

**Middle School
Athletic
Handbook
2016-2017**

Middle School Athletic Handbook ~ 2016 - 2017

Missoula County Public Schools C.S. Porter, Meadow Hill, & Washington

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INTRODUCTION

The Missoula County Public Schools Middle School Athletic Handbook is a reference guide for coaches, student athletes and parents, concerning the policies that govern the athletics program at MCPS middle schools.

The coach(s) of an athletic team report to the Athletic Director/Assistant Principal in each building, and is primarily responsible for the compliance by his/her team members to the rules, regulations, and policies governing athletics at MCPS middle schools.

The Middle School Athletic Directors/Assistant Principals will administer these rules and regulations as they relate to inter-team and inter-coach relationships. Sound reasoning, good judgment, and adherence to the school's core values will be the standard by which situations outside these stated rules and regulations are determined and evaluated.

Middle school athletics is a voluntary/ no-cut program. Students are not obligated to participate thus, participation in middle school athletics is a privilege and not a right. ALL students who wish to participate and are in Good Standing, are eligible and will be placed on a team. Accompanying this privilege is the responsibility to adhere to standards established for the middle school athletic program. This privilege may be revoked if the athlete fails or refuses to comply with these rules. It should be carefully noted that the policies and procedures detailed in this handbook reflect official action by the Middle School Administration and comply with MCPS Board policy.

Thank you for your participation in our athletic program.

MISSION

To ensure every student achieves his or her full potential, regardless of circumstance and ability.

VISION

We communicate; we collaborate; we think critically; and we create. We are Missoula County Public Schools - educational leaders in a global society - fostering uncompromising excellence and empowering all learners.

CORE BELIEFS

EVERY CHILD deserves to be challenged, equipped and prepared for life beyond school. Therefore, we stimulate and develop each student's curiosity and creativity; we engage every child with a holistic education that inspires lifelong learning; and we collaborate with parents – who are every child's first and most influential teacher.

INNOVATIVE, COMMITTED TALENT leadership, teachers and staff – drive success in the classroom and beyond. Therefore, we create a professional and supportive working environment; we insist on instructional competency and educational best practices; we put the right people in the right places to confront change and who are committed to a common purpose; and we hire leaders who listen well, engage others and confidently shape the future.

LEARNING ENVIRONMENTS must continually evolve to be engaging, safe and up-to-date. Therefore, we skillfully use modern technology; we embed the best practices of professional learning communities in our schools; we instill respect for diversity in our students and staff; and we use resources efficiently and effectively in ways that keep our facilities current.

STRONG COMMUNITIES start with a strong public school system. Therefore, we answer to the community as a whole; we develop partnerships and cohesiveness in the community; we set a clear mission, vision, goals and measurable benchmarks; we are fiscally responsible; and we challenge the community to be everything it can be.

ATHLETIC PROGRAM VALUES

- Responsibility
- Integrity
- Trust
- Teamwork
- Enthusiasm
- Respect

Our Coaches

The coach is the “living curriculum” for the student athlete. Coaches at MCPS Middle Schools are the most significant components of the athletic program. They are both teachers and active participants at the same time. They have the responsibility to model positive behaviors and attitudes at all times. In order to be an effective coach and role model, MCPS coaches must also be thoroughly knowledgeable in their sport, capable of detailed preparation, able to motivate athletes, able to make adjustments during competition, and work effectively under the authority of the Middle School Athletic Director/Assistant Principal. Our coaches take seriously the opportunity they have to mold young lives.

Our Parents

Parent(s) of student athletes have a responsibility to both their child and to the team. Without strong parental support the student athlete will not be able to achieve his/her greatest potential and/or the team may suffer. It is important that parents provide positive reinforcement and understand their role as being part of the team. Parents, as well as players, should be supportive and encourage coaches and teammates at all times. Parents *are not* coaches and learning to trust coaches is a key step to learning the value of the life lesson experiences athletics provides. In order for MCPS's middle school athletic program to be successful, coaches, student athletes, and parents must make a firm commitment to being positive at all times.

Our Athletes

MCPS athletes should be diligent in preparation, give 100% at all times, demonstrate personal discipline, be respectful in all situations, maintain self-control, show humility, and aggressively pursue excellence regardless of the score, opponent, time, referee, or situation. The ultimate and final responsibility rests upon the shoulders of the student athlete, for it is the student athlete who is accountable to his/her parents, team and coach.

