



BLACKSTONE-MILLVILLE REGIONAL DISTRICT SCHOOL COMMITTEE

Frederick W. Hartnett Middle School
Thursday, February 8, 2018
7:00 PM

Included in this transmission is the following:

- I. Opening of Meeting**
 - a. Call to Order
 - b. Pledge of Allegiance
 - c. Introduction of Members

- II. Report of Student Representative**
 - a. Anita Lahue
 - b. Jessica Morris

- III. Student Presentation**
 - a. A/P English Students

- IV. School Committee**
 - a. Review of Superintendent search visit and questions to School Committee

- V. Public Forum**

- VI. Consent Agenda A**
 - a. Warrants
 - b. Minutes of Meeting
 - i. January 23, 2018

- VII. Report of the Superintendent**
 - a. Approval of High School Student Activities Account M.G.L. c. 71 § 47
 - b. Approval of School Committee Health Policy
 - c. Unit A Early Retirement Incentive Discussion
 - d. MES Courtyard Warrant Article

VIII. School Committee Forum

- a. Mrs. Jane Reggio, Chair
- b. Mrs. Erin P. Vinacco, Vice Chair
- c. Ms. Tara Larkin, District Secretary
- d. Mrs. Caryn Vernon, District Treasurer
- e. Mr. Jack R. Keefe
- f. Mrs. Tammy Lemieux
- g. Mrs. Diane Robin
- h. Ms. Sarah Williams

IX. Upcoming Meetings

- a. February 15, 2018 – School Committee Meeting

X. Executive Session

- a. Discussion of Non-Union Personnel

XI. Adjournment

The items listed on this agenda are those reasonably anticipated by the Chair to be discussed at the meeting. Not all items may in fact be discussed and other items not listed may also be brought up for discussion to the extent permitted by law.

**BLACKSTONE-MILLVILLE
REGIONAL SCHOOL DISTRICT
ALLEN W. HIMMELBERGER
SUPERINTENDENT OF SCHOOLS**

MEMO

TO: Blackstone-Millville Regional School Committee
RE: School Committee, Consent Agenda A
DATE: February 8, 2018

1. Warrants

- a. Payroll
 - i. Move to approve payroll voucher numbers: 25 and 1026 as submitted by the Superintendent of Schools
- b. Payables
 - i. Move to approve the payable voucher numbers: General 1946 and Café 1947 as submitted by the Superintendent of Schools

2. Field Trips

- a. Ms. Dubois requesting Grade 3 to attend field trip to Boston Museum of Science on June 5, 2018
 - i. Move to approve field trip to Boston Museum of Science as recommended by the Superintendent of Schools
- b. Mrs. Shafer requesting Grade 4 to attend field trip to Old Sturbridge Village on June 8, 2018
 - i. Move to approve field trip to Old Sturbridge Village as recommended by the Superintendent of Schools

3. Use of Facilities

- a. The Dance Company is requesting the use of BMRHS Auditorium on Friday, April 6 2018 and Saturday, April 7, 2018. A request was submitted to waive the school rental fees, all proceeds will benefit the Leduc Family.
 - i. Move to approve The Dance Company, as recommended by the Superintendent of Schools

4. Minutes

- i. Move to approve the school committee minutes of January 23, 2018

Blackstone-Millville Regional School District

Head Injury/Concussion Policy

Purpose

This policy provides for the implementation of MA 105 CMR 201.000, *Head Injuries and Concussions in Extracurricular Athletic Activities* which applies to all public middle and high school students who participate in any extracurricular athletic activity. This policy provides the procedures and protocols for Blackstone-Millville Regional School District (BMRSD) in the management and prevention of sports-related head injuries within the district or school.

Policies and procedures must address sports-related head injuries occurring in interscholastic and extracurricular athletic activities but may be applied to all head injuries in students. Review and revision of such policies and procedures shall occur as needed but at least every two years.

