

# SECTION J, STUDENTS

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## STUDENT POLICIES GOALS

Students are the first concern of the district, and must receive the primary attention of the School Committee and all staff members. To fulfill its obligation to students, the Committee will strive to spend most of its time in formulating policy amid considering other matters related to students. A similar commitment is expected of all staff members. In pursuing this primary goal, it is imperative that the good of the individual student be kept paramount.

To this end, the School Committee and staff shall work together to establish an environment conducive to the very best learning achievement for each student through meeting the following goals regarding students:

1. To individualize the learning program in order to provide appropriately for each student according to his or her specific background, capabilities, learning styles, interests, and aspirations;
2. To enhance the self image of each student through helping him or her feel respected and worthy, and through a learning environment which provides positive encouragement through frequent success;
3. To provide an environment of reality in which students can learn personal and civic responsibility for their actions through meaningful experiences as school citizens;
4. To deal with students in matters of discipline in a just and constructive manner in accordance with Committee policy;
5. To provide in every way feasible for the safety, health, and welfare of students;
6. To promote faithful attendance and good work;
7. To promote and observe the legal rights of students; and
8. To promote a welcoming school environment for families so children can be successful.

LEGAL REFERENCE: 603 CMR 26:00

Original Adoption: November 16, 2004

## **EQUAL EDUCATIONAL ACCESS**

In recognition of the diversified characteristics and needs of our students and with the keen desire to be responsive to them, the School Committee will make every effort to protect the dignity of the students as individuals. It also will offer careful consideration and sympathetic understanding of their personal feelings, particularly with reference to their race, color, creed, gender, gender identity, gender expression, gender conformity, gender transitioning, transgender status, gender variance, religion, national origin, pregnancy or pregnancy related condition, homelessness, and disability.

To accomplish this, the Committee and its staff will make every effort to comply with the letter and the spirit of the Massachusetts equal educational opportunities law (known as M.G.L ch. 76, 5) which prohibits discrimination in public school admissions and programs. The law reads as follows:

No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and causes of study of such public school on account of race, color, sex, religion, national origin, pregnancy or pregnancy related condition, sexual orientation, gender, gender identity, gender expression, gender conformity, gender transitioning, transgender status, gender variance.

This will mean that every student will be given equal opportunity in school admission, admissions to courses, course content, guidance, and extracurricular and athletic activities.

All implementing provisions issued by the Board of Education in compliance with this law will be followed.

### **LEGAL REFERENCES:**

- Title VI, Civil Rights Act of 1964
- Title VII, Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972
- Executive Order 11246, as amended by E.O. 11375
- Title IX, Education Amendments of 1972
- M.G.L. 76:5; 76:16 (Chapter 622 of the Acts of 1971)
- BESE Regulations 03 CMR 26:00
- BESE Regulations 603 CMR 28:00
- The McKinney-Vento Act and Title I Part A, as Amended by the Every Student Succeeds Act of 2015

CROSS REF: AC, Nondiscrimination

Adopted: November 9, 2016

Revised and Readopted: December 18, 2019

**JEB**

**ENTRANCE AGE**

1. The entrance age to the Kindergarten is five (5) years on or before August 31. The entrance age to first grade is six (6) years on or before August 31;
2. There shall be a pre-entrance age conference between the Kindergarten teacher, parent and child by August of each year; and
3. Direct grade level transfers from other public school systems for children who have successfully completed Kindergarten or are enrolled in the higher grades will be handled on a case-by-case basis.

Certification of birth and any required physical examinations and immunizations shall be required at the time of registration.

**RECOMMENDED: NESDEC**

Original Adoption September 8, 2010

**RESIDENCY POLICY**

It is the policy of the Milton Public Schools that all children of school age who actually reside in the Town of Milton are entitled to attend the Milton Public Schools. “Residence” is the primary place where a person dwells permanently, and is the place that is the center of his or her domestic, social, and civic life. Temporary residence in the Town of Milton, for the purpose of attending a Milton public school, shall not be considered residency. Persons who are found to temporarily reside in the Town of Milton for the purpose of attending the public schools in the Town of Milton or who do not reside in the town of Milton may be dismissed immediately from the Milton Public Schools and the parent(s), guardian(s) or others may be jointly and severally liable to the Milton Public Schools for the student’s tuition and other costs and fees. The Milton Public Schools may conduct an investigation into the residency of any student at anytime. Milton Public Schools reserves its right to request a variety of documentation to confirm residency.

Before any student is assigned to or attends any Milton public school, the student’s parent or legal guardian must provide documents demonstrating proof of permanent residency in the Town of Milton and the student’s complete school records from previous school districts. The student cannot be enrolled until residency is established and the complete school record is received. Students who are enrolled in the Milton Public Schools shall be required to re-establish residency prior to entering grades six (6) and nine (9), and during other times as determined by the Superintendent or his/her designee. Students who are enrolled in the Milton Public Schools but who attend an educational program outside of the town shall be required to re-establish residency on an annual basis. The Milton Public Schools will implement administrative procedures consistent with this policy.

No person shall be excluded from or discriminated against in admission to a Milton Public School, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin, homelessness, disability, sexual orientation, gender, gender identity, gender expression, gender conformity, gender transitioning, transgender status, or gender variance. This proof of residency policy does not apply to homeless students and families. If possible, families who are homeless or staying in a shelter should bring a letter from the shelter staff stating that they are living there. All homeless families should contact the Milton Public Schools McKinney-Vento liaison who will assist with enrollment.

LEGAL REFERENCE: M.G.L. 76:5, M.G.L. 76:6, M.G.L. 71:37H

Adopted: July 8, 2015

Readopted: November 9, 2016

Revised and readopted: August 21, 2019

## **EDUCATIONAL OPPORTUNITIES FOR MILITARY CHILDREN**

In an effort to facilitate the placement, enrollment, graduation, data collection and provision of special services for students transferring into or out of the District because of their parents/guardians being on active duty in the U.S. Armed Services, the District supports and will implement its responsibilities as outlined in the Interstate Compact on Educational Opportunity for Military Children. The School Committee believes it is appropriate to remove barriers to educational success imposed on children of military families because of their parents'/guardians' frequent moves and deployment.

### **Definitions**

**Children of military families** means school aged children enrolled in kindergarten through 12th grade, in the household of an active duty member of the uniformed service of the United States, including members of the National Guard and Reserve serving on active duty.

**Deployment** means the period one month before the service members' departure from their home station on military orders through six months after return to their home station.

**Education(al) records** means official records, files, and data directly related to a student and maintained by the school including, but not limited to, records encompassing all the material kept in the student's cumulative folder.

The requirements, applicable to eligible students, which must be fulfilled, are listed below. Eligible students are those who are children of active duty personnel. Children are eligible to receive services for one year following discharge due to severe injury, retirement or death of an active military parent. Students are not eligible for the provisions of the Compact if they are children of inactive Guard or Reserves, retired personnel, veterans not included above or U.S. Department of Defense personnel and other federal civil service employees and contract employees.

The District's responsibilities to eligible children include the following:

- Sending schools must send either official or unofficial records with the moving students and District receiving schools must use those records for immediate enrollment and educational placement.
- Simultaneously, the receiving school must request official records and the sending schools shall respond within 10 days with the records.
- Immunization requirements of the District may be met within 30 days from the date of enrollment (or be in progress).
- Receiving schools must initially honor placement of students in all courses from the sending school. These include, but are not limited to, Honors, International Baccalaureate, Advanced Placement, vocational-technical, and career pathway courses if those courses are offered in the receiving school and space is available. The receiving schools must also initially honor placement of like programs to those of the

student in the sending state, including, but not limited to, Gifted and Talented programs, and English as a Second Language programs. Receiving schools are not precluded from performing subsequent evaluation to ensure the appropriate placement and continued enrollment of the student in courses and programs.

- In compliance with federal law, special education students must be placed by the existing IEP with reasonable accommodations in the receiving school.
- The District will exercise, as deemed appropriate, the right to waive prerequisites for all courses and programs, while also maintaining its right to re-evaluate the student to ensure continued enrollment, as deemed appropriate.
- Students of active duty personnel shall have additional excused absences at the discretion of the District for visitations relative to leave or deployment.
- An eligible student living with a noncustodial parent or other person standing in loco parentis shall be permitted to attend the school in which he or she was enrolled while living without the custodial parent/guardian without any tuition fee imposed.
- The District high school will accept exit or end-of-year exams required from the sending state, national norm-referenced tests, or alternate testing instead of testing requirements for graduation in the District (receiving state.) If this is not possible, the alternative provision of the Interstate Compact shall be followed in order to facilitate the on-time graduation of the student in accordance with Compact provisions.

LEGAL REFS: M.G. L. [15E](#); Interstate Compact on Educational Opportunity for Military Children

SOURCE: MASC February 2019

Adopted: August 21, 2019





## **EDUCATIONAL OPPORTUNITIES FOR CHILDREN IN FOSTER CARE**

The purpose of this policy is to ensure the educational stability of students in foster care and their equal access to the same free and appropriate public education through high school graduation as provided to other students as required by law. Educational stability has a lasting impact on students' academic achievement and wellbeing, and the School Committee is committed to supporting district and community efforts to ensure that students in foster care have access to high-quality, stable educational experiences.

The law requires that foster care students continue to attend their school of origin, unless after a collaborative decision-making process it is determined to be in the student's best interest to enroll in and attend school in the district in which a foster care provider or facility is located (if different). The law also requires that when it is not in the student's best interest to remain in the school of origin, the student is immediately enrolled and attending in a new school district, even if records normally required for enrollment cannot be quickly produced. Additionally, the law requires the Department of Children and Families (DCF), The Department of Elementary and Secondary Education (DESE), and the school district to designate points of contact; and also that the district collaborate with DCF to ensure that students will receive transportation to the school of origin if needed.

### **Best Interest Determination**

Decisions about whether a student in foster care should continue to attend the school of origin should be made collaboratively by DCF, the student (as appropriate), the student's family and/or foster family (and if different, the person authorized to make educational decisions on behalf of the student), the school and district of origin, and (when different) the local district where the student is placed. Best interest determinations should focus on the needs of each individual student and take into account a variety of factors. Every effort should be made to reach agreement regarding the appropriate school placement of a student in foster care. However, if there is disagreement regarding school placement for a student in foster care, DCF will finalize the best interest determination.

The district can seek review of DCF's decision by utilizing a Foster Care School Selection Dispute Resolution Process established by DESE and DCF. Decisions made through this process are not subject to review. Under the law, to promote educational stability, students should continue to attend their schools of origin while best interest determinations are being made.

### **Transportation**

The district of origin must collaborate with DCF on how transportation will be provided and arranged to ensure that students in foster care who need transportation to remain in their school of origin will receive such transportation while they are in foster care.

Transportation options may include using Title I funds, establishing regional collaborations among districts, coordinating with existing routes for transportation, seeking help from foster

parent(s), etc. Absent other agreements between the district and DCF, the district of origin is responsible for providing transportation to and from the school of origin.

### **Immediate Enrollment**

If it is in the best interest of a student in foster care to leave the school of origin, the student must be enrolled in school in the local school district immediately. To minimize disruption of the student's education, the law requires the district to enroll the student in a new school right away, without waiting to receive the typical student enrollment documentation (other than emergency contact information). The enrolling school must immediately contact the child's school and district of origin to obtain the relevant records and documentation, and the school and district of origin should immediately transfer those records.

To facilitate enrollment, DCF representatives will present the district with a form that indicates that the student is in foster care, along with their state-agency identification badge, when enrolling students.

LEGAL REFS: *Every Student Succeeds Act* (ESSA);

Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act)

SOURCE: MASC

Adopted: August 21, 2019

**SCHOOL CHOICE**

It is the policy of the Milton Public Schools to admit non-resident students under the terms and conditions of the Interdistrict School Choice Law (M.G.L. 76: 12B) and under the following local conditions:

1. That by May 1 of every school year, the administration will determine the number of spaces in each school available to choice students.
2. That by June 1 of every school year, if consideration is being given to withdraw from the provisions of the school choice law, a public meeting will be held to review this decision.
3. That resident students be given priority placement in any classes or programs within the Milton Public Schools.
4. That the selection of non-resident students for admission when the number of requests exceeds the number of available spaces be in the form of a random drawing. There will be two (2) drawings for this purpose. The first will take place during the last week of the current school year but no later than July 1<sup>st</sup>. The second will be conducted during the week immediately preceding the opening of the next school year and will be based on the possibility of unexpected additional openings.
5. Any student who is accepted for admission under the provisions of this policy is entitled to remain in the Milton Public Schools until their graduation from high school except if there is a lack of funding of the program.
6. The School Committee affirms its position that it shall not discriminate in the admission of any child on the basis of race, color, religion, national origin, sex, age, sexual orientation, gender, gender identity, gender expression, gender conformity, gender transitioning, transgender status, gender variance, ancestry, athletic performance, disability, pregnancy, pregnancy related condition, academic performance or proficiency in the English language.

LEGAL REFS: M.G.L. 71:6; 71:6A; 76:6; 76:12; 76:12B

BESE Regulations 603 CMR 26:00

Original adoption: November 1, 2004

Readopted: November 9, 2016

First and Second Reading for Reapproval: August 13, 2018

**ADMISSION TO COURSE OF STUDY**

1. Each and every course of study offered by a public school shall be open and available to students regardless of race, color, religion, national origin, homelessness, disability, gender, gender identity, gender expression, gender conformity, gender transitioning, transgender status, gender variance, housing status or sexual orientation. Nothing herein shall be construed to prohibit the use of prerequisite requirements that have been demonstrated to be essential to success in a given program. However, if participation in a course or program is dependent upon completion of a prerequisite which was previously limited to students of one gender, or if close scrutiny reveals that access mechanisms or other administrative arrangements have limited the access of any class of students to participate in such prerequisites, then all members of the previously excluded group shall be given the opportunity to acquire the prerequisites or be allowed to enter the program without such prerequisites. If it cannot be shown that a prerequisite is essential for success in a given program, the prerequisite shall be abolished;
2. The determination of what courses or units of study are to be required of any student shall also be made without regard to the race, color, religion, national origin, homelessness, disability, gender, gender identity, gender expression, gender conformity, gender transitioning, transgender status, gender variance, or sexual orientation;
3. Each student, regardless of race, color, religion, national origin, homelessness, disability, gender, gender identity, gender expression, gender conformity, gender transitioning, transgender status, gender variance, sexual orientation, housing status or limited English-speaking ability, shall have equal rights of access to courses of study and other opportunities available through the school system of the city or town in which the student resides, along with appropriate bilingual instruction and programs or other curriculum offerings of a supportive nature such as appropriate remedial programs; and
4. Nothing in 603 CMR 26.03 shall be construed to prevent particular segments of a program of instruction from being offered separately to each gender when necessary in order to respect personal privacy. However, whenever students are separated by gender in school activities or are subject to an otherwise lawful gender-specific rule, policy, or practice, students must be permitted to participate in such activities or conform to such rule, policy, or practice consistent with their gender identity.

5. The Milton Public School system does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, gender identity, gender variance, gender conformity, gender transitioning, transgender status, age, national origin (ancestry), disability, marital status, sexual orientation, homelessness or military status in any of its programs, activities or operations. These include, but are not limited to, admissions, equal access to programs and activities, hiring and firing of staff, provision of and access to programs and services, as well as selection of volunteers, vendors and employers recruiting at the Milton Public Schools. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, volunteers, subcontractors, and vendors. The following person has been designated to handle inquiries regarding the non-discrimination policies: Assistant Superintendent for Curriculum and Human Resources, 25 Gile Road, Milton, MA 02186. Phone: 617-696-4812.

LEGAL REFERENCES: M.G.L. 76:1; 76:5  
603 CMR 26:01; 26:02; 26:03

Original Adoption: November 16, 2009

Readopted: November 9, 2016

Reapproved: March 29, 2017

## PROGRAM ASSIGNMENT

### General Procedures

The assignment of students to grade one will always be carried out in a manner that provides optimal learning environments for all students.

Generally, students will be required to attend school in the attendance area in which they reside, unless the Superintendent has granted special permission, the student is participating in the French Immersion Program through the below process, or school location is determined by a student's Individualized Education Program (IEP) or Section 504 Plan.

Special permission may be granted for the following reasons:

1. If the change involves a student with a disability, a hardship case, or if there are medical considerations.
2. If the change appears to be in the interests of the child, of the schools, and/or for disciplinary and administrative reasons.
3. If the legal residency of a child changes from one attendance area to another during the school year and the parents wish the child to remain in his/her former school; permission will not be extended beyond current school year.

School bus transportation will not be provided for students attending school outside their attendance area unless they can be accommodated on existing bus routes and schedules or the placement has been made pursuant to the student's IEP or Section 504 Plan.

The Superintendent has the authority to assign or reassign students to an elementary school other than his/her neighborhood school if the other school is better suited to address the student's educational and/or special educational needs.

### Grade One Assignment Procedures

Each year the district will provide families with information regarding the Elementary programs. The district will provide this information in various formats as determined by the Superintendent.

**Each year the Superintendent will:**

- 1. Determine the level of interest in the grade 1 English and French programs.**
- 2. Accommodate and assign all students to grade 1 English who select English.**
- 3. Determine the number of grade one English and French Immersion sections in each school based on the established format:**
  - Each Elementary school will have a minimum of two English Innovation Pathways classes**
  - French Immersion classes will be determined equitably across the Elementary Schools, given the constraints of the number of classrooms available, enrollment numbers and funding**
  - If enrollment numbers require that an additional Grade 1 section is needed, the Superintendent will determine whether that section will be English or French and in which school the section will be located based on the needs and resources of the district.**
- 4. Continue to prioritize school building assignment for siblings, however siblings will not have priority for assignment to a program.**
- 5. Hold Grade One lotteries in the event that the demand a program in a school exceeds the number of available seats in that school.**

#### **Grade One Program Lotteries**

**In the event that the demand for a program exceeds the number of available seats the Superintendent will assign students based on the results of lotteries as detailed below.**

#### **Lottery Detail**

**The initial lottery will typically take place after March 1<sup>st</sup> and before April 15<sup>th</sup>. The lotteries will be conducted by the Superintendent. Results of the lotteries (including assignment and waitlist order) will be communicated on an individual basis. The assigned seats will be determined using a computer generated random number process. Multiples (twins, triplets, etc..) will enter the lotteries as a single entry. Waitlists for open seats for all lotteries will remain in effect until the tenth day of school.**



## Lottery Order

1. **School-based Lottery for Kindergarten students attending the MPS as of March 1<sup>st</sup>.**

*If seats still exist at one or more schools*

2. **District-wide lottery for Kindergarten students attending the MPS as of March 1<sup>st</sup> that have been waitlisted at their home school and would voluntarily leave their home school.**

*If seats still exist at one or more schools*

3. **School Based Lottery for Kindergarten students who begin attending the MPS sometime after March 1<sup>st</sup> through the end of the school year.**

*If seats still exist at one or more schools*

4. **School Based Lottery for students new to the MPS in Grade 1.**

**Original Adoption: January 9, 2013**

**First Reading: December 4, 2019**

**Second Reading: December 18, 2019**

## STUDENT ABSENCES AND EXCUSES

Regular and punctual school attendance is essential for success in school. The Committee does recognize that parents of children attending our schools have special rights as well as responsibilities, one of which is to ensure that their children attend school regularly, in accordance with state law.

Therefore, students may be excused temporarily from school attendance for the following reasons:

1. Illness or quarantine;
2. Bereavement or serious illness in family;
3. Weather so inclement as to endanger the health of the child; or
4. For observance of major religious holidays.

A child may also be excused for other exceptional reasons with approval of the school administrator.

A student's understanding of the importance of day to day school work is an important factor in the shaping of the student's character. Parents can help their children by refusing to allow them to miss school needlessly.

Accordingly, parents will provide a written explanation for the absence and tardiness of a child. This will be required in advance for types of absences where advance notice is possible.

Each principal will notify a student's parent/guardian within three (3) days of the student's absence in the event the parent (s)/guardian (s) has not informed the school of the absence.

Parent(s)/Guardian(s) will be notified when a student has at least five (5) days in which the student has missed two (2) or more unexcused classes/periods or who has five (5) or more unexcused absences in the school year. A reasonable effort will be made to schedule a meeting with the building principal or designee, the parent(s)/guardian(s), and the student to develop an action plan to improve the student's attendance.

In instances of chronic or irregular absence reportedly due to illness, the school administration may request a physician's statement certifying such absences to be justifiable.

Makeup work for classes missed while a student is absent must be made up within the timelines arranged with the teacher. Parents/guardians may request work only if their child is absent three (3) or more consecutive days from school. Otherwise, the student should collect missing work upon return.

In any case of extended absences, the Milton Public Schools will work closely with parents/guardians and teachers with regard to providing students the opportunity to make up missed work.

SOURCE: MASC February 2019

LEGAL REFS.: M.G.L. 76:1; 76:1B; 76:16; 76:18; 76:20

Original Adoption: November 1, 2004

Revised and Readopted: August 21, 2019

**TRUANCY**

Unauthorized absence from school is considered truancy and will be treated as such.

This includes absence from any class, study hall, or activity during the school day for which the student is scheduled. It also includes any afterschool special help session or disciplinary session that the student has been directed to attend.

Disciplinary action shall be taken in such cases, beginning with notification of parents. Continued violation may lead to suspension from school.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

**EXCLUSIONS AND EXEMPTIONS FROM SCHOOL ATTENDANCE**

Denial of Admission

Denial of admission means the withholding of the privilege of enrolling in a school of the District.

The following shall be the grounds for denial of admission to school or diversion to an appropriate alternative program:

1. Graduation from the twelfth grade of any school or receipt of any document evidencing completion of the equivalent of a secondary curriculum;
2. Failure to meet the requirements of age as fixed by the School Committee as defined in Massachusetts General Laws;
3. Having been expelled during the same school year from the Milton Public Schools or any district in the Commonwealth;
4. Not being a resident of the District and the District has opted not to participate in the School Choice Law; or
5. Failure to comply with the provisions of the Massachusetts School Entry Immunization Law.

LEGAL REFERENCES: M.G.L. 71:37H; 76:12; 76:12A; 76:12B  
603 CM 26:00

Original Adoption: November 16, 2004

**STUDENT RIGHTS AND RESPONSIBILITIES**

The School Committee has the responsibility to afford students the rights that are theirs by virtue of guarantees offered under the federal and state constitutions and statutes. In connection with rights there are responsibilities that must be assumed by students.

Among these rights and responsibilities are the following:

1. Civil rights--including the rights to equal educational opportunity and freedom from discrimination; the responsibility not to discriminate against others;
2. The right to attend free public schools; the responsibility to attend school regularly and to observe school rules essential for permitting others to learn at school;
3. The right to due process of law with respect to suspension, expulsion, and decisions the student believes injure his/her rights;
4. The right to free inquiry and expression; responsibility to observe reasonable rules regarding these rights; and
5. The right to privacy, which includes privacy in respect to the student's school records.

It is the School Committee's belief that as part of the educational process students should be made aware of their legal rights and of the legal authority of the School Committee to make, and delegate authority to its staff to make rules regarding the orderly operation of the schools.

Students have the right to know the standards of behavior that are expected of them, and the consequences of misbehavior.

The rights and responsibilities of students, including standards of conduct, will be made available to students and their parents through handbooks distributed annually.

LEGAL REFERENCES: M.G.L. 71:37H; 71:82; 71:83 through 71:86 (subject to local acceptance)

Original adoption: November 16, 2004

## STUDENT DUE PROCESS RIGHTS

The constitutional rights of individuals assure the protection of due process of law. Where possible, the due process procedure shall be followed, but there may be extraordinary circumstances where quick administrative action is required because the safety of others is at stake. This may require the temporary waiver of due process rights, but under normal circumstances this system of constitutionally and legally sound procedure is followed with regard to the administration of discipline in the Milton Public Schools.

1. Notification of alleged violation and disciplinary action that may be taken shall be supplied to the student and/or the student's parent or guardian;
2. The student may defend himself/herself against the charges, gather evidence and present witnesses in his/her behalf or exercise the privilege against self-incrimination;
3. A student must be given an opportunity to an appeal if student or parent/guardian indicates the desire for one. A hearing shall be held to allow the student and parent/guardian to contest the facts.

