intervention Plan Policy**

Approved: November 9, 2016

Reapproved with Revisions: August 23, 2017

## **INTRODUCTION**

Massachusetts Department of Elementary and Secondary Education GUIDANCE ON SCHOOL POLICIES REGARDING SUBSTANCE USE PREVENTION An Act Relative to Substance Use, Treatment, Education and Prevention was signed into law on March 14, 2016, as Chapter 52 of the Acts of 2016. The following sections relate to public schools: Mass. General Laws chapter 71, section 96 (as amended by St. 2016, c. 52, s. 15): Section 96. Each public school shall have a policy regarding substance use prevention and the education of its students about the dangers of substance abuse. The school shall notify the parents or guardians of all students attending the school of the policy and shall post the policy on the school's website. The policy, and any standards and rules enforcing the policy, shall be prescribed by the school committee in conjunction with the superintendent.

The enclosed Substance Use Prevention, Deterrence and Intervention Plan was developed in collaboration with teachers, administrators, school staff, parents, students, professional support personnel, volunteers, community representatives, and local law enforcement agencies as required by M.G.L. c71 section 96 (as amended by St. 2016, c.52,s.15).

This guidance is organized according to the six elements of a Safe and Supportive Schools Framework: Leadership; Professional Development; Access to Resources and Services; Academic and Non-Academic Strategies; Policies, Procedures, and Protocols; and Collaboration with Families.

This Plan will be the school's or district's blueprint for enhancing the capacity to prevent and respond to issues of substance use within the context of other substance use initiatives.

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## I. LEADERSHIP

Leadership at all levels will play a critical role in developing and implementing the Substance Use Prevention, Deterrence and Intervention Plans (“the Plan”) in the context of other whole school and community efforts to prevent and educate students around substance use. Leaders have a primary role in educating students about alcohol, tobacco and other drugs in relation to their overall well-being (physical, social, emotional, intellectual, occupational, and environmental), with an emphasis on non-usage by the school age student. Leadership should be defined by the district or school, depending on existing roles and responsibilities and locally identified priorities for this initiative. In adopting or updating policies, the school committee will work in conjunction with district and school leaders in developing clearly defined goals to prevent and address substance use and abuse among youth. This leadership should result in strong links between identified local needs and prevention program/system designs. Leadership is responsible for setting priorities and for staying up-to-date with current research on ways to prevent and effectively respond to substance use. It is also the responsibility of leaders to involve representatives from the greater school and local community in developing and implementing the Plan. Comprehensive substance use prevention programs involve the use of multiple strategies that include education and training; social competency skill development; social norms with expectations for behavior; policies, procedures and protocols; and problem identification and referral services. District and school administrators play a key role in implementing and overseeing these programs.

**Planning and oversight:** The Substance Prevention Deterrence and Intervention Plan along with the supporting policies will be reviewed annually and updated as needed. The School Committee will review data to determine the effectiveness of curriculum and activities and professional development and training. The School Committee will also serve as the clearinghouse of information, about professional development opportunities and resources for school staff, students and parents.

**Developing priority statements:** Priority statements will be used to communicate within the Plan the school district’s vision in creating and implementing its substance use prevention and intervention strategies. The priority statement of Milton’s position on substance use is explicit in the policy and says:

A student shall not, regardless of the quantity, use, consume, possess, buy/sell, or give away any beverage containing alcohol; any tobacco product (including NA or near beer, e-cigarettes, VAP pens and all similar devices); marijuana; steroids; or any controlled substance on school grounds and at any school event. It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student’s own use by his/her doctor. (Please note that carrying prescription medication is a violation of the Milton School District Medication Policy except as stated per policy JLCCA-R.)

Milton Public Schools prohibits and does not tolerate the use or possession of drugs including alcohol.

Any adult shall not, regardless of the quantity, use, consume, buy/sell, or give away any beverage containing alcohol; any tobacco product (including e-cigarettes, VAP pens and all similar devices); marijuana; steroids; or any controlled substance while on school grounds or at any school event.

Milton Public Schools, in accordance with the MA Interscholastic Athletic Association (MIAA), recognizes the use of chemicals as a significant health problem for adolescents, resulting in negative effects on behavior, learning, and development. Milton Public Schools, in order to participate in MIAA athletics, is required to adopt the MIAA Chemical Health Policy as a minimum standard for its athletes.

In order to provide disciplinary equity for all students, Milton High School has adopted its own, more comprehensive Chemical Health Policy. The Milton High School Chemical Health Policy is intended to provide meaningful consequences for illegal and harmful activities, with the hope that families affected by these consequences will use their experience as an opportunity to teach and learn alternative healthy lifestyle choices. (Milton High School Handbook 2016 – 2017, Section III – Student Activities, pages 23-25 and Section IV – rules, Regulations and Policies, pages 36 – 38 / Attached)

These policies are an integral part of the District’s comprehensive efforts to prevent substance use and serve as a deterrent to enable students to achieve their personal and academic potential and become successful citizens in our increasingly diverse society.

It is a violation of this policy for any administrator, teacher or other employee, or any student to engage in or condone the use of illegal drugs, including alcohol and any tobacco product or failure to report or otherwise take reasonable corrective measures when they become aware of any incident.

It is the responsibility of every employee to recognize acts of use, consumption, possession, buying/selling, or giving of any beverage containing alcohol; any tobacco product (including NA or near beer, e-cigarettes, VAP pens and all similar devices); marijuana; steroids; or any controlled substance on school grounds and at any school event and take every action necessary to ensure that the applicable policies and procedures of this school district are implemented. In an effort to respond to a potential opioid overdose the district has a policy for responding.

### **Life Threatening Opioid Overdose Program**

Further, all reasonable efforts shall be made to maintain the confidentiality and protect the privacy of all parties, but proper enforcement of this policy may require disclosure of any or all information received to appropriate administration staff.

The Building Principal//Designee, guidance, adjustment counselor, and nurse shall be

responsible for assisting employees and students seeking guidance and support in treatment with substance use and addressing matters relating to substance use treatment. This policy is not designed or intended to limit the school's authority to take disciplinary action or take remedial action when such substance use occurs out of school, but carries over into school, or, is disruptive or substantially interferes with an employee's work, personal life, a student's school work, or participation in school related opportunities or activities.

When a reported incident involves the principal or the assistant principal the Superintendent or designee shall be responsible and if the Superintendent is involved, the School Committee, or its designee shall be responsible for assisting employees and students seeking guidance or support in addressing matters relating to substance use.

(attached: Standing Orders for Nasal Naloxone, and Policy and Procedures for School Nurse, Athletic Trainer, Athletic Director and other Appropriate Trained Staff).

## **II. PROFESSIONAL DEVELOPMENT**

**Staff training of the Plan:** Training will be provided for all staff, including but not limited to, educators, administrators, counselors, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to extracurricular activities, and Para educators.

The training will include early warning signs and behaviors that indicate a student maybe experiencing substance use problems, and should be aware of building base referral systems and other protocols to follow. Staff that are qualified and identified to administrator a verbal screening tool to screen students for risk or related problems will be trained. Those staff that will be responsible for implementing substance use prevention curricula will be provided with specific training and professional development and effective strategies for preventing substance use.

Ongoing professional development: The goal of professional development is to establish a common understanding of tools necessary for staff to recognize warning signs and behaviors that might indicate possible substance use. Professional development will build the skills of staff members to prevent, identify, and respond to substance use.

Professional development will also address ways to prevent and respond to substance use for students with disabilities that must be considered when developing students' Individualized Education Programs (IEPs).

**Written notice to staff:** The school or district will provide all staff with an annual written notice of the Plan by publishing information about in the school or district employee handbook and the code of conduct.

## **III. ACCESS TO RESOURCES AND SERVICES**

Identifying Resources: School staff can play a key role in identifying and referring students with

substance use related problems and working with their families. Educators, nurses, and school counseling personnel will work in collaboration with substance use counseling professionals and mental health specialists to meet the needs of those students most at risk. School counseling personnel have access to information and strategies necessary to facilitate referrals to community services for the wide variety of mental health problems that students experience, including substance use. A resource list is available for the network of services available through the agencies in the area on the Milton Public School web site.

Collaboration among schools and community behavioral health providers can address student-specific issues, including interventions such as small group, individual supports, and school re-entry plans. These efforts can support school staff including consultation on general as well as student-specific challenges and plans for school and community provider responses when necessary.