Participation Requirements and Training

A. Concussion training is a pre-participation requirement for all students and must be completed prior to practice or competition. This training applies to one school year and must be repeated for every subsequent year. The following persons shall complete one of the head injury safety training programs approved by the Department of Public Health (DPH) as found on DPH's website:

- Coaches or Supervisor of extracurricular athletic activity
- Licensed athletic trainers
- Trainers
- Volunteers
- School and team physicians
- School nurses
- Athletic Directors
- Directors responsible for a school marching band, whether or not employed by a school or school district or serving in such capacity as a volunteer
- Parents/Guardians of a student who participates in an extracurricular athletic activity
- Students who participate in an extracurricular athletic activity

The student and parent shall submit to the Athletic Director as a pre-requisite to participation, a certification of completion from any DPH approved on-line course, a signed acknowledgement that they have read and understand DPH-approved written materials or an attendance roster from a session using DPH-approved training.

B. Participation Requirements for Students and Parents

Before the start of every sports season, the student and parent shall complete and submit a current Pre-participation Form, signed by both student and parent, which provides a comprehensive history with up-to-date information relative to concussion history, any head, face or cervical spine injury; and any history of co-existent concussive injuries. At the required pre-season meeting for every

season, the school shall provide current DPH-approved materials to all students who plan to participate in extracurricular athletic activities and their parents in advance of the student's participation. Such materials shall be posted on the district's website and shall at a minimum include a summary of DPH's rules relative to safety including but not limited to recognition of a concussion, second impact syndrome and rules for return to play after a head injury or concussion.

Annually, students participating in MIAA sports are required to provide a physical exam to the school nurse's office consistent.

The school nurse will review pre-participation forms and physical exams prior to athletic participation. Students will not be considered eligible to participate until these forms are submitted. The school nurse shall consult with the school physician as necessary regarding a student's medical history and or eligibility. BMRSD may use a student's history of head injury or concussion as a factor to determine whether to allow the student to participate in an extracurricular athletic activity or whether to allow such participation under specific conditions or modifications.

C. Documentation of a Head Injury/Concussion

If a student sustains a head injury or concussion during the season, the Report of Head Injury Form must be completed (a) by the coach, band director, or supervisor, if the injury or suspected concussion occurs during a game or practice, or (b) by a parent if the injury occurs during the season but not while participating in an extracurricular athletic activity and submit said form to coach, band director, supervisor or school nurse.

The Athletic Director or Band Director shall ensure that these forms are reviewed and provided to the school nurse.

Exclusion from Play

- A. Any student, who during a practice or competition, sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, shall be removed from the practice or competition immediately and may not return to the practice or competition that day.
- B. The student shall not return to play unless and until the student provides medical clearance and authorization.
- C. The coach or band director shall communicate the nature of the injury directly to the parent in person or by phone immediately after the game or practice in which a student has been removed from play for a head injury or suspected concussion. The coach or band director must also provide this information to the parent in writing (paper or electronic) by the end of the next business day.
- D. The coach or band director shall communicate, by the end of the next business day, with the Athletic Director that the student has been removed from play for a head injury, suspected concussion or any loss of consciousness.

Return to Academics/Extracurricular Activities

Each student who is removed from play and subsequently diagnosed with a concussion shall have a written graduated reentry plan for return to full academic and extracurricular athletic activities.

- The plan shall be developed by a multidisciplinary team that may include: the student's teachers, the student's guidance counselor, school nurse, athletic director, parents, members of the building-based student support and assistance team or individualized education program team as appropriate and in consultation with the student's physician.
- The plan shall include but not be limited to:
 - Physical and cognitive rest as appropriate;
 - Graduated return to classroom studies as appropriate, including accommodations or modifications as needed;
 - Estimated time intervals for resumption of activities;
 - Frequent assessments by the school nurse as appropriate; and
 - A plan for communication and coordination between and among school personnel and between the school, parent, and the student's physician.
- The student must be completely symptom free, have returned to full academics and be medically cleared in order to begin graduated reentry to extracurricular athletic activities.
- The student must complete the five (5) step graduated return to play protocol prior to resuming full participation in the extracurricular activity.