PHILOSOPHY

The function of middle school athletic program is to foster a love of learning and developing new skills, embracing collaboration and building relationships amongst team members, exemplifying good sportsmanship, promoting participation, and having fun.

To accomplish this, the activities program begins with fundamental skill development and provides experiences that will help each athlete progress in developing emotional maturity, sound moral values, social competence, a sense of responsibility, and the ability to deal with adversity and success. It is intended that the activities program participants strive for excellence and reach their potential with the principle goals being a positive learning experience and enhanced self-esteem. The emphasis is on skill development, participation, and good sportsmanship.

GENERAL INFORMATION

Schedules

The scheduling of all athletic events and practices is determined by the Athletic Directors/Assistant Principals of the three middle schools in coordination with each coach. The coach will issue a schedule to the students and parents as soon as possible in each season, usually during week two of practice. Athletic contests are generally scheduled Monday, Tuesday or Wednesday; however, there are Thursday events from time to time and usually during the Track & Field season. Practices are generally scheduled Monday – Wednesday from 3:30 – 5:00. Coaches may offer a Thursday practice from 2:30 – 4:00 and open gym time on Friday. Coaches will communicate this at the beginning of the season.

Team Pictures

A professional photographer will take team and individual pictures early in each season, usually the second week of practice. These pictures are purchased by the students and can be pre-paid in envelopes provided to the students prior to picture day, or purchased on-line through Life Touch. Any problems or mistakes with the orders should be reported to the Athletic Director/Assistant Principal.

School Uniforms

Students are responsible for the uniform issued to them. Athletic uniforms are supplied for the sole purpose of athletic participation and are not to be used for any other purpose. It must be returned at the end of the season. The coach will keep inventory of all uniforms issued to the team. The coach will submit the end-of-season inventory list and uniforms to the Athletic Director/Assistant Principal in a timely manner following the season. The parent is responsible for the dollar replacement cost of any lost or damaged school issued uniforms.

Extracurricular Conflicts

If a scheduling conflict arises involving an athletic contest and an event related to another school activity, the coach and teacher/sponsor will discuss how to best support both programs and the student. It is understood that contests/ events will take priority over practices. In most cases, coaches and teacher/sponsors will be able to accommodate the

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student. The Athletic Director/Assistant Principal may be contacted in the decision making process.

If the athlete is participating in an activity outside of school, the parent must contact the coach to make arrangements. If an agreement is not reached in this manner, the student and parent(s) will decide how to proceed in the best interest of the student.

Scholastic Athletic Offerings

Sport	Grade	Gender	Season
Soccer	7 & 8	Boys and Girls	Sept. 6 – Oct. 11
Girls' Basketball	7 & 8	Girls	Oct. 12 – Nov. 15
Boys' Basketball	7 & 8	Boys	Nov. 16 – Jan. 5
Volleyball	7 & 8	Girls	Jan. 9 – Feb. 17
Wrestling	6, 7 & 8	Boys and Girls	Feb. 21 – April 7
Track & Field	6, 7 & 8	Boys and Girls	April 25 – June 1

Rules and Regulations

General

- First 2 weeks of the season are practice.
- During the first 2 weeks the coach(es) will work with athletes on drills, skill ability, and techniques to develop equal ability teams. For Girls and Boys Basketball and Volleyball, there will be skill level teams created at the 8th grade level only.
- Games begin the 3rd week and the schedule will be available the 2nd week of practice.
- Practices are mandatory if athletes expect to participate at games and meets. Attendance will be taken daily, so make sure you are there on time.
- All players must have a signed athletic waiver on file and Participation Fee must be turned into the office by the first day of practice. The Participation fee is \$25. Forms can be picked up at the office of each middle school or on the school website.
- Bus transportation is one way – to the game only.

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- For sports with multiple games: First game begins at 4:15 p.m. with the second game starting 10 minutes after the end of the first game, approximately 5:15 p.m.
- The goal of every coach will be to have every player participate in the game rotating subs throughout the game.
- Coaches are responsible for managing equipment.
- A guard, cast, or brace is not permitted on the finger, hand, wrist or forearm.
- Hair devices made of soft material may be worn to control hair.
- Players shall not wear jewelry, body paint or glitter.
- Each player will be issued a uniform for the duration of the season. Wrestlers generally purchase a team t-shirt the athlete keeps at the end of the season.
- Referees need to report to the school office at 3:45 (or earlier) to pick up their pay check. The referee may need to supply their social security number to the school.
- Home team provides scorekeeper, referee pay checks, line judges (volleyball only).