The following procedures shall govern all appeals:

1. Written notice of charges against a student shall be supplied to the student and parent/guardian;
2. Parent or guardian shall be present at the hearing. This may be waived if the student has reached majority;
3. The student, parent or guardian may be represented by legal counsel;
4. The student shall be allowed to offer testimony, provide witness, as well as to challenge all charges placed against him/her;
5. The hearing shall be conducted by an impartial hearing authority who shall make his/her determination solely upon the evidence presented at the hearing;
6. The findings of the hearing authority, shall be reduced to writing and sent to the student and parent/guardian within a reasonable period of time; and
7. The student and parent/guardian shall be made aware of their right to appeal the decision of the hearing authority to a higher authority.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

**STUDENT INVOLVEMENT IN DECISION MAKING**

A primary task of the school is to create a stimulating learning climate that develops active involvement of students in their education and develops a spirit of inquiry. This climate is created when students work together with school staff in such activities as planning and evaluating school programs.

The School Committee believes that students should:

1. Be encouraged to participate in planning classroom activities and in improving courses of studies;
2. Feel free to express, without fear, his or her own opinions, recognizing that every privilege and right has a corresponding responsibility;
3. Be involved in the planning of assembly programs and schools sponsored forums of interest;
4. Be encouraged to participate in student government organizations that provide students with a voice in school affairs; and
5. Be encouraged to participate in a variety of extra class activities to broaden educational experiences.

LEGAL REFERENCE: M.G.L. 71:38M

Original Adoption: November 16, 2004



**STUDENT GOVERNMENT**

The School Committee sanctions and recommends the organization of student government bodies in the secondary schools.

Student government shall be "of the students, by the students, and for the students," representing all students in the school in communications with the administration.

Members to student councils shall be elected democratically. The rights and responsibilities of the council shall be clearly set forth.

All students are to be encouraged to make suggestions for improvement of student life through the Student Councils.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

**STUDENT REPRESENTATIVE AND STUDENT ADVISORY COMMITTEE TO  
THE SCHOOL COMMITTEE**

In conformance with state law, the School Committee will meet once every other month while school is in session with the "Student Advisory Committee" (SAC) for Milton High School.

The SAC is composed of five students elected by the high school student body. The chairman of the student advisory committee shall be an ex-officio non-voting member of the School Committee, without the right to attend executive sessions of the School Committee.

The School Committee believes that it is in the spirit of Chapter 71, Section 38M to include as many students as possible in the policy-making process. Should the SAC choose to elect co-chairmen, who might attend School Committee meetings on a rotating basis, the School Committee will provide informational packets to all such co-chairmen.

The SAC chairman (or co-chairmen) shall be subject to all rules and regulations applicable to other members of the School Committee, and shall serve without compensation.

The SAC and the School Committee shall meet in October, December, February, April, and June as part of the regularly scheduled School Committee meeting. At least one week prior to these meetings, the SAC shall submit proposed items for discussion to the superintendent or his/her designee.

LEGAL REFERENCE: M.G.L. 71:38M

CROSS

REFERENCE: B-17 Student representative and student advisory committee to the School Committee

Original adoption: November, 2004

Reapproved for Adoption: February 6, 2019

**STUDENT CONDUCT**

Good citizenship in schools is based on respect and consideration for the rights of others.

Students will be expected to conduct themselves in a way that the rights and privileges of others are not violated. They will be required to respect constituted authority, to conform to school rules and to those provisions of law that apply to their conduct.

Any of the following actions may subject a student to expulsion by the Principal under the terms of M.G.L. 71:37H:

1. Any student who is found on school premises or at school-sponsored or school-related events, including athletic games, in possession of a dangerous weapon...; or a controlled substance...; and
2. Any student who assaults a Principal, Assistant Principal, teacher, teacher's aide or other educational staff [member] or volunteer on school premises or at school-sponsored or school-related events including athletic games...

Any of the following actions will subject a student to suspension or expulsion, subject to School Committee action, or other disciplinary measures:

1. Intentionally causing or attempting to cause damage to school property; or stealing or attempting to steal school property;
2. Intentionally causing or attempting to cause damage to private property; stealing or attempting to steal private property;
3. Intentionally causing or attempting to cause physical injury to another person except in self-defense;
4. Using or copying the academic work of another and presenting it as his/her own without proper attribution; or
5. Repeatedly and intentionally defying the valid authority of supervisors, teachers, or administrators.

The above-prohibited actions will be printed in a handbook or other publication and made available to students and parents.

School building administrators will not suspend a student, or recommend a student for suspension or expulsion, unless the student has engaged in one of the prohibited actions mentioned above while on school property or taking part in a school activity off school grounds.

LEGAL REFERENCE: M.G.L. 71:37H

CROSS REFERENCE: Student handbooks

Original Adoption: November 16, 2004

**STUDENT DRESS CODE**

Any apparel or item with a message advocating/highlighting violence, weapons, alcohol, tobacco, other drugs, or illegal behavior, or expressing vulgarity such that it causes disruption or disorder, or regarded by administrators as dangerous or adversely impacting the educational process, may not be worn in school or at school events or activities.

Head coverings of any sort, such as hats, hoods, or bandannas, are not to be worn in the school building. Students must remove their head covering when they enter the building and keep the covering off until they exit the building. An administrator is the only person who can make an exception to the policy (e.g. medical or religious reason).

CROSS REFERENCE: Milton High School Handbook

Original Adoption: November 16, 2004

**CARE OF SCHOOL PROPERTY BY STUDENTS**

Textbooks and Instructional Materials

Students will be held responsible for proper care and return of books and instructional materials issued to them. Students must pay for all books damaged or lost. Final report cards and diplomas may not be issued until bills are paid.

Library Books

Pupils shall be held responsible for the replacement of library materials charged to them and materials damaged beyond normal wear.

Sheet Music and Musical Instruments.

Sheet music for instruction and for choruses, bands, orchestras, and ensembles shall be purchased, requisitioned, and loaned to pupils in like manner and upon the same terms as textbooks. Musical instruments for the same purpose shall be loaned to pupils not owning instruments to the extent that such instruments are available. Pupils assigned these instruments shall be responsible for their replacement or damage beyond normal wear.

Physical Education and Athletic Equipment

Equipment for the physical education and the athletic program may be loaned to pupils, but pupils shall be held responsible for replacement of such equipment lost or damaged beyond normal wear.

Original Adoption: November 16, 2004

## **STUDENT CONDUCT ON SCHOOL BUSES**

The School Committee and its staff share with students and parents the responsibility for student safety during transportation to and from school. The authority for enforcing School Committee requirements of student conduct on buses will rest with the Principal.

To ensure the safety of all students who ride in buses, it may occasionally be necessary to revoke the privilege of transportation from a student who abuses this privilege. Parents of children whose behavior and misconduct on school buses endangers the health, safety, and welfare of other riders will be notified that their children face the loss of transportation privileges in accordance with regulations approved by the School Committee.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

**STUDENT PUBLICATIONS**

Students will enjoy the constitutional rights of freedom of expression. They will have the right to express their views in speech, writing, or through any other medium or form of expression within limitations comparable to those imposed on all citizens but specifically designed for children and youth in a school setting.

The School Committee will encourage student publications not only because they offer an educational activity through which students gain experience in reporting, writing, editing, and understanding responsible journalism, but also because they provide an opportunity for students to express their views.

All student publications will be expected to comply with the rules for responsible journalism. This means that libelous statements, unfounded charges and accusations, obscenity, defamation of persons false statements, material advocating racial or religious prejudice, hatred, violence, the breaking of laws and school regulations, or materials designed to disrupt the educational process will not be permitted.

The Superintendent will establish guidelines that are in keeping with the above and provide for the review of the content of all student publications prior to their distribution.

Review of content prior to publication is not censorship, but part of the educational process as this concerns student publications. It can be pointed out to students, as it frequently is to journalists, that a publisher (in this case, the school system) enjoys freedom to determine what it will and will not publish.

Distribution of Literature

Students have a right to the distribution of literature on school grounds and in school buildings, except that the Principal may prohibit the distribution in school buildings of a publication that bears the school name.

LEGAL REFERENCE: M.G.L. 71:82

Original Adoption: November 16, 2004



## **GANG ACTIVITY/SECRET SOCIETIES**

### **GANG ACTIVITY**

The goal of the School Committee is to keep district schools and students free from the threats or harmful influence of any gang. For purposes of this policy, gang is defined as any group, secret society, organization or association that advocates drug use, violence, ethnic intimidation, or disruptive or illegal behavior. The Principal or his/her designee shall maintain supervision of school premises to deter intimidation of students and confrontations between members of different gangs.

The Superintendent, or the Superintendent's designee, shall establish open lines of communication with local law enforcement agencies so as to share information and provide mutual support in this effort within appropriate legal guidelines.

The Superintendent, or the Superintendent's designee, shall provide in-service training to help staff members identify gangs and gang symbols, recognize early manifestations of disruptive activities, and respond appropriately. Staff members shall be informed about conflict management techniques and alerted to intervention measures and community resources that may help students.

### **Prevention Education**

The School Committee realizes that students may become involved in gangs without understanding the consequences of such membership. Early intervention is a key component of efforts to break the cycle of such memberships. Therefore, gang violence prevention information shall be made available in the elementary, middle, and high schools as appropriate.

### **SECRET SOCIETIES**

Fraternalities, sororities and/or secret societies shall not receive Milton Public Schools or building recognition in any manner.

A student may be suspended or expelled for failure to comply with the provisions of this policy.

Original Adoption: November 16, 2004

**HAZING**

CH. 269, S.17. CRIME OF HAZING; DEFINITION; PENALTY

Whoever is a principal organizer or participant in the crime of hazing, as defined herein, shall be punished by a fine of not more than three thousand dollars or by imprisonment in a house of correction for not more than one year, or by both such fine and imprisonment.

The term "hazing" as used in this section and in sections eighteen and nineteen, shall mean any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity which is likely to adversely affect the physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation. Notwithstanding any other provisions of this section to be contrary, consent shall not be available as a defense to any prosecution under this action.

CH. 269, S.18. DUTY TO REPORT HAZING

Whoever knows that another person is the victim of hazing as defined in section seventeen and is at the scene of such crime shall, to the extent that such person can do so without danger or peril to himself/herself or others, report such crime to an appropriate law enforcement official as soon as reasonably practicable. Whoever fails to report such crime shall be punished by a fine of not more than one thousand dollars.

CH. 269, S.19. HAZING STATUTES TO BE PROVIDED; STATEMENT OF COMPLIANCE AND DISCIPLINE POLICY REQUIRED

Each secondary school and each public and private school or college shall issue to every group, student, team or organization under its authority or operating on or in conjunction with its campus or school, a copy of this section and sections seventeen and eighteen. Each such group, team, and organization shall distribute a copy of this section and sections seventeen and eighteen to each of its members, plebes, pledges, or applicants for membership. An officer of each such group or organization, and each individual receiving a copy of said sections seventeen and eighteen shall sign an acknowledgment stating that such group, organization or individual has received a copy of said sections seventeen and eighteen.

Each secondary school and each public or private school or college shall file, at least annually, a report with the Board of Higher Education and in the case of secondary schools, the Board of Education, certifying that such institution has complied with the provisions of this section and also certifying that said school has adopted a disciplinary policy with regards to the organizers and participants of hazing. The Board of Higher Education and, in the case of secondary schools, the Board of Education shall promulgate regulations governing the

content and frequency of such reports, and shall forthwith report to the attorney general any such institution which fails to make such a report.

LEGAL REFERENCE: M.G.L. 269: 17-19

CROSS REFERENCE: Student Handbooks

Original Adoption: September 30, 2015

**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.

The school district shall utilize, in accordance with law, a verbal screening tool approved by the Department of Elementary and Secondary Education to screen students for substance abuse disorders. The tool shall be administered by trained staff on an annual basis at grades 7 and 9.

Parents/guardians shall be notified prior to the opening of school each year. Parents/guardians shall have the right to opt out of the screening by written notice prior to or during the screening.

All statements made by a student during a screening are confidential and shall not be disclosed except in the event of immediate medical emergency or in accordance with law. De-identified results shall be reported to the Department of Public Health within 90 days of the completion of the screening process.

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 February 2018

LEGAL REFS: M.G.L.71:2A; 71:96; 71:97; 272:40A

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

Approved: August 24, 2016

Reapproved:

First Reading: March 7, 2018

Second Reading: March 21, 2018



## WEAPONS IN SCHOOL POLICY

### Weapons Policy – Milton Public Schools

It is the policy of the Milton Public Schools to maintain a positive, safe and secure learning and working environment. The Milton Public Schools takes the position of no tolerance for weapons in our schools or in any other school sponsored activity. Any weapon or instrument that has the appearance of a weapon or is used in potentially dangerous or threatening manner is prohibited within all school environments and at any school sponsored activity, except for educational purposes as authorized in advance by the building Principal or designee or as provided by Massachusetts Statute governing licensed peace officers.

Students and non-students, including adults and visiting youths, are forbidden to possess a weapon in school, on school grounds, at school sponsored or school related events (including athletic games), at bus stops, on school buses or school vehicles, or when entering upon or departing from school premises, property, or events. This prohibition applies to: all school owned, leased or controlled buildings and grounds; all school owned, leased, or contracted vehicles; and at any school sponsored event. This prohibition also applies to any vehicle brought to school grounds or school related events.

### Definitions

- A. “Weapon” is defined as any object, device or instrument: 1) designed as a weapon or, (2) through its use is capable of threatening or producing bodily harm or, (3) which is used in potentially dangerous or threatening manner to inflict harm or injury, including but not limited to:
1. All firearms, whether loaded or unloaded;
  2. Other guns of all types including pellet, B-B, stun, look-alike, and non-functioning guns that could be used to threaten others;
  3. Knives, switch blades or automatically opening blades, daggers, swords, straight razors;
  4. Artificial knuckles or other objects designed to be worn over the fist or knuckles;
  5. Blackjacks, clubs, numchucks, throwing stars;
  6. Explosives, incendiary devices;
  7. Poisons, chemicals, or substances capable of causing bodily harm;
  8. Bow and arrows, sling shots;

9. Laser Pointers;
  10. Any other device or instrument that is used or may be used to intimidate, threaten or inflict harm or injury (as defined in Section 921 of Title 18 of the United States Code.)
  11. Mace may be considered a weapon under this policy. If the student's parents make special arrangements with the building Principal for the student to check the mace into the school office upon arrival and to check the mace out of the school office upon leaving for the day, students may be allowed to carry mace under limited circumstances. Employees may make similar arrangements with the building Principal or supervisor.
- B. "Possession" means having a weapon on one's person or in an area in one's control, which includes the student's vehicle, desk, or locker, and includes the handling, transmission and use or threat of use of a weapon. If a student discovers that he or she has accidentally brought a weapon to school and immediately takes the weapon to the Principal's office, the student shall not be considered in possession of a weapon. If a student realizes that he or she has brought a weapon to school that is in a vehicle on school grounds, and the student informs the Principal or other staff person immediately, the student will not be considered to be in possession of a weapon. If a student finds a weapon on school grounds and the student informs the Principal or other staff person immediately, the student will not be deemed to be in possession of a weapon.
- C. "Zero tolerance" means the Milton Public Schools strictly prohibits weapons on school grounds and will take immediate disciplinary action with respect to those who violate this policy. The Milton Public Schools takes a position of zero tolerance on the possession, handling, transmission, storage, or use of any weapon or object that may be used as a weapon on school grounds or at school related events.

#### Consequences for Violation of this Policy by Students

- A. Firearms Possession – Pursuant to the Federal Gun-Free Schools Act (20 USC §7151), a student who brings in or is found in possession of a firearm as defined by (18 USC §921) will be subject to expulsion for not less than one year by the principal.
- B. Possession of Other Weapons – (1) Pursuant to M.G.L. ch.71 §37H, a student who possess weapons other than a firearm will be subject to expulsion from the school or school district by the principal. (2)The following consequences may be invoked at the discretion of the Principal including but not limited to:
  1. Confiscation of the weapon;
  2. Notification and involvement of Police or Police Liaison;
  3. Notification of Parent/Guardian;
  4. Suspension, expulsion, exclusion of student pursuant to the Pupil Fair Dismissal Act and federal and state statutes applicable to disabled students;

5. Dismissal of student from a specific class or classes;
6. State mandated reporting of instance; and/or
7. Other actions as determined appropriate by the Principal and approved by Superintendent or designee.

C. Pursuant to Massachusetts law, the Superintendent may modify this requirement of expulsion through an appeal process, on a case-by-case basis.

#### Consequences for Violation of this Policy by Other Youths and Adults Including Employees

The following consequences may be invoked at the discretion of the Milton Public Schools including but not limited to:

1. Immediate police involvement;
2. Employees may also be subject to Milton Public Schools investigation and application of relevant Milton Public Schools policies and disciplinary procedures;  
or
3. Any further action appropriate to protect the safety of students, staff, others and Milton Public Schools property.

#### Authorized Instructional and Work Related Equipment and Tools

While this Policy represents a zero tolerance position on weapons and/or look-alike weapons, it is not meant to interfere with instruction or use of appropriate equipment and tools by employees and students. Such equipment when properly used and stored shall not be considered a weapon for purposes of this Policy. However, when authorized instructional and work equipment and tools are used in potentially dangerous or threatening manner, the guidelines and consequences of this Policy will take effect.

LEGAL REFERENCE: M.G.L. 71:37H & 71:37L

20 USC §7151

Federal Gun-Free Schools Act (P.L. 103 382) (GFSA)

Later as (P.L. 107-110) (NCLB) section 4141 of ESEA

18 USC §924, section 110106

CROSS REFERENCE: Student Handbooks

Original Adoption: January 6, 2016



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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, VAPE 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, VAPE 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 may be 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 administer 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 website.

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.

(c) 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 3-6 month outpatient service for Norfolk County youth 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](http://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



**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.**

## 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EVALUATIONS/RECOMMENDATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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):

- ü 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.

ü 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:

ü *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.

ü *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.

ü *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.

**PREGNANT STUDENTS**

School-age mothers, unless they receive adequate assistance, might drop out of school without acquiring the necessary education or without marketable skills. It is the policy of the Milton Public Schools to preserve educational opportunities for those students who may become pregnant and/or take on parenting responsibilities while enrolled in school.

A student who self identifies her pregnancy has an initial assessment for health and safety by the school nurse. At this confidential assessment an individualized plan is created for each student with consultation and collaboration between student, parent/guardian, nurse, and if appropriate and medically necessary, the physician. There is ongoing monitoring of the student's health and safety and assistance by the school nurse to the extent that the student requests this assistance. There is no physician certification required for the pregnant student to remain in school. Each student may participate in a full school day and all school and extracurricular activities.

Every effort will be made to see that the educational program of the student is disrupted as little as possible; that health counseling services, as well as instruction are offered; that return to school after delivery is encouraged; and that every opportunity to complete high school is provided.

Legal References: M.G.L. c.71§84; Title IX: 20 U.S.C. §1681; 34 CFR §106.40(b)

Adoption: January 19, 2011

## **SEARCHES AND INTERROGATIONS**

### Searches by Staff

The right of inspection of students' school lockers is inherent in the authority granted school committees and administrators. This authority may be exercised as needed in the interest of safeguarding children, their own and school property.

Nevertheless, exercise of that authority by school officials places unusual demands upon their judgment so as to protect each child's constitutional rights to personal privacy and protection from coercion and to act in the best interest of all students and the schools.

Searches by school officials of students' automobiles or the student will be conducted in a way that protects the students' rights consistent with the responsibility of the school system to provide an atmosphere conducive to the educational process.

### Interrogations by Police

The schools have legal custody of students during the school day and during hours of approved extracurricular activities. It is the responsibility of the school administration to make an effort to protect each student's rights with respect to interrogations by law enforcement officials. Therefore:

1. When law enforcement officials find it necessary to question students during the school day or periods of extracurricular activities, the school Principal or his/her designee will be present when possible. An effort will be made to contact the student's parent/guardian or guardian so that the responsible individual may be notified of the situation.
2. If custody and/or arrest are involved, the Principal will request that all procedural safeguards, as prescribed by law, be observed by the law enforcement officials.

SOURCE: MASC

First Reading: October 25, 2017

Second Reading: November 9, 2017



**STUDENT COMPLAINTS AND GRIEVANCES**

The School Committee recognizes that there may be conditions in the Milton Public Schools that are in need of improvement and that students should have some means by which their concerns may be effectively expressed, considered, and dealt with fairly. Such means, if well conceived and understood in advance, can do much to maintain harmonious relationships among the schools and the students and community.

The traditional "open door" policy in the Milton Public Schools will be continued. Students (and their parents and/or guardians) who believe that the students have received unfair treatment in the form of disciplinary action will have the right to appeal. School officials in conducting hearings and reviews of student grievances will follow any applicable provisions of the Massachusetts General Laws or federal law. In general, appeals procedures will begin with the authority imposing the penalty (for example, Principal or teacher) and may ultimately be referred to the Superintendent.

Every attempt will be made to seek a satisfactory solution to any legitimate grievance in a friendly and informal manner.

LEGAL REFERENCE: M.G.L. 76:17

Original Adoption: November 16, 2004

**CO-CURRICULAR AND EXTRACURRICULAR ACTIVITIES**

The School Committee believes that student activities are a vital part of the total educational program and should be used as a means for developing wholesome attitudes and good human relations and knowledge and skills. Therefore, the Milton Public Schools will provide a broad and balanced program of activities geared to the various ages, interests, and needs of students.

The following will serve as guides in the organization of student activities:

1. The schools will observe a complimentary relationship to the home and community, planning activities with due regard for the widespread and rich facilities already available to students;
2. The assistance of parents in planning activity programs will be encouraged;
3. The goal for each student will be a balanced program of appropriate academic studies and activities to be determined by the school, the parents, and the student. This should be a shared responsibility;
4. Guidance will be offered to encourage participation of all students in appropriate activities and to prevent over-emphasis on extracurricular activities at the cost of academic performance;
5. All activities will be supervised; all clubs and groups will have a faculty advisor.
6. Determination of fees will be decided by the School Committee on an annual basis.

LEGAL REFERENCE: M.G.L. 71:47  
603 CMR 26:06

Original Adoption: November 16, 2004

## **STUDENT ORGANIZATIONS**

Student organizations in the Milton Public Schools shall be encouraged when they meet the criteria of contributing to student self-esteem and performance and should operate within the framework of state statutes, Milton Public Schools policies, and administrative procedures.

Each building Principal shall develop general guidelines for the establishment and operation of student organizations within the particular school. Among other provisions, such guidelines shall require the approval of the Principal prior to the formation of any club or organization in the school and the assignment of at least one faculty or designated adult advisor to each approved student organization. Within such guidelines will be provisions for a periodic review of all student organizations.

The formation of any student organization that may engage in activities of a controversial nature, as is determined by the Principal, shall require approval by the Superintendent.

All student organizations shall be required to open membership to all interested and/or eligible students. Disruptive groups, secret societies, and/or gangs shall not receive recognition in any manner under this policy (see also JICF).

All forms of hazing in initiations shall be prohibited in a student organization. No initiation shall be held for a student organization that will bring criticism to the Milton Public Schools or be degrading to the student (see also JICFA).

The faculty or designated adult advisor must attend every meeting of the student organization whether conducted on school premises or at another location.

LEGAL REFERENCE: 603 CMR 26.06

Original Adoption: November 16, 2004

**STUDENT PERFORMANCES**

Instructors are encouraged to arrange for individual students and groups to provide public performances when such performances contribute to educational process objectives and when they do not interfere with other scheduled activities or classes within the school, as follows:

1. All occasions involving students will be approved by the building Principal;
2. The extended use of one particular group will be discouraged;
3. Students participating in a performance will conduct themselves in a way as to bring credit to their school; and
4. Performances that are scheduled outside school hours are preferred.

Student organizations may participate in the activities of the Milton Public Schools and with patriotic and civic groups in the community upon the approval of the Principal.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

**STUDENT FUND-RAISING ACTIVITIES**

There are many educational values to be gained by students participating in school sponsored clubs and activities on a voluntary basis. For many, this provides leadership and group experiences that are not possible within the formal classroom.

The following guidelines are set forth to govern the fund-raising activities of student groups:

1. The faculty sponsor working under the direction of the Superintendent or his/her designee is responsible for seeing that a fund-raising drive is planned and carried out in a responsible manner. Adequate provision must be made for the safety and security of students participating. The drive must be conducted in accordance with city legal regulations and should take into account the sensitivities of the adult citizens of the community.
2. Only duly authorized clubs and groups of the school may conduct fund-raising drives using the school name.
3. The planning of fund-raising activities shall take place during the meeting time of the student group, not during regular class time.
4. An authorized club or group is limited to one fund-raising drive per year that takes place outside of the school.
5. Guidelines will be set up by the student council to control fund drives within the school (such as cookie and bake sales).
6. All monies received shall be deposited in the appropriate activities account and shall be used only to support the legitimate activities of the club or group.