Medical Clearance and Authorization to Return to Play

Each student who is removed from practice or competition for a head injury, suspected concussion, or any loss or consciousness, shall obtain and present to the Athletic Director or school nurse a Post Sports-Related Head Injury Medical Clearance and Authorization Form (Medical Clearance and Authorization Form) prior to resuming full participation in the extracurricular athletic activity. This medical clearance should only be provided after a graduated return to play plan has been completed and the student has been symptoms free at all stages. The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular activities. The ultimate decision is a medical decision that may involve a multidisciplinary approach, including consultation with parents, the school nurse and teachers as appropriate.

Only the following individuals, who have received DPH-approved training in post-traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education, may authorize a student to return to play:

- A duly licensed physician;
- A duly licensed athletic trainer in consultation with a licensed physician;
- A duly licensed nurse practitioner in consultation with a licensed physician;
- A duly licensed physician assistant under the supervision of a licensed physician; or
- A duly licensed neuropsychologist in coordination with the physician managing the student's recovery.

If a situation arises such that the student has been cleared to participate and school personnel noted that the student is still experiencing symptoms, that student shall be removed from play. The school has the authority to make the final determination whether a student may safely participate in a given extracurricular athletic activity. Participation is a privilege that may be permitted or withheld by

school personnel based on individual circumstances. If these situations arise, the school personnel will communicate to the health care provider who provided the clearance, the specific symptoms and reason for the concern and that the student is not symptom free.

Responsibilities of the Athletic Director

A. The Athletic Director shall participate in the development and biannual review of the policies and procedures for the prevention and management of sports-related head injuries within the school district or school.

B. The Athletic Director shall complete the annual training.

C. The Athletic Director, unless school policies and procedures provide otherwise, shall be responsible for:

- Ensuring that the training requirements for staff, parents, volunteers, coaches and students are met, recorded, and records are maintained;
- Ensuring that all students meet the physical examination requirements consistent with 105 CMR 200.000: *Physical Examination of School Children* prior to participation in any extracurricular athletic activity;
- Ensuring that all students participating in extracurricular athletic activities have completed and submitted Pre-participation Forms, or school-based equivalents, prior to participation each season;
- Ensuring that student Pre-participation Forms, or school-based equivalents, are reviewed);
- Ensuring that Report of Head Injury Forms, or school-based equivalents, are completed by the parent or coach and reviewed by the coach, school nurse, certified athletic trainer and school physician;
- Ensuring 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; and
- Reporting annual statistics to the Department.

Responsibilities of Coaches

A. Coaches shall be responsible for:

- Completing the annual training;
- Reviewing Pre-participation Forms, or school-based equivalents, so as to identify those athletes who are at greater risk for repeated head injuries;
- Completing a Report of Head Injury Form, or school-based equivalent, upon identification of a student with a head injury or suspected concussion that occurs during practice or competition;
- Receiving, unless otherwise specified in school policies and procedures, and reviewing forms that are completed by a parent which report a head injury during the sports season, but outside of an extracurricular athletic activity, so as to identify those athletes who are at greater risk for repeated head injuries;
- Transmitting promptly forms to the school nurse for review and maintenance in the student's health record, unless otherwise specified in school policies and procedures;
- Teaching techniques aimed at minimizing sports-related head injury;

- Discouraging and prohibiting athletes 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; and
- Identifying athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play.

B. Coaches are responsible for communicating promptly with the parent of any student removed from practice or competition and with the Athletic Director and school nurse.

Responsibilities of the School Nurse

The School Nurse shall be responsible for:

- A. Participating in the development and biannual review of the policies and procedures for the prevention and management of sports-related head injuries within the school district or school;
- B. Completing the annual training;
- C. Reviewing, or arranging for the school physician to review, completed Pre-participation Forms, or school-based equivalents, that indicate a history of head injury and following up with parents as needed prior to the student's participation in extracurricular athletic activities;
- D. Reviewing, or arranging for the school physician to review, Report of Head Injury Forms, or school-based equivalents, and following up with the coach and parent as needed;
- E. Maintaining:
 - Pre-participation Forms, or school-based equivalents; and
 - Report of Head Injury Forms, or school-based equivalents, in the student's health record;
- F. Participating in the graduated reentry planning for students who have been diagnosed with a concussion to discuss any necessary accommodations or modifications with respect to academics, course requirements, homework, testing, scheduling and other aspects of school activities consistent with a graduated reentry plan for return to full academic and extracurricular athletic activities after a head injury and revising the health care plan as needed;
- G. Monitoring recuperating students with head injuries and collaborating with teachers to ensure that the graduated reentry plan for return to full academic and extracurricular athletic activities is being followed; and
- H. Providing ongoing educational materials on head injury and concussion to teachers, staff and students.