Soccer

- Soccer is a combination of 7th and 8th grade boys and girls.
- Athletes are required to wear shin guards to play.
- Coaches are expected to be on the sidelines with all subs, providing feedback, support, and coaching throughout the game.
- Running Clock except half time.
- The clock stops for an injury and the referee can stop the clock at any time.
- 30 minute halves.
- Half time is five minutes.
- No overtime or shoot outs.
- Two timeouts per half per team (one 30 second and one 60 second).
- Parents must sit across the field from the team and coach to minimize interruptions with athletes and allow the coaches to provide feedback and interaction with athletes.

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Girls and Boys Basketball

- Basketball teams are separated by 7th and 8th grade athletes. 7th grade athletes are divided into equal ability teams. 8th grade athletes are divided into a higher skill ability team and a developing skill ability team. When there are enough athletes for 3 or 4 teams, there may be 1 or 2 higher level teams.
- Athletes should wear basketball shoes to support their ankles. They are required at the 8th grade level.
- Running Clock except for last two minutes of the game and on first shot of two shot or bonus free throws. (Clock will start again when the player has been handed the ball for their second shot).
- The clock stops for an injury and the referee can stop the clock at any time.
- Quarters are 8 minutes long.
- Half time is 2 minutes long.
- Each team gets two one minute time outs per half.
- Overtime 2 minutes with stopping of the clock.
- The goal of every coach will be to have every player participate in no more than approximately 75% of a game or less than 40% of a game- Each player should be sitting out approximately one quarter of time.
- Three pointers are for eighth graders only.
- Teams can only press person to person during the fourth quarter if the score is within 10 points.

Volleyball

- Volleyball teams are separated by 7th and 8th grade athletes. 7th grade athletes are divided into equal ability teams. 8th grade athletes are divided into a higher skill ability team and a developing skill ability team. When there are enough athletes for 3 or 4 teams, there may be 1 or 2 higher level teams.
- Athletes should wear tennis shoes and knee pads. They are required at the 8th grade level.
- The first two games there are *two* time outs allowed, the third game has *one*.
- A match shall consist of the best *two-out –of-three* games. The third game shall not be played unless it is necessary to do so to determine

the winner of the match. If the third game is necessary, a coin toss shall be conducted prior to that game.

- Rally scoring - In the first two games the score will go to 25 points (no cap) and a team must win by two (2) points. In the third game, the score will go to 15 points (no cap) and a team must win by two (2) points.
- A team is allowed 18 substitutions per game.
- The use of a Libero is allowed and the Libero may serve (one position only). "Gentleman's agreement" on number of serves in a row - no specified number of serves – coach may sub to change server or switch type of serve.

Wrestling

- Wrestling is a combination of 6th, 7th and 8th grade boys and girls.
- Athletes should wear close fitting, not tight, shirts and shorts for practice and competition. Shorts should not go past your knees. Any shorts with exposed metal will not be allowed on the mat.
- Athletes will be competing against kids approximately your own weight and close to your own age. During the first 2 weeks the coach will work with students on drills, skill ability, and technique.
- Boys in 6th grade compete against other 6th grade boys; while 7th and 8th grade compete against each other.
- Girls in 6th, 7th, and 8th grade compete against each other in approximately the same weight group.
- Meets begin at 4:15, providing each athlete with at least one match. Upon the final All City meet, athletes will compete for medals and have multiple matches.

Track & Field

- Track & Field is a combination of 6th, 7th and 8th grade boys and girls.
- Athletes are required to have a minimum of 6 practices in before the first competition.
- Athletes are required to participate in at least 2 events and no more than 5. Athletes can choose different events for every meet.
- There are 5 coaches; a head coach and four assistant coaches who divide events up for coaching athletes. They encourage all athletes to try each event before making a decision on their focus areas.

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- Athletes have the option of throwing, running, and/or jumping events.
 - Throwing: shot put and javelin
 - Jumping: long jump, triple jump, and high jump
 - Running: Sprints (100 m, 200m, 400m), long distance (800m, 1600m)
 - Hurdles: 100m hurdles
 - Relays: Team events of 4 participants. 4 x 100 (400m) Relay and 4x400 (1600m) Relay
- There are four meets; three City meets and a Meet of Champions at the end of the season. If an athlete qualifies in city in the top 5, season is extended to Meet of Champions.
- Equipment is supplied by each middle school (e.g. shot puts, batons, tape measures, etc.).
- Athletes should wear shorts or sweats they can move in, tennis shoes (SPIKES ARE PROHIBITED, but can wear track shoes with no spikes), and bring warm clothes in the event the weather is cooler.