Among the variety of ways students may raise money are: selling of tickets for concerts and plays; providing services for the adults of the community, such as washing of cars, shoveling of snow, and the raking of leaves; and providing modest publicity for individuals and businesses by listing of the names of sponsors of a publication or activity; and selling of a modestly priced product.

The cost to the individual or business for a service, product or modest publicity must bear a reasonable relationship to the value received by the individual or business.

Massive school-wide fund raising drives which involve a relationship with a commercial concern and which involve large numbers of students and often provide prizes for individual students and classroom groups are expressly forbidden.

LEGAL REF: M.G.L. 71:47

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

## **STUDENT ACTIVITIES FUNDS**

Student activities funds may be raised and spent to promote the general welfare, education and morale of all students and shall finance authorized activities of student organizations and the Milton Public Schools.

Student activity funds are considered a part of the total fiscal operation of the Milton Public Schools, and therefore are subject to the policies and regulations established by the School Committee and the Office of the Superintendent. The funds shall be managed in accordance with sound business practices, including sound budgetary and accounting procedures as well as audits, in the same manner as other Milton Public Schools funds.

Authorized clubs, organizations and other extracurricular groups within the schools may use Milton Public Schools facilities and equipment for fund raising if such use does not create an additional direct cost to the Milton Public Schools or does not conflict with school use. If additional cost is incurred, the club or organization shall pay such cost. The decision whether to allow authorized clubs, organizations or other extracurricular groups within the schools to use Milton Public Schools facilities and equipment for fundraising shall be made by the Building Principal.

### **A. Administration, Stewardship and Custodial Responsibility**

At the beginning of each school year, the School Committee will approve each student activity, including specific funding sources and the objection/mission for each activity. Additional activities may be created and approved during the school year.

A student activity account may be used for funds raised by student organizations which will be expended by those students for their benefit. Funds raised or donated that are governed by laws other than the student activity laws cannot be deposited to a student activity account. In addition, all funds belonging to staff through sunshine funds or vending machines or other activities not related to the students may not be deposited in the student activity account.

Each student activity account must implement an accounting system sufficient to facilitate basic reconciliation and control procedures. The individuals charged with the processing, recording and reporting of transactions must be afforded ongoing training to ensure those individuals maintain the required level of skills and qualifications to possess such duties.

The School Committee accepts the provisions of Section 47 of Chapter 71 of the MGL as amended by Chapter 66 of the Special Acts of 1996. Pursuant to that, the Town Treasurer has created an Agency account. The School Committee authorizes an imprest (replenishment) checking account to be administered by the High School Principal. The School Committee may, if it chooses, authorize additional such accounts to be administered by the Principals of the other schools.

Maximum fund levels for the checking account(s) are established annually and voted on by the School Committee. All deposits for fundraising and other student activities must be deposited in the Treasurer's Agency account. Disbursements can be made from either the Agency account or the checking account(s). The Principal may request replenishment of the checking account to the maximum established balance by a funds request to the Town Treasurer, accompanied by invoices or other support for disbursements previously made from the checking account.

The Principal or designee(s) who are designated to operate and control the student activity checking account shall give bond for faithful performance to the Town in such amount as the Treasurer shall determine to secure the Principal's faithful performance of their duties in connection with such account. The School Committee shall authorize any such designees and shall ensure bond coverage.

There shall be an annual audit of the student activity funds which shall be conducted in accordance with procedures as agreed upon between the School Committee and the auditor based upon guidelines issued by ESE. In addition, such audit will be performed by an outside auditing firm once every three years for those with activities greater than \$25,000. In the intervening years, the audit may be conducted by a responsible individual independent of student activities, with the approval of the School Committee. Such an individual could be the Town Accountant who already has audit powers under Chapter 41, the Town Treasurer, or the Assistant Superintendent for Business Affairs, if that person is not involved in the administration or transactional processing of the student activities.

## **B. GENERAL OPERATION PROCEDURES**

Minimum operating procedures shall include:

- Bank reconciliations will typically be done monthly, but in no instance less frequently than quarterly. A copy shall be sent to the Assistant Superintendent for Business Affairs, the School Committee, student officers and the Town Treasurer. Sign-offs must be performed by preparers and reviewers.
- Standardized forms will be used for deposits and disbursements whenever possible.
- The School Committee and Assistant Superintendent for Business Affairs shall establish periodic reporting timelines. Financial reports should be created and submitted in accordance with those guidelines to the School Committee, the School Business Office, the Town Accountant, the Town Treasurer and individual student activity class/club advisors.
- The Principal shall maintain individual subsidiary accounts by program within the student activity control account in order to allow proper matching of program expenditures against revenues that are collected for that purpose as well as to allow for the efficient determination of the program balance.

- Aggregate subsidiary account balances should be reconciled no less than quarterly to the total control account, and
- Total control account balances should be reconciled no less than quarterly to the aggregate total of the Principal's reconciled checking account and the Agency account maintained by the Treasurer.

### C. REVENUE, RECEIPTS AND DEPOSITS

Minimum procedures for controlling receipts shall include:

- Receipts generated from the sale of a high volume product, such as the yearbook or admission to a highly attended event, should be controlled through pre-numbered receipts or tickets.
- A reconciliation process should be in place whereby pre-numbered receipts, tickets, attendance logs or other revenue source documents are reconciled the cash collected for particular activities prior to making a deposit to the Agency account. When it is impractical to use source documents, two people should count any cash and sign off on the process.
- The cash collection and deposit function should be segregated from the accounting and recording function.
- All student organizations receiving monies from any source should turn over such money to the Principal or Principal's designee within twenty-four hours from receipt of such funds. (If received on the weekend, then on the first business day after receipt of the funds.)
- Any money not deposited on the same day must be kept overnight in a locked vault, safe or other secured locked area –**under no circumstance, should student activities monies be taken home overnight.**
- All money turned over to the school by a student organization shall be accompanied by a school deposit slip stating the source of the monies, the amount being deposited, and signed by the person turning over the money to the office. If turned in by a student, this should be co-signed by the group advisor or a teacher, who should keep a duplicate of the deposit slip.
- The Principal or Principal's designee should deposit into the Agency account all monies received from student activity organizations at a minimum on a weekly basis. Written evidence of receipt should be obtained from the Treasurer.
- Interest earned by the student activity agency account shall be retained by the student activity fund. The use of the aggregate earnings may be used for fees associated with the checking account, such as the purchase of checks, or for other purposes at the discretion of the School Committee for the benefit of the students.
- An ongoing philosophy of the importance of handling money with care, honesty, and accuracy should be conveyed to the students, advisors and teachers through Principal's meetings and other trainings.



- Money collected for purposes other than student activities shall not be deposited into the student activity account and must be handled by the MGL that governs its administration.
- Any monies paid to the school or to a student activity as commissions or revenue sharing belong to the students and shall be deposited into the student activity agency account. Such funds may be expended for the benefit of the students in accordance with School Committee policies and may not be spent to benefit the staff or to supplement the school budget.
- Any undesignated receipts will be deposited into the student activity agency account and held in a separate subsidiary account. No revenues will be deposited into the Principal's checking account. Expenditures from this subsidiary account may be made at the discretion of the School Committee for the benefit of students.

#### **D. PURCHASING AND DISBURSEMENTS**

Section 47 of MGL 71 gives the responsibility for the establishment of student activity accounts to the School Committee and the enforcement of School Committee policies to the Principal; such is the case with purchasing and disbursements. In order to ensure that disbursement policies are sound, controlled and designed to benefit only the students, minimum procedures shall include:

- Advance of funds should be avoided whenever possible. If it is anticipated that an advance is necessary, prior written approval must be obtained from the Principal.
- Equipment and supplies purchased with student activity funds are the property of the student activity groups and not any individual students or other organization. Equipment and supplies purchased with student activity funds should be used exclusively for co-curricular student activities and not for the general use of School operations.
- Student advisors, or others involved with purchasing, may not benefit personally from any purchasing – either directly or indirectly.
- Student activity funds may not be used for any purpose unrelated to student activities or for the benefit of any staff person.
- All disbursements shall be made by check.
- Reimbursements for expenses paid by credit card require original receipts, not credit card statements. Using credit cards that offer “reward” points should be avoided whenever possible as these may accrue benefits to the card holder.
- Disbursements exceeding \$600 in aggregate to any one individual or entity should be reviewed to determine if a Form 1099-MISC is required.
- Checks may not be written to cash.
- Checks shall be signed only after they are completely prepared.
- Check signature authority shall be given to the Principal and/or those designated by the School Committee in accordance with School Committee policies. Checks in excess of \$1000 should require two signatures.

- Individuals responsible for writing checks should be segregated from the record keeping and reconciliation process; or assurances should be made that other mitigating controls are in place such as a monthly review of all activity by an independent responsible individual.
- All disbursements are required to have adequate external supporting documentation such as a vendor invoice, bill, contract or receipt.
- A record of all checks maintained will be maintained, including void checks. Numerical order of checks should be retained.
- Checkbook reconciliations should be performed monthly
- A standardized form should accompany all requests for check issuance.
- The standardized form shall be accompanied by supporting documentation and must state to whom the check shall be payable, the reason for the payment, the amount of the check, the student activity account to be charged, and the approval signature of the advisor or student officer.
- Disbursements for Field Trips require a statement of financial accountability as outlined in policy IJOA Field Trips.
- All requests for replenishment to the checking account must be adequately supported and processed through the Town accounts payable Warrant system.

#### **E. CLASS, INACTIVE ACCOUNTS AND DEFICITS**

Since, in the opinion of ESE, graduates are no longer students, monies for student class grades that have graduated cannot be maintained in student activity accounts. Such accounts will be maintained for 90 days after the end of the school year for the purposes of paying any outstanding obligations, but then will be transferred to the graduates. Class Officers, through the class advisor, should inform the Principal in writing of how they wish to dispose of the money. Notice of the manner of disposition should be given to those students who contribute to class accounts. Allowable manners of disposition include: transferring the monies to a separate bank account in the name of the class and maintained by the class as a separate entity, donations to charitable causes, or transferring the monies to other student activity accounts, such as the incoming senior class. Other dispositions are subject to approval by the School Committee.

Accounts that have had no activity for a period of three years or more and for which there have been no receipts or disbursements on their behalf shall be closed upon the following actions:

- Written notification by the advisor or student officer to the Principal or other authorized administrator that the activity will cease to be a viable account. If an advisor or student officer is not available, such discontinuance shall be by vote of the School Committee.
- All assets of the recognized student activity shall be identified and stated in writing.
- Any disposition of assets of an inactive recognized student activity shall be determined by the School Committee, but in no case shall the disposition benefit specific individuals.

- Such policy will be communicated to the students who contribute to the accounts, when possible.

Individual accounts may not maintain a deficit balance. If the deficit balance cannot be offset by additional revenues from that group/activity or by a gift from a different activity with a surplus balance through approval by the advisor, the School Committee will take remedial action to offset the deficit balance. Such remediation may include: School Committee appropriation, use of accumulated investment earnings, surpluses of inactive accounts, or any other legal means.

RECOMMENDED: NESDEC

LEGAL REFERENCES: MGL 71, Section 47  
Chapter 66 of the Special Acts of 1996

Original Adoption: January 20, 2016

## **JJE**

### **CONTESTS FOR STUDENTS**

Contests for students that are not school sponsored may be permitted when the Principal and Superintendent judge that the contest fits into the overall instructional objectives of the school.

The following statements are to guide the administration in deciding if a contest is permitted:

1. The primary educational aims of the Milton Public Schools and the needs and interests of the pupils must be the first consideration at all times;
2. The Milton Public Schools shall not be used to promote private interests and causes that have not gained general approval as being for the public welfare;
3. The sponsor of the contest must be able and ready to assume all administrative and clerical burdens in connection with the activity, such as the preparation of information, or informative materials, reading and judging of essays, management and judging of debates, and awarding prizes to the winners;
4. The contest must be such that individual students are able to work out contributions by their own efforts;
5. The subject must not be commercial, overly controversial, sectarian, or concerned with propaganda. It must emphasize high moral standards, good citizenship, and intellectual or physical competence;
6. The contest should not place an undue burden on students, teachers, or school or require frequent or lengthy absence of participants from school; and
7. The sponsor of the outside activity should submit his/her request to the Principal and/or Superintendent not less than six weeks before the time set to begin the activity, in order that adequate preparations and/or adjustments may be made in the school program.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

## PHILOSOPHY OF ATHLETICS

The Milton Public Schools operate on the conviction that a dynamic program of student activities is vital to the educational development of the student. Athletics are a vital component of that program.

By definition, athletic programs are extracurricular. But they are activities without which many students could not realize their full potential for success. Athletics are fun, but they are more than fun. From participation in athletic programs, young people learn important lessons about self-control, sportsmanship, teamwork, leadership, and competition. They learn how to win gracefully, and how to lose gracefully. Athletics play an important role in helping the individual develop a sense of physical, mental, emotional, and social well-being. Finally, athletic competition can promote school pride and school spirit, both in participants and spectators.

For these reasons, it is the intention of the Milton Public Schools to provide its students with a well rounded athletic program. Such a well rounded program grows out of the physical education program, and includes both intramural and interscholastic sports. It also includes an appropriate mix of team sports and "life sports," within the constraints of budget, facilities, and student interest. Further, it is the intention of the Milton Public Schools to promote maximum participation in these activities: in terms of the number of students participating, and in terms of the number of sports played by a given student. Accordingly, the Milton Public Schools will make every effort to support its athletic program with the best possible facilities and equipment, and to find and hire the most qualified staff.

Coaches play a special role in the Milton Public Schools. They must teach the basic skills necessary for improvement in their respective sports, keep abreast of current best practices for coaching, including (without limitation) new rules, innovative strategies, and physical conditioning. The coaches must also serve as role models. They are expected to teach their student-athletes about discipline, good sportsmanship, teamwork, leadership, and ethical behavior. No exceptionally talented student-athlete should be shown undue favoritism at the expense of developing the skills of other members of a team. By the same token, all team members must understand that assignments are made in the interest of achieving success as a team. Coaches must build self-esteem by encouraging student-athletes to excel on and off the playing field. The coaches should at all times stress the goals of excellence, good sportsmanship, and the exhibition of a winning attitude -regardless of the opponent that Milton may be facing.

Participation in athletics in the Milton Public Schools is a privilege. It carries with it responsibilities to the team, the sport, the school, and the community. Coaches and student-athletes in the Milton Public Schools' athletic programs are expected to accept their individual responsibilities, and act accordingly. Student-athletes deserve the full support of their parents as they set out to represent their family, their school, and their community.

LEGAL REFERENCES: M.G.L. 71:47; 71:54A  
603 CMR 26.06

CROSS REFERENCE: A-9 Philosophy of Athletics

Original adoption: November 16, 2004

Reapproval:

First Reading: May 1, 2019

Second Reading and Approval: May 15, 2019

## ATHLETIC CONCUSSION POLICY

The purpose of this policy is to provide information and standardized procedures for persons involved in the prevention, training management and return to activity decisions regarding students who incur head injuries while involved in extracurricular athletic activities, including, but not limited to, interscholastic sports, in order to protect their health and safety as required by Massachusetts law and regulations. The requirements of the law apply to all public middle and high schools, however configured, serving grades six through high school graduation. In addition to any training required by law, the following persons shall complete one of the head injury safety training programs approved by the Massachusetts Department of Public Health (DPH) as found on its website: coaches; certified athletic trainers; trainers; volunteers; school and team physicians; school nurses; athletic directors; directors responsible for a school marching band; employees or volunteers; and students who participate in an extracurricular activity and their parents.

Upon the adoption of this policy by the School Committee, the Superintendent shall ensure that DPH receives an affirmation on school district letterhead that the district has developed policies and the School Committee has adopted a final policy in accordance with law. This affirmation shall be updated by September 30, 2013 and every two years thereafter upon review or revision of its policies.

The Superintendent shall maintain or cause to be maintained complete and accurate records of the district's compliance with the requirements of the Concussion Law, and shall maintain the following records for three years or, at a minimum, until the student graduates, unless state or federal law requires a longer retention period:

1. Verifications of completion of annual training and receipt of materials;
2. DPH Pre-participation forms and receipt of materials;
3. DPH Report of Head Injury Forms, or school based equivalents
4. DPH Medical Clearance and Authorization Forms, or school based equivalents; and
5. Graduated reentry plans for return to full academic and extracurricular athletic activities.

This policy also applies to volunteers who assist with extracurricular athletic activities. Such volunteers shall not be liable for civil damages arising out of any act or omission relating to the requirements of law, unless such volunteer is willfully or

intentionally negligent in his act or omission.

<sup>1</sup> Extracurricular Athletic Activity means an organized school sponsored athletic activity generally occurring outside of school instructional hours under the direction of a coach, athletic director or marching band leader including, but not limited to, Alpine and Nordic skiing and snowboarding, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, horseback riding, ice hockey, lacrosse, marching band, rifle, rugby, soccer, skating, softball, squash, swimming and diving, tennis, track (indoor and outdoor), ultimate frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be extracurricular athletic activities.

Most student athletes who sustain a concussion can fully recover as long as their brain has time to heal before sustaining another hit; however, relying only on an athlete's self-report of symptoms to determine injury recovery is inadequate as many high school athletes are not aware of the signs and symptoms or the severity concussive injuries pose, or they may feel pressure from coaches, parents, and/or teammates to return to play as quickly as possible. One or more of these factors will likely result in under-diagnosing the injury and a premature return to play.

Massachusetts General Laws and Department of Public Health regulations make it imperative to accurately assess and treat student athletes when concussions are suspected.

Student athletes who receive concussions may appear to be "fine" on the outside, when in actuality they have a brain injury and are not able to return to play. Incurring a second concussion can prove to be devastating to a student athlete. Research has shown that young concussed athletes who return to play before their brain has healed are highly vulnerable to more prolonged post-concussion syndrome or, in rare cases, a catastrophic neurological injury known as Second Impact Syndrome.

The following protocol will discuss and outline what a concussion is, the mechanism of injury, signs and symptoms, management and return to play requirements, as well as information on Second Impact Syndrome and past concussion syndrome. Lastly, this policy will discuss the importance of education for our athletes, coaches and parents and other persons required by law.

The Milton Public School District has designated its Athletic Director to oversee the



implementation of policies and protocols governing the prevention and management of sports-related head injuries. In addition, the AD will be responsible for:

1. Supporting and enforcing the protocols, documentation, required training and reporting;
2. Assuring that all documentation is in place
3. Reviewing, updating and implementing policy every two years and including updates in annual training and student and parent handbooks.

This protocol should be reviewed on a yearly basis with all staff to discuss the procedures to be followed to manage sports-related concussions. This protocol will also be reviewed on a yearly basis by the athletic department as well as by nursing staff. Any changes in this document will be approved by the school committee and given to athletic staff, including coaches and other school personnel in writing. An accurate synopsis of this policy shall be placed in the student and faculty handbooks.

LEGAL REFS: M.G.L. 111:222; 105 CMR 201.000  
MASC Recommended

<i>1st Reading:</i>	<i>January 18, 2012</i>
<i>2<sup>nd</sup> Reading:</i>	<i>February 1, 2012</i>
<i>Adopted:</i>	<i>February 1, 2012</i>

## **ATHLETIC CONCUSSION REGULATIONS**

### **Section I. What is a Concussion?**

A concussion is defined as a transient alteration in brain function without structural damage, but with other potentially serious long-term ramifications. In the event of a concussion, the brain sustains damage at a microscopic level in which cells and cell membranes are torn and stretched. The damage to these cells also disrupts the brain at a chemical level, as well as causing restricted blood flow to the damaged areas of the brain, thereby disrupting brain function. A concussion, therefore, is a disruption in how the brain works; it is not a structural injury. Concussions are difficult

to diagnose because the damage cannot be seen. A MRI or CT Scan cannot diagnose a concussion, but they can help rule out a more serious brain injury to a student athlete. Because concussions are difficult to detect, student athletes must obtain medical approval before returning to athletics following a concussion.

### **Section II. Mechanism of Injury:**

A concussion is caused by a bump, blow or jolt to the head or body. Any force that causes the brain to bounce around or twist within the skull can cause a concussion. A bump, blow or jolt to the head or body can be caused by either indirect or direct trauma. The two direct mechanisms of injury are coup-type and contrecoup-type. Coup-type injury is when the head is stationary and struck by a moving object such as another player's helmet, a ball, or sport implement, causing brain injury at the location of impact. Contrecoup-type injury occurs when the head is moving and makes contact with an immovable or slowly moving object as a result of deceleration, causing brain injury away from the sight of impact. Indirect forces are transmitted through the spine and jaw or blows to the thorax that whip the head while the neck muscles are relaxed. Understanding the way in which an injury occurred is vital in understanding and having a watchful eye for athletes who may exhibit symptoms of a concussion so these student athletes can receive the appropriate care.

### **Section III. Signs and Symptoms:**

#### **Signs (what you observe):**

- Confusion
- Forgets plays
- Unsure about game, score, opponent

- Altered coordination
- Balance problems
- Personality change
- Slow response to questions
- Forgets events prior to injury (retrograde amnesia)
- Forgets events after injury (anterograde amnesia)
- Loss of consciousness (any duration)

**Symptoms (reported by athlete):**

- Headache
- Fatigue
- Nausea or vomiting
- Double vision/ blurry vision
- Sensitivity to light (photophobia)
- Sensitivity to noise (tinnitus)
- Feels sluggish
- Feels foggy
- Problems concentrating
- Problems remembering
- Trouble with sleeping/ excess sleep
- Dizziness
- Sadness
- Seeing stars
- Vacant stare/ glassy eyed
- Nervousness
- Irritability
- Inappropriate emotions

If any of the above signs or symptoms are observed after a suspected blow to the head, jaw, spine or body, they may be indicative of a concussion and the student athlete must be removed from play immediately and not allowed to return until cleared by an appropriate allied health professional.

**Section IV. Management and Referral Guidelines:**

When an athlete loses consciousness for any reason, the athletic trainer will start the EAP (Emergency Action Plan) by activating EMS; check ABC's (airway, breathing, circulation); stabilize the cervical spine; and transport the injured athlete to the appropriate hospital via ambulance. If the athletic trainer is not available, the coach should immediately call EMS, check ABCs and not move the athlete until help arrives.

Any athlete who is removed from the competition or event and begins to develop signs and symptoms of a worsening brain injury will be transported to the hospital immediately in accordance with the EAP.

**Worsening signs and symptoms requiring immediate physician referral include:**

- Amnesia
- Deterioration in neurological function
- Decreasing level of consciousness
- Decrease or irregularity of respiration
- Decrease or irregularity in pulse
- Increase in blood pressure
- Unequal, dilated, or unreactive pupils
- Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
- Mental-status changes: lethargy, difficulty maintaining arousal, confusion, agitation
- Seizure activity
- Vomiting/ worsening headache
- Motor deficits subsequent to initial on-field assessment
- Sensory deficits subsequent to initial on-field assessment
- Balance deficits subsequent to initial on-field assessment
- Cranial nerve deficits subsequent to initial on-field assessment
- Post-Concussion symptoms worsen
- Athlete is still symptomatic at the end of the game
- After a student athlete sustains a concussion, the athletic trainer will use the Standardized Assessment for Concussion (SAC) to assess and document the student athlete's concussion. The athletic trainer will also report on the student athlete's signs and symptoms by using the Signs and Symptoms Check-List. On the signs and symptoms checklist, the athletic trainer will also check pulse and blood pressure of each student athlete with a suspected concussion. After the initial evaluation of a concussion, all signs and symptoms will be tracked on the computer using the ImPact Test.
- Any athlete who is symptomatic but stable is allowed to go home with his/her parent(s)/guardian(s) following the head injury.
- If the head injury occurs at practice, parent(s)/guardian(s) will immediately be notified and must come and pick up the student athlete and talk to the certified athletic trainer in person.
- If the injury occurs at a game or event, the student athlete may go home with the parent/guardian(s) or other responsible adult know to parent/guardian after talking with the certified athletic trainer.
- Parent(s)/guardian(s) will receive important information regarding signs and symptoms of deteriorating brain injury/function prompting immediate referral to a local emergency room as well as return to play requirements.

- Parent(s)/guardian(s), as well as student athletes, must read and sign the Concussion Information and Gradual Return to Play form and bring it back to the certified athletic trainer before starting with the return to play protocol.