Personnel immediately available to assist or refer students with substance use or related problems are as follows:

- Principal at each school
- School Psychologists, Adjustment Counselors and Guidance Counselors in each school
- School nurse/nurses in each school
- Screening, Brief, Intervention, Referral Treatment (SBIRT) team members in each Middle and the High School
- Safety Officers for each school
- Other personnel from the Milton Police Department
- Behavioral Health Providers

Resources will be made available and may include, but are not limited to the following:

- Publications
- Books
- Video tapes and/or DVDs
- Suggest helpful and viable Websites
- Use resources from MDPH.
- Interpreter services

School Newsletters, school hand books, community and parent programs, and websites will be used to keep parents/guardians informed of the system-wide strategies that are implemented to assist all students. Many of these strategies were originated at the Health and Wellness Committee level but has grown into town wide multi agency group called the Milton Substance Abuse Prevention Coalition. This coalition includes the Milton Board of Health, Beth Israel Hospital – Milton, Milton Police Department, Norfolk County District Attorney, Milton School

Department, South Shore Hospital Youth Health Connection and many parent / guardians who feel committed to this important initiative. This coalition has already presented the results of the Youth Risk Behavior Survey and their own survey of 800 parents to the community. The results are a clear guide to focus on the needs identified.

Milton Public Schools has a protocol for referring students and families to outside services. Each individual school has clear protocols with list of community agencies that help students and families access appropriate and timely services. Guidance, adjustment counselor, and nurses communicate and collaborate several times yearly to update and evaluate the community referrals. If a student has had extended treatment or missed more than 5 school days there is a mandatory reentry meeting where a plan is established to assist and support the student at school. (re-entry form attached)

#### **IV. ACADEMIC AND NON-ACADEMIC STRATEGIES**

In accordance with state and federal law, Milton Public School will provide age- appropriate, developmentally appropriate, evidence-based alcohol, tobacco, and drug education and prevention programs in grades 5-12. The overarching goals of the Milton Public Schools health education programs are for students to be able to...

- Make decisions to maintain or enhance health
- Analyze multiple influences on their attitudes and behaviors
- Advocate for themselves and others
- Effectively communicate in order to maintain or enhance health.

Currently, the Milton Public Schools offers “Second Step” curriculum to grades K – 5. Culminating in grade 5 with many social skills and strategies for the foundation of non use by school age children of illicit drugs and alcohol. The health education in grades 6, 7, 8 are taught separate from physical education and every other day. At the high school all grades get a formal health curriculum in a cycle during each semester of physical education /health classes.. The health education classes use a skills based approach that is aligned with the Massachusetts State Frameworks and National Standards to teach fundamental life skills and wellness concepts and specifically target substance abuse prevention.

Within the health curriculum the alcohol, tobacco and drug education and prevention programs address the legal, social, and health consequences of using alcohol, tobacco and other drugs. They include special instruction as to the effects of alcohol, tobacco, or other drugs upon the human system; the emotional, psychological and social dangers of such use with emphasis on non-use by school age children and the illegal aspects of such use. The program also includes information about effective techniques and skill development for delaying and abstaining from using alcohol, tobacco, or other drugs, as well as effective techniques and skill development for resisting peer pressure to use alcohol, tobacco, or other drugs.

Through the leadership team and a newly developed Social / Emotional Learning coordinator



position the Milton Public Schools will enhance the practices already in place on substance abuse prevention and deterrence strategies. There will be data collected from many sources and curriculum and policies adapted to meet the identified needs through the data interpretation.

Adjustment counselors, school psychologist, guidance counselors, nurses and other outside mental health professionals should be working directly with young people who are identified as being at risk. At least one adult in the school will be designated as the point of contact and support for students who are considered to be at risk.

General teaching approaches that support substance use prevention efforts: These underscore the importance of our substance use intervention and prevention initiatives:

- setting clear expectations for students and establishing school and classroom routines;
- creating safe school and classroom environments for all students, including for students with disabilities, lesbian, gay, bisexual, transgender students, and homeless students;
- using appropriate and positive responses and reinforcement, even when students require discipline
- using positive behavioral supports
- using motivational interviewing
- encouraging adults to develop positive relationships with students;

In addition to the curriculum that is used, several non-academic activities are in place to prevent substance use: The following approaches are integral to establishing a safe and supportive school environment.

Specific substance use prevention approaches: Substance use prevention curricula will be informed by current research. Initiatives will also teach students about the student-related sections of the Substance Use Prevention Deterrence and Intervention Plan at the beginning of the school year.

- modeling, teaching, and rewarding pro-social, healthy, and respectful behaviors;
- using positive approaches to behavioral health, including collaborative problem-solving, conflict resolution training, teamwork, and positive behavioral supports that aid in social and emotional development;
- using the Internet safely;
- support students' interest and participation in non-academic and extracurricular activities, particularly in their areas of strength.

## V. POLICIES AND PROTOCOLS

Milton Public Schools has policies prohibiting substance use, on school grounds, and at any school-sponsored or school-related activity, function, or program whether on or off school grounds. (Attached) The policies include discipline and enforcement provisions, intervention provisions, and treatment opportunities for students and staff. Students are informed of the consequences for violating the policies. School staff discusses the policies annually with students and the Student Handbook is given to every student with parent/guardian sign off.

Policies related to the use of verbal screening tools to screen pupils for substance use disorders are well defined and publicized, including opt-out provisions. Schools Services Protocol for the implementation of the Massachusetts Department of Public Health SBIRT (Screening, Brief Intervention, Referral to Treatment) program will be implemented during the 2017 – 2018 school year or sooner if funding and staff can be trained, and coordinated with the physical education / health department.

Policies should include guidelines for working with at-risk students, communication with students, staff, parents/guardians, and confidentiality. Included are procedures for re-integrating students who have been absent and/or in recovery.

At the beginning of each school year, the school or district will provide the school community, including , but not limited to, educators, administrators, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to extracurricular activities, paraprofessionals, students, and parents or guardians, with written notice of its policies for substance use.

The principal or designee will implement appropriate strategies for protecting from substance use or retaliation a student/staff who has reported a student/staff that provides information during an investigation, or a student/staff that has reliable information about a reported act of substance use.

Milton Public Schools Health Services Protocol for the Implementation of the Massachusetts Department of Public Health **SBIRT** (Screening, Brief Intervention, Referral to Treatment) Program.

**Purpose:** The purpose of this policy is to ensure the proper management and implementation of the SBIRT screening program, keep all students healthy and provide appropriate prevention, intervention and referrals as determined necessary.

**Goal:** The goal of the SBIRT (Screening, Brief Intervention and Referral to Treatment) Screening Program is to provide education for prevention and early intervention of substance use to middle school and high school students through use of the CRAFFT II screening tool, and to keep students mentally and physically healthy. Students found to be currently using substances, or at risk to use substances, will be referred for a brief intervention by a guidance counselor or school nurses and receive follow up counseling and referred for evaluation and treatment as needed. Students who are not identified as using substances will have their healthy choices reinforced by positive feedback.

The Opioid Bill: The Opioid Bill signed by Governor Baker on March 14, 2016, mandates a verbal screening for substance use (also known as Screening, Brief Intervention, Referral to Treatment – SBIRT). /Bills/189/House/H4056. An Act relative to substance use, treatment, education and prevention Section 15, and under that Section 97:

(a) Subject to appropriation, each city, town, regional school district, charter school or vocational school district shall utilize a verbal screening tool to screen pupils for substance use disorders. Screenings shall occur on an annual basis and occur at 2 different grade levels as recommended by the department of elementary and secondary education, in consultation with the department of public health. Parents or guardians of a pupil to be screened pursuant to this section shall be notified prior to the start of the school year. Verbal screening tools shall be approved by the department of elementary and secondary education, in conjunction with the department of public health. De-identified screening results shall be reported to the department of public health, in a manner to be determined by the department of public health, not later than 90 days after completion of the screening.

(b) A pupil or the pupil's parent or guardian may opt out of the screening by written notification at any time prior to or during the screening. Milton Public Schools utilizing a verbal screening tool shall comply with the department of elementary and secondary education's regulations relative to consent.