ATHLETIC PROGRAM EXPECTATIONS, PRACTICES & POLICIES

Eligibility for Athletic Participation - Athletic Directors/Assistant Principals will work in collaboration with teachers and coaches regarding academic, behavior, and attendance eligibility. Athletes, in most cases, will participate in practices as coaches need student athletes for the sake of team continuity and the short length of the season. However, as stated below, there are circumstances students will not be able to participate in contests or practice. These decisions are at the discretion of the Athletic Director/Assistant Principal.

All student athletes at MCPS participating in middle school athletics must maintain minimum academic standards to maintain eligibility.

Academics

Academic standards acknowledge that academic achievement takes precedence over athletic participation. These standards, as well as specific eligibility/ineligibility information, are as follows:

- Each student athlete is assumed to be eligible for athletic participation until a declaration of ineligibility is made by the middle school Assistant Principal/Athletic Director. Each student athlete will be assigned a letter grade for each class taken. Grades in all classes will count and will be weighted equally toward eligibility.
- For the purpose of academic ineligibility declaration, a student's current grades will be the sole basis of consideration with a grade check at the end of the first week of practice. If a grading period ends during the athletic season, a second grade check will be administered, or at the discretion of the Athletic Director/Assistant Principal.
- Any failing grade ("F") (at the time of grade checks and/or at the end of a grading period within the season) will render a student athlete ineligible.
- Ineligible athletes must continue to practice with the team and *attend* competitions in support of their teammates in order to be considered for re-evaluation.
- Once a student athlete is declared ineligible due to academics, the period of ineligibility will last until the grade has increased to

passing ("D" or higher). At that time, the athlete will be re-evaluated and eligibility will be determined. If eligible, the athlete will be immediately allowed to compete.

- In the event a student athlete has met all academic standards but drops significantly in academic performance during a time period when he/she is in no immediate danger of being declared ineligible, the Athletic Director/Assistant Principal has the authority to institute measures of accountability to help the student athlete get back on track.
- The appeal procedure relative to any academic problems/policies is similar to the one addressing athletic eligibility decisions. Decisions may be appealed by approaching the Middle School Assistant Principal/Athletic Director.

Behavior Conduct

Each student athlete is expected to conduct his/her life in accordance with the standards and principles set forth by each Middle School Student Handbook. This includes adhering to all appropriate MCPS standards of student conduct. Violations of the Student Handbook could affect participation in athletic activities. It is also expected that student-athletes will conduct themselves at, during/after practices and contests in ways that would model good sportsmanship.

- A student athlete not complying with behavior expectations and receives *In School* or *Out of School Suspension* will forfeit his/her opportunity to participate in athletic practices and contests for the duration of the ISS or OSS, or otherwise determined by the Athletic Director/Assistant Principal.
- A disciplinary action severe enough to warrant student suspension is serious enough to eliminate the student athlete from all participation in the sporting season for at least the duration of the suspension. Therefore, any suspension, whether in-school or out-of-school, as deemed by the Middle School Administration, will render a student athlete ineligible to attend practice or any athletic contest during the time of suspension. Further disciplinary action could be taken by the Athletic Director/Assistant Principal.

Participation fees

Fees are essential to help fund the cost of the athletics program; transportation to athletic events, game officials, tournament entry fees and supplementary equipment and supplies. The participation fees will not be refunded due to a student athlete receiving ISS or OSS.

- Student athlete: \$25 per sport with a maximum of \$75 for the school year if playing multiple sports
- Family with multiple athletes: \$125 per family for the school year

Athletic Waiver

For a student to be allowed to participate and practice with a team, he/she must have a current Participation form and Medical Waiver on file in the office prior to the **first practice** of each season. You can acquire these forms from the Middle School website or the in each Middle School office. Middle School athletics are not required to obtain an athletic physical for participation.

Transportation

Middle School teams will receive **one-way** transportation to away contests through Beach Transportation set up through each Middle School. It is the parent's responsibility to make sure their athlete has a ride home from away contests. Students will be released to their parents after an away contest with verbal consent by the coach. Students may be released to another adult only with written consent from their parent. (Verbal consent may be taken into consideration in emergency situations.) Coaches are responsible to stay with student athletes until all students have been picked up whether at home or away events.