## V. Gradual Return to Play Protocol:

Student athletes, with the consent of their parent(s)/guardian(s), will start taking the ImPact Test (**or other approved test identified by the School District**). The ImPact Test is a tool that helps manage concussions, determine recovery from injury,

and is helpful in providing proper communication between coaches, parents and clinicians. The ImPact Test is a neuro-cognitive test that helps measure student athletes' symptoms, as well as test verbal and visual memory, processing speed and reaction time. It is **mandatory** for all student athletes to take the ImPact Test for a baseline score in accordance with Massachusetts State Law. The law states that all public schools must develop safety protocols on concussions and all public schools must receive information on past concussion history. The ImPact Test appears to be a promising tool in monitoring a student athlete's prior concussions, as well as any future concussions. Each student athlete will complete a baseline test at the beginning of their sport season. **All student athletes and club cheerleading members will undergo ImPact testing.** Student athletes will be retested every other year. If a student athlete plays more than one sport during the academic year, their test will remain valid. For example, if a soccer student athlete also plays basketball in the winter, the student athlete will not have to take the ImPact Baseline Test again in the winter. If a student athlete posts scores below the norm, the student

athlete will be re-tested at another time with either the certified athletic trainer or school nurse. Student athletes cannot begin practice until a valid baseline score is obtained during their designated time to take the test.

- At the beginning of every sport season, student athletes are required to complete a concussion history form and return it to the athletic department.
- This information will be recorded in the student information system for tracking purposes.
- Following any concussion the athletic trainer must notify the athletic director and school nurses.
- Following a concussion the student athlete will take a **post-injury test within 24 to 48 hours following the head injury. STUDENT ATHLETES WILL NOT BE ALLOWED TO MOVE ON TO FUNCTIONAL/PHYSICAL TESTING UNTIL THEIR IMPACT TEST IS BACK TO THE BASELINE SCORE AND ASYMPTOMATIC.** After a student athlete takes their first post-injury test, the student athlete will not be re-tested again for **5 days**.

- If, after the first post-injury ImPact test, the athlete is not back to his/her baseline the parent/guardian(s) will be notified, and the student athlete will be referred to their healthcare provider and must have the Concussion Information and Gradual Return to Play form signed by a physician, physician assistant, licensed neuropsychologist or nurse practitioner stating when the athlete is allowed to return to play.
- Following a post-injury test, the certified athletic trainer will take the Concussion Information and Gradual Return to Play form signed by the parent(s)/guardian(s) and fill in the date of all post-injury tests taken by each student athlete.
- The certified athletic trainer will also document the date on which the athlete is asymptomatic and sign the document agreeing that all the above statements are true and accurate.
- Once the athlete starts on the exertional post concussion tests, the parent(s)/guardian(s) will be notified and the athlete will be sent home with all signed documents relating to head injury. At this time the parent/guardian(s) must bring the student athlete to a licensed physician, licensed neuropsychologist, nurse practitioner or other appropriately trained or licensed healthcare professional to be medically cleared for participation in the extracurricular activity.
- **Student athletes who continue to exhibit concussion symptoms for a week or more must be evaluated by a physician before returning to play.**
- Once a student athlete's post-injury test is back at the student athlete's baseline score, the student athlete will go through 5 days of Exertional Post Concussion Tests. The student athlete must be asymptomatic for all functional and physical tests to return to play (RTP). All tests will be administered by a certified athletic trainer.

### **Exertional Post Concussion Tests:**

Exertional Post Concussion Tests will be administered and each student will be monitored through the post tests. No student will return to full contact sport until passing post tests and cleared by physician, nurse practitioner or neuropsychologist.

### **Section VI. School Nurse Responsibilities:**

- May assist in testing all student athletes with baseline and post-injury ImPact testing.
- Participate and complete the CDC training course on concussions every year.
- Complete symptom assessment when student athlete enters Health Office (HO) with questionable concussion during school hours. Repeat in 15 minutes.

- Observe students with a concussion for a minimum of 30 minutes.
- If symptoms are present, notify parent/guardian(s) and instruct parent/guardian(s) that student must be evaluated by an MD.
- If symptoms are not present, the student may return to class.
- If symptoms appear after a negative assessment, MD referral is necessary.
- Allow students who are in recovery to rest in HO when needed.
- Develop plan for students regarding pain management with parent and MD.
- School nurse will work in collaboration with guidance counselors and notify teachers of any student/student athletes with academic restrictions or accommodations to be made related to their concussion.
- Educate parents and teachers about the effects of concussion and returning to school and activity.
- If injury occurs during the school day, inform administrator and complete accident/incident form.
- Enter physical exam dates and concussion dates into the student information system.

#### **Section VII. School Responsibilities:**

- Review and, if necessary, revise, the concussion policy every 2 years.
- Once the school is informed of the student's concussion, a contact or "point person" should be identified (e.g. the guidance counselor, athletic director, school nurse, and teacher).
- Point person to work with the student on organizing work assignments, making up work and giving extra time for assignments and tests/quizzes.
- Assist teachers in following the recovery stage for student.
- Convene meeting and develop rehabilitative plan.
- Recognize that the student's ability to perform complex math equations may be different from the ability to write a composition depending on the location of the concussion in the brain.
- Educate staff on the signs and symptoms of concussions and the educational impact concussions may have on students.
- Include concussion information in student handbooks.
- Develop a plan to communicate and provide language-appropriate educational materials to parents with limited English proficiency.
- 

#### **Section VIII. Athletic Director Responsibilities:**

Provide parents, athletes, coaches, and volunteers with educational training and concussion materials yearly.

- Ensure that all educational training programs are completed and recorded.
- Ensure that all students meet the physical exam requirements consistent with 105 CMR 200.000 prior to participation in any extracurricular athletic activity
- Ensure that all students participating in extracurricular athletic activity have

completed and submitted their pre-participation forms, which include health history form, concussion history form, and MIAA form.

- Ensure that athletes are prohibited from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon.
- Ensure that all head injury forms are completed by parent/guardian(s) or coaches and reviewed by the coach, athletic trainer, school nurse and school physician.
- Inform parent/guardian(s) that, if all necessary forms are not completed, their child will not participate in athletic extracurricular activities.

### **Section IX. Parent/Guardian Responsibilities:**

- Complete and return concussion history form to the athletic department.
- Inform school if student sustains a concussion outside of school hours. Complete new concussion history form following new injury.
- If student suffers a concussion outside of school, complete head injury form and return it to the school nurse.
- Complete a training provided by the school on concussions and return certificate of completion to the athletic department.
- Watch for changes in your child that may indicate that your child does have a concussion or that your child's concussion may be worsening. Report to a physician:
  - Loss of consciousness
  - Headache
  - Dizziness
  - Lethargy
  - Difficulty concentrating
  - Balance problems
  - Answering questions slowly
  - Difficulty recalling events
  - Repeating questions
  - Irritability
  - Sadness
  - Emotionality
  - Nervousness
  - Difficulty with sleeping
- Encourage your child to follow concussion protocol.
- Enforce restrictions on rest, electronics and screen time.
- Reinforce recovery plan.
- Request a contact person from the school with whom you may communicate about your child's progress and academic needs.



- Observe and monitor your child for any physical or emotional changes.
- Request to extend make up time for work if necessary.
- Recognize that your child will be excluded from participation in any extracurricular athletic event if all forms are not completed and on file with the athletic department.

### **Section X. Student and Student Athlete Responsibilities:**

- Complete Baseline ImPact Test prior to participation in athletics.
- Return required concussion history form prior to participation in athletics.
- Participate in all concussion training and education and return certificate of completion to the athletic department prior to participation in athletics.
- Report all symptoms to athletic trainer and/ or school nurse.
- Follow recovery plan.
- **REST**
- **NO ATHLETICS**
- **BE HONEST!**
- Keep strict limits on screen time and electronics.
- Don't carry books or backpacks that are too heavy.
- Tell your teachers if you are having difficulty with your class work.
- See the athletic trainer and/or school nurse for pain management.
- Return to sports only when cleared by physician and the athletic trainer.
- Follow Gradual Return to Play Guidelines.
- Report any symptoms to the athletic trainer and/or school nurse and parent(s)/guardian(s) if any occur after return to play.
- Return medical clearance form to athletic trainer prior to return to play.
- Students who do not complete and return all required trainings, testing and forms will not be allowed to participate in sports.

### **Section XI. Coach & Band Instructor Responsibilities:**

- Participate in Concussion Education Course offered by the National Federation of State High School Associations (NFHS) on a yearly basis. Complete certificate of completion and return to the athletic department.
- Ensure all student athletes have completed ImPact baseline testing before participation.
- Ensure all student athletes have returned concussion history and health history form prior to participation in athletics.
- Complete a head injury form if their player suffers a head injury and the athletic trainer is not present at the athletic event. This form must be shared with the athletic trainer and school nurse.

- Ensure all students have completed a concussion educational training and returned their certificate of completion prior to participation in athletics.
- Remove from play any student athlete who exhibits signs and symptoms of a concussion.
- Do not allow student athletes to return to play until cleared by a physician and athletic trainer.
- Follow Gradual Return to Play Guidelines.
- Refer any student athlete with returned signs and symptoms back to athletic trainer.
- Any coach, band instructor, or volunteer coach for extracurricular activities shall not encourage or permit a student participating in the activity to engage in any unreasonably dangerous athletic technique that unnecessarily endangers the health of a student athlete, including using a musical instrument, helmet or any other sports equipment as a weapon.

### **Section XII. Post Concussion Syndrome:**

Post Concussion Syndrome is a poorly understood condition that occurs after a student athlete receives a concussion. Student athletes who receive concussions can have symptoms that last a few days to a few months, and even up to a full year, until their neuro-cognitive function returns to normal. Therefore, all school personnel must pay attention to and closely observe all student athletes for post concussion syndrome and its symptoms. Student athletes who are still suffering from concussion symptoms are not ready to return to play. The signs and symptoms of post concussion syndrome are:

- Dizziness
- Headache with exertion
- Tinnitus (ringing in the ears)
- Fatigue
- Irritability
- Frustration
- Difficulty in coping with daily stress
- Impaired memory or concentration
- Eating and sleeping disorders
- Behavioral changes
- Decreases in academic performance
- Depression
- Visual disturbances

### **Section XIII. Second Impact Syndrome:**

Second impact syndrome is a serious medical emergency and a result of an athlete returning to play and competition too soon following a concussion. Second impact syndrome occurs because of rapid brain swelling and herniation of the brain after a second head injury that occurs before the symptoms of a previous head injury have been resolved. The second impact that a student athlete may receive may only be a minor blow to the head or it may not even involve a hit to the head. A blow to the chest or back may create enough force to snap the athlete's head and send acceleration/deceleration forces to an already compromised brain. The resulting symptoms occur because of a disruption of the brain's blood auto regulatory system which leads to swelling of the brain, increasing intracranial pressure and herniation. After a second impact a student athlete usually does not become unconscious, but appears to be dazed. The student athlete may remain standing and be able to leave the field under his/her own power. Within fifteen seconds to several minutes, the athlete's condition worsens rapidly, with dilated pupils, loss of eye movement, loss of consciousness leading to coma and respiratory failure. The best way to handle second impact syndrome is to prevent it from occurring altogether. All student athletes who incur a concussion must not return to play until they are asymptomatic and cleared by an appropriate health care professional.

#### **Section XIV. Concussion Education:**

It is extremely important to educate coaches, athletes and the community about concussions. On a yearly basis, all coaches must complete the online course called "Concussion In Sports: What You Need to Know". This course is offered by the National Federation of State High School Associations (NFHS). Student athletes also need to understand the importance of reporting a concussion to their coaches, parents, athletic trainer and other school personnel. Every year student athletes and parents will participate in educational training on concussions and complete a certificate of completion. This training may include:

- CDC Heads-Up Video Training, or
- Training provided by the school district

The school district may also offer seminars, speakers, and discussion panels on the topic of concussions. Seminars offer an opportunity for the certified athletic trainer, athletic director and nurse leader to speak about concussions on the field at practices and games and to discuss the protocol and policy that the district has enacted.

Providing education within the community will offer the residents and parents of athletes an opportunity to ask questions and voice their concerns on the topic of

brain injury and concussions. When it comes to concussions, everyone needs to be aware of the potential dangers and remember that a concussion is a brain injury. Whenever anyone has a doubt about a student athlete with a concussion, **SIT THEM OUT and have them see the appropriate healthcare professional!**

## **STUDENT DISCIPLINE**

Discipline is the dual responsibility of the home and school.

The Massachusetts General Laws require each school district to adopt written policies, rules and regulations not inconsistent with law, which may relate to study, discipline, conduct, safety and welfare of all students, or any classification thereof, enrolled in the Milton Public Schools.

The implementation of the general rules of conduct is the responsibility of the Principal and the professional staff of the building. In order to do this, each school staff in the Milton Public Schools shall develop specific rules, not inconsistent with the law or in conflict with Milton Public Schools policy.

The purpose of disciplinary action is to restore acceptable behavior. When disciplinary action is necessary, it shall be administered with fairness and shall relate to the individual needs and the individual circumstances.

Students violating any of the policies on student conduct and control will be subject to disciplinary action. The degree, frequency, and circumstances surrounding each incident shall determine the method used in enforcing these policies. Many of the situations which require disciplinary action can be resolved within the confines of the classroom or as they occur by reasonable but firm reprimand, and/or by teacher conferences with the student and/or parents or guardians.

If a situation should arise in which there is no applicable written policy, the staff member shall be expected to exercise reasonable and professional judgment.

LEGAL REFERENCES: M.G.L. Chapter 71, S. 37H and 37L;  
M.G.L. Chapter 76, S. 16 and 17;  
Chapter 380 of the Acts of 1993 and Chapter 766 Regulations, S.  
338.0 also Mass. Dept. Of Education, Advisory Opinion on  
Student Discipline, January 27, 1994

CROSS REFERENCE: School Handbooks  
Original Adoption: September 30, 2015

**CORPORAL PUNISHMENT**

Massachusetts General Law, Ch. 71:37G provides that:

The power of the School Committee or of any teacher or other employee or agent of the Committee to maintain discipline on school property shall not include the right to inflict corporal punishment upon any student.

LEGAL REFERENCE: M.G.L. 71:37G

Original Adoption: November 16, 2004

## **PHYSICAL RESTRAINT OF STUDENTS**

All schools and programs within the Milton Public Schools are committed to maintaining an orderly, safe environment conducive to learning for all students and staff. It is the policy of Milton Public Schools that physical restraint shall be used only in emergency situations as a last resort and with extreme caution after other lawful and less intrusive alternatives have failed or been deemed inappropriate in accordance with 603 CMR 46.00 et seq.

The use of mechanical restraint, medical restraint, prone restraint unless permitted pursuant to 603 CMR 46.03(1)(b), the use of restraint inconsistent with 603 CMR 46.03, and seclusion is prohibited. The use of “time out” procedures during which a staff member remains accessible to the student shall not be considered “seclusion restraint.”

Notwithstanding the above, in the event of an emergency in which physical restraint is deemed the only appropriate option to prevent injury to students and/or staff, nothing shall preclude a teacher of District employee from using reasonable force to protect students, other persons or themselves from assault or imminent, serious, physical harm.

The Superintendent will develop procedures identifying:

- Appropriate responses to student behavior that may require immediate intervention;
- Methods of preventing student violence, self-injurious behavior, and suicide including crisis planning and de-escalation of potentially dangerous behaviors among groups of students or individuals;
- Descriptions and explanations of alternatives to physical restraint as well as the school’s method of physical restraint for use in emergency situations;
- Descriptions of the school’s training and procedures to comply with reporting requirements including, but not limited to making reasonable efforts to orally notify a parent of the use of restraint within 24 hours of its imposition;
- Procedures for receiving and investigating complaints;
- Procedures for conducting periodic review of data and documentation on the use of physical restraints;
- Methods for engaging parents in discussions about restraint prevention and use of restraint solely as an emergency procedure;
- A process for obtaining Principal approval for a time out exceeding 30 minutes.

Each building Principal will identify staff members to serve as a school-wide resource to assist in ensuring proper administration of physical restraint. These staff members will participate in an in-depth training program in the use of physical restraint.

In addition, each staff member will be trained regarding the school's restraint prevention and behavior support policy and accompanying procedures. The Principal will arrange training to occur in the first month of each school year, or for staff hired after the beginning of the school year, within a month of their employment.

Physical restraint is prohibited as a means of discipline or punishment, or as a response to destruction of property, disruption of school order, a student's refusal to comply with a school rule or staff directive, or verbal threats that do not constitute a threat of assault or imminent, serious physical harm to the student or others.

Physical restraint is prohibited when it is medically contraindicated for reasons including, but not limited to, asthma, seizures, a cardiac condition, obesity, bronchitis, communication-related disabilities, or risk of vomiting.

No written individual behavior plan or individual education program (IEP) may include use of physical restraint as a standard response to any behavior.

This policy and its accompanying procedures shall be reviewed and disseminated to staff annually and made available to parents of enrolled students. The Superintendent shall provide a copy of the Physical Restraint regulations to each Principal, who shall sign a form acknowledging receipt thereof.

LEGAL REFERENCE: M.G.L. 71:37G

CROSS REFERENCE: C-10 Restraint of Students in the Milton Public Schools

Original Adoption: January 22, 2003

Revised and Readopted: August 21, 2019

\*Reporting Form,

[https://docs.google.com/forms/d/e/1FAIpQLScJM2LryIBSLgBa9mPW6gq\\_wozgDSKB46tKEFQ6n-c8NAUrw/viewform](https://docs.google.com/forms/d/e/1FAIpQLScJM2LryIBSLgBa9mPW6gq_wozgDSKB46tKEFQ6n-c8NAUrw/viewform)



**STUDENT SUSPENSION**

The Milton Public Schools attempt to provide an open, flexible, humane program to meet the needs of students. Guidance and administrative help is available to assist a student in gaining the most from his/her education. If a student is a discipline problem, the school shall use all of its resources to resolve the difficulty. However, if a student is unable to conduct himself/herself in a manner reasonably consistent with the rules of the school, school suspension may be an option. Decisions regarding suspension lie solely with the building principal, except as described under M.G.L. 71:37H and M.G.L. 71:37H½.

LEGAL REFERENCE: M.G.L. 71:37H, M.G.L. 71:37H½

CROSS REFERENCE: Student Handbooks

**DISCIPLINING STUDENTS WITH SPECIAL NEEDS**

All Students are expected to meet the requirements for behavior as set forth in the student handbook. Federal and state laws require that additional provisions be made for students who have been found by an evaluation team to have special needs and whose program is implemented under an Individualized Education Program (IEP). A suspension is the removal of a student from regular classroom activities or his/her educational program or the school premises, and can include an in-school suspension. The removal of a student solely from participation in extracurricular activities or school-sponsored events, or both, shall not count as a suspension.

The following requirements apply to the discipline of special needs students:

1. The School Committee will ensure that there is an appropriate procedure to notify the Administrator of Special Education or designee of the offense resulting in suspension of a special needs student so that the required procedures under this policy can be consistently implemented;
2. Records of the number of suspensions of special needs students will be kept by school officials in accordance with state laws and regulations;
3. The IEP for every special needs student will indicate whether the student can be expected to meet the regular discipline code or if a modification is required. If a modified discipline code is required, it will be written into the IEP;
4. Students with disabilities who violate school rules are subject to removal from their current educational placement for up to ten (10) school days per year, to the extent that such a removal would be applied to students without disabilities, without a prior determination as to whether the misconduct is related to the student's disability and without receiving services
5. Anytime school personnel seek to remove a student from his or her current educational placement for more than ten (10) school days in any school year, this constitutes a "change of placement." A change of placement invokes certain procedural protections under the IDEA, the federal special education law. These include, but are not limited to:
  - a. If the school did not conduct a functional behavioral assessment and implement a behavioral intervention plan for such student before the behavior that resulted in the discipline, the school shall convene an IEP meeting to develop an assessment plan to address the behavior; or if the child already has a behavioral intervention plan, the IEP Team shall review the plan and modify it, as necessary, to address the behavior.

- b. A review by the IEP Team of the relationship between the child's disability and the behavior subject to the disciplinary action, which is often referred to as the Manifestation Determination
6. If the IEP Team concludes that the student's misconduct is a manifestation of the student's disability, then the student should not be suspended and the Team should instead meet in order to modify the IEP and/or placement. Following parental approval, the student will be placed immediately in the new program.
7. If the IEP Team concludes that the student's misconduct was not a manifestation of the student's disability, the district may discipline the student in accordance with its applicable discipline code. However, the district must continue to provide the student with educational services during the period of exclusion, if the exclusion goes beyond a total of ten (10) days in any given school year.
8. If a parent disagrees with the Team's manifestation determination or with the Team's decision regarding placement of a student, the parent may request a hearing from the Bureau of Special Education Appeals (BSEA). If the parent disagrees with the Team's determination, the student must remain in his or her last consented to educational program, pending the results of the BSEA appeal (stay put provision) or an order from a court of competent jurisdiction.
9. School personnel may unilaterally order a change in the educational placement of a child with a disability to an appropriate Interim Alternative Education Setting (IAES) for the same amount of time that a child without a disability would be subject to discipline, but not more than forty-five (45) calendar days (unless there is a hearing at the BSEA) if the student:
  - a. Carries or possesses a weapon to or at school, on school premises or to or at a school function.
  - b. Knowingly possesses or uses controlled substances at school, a school function, or school sponsored event.
  - c. Sells or solicits the sale of a controlled substance while at school, a school function, or a school sponsored event.
10. School personnel may also seek an order from the BSEA placing a student in an IAES for up to forty-five (45) calendar days if the district has demonstrated by substantial evidence "that maintaining the current placement of the child is substantially likely to result in injury to the child or to others."

11. Section 504 of the Rehabilitation Act of 1973 is a federal statute which prohibits a qualified individual with a disability from being excluded from the participation in, denied the benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance because of his/her disability. 29 U.S.C. §794 and its implementing regulations, 34 C.F.R. 104 et seq. School personnel may not suspend a student on a 504 plan for more than ten (10) school days without first conducting a manifestation determination.

LEGAL REFERENCE: 20 U.S.C. 1401 et seq.; 34 C.F.R. 104 et seq.; M.G.L. 71:37H; 71B; 603CMR 28.00; Section 504 of the Rehabilitation Act of 1973 and its implementing regulations

*1st Reading: September 9, 2015*

*2nd Reading: September 30, 2015*

*Approved: September 30, 2015*

## STUDENT WELFARE

### Supervision of Students

School personnel assigned supervision are expected to act as reasonably prudent adults in providing for the safety of the students in their charge.

In keeping with this expected prudence, no teacher or other staff member will leave his/her assigned group unsupervised except as an arrangement has been made to take care of an emergency.

During school hours or while engaging in school-sponsored activities, students will be released only into the custody of parents or other persons authorized in writing by a parent or guardian.

### Reporting to Authorities - Suspected Child Abuse or Neglect

Any school official or employee shall report any suspected child abuse or neglect as required by M.G.L. Ch. 119, S 51A.

In accordance with the law, the Milton Public Schools shall establish the necessary regulations and procedures to comply with the intent of the Act consistent with the Milton Public Schools' responsibility to the students, parents, Milton Public Schools personnel, and the community.

### Student Safety

Instruction in courses in industrial arts, science, homemaking, art, physical education, health, and safety will include and emphasize accident prevention.

Safety instruction will precede the use of materials and equipment by students in applicable units of work, and instructors will teach and enforce all safety rules set up for the particular courses. These include the wearing of protective eye devices in appropriate activities.

### Safety on the Playground and Playing Field

The Milton Public Schools shall provide safe play areas. Precautionary measures that the Milton Public Schools requires shall include:

1. A periodic inspection of the school's playground and playing fields by the Principal of the school and others as may be deemed appropriate;
2. Instruction of students in the proper use of equipment; and
3. Supervision of both organized and unorganized activity, to the extent such supervision is feasible.

### Fire Drills

The Milton Public Schools shall cooperate with appropriate fire departments in the conduct of fire drills.

Original Adoption: November 16, 2004

**JLB**

## **STUDENT INSURANCE PROGRAM**

A non-compulsory accident insurance plan totally administered by an insurance company may be made available to students. The Milton Public Schools do not assume any responsibility regarding service, claims, or other matters relating to the insurance program.