© Any statement, response or disclosure made by a pupil during a verbal substance use disorder screening shall be considered confidential information and shall not be disclosed by a person receiving the statement, response or disclosure to any other person without the prior written consent of the pupil, parent or guardian, except in cases of immediate medical emergency or a disclosure is otherwise required by state law. Such consent shall be documented on a form approved by the department of public health and shall not be subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding. No record of any statement, response or disclosure shall be made in any form, written, electronic or otherwise, that includes information identifying the pupil.

(d) The department of elementary and secondary education shall notify each school district in writing of the requirement to screen students for substance use disorders pursuant to this section. School districts with alternative substance use screening policies may, on a form provided by the department, opt out of the required verbal screening tool. The form shall be signed by the school superintendent and provide a detailed description of the alternative substance use program the district has implemented and the reasons why the required verbal screening tool is not appropriate for the district.

(e) No person shall have a cause of action for loss or damage caused by an act or omission resulting from the implementation of this section.

SECTION 64. The department of elementary and secondary education, in consultation with the department of public health, shall create a notice and opt out form relative to substance use disorder screenings required by section 97 of chapter 71 of the General Laws.

Retrieved from: <https://malegislature.gov/Bills/189/House/H4056>, on May 19, 2016

1. Management of the SBIRT Screening Program in the Milton Public Schools: Milton Public school nurses, guidance counselors, adjustment counselors and all those participating in the program must attend an initial training session given by the Department of Public Health prior to implementing the screening process. A yearly refresher training course will be required. Upon successful completion of the training session the identified staff will be able to effectively screen students for substance use, and/or risk of substance use using the CRAFFT-II screening tool.
2. The screeners will include: nurses, guidance counselors, adjustment counselors, and other identified SBIRT trained staff and the Program Coordinator for the Milton Public School System. The SBIRT Coordinator will be responsible for: In order to fulfill the scope of service for the SBIRT program in Schools, each school district must meet the following components:
  - a. Appoint/hire a program coordinator for the SBIRT Implementation in your district.
  - b. View online SBIRT in Schools modules prior to attendance at SBIRT in Schools Training program, and provide a certificate of participation. It is required that this program be viewed, at a minimum, by the school principal and SBIRT Coordinator in the district. It is recommended that all school personnel involved in the SBIRT planning process view this program prior to the attendance at the SBIRT in Schools Training program.
  - c. Attend SBIRT in Schools Training as required and complete evaluation to receive a certificate of attendance
  - d. Identify resources in region and plan for linkage of students to behavioral/mental health programs (as needed) within the school or through an outside referral; to be noted on final work plan.
  - e. Collaborate/consult/network with local community substance abuse agencies and coalitions
  - f. Maintaining student confidentiality.
  - g. Reporting participation numbers and results to the Program Coordinator as needed for reports to be submitted to the Department of Public Health.

## **CONFIDENTIALITY OF STUDENT HEALTH INFORMATION**

School health records are temporary records governed by the Massachusetts Department of Education's record regulations: Student Records, 603 CMR 23.00. Maintaining and accessing school health records must also adhere to the federal Family Educational Rights and Privacy Act of 1974 (FERPA). In addition, certain transactions may have Health Insurance Portability and Accountability Act (HIPAA) implications.

Not all health information belongs in the student health record. While it is appropriate practice for a nurse or other health professional to document observable facts with respect to a health condition, health needs, treatment plan, and the care provided, some information is not

sufficiently related to the educational progress of a student to be appropriate for documentation in the student record. In addition, health professionals may have an ethical and legal duty to protect certain medical information which they possess. Placement of medical information in the school record, where persons other than the school nurse may see it, may violate this duty.

Given these statutes concerning confidentiality, it is recommended that information of the types covered by the statutes (and other sensitive material) be placed in a nurse's or guidance personal files and regarded as confidential. According to Department of Elementary and Secondary Education regulations, 603 CMR 23.04, information maintained in the personal files of a school employee, if not accessible to or revealed to school personnel or third parties, is not considered part of the school record. Such information may be shared with the student, parent, or a temporary substitute of the maker of the record but otherwise should not be released.

SECTION 64. The department of elementary and secondary education, in consultation with the department of public health, shall create a notice and opt out form relative to substance use disorder screenings required by section 97 of chapter 71 of the General Laws.

### **State and Federal Laws that Govern Minor Rights to Confidentiality of Information Shared with Health Care Providers:**

Laws/Regulations Concerning Drug and Alcohol-Related Treatment Under Massachusetts law (M.G.L. c.112, s.12E), drug-dependent minors may consent to medical treatment related to their drug dependency. The law states:

“A minor twelve years of age or older who is found to be drug dependent by two or more physicians may give his consent to the furnishing of hospital and medical care related to the diagnosis or treatment of such drug dependency. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent or legal guardian of such minor shall not be necessary to authorize hospital and medical care related to such drug dependency and, notwithstanding any provision of section fifty-four of chapter one hundred and twenty-three to the contrary, such parent or legal guardian shall not be liable for the payment of any care rendered pursuant to this section. Records shall be kept of such care. The provisions of this section shall not apply to methadone maintenance therapy.”

In instances such as drug overdose, M.G.L. c.112, s.12F, which governs emergency treatment of minors, also applies. Section 12F states:

“No physician, dentist or hospital shall be held liable for damages for failure to obtain consent of a parent, legal guardian, or other person having custody or control of a minor child, or of the spouse of a patient, to emergency examination and treatment, including blood transfusions, when delay in treatment will endanger the life, limb, or mental well-being of the patient.”

It is important to note that under M.G.L. c.111B, s.10, the consent of the minor and a parent may be needed for some substance treatment programs. Federal medical privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) allow adolescent health care

providers to “honor their ethical obligations to maintain confidentiality consistent with other laws”. For example, HIPAA only allows parents to have access to the medical records of a minor child if that access does not conflict with a State or other confidentiality law. Additionally, federally funded treatment centers are subject to the Code of Federal Regulations (42 CFR Part 2), which protect the confidentiality of records on and drug use of minor patients. These records cannot be shared with anyone – including a parent or legal guardian – without written consent of the minor patient.

### **Notification of Parents/Guardians:**

A letter of notification will be mailed to the student’s home with details describing the screening process. Parent/guardian have the right to opt out their child if they so desire. To opt out of the SBIRT screening, the parent/guardian will be required to notify Margaret Gibbons, Director of School Nurses by written notification. Additionally, screening is voluntary and students may choose not to answer any or all of the screening questions.

**Space and Confidentiality:** A space providing privacy and confidentiality will be determined to complete each individual screening. Each student will complete the CRAFFT-II interview form and will be screened in private by an SBIRT trained staff member. Results will be reviewed, remain confidential and will be destroyed after the screening process has been completed.

**CRAFFT-II Screening Interview Tool:** Using the CRAFFT-II Screening Tool A paper screening tool will be utilized and the screening will be performed face to face in a private area. The Guidance Counselor or School Nurse will review the answers with the student. The student will receive educational materials and resources. The screening document will remain with the screener to be shredded at the end of the session.

Screening using the CRAFFT-II tool begins by the provider asking the adolescent to answer the following questions honestly: During the last 12 months, on how many days did you: 1. Drink more than a few sips of beer, wine, or any drink containing alcohol? 2. Use any marijuana (for example, pot, weed, or hash) or “synthetic marijuana” (for example: “K2” or “Spice”)? 3. Take a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)? 4. Use anything else to get high? (for example, other illegal drugs, over-the-counter medications, and things that you sniff or “huff”) If the student answers “no” to all four questions in Part A, the screener only needs to ask the first question on the CRAFFT-II tool Part B. If the student answers “yes” to any 1 or more of the first 4 questions in Part A, then the screener asks all 6 CRAFFT-II questions in Part B: 1. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs? 2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? 3. Do you ever use alcohol or drugs while you are by yourself, or ALONE? 4. Do you ever FORGET things you did while using alcohol or drugs? 5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? 6. Have you ever gotten into TROUBLE while you were using alcohol or drugs? Each question is scored 1 point. Those students who report no use and score a “0” on the CRAFFT-II will receive praise

and encouragement from the screener. A student who reports use but scores a 0 or 1 on the CRAFFT-II will receive brief advice on the health risks of use and encouragement to stop. This advice would be done immediately, or if there are time constraints, a brief follow-up meeting with the school nurse or guidance counselor later that day or the next day will take place. A score of 2 or greater is a positive screen and will result in a referral to the school guidance counselor, school nurse or psychologist for further assessment of risk, counseling, and if appropriate, with student consent, parents will be contacted and/or a referral to outside treatment sources as needed.