STUDENT ATHLETE CODE OF CONDUCT EXPECTATIONS

Attendance at Practices and Games/Events

Each member of a MCPS Middle School athletic team must assume the responsibilities associated with such a position. The athlete has an ethical obligation to the team and the school. This obligation includes regular attendance at practices and athletic contests. It is possible, of course, that emergency situations may arise (e.g., illness, death in a family, etc.) that render it impossible for an athlete to attend a practice session or an athletic contest. Absences should be few and far between and arranged with the coach as early as possible.

If a conflict arises and the athlete may have to miss a practice, it is of utmost importance that the athlete and/or parent communicate this with the coach immediately. Absences from practice sessions or athletic contests will be handled in the following manner:

Absence from Practice

- Excused absence No action
- Unexcused absence – 1st Offense *Conference* with coach
- Unexcused absence – 2nd Offense *Suspension* from the next contest
- Unexcused absence – 3rd Offense *Dismissal* from team

Absence from Athletic Contest

- Excused absence No action
- Unexcused absence – 1st Offense *Suspension* from next two contests
- Unexcused absence – 2nd Offense *Dismissal* from team

Attendance at School

A student athlete must attend school on the days of an athletic practice and contest in order to participate in that practice or contest. Some specific circumstances are as follows:

- Students who are absent from part of the school day and are granted a non-illness related excused absence (e.g., a dental appointment) will be allowed to participate in the practice or contest that day.

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- Student athletes must be at school for at least five periods of the day unless it is due to an excused absence. A student athlete may not participate in a particular practice or game if they do not attend the five periods.
- Any unexcused absence from school, regardless if it is only for a partial day, will render an athlete unable to participate in the day's events. This would include in school suspension or skipping class.

Playing Time Policy

The MCPS Middle School Athletic program is based on middle school philosophy and best practice. Our goal is to promote participation, skill development, good sportsmanship and having fun. While it is true that our coaches and administrative personnel believe it to be important to broaden the experience of Middle School athletes, and that broadening is enhanced by playing time, it is also an important goal of the athletic program to strive toward excellence. Therefore, no minimum per game playing time provisions are established at the Middle School level. Playing time decisions are left up to the individual coaches, while providing meaningful playing time for all athletes per game.

Starting a Season Late

A student may start a season late if the reasons are acceptable to the coach and the Athletic Director/Assistant Principal. MCPS Middle School athletic programs are NO CUT sports; and therefore, provide the opportunity for all students interested in participating.

SAFETY

Accidents/Injuries

Middle School Coaches are provided documentation regarding concussions, diabetes, asthma, AEDs, and basic first aid; however, they are not required to be certified in CPR or with the use of an AED (Automatic External Defibrillator). An administrator is present at all sporting events throughout each season in the event an accident or injury. The coach will submit a written accident report to the Athletic Director/Assistant Principal within 24 hours. If the injury is serious the Athletic Director/Assistant Principal will call emergency services and the parent(s).

All injuries are treated with caution and handled with care. The parents will be contacted in the event of all injuries and consulted with regard to any decisions made for treatment. Coaches treat any acknowledged condition in the confidential manner with which the information is related by the parent or guardian on the medical waiver. If an athlete misses practice on the request of a physician, the athlete should have a note of clearance before returning to practice.

Bad Weather

The Athletic Director/Assistant Principal, in consultation with the Coach and school officials, will make decisions based on whether to proceed with practice or athletic contests in the event of inclement weather which may include severe rain/down pour, lightning, snow, hail, etc. Parents will be contacted through the automated Connect 5 system and email in the event a decision is made prior to practice and/or a contest.

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ADDENDUM A: Code of Conduct & Athletic Waiver

SEASONAL ATHLETIC CODE OF CONDUCT AGREEMENT

Middle school extra-curricular programs should be consistent with middle school philosophy and best practices. Since middle school students are at a time in their lives when they are changing rapidly physically, emotionally, socially, and intellectually, they all need to have the time to explore activities in a developmentally appropriate manner. Middle School athletic programs incorporate the following program elements:

- A “no cut” interscholastic program so that all who want to participate may do so.
- An “every body plays” policy so that all students will have the opportunity to play.
- A practice which bases the number of teams per building upon the number of students wanting to participate in that sport.
- A practice which creates skill-based, heterogeneous teams so that teams will be relatively equal.
- A practice which allows participation for all grade levels.