All students participating in competitive athletics shall be required to be covered by a medical insurance plan.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2009

## STUDENT HEALTH SERVICES AND REQUIREMENTS

Activities may include identification of student health needs, health screening tests (including eye and hearing screening tests), communicable disease prevention and control, promotion of the correction of remediable health defects, emergency care of the ill and injured, health counseling, health and safety education, and the maintenance of a healthful school environment.

The Milton Public Schools recognize that parents have the primary responsibility for the health of their students. The school will cooperate with appropriate professional organizations associated with maintaining individual and community health and safety. The Milton Public Schools shall provide the services of a medical consultant who shall render medical and administrative consulting services for personnel responsible for school health and athletics.

### Procedures for Emergency at School

School personnel shall give only emergency care to students who become ill or injured on school property, buses, or while under school supervision.

Each year parents shall supply information indicating where the student is to be taken in case of an emergency; the name, address, and phone number of a neighbor to be contacted in case the parent is not available; and any allergies or diseases the student might have.

The Milton Public Schools shall maintain a Medical Emergency Response Plan, as required by law, located in the staff handbook and an Emergency Crisis Manual, as required by law, and an Emergency Procedures Handbook that shall be utilized by Milton Public Schools personnel for handling emergencies. Emergency procedures shall include the following:

1. Provision for care beyond First Aid, which would enable care by the family or its physician or the local Emergency Medical Services agencies. In instances when the EMS is required, every effort shall be made to provide the unit with the student's Emergency Card which lists any allergies or diseases the student might have;
2. Information relative to not permitting the administration of any form of medicine or drugs to students without written approval of parents on the appropriate Milton Public School form. Requests made by parents for such administration of medication shall be reviewed and approved by the School Nurse or designee;
3. Provisions for reporting all accidents, cases of injury, or illness to the Principal. Provisions shall be made (in all cases of injury or illness involving possible legal or public relations implications) for reporting such to the Superintendent.
4. Prompt reporting by teachers to the Principal or designee of any accident observed or perceived serious illness and such reports will be filed with the Superintendent's Office.



Student Illness or Injury

In case of illness or injury, the parent or guardian will be contacted and asked to call or provide the transportation.

Transportation of an ill or injured student is not normally to be provided by the school. If the parent cannot provide transportation and the student is ill or injured, an ambulance may be called. Expense incurred as a result of emergency ambulance use will not be borne by the Milton Public Schools.

In emergency situations, the school administration may determine that transportation of a student by school personnel is necessary

SOURCE: MASC

LEGAL REFERENCE: M.G.L. 71:53; 54; 54A; 54B; 55; 55A; 55B; 56; 57;69:8A

CROSS REF: EBB, First Aid

EBC, Emergency Plans

JLCD, Administration of Medication to Students

1<sup>st</sup> Reading: August 15, 2012

Approval August 28, 2012

## **JLCA**

### **PHYSICAL EXAMINATIONS OF STUDENTS**

Every student will be examined once in each school year for screening in sight or hearing and for other physical problems as provided in the laws. The school nurse will keep a record of the results.

Upon entering Kindergarten or within thirty (30) days of the start of the school year, the parent or guardian of each child shall present to school health personnel certification that the child, within the past twelve (12) months, has passed a vision screening conducted by personnel approved by the Department of Public Health and trained in vision screening techniques to be developed in consultation with the Department of Education. For children who pass the vision screening and for children diagnosed with neurodevelopmental delay, proof of a comprehensive eye examination performed by a licensed optometrist or ophthalmologist chosen by the child's parent or guardian indicating any pertinent diagnosis, treatment, prognosis recommendation and evidence of follow up treatment, if necessary, shall be provided.

Every student will be given a general physical examination four times: upon entering school and upon admittance to the fourth, seventh, and tenth grades. The results of examinations will be a basis for determining what corrective measures or modifications of school activities, if any, should be recommended. A record of all examinations and recommendations will be kept.

Every candidate for a school athletic team will present the signed consent of parent or guardian in order to participate on a squad and will, with the signed consent of parent or guardian, be thoroughly examined to determine physical fitness. The school physician will examine athletes, except when a family wishes to have the examination done by their own doctor at their own expense. A written report stating the fitness of the student to participate signed by the physician will be sent to the school Principal.

The school physician will make a prompt examination of all children referred to him/her by the school nurse. He/she will examine school employees when, in his/her opinion, the protection of the student's health may require it. Except in an emergency, the school physician will not prescribe for or treat any student.

Whenever the school nurse finds a child suffering from any disease or medical problem, the situation will be reported to the parent or guardian in writing, or by personal visit if remedial treatment is recommended. A copy of the report will be filed at the school.

The school nurse will make a monthly report to the Superintendent of the number of students examined; the number excluded; and the number recommended for treatment or special adjustment of work. In all cases of exclusion or recommendation, the causes will be included in the report.

LEGAL REFERENCES: M.G.L. 71:53; 71:54; 71:56; 71:57

Original Adoption November 16, 2004

## IMMUNIZATIONS OF STUDENTS

Students entering school for the first time, whether at kindergarten or through transfer from another out of district school, will be required to present a physician's certificate attesting to immunization against diphtheria, pertussis, poliomyelitis, tetanus, measles, mumps, rubella, hepatitis B, chicken pox or documented history of this disease, and such other communicable diseases as may be specified from time to time by the Department of Public Health. The law and regulations provide for exclusion of students from school if immunizations are not up to date.

Seasonal influenza vaccine for the current flu season (July-June) must be received annually for anyone 6 months of age or older by December 31<sup>st</sup>. New students entering between January 1<sup>st</sup> and March 31<sup>st</sup> must have received a dose of vaccine for the current flu season for entry.

Students entering the seventh grade will be required to present a physician's certificate attesting to immunizations against polio, measles, mumps, rubella, hepatitis B, chicken pox or documented history of the disease, Td booster and one MenACWY. Student's entering the eleventh grade will be required to present a physician's certificate attesting to immunizations against polio, measles, mumps, rubella, hepatitis B, chicken pox or documented history of the disease, Td booster and one booster dose of MenACWY given on or after 16 years of age.

The only exception to these requirements will be made on receipt of a written statement from a doctor that immunization would not be in the best interests of the child; or, the student's parent or guardians annual completion of the MPS religious exemption form. The only exception for exclusion of unimmunized or partially immunized children without medical or religious exemptions is for homeless children. The McKinney-Vento Homeless Assistance Act stipulates that homeless children cannot be denied entry to school for non possession of immunization records. However, every effort is made by the school nurse to obtain a student's immunization history.

When the case of a vaccine preventable disease emerges, susceptible individuals (including those with medical or religious exemptions) who are not vaccinated will need to be excluded for the appropriate time periods as outlined in **Reportable Diseases, Surveillance and Isolation & Quarantine Requirements (105 CMR 300.00)**

LEGAL REFERENCE: M.G.L. 76:15

Code of Massachusetts Regulations (105CMR 220.000, CMR 220.400, CMR 220.600)

Original Adoption: November 16, 2004

Revised and Reapproved: August 26, 2020

## COMMUNICABLE DISEASES

The Milton Public Schools is required to provide educational services to all school age children who reside within its boundaries. However, admission to school may be by law denied to any child diagnosed as having a disease whereby attendance could be harmful to the welfare of other students and staff, subject to the Milton Public School's responsibilities to handicapped children under the law.

The School Committee recognizes that communicable diseases that may afflict students range from common childhood diseases, acute and short-term in nature, to chronic, life-threatening diseases such as Acquired Immune Deficiency Syndrome (AIDS).

Management of common communicable diseases shall be in accordance with Massachusetts Department of Health guidelines. A student who exhibits symptoms of a communicable disease may be temporarily excluded from school attendance. The Milton Public Schools reserve the right to require a physician's statement authorizing the student's return to school.

The Educational placement of a student who is medically diagnosed as having a life-threatening communicable disease shall be determined on an individual basis in accordance with this policy and accompanying administrative procedures. Decisions about the proper educational placement shall be based on the student's behavior, neurological development, and physical condition; the expected type of interaction with others in school setting; and the susceptibility to other diseases and the likelihood of presenting risks to others. A regular review of the placement decision shall be conducted to assess changes in the student's physical condition, or based on new information or research that may warrant a change in a student's placement.

In the event a student with a life-threatening communicable disease qualifies for services as a handicapped child under state and federal law, the procedures for determining the appropriate educational placement in the least restrictive environment shall be used in lieu of the procedures designated above.

Neither this policy nor the placement of a student in any particular program shall preclude the administration from taking any temporary actions including removal of a student from the classroom as deemed necessary to protect the health, safety, and welfare of the student, staff, and others.

In all proceedings related to this policy, the Milton Public Schools shall respect the student's right to privacy. Only those persons with a direct need to know shall be informed of the specific nature of the student's condition. The Superintendent shall make the determination of those who need to know.

LEGAL REFERENCE: M.G.L. 71:55  
Original Adoption: November 16, 2004

**AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME)  
SCHOOL ATTENDANCE POLICY\***

Epidemiological studies show that AIDS is transmitted via sexual contact or blood to blood contact. To date, there is no recorded transmission of AIDS to family members who are non-sexual contacts. This fact is also observed with medical personnel who directly care for and are exposed to AIDS cases. Since there is no evidence of casual transmission by sitting near, living in the same household, or playing together with an individual with AIDS, the following guidelines are recommended by the Governor's Task Force on AIDS for implementation in school systems throughout the Commonwealth.

1. All children diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus, Human Immunodeficiency virus, (HIV), and receiving medical attention are able to attend regular classes.
  - a. If a child has cutaneous (skin) eruptions or weeping lesions that cannot be covered, he/she should not be in school.
  - b. If the child exhibits inappropriate behavior that increases the likelihood of transmission (i.e. biting or frequent incontinence), he/she should not be in school.
  - c. Children diagnosed with AIDS or with clinical evidence of infection with the AIDS associated virus (HIV), who are too ill to attend school, should have an appropriate alternative education plan.
  - d. Siblings of children diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HIV) are able to attend school without any further restrictions.
2. The child's personal physician is the primary manager of the child diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HIV). Management includes acting as the "gate keeper" for the child's attendance at school in accordance with the policy outlined above.
  - a. The child's personal physician, after consultation with the family, is responsible for reporting cases of AIDS to the Massachusetts Department of Public Health's Division of Communicable Disease. The school Superintendent will be notified by the child's personal physician and will provide assistance in identifying those educational or health care agents with an absolute need to know.

- b. Only persons with an absolute need to know should have medical knowledge of a particular student. In individual situations, the Superintendent might notify one or more of the following:
    - Principal
    - School Nurse
    - Teacher
  - c. Notification should be by a process that would maximally assist patient confidentiality. Ideally, this process should be direct person-to-person contact.
  - d. If school authorities believe that a child diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HIV) has evidence of conditions described in #1, then the school authorities can dismiss the child from the class and request authorization from the child's personal physician so that class attendance is within compliance with the school policy.
  - e. If school authorities and the child's personal physician are in conflict, then the case should be referred to the Department of Public Health for review by an appointed physician who would determine the permissibility of attendance.
3. Since the child diagnosed as having AIDS or with clinical evidence of infection with the Aids associated virus (HIV) has a somewhat greater risk of encountering infections in the school setting, the child should be excluded from school if there is an outbreak of a threatening communicable disease such as chicken pox or measles until he/she is properly treated (possibly with hyperimmunegamma globulin) and/or the outbreak has no longer become a threat to the child.
  4. Blood or any other body fluids including vomitus and fecal or urinary incontinence in any child should be treated cautiously. It is recommended that gloves be worn when cleaning up any body fluids.
    - a. These spills should be disinfected with bleach (one part bleach to ten parts water), or another disinfectant, by pouring the solution around the perimeter of the spill.
    - b. All disposable materials, including gloves, should be discarded into a plastic bag. The mop should be disinfected with the bleach solution described in 5A.
    - c. Persons involved in the clean up should wash their hands afterward.
  5. In-service education of appropriate school personnel should ensure that proper medical and current information about AIDS is available.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

**JLCCA-1**

**AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME) RESOLUTION**

Whereas, there is a great deal of concern in the community about the history, symptoms, and transmissibility of Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC); and

Whereas, misinformation or lack of knowledge regarding the scope of the disease could result in improper decisions about children's attendance at school; and

Whereas, a comprehensive policy on AIDS and ARC has been developed by the Massachusetts Department of Public Health, which has been adopted by the Massachusetts Department of Education as policy; therefore be it

RESOLVED, that the Massachusetts Medical Society strongly recommends at this time that Milton Public Schools in the Commonwealth appropriately implement an official policy governing school attendance by children and teachers with Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC) using the guidelines currently developed by the Massachusetts Department of Public Health.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004



**ADMINISTERING MEDICINES TO STUDENTS**

1. The guidelines for administering student medication have been developed to promote a safe and drug-free educational environment while providing for the medical needs of students. This policy for administration of medication includes all medications, including all schedules of FDA controlled substances. Administration Of Medication:
  - a. Medication delegation is for field trips only. Medication must be administered by personnel employed by Milton Public Schools and designated by the School Nurse. Personnel must be appropriately trained by a school nurse prior to administering any medication. Each employee designated by the school nurse to administer medication must be retrained (updated) at least every three years or as deemed necessary by the school nurse. See below for further details.
  - b. School personnel are not permitted to honor independent requests from a parent/legal guardian to administer prescription medication other than as specified on the medication authorization.
  - c. Over-the-counter medication may be administered to the student by school nurse or self-administered by the student (when permitted) at high school and middle school levels only. This may be done after the appropriate forms and permissions have been completed.
  - d. A student's parent/legal guardian may administer medication to his-her child at school provided prior arrangements have been made with the school nurse. The Parent Administered Medication Log must be completed.
  - e. Administration of medication by injection or ultrasonic nebulizer will be individually planned with the student's parent/legal guardian, school nurse and primary care physician.
  - f. Self-administration of medication by students:
    - (1) Elementary Students: The only medications that can be carried and self-administered by elementary students are metered-dose inhalers, auto-injectors for severe allergic reactions, and other injectable medications, if authorized in writing by both the student's physician and parent/legal guardian and the school nurse. All medication must be in the original container and contain no more than one day's dosage.

- (2) Middle School Students: Prescription medication may not be self-administered by middle school students with the exception of metered-dose inhalers, auto-injectors for severe allergic reactions and other injectable medication, if authorized in writing by both the student's physician and parent/legal guardian and the school nurse. All medication must be in the original container and contain no more than one day's dosage.

Over-the-counter medication may be carried and self-administered by middle school students if authorized in writing by the student's parent/legal guardian (SCPS 160) and with the knowledge of the school nurse. All medication must be in the original container that contains no more than one day's dosage.

- (3) High School Students: Prescription medication may not be carried and self-administered by high school students with the exception of metered dose inhalers, auto injectors for severe allergic reactions and other injectable medications if authorized in writing by both the student's physician and parent/legal guardian and the school nurse. All medication must be in the original container and contain no more than one day's dosage.

Over-the-counter medication may be carried and self-administered by high school students if authorized in writing by the student's parent/legal guardian (SCPS-160) and with the knowledge of the school nurse. All medication must be in the original container that contains no more than one day's dosage.

- (4) Any questions or concerns regarding the administration of medication should be directed to the school nurse, who will determine appropriate action.

## 2. Authorization For Administration Of Medication

- a. Elementary Students: A Student medication Authorization form (SCPS 157) must be completed by the student's physician and parent/legal guardian before any medication is administered by school nurse or when permitted, self-administered by the student.
- b. Middle School Students: A Student Medication Authorization form (SCPS 157) must be completed by the student's physician and parent/legal guardian before any medication is administered by school nurse.

Over-the-counter medication to be self-administered will require completion of the Authorization for Over-the-Counter Student Administered Medication form (SCPS-160) by the student's parent/legal guardian.

- c. High School Students: A student Medication Authorization form (SCPS 157)

must be completed by the student's physician and parent/legal guardian before school nurse administers any medication or any prescribed medication is self-administered by the student.

Over-the-counter medication to be self-administered will require completion of the Authorization for Over-the-Counter Student Administered Medication form (SCPS-160) by the student's parent/legal guardian.

- d. All Students: The following shall apply to all medication administered during school and school sponsored activities:
  - (1) A new medication authorization will be required at the beginning of each school year.
  - (2) Any change in medication, dosage, or directions will require the completion of a new medication authorization form.
  - (3) All signatures, including physician and parent/legal guardian, must be original and handwritten.
  - (4) Faxed authorization forms requiring a physician's signature must be sent directly to the school from the physician's office.

### 3. Delivery And Storage Of Medication

- a. All prescription medication must be delivered to school in current original container with an unaltered prescription label attached.
- b. All-over-the-counter medication to be administered or self-administered by the student at school must be in the original container and clearly labeled with the following information:
  - (1) Student's name
  - (2) Name of medication
  - (3) Directions concerning dosage and route
  - (4) Time of day to be taken
  - (5) Physician's name (required for sample medication and school administered over the counter medication)
- c. All medication to be administered at school must be received, counted and stored in the original container. The medication count and signatures of persons delivering and receiving medication must be recorded on the Student Medication Record.
- d. Medication must be stored in a secure fashion under lock and key in the location designated by the school nurse. Medication that requires refrigeration must be stored either in a locked refrigerator or in a locked box inside the refrigerator.
- e. Elementary/Middle School: All school-administered medication must be

delivered to and retrieved from the school nurse by the student's parent/legal guardian or other adult presenting written authorization from the parent/legal guardian. This written authorization must include the following:

- (1) Student's name
- (2) Name of medication
- (3) Date
- (4) Amount of medication
- (5) Name of Person delivering the medication
- (6) Signature of parent/legal guardian

f. High School: All school-administered medication must be delivered to and retrieved from the school nurse by the student's parent/legal guardian, the student or other adult presenting written authorization from the parent/legal guardian. This written authorization must include the following:

- (1) Student's name
- (2) Name of medication
- (3) Date
- (4) Amount of medication being delivered
- (5) Name of Person delivering the medication
- (6) Signature of parent/legal guardian

#### 4. Documentation Of Medication Administration

a. Each school must maintain a current record of all medication administered by school nurse or the parent/legal guardian by completing the appropriate medication log.

#### 5. Medication Incidents/Errors

a. Any incident/error in administering medication, including but not limited to, incorrect student, incorrect medication, incorrect dose, incorrect time (greater than 30 minutes before or after prescribed time), missed doses or student non-compliance must be reported to the parent/legal guardian and principal immediately for appropriate action. A written incident report must be completed for each medication incident/error and attached to the Medication Log. Copies must be forwarded to the parent/legal guardian and Principal.

## 6. Field Trips

- a. Students must receive prescribed medication on field trips unless otherwise instructed by the parent/legal guardian prior to the field trip.
- b. The necessary dosage of medication for each student must be placed in a sealed envelope labeled with the following information:
  - (1) Student's name
  - (2) Name of medication
  - (3) Directions concerning dosage and route
  - (4) Time of day to be taken
  - (5) Physician's name
- c. If the original container cannot be taken on the field trip the medication must be removed from the original container verified and placed in the envelope by the employee who will be administering the medication. Medication other than tablets and capsules should be taken on the field trip in the original container. The employee who was responsible for administering the medication on the field trip must return medication brought on a field trip, but not administered, to its original location.
- d. A copy of the student's medication authorization form and medication log must accompany the medication.
- e. On the field trip the medication must be kept, at all times, in a possession of or under the control of the school nurse, designated employee, or parent/guardian on the field trip.
- f. For extended field trips, an additional Student Medication Authorization will be required for each medication to be administered outside the normal school day.

## 7. Disposal Of Medication

- a. The parent/legal guardian will be notified in writing when unused/discontinued medication is left at school. If not picked up within five (5) days of notification, the medication will be destroyed.

## 8. Possession and Administration of Naloxone

- a. The school district may, in conjunction with the School Physician and the School Nurse Leader, stock nasal naloxone (Narcan), in a secure, unlocked place accessible only to authorized persons.
- b. Trained medical personnel and first responders may administer nasal naloxone to individuals experiencing a life threatening opiate overdose in a school setting.

- c. If the school district wishes medical personnel to train non-medical staff in the administration of nasal naloxone, the School Committee shall vote to approve such training and the Superintendent shall ensure that medical personnel have written protocol which complies with medical directives and regulations from the Department of Public Health.

LEGAL REFERENCE: M.G.L. 71:54B

Department of Public Health 105 CMR 210.000

**1st Reading: March 29, 2017**

**2nd Reading: April 12, 2017**

## JLCD

### MILTON PUBLIC SCHOOLS INFECTIOUS DISEASE CONTROL ADMINISTRATIVE GUIDELINES AND PROCEDURES

The Milton Public Schools (MPS), in collaboration with the Department of Public Health School Health Program, has developed these Infectious Disease Administrative Guidelines and Procedures with the understanding that:

- All staff have a role in prevention of communicable disease.
- School nurses are responsible for education, identification, reporting, and notification and follow-up.
- School staff, who may feel themselves to be at risk during any potential or suspected exposure, can confidentially identify themselves to the school nurse, or Principal for notification planning.
- Laws and regulation are subject to change, the school nurse is responsible for maintaining up-to-date information through Milton Board of Health and Massachusetts Department of Public Health (MDPH).
- These Administrative Guidelines and Procedures are not exhaustive, but relative to that most often seen in the school setting.
- Environmental safeguards through custodial responsibility are essential.
- Emphasis is on prevention efforts and school attendance criteria based on MDPH 2007 Health School Health Unit Guidelines<sup>1</sup> and current healthcare standards of practice.
- These Administrative Guidelines and Procedures will be reviewed and updated every two years.

#### INFECTIOUS DISEASES

Infectious diseases are illnesses caused by specific organisms: viruses, bacteria, fungi, or parasites. Infectious diseases that can be spread from one individual to another are called contagious or communicable diseases. Contagious illnesses are among the major problems that school health programs face, causing absences and physical discomfort for students and staff.

Infectious disease control measures in schools include:

- preventing infection from spreading;
- requiring certain immunizations;
- reporting some illnesses to Milton's local Board of Health and or MDPH;
- temporarily excluding some children or staff who are ill or may be incubating communicable disease; and
- preparing to respond to outbreaks and emergencies of all types.

<sup>1</sup> Sheetz, A. H. & Goodman, I. F. (Eds.). (2007). *The Comprehensive School Health*

Diseases are divided into the following categories:

1. Vaccine-Preventable Diseases
2. Diseases Spread Through the Intestinal Tract
3. Diseases Spread Through the Respiratory Tract
4. Diseases Spread Through Direct Contact
5. Diseases Spread Through Blood Contact
6. Sexually Transmitted Diseases
7. Diseases Spread from Animals to People (Zoonotic Diseases)
8. Sports-Associated Infectious Diseases

## **MASSACHUSETTS LAW AND INFECTIOUS DISEASES**

***Disease Reporting and Control:*** Some disease control activities are required by law or regulation. Chapter 111 of the Massachusetts General Laws includes sections governing the reporting and control of communicable diseases. The Code of Massachusetts Regulations at 105 C.M.R. 300.000 establishes specific reporting and surveillance requirements. In addition, the regulations outline the isolation and quarantine requirements for contacts of persons infected with certain communicable diseases in school and health care settings. These requirements include attendance guidelines for non-immune students and staff when cases of vaccine-preventable diseases are reported. A list of the reportable diseases that are subject to control under general reporting and isolation and quarantine regulations are provided at [http://www.mass.gov/dph/cdc/surveillance/rprtbdiseases\\_hcp.pdf](http://www.mass.gov/dph/cdc/surveillance/rprtbdiseases_hcp.pdf).

***Reporting:*** School nurses are responsible for reporting communicable diseases to Milton Board of Health or MDPH School nurses may hear about a student's reportable disease from a variety of sources, including a local board of health, a child's medical provider, a parent/guardian, or an epidemiologist.

***Confidentiality:*** Confidentiality is required by law and must be maintained by everyone, including the disease investigator (school nurse), clerical staff, administrative staff, teachers, and other school officials who may be aware of personal health information.

***Isolation and Quarantine:*** Two key processes used to prevent the spread of communicable diseases are isolation and quarantine.

- *Isolation* refers to separating *people who are ill* from other people to prevent the spread of a communicable disease.
- *Quarantine* refers to separating and restricting the movement of *people who have been exposed* to a communicable disease and are not yet ill but may become ill and infectious; these people are often referred to as "contacts" of the person who is known or presumed to be infected and infectious.
- Milton's Board of Health is the authorizing agency for determining the need for isolation and quarantine.