Documenting results: Screened students will be tracked via a check off list and a separate anonymous data collection sheet will be kept for recording and reporting screening results to the DPH. The only demographic identifiers will be student's age and gender for which they identify as belonging. No individual identifying information is to be collected, documented in any form (written, electronic or otherwise) or reported to any state agency. Students with positive screening results will be referred to guidance counselor, nurse or adjustment counselor for brief intervention and counseling, and referral for treatment if necessary.

## **FOLLOW UP**

Absent Students who were not screened because of absence will be identified and assigned a SBIRT trained staff to be screened at a later time when they return to school. At the end of each screening session the screening team will have a "debriefing" meeting to make sure all staff feel confident and have no questions or concerns. No student identifiers will be discussed during this meeting.

## **VI. COLLABORATION WITH FAMILIES**

Families are essential partners in schools' efforts to prevent substance use. Parental input, particularly from parents of students with substance related-problems, help identify and prioritize the needs of the school community. Ways in which Milton collaborates and communicates with families may include, but are not limited to the following:

- individual and group meetings with parents and guardians to engage parental support and to reinforce the substance use curricula and the importance of school-community-home collaborations in weaving together the resources for comprehensive, multifaceted approaches to preventing substance use and abuse.
- providing parents/guardians with information regarding the district's and school's substance use prevention and abuse education policies is critical, as they play a key role in their success.
- posting the policy on the district website and in student handbooks contains information on district policies, procedures and protocols. This information will also be made available through Parent Teacher Associations/Organizations, parent engagement programming, and other related programming.

- School-community-home collaborations help parents/guardians and family members to keep students safe from substance use, by modeling skills and attitudes at home, thereby supporting the prevention component of the school initiative is open to students, parents, guardians and community members, and provides effective evening education programs to involve parents/guardians through regular activities and by using more than one approach. Milton Schools in collaboration with the Milton Substance Abuse Prevention Coalition will increase awareness of substance abuse within the community and enhance communication between youth, parents, educators and residents utilizing evidenced based data in order to promote education, encourage prevention and provide access to resources.

## VII. REFERRALS FOR HELP

### **The Massachusetts Substance Abuse Helpline**

1-800-327-5050 [www.helpline-online.com](http://www.helpline-online.com)

Free and confidential. It links callers and online visitors with comprehensive and current information about treatment and prevention services throughout Massachusetts.

Services are available Monday through Friday from 8am-11pm and on Saturday and Sunday from 9am-5pm. Language interpreters are available.

### **Alcoholics Anonymous & Narcotics Anonymous**

617-426-9444 [www.aaboston.org](http://www.aaboston.org)

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

### **A New Way Recovery – 85 Quincy Avenue, Quincy Mass,**

Marisol Hernandez- 617-302-3287

A peer to peer recovery centers are a safe place of support and resources for those 18+ and their families, but does have limited referral for adolescent. Does assist with referrals and does refer Adolescents to Gavin Foundation Adolescent Community Reinforcement Approach.

### **The Addiction Recovery Management Services (ARMS) (MGH)**

Laurie Moise-617-643-4699

Provides rapid access to information and support combined with outreach and care management for youth ages 15-25 and their families suffering from substance-related problems- Limited adolescent services but does refer.

ARMS supplements the traditional inpatient and outpatient continuum and bridges the gaps in disjointed systems of treatment with leading expertise and high quality care management.

Building on the Massachusetts General Hospital medical, clinical, and addiction research resources within the MGH Center for Addiction Medicine, ARMS facilitates comprehensive, research-informed, care maximizing the chances for youth recovery.



## **Gavin Foundation, Adolescent Community Reinforcement Approach, Assertive Continuing Care (A-CRA/ACC)**

Nicole DeYoung 857-415-9898 or 857-445-8521

Holistic approach to addiction treatment ages 14-22. Three types of sessions which include adolescents alone, parents/guardians alone, and adolescents and parents/guardians together 17 different procedures based on individual need Community engagement Pro-social activities and hobbies The Adolescent Community Reinforcement Approach and Assertive Continuing Care (A-CRA- /ACC) program is a 3-6month outpatient service for Norfolk County you ages 14-22 with DSM5 substance- use disorders.

## **Adolescent Substance Abuse Program (ASAP). Boston Children's Hospital**

[www.childrenshospital.org](http://www.childrenshospital.org) 617-355-2727

Boston Medical Center's Catalyst Clinic

A team of providers caring for patients up to the age of 25 affected by substance abuse. The team provides adolescent care as well as mental health and addiction services.

For an appointment call 617-414-6655.

## **Youth Central Intake and Care Coordination-**

Jennifer Riskin 617-661-3991

## **Bay State Community Services, Quincy**

Rebecca Fidler 617-471-8400 [www.baystatecs.org](http://www.baystatecs.org)

Provides community based outpatient treatment for all ages. The Intensive Recovery Program for adolescents operates M/W/F from 3pm – 5pm for 4 weeks

## **FAMILY SUPPORT**

### **Learn to Cope Support Group**

Anonymous support group and membership, predominantly parents of children with addiction to prescription drugs and heroin. Their mission is to support with kindness, care, compassion and empathy. Treatment resources, meeting chapters.

Quincy Peer Recovery Center, 85 Quincy Ave Quincy, MA 02170 Learn to Cope meets Tuesdays from 7p.m. to 8:30 p.m.

- *Merielle Paul • 774-256-4268 • Covers the Chapters of Brockton, Quincy, Yarmouth, New Bedford, Taunton and Norwell*
- *Marcy Julian • 508-404-3539 • Covers the Chapters of Pittsfield and Holyoke*
- *Terri Nabulsi • 508-404-6699 • Covers the Chapters of Gardner, Framingham and Worcester*
- *Kathy Day • 508-245-1050 • Covers the Chapters of Cambridge, Tewksbury, Lowell, Gloucester and Salem [www.learn2cope.org](http://www.learn2cope.org)*

ALANON/ALATEEN- support group meetings available by town/community- see website for locations and details.

ALANON/ALATEEN- support group meetings available by town/community- see website for or call 1-888-425-2666 or visit al-anon.org [www.ma-al-anon-alateen.org](http://www.ma-al-anon-alateen.org)

### **SMART Recovery Family & Friends**

SMART Recovery Family and Friends is a science based, secular alternative to Al-Anon.

method is based on the tools of SMART Recovery and CRAFT (Community Reinforcement Approach & Family Training). Their purpose is to provide resources and support for those who are affected by the addictions of a loved one.

[www.smartrecovery.org/resources/family.htm](http://www.smartrecovery.org/resources/family.htm)

Contact SMART Recovery SMART Recovery 7304 Mentor Avenue Suite F Mentor, OH 44060  
Toll free: 866-951-5357 Tel: 440-951-5357 Fax: 440-951-5358

JICH

## **ALCOHOL, TOBACCO, AND DRUG USE BY STUDENTS PROHIBITED**

A student shall not, regardless of the quantity, use or consume, possess, buy or sell, or give away any beverage containing alcohol; any tobacco product, including vapor/E-cigarettes; marijuana; steroids; or any controlled substance. The School Committee prohibits the use or consumption by students of alcohol, tobacco products, or drugs on school property or at any school function. Use of prescribed controlled substances from a licensed physician shall be in accordance with the Administering Medicines to Students Policy, JLCCA-R.

Additionally, any student who is under the influence of drugs or alcoholic beverages prior to, or during, attendance at or participation in a school-sponsored activity, will be barred from that activity and may be subject to disciplinary action.

This policy shall be posted on the district's website and notice shall be provided to all students and parents of this policy in accordance with state law. Additionally, the district shall file a copy of this policy with DESE in accordance with law in a manner requested by DESE.

SOURCE: MASC March 2016

LEGAL REFS: M.G.L.71:2A; 71:96; 272:40A

CROSS REFS: IHAMA, Teaching About Alcohol, Tobacco and Drug  
GBEC, Drug Free Workplace Policy

1st and 2nd Reading: August 24, 2016

## **TEACHING ABOUT ALCOHOL, TOBACCO, AND DRUGS**

In accordance with state and federal law, the Milton Public Schools shall provide age-appropriate, developmentally appropriate, evidence-based alcohol, tobacco, and drug prevention education programs in grades K-12.