1. Preseason Responsibilities

- Medical Waiver must be signed by parents or guardian and be on file for before athlete may begin practice. (Provided on the back of this form. Please sign and return to the office.)
- Participation Fee – There will be a participation fee for each activity in which a student participates, up to a maximum of three per individual. (A family maximum of six fees per family will be charged.)

2. Academic Requirements

- All student athletes will be required to achieve a **grade point average of 2.0 or higher** in all classes.
- **No student athlete may have an “F”** in any subject during a five-week athletic season.
- Grade checks will occur the second, third and fourth week of each season to determine eligibility. Any student athlete, whose grade point average is below 2.0 and/or has an “F” in any subject, will be ineligible for the following 5 school days. Weekly grade checks will occur on Friday. If the student has raised their failing grades, the athlete will regain eligibility for the following week.
 - Incomplete (I) may be given additional consideration for extenuating circumstances.
 - During the 5 days of ineligibility, the student/athlete may practice.
- A student athlete who is in a prescribed special education class or 504 programs and is not meeting academic eligibility will have grades reviewed to ensure all accommodations are being implemented. This review will be comprised of an administrator, parent, special education teacher and the teacher from the class the student is failing.

3. Activity Attendance

- The primary focus for student enrollment is education. MCPS distinguishes absences:
 - Unexcused: no valid reason given for non-attendance
 - Excused: parent or guardian has excused the student for a known reason
 - Exempt: absence is due to a legal, medical/dental, bereavement or school sponsored reason. These absences can be documented.
- For activity participation, either in practice or competition, a student needs to be in class every scheduled period of the school day or have given documentation for an exempt absence to the attendance clerk or an administrator for that day. Students missing class due to unexcused or excused absences are ineligible on the day of absence for practice or competition.
- Athletes must participate in 80% of scheduled practices to play in competition. Athletes who do not attend regularly will be subject to loss of playing time.

We have read this material, discussed it together, and agree to support the code of conduct

Print Student's Name

Grade

Teacher

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Missoula County Public Schools

Missoula School District One must ask parents or guardians of those turning out for athletics to sign the waiver below or furnish a physician's release.

The waiver is meant for protection from claims by athletes who should not be playing because of existing physical defects not caused while participating in the school sponsored sports program, but which may be aggravated by it.

We recommend a physical examination for you child if any adverse medical history exists, particularly in heart or hernia cases. The District does not provide medical or hospital insurance. If this coverage is desired, it must be obtained by the parents or guardians.

Please sign below and return to school:

In lieu of a physician's release for my child to participate in the school athletic program, I hereby release all people connected with the program from any and all medical claims. This waiver particularly includes any disorder, malady, or sickness that may be aggravated by strenuous activity whether said disorder is incurred during or previous to sport participation.

Player's Name

Grade

Teacher

Emergency Phone Number/Cell

Date

Parent or Guardian Signature

ADDENDEM B: Diabetes Guidelines for Coaches

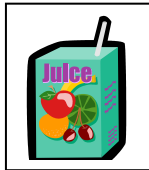
COACH'S COMPANION GUIDE TO HELPING ATHLETES WITH TYPE 1 DIABETES

Goal: blood sugars/glucose (BG) is 100-180 mg/dl for most students with diabetes during sports



LOW BG (less than 80 mg/dl) should be treated with a quick acting source of carbohydrate of 15-30 grams

Sports beans
Glucose
tablets
Juice
Regular soda
Sports gels



Recheck BG in 15 minutes to make sure it is rising

If an athlete has had one low BG prior to or during a game, they are more likely to have another low. Watch for symptoms of low **BG**:

Poor coordination, Sleepy, Slowed reaction time, Slurred speech, Unexpected mood shifts

If student is UNRESPONSIVE, give glucagon (this will NOT hurt them, but will bring up blood sugars). NOT giving glucagon will hurt them (they can have a seizure or die). It is better to error by giving glucagon incorrectly, than to not give it! * Glucagon is emergency injection in orange case. Montana law allows trained volunteer school staff to administer. Ask parent/school nurse for training before an emergency occurs. If none available, call 911 in this situation.

HIGH BG

Be concerned if an athlete has a BG value over 300 mg/dl

Have the student check for ketones (they need to urinate on a strip of paper which should be provided by the parent, and compare it to a color chart) or some athletes may have blood meters that read ketones.