Record Maintenance

The school, consistent with any applicable state and federal law, shall maintain the following records for three years or at a minimum until the student graduates.

- Verifications of completion of annual training and receipt of materials;

- Pre-participation Forms;
- Report of Head Injury Forms;
- Medical Clearance and Authorization Forms; and
- Graduated re-entry plans for return to full academic and extracurricular athletic activities.

The school shall make these records available to DPH and the Department of Elementary and Secondary Education (DESE), upon request or in connection with any inspection or program review.

Reporting

Starting school year 2011-2012, schools shall be responsible for maintaining and reporting annual statistics on a DPH form or electronic format that at a minimum report:

- The total number of Report of Head injury Forms received by the school; and
- The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities.

Penalties

BMRSD takes the safety of students seriously. All members of the school staff are expected to follow these policies and protocols to support the health and safety of student athletes/band members. The underlying philosophy of these policies is “when in doubt, sit them out”. Failure to comply with the letter or the spirit of these policies could result in progressive discipline for the staff and/or forfeiture of games/competitions. If students or parents have concerns that the policies are being violated, they should place their concerns in writing with the Building/School Principal.

LEGAL REFS: M.G.L. 111:222, 105 CMR 201.000, 105 CMR 200.000

Blackstone-Millville Regional School District
IMMUNIZATION OF STUDENTS

Massachusetts State Law and the Massachusetts Department of Public Health (MDPH) require that all school children be properly immunized. All students will be required to present a physician's certificate attesting to immunization that follows the requirements of the MDPH. Incomplete immunizations shall result in exclusion from school until the requirements are met. The only exceptions to this requirement are:

- A medical exemption if a physician submits documentation attesting that an immunization is medically contraindicated;
- A religious exemption if a parent or guardian submits a statement (required yearly) that immunizations conflict with their sincere religious beliefs;
- Children who are homeless or in foster care are allowed to attend school while medical records are being obtained; or
- A recent immigrant or refugee who has presented documentation that they have been medically examined here in the United States and are in the catch-up immunization schedule as specified by the Advisory Committee on Immunization Practices (ACIP).

In the event of an outbreak, children who have not been immunized against the disease will be excluded as per MDPH guidelines.

References

M.G.L. 76:15

105 CMR 220.000

105 CMR 300.000

McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.)

cdc.gov

PHYSICAL EXAMINATIONS OF STUDENTS

Every student will be examined for screening in sight, hearing, BMI, and postural screening as provided in the law and regulation. A record of the results will be kept by the school nurse.

Every student will be required to have a general physical examination (given by their family physician) 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. Athletes will also comply with all MIAA rules and regulations. 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 requiring additional medical follow-up, the situation will be reported to the parent or guardian. A record of contact will be filed at the school.

Department of Health Regulations call for vision screenings in Grades 1-5, once between 6-8, and once between 9-12; hearing screenings in grades 1-3, once between 6-8, and once between 9-12; BMI in grades 1, 4, 7, 10 and postural screenings every year in grades 5 through 9.