The alcohol, tobacco, and drug prevention program shall address the legal, social, and health consequences of alcohol, tobacco, and drug use, with emphasis on nonuse by school-age children. The program also shall include information about effective techniques and skill development for delaying and abstaining from using, as well as skills for addressing peer pressure to use alcohol, tobacco, or drugs.

The objectives of this program, as stated below, are rooted in the Committee's belief that prevention requires education, and that the most important aspect of the policies and guidelines of the Milton Public Schools should be the education of children and youth on healthy decision-making:

- To prevent, delay, and/or reduce alcohol, tobacco, and drug use among children and youth.
- To increase students' understanding of the legal, social, and health consequences of alcohol, tobacco, and drug use.
- To teach students self-management skills, social skills, negotiation skills, and refusal skills that will help them to make healthy decisions and avoid alcohol, tobacco, and drug use.

The curriculum, instructional materials, and outcomes used in this program shall be recommended by the Superintendent and approved by the School Committee. Further, parents of middle and high school athletes and other adults such as coaches, athletic directors, athletic trainers and school nurses will receive educational materials on the potential dangers of opioid use and misuse. The educational materials shall also be distributed in written form to all students participating in an extracurricular athletic activity prior to the commencement of their athletic seasons.

This policy shall be posted on the district's website and notice shall be provided to all students and parents in accordance with state law. Additionally, the district shall file a copy of this policy with DESE in accordance with law in a manner requested by DESE.

SOURCE: MASC March 2016

LEGAL REFS.: M.G.L. 71:1; 71:96

CROSS REFS: GBEC, Drug Free Workplace Policy

JICH, Drug and Alcohol Use by Students

1st and 2nd Reading: August 24, 2016

Reapproved: August 23, 2017

## **Administer Nasal Naloxone (Narcan)**

Naloxone is a medication that reverses overdose from heroin or other opioids. Naloxone is the generic name for Narcan. Nasal Naloxone may work immediately, but can take up to 8 minutes to have an effect. The effect of the naloxone will last for about 30 to 90 minutes in the body. Because most opioids last longer than 30 to 90 minutes, the naloxone may wear off before the effects of the opioids wear off and the person could go into an overdose again. This depends on several things, including:

- the quantity and purity of opioids used
- the presence of other drugs or alcohol
- the effectiveness of the liver to filter out the drugs
- if the victim uses opioids again once the naloxone is administered

Naloxone administration may be repeated without harm if the person overdoses **after the first dose wears off. Due to the complex nature of each of these medical emergencies, it further highlights the necessity of calling 911.**

## **Bleeding from the nose**

If the person overdosing has substantial nasal bleeding, naloxone may not work because the blood will interfere with absorption of the naloxone. Call for help and rescue breathe.

## **How to assemble nasal naloxone device and administer nasal naloxone:**

1. Pop off two yellow caps and one red (or purple) cap.
2. Hold spray device and screw it onto the top of the plastic delivery device.
3. Screw medicine gently into delivery device
4. Administering Naloxone (Narcan):

**Spray half of the naloxone (1 ml) up one side of the nose and the other half (1 ml) up the other side of the nose. If there is no breathing or breathing continues to be shallow, continue to perform rescue breathing while waiting for the naloxone to take effect. If there is no change in 3-5 minutes, administer another dose of naloxone (use another box) and continue rescue breathing until the person breathes for themselves or help arrives.**

## **Monitor the victim**

Naloxone blocks opioids from acting so it can cause withdrawal symptoms in someone with opioid tolerance. Therefore, after giving someone naloxone, he or she may feel withdrawal Symptoms and want to use again. It is important that the victim does not use opioids again after

receiving naloxone so that an overdose does not re-occur. If possible, the bystander who administered the naloxone should stay with the person who overdosed.

**Key Points: School Nurse, Athletic Director, Athletic Trainer and identified trained staff will respond to an opioid overdose**

**Call 911**

**Perform rescue breathing**

**Administer nasal naloxone**

**Place the person in the recovery position**

**Stay with the victim**

**Storage: Nasal Naloxone Hydrochloride will be kept in the emergency First Aid bags of the nurse and athletic trainer and the wall cabinet with the AED at the lobby and field house.**

**Training of Naloxone Administration by (School) Nurses and other trained staff**

A school nurse, as defined by the Massachusetts Department of Elementary and Secondary Education, may be trained by Massachusetts Department of Public Health (aka "the Department") and approved trainers including the Director of Athletics and Athletic Trainer and identified appropriate staff to administer naloxone by nasal administration in a life-threatening situation when first responders are not immediately available.

The Athletic Director, Athletic Trainer and other staff approved trainers to administer nasal naloxone under the Good Samaritan Law, will be trained by the Department approved trainers to administer naloxone by nasal administration in a life threatening situation when first responders and a school nurse are not immediately available.

**Department planning and implementation:**

- (1) The Department approves policies, curriculum and procedures for training.
- (2) In consultation with the prescribing physician, designated School nurses, Athletic Director, and Athletic Trainer, including "approved trainers" are trained and tested for competency in accordance with standards and a curriculum established by the Department.
- (3) Approved trainers arrange for trainings of school nurses, athletic director, athletic trainer and appropriate identified staff in local communities, in accordance with standards and curriculum established by the Department.
- (4) The school nurse, athletic director, athletic trainer and approved staff will document the training and testing of competency, in accordance with standards and curriculum established by

the Department.

(5) The training, at a minimum, will include:

- (a) Procedures for risk reduction;
- (b) Recognition of the symptoms in an individual with an opiate overdose;
- (c) The importance of following the prescribed method of medication administration;
- (d) Proper use of the nasal administration method
- (e) The requirement to call local emergency services prior to administration, and
- (f) Requirements for proper storage and security, notification of appropriate persons following administration, and record keeping.
  - The Director of nursing shall maintain and make available upon request by the Department a list of all licensed individuals trained to administer naloxone by nasal administration if any.

(6) All trainings in the administration of naloxone will be done in accordance with prescribed methods. The Director of nursing will keep record of yearly training of all trained staff and documentation of completion of competency test and performance.

(7) The Director of nursing will be notified of any administration of naloxone by trained staff and will submit a report to the Department of Public Health School Health Unit each time training and naloxone administration is completed.

(8) All other medication administration procedures will hold forth including:

- (a) reporting of any medication errors per 105 CMR 210.00
- (b) proper disposal of a used naloxone administration delivery system.

### **Policy Review and Revision**

Review and revision of these and procedures shall occur as needed but at least every two years.

**October 2016**



**Registration of Naloxone Training:**

**Name of Trainer:**

**Date:**

**Location:**

**Name of Trainee**

**License (if applicable)**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

## MILTON PUBLIC SCHOOLS

### Standing Orders for Nasal Naloxone

#### Purpose:

- Naloxone is an opioid antagonist that is used to reverse the effects of opioids
- Current research has determined that Naloxone administration has been found to prevent death from opioid overdose, as well as reduce disability and injury from opioid overdoses
- The rapid administration of Naloxone may be life saving in patients with an overdose due to opioid use
- The only contraindication is a known hypersensitivity, which is rare

#### Policy:

Under this standing order, registered and trained School Nurses, Athletic Director, Athletic Trainer, Trained Coaches and Trained Administrators when there is no school nurse available, may administer Nasal Naloxone to a person in the school and on school grounds in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected.

#### Procedure:

- CALL 911
- When a person is suspected of an opioid overdose the trained school staff (listed above) will conduct an initial assessment of the level of consciousness and respiratory status:
  1. Level of consciousness  
The trained school nurse, and if not available, other trained school staff (listed above) determines that the person presents with a decrease in level of consciousness as evidenced by
    - a. Difficult to arouse (responds to physical stimuli but does not communicate or follow commands, may move spontaneously)
    - b. Unable to arouse (minimal or no response to noxious stimuli, does not communicate or follow commands)
  2. Respiratory status  
The trained school nurse, or other trained school staff (listed above) when no school nurse is available determines that the person presents with a depression of respiratory status as evidenced by:
    - a. Decrease in respiration rate
    - b. If available, interpretation of pulse oximetry measurement
    - c. Perform rescue breathing
- Trained School Nurse, or other trained staff (listed above) when no school nurse is available, will rapidly determine the need for Naloxone administration (pin point pupils and track marks may be present, although absence of these findings does not exclude opioid overdose) and activate EMS response.
- Trained School Nurse or other trained staff (listed above) will remain with the person at all times.