***Immunizations:*** The Code of Massachusetts Regulations specifies minimum immunization requirements for enrollment in school (105 C.M.R. 220.000). These requirements, as well as exclusion requirements, recordkeeping procedures, and requirements and recommendations for immunization of teachers and staff are discussed in the “Vaccine-Preventable Diseases” section. See also exhibit to Immunization Exemptions and Vaccine-Preventable Disease Exclusion Guidelines in School Settings.

## **INFECTION PREVENTION AND CONTROL IN THE SCHOOL SETTING**

***Infection Control Measures:*** The spread of communicable diseases can be controlled by the use of good infection control practices. MPS infection control practices include: age-appropriate immunization requirements for school entry; utilizing and teaching proper hand hygiene, respiratory hygiene/cough etiquette and standard precautions; utilizing appropriate personal protective equipment for staff; cleaning and disinfecting as per MPS custodial protocol.

Some diseases require more specific prevention measures. Please refer to the individual disease sections that follow.

***Hand Hygiene:*** Proper hand hygiene is the single most effective way to prevent the spread of most infections. Several studies have indicated an association between hand washing or use of alcohol-based hand sanitizers and reduction in school absenteeism due to infectious illnesses. Hand sanitizer is *not* a substitute for soap and water for certain situations, specifically after toileting. All bathrooms will be kept supplied with adequate soap and paper towels.

Custodial staff will:

- check bathrooms daily for soap, paper towels and bathroom tissue
- Staff and students should practice hand hygiene before eating or handling food; after toileting; and after contact with blood or body fluids, non-intact skin, or nasal and respiratory secretions.

To properly wash and clean hands, the following procedures should be followed:

- Wash hands with soap and water when they are visibly soiled. Wet hands first with water, apply soap, and rub hands together vigorously for at least 20 seconds. Rinse hands with water and dry thoroughly. Use a towel to turn off the faucet.

Purell or other hand sanitizers can be used as a quick and effective way to sanitize your hands when they are not visibly soiled.

**Fire Safety Issues:** Purell and other effective hand sanitizers contain 62% ethanol to kill bacteria and viruses. This makes it quite flammable. Fire Regulations require that:

- Dispensers not be installed next to or above electrical outlets, switches, or near other sources of ignition (including electrical devices or oxygen outlets)
- A corridor width of 6 feet or greater is required for dispensers to be mounted in corridors.
- Dispensers must not be installed over carpeted surfaces unless they are located in a sprinklered smoke compartment.

**Standard Precautions:** Standard precautions are used for all contact with blood and other body fluids, secretions, and excretions; non-intact skin; and mucous membranes. These precautions must be used at all times, regardless of a person's infection status or diagnosis.

Appropriate equipment must be readily available to staff members who are responsible for the clean up of bodily spills.

Standard precautions include:

- Follow hand hygiene guidelines (see above).
- Wear gloves (clean, non-sterile) when touching blood, body fluids, non-intact skin, or contaminated items. Always practice hand hygiene whenever gloves are removed. Gloves are not a substitute for hand hygiene.
- Gowns, masks, and eye protection should be worn during procedures and activities that are likely to generate splashes or a spray of blood or body fluids.
- Disinfect surfaces and equipment contaminated with blood or body fluids using a 1:10 solution of bleach for 30 seconds, or any EPA-approved disinfectant used according to manufacturers' recommendations. Bleach solutions should be mixed on a routine basis and stored in an opaque bottle.
- Dispose of all sharps in a puncture-proof container; this includes cutting tools that may have caused injury during use. (Scissors, exacto, etc.)
- Dispose of infectious waste (anything contaminated with blood or body fluids) in a leak-proof sealable bag.

**Custodial Staff Procedure:** If necessary, block off area. Assemble the necessary equipment: Approved disinfectant, gloves, paper towels, disposal bag, if necessary, a mop, mop bucket, wringer. Optional equipment: gown, booties, cap, goggles, and wet floor sign.

- Put on gloves.
- Spray floor with an approved disinfectant and let soak for 3-5 minutes.
- Wipe up with paper towel and place all contaminated paper towels in plastic disposal bag.
- Repeat process as many times as necessary to make sure that all material has been removed from the floor and other surfaces.
- When all blood or body fluids have been removed, spray area again with an approved disinfectant and allow to dry for 10 minutes.
- Seal bag and dispose outside of classroom.

- If a mop is used, mop head must be removed immediately after use and disposed of, as per CPS protocol.

***Respiratory Hygiene/Cough Etiquette:*** Posters and signs to remind students and staff about cough etiquette and hand hygiene will be displayed in bathrooms, cafeteria, classrooms etc. In addition, parents/guardians will receive similar information through school communication forums such as newsletters, and will be reminded to keep sick children home from school.

Education of students and staff on appropriate cough etiquette includes:

- Cough or sneeze into elbow crease if no tissue available
- Cover the mouth and nose with a tissue when coughing or sneezing and immediately disposing of tissue into wastebasket and;
- Practice hand hygiene often
- Classrooms will be supplied with tissues

## **VACCINE-PREVENTABLE DISEASES**

***Immunizations and Requirements:*** Vaccine-preventable diseases include, at the time this document was created, chickenpox (varicella), diphtheria, Haemophilus influenzae type b (Hib), hepatitis A, hepatitis B, invasive pneumococcal disease, pertussis, polio, measles, mumps, rubella, and tetanus.

The Code of Massachusetts Regulations specifies minimum immunization requirements for enrollment in school (105 C.M.R. 220.000). These requirements apply to all students attending a MPS preschool program (as defined in 105 C.M.R. 220.400) and kindergarten through grade twelve.

Every year, MDPH updates and distributes the most current childhood immunization recommendations and school requirements to all schools that have kindergartens, 7th and 11th grades. It is the responsibility of the school nurse in conjunction with the parent/guardian to obtain the most current version of the childhood immunization schedule and requirements for school entry.

***Exclusion:*** MPS, in accordance with the law and regulations, provides for exclusion of students from school if immunizations are not up to date, but exemptions are permitted at school entry for medical and religious reasons. The only exception for exclusion of unimmunized or partially immunized children without medical or religious exemptions is for homeless children: The federal McKinney- Vento Homeless Assistance Act of 2001 stipulates that homeless children cannot be denied entry to school for not possessing immunization records.

MPHD is authorized to implement and enforce the requirements for isolation and quarantine pursuant to 105 C.M.R. 300.200.

***Exclusion During Disease Outbreaks:*** In situations when one or more cases of disease are present in a school, all susceptibles, students and staff, including those with medical or religious exemptions, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 C.M.R. 300.000). The reporting and control of diseases identified as posing a risk to the public health is prescribed by state regulation and law.

***Notification:*** The school nurse and school physician in collaboration with MPHD determine whether some or all parents/guardians and staff should be notified immediately.

Teachers and Staff: MDPH recommends that all adults working in schools (including volunteers and student teachers) have immunity to measles, mumps, rubella, diphtheria, tetanus, and chickenpox. An annual influenza vaccination is also recommended for those who are in contact with children.

Milton's Board of Health in collaboration with the school nurses maintain confidential immunization records for MPS staff, because staff members without documentation of immunity may be excluded if a vaccine- preventable disease manifests in the school.

***Reporting Requirements:*** The School Nurse will report to Milton Board of Health if a documented case of any of the diseases listed below occurs in the school (105 C.M.R. 300.000).

Diseases that must be reported:

- chickenpox (varicella);
- diphtheria;
- Haemophilus influenzae type b (Hib);
- hepatitis A; See "Diseases Spread Through the Intestinal Tract"
- hepatitis B; See "Diseases Spread Through the Intestinal Tract"
- pertussis;
- polio;
- measles;
- mumps;
- rubella;
- other, as directed by public health authorities

***Standard Measures:*** The following measures will be taken in the event of the occurrence of any of the vaccine- preventable diseases listed above. Exceptions and specific additional measures will be noted in sections discussing each disease. The school nurse will notify the Milton Board of Health and under the direction of the Board of Health will:

- Exclude infected individuals during their infectious period.
- Collaborate with local Board of Health Nurses to identify who has been exposed, determining the "zones of exposure" for the disease (see below).
- Identify all susceptibles among exposed students and staff.
- Identify high-risk, exposed susceptibles and refer them to their health care providers.
- Exclude all exposed susceptibles who cannot be vaccinated (or take antibiotics if indicated) for medical or religious reasons during the appropriate time period.

- Notify students, staff, parents/guardians, and others.
- Conduct surveillance for two incubation periods.

## **School Attendance Guidelines**

Control measures for vaccine-preventable diseases are complex. Procedures are updated regularly as new vaccines are licensed or as national guidelines change. Detailed nursing protocol confirms with MDPH *Reportable Diseases, Surveillance and Isolation & Quarantine Requirements* (105 C.M.R. 300.00). Below, general information for attendance is provided, but is subject to change due to laws and public health authority.

***Varicella/Vaccine Modified Varicella Syndrome:*** If students or staff have had chickenpox disease with vesicles present, they may return to school when all blisters are crusted over and dry. If no vesicles were present, they may return to school when the lesions are faded (i.e., the skin lesions are in the process of resolving; lesions do not need to be completely resolved) or no new lesions appear within a 24-hour period, whichever is later.

***Shingles:*** Same as varicella.

***Diphtheria:*** No identified cases or carriers of *C. diphtheriae* may return to school until two cultures from the nose, throat, or skin sores are negative for the bacteria.

***Haemophilus Influenzae Type B Illness (Hib Disease):*** Children and staff who are not ill with Hib disease may return as soon as the appropriate antibiotic treatment has begun. Children or staff who are ill should be excluded while they are ill and until 24 hours after initiating antimicrobial treatment.

***Measles:*** A student or staff member with measles should not return until at least 4 days after the appearance of the rash (counting the day of rash onset as day zero). If there is one case of measles, susceptible individuals must be excluded from days 5 through 21, after exposure to the case during the infectious period. If exposure was continuous, or there were multiple exposures, these individuals must be excluded through the 21st day after rash onset in the last case. After exposure, those defined as susceptible are individuals without proof of immunity, as defined by:

- Born in the U.S. before January 1, 1957 (with the exception of individuals in the health care setting, where year of birth doesn't apply).
- Two doses of measles-containing vaccine given at least 4 weeks apart, beginning at > 12 months of age, and the second dose given prior to or within 72 hours of exposure. (In some situations, individuals receiving their first dose within 72 hours of exposure will be considered immune.)
- Serologic proof of immunity.
- When case(s) of disease occur, susceptible individuals, including those with medical or religious exemptions who are not vaccinated, must also be excluded for the appropriate time period as outlined in *Reportable Diseases, Surveillance and Isolation & Quarantine Requirements* (105 C.M.R. 300.000).

**Additional prevention guidelines:** Measles is one of the few diseases that can be prevented through prompt immunization after exposure. If a case is reported or suspected, all susceptible students and staff who are without contraindication to the vaccine should be immunized within 72 hours of exposure.

**Mumps:** A student or staff member will be excluded until 9 days after the onset of swelling (counting the initial day of gland swelling as day zero).

**Pertussis (Whooping Cough):** A student or staff member with confirmed pertussis will be excluded until 3 weeks after the onset of cough or after they have completed 5 days of appropriate antibiotic therapy.

**Polio:** Individuals with polio should be excluded for 6 weeks after onset or until the virus can no longer be recovered from sample.

**Rubella:** A student or staff member with rubella may return 7 days after the onset of the rash (counting the day of rash onset as day zero). Unimmunized persons must also be excluded until 21 days after the date of rash onset in the last case.

## **DISEASES SPREAD THROUGH THE INTESTINAL TRACT**

Because students and staff who have intestinal tract diseases do not always feel sick or have diarrhea, the best method for preventing spread of these diseases is an ongoing prevention program. MPS believes the best prevention program is to promote hand washing after using the bathroom and before preparing or eating food. In addition, MPS will ensure that bathrooms have an adequate supply of soap (preferably liquid), running water, paper towels, and toilet paper.

### **Prevention Guidelines for Infectious Diarrhea:**

- Strictly enforce all handwashing, bathroom, diapering, and cleanliness procedures.
- Carefully monitor field trips to farms, cider mills, and petting zoos. Students should not be allowed to drink raw or unpasteurized milk or apple cider, and they should wash their hands after contact with any animals. If hand washing facilities will not be available, provide students with waterless, alcohol-based hand sanitizers.
- Be careful about choosing pets for the classroom. Reptiles such as snakes, iguanas, and turtles can shed salmonella and are poor choices as classroom pets.
- Enforce environmental cleaning and sanitation.
- Instruct students and staff not to share food, drink, or eating/drinking utensils.
- Sharing of water bottles by sports teams should be particularly discouraged.

### **School Attendance and Return Guidelines for Infectious Diarrhea:**

- When students or staff have uncontrolled, severe, or bloody diarrhea and fever or vomiting, or if diarrhea cannot be contained by diapers (in those students using them), they will be excluded until fever and diarrhea are gone
- When students or staff have mild diarrhea, take special precautions or exclude.

- When students or staff who do not prepare food or feed students are found to have infectious diarrheal organisms in their stool (positive stool tests) but have no diarrhea or illness symptoms, take special precautions but do not exclude them. However, during outbreaks, a negative stool test may be required to permit attendance.
- When staff who prepare food or feed children have positive stool tests, exclude them from these duties until the isolation and quarantine (105 C.M.R. 300.000) back-to-work requirements are met regarding that particular organism.

***Salmonella, Shigella, E. coli O157:H7, Campylobacter:*** See school attendance and return guidelines for infectious diarrhea above.

***Pinworm:*** Because pinworms are not considered an emergency, students or staff identified with pinworms do not need to be sent home from school. Infected individuals will be referred to a health care provider for diagnosis and treatment and may return after treatment has begun. When pinworm infection occurs in a school, the school nurse and school physician will determine, based on their judgment, whether some or all parents/guardians and staff should be notified.

***Hepatitis A:*** Children and adults with acute hepatitis A will be excluded from school for 1 week after the onset of the illness or until their fever has resolved, whichever is later.

***Giardia:*** See school attendance and return guidelines above.

***Norovirus:*** See school attendance and return guidelines for infectious diarrhea in the introduction to this section.

**Additional necessary measures during outbreaks:** Since norovirus is very easily transmitted person-to-person, staff and students should be reminded not to share food, drink, or eating utensils during an outbreak. It is essential to strictly follow the precautionary measures; monitor and enforce hand washing and ensure that hand washing facilities are properly supplied. When norovirus outbreaks are identified, thorough environmental cleaning is essential, especially where vomiting has occurred.

***Hand, Foot, and Mouth Disease (Coxsackievirus):*** There is no need to exclude anyone who is well enough to attend school.

***Prevention guidelines:*** Follow strict handwashing and personal hygiene procedures. Always wash hands after using the bathroom, after diapering or assisting a student in the bathroom, and before eating or handling food. Careful attention to environmental cleaning and sanitation is also very important in reducing spread. For additional prevention guidelines, see the “Infection Prevention and Control in the School Setting” section in this Administrative Guidelines.

## DISEASES SPREAD THROUGH THE RESPIRATORY TRACT

Respiratory tract diseases are spread primarily through microscopic infectious droplets (droplet transmission) generated in or settling on the mucous membranes of the nose, mouth, throat, or eye. These droplets are generated by a person primarily during coughing, sneezing, talking, or nose blowing. Group A streptococcus and *Neisseria meningitidis* are examples of bacteria that are droplet-borne. Airborne transmission of infectious particles is less frequent and occurs when very small ( $\leq 5\mu\text{m}$ ) particles remain suspended in the air for long periods of time, or when dust particles contain the infectious agent. Measles and tuberculosis are examples of diseases spread through airborne transmission.

Respiratory tract diseases may be mild (viral colds and strep throat) or life-threatening (bacterial meningitis). Some of these diseases are more common in children; others, like the viral cold, affect all ages fairly equally.

### **Prevention Guidelines:**

- Hand washing and cleanliness are essential to stop the spread of all respiratory tract diseases. Hands should be washed with soap and warm running water or an alcohol-based hand sanitizer.
- Encourage staff and students to wash their hands after wiping or blowing noses; after contact with any nose, throat, or eye secretions; and before preparing or eating food.
- Keep a supply of disposable towels, alcohol-based hand gel, and tissues in each classroom, and encourage their use.
- Dispose of towels or tissues contaminated with nose, throat, or eye fluids in a step-can with a plastic liner. Keep them away from food and classroom materials.
- Teach children and staff to cough or sneeze toward the floor or to one side, away from people. If they sneeze or cough into a hand or tissue, they must properly dispose of the tissue and wash their hands. Discourage the sharing of food and/or beverages, including water bottles.

**Colds and Influenza:** The school nurse, through clinical assessment, will determine when a student or staff member should go home. Fever guidelines are 100.4° F or higher. Sick students and staff should stay home from school until they have been without fever for 24 hours without antipyretic medication, to help prevent spreading illness to others.

**Group A Streptococcal Infections:** (strep throat, scarlet fever, etc.) People with streptococcal pharyngitis should not return to school until at least 24 hours after beginning appropriate antibiotic treatment and resolution of their fever. Mildly ill students and staff can continue to attend school while awaiting the results of a strep culture. Antibiotics should be taken for the full course of prescribed treatment, primarily to prevent rheumatic fever or other complications.

**Fifth Disease (*Erythema Infectiosum*):** Students or staff with fifth disease should continue to attend school. By the time they are diagnosed with the rash, they are usually no longer contagious.



**Special note for pregnant women and women of childbearing age:** In view of the high prevalence of parvovirus B19 infections, the low incidence of ill effects on the fetus, and the fact that avoidance of child care or classroom teaching can decrease but not eliminate the risk of exposure, routine exclusion of pregnant women or women of childbearing age from a school where this disease is occurring is not recommended. Pregnant students and staff in schools where fifth disease is circulating should be referred to their health care providers for counseling and possible serologic testing. Women of childbearing age who are concerned can also undergo serologic testing prior to or at the time of exposure to determine if they are immune to the disease.

***Invasive Meningococcal Disease:*** Individuals with invasive meningococcal disease are generally too ill to attend school. They may return to school when they are well (after hospital treatment).

Various strains of the bacterium *Neisseria meningitidis* can cause invasive meningococcal disease that is serious and sometimes fatal. The most common illness is meningitis, an inflammation of the coverings of the brain and spinal cord. People with invasive meningococcal disease are usually very ill and are hospitalized.

***Notification guidelines:*** The school nurse and school physician, collaborating with the Milton Board of Health and school officials, will develop a system for immediate notification of appropriate parties, including parents/guardians and staff.

***Severe Acute Respiratory Syndrome/ COVID-19:*** If a student or staff member has tested positive for SARS or COVID-19, is suspected of having SARS/COVID-19, or has been exposed to a person with SARS/ COVID-19, the Milton Board of Health and MDPH in collaboration with school officials will recommend and enforce appropriate public health actions. These may include isolation, quarantine and information dissemination and will be determined by circumstances and available information.

***Meningitis:*** Since fecal shedding of virus can continue for several weeks after onset of infection and can also occur without signs of clinical illness, there is no reason to keep people out of school if they feel well enough to attend. For school attendance guidelines for Hib or pneumococcal or meningococcal meningitis, refer to the appropriate section.

***Notification guidelines:*** The school nurse and school physician will decide, based on their judgment, whether some or all parents/guardians or staff should be notified.

***Infectious Mononucleosis:*** Since both sick and healthy people can carry and spread this virus intermittently for life, there is no need to exclude students or adults with this disease, as long as they are feeling well.

***Tuberculosis:*** students or staff diagnosed with suspected or confirmed TB disease should not attend school or work in schools until they have begun taking prescribed TB antibiotics and their health care provider states in writing that they are not contagious.

Students or staff who have a positive TB skin test and no symptoms of active TB should *not* be restricted from school.

***What School Administrators, Staff, and Parents/Guardians Should Know about TB:***

- Infants and young children under age 10 with TB lung disease are usually *not* contagious.
  - The TB Division recommends a *TB risk assessment*, performed by the child’s health care provider prior to the child’s entry into school. Students or staff who have a positive TB skin test and no symptoms of TB should *not* be restricted from school.
  - TB skin testing for school employees and volunteers is no longer required.

**DISEASES SPREAD THROUGH DIRECT CONTACT**

Diseases spread through direct contact include impetigo, ringworm, conjunctivitis, scabies, pediculosis, and herpes simplex infection and are caused by superficial bacterial or viral infections or parasitic infestations. They are common and are generally not serious. They are spread by direct contact with infectious secretions, infected skin areas, or contaminated objects. Because students are constantly touching their surroundings and the people around them, these infections are easily spread among students and staff.

**Prevention Guidelines**

- Follow hand hygiene guidelines in the “Infection Prevention and Control in the School Setting” section in this chapter.
- Encourage staff and students to wash their hands after contact with any possibly infectious secretions.
- Keep a supply of disposable towels, alcohol-based hand gel, and tissues in each classroom, and encourage their use.
- Dispose of towels or tissues contaminated with secretions in a step-can with a plastic liner. Keep them away from food and classroom materials.
- Discourage the sharing of food and/or beverages, including water bottles.
- Wash frequently used surfaces such as tables and counters daily.
- Do not permit students to share personal items such as combs, brushes, hats, or clothing.
- Provide adequate individual storage areas for students’ clothing items such as coats, hats, scarves, and mittens.
- Wash and cover sores, cuts, and scrapes promptly, and keep infected eyes wiped dry.
- Report rashes, sores, runny eyes, and severe itching to a student’s parents/guardians so they may contact their health care provider for diagnosis and appropriate treatment.

***Impetigo:*** Impetigo is not considered an emergency, so students or staff identified with a suspected impetigo rash during the day do not need to be sent home from school. Sores should be kept lightly covered. Affected students and staff may return to school after 24 hours of local therapy.

**A note about antimicrobial resistance and resistant staph:** Some kinds of staph are resistant to certain antibiotics that may be used to treat an infection. Methicillin-resistant *Staphylococcus aureus* (MRSA) is resistant to a family of antibiotics related to penicillin, including methicillin and oxacillin. Like other staph, MRSA may be carried on the nose or skin without causing an infection, or may cause mild skin infections (like impetigo) that do not require antibiotic treatment. MRSA does not usually cause more serious problems than any other staph, but when MRSA does cause an infection that needs antibiotic treatment, the correct antibiotics must be used in order to be effective.

Infections with MRSA are relatively rare in community settings (that is, outside of hospitals and nursing homes), but they are increasing. For more information concerning antibiotic resistance and MRSA, including information for school nurses, please go to the following page on the Massachusetts Department of Public Health website:  
[http://www.mass.gov/dph/cdc/antibiotic/antibiotic\\_home.htm](http://www.mass.gov/dph/cdc/antibiotic/antibiotic_home.htm).

**Ringworm (Tinea):** There is no need to exclude students or staff with these common, mild infections. If the affected area can be covered, there is no need for dismissal. School nurse will notify parent/guardian for treatment, and student may return to school as soon as treatment has begun.

**Conjunctivitis (Pinkeye):** Conjunctivitis is not an emergency, so students or staff who are identified as having conjunctivitis at school do not need to be sent home from school that day.

**Scabies:** Scabies is not considered an emergency, so students or staff identified as having a rash that appears to be scabies at school do not need to be sent home that day.

**Pediculosis (Head Lice):** Children need not be excluded or sent home early from school because of head lice. The school nurse will contact parents/guardians of affected children to inform them that their children must be properly treated and may return to school on the day after treatment.

Due to the sensitive nature and confidentiality violation, MPS does not support and does not permit the use of volunteer/parent/guardian lice inspection.

**Herpes Simplex Infection:** Exclusion of children with cold sores (i.e., recurrent infection) from school is not indicated.

## **DISEASES SPREAD THROUGH BLOOD CONTACT**

Bloodborne infections such as hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV) are serious illnesses that are spread through direct contact with blood and body fluids. Because intimate contact is required for these diseases to spread, the risk of transmission in the school setting is negligible. However, during

adolescence, the likelihood of becoming infected with HIV and HCV increases proportionally with sexual activity, injection drug use, tattooing, and piercing.

Fortunately, as a result of vaccination programs, the risk of transmission of HBV among all students is very low.

All school staff will be educated annually on the use of standard precautions and specific ways to prevent contact with blood and body fluids.

If a question of occupational exposure to hepatitis and HIV arises, consult the PEPLine (Post- Exposure Prophylaxis Hotline) at <http://www.ucsf.edu/hivcntr>.