LEGAL REFS.: M.G.L. 71:53; 71:54; 71:56; 71:57
105 CMR 200
CROSS REF.: JF, School Admissions

Administration of Medications Policy

I. Management of the Medication Administration Program

- A. The school nurse, in consultation with the school physician, shall be the supervisor of the medication administration program in the school.
- B. The school district may, in conjunction with the School Physician and the School Nurses, stock nasal naloxone (Narcan) and trained medical personnel and first responders may administer nasal naloxone, per BMRSD Narcan Protocol, to individuals experiencing a life threatening opiate overdose in a school setting.
- C. Medication Orders/Parental Consent
 - 1. The school nurse shall ensure that there is a proper medication order from a licensed prescriber, which is renewed as necessary, including the beginning of each academic year. A verbal order for any change in medication shall be received only by the school nurse, and must be followed by a written order within three school days.
 - a. The medication order shall contain:
 - (1) the student's name;
 - (2) the name and signature of the licensed prescriber and business and emergency numbers;
 - (3) the name of the medication;
 - (4) the route and dosage of medication;
 - (5) the frequency and time of medication administration;
 - (6) the date of the order and discontinuation date;
 - (7) a diagnosis and any other medical condition(s) requiring medication, if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential;
 - (8) specific directions for administration.
 - b. Every effort shall be made to obtain from the licensed prescriber the following additional information, if appropriate:
 - (1) any special side effects, contraindications and adverse reactions to be observed;
 - (2) any other medications being taken by the student;
 - (3) the date of the next scheduled visit, if known.
 - c. Special Medication Situations
 - (1) For short-term medications, i.e., those requiring administration for ten school days or fewer, the pharmacy-labeled container may be used in lieu of a licensed provider's order; if a nurse has a question, she may request a licensed prescriber's order and parent signature. The amount of medication that is needed for school shall be kept in the school in the pharmacy labeled container. The remainder of the prescription shall be kept at home.
 - (2) For "over-the-counter" medications, i.e., non-prescription

medications, the school nurse shall administer over-the-counter medications according to the BMRSD protocol for administering over-the-counter medications.

- (3) Investigational new drugs may be administered in the schools with
 - (a) a written order by a licensed prescriber, (b) written consent of the parent or guardian, and (c) a pharmacy-labeled container for dispensing. If there is a question, the school nurse may seek consultation and/or approval from the school physician to administer the medication in the school setting.

2. The school nurse shall ensure that there is a written authorization by the parent or guardian.

D. Medication Administration Plan:

1. The school nurse, in collaboration with the parent or guardian whenever possible, shall establish a medication administration plan for each student receiving a medication. Whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and his/her preferences respected to the maximum extent possible.
2. Prior to the initial administration of the medication, the school nurse shall assess the child's health status and develop a medication administration plan which includes:
 - a. the name of the student;
 - b. an order from a licensed prescriber
 - c. the signed authorization of the parent or guardian, including contact telephone numbers;
 - d. any known allergies to food or medications;
 - e. the diagnosis, unless a violation of confidentiality or the parent, guardian or student requests that it not be documented;
 - f. the name of the medication, the dosage, frequency and route of administration;
 - g. possible side effects, contraindications, adverse reactions
 - h. required storage conditions; location where medication will be administered;
 - i. duration of the prescription;
 - j. unlicensed persons who may give the medication if the nurse is not available (EpiPen only);
 - k. appropriate personnel to be notified of medication administration and possible adverse effects;
 - l. a list of other medications being taken by the student, if not a violation of confidentiality;
 - m. a plan for monitoring the effects of the medication;
 - n. a nurse will accompany field trips for medication administration, according to BMRSD Protocol for Field Trips.

3. Prior to the administration of daily medication the 8 Rights of Medication Administration will be followed which includes:
 - a. Right Patient which will be confirmed by a picture attached to the medication form and having the student state their name. If student is unable to do so the student staff escort will verify the student's name.
 - b. Right Medication
 - c. Right Dose
 - d. Right Time
 - e. Right Route
 - f. Right Documentation
 - g. Right Reason
 - h. Right Response

- D. A procedure will be developed to ensure positive identification of the student who receives the medication.
- E. The school nurse will communicate significant observations relating to medical effectiveness and adverse reactions to the child's parent/guardian and/or licensed prescriber.
- F. In accordance with standard nursing practice, the school nurse may refuse to administer any medication which, based on her professional judgement, has the potential to be harmful, dangerous, or inappropriate. In these cases, the school nurse shall notify the school physician, parent/guardian and licensed prescriber immediately and the reason for refusal explained.
- G. The school nurse shall have a current pharmaceutical reference available for her use.