- **ADMINISTRATION OF NALOXONE:**

**(exclusion criteria includes Nasal Trauma, Epistaxis)**

1. Pop off two yellow caps from the delivery syringe and one red cap from the Naloxone vial
  2. Screw the Naloxone vial gently into the delivery syringe
  3. Screw the mucosal atomizer device onto the top of the syringe
  4. Spray half (1 mg.) of the Naloxone in one nostril and the other half (1 mg.) in the other nostril for a total of 2 mg.
- IF NO RESPONSE REPEAT IN 3 MINUTES
  - Place the person in the recovery position (on left side with head supported and top knee bent for support)
  - **Documentation**

Record encounter in patients' electronic medical record, if appropriate record exists, will be done by the school nurse.

1. Summary line to include "Naloxone administered"
2. Documentation must include patient presentation, route (intranasal), and dose that was administered as well as the patient's response to the Naloxone administration.

**School Physician signature:**

**Effective date:**

**Policy and Procedures for School Nurse, Athletic Director, Athletic Trainer and Other  
Appropriate Trained Staff**

**Management of Potential Life Threatening Opioid Overdose Program**

**Policy**

In order to recognize and respond to a potential life threatening opioid overdose as part of the MDPH opioid overdose prevention pilot program, the Milton Public Schools will maintain a system-wide plan for addressing potential life threatening opioid overdose reaction. This plan shall include:

Building-based general medical emergency plan developed by the Director of Nursing Services in collaboration with the Athletic Director and Athletic Trainer.

The development and management of the naloxone administration program in the school setting will be in accordance with MDPH protocols. The school physician will provide oversight to monitor the program and ensure quality improvement and quality control. Training per MDPH protocols will be provided for all School Nurses, Athletic Director, Athletic Trainer and potential first responders such administrators, coaches and additional staff as deemed appropriate. Integration with the local emergency medical services (EMS) system will be included in the implementation of this program.

**Background**

It is strongly recommended by the Massachusetts Department of Public Health, that School Nurses, Athletic Director, and Athletic Trainer have access to Nasal Naloxone medication in the School setting to ensure its immediate availability to students, staff and building visitors.

Recognizing that fatal and non-fatal overdoses from opioids play an increasing role in the mortality and morbidity of Massachusetts residents, the Massachusetts Department of Public Health launched the Overdose Education and Naloxone Distribution (OEND) prevention program using intra-nasal Narcan (naloxone) in an attempt to reverse this trend. Naloxone is an opioid antagonist which means it displaces the opioid from receptors in the brain. An overdose occurs because the opioid is on the same receptor site in the brain that is responsible for breathing. Naloxone usually acts dramatically, allowing slowed or absent breathing to resume. It is both safe and effective and has no potential for abuse. Naloxone has been used by paramedics in ambulances and by emergency room clinicians for decades. While not a controlled substance, naloxone is what is known as a “scheduled” drug and therefore does require a prescription.

## **What are Opioids**

Opioids are chemicals that are either derived from the opium poppy or are synthetically manufactured by pharmaceutical companies. Whether synthetic or naturally occurring, opioids all act in similar ways at specific sites in the body. They are depressants, and slow down the central nervous system. At high levels, opioids reduce consciousness and decrease breathing (respiratory depression). Opioids attach to specific receptors in the brain, spinal cord, and gastrointestinal tract and block the transmission of pain messages. They induce euphoria and users generally report feeling warm, drowsy, and content. Opioids relieve stress and discomfort by creating a relaxed detachment from pain, desires, and activity. They also cause slow heart rate, constipation, a widening of blood vessels, and decrease the natural drive to breathe.

### **Severe Opioid Reaction (Overdose)**

Description: An overdose occurs when the body has more drugs in its system than it can handle, resulting in potentially life threatening dysfunction. People can overdose on many different substances including other drugs or alcohol. During an opioid overdose there are so many opioids or a combination of opioids and other drugs in the body that the victim becomes unresponsive to stimulation and/or breathing becomes inadequate. Those experiencing an overdose become unresponsive, or unconscious, because opioids fit into specific brain receptors that are responsible for breathing. When the body does not get enough oxygen, lips and fingers turn blue. These are the signs that an overdose is taking place. A lack of oxygen eventually affects other vital organs including the heart and brain, leading to unconsciousness, coma, and then death. With opioid overdoses, the difference between surviving and dying depends on breathing and oxygen. Fortunately, opioid overdose is rarely instantaneous; people slowly stop breathing after the drug was used. There is usually time to intervene between when an overdose starts and a victim dies. Furthermore, not all overdoses are fatal. Without any intervention, some overdose victims may become unresponsive with slowed breathing, but will still take in enough oxygen to survive and wake up.

### **Signs and Symptoms of Opioid Overdose:**

- Blue skin tinge- usually lips and fingertips show first
- Body is very limp
- Face is very pale
- Pulse (heartbeat) is slow, erratic or not there at all
- Vomiting
- Passing out
- Choking Sounds or a gurgling/snoring noise
- Breathing is very slow, irregular or has stopped
- Unresponsive

### **Assessing for Responsiveness and Breathing**

In order to determine if the individual is experiencing an overdose, the most important things to consider are presence of breathing and responsiveness to stimulation. There

are some relatively harmless ways to stimulate a person. These strategies are:

- Yelling their name
- Rubbing knuckles over either the upper lip or up and down the front of the rib cage called a sternal rub

If an individual responds to these stimuli, they may not be experiencing an overdose at that time. It is best to stay with the person, to make sure the person wakes up and is ok. It is possible that the person could become unresponsive and require further assistance.

**Continued attempts at stimulation will waste valuable time in helping the individual breathe.**

**Responding to an Opioid Overdose:**

- Call 911
- Perform rescue breathing to provide oxygen
- Administer Naloxone
- Stay with the person

Individuals who overdose can die because they choke on their own vomit (aspiration). This can be avoided by putting the individual in the recovery position. The recovery position is when you lay the person on his or her side, his or her body supported by a bent knee, with his or her face turned to the side. This position decreases the chances of the individual choking on his or her vomit. If you have to leave the person at all, even for a minute to phone 911, make sure you put them in the recovery position.

**Procedures:**

The school nurse, Athletic Director, Athletic Trainer and other trained school staff when the school nurse is not available, will respond to any member of the school community when on school property with life threatening opioid overdose in the school setting. The management of a life threatening opioid overdose takes a multidisciplinary approach of collaboration between school community, emergency responders, and law enforcement officers. Awareness, prevention and emergency preparedness are crucial elements in the management of a person with a potential life threatening opioid overdose.

## **School Nurse, Athletic Director, Athletic Trainer and other trained staff responsibilities**

The school nurse is a key resource for medical direction, assessment and response to a potential life threatening opioid overdose. The school nurse, or the athletic director, athletic trainer or other trained staff, when there is no school nurse available, **MUST** be contacted as soon as a potential opioid overdose is identified. The Athletic Director, Athletic Trainer and other trained staff are the key resources at athletic events when the school nurse is not present and can act under the Good Samaritan Law and administer nasal Naloxone at athletic events when a potential opioid overdose is identified. The school nurse and other trained staff are key responders at other school sponsored activities and can administer nasal Naloxone under the Good Samaritan Law.

### **Call 911**

It is important to report to the dispatcher if the victim's breathing has slowed or stopped, he or she is unresponsive, and the exact location of the individual. If Naloxone was given and if it did/did not work, this is important information to tell the dispatcher.

### **Perform rescue breathing**

For a person who is not breathing, rescue breathing is an important step in preventing an overdose death. When someone has stopped breathing and is unresponsive, rescue breathing should be done as soon as possible because it is the quickest way to get oxygen into the body. Steps for rescue breathing are:

1. Place the person on his or her back and pinch their nose or use to administer rescue breaths
2. Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
3. Give 2 slow breaths.
4. Blow enough air into the lungs to make the chest rise.
5. Assess each breath to ensure the chest is rising and falling. If it doesn't work, tilt the head back more.
6. Breathe again every 5-6 seconds

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

### Student Re-Entry Protocols

*Milton Public School students who are returning to school from an emergency evaluation, hospital, day treatment and/or extended illness due to emotional and/or medical reasons will have a Re-Entry Meeting before returning to their usual class schedule. This step assures that students are supported as they re-enter school and that their academic, social/emotional and health needs are understood and addressed.*

#### MEETING AGENDA:

- Review reasons for absence
- Evaluations/Recommendations discussed
- Development of Re-entry plan
- Contacts (treatment staff, parents (s), guardian)

**MEDICATIONS:** Nurse should be apprised of ANY changes in medication

Current medications (including dosage): \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Changes in medications (including dosage changes):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### **REASONS FOR ABSENCE:**

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#### **EVALUATIONS/RECOMMENDATIONS:**

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**RE-ENTRY PLAN:**

Social/Emotional

- How does student feel about coming back to school?