Available evidence indicates that the risk of transmission of all these diseases is also low during contact sports at the high-school level. Recommendations issued by the American Academy of Pediatrics (AAP) in 1999 for the prevention of HIV and other bloodborne pathogens in the athletic setting include the following:

- Athletes infected with HIV, HBV, or HCV should be allowed to participate in all sports and do not need to disclose their infection status.
- Testing for bloodborne pathogens should not be mandatory for athletes.
- Coaches and athletes should be educated on the use of standard precautions and specific ways to prevent direct contact with blood and body fluids.
- Athletes must cover existing cuts, wounds, or other areas of broken skin with a dressing before and during participation.
- Disposable gloves should be worn to avoid contact with blood or other body fluids, as well as any equipment contaminated with these fluids. If gloves are not available, the wound should be wrapped with a towel until a location is reached where gloves can be donned for definitive treatment.
- Hands should be washed with soap and water or an alcohol-based hand cleanser immediately after removing gloves.
- Athletes with active bleeding should be removed from competition until the bleeding has stopped and the wound has been covered with an occlusive dressing.
- Equipment and inanimate surfaces contaminated with blood or body fluids should be disinfected with a 1:10 dilution of bleach for 30 seconds, or with any EPA-approved disinfectant.
- Mouthpieces or resuscitator bags should be available for use whenever resuscitation is carried out.

**Hepatitis B:** Staff and students who are ill with acute HBV infection should stay home until they feel well and until fever and jaundice are gone. Students who are chronically infected with HBV and who have no behavioral or medical risk factors, such as unusually aggressive behavior (e.g., biting), generalized dermatitis, or a bleeding problem, should be admitted to school and child care without restrictions.

Students and staff infected with HBV do not need to be identified to school personnel or parents/guardians of other children attending school or child care.

**Hepatitis C:** There are no recommendations to exclude persons with hepatitis C from employment, school, sports, or any social situation. Students with hepatitis C do not need to be identified to school personnel.

**HIV Infection and AIDS:** Students with AIDS or HIV infection pose no risk of transmitting HIV through casual contact in a school setting. In August 1991, DPH and DOE (now DESE) issued an updated medical Administrative Guidelines stating that students with HIV/AIDS have the same right to attend classes or participate in school programs and activities as any other student. The only exception is in the rare situation in which a student bleeds uncontrollably or exhibits behaviors that put others at risk. Universal blood and body fluid precautions, now included under “standard precautions,” in all school settings should apply. DPH’s *AIDS/HIV Infection Policies for Early Childhood and School Settings, Appendix A*, lists conditions that are grounds for excluding a student from a school setting, *regardless of whether he or she is known or suspected to harbor a bloodborne infection* (DPH/DOE, 1991). To obtain a copy of this publication, call the HIV/AIDS Bureau at 617-624-5300.

No cases have ever been confirmed of HIV transmission from saliva, sweat, or tears.

HIV is also *not* transmitted by:

- casual contact such as kissing or hugging;
- insect bites;
- food handled, prepared, or served by a person with HIV/AIDS;
- toilets, telephones, or clothes;
- shared eating utensils or drinking glasses;
- physical proximity to people with HIV/AIDS, in schools or other public places;
- feces or urine;
- blood donation;
- swimming pools and hot tubs; or
- shared musical instruments.

Under Massachusetts law (M.G.L. c.112, §12F), minors in certain circumstances may consent to their own dental care and medical testing and treatment, including treatment for HIV infection. This law mandates confidentiality of medical information and records except when an attending physician or dentist reasonably believes that the minor’s condition is so serious that life or limb is endangered.

**Protections and Policies Confidentiality:** As with any other medical information, the diagnosis of HIV infection and AIDS is confidential, and students are not obligated to disclose it. Since individuals with AIDS or HIV infection typically pose no public health threat to others by their presence in the school, their medical information is protected.

The privacy of students with HIV infection or AIDS is protected under state privacy law (M.G.L. c.214, §1B), which protects against unwarranted invasion of privacy, and by M.G.L. c.111, §70F, which prohibits health care providers and facilities (including school-based clinics) from disclosing HIV test results (or the fact that a test has been performed) without specific, informed, written consent of the person tested. The consent should include the name of the individual to whom the disclosure is to be made.

Disclosure by school personnel is also restricted by FERPA (Family Educational Rights and Privacy Act).

**Disclosure:** A student and/or his or her parent/guardian may wish to disclose the diagnosis of AIDS or HIV infection to the school nurse or school physician, even though they are not obligated to do so. Reasons include:

- A student diagnosed with AIDS or HIV infection may be at a greater risk for other infections. If there is an occurrence of a contagious disease in school, such as chickenpox, the school nurse or physician who is aware of a student's HIV status can alert the student's parent/guardian, who then may consult their personal physician for preventive treatment or a recommendation to keep the child at home.
- A young person with AIDS or HIV infection may be taking medications that should be administered by a health care professional, or he or she may require immunizations (vaccines) different from those of other students or not be able to receive certain vaccines. Schools are bound by state law to comply with DPH regulations governing the administration of medication (M.G.L. c.71, §54B) and to determine whether a student has had certain immunizations. (See first section in this chapter on immunization requirements.) Therefore, a parent/guardian may decide that knowledge of an AIDS diagnosis or HIV infection will help the school nurse or school physician meet the child's medical needs.

If, in consultation with the student's primary care physician, a parent/guardian decides to inform certain school personnel, particularly the school nurse and school physician, of the student's HIV/AIDS status, the DESE recommends and notes the following:

- The student's parent/guardian or the student may inform the school nurse or school physician directly.
- The student's parent/guardian may request that the child's personal care physician make the disclosure. In this case, specific, informed, written consent of the student's parent/guardian is required before the physician may disclose the information.
- Further disclosure of a student's HIV status by the school nurse or school physician to other school personnel requires the specific, informed, written consent of the student's parent/guardian or of the student, informing his or her own decisions under M.G.L. c.112, §12F.

A student and the student's parent/guardian may also decide to inform the student's teacher(s), counselor, school principal, or other staff members, but they are not obliged to do so. This is *their* decision alone. Given the privacy protection of M.G.L. c.214, §1B and Family Educational Rights and Privacy Act (FERPA) and state student record regulations, all school personnel are bound to protect confidentiality.

If and when informed, written consent is given enabling school staff to disclose to others in the school, the form or letter giving this consent should spell out specifically which individuals can be informed, what information is to be shared, and a timeframe during which this consent applies. It should specify *names* of individuals, not their titles or roles in the school. Staff titles and positions change, and a student's family may not want a new person holding the position to be informed.

***Privacy of Records:*** Because licensed physicians, nurses, social workers, and psychologists (according to M.G.L. c.111, §70F, as well as, c.112, §135A, and c.112, §129A; and the federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 C.F.R. 164) have a duty to protect HIV/AIDS-related and other private information, the signed consent form and any HIV/AIDS-related information will be kept by the school nurse in a locked file separate from the school health record.

## **SEXUALLY TRANSMITTED DISEASES (STDs)**

By law, state-contracted STD clinics diagnose and treat STDs. Visit <http://www.mass.gov/dph/cdc/std/services/clinicsched.htm> for information about clinic locations and schedules. These clinics can treat minors without requiring parental consent, and these services are free to minors. Because minors are not billed, no insurers are notified of these services.

## **DISEASES SPREAD FROM ANIMALS TO PEOPLE (ZOO NOTIC DISEASES)**

Diseases spread from animals to people are called *zoonotic diseases*. Some foodborne and waterborne diseases that may be traced to disease in animals are salmonellosis, campylobacteriosis, and giardiasis, discussed earlier in this chapter. The three disease categories discussed in this section are rabies, tickborne diseases, and arboviral (mosquito-borne) diseases, none of which are transmitted person-to-person.

***Animals in the Classroom:*** Animals can be effective teaching aids, and the benefits of the human-animal bond are well established. However, animals in the classroom necessitate certain safeguards. Because diseases can be transmitted from animals to people, consideration should be given to potential health issues before bringing animals into the classroom.

Animals may carry parasites, bacteria, and other organisms that can be transmitted to people. Zoonotic diseases can be spread by direct contact with an infected animal or its feces, through insects that bite or live on animals, or from contact with organisms that live in the environment where an animal lives. Certain groups of people may be more susceptible to zoonotic diseases, including infants, children, pregnant women, and those with weakened immune systems.

In order to prevent the transmission of enteric disease-causing organisms, students should receive very clear instructions on how to wash their hands thoroughly after handling animals, their cages, or surfaces animals have come in contact with, and always before eating. For questions on safe and proper handling procedures, contact the MDPH, Division of Epidemiology and Immunization at 617-983-6800.

DPH guidelines on animals in classrooms are available at the DPH rabies website, <http://www.mass.gov/dph/cdc/epii/rabies/schoolprotocol.htm>.

***Rabies:*** When any animal bites or scratches a student, school personnel should notify the student's parent/guardian and the Milton Animal Control and Milton Board of Health. All animal bites should be reported to the local board of health and local animal control officials. Dogs, cats, and ferrets that bite people must be observed for 10 days for signs of rabies. Wild animals that bite children should be captured by the local animal control official and submitted to the State Laboratory for rabies testing.

***Tickborne Diseases:*** There is no need to exclude students or adults bitten by a tick, those diagnosed with a tickborne illness, or those exposed to an individual diagnosed with these diseases.

***Prevention guidelines:*** When outdoors, on field trips or in areas that may harbor ticks, students should:

- Stick to main pathways and the center of trails when hiking.
- Wear long-sleeved, light-colored shirts and long pants tucked into socks.
- Use repellents, according to the manufacturer's recommendations. The two most common active ingredients in repellents are DEET (N-N-diethyl-meta-toluamide) and permethrin. These products remain effective for many hours, so it is not necessary to frequently reapply them.
- After returning indoors, students should be told to:
  - Check for ticks immediately. This is critical because the longer an infected tick remains attached, the higher the likelihood of disease transmission. Favorite places ticks like to go on the body include between toes, behind knees, groin, armpits, neck, hairline, and behind ears.
  - Wash repellent-treated areas with soap and water. (Note: Parents/guardians should also launder treated clothing before reuse.)

If an attached tick is found:

- Students or staff should notify the school nurse immediately.

***Facts About Repellents:*** Repellents containing DEET can be applied to exposed skin and clothing. DEET is effective in repelling ticks and insects when used according to the manufacturer's recommendations. Since DEET can be absorbed through the skin, and in rare cases causes illness, students or parents/guardians should not apply too much, not apply it to broken skin, and not apply it to skin that will be covered by clothing. Repellents should not be applied in closed spaces such as cars or tents. Repellents used on young children should not be applied to hands or faces, as children often rub their eyes and faces and put their fingers in their mouths. Products with DEET concentrations above 10%-15% should be avoided in children, and products with DEET concentrations above 30%-35% should be avoided in adults.

If parents/guardians are concerned about exposures to chemicals, they can be instructed to use the lowest concentration of DEET that provides protection for the length of time the student will be exposed to mosquitoes. Higher concentrations of DEET may provide protection for a longer period of time, but they do not provide better protection.



***Permethrin-containing products*** kill ticks that contact them. Permethrin products are not designed to be applied to the skin. Clothing should be treated and allowed to dry in a well-ventilated area prior to wearing. Because permethrin binds very tightly to fabrics, once the fabric is dry, very little of the permethrin gets onto the skin.

A number of plant-derived products are also available for use as repellents. Limited information is available regarding the short-term and long-term health effects and overall effectiveness of these products. The information that is available indicates that these products do not provide the same level or duration of protection as DEET or permethrin-containing products.

***Arboviral Diseases (Disease Spread by Mosquitoes):*** Because these diseases are not spread person-to-person, there is no need to exclude students or adults diagnosed with or exposed to an individual diagnosed with EEEV or WNV.

***Notification guidelines:*** Parents/guardians should be notified of potential health risks before students engage in a school-sponsored outdoor activity where they could be exposed to mosquitoes. Parents/guardians should apply repellent before field trips or teach their children how to apply repellent. Per existing state regulations and school-based guidelines, the school should develop protocols and procedures for notifying and educating parents/guardians about potential health risks and clarifying the home and school's roles and responsibilities.

***Prevention guidelines:*** No human vaccine is available for EEEV or WNV. The following personal protection measures are effective in reducing contact with mosquitoes:

- Wear long-sleeved shirts and long pants.
- Stay indoors at dawn and dusk, when mosquitoes are most active.
- Use mosquito netting on baby carriages or playpens when a baby is taken outdoors.
- Make sure screens are repaired and are tightly attached to doors and windows.
- Make sure water does not collect in school playground equipment, maintenance equipment, or landscaping materials that are left unattended for long periods of time. Remove standing water from ditches, gutters, old tires, wheelbarrows, and wading pools. Mosquitoes that bite people can begin to grow in any puddle of standing water that exists for more than four days.
- Children on field trips should avoid camping overnight near freshwater swamps to reduce their risk of exposure to mosquitoes that carry EEEV. If a trip is scheduled, notify parents/guardians of the risk, use tents with mosquito netting, and use appropriate repellents.
- Use mosquito repellents, making sure to follow directions on the label.

Repellents should be used according to the manufacturer's recommendations. The two most common active ingredients in repellents are DEET and permethrin. Because these products remain effective for many hours, it is not necessary to reapply them frequently. For additional information, see "Facts About Repellents" in the "Tickborne Diseases" section.

## **SPORTS-ASSOCIATED INFECTIOUS DISEASES**

Transmission of infectious diseases in sports settings usually occurs via direct contact, the fecal-oral route, common-source exposure, or airborne and/or droplet spread. Exposure risk may extend to individual athletes, entire teams, and spectators. In some cases, disease transmission is unavoidable due to infectiousness before symptoms become apparent. In other cases, disease spreads when many people congregate together or share water bottles or other eating/drinking utensils. The following chart lists some infectious diseases that have occurred due to sports-related activities.

### **Sports-Associated Infectious Diseases**

- Herpes Simplex Virus (HSV), Staphylococcus Aureus, Group A streptococci, Fungi- Direct contact- wrestling, basketball, rugby, football
- Pseudomonas aeruginosa- Common source- swimming
- Gastrointestinal/Respiratory- Enteroviruses(coxsackievirus, echoviruses)- Common source or fecal/ oral- Team sports
- Meningococcal disease- Saliva exchange, droplet Team sports
- Measles Airborne or droplet- Tournaments involving gymnastics, basketball, wrestling, other indoor sports

Team physicians, trainers, school nurses, physical education teachers, and others involved with the health of the student athlete should not only be able to recognize and manage acute problems but also institute policies for the prevention of disease transmission. Good general hygiene practices and limiting exposure of infected individuals form the basis for the following recommendations:

- Coaches, trainers, and physical education instructors should be educated about the need to prevent sharing of water bottles and pails by athletes during sports-related activities.
- Students diagnosed with skin infections should be cautioned about their participation in sports involving close physical contact. Players with open lesions that cannot be covered should not be permitted to participate in sports where they could transmit disease to others. Teammates, coaches, and officials must be actively involved in recognizing these infections.
- All athletic equipment in contact with a student's skin or secretions should be routinely cleaned after use. This would include, but not be limited to, gymnastic and wrestling mats, towels, mouth guards, and other protective equipment.
- All students must be vaccinated against communicable diseases, as described in the section on immunizations.
- When airborne diseases occur, a mechanism should be in place to inform everyone determined to be exposed, including athletes, staff, and spectators.

- Athletes with symptoms of an infectious disease should not be permitted to participate in sports activities until they are evaluated by their health care provider and are not infectious.
- Milton Board of Health should be notified immediately of a case or suspected case of a reportable disease in an athlete.
- Any outbreaks of infectious disease occurring in the school, regardless of cause, should be reported to public health officials to ensure prompt investigation and institution of control measures.

General prevention guidelines pertaining to particular modes of disease transmission can be found throughout this chapter.

**A note about antimicrobial resistance and resistant staph:** Some kinds of staph are resistant to certain antibiotics that may be used to treat an infection. Methicillin-resistant *Staphylococcus aureus* (MRSA) is resistant to a family of antibiotics related to penicillin, including methicillin and oxacillin. Like other staph, MRSA may be carried on the nose or skin without causing an infection, or may cause mild skin infections (like impetigo) that do not require antibiotic treatment. MRSA does not usually cause more serious problems than any other staph, but when MRSA does cause an infection that needs antibiotic treatment, the correct antibiotics must be used in order to be effective.

Infections with MRSA are relatively rare in community settings (that is, outside of hospitals and nursing homes), but they are increasing. Small clusters of MRSA infections have been associated with playing contact sports, particularly those sports which involve a lot of direct skin-to-skin contact, and which may involve skin damage (cuts and scrapes). For more information concerning antibiotic resistance and MRSA, including information for school nurses, coaches, and athletic directors, please go to the following page on the Massachusetts Department of Public Health website:  
[http://www.mass.gov/dph/cdc/antibiotic/antibiotic\\_home.htm](http://www.mass.gov/dph/cdc/antibiotic/antibiotic_home.htm)

Original Adoption: March 26, 2020

## **JLCE**

### **FIRST AID, EMERGENCY MEDICAL CARE AND ACCIDENT REPORTS**

School personnel have responsibilities in connection with accidents occurring in school that may be classified as follows:

1. Administering first aid
2. Summoning medical assistance
3. Notifying administration
4. Notifying parents
5. Filing accident reports.

Teachers must use reasonable judgment in handling accident cases. Extreme caution should be exercised not to minimize any accident.

All teachers should make a concerted effort to increase their understanding of proper steps to be taken in the event of an accident.

The school doctor, school nurse, and specially trained staff members shall stand ready to assist in treatment of accident victims.

Regardless of the seriousness of the accident, the teacher in charge must submit an accident report so that the administrators are informed and a basis is established for the proper processing of insurance claims.

The Milton Public Schools make it possible for parents to subscribe to pupil accident insurance at low rates. This program is offered each year during September.

The policy on accidents and accident reporting is to be reviewed in September by the Principals, with the staff of each school.

An Accident Log is to be maintained daily at each school, in which is recorded all accidents.

All accidents judged to be other than minor require that an accident report be filled out. If the accident involves the services of a physician and/or is likely to result in an insurance claim, two accident reports are to be prepared: one copy filed at the school office, and one copy to the Milton Public School's insurance agent. If the incident is not one involving a physician and is unlikely to be an insurance case, it will be sufficient to prepare one copy to be filed at the school.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

**COVID-19 PANDEMIC POLICY**

Given the unprecedented nature of the COVID-19 pandemic the realities of providing education may require deviation from established Milton Public School policies.

Pursuant to this policy, the Superintendent is generally empowered to deviate from MPS policy to maintain the health and safety of the MPS community, while maintaining academic standards of the highest level possible. Such deviations shall be reported to the School Committee as part of the ongoing feedback and communication process between the Superintendent and the School Committee.

However, modifications of certain school policies may require School Committee approval related to educational policy, including but not limited to:

- the 2020-2021 School calendar;
- Grading and Retention; and
- Local graduation requirements

Changes in the current COVID education model between full in person, hybrid, and full remote models shall be voted by the School Committee as soon as practicable.

This policy shall remain in effect until July 1, 2021, unless modified or rescinded by the School Committee.

First and Second Reading: August 26, 2020

## GUIDANCE PROGRAM

Guidance is defined as helping individuals understand themselves in the light of their abilities, aptitudes, interests, attitudes, strengths and limitations. This process should assist students in the development of their potential, their decisions relating to personal, educational, and vocational matters, and also in becoming capable of mature self-guidance.

The Milton Public School's guidance program will be based on this definition and developed from these broad fundamental principles:

1. Students are different from one another in their capabilities, aptitudes, interests, needs, goals, desires, self-identification or self-expression, identities, conformity, variance, or transitioning and values.
2. Conditions are improvable. Equality of educational opportunity will benefit the individual student and society.
3. Guidance is a continuous and developmental process. Every experience of the student influences his/her performance in some way.
4. Guidance does not propose to program a student's course of action but rather tries to assist him/her in arriving at his/her own satisfactory solutions.

Guidance services will include: educational guidance; testing programs; occupational, career, and higher education assistance and information; counseling regarding study habits; consultation services; and personal developmental guidance as needed. These services will be available to all students.

Guidance Counselors and other personnel shall represent to the students a broad spectrum of education and career opportunities. Race, color, sex, national origin, homelessness, disability, sexual orientation, gender, gender identity, gender expression, gender conformity, gender transitioning, transgender status, gender variance, and religion shall not be considered as limiting factors in career determination.

While some of the problems of the individual may relate to behavior and consequently entail guidance on behavior, student discipline will not be a regular function of guidance personnel. "Career Day" programs and other occupational information shall include representatives of both sexes and of minority group members in a broad variety of occupational roles. Schools shall not permit materials including pictorial representations to be used to recruit students for employment, including training, that contain a preference for individuals of particular race, color, sex, religion, disability, sexual orientation, gender, gender identity, gender expression,

gender conformity, gender transitioning, transgender status, gender variance, housing status or national origin. Any pictorial representation in such materials, in the aggregate, shall depict members of both sexes and of minority groups.

No material or tests shall be employed for guidance purposes that discriminate and/or limit choices on the basis of race, color, sex, religion, disability, homelessness, sexual orientation, gender, gender identity, gender expression, gender conformity, gender transitioning, transgender status, gender variance or national origin.

LEGAL REFERENCES: M.G.L. 71:38A through 71:38F;  
603 CMR 26.04

Original adoption: November 16, 2004

Readopted: November 9, 2016

Reapproved: March 29, 2017

**JLF**

## **REPORTING CHILD ABUSE POLICY**

Under Massachusetts General Laws Chapter 119, Section 51A, any public or private school teacher, educational administrator, guidance or family counselor, nurse, or social worker, as well as certain other professionals, who in his/her professional capacity believes that a child under eighteen is suffering serious physical or emotional injury resulting from abuse or neglect, must immediately report such cases to the Department of Public Welfare.

The mandated reporter must make an oral report, and within 48 hours, must make a written report to the Department of Public Welfare. Alternatively, the mandated reporter may notify the person in charge of the school (or his/her designee) who shall then become responsible to make the oral and written report to the Department. The statute requires that such a report contain, among other things, the names and addresses of the child and his/her parents, the child's age and sex, the nature and extent of his/her injuries, the name of the person making the report, and various other information. Any person who is required to make such a report under the law and fails to do so is subject to a fine of not more than one thousand dollars. Mandated reporters are specifically exempted from liability in any civil or criminal action by reason of such a report.

LEGAL REFERENCE: M.G.L. 119:51A  
Original Adoption: November 16, 2004



## HOMELESS STUDENTS

As required by law, it is the policy of the Milton School Committee to work with homeless children and youth and unaccompanied youth (collectively, "homeless students") as well as their families or legal guardians to provide stability in school attendance and other services. Special attention will be given to ensuring the enrollment and attendance of homeless students not currently attending school. Homeless students will be provided District services for which they are eligible, including Head Start and comparable pre-school programs, Title I, similar state programs, special education, bilingual education, vocational and technical education programs, gifted and talented programs, school nutrition programs, summer programming and extracurricular activities.

Homeless students are defined as lacking a fixed, regular and adequate nighttime residence, including:

1. Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason;
2. Living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations;
3. Living in emergency or transitional shelters;
4. Being abandoned in hospitals;
5. Living in public or private places not designed for or ordinarily used as regular sleeping accommodations for human beings;
6. Living in cars, parks, public spaces, abandoned buildings, substandard housing, transportation stations or similar settings; and
7. Migratory children living in conditions described in the previous examples.

### Students Remaining in Schools of Origin

It is presumed to be in the best interest of homeless students to remain in their schools of origin, i.e. the school that the student was attending at the time he or she became homeless, or the last school the student attended prior to becoming homeless. Homeless students may continue to attend their school of origin for as long as they remain homeless or until the end of the academic year in which they obtain permanent housing. For homeless students who complete the final grade level served by the school of origin, the term "school of origin" shall also include the receiving school in the same school district educating students at the next grade level.

Homeless students are entitled to transportation comparable to that provided for all other students attending school in the District. The District will transport students who are sheltered or temporarily residing within the district to the students' school of origin. For homeless students attending a school of origin located outside the district in which the student is sheltered or temporarily residing, the district in which the school of origin is located will coordinate with the district in which the student is sheltered or temporarily residing to provide the transportation services necessary for the student, and these districts will divide the cost equally. Formerly homeless students who find permanent housing

mid-school year will continue to receive transportation services until the end of the school year.

### Students Enrolling in District Where Sheltered or Temporarily Residing

Parents or guardians may elect to enroll homeless students in the school district in which the student is sheltered or temporarily residing, rather than having the student remain in the school of origin. Enrollment changes for homeless students should take place immediately.