II. Self Administration of Medications

In certain circumstances, students have the right to self administer medication. "Self administration" means that the student is able to consume or apply medication in the manner directed by the licensed prescriber, without additional assistance or direction. Massachusetts Law Chapter 71, section 54B states that self administration cannot be prohibited in schools for the following situations:

- A. Students with asthma or other respiratory diseases cannot be prohibited from possessing and administering prescription inhalers or epinephrine auto-injectors.
- B. Students with cystic fibrosis cannot be prohibited from possessing and administering enzyme supplements in accordance with regulations concerning students' self administration of prescription medications.
- C. A student with diabetes cannot be prohibited from possessing and administering a glucose monitoring test and insulin delivery system.

A student may self administer medication after the school nurse has determined that the following requirements are met:

- A. the student's health status and abilities have been evaluated by the school nurse who then deems self administration safe and appropriate;
- B. a procedure will be developed for assessing and documenting self administration;
- C. the student's self administration is monitored based on his/her abilities and health status;
- D. with parent/guardian permission, the school nurse may inform appropriate faculty/staff that the student is self-administering a medication.

III. Handling, Storage, and Disposal of Medications

- A. A parent/guardian or designated adult shall deliver all medications to school personnel. Students who self-administer EpiPens and inhalers may bring these medications to school.
 - 1. The medication must be in a pharmacy or manufacturer labeled container, with the student's name on it.
 - 2. The school nurse or other responsible person receiving the medication shall document the quantity of medication delivered.
 - 3. No more than a 30 day supply of the medication for a student is stored at the school.
- B. All medications shall be stored in their original pharmacy or manufacturer labeled container. Expiration dates shall be checked.
- C. All medications shall be kept in a secure, anchored, locked cabinet or box, used exclusively for medications. This cabinet will be kept locked except when opened to administer medications. Medications that need to be refrigerated shall be kept in a locked box in the refrigerator or in a locked refrigerator.
- D. Access to medication will be limited to persons authorized to administer medications. Access to keys and knowledge of the location of keys will be restricted to the maximum extent possible.
- E. Parents/guardians may retrieve the medication from the school nurse at any time.
- F. All unused, discontinued or outdated medications are returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental consent when possible, such medications may be destroyed by the school nurse with any applicable policies of the MDPH, Division Drug Control.

IV. Documentation and Record Keeping

- A. Each school nurse shall maintain a medication administration record for each student who receives medication during school hours.
 - 1. The record shall include a daily log, the medication order, the individual medication care plan, and parent/guardian authorization.
 - 2. The individual medication care plan shall include the information described in Section 210.005 (E) of the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.
 - 3. The daily log shall contain:
 - a. the dose or amount of medication to be administered;
 - b. the date and time of administration or omission, including the reason for omission;
 - c. the full signature of the nurse administering the medication. If the nurse administers subsequent doses, she shall initial the record subsequent to signing a full signature.
 - 4. The nurse shall document significant observations of the medication's effectiveness, as appropriate and any adverse effects noted.
 - 5. All documentation shall be recorded in ink or in the computerized record and shall not be altered.
- B. The school district shall comply with the Department of Public Health's reporting requirements for medication administration in schools.
- C. The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of medications without prior notice to ensure compliance with the Regulations governing the Administration of Prescription Medications in Public and Private Schools.

V. Reporting and Documentation of Medication Errors

- A. A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
 - 1. within appropriate time frames;
 - 2. in the correct dosage;
 - 3. in accordance with accepted practice;
 - 4. to the correct student.
- B. In the event of a medication error, the school nurse shall notify the parent or guardian immediately. (The school nurse shall document the effort to reach the parent or guardian.) If there is question of potential harm to the student, the nurse shall also notify the student's licensed prescriber or school physician.

- C. Medication errors shall be documented on the Medication Error Report (attached). The original report will be sent to Administration. A copy will be given to the building administrator, and a copy will be kept in the medication error file in the nurse's office.
- D. The school nurse shall review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future.