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- What information will be shared with teachers?

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- What information will be shared with peers?

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- Will the student be attending Grade Level Homeroom and/or Lunch?

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Academic

- Work completed while absent:

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- Where was the student with work before he/she left school?

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- What does the student need to do now to complete work?

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- Strategies for managing workload:

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**COPING PLAN:**

- Return to classes as scheduled
- If student experiences difficulty while in class then he/she should engage in the following coping strategies:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- If student continues to experience difficulty returning to class, the following plan will be implemented:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**OTHER:**

- Other issues or concerns:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

3 week Follow-up meeting Scheduled for: \_\_\_\_\_

6 week Follow-up meeting Scheduled for: \_\_\_\_\_



Student Signature: _____	Date: _____
Parent Signature: _____	Date: _____
Administrator: _____	Date: _____
Counselor: _____	Date: _____
Guidance Counselor: _____	Date: _____
School Nurse: _____	Date: _____

**MILTON PUBLIC SCHOOLS**

25 Gile Road, Milton, Massachusetts 02186 (617) 696-5040 fax 617-696-5097

**Authorization for Exchange of Information and Records**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing below I hereby request and authorize the following persons or organizations to exchange all pertinent information and/or records including all relevant information regarding my child, with Milton Public Schools staff.

Name of person and position or agency	Phone/email/fax number and address

Note: The confidentiality of Medical and Psychiatric records is required under Massachusetts General Statutes. By law, no information may be transferred to another party without written consent or other authorization of the patient or parent/guardian. The patient or parent/guardian has the right to revoke the above agreement at anytime. This request expires on year from this date.

I understand that the information, both verbal and written, provided during the reentry process will be summarized and shared with classroom teachers and other involved parties (administration, nurse, coach, advisor, etc.) on an need-to-know basis in order to create a safe and supportive plan for my child.

Signature of parent/guardian: \_\_\_\_\_

Signature of student (required if over 18): \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION III: STUDENT ACTIVITIES**

The Student Activities Program at Milton High School incorporates all the outside-of-class events and activities that are managed by school authorities. These include, for example, the student athletic teams, school clubs/organizations, evening/weekend musical performances, drama productions, dances, proms, graduation exercises, recognition ceremonies, awards events, and school trips. Formal and semi-formal dances are sometimes held during the winter and spring. Please note that students may be required to comply with a breathalyzer test to gain admittance to some events (i.e. a school dance). If a test reveals that the student has consumed alcohol or is under the influence of some other substance that impairs the student's thinking and appropriate behavior, parents/guardians will be required to come to the event to take custody of their child and school penalties will be implemented.

**RULES & REGULATIONS: ATHLETES AND NON-ATHLETES**

The following eight points govern overall eligibility, membership, and participation in Milton High School's student activities program:

1. Athletic and non-athletic student activities help in the community's effort to provide positive, appropriate, and developmentally beneficial experiences necessary to the growth of well-rounded adolescents and young adults.
2. Commitment to academics, school attendance, and disciplinary consequences take priority over the privilege of membership and participation in student activities.
3. Student eligibility, membership, and participation in all student activities (e.g., athletics, drama productions, concerts, clubs, and student leadership positions\*) is a privilege determined, approved, or managed by the Milton High School professional staff.
4. A student must pass courses that carry a minimum of 30 hours credit per quarter (a full course load of seven periods with no more than one failing grade) to be academically eligible for sports/athletics. Academic eligibility for a specific season is based on the report card from the previous quarter, except for a fall sport, for which academic eligibility is based on the final report card from the previous school year.
5. A full seven-period day of school attendance, or its equivalent, is required of students in order to participate in practice or contests or student activities that day.

**A student who is absent, arrives after 8:15 AM, or who is dismissed from school early, will not be able to participate in after school activities (clubs, performances, practices, games, etc.) on that day.** However, a vice principal (for non-athletic student activities) or the Director of Athletics (for

athletics) may approve an exception to this standard when they determine such action is warranted on a specific day (e.g. a documented medical appointment, a written note for a family emergency, etc).

6. A member of a school team, club, or other school organization or student leadership member\* assumes the school's goals, standards, expectations, and all related responsibilities. Accordingly, it is expected that a student's behavior will be consistent with the laws of the Commonwealth of Massachusetts at all times, not just during the time of the activities associated with an event or during the season of play.
7. Some acts and violations committed by a student during non-school hours (evening, weekends, or school-year holidays) may impact participation in student activities. Among these acts and violations are theft; physical assault; vandalism; possession, use, purchase, sale, transfer or being in the presence of those using\*\* illegal drugs and alcohol; other acts that endanger the safety or well-being of students, staff, or the school; and the use of tobacco (athletes).

\*\*"In the presence of" is new language for the 2016-17 school year. This policy will be enforced beginning September 2016 to allow for dissemination of this information.

8. The school will investigate allegations of violations committed by student activity members. Such investigations will include an informal hearing for the student activity member or participant.

When the school determines, during any twelve-month period of time beginning August 15 each year, that a student activity member or participant has committed any of the following acts: theft; physical assault; vandalism; possession, use, purchase, sale or transfer of illegal drugs and alcohol; or other acts that endanger the safety or well-being of students, staff, or the school; or the use of tobacco (athletes), the student activity member or participant shall face the following consequences:

For athletes (as noted in the MIAA handbook):

- ✓ First violation: When the Principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contests totaling 25% of all interscholastic contests in that sport. For the student, these penalties will be determined by the season the violation occurs. No exception is permitted for a student who becomes a participant in a treatment program. The student will be allowed to remain at practice for the purpose of rehabilitation. All decimal part of an event will be truncated i.e. All fractional part of an event will be dropped when calculating the 25% of the season.

- ✓ Second and subsequent violations: When the Principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contests totaling 60% of all interscholastic contests in that sport. For the student, these penalties will be determined by the season the violation occurs. All decimal part of an event will be truncated i.e. All fractional part of an event will be dropped when calculating the 60% of the season. If after the second or subsequent violations the student of his/her own volition becomes a participant in an approved chemical dependency program or treatment program, the student may be certified for reinstatement in MIAA activities after a minimum of 40% of events provided the student was fully engaged in the program throughout that penalty period. The director or a counselor of a chemical dependency treatment center must issue such certification. All decimal part of an event will be truncated i.e. All fractional part of an event will be dropped when calculating the 40% of the season. Penalties shall be cumulative each academic year. If the penalty period is not completed during the season of violation, the penalty shall carry over to the student's next season of actual participation, which may affect the eligibility status of the student during the next academic year.

Per the MIAA Good Citizen Rule, Section 63.1, student-athletes may not represent their school if they are on in-house or out-of-school suspension. A suspended student is ineligible for practice or competition for at least the number of days (or partial days) equal to the number of days of the suspension. Local policies will determine the actual days of ineligibility.

Prior to any chemical health violation, a student's request for and enrollment in a substance abuse treatment shall not in and of itself constitute a violation of the chemical health/alcohol/drugs/tobacco (MIAA Rule 62).

For non-athletes:

- ✓ *First Offense*: the student shall lose eligibility as a participant or member for the next two weeks of public performance events. Students will, however, be allowed to attend meetings. Student leadership members\* will lose eligibility for four (4) consecutive school weeks.
- ✓ *Second Offense*: the student shall lose eligibility for the next four (4) weeks of public performance events. Students will not be allowed to attend meetings during this period. Student leadership members\* will lose eligibility for twelve (12) consecutive school weeks.
- ✓ *Third Offense*: the student shall lose eligibility for the next twelve (12) consecutive months.

\*Student leadership members include, but are not limited to, members of the National Honor Society, Student Government Representatives and Class Officers, Student Leaders, and other elected positions.

## **ELECTION OF CAPTAINS AND OFFICERS OF STUDENT ORGANIZATIONS**

This policy is the method by which student leaders of student organizations will be elected and covers all formal elections of student activities under the direct control of the Milton School Department at the 6–12 grade levels.