If homeless students are unable to provide written proof of their shelter or temporary residence in the district, the homeless liaison will work with the family seeking enrollment to determine homelessness. Information regarding a homeless student's living arrangement shall be considered a student education record, and not directory information. Records containing information about the homeless student's living arrangement may not be disclosed without the consent of the parent or satisfaction of another student-privacy related exemption.

If the student does not have immediate access to immunization records, the student shall be permitted to enroll under a personal exception. Students and families should be encouraged to obtain current immunization records or immunizations as soon as possible, and the District liaison is directed to assist. Emergency contact information is required at the time of enrollment consistent with District policies, including compliance with the state's address confidentiality program when necessary. After enrollment, the District will immediately request available records from the student's previous school.

Attendance rights by living in attendance areas, other student assignment policies, or intra and inter-District choice options are available to homeless families on the same terms as families who reside in the District. Accordingly, the District will provide transportation services to school in a manner comparable to the transportation provided for all other students in the District.

### Dispute Resolution

If the District disagrees with a parent or guardian's decision to keep a student enrolled in the school of origin and considers enrollment in the district where the student is sheltered or temporarily residing to be in the student's best interest, the District will explain to the parent, in writing and in a language the parent can understand, the rationale for its determination and provide parent with written notice of their rights to appeal the District's determination to the Massachusetts Department of Elementary and Secondary Education. During the pendency of any such appeal, the student should remain enrolled in the school selected by the parent or guardian, receiving transportation to school and access to other available services and programs.

The Massachusetts Department of Elementary and Secondary Education's Advisory on Homeless Education Assistance contains additional information about educating homeless students and the appeal process. This advisory is available at the following link:

<http://www.doe.mass.edu/mv/haa/mckinney-vento.docx>

### Homeless Liaison

The Superintendent shall designate an appropriate staff person to be the District's liaison for homeless students and their families. The District's liaison for homeless students and their families shall coordinate with local social service agencies that provide services to homeless children and youths and their families; other school districts on issues of transportation and records transfers; and state and local housing agencies responsible for comprehensive housing affordability strategies. This coordination includes providing public notice of the educational rights of homeless students in locations such as schools, family shelters and soup kitchens. The district's liaison will also review and recommend amendments to district policies that may act as barriers to the enrollment of homeless students. The liaison shall ensure District staff receive professional development and other support on issues involving homeless students.

LEGAL REFS.: The McKinney-Vento Act and Title I, Part A, as Amended by the Every Student Succeeds Act of 2015

SOURCE: MASC October 2019

First and Second Reading: December 4, 2019

**SUPERVISION OF STUDENTS**

When students are in school, engaging in school sponsored activities, or traveling to and from school on school buses, they are responsible to the school, and the school is responsible for them. School personnel assigned to their supervision serve in loco parentis.

The School Committee expects all students to be under assigned adult supervision when they are in school, on school grounds, traveling under school auspices, or engaging in school sponsored activities. School personnel assigned this supervision are expected to act as reasonably prudent adults in providing for the safety of the students in their charge.

In keeping with this expected prudence, no teacher or other staff member will leave his/her assigned group unsupervised.

During school hours, or while engaging in school sponsored activities, students will be released only into the custody of parents or other authorized persons.

The school administration will ensure that anyone who wishes to contact a student during the school day is doing so for proper reasons.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

## **TEACHER-STUDENT RELATIONS**

The School Committee accepts the principle that the relationship between teacher and student should be one of cooperation, understanding, and mutual respect. As the director of learning experiences within the classroom and school environment, as well as within the community, the teacher is expected to exercise good interpersonal relationships with the students, to accept each as an individual, and to extend a feeling of friendship and respect to all.

This must be done exercising good and sound judgment and appropriate behavior. For example, teachers must not engage in conduct unbecoming a teacher or adult.

Taking a sincere and appropriate professional interest in an individual student can be commendable in appropriate circumstances, provided partiality and the appearance of partiality are avoided. The teacher who inspires, guides, and helps can have lasting influence on students throughout their lives. But such teacher-pupil friendships must be on a teacher-pupil basis.

Inappropriate and or excessive formal or informal social or other involvement with individual students and “pal-like” relationships give rise to charges and concerns of excessive and inappropriate personal involvement and unethical conduct. Such conduct is not compatible with professional teacher ethics and inappropriate teacher conduct shall not be condoned. Such conduct will result in appropriate disciplinary and / or other administrative action, including but not limited to suspension, administrative leave, demotion and termination. It is not the policy of the Town of Milton to have or permit such a custom, policy or practice.

As an example, and by no means the only prohibited conduct, teachers are specifically prohibited from taking students or being in the company of such students on day-trips, overnight or out-of-state school or non-school trips without the express written consent of parents/guardians. In all situations involving students, especially situations outside of the classroom or school environment, teachers must be aware of and respect, where appropriate, the desires and concerns of both parents and / or guardians of a student. Teachers must be cognizant of the role they play in society and how their presence at an event or activity may reflect on themselves, the School District and the teaching profession.

RECOMMENDED: NESDEC  
Original Adoption: November 16, 2004

## **STAFF-STUDENT RELATIONS**

The School Committee accepts the principle that relationships between staff members and students should be marked by cooperation, understanding, and mutual respect. As someone involved in the learning experiences within the school environment, as well as within the community, the staff member is expected to exercise good interpersonal relationships with students, to accept each as an individual and to extend a feeling of cordiality and respect to all.

Taking a sincere and appropriate professional interest in an individual student can be commendable in appropriate circumstances, provided partiality and the appearance of partiality are avoided. The staff member who inspires, guides, and helps can have lasting influence on a student throughout his life.

This must be done exercising good and sound judgment and appropriate behavior. For example, staff members must not engage in conduct unbecoming an adult.

Inappropriate and/or excessive formal or informal social or other involvement with individual students and “pal-like” relationships give rise to charges and concerns of excessive and inappropriate personal involvement and unethical conduct. Such conduct is not compatible with professional staff ethics and appropriate staff conduct, and shall not be condoned on the part of any Milton Public School employee. Such conduct will result in appropriate disciplinary and / or other administrative action, including but not limited to suspension, administrative leave, demotion and termination. It is not the policy of the Town of Milton to have or permit such customs, policies or practices.

As an example, and by no means the only prohibited conduct, staff members are specifically prohibited from taking students or being in the company of students on day-trips, overnight or out-of-state school or non-school trips without the express written consent of parents / guardians. In all situations involving students, especially situations outside of the school building or school environments, staff members must be aware of and respect, where appropriate, the desires and concerns of both parents and / or guardians of a student. Staff members must be cognizant of the roles they play in society and how their presence at an event or activity may reflect on themselves and the Milton Public Schools.

RECOMMENDED: NESDEC  
Original Adoption: November 16, 2004

**STUDENT DISMISSAL PRECAUTIONS**

Students shall not be permitted to leave the school building during hours school is in session without specific approval of their parents or guardian. Students walking off school grounds are subject to disciplinary action including suspension.

If a student needs to leave school early for a medical appointment or other important reason, a request to this effect signed by the parent or guardian, must be presented to the school office in advance.

Emergency requests for early dismissal may be made by the parent in person or, in unusual circumstances, by telephone. All emergency requests by telephone, or other requests in case of doubt, are to be verified before the student is released.

A student who has an accident in school, or develops an illness that makes it difficult for him/her to continue in school for the day will be dismissed from school after one of the parents (or other authorized person) has been contacted and has arrived, if necessary to provide him/her with transportation home.

During school hours, or while engaging in school sponsored activities, students will be released only into the custody of one of the parents or other authorized person.

RECOMMENDED: NESDEC  
Original Adoption: November 16, 2004

## **STUDENT AUTOMOBILE USE**

In connection with the use of the automobile, driving a car is a privilege granted by the Commonwealth of Massachusetts as long as one drives in a safe manner. Careless driving around the school parking area and driveways is more than an offense against school regulations. Careless driving is subject to police action and anyone guilty of such careless driving will be reported promptly to the police.

Improper use of a motor vehicle on school grounds can result in suspension from school for a period of time not to exceed five (5) days. Driving a motor vehicle from school grounds during the school day without authorization will be considered improper use of a motor vehicle and will be considered grounds for suspension.

Parking at the school is a privilege granted by the school and the privilege will be withdrawn if it is abused.

Students will be required to park in designated areas. The School Committee may charge a parking fee if deemed necessary.

If a student leaves the school grounds in a motor vehicle without authorization, parents will be notified and the student will be subject to disciplinary action including suspension from school.

RECOMMENDED: NESDEC  
Original Adoption:; November 16, 2004



**STUDENT AWARDS / SCHOLARSHIPS**

The School Committee encourages the administration to maintain a set of criteria and procedures for presenting letters or other suitable awards to students for scholarship and distinguished service in any school activity. In all cases, the relationship between the award and the relevant goal or goals of the schools should be pointed out.

The School Committee will accept scholarships provided they meet acceptance standards and do not discriminate against any student because of race, creed, color, national origin, religion, disability, homelessness, sex, sexual orientation, gender, gender identity, gender expression, gender conformity, transgender status, gender transitioning or gender variance.

The Milton Public School system does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, gender identity, gender conformity, gender variance, gender transitioning, transgender status, age, national origin (ancestry), disability, marital status, sexual orientation, housing status or military status, in any of its programs, activities or operations. These include, but are not limited to, admissions, equal access to programs and activities, hiring and firing of staff, provision of and access to programs and services, as well as selection of volunteers, vendors and employers recruiting at the Milton Public Schools. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, volunteers, subcontractors and vendors. The following person has been designated to handle inquiries regarding the non-discrimination policies: Assistant Superintendent for Curriculum and Human Resources, 25 Gile Road, Milton, MA 02186. Phone: 617-696-4812.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004

Readopted: November 9, 2016

Reapproved: March 29, 2017

## EMPLOYMENT OF STUDENTS

Students' school responsibilities are to take precedence over non-school related jobs. However, students who need or desire to work part-time while attending school will be encouraged to do so provided their work commitments do not interfere with their achievement in school.

Assistance offered by the Milton Public Schools in helping youth find employment will take the following forms:

### Work Permits

In compliance with law, the school administration will be responsible for processing requests for, and issuing work permits which enable students between the ages of 16 and 18 to work while attending school part-time. Such employment must meet legal requirements pertaining to jobs suitable for minors.

### In-school Employment

Parttime and summer jobs may be open to students in keeping with their abilities and needs of the school and Milton Public Schools for student help.

The Milton Public Schools system is an equal opportunity employer. In addition to federal law requirements, the Milton Public School system complies with applicable state and local laws governing nondiscrimination in employment in every location in which the District has facilities. We will not discriminate and will take affirmative action measures to ensure against discrimination in all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. The Milton Public Schools expressly prohibit any form of workplace harassment based on race, color, religion, sexual orientation, gender, gender identity or expression, gender conformity or variance, gender transitioning, transgender status, national origin, age, genetic information, disability or veteran status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Assistant Superintendent for Curriculum and Human Resources, 25 Gile Road, Milton, MA 02186. Phone: 617-696-4812.

RECOMMENDED: NESDEC

Original adoption: November 16, 2009

Readopted: November 9, 2016



**JP**  
**Also GBEB**  
**KHA**

## **STUDENT GIFTS AND SOLICITATIONS**

Individual students will be discouraged from giving gifts to classroom teachers and other school personnel to avoid the appearance of favoritism. For the same reason, there will be no formal exchange of gifts between students in the classroom.

Solicitation of funds for charitable purposes from students of the Milton Public Schools will be made only as approved by the School Committee.

Any organization desiring to distribute flyers or other materials to students in connection with fund drives may do so only with the approval of the Superintendent.

RECOMMENDED: NESDEC  
Original Adoption: November 16, 2004

**STUDENT FEES, FINES, AND CHARGES**

The School Committee recognizes the need for student fees to fund certain school activities. It also recognizes that some students may not be able to pay these fees. The Milton Public Schools will make efforts to ensure that no student will be denied access into any program because of inability to pay these supplementary charges.

A school may exact a fee or charge only upon School Committee approval. The schools, however, may:

1. Charge students enrolled in certain courses for the cost of materials used in projects that will become the property of the student; or
2. Charge for lost and damaged books, materials, supplies, and equipment.

Students who are indigent are exempt from paying fees. However, indigent students are not exempt from charges for lost and damaged books, locks, materials, supplies, and equipment.

All student fees and charges, both optional and required, will be listed and described annually in each school's student handbook or in some other written form and distributed to each student. The notice will advise students what fees are to be paid and of the penalties for their failure to pay them. Permissible penalties include the withholding of report cards until payment is made or denial of participation in extra class activities while the student is enrolled in the Milton Public Schools.

Any fee or charge due to any school in the Milton Public Schools and not paid at the end of the school year will be carried forward to the next succeeding school year, as such debts are considered to be debts of the student to the Milton Public Schools and not to a particular school.

RECOMMENDED: NESDEC  
Original Adoption: November 16, 2004

## STUDENT RECORDS

The School Committee is intent upon maintaining an adequate individual student record system designed to benefit the education of every student and to assist school staff in this process. "It is essential that pertinent information in these records be readily available to appropriate school personnel, be accessible to the student's parents or legal guardian and/or the student in accordance with law, and yet be guarded as confidential information."

It is the responsibility of school personnel to collect and maintain data to assure such benefit and data required by statute and/or State Department regulations. This data shall be presented in a format that meets the needs of students. Emphasis is placed upon accuracy in reporting.

Where the parents of a student are separated or divorced, or for some other reason the student is not in the joint custody of both of his/her parents, information concerning the student shall be disclosed to the custodial parent and the non-custodial parent that has met the requirements of M.G.L. Ch. 71, §34H.

Student records are to be kept in the custody of the Superintendent or Principal of the school the child attends. Except for the provisions of 603 CMR 23.07 (4)(a) through 23.07 (4)(h), no third party shall have access to information in or from a student record without the specific, informed written consent of the eligible student or the parent.

An eligible student and his/her parent, or either one, as applicable, shall have access to the student record, and may have copies of any information in the record upon payment of a reasonable fee. Authorized school personnel shall have access to the student records. In general, no information in a student record shall be disseminated without the specific informed written consent of the eligible student and his/her parent, or either one, as applicable. A log shall be kept to record the dissemination of any information in the student record.

The eligible student and his/her parent, or either one, as applicable, shall have the right to add information or other relevant material to the record. They shall have the right to request deletion or amendment of any information in the record. The Principal, or his/her designee, will make a decision that may be appealed first to the Superintendent and then to the School Committee.

If a parent or legal guardian wishes to review his/her child's school records, access shall be provided as soon as practicable and within ten (10) days after the initial request, except in the case of non-custodial parents as provided by law.

The temporary record of each student will be destroyed within seven (7) years after the student transfers, graduates or withdraws from the school district. Written notice to the eligible student and his/her parent of the approximate date of destruction of the temporary record and their right to receive the information in whole or in part, shall be made at the time of such transfer, graduation, or withdrawal. The student's transcript may only be destroyed 60 years following his/her graduation, transfer, or withdrawal from the school system.

LEGAL REFERENCES: Family Educational Rights and Privacy Act of 1974, P.L. 93-380, Amended P.L. 103-382, 1994; M.G.L. 66:10 71:34A, B, D, E, H; Board of Education Student Record Regulations adopted 2/1077 and June 1995; 603 CMR: Dept. Of Education 23:00 through 23:12 also Mass. Dept. Of Education publication Student Records; Questions, Answers and Guidelines, Sept. 1995

CROSS REFERENCE: KDB

Original Adoption: November 16, 2004

Revised and Readopted: August 21, 2019

LEGAL REFERENCES: Family Educational Rights and Privacy Act of 1974, P.L. 93-380, Amended P.L. 103-382, 1994  
M.G.L. 66:10 71:34A, B, D, E, H  
Board of Education Student Record Regulations adopted 2/1077 and June 1995  
603 CMR: Dept. Of Education 23:00 through 23:12 also  
Mass. Dept. Of Education publication Student Records; Questions, Answers and Guidelines, Sept. 1995

CROSS REFERENCE: KDB

Original Adoption: November 16, 2004

## **STUDENT RECORDS REGULATIONS**

In order to provide students with appropriate instruction and educational services, it is necessary for the school system to maintain extensive and sometimes personal information about them and their families. It is essential that pertinent information in these records be readily available to appropriate school personnel, be accessible to the student's parents or legal guardian and/or the student in accordance with law, and yet be guarded as confidential information.

The Superintendent will provide for the proper administration of student records in keeping with state and federal requirements, and shall obtain a copy of the state student records regulations (603 CMR 23.00). The temporary record of each student will be destroyed no later than seven years after the student transfers, graduates or withdraws from the school district. Written notice to the eligible student and his/her parent of the approximate date of destruction of the temporary record and their right to receive the information in whole or in part, shall be made at the time of such transfer, graduation, or withdrawal. The student's transcript may only be destroyed 60 years following his/her graduation, transfer, or withdrawal from the school system.

Milton Public Schools may release directory information pursuant to 603 CMR 23.07 (4)(a),

### Application of Rights

603 CMR 23.00 is promulgated to insure parents' and students' rights of confidentiality, inspection, amendment, and destruction of students' records and to assist local school systems in adhering to the law. 603 CMR 23.00 should be liberally construed for these purposes.

1. These rights shall be the rights of the student upon reaching 14 years of age or upon entering the ninth grade, whichever comes first. If a student is under the age of 14 and has not yet entered the ninth grade, these rights shall belong to the student's parent.
2. If a student is from 14 through 17 years or has entered the ninth grade, both the student and his/her parent, or either one acting alone, shall exercise these rights.
3. If a student is 18 years of age or older, he/she alone shall exercise these rights, subject to the following. The parent may continue to exercise the rights until expressly limited by such student. Such student may limit the rights and provisions of 603 CMR 23.00 which extend to his/her parent, except the right to inspect the student record, by making such request in writing to the school Principal or Superintendent of schools who shall honor such request and retain a copy of it in the student record. Pursuant to M.G.L. c. 71, & 34E, the parent of a student may inspect the student record regardless of the student's age.
4. Notwithstanding 603 CMR 23.01(1) and 23.01(2), nothing shall be construed to mean



that a School Committee cannot extend the provisions of 603 CMR 23.00 to students under the age of 14 or to students who have not yet entered the ninth grade.

### Definition of Terms

The various terms as used in 603 CMR 23.00 are defined below:

1. Access shall mean inspection or copying of a student record, in whole or in part.
2. Authorized school personnel” shall consist of three groups:
  - a. School administrators, teachers, counselors and other professionals who are employed by the School Committee or who are providing services to the student under an agreement between the School Committee and a service provider, and who are working directly with the student in an administrative, teaching counseling, and/or diagnostic capacity. Any such personnel who are not employed directly by the School Committee shall have access only to the student record information that is required for them to perform their duties.
  - b. Administrative office staff and clerical personnel, including operators of data processing equipment or equipment that produces microfilm/microfiche, who are either employed by the School Committee or are employed under a School Committee service contract, and whose duties require them to have access to student records for purposes of processing information for the student record. Such personnel shall have access only to the student record information that is required for them to perform their duties.
  - c. The Evaluation Team evaluates a student.
3. “Eligible student” shall mean any student who is 14 years of age or older or who has entered 9th grade, unless the School Committee acting pursuant to 603 CMR 23.01 (4) extends the rights and provisions of 603 CMR 23.00 to students under the age of 14 or to students who have not yet entered 9th grade.
4. “Evaluation Team” shall mean the team that evaluates school-age children pursuant to M.G.L. c.71B (St. 1972, c.766) and 603 CMR 28.00.
5. “Parent” shall mean a student’s father or mother, or guardian, or person or agency legally authorized to act on behalf of the student in place of or in conjunction with the father, mother, or guardian. Any parent who by court order does not have physical custody of the student, is considered a non-custodial parent for purposes of M.G.L. Ch. 71, §34H and CMR 603 CMR 23.00 This includes parents who by court order do not reside with or supervise the student, even for short periods of time.
6. “Release” shall mean the oral or written disclosure, in whole or in part, of information in a student record.
7. “School-age child with special needs” shall have the same definition as that given in M.G.L. c. 71B (St. 1972, c. 766) and 603 CMR 28.00.

8. "School Committee" shall include a school committee, a board of trustees of a charter school, a board of trustees of a vocational-technical school, a board of directors of an educational collaborative and the governing body of an M.G.L. c. 71B (Chapter 766) approved private school.
9. "Student" shall mean any person enrolled or formerly enrolled in a public elementary or secondary school or any person age three or older about whom a school committee maintains information. The term as used in 603 CMR 23.00 shall not include a person about whom a school committee maintains information relative only to that person's employment by the school committee.
10. "The student record" shall consist of the transcript and the temporary record, including all information, recording and computer tapes, microfilm, microfiche, or any other materials, regardless of physical form or characteristics concerning a student that is organized on the basis of the student's name or in a way that such student may be individually identified, and that is kept by the public schools of the Commonwealth. The term as used in 603 CMR 23.00 shall mean all such information and materials regardless of where they are located, except for the information and materials specifically exempted by 603 CMR 23.04.
11. "The temporary record" shall consist of all the information in the student record that is not contained in the transcript. This information clearly shall be of importance to the educational process. Such information may include standardized test results, class rank (when applicable), extracurricular activities, and evaluations by teachers, counselors, and other school staff.
12. "Third party" shall mean any person or private or public agency, authority, or organization other than the eligible student, his/her parent, or authorized school personnel.

LEGAL REFERENCES: Family Educational Rights and Privacy Act of  
1974, P.L. 93-380, Amended P.L. 103-382, 1994  
M.G.L. 66:10; 71:34A, B, D, E, H  
Board of Education Student Record Regulations adopted 2/10/77,  
June 1995 as amended June 2002  
Department of Education 603 CMR:23.00 – 23:12

Original Adoption: November 16, 2004

Revised and Readopted: August 21, 2019

Milton Public Schools  
Directory Information Policy

The Family Educational Rights and Privacy Act (FERPA), a Federal Law, requires that the Milton Public Schools, with certain exemptions, obtain a parent/guardian's written consent prior to disclosing personally identifiable information from a student's education records. Under the law, the Milton Public Schools may disclose designated "**Directory Information**" without written consent. A parent or guardian has the right to advise the school district to not release "Directory Information" by completing an opt out form.

**Directory Information for the Milton Public Schools is defined as follows:**

- student's name,
- address, telephone listing,
- email address,
- date of birth,
- major field of study,
- dates of attendance,
- weight and height of members of athletic teams,
- class, participation in officially recognized activities and sports,
- Degrees, honors and awards, and post-high school plans. (603 CMR 23.07(4))

**Directory Information does not include the following information:**

- Immigration or citizenship status
- Passport information
- Visa information
- Social security numbers
- Place of birth
- Primary language

**Access of Third Parties.** Except for the provisions of 603 CMR 23.07(4)(a) through 23.07(4)(h), no third party shall have access to information in or from a student record without the specific, informed written consent of the eligible student or the parent. When granting consent, the eligible student or parent shall have the right to designate which parts of the student record shall be released to the third party. A copy of such consent shall be retained by the eligible student or parent and a duplicate placed in the temporary record. Except for information described in 603 CMR 23.07(4)(a), personally identifiable information from a student record shall only be released to a third party on the condition that he/she will not permit any other third party to have access to such information without the written consent of the eligible student or parent.

**Timeline of Notification and Language of Notification**

Families will be notified each September about the option of “opting out” of the release of Directory Information. Notification regarding this and all policies shall be made available in the primary language of a family.

First and Second Reading: August 23, 2017

## **STUDENT PHOTOGRAPHS**

Individual schools may arrange, in cooperation with the school's parent organization, student council, designated student committee, or a staff committee, to take individual student and/or class group pictures. Awarding of the photographic services shall be conducted through bidding procedures if required by law.

Individual and/or class group pictures may be taken at the school facility and during the regular school day hours. The pictures shall be made available for purchase by students and/or parents on a voluntary basis. The building Principal or his/her designee shall have final authority in authorizing the picture-taking program and will be responsible for overseeing the process.

Students may be required to have an individual picture taken for the cumulative file or identification purposes unless the student objects on the basis of religion; however, no student shall be pressured or required to purchase photographs.

The purpose of the policy is to:

1. Enhance the safety of students through visual identification in an emergency situation;
2. Facilitate the social, educational, and administrative activities conducted in the school;
3. Provide a service to parents and students; and
4. Allow the profits gained from the picture-taking program to be used by the sponsoring group if authorized by the building Principal.

RECOMMENDED: NESDEC

Original Adoption: November 16, 2004