VI. Response to Medication Emergencies

The school nurse shall develop procedures for responding to medication emergencies. See Protocol for Medication Emergencies.

VII. Dissemination of Information to Parents or Guardians Regarding Administration of Medications

Such information shall be available to parents and guardians on request.

VIII. Policy Review and Revision

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

Approved by School Physician _____ Date _____

Approved by School Nurse _____ Date _____

Date Approved by School Committee _____
Authorizing Signature _____

References:

Department of Public Health Regulations:
105 CMR 210.000; 244 CMR 3.00

M.G.L. 71:54B:

Goodman, I. F., & Sheetz, A. H. (Eds.). (2007). The Comprehensive School Health Manual. Boston, MA: Massachusetts Department of Public Health.

**Administration of Epinephrine by Unlicensed School Personnel
In a Life-Threatening Situation Policy**

- I. In consultation with the school physician, the school nurse manages and has final decision-making authority about the epinephrine training program, and selects the unlicensed personnel authorized to administer epinephrine in a life-threatening emergency when a school nurse is not immediately available.
- II. The unlicensed school personnel shall be trained by a physician or school nurse. At a minimum, the training program includes both content standards and a test of competency developed and approved by the Department of Public Health in consultation with the Board of Registration in Nursing.
- III. The school nurse shall provide a training review and informational update at least twice a year.
- IV. The school shall maintain a list of unlicensed school personnel authorized and trained to administer epinephrine in an emergency when the school nurse is not immediately available. A list of all students with diagnoses of severe allergy and a medication order for epinephrine will also be maintained.
- V. Epinephrine will only be administered in accordance with a written medication administration plan developed by the school nurse. Students to receive epinephrine will have the following:
 - a. A diagnosis by a physician/nurse practitioner that the student is at high risk of a life threatening allergic reaction, and a medication order containing indications for administration of epinephrine.
 - b. Written authorization by a parent/guardian;
 - c. Home and emergency telephone numbers for the parent/guardian, and other emergency contacts.
- VI. Epinephrine will be stored in the nurse's office and in other appropriate areas in each school building. They will be readily available for use in an emergency. The student may carry epinephrine when appropriate as per the Medication Administration Policy.
- VII. When epinephrine is administered, an ambulance will be called immediately (911) and personnel will stay with the student until help arrives.
- VIII. The nurse or building administrator will notify parents and the attending physician when epinephrine has been administered.
- IX. When epinephrine is administered, it will be recorded on the Medication Administration Record and filed in the student's health record.

- X. When epinephrine is administered, the incident shall be reviewed by the nurses to determine the adequacy of the response and to consider ways of reducing risks for the particular student and the student body in general. Reporting will be according to MDPH guidelines.

Approved by School Physician _____ Date _____

Approved by School Nurse _____ Date _____

Date Approved by School Committee _____

Authorized Signature _____

Reference:

Department of Public Health Regulations:
105 CMR 210.00

Goodman, I. F., & Sheetz, A. H. (Eds.). (2007). The Comprehensive School Health Manual. Boston, MA: Massachusetts Department of Public Health.



BLACKSTONE-MILLVILLE REGIONAL DISTRICT
SCHOOL COMMITTEE

OFFICE
175 LINCOLN STREET
BLACKSTONE, MA 01504
(508) 876-0137 PHONE #
(508) 883-9892 FAX LINE

January 31, 2018

Ms. Jennifer Callahan
Town Administrator
Town of Millville
290 Main Street
Millville, MA 01529

RE: Warrant article for May Town Meeting

Dear Mrs. Callahan

Attached are the minutes from the school committee meeting of September 27, 2017. The School Committee voted unanimously to name the Millville Elementary School courtyard after Mr. Everett Campbell who served the District and the Town of Millville with distinction for over thirty years.

Please accept this letter from the School Committee to place an article on the warrant for the annual town meeting to name the courtyard at MES in honor of Mr. Everett Campbell.

Please email me if you have any further questions at: janereggio@bmrtd.net.

Sincerely,

A handwritten signature in cursive script that reads "Jane C. Reggio".

Jane C. Reggio
Chair, Blackstone Millville Regional District School Committee