### *Table of Organization*

Each student activity, class organization, and/or athletic team will have a clearly stated Table of Organization of elected student leaders available to all members of the organization and posted in the school. The adviser or coach of the activity will be responsible to the principal of the school for such posting.

### *Timetable for Elections*

The members of the student activity, class organization, and/or athletic team will be notified of an upcoming election at least one (1) week prior to the election by the posting of such notice in the school. The date of an election will be held on a regular school day when all students are expected to attend and shall not fall on a major religious holiday or when a school-sponsored activity would keep a student from voting. Within three (3) school days of the posting of an election, a student may petition the principal of the school for a change in the election date or an absentee ballot because of religious or school-sponsored obligations on the part of the student. The principal will determine if the election date will be changed or an absentee ballot will be used. The faculty adviser of the Student Government and Student Council will establish the timeline, rules, and procedures for the elections after conferring with the principal and the Class Officers.

### *By-Laws*

Each student activity, class organization, and/or athletic team shall establish a written set of bylaws in which eligibility for student-elected leadership positions is determined. These bylaws shall be submitted to the principal as soon as possible, but no election of leaders of the organization may be held within ten (10) school days of the submission of the bylaws to the principal. Under the guidance of the advisers/coach, each student activity, class organization, and/or athletic team will determine the bylaws. The principal, or designee, will review and approve all such bylaws.

### *Balloting*

Only students officially recognized as members of the activity, class organization and/or athletic team will be allowed to vote. The adviser/coach will determine such eligibility, based on the bylaws of the organization. Only students present at the time of the election will be eligible to vote, unless an absentee ballot has been approved. A student designated by the faculty member in charge will count

ballots. Ballots will be retained for one week after the election. Results of the election will be announced.

*Emergency Removal:* removal of a student from school temporarily when a student is charged with a disciplinary offense and the continued presence of the student poses a danger to persons or property, or materially and substantially disrupts the order of the school, and, in the principal's judgment, there is no alternative available to alleviate the danger or disruption; not to exceed two school days (see p. 42)

*Expulsion:* means a termination of enrollment, either permanently or for an extended period.

### **CELL PHONE/MOBILE DEVICE POLICY**

Students will have the privilege of using their cell phone/mobile device before the start of the school day, after the end of the school day, during their lunch period and during class transition timeframes. Acceptable phone/mobile device usage during this time would be as follows: phone calls, texting, internet, consensual photography. All cell phone/mobile device usage must be consistent with the District's Internet Use Policy.

Cell phone/mobile device usage will NOT be permitted in class unless the student has prior approval from the teacher and the use is directly related to the instruction of the class.

Headphones may not be worn in the school building, unless the student has prior approval from the teacher and the use is directly related to the instruction of the class.

Under no circumstance should a student distribute or record (via photography, audio, video) a fellow student or adult **without their consent**. Doing so is against school policy and appropriate consequences will be enforced.

**Any student who violates this policy will have their cell phone/mobile device confiscated by Milton High Staff. Under such circumstance, the cell phone/mobile device will be released only to a parent or guardian.**



**RULES OF STUDENT CONDUCT**

You may be disciplined for conduct or acts committed on school grounds, in the area around the school grounds, while engaged in or attending a school activity, or while going to or returning home from school or a school activity. You may also be disciplined for conduct or acts committed away from school at other times if the conduct or act is related to the school, adversely affects school discipline, disrupts the school environment or creates a hostile environment at school.

Discipline may include non-exclusionary consequences (for example, after-school time with a teacher, office detention, Saturday detention, or restitution) as well as exclusionary consequences (suspension from participation in student activities, removal from class, school suspension, or expulsion). See Definition of Disciplinary Terms on the next page. Disciplinary consequences more severe than after-school time with a teacher shall be determined by the school's administrators.

Conduct or acts for which you may be disciplined include, but are not limited to, the following:

1. Use or possession of a dangerous weapon (including but not limited to a gun or knife) or bullets (which will be considered as a weapon), or dangerous instrument; or
2. Use or possession of, or transmitting, or intending to distribute, or distributing, or being under the influence of, a drug (e.g., controlled substance; illegal, unauthorized, or dangerous drug, inhalant, misused drug, or narcotic, hallucinogenic drug, amphetamine, barbiturate, or marijuana), alcoholic beverage or intoxicants of any kind; or in possession of drug paraphernalia; or
3. Knowingly or willfully soliciting, or being in the presence of those who are in possession of, or using or under the influence of any drug (i.e., controlled substance; illegal, unauthorized or dangerous drug, inhalant, misused drug, narcotics, hallucinogenic drug, amphetamines, barbiturate, or marijuana), alcoholic beverage, or intoxicants of any kind; or in possession of drug paraphernalia; or
4. Assault, fighting, striking another person, violence, threats of harm, acts of terror, copy-cat acts that disrupt the school; or
5. Stealing, or attempting to steal; or
6. Causing, or attempting to cause, damage to property; or tampering with school property; or
7. Use or possession of tobacco products, including electronic cigarettes; or
8. Use or possession of fireworks, smoke, or odor bombs, incendiary devices; or
9. Use of vulgar and/or profane language or gestures, belittling or taunting; or

10. Leaving the building or school grounds without permission; or
11. Failure to sign in at the office upon the late arrival to school, or to report to a class or scheduled school activity; or
12. Failing to comply with the request to not consume food or beverages outside the cafeteria or wear prohibited clothing or headcovering of any sort or revealing clothing; or
13. Failure to identify oneself or give proper name; or ignoring an adult's directive; or
14. Gambling; or
15. Forgery; or
16. Bullying; or
17. Sexually harassing another person through word or action; or
18. Occupying, or inciting others to occupy a part of the school or area around the school after being directed to leave by the person in charge. In particular, occupying any part of the building or property prohibited due to construction; or
19. Cheating, or using or copying the academic work of another and presenting it as your own without proper attribution, or allowing such use and/or copying of the pupil's own work by another; or
20. Unauthorized use of, or access to, computers, software, telecommunications, and related technologies; or any willful act that causes physical, financial, or other harm or otherwise disrupts information technology; or
21. Violation of any federal or state law which would indicate that a student presents a danger to any person in the school community or to school property; or
22. Open defiance of the authority of a teacher or any person having authority over you, including verbal abuse; or
23. Truancy or incitement of truancy by another pupil; or
24. Falsely activating a fire alarm or other safety system; or

25. Falsely reporting the presence of a bomb or other explosive device at the school; or
26. Displaying or using earphones, paging devices, beepers, walkie-talkie or other similar electronic communication devices, or other entertainment devices, or
27. Any behavior, verbal, graphic, physical or via electronic media, that harasses, threatens, intimidates, abuses, or demeans certain individuals or groups on the basis of race, ethnicity, religion, gender, sexual orientation, creed, national origin, or handicap; or
28. Any conduct or method of initiation into any student organization that willfully or recklessly endangers the physical or mental health of any student or person, often called hazing; or
29. The wearing of any cult- or gang-related apparel or insignia; or
30. Inciting others to violate school rules; or
31. Failure to comply with exclusionary or non-exclusionary disciplinary consequences; or
32. Cyber or other messages that the school determines is disruptive to the school; or
33. The issuance of a criminal complaint charging a student with a felony or the issuance of a felony delinquent complaint against a student; or
34. Other violations not specifically addressed herein that will be dealt with at the discretion of the principal or his/her designee.

Violation of some rules and student conduct (e.g., fights, threats, or violence; vulgarity directed at a staff member; possession or use of drugs or alcohol; theft; gang or mob action; or leaving the school without permission) *may result in a suspension* and may result in further disciplinary action including an expulsion. Possession of a weapon or firearm, use of a dangerous instrument, or the distribution of drugs *may result in an expulsion or recommendation of expulsion*. Milton Police will be notified and legal action will be taken if warranted.

#### **FAILURE TO REPORT TO A TEACHER AFTER SCHOOL**

A teacher may assign you one or more days of after-school time with him/her for violating school or class rules. When any teacher assigns you this time, you must report to the teacher by 2:25 PM. Bring study materials with you. The teacher will determine the length of time you are to remain after school. Failure to report after school, without an excuse accepted by the teacher, will result in escalating consequences; among these are doubled after-school time, office detention, and suspension.