IF BG with large ketones the student should NOT participate in the sport until it is resolved (call parent/guardian)

If BG is high with moderate ketones and the child is feeling well, they can play sport or practice

If BG is high and there are no ketones the child can play sport

Encourage the student to drink plenty of water to help rid the body of the ketones and dilute the elevated BG

If an athlete has high BG they may:

Be tired, Be slow to react, Be thirsty and have to urinate frequently, Have unexpected mood swings

Please allow (and encourage athletes) to check BG values frequently during sport.

BG can change quickly and unpredictably!

Carla Cox, PhD, RD, Certified Diabetes Educator, Certified Specialist in Sports Dietetics

Western Montana Clinic and Saint Patrick Hospital

ccox@tmimontana.com

406-396-0530 (cell) 406-329-7258 (wk)

ADDENDEM C: *Air Quality Protocol*

Protocol for determining restrictions on outdoor activity (including recess) for MCPS K-8 schools in the event of diminished air quality in the Missoula valley due to wildfire smoke.

The following websites will be accessed for updated information on Missoula's air quality:

<http://todaysair.mt.gov/>

<http://www.co.missoula.mt.us/airquality/CurrentAirQuality/currentstatusreport.htm>

- When the Air Quality at the Boyd Park reporting station reading reaches the "Unhealthy for Sensitive Groups" per the air quality matrix, the risk manager will confer with the region 1 director to heighten awareness of impending unhealthy air quality and make a determination regarding outdoor activity.
- The risk manager will contact school principals and secretaries regarding the possibility of activity restrictions and continue to monitor the air quality.
- Building principals will plan to implement indoor lunch and recess schedules in the event of cancellation of outdoor activity. Plans will be developed to cancel or postpone middle school athletic activities.
- When the Air Quality reaches the "Unhealthy" level per the matrix, the risk manager will consult with the regional directors and notify the superintendent and all K-8 building principals that all outdoor activities will be cancelled/postponed and /or moved indoors.
- If the Air Quality reaches the "Very Unhealthy" level, the risk manager will consult with the regional directors and notify the superintendent and all principals that both indoor and outdoor games and activities will be cancelled/postponed until further notice. Parent notification regarding cancelled or postponed middle school athletic events will be accomplished via Alert Now.

ADDENDEM D: AED Protocol

Basic Information on AEDs

What is an AED?

An AED stands for Automated External Defibrillator that is used on someone who has experienced Sudden Cardiac Arrest.

What is Sudden Cardiac Arrest and who can it happen to?

Sudden cardiac arrest (SCA), also known as ventricular fibrillation (VF), is an electrical malfunction of the heart. With VF, the regular, systematic pumping action of the heart's chambers stop because the normal electrical signal that runs through the heart in a prescribed sequence has been interrupted for some reason. Electrical chaos ensues, and results in uncontrolled, non-productive quivering of the heart chambers.

There are many causes – congenital defects, illness, heart attack, environmental conditions, even physical contact! A hard blow to the chest can knock a healthy youngster or a well-conditioned athlete, into cardiac arrest. Dehydration or heat exertion can do the same. Did you know that most drowning victims go into cardiac arrest as well? The bottom line is that anyone, at any age, can become a victim of sudden cardiac arrest!

How does an AED work?

An AED is an electronic devise, usually portable, that analyzes and treats cardiac arrest by reestablishing a regular heart rhythm. It applies an electric shock to your heart muscle, allowing the rhythm of the heart to resynchronize.

An AED is called *external* because the operator applies the electrode pads to the bare chest of the victim.

Once the pads are attached to the victim's chest, the AED analyzes the heart rhythm and determines if a shock is needed to treat fibrillation. If the device decides that a shock is necessary, it will charge and prepare to deliver the shock. When charged, the device tells the user to ensure no one is in physical contact with the victim and then to press the "shock" button. After the shock is delivered, the device begins to monitor the heart rhythm again, to determine if another shock is necessary.

Is calling 9-1-1 enough?

Emergency medical service (EMS) professionals and firefighters save many SCA victims each year, but time delays keep them from saving many more.

And, on average, it takes EMS teams in the U.S. 6-12 minutes to arrive. So, even if an EMS team does have a defibrillator, the response time may not be fast enough to save a victim's life.

Survival rates are highest for patients who receive a defibrillation shock within three minutes of collapse. This almost requires that an AED be on-site anywhere groups of people gather and that trained responders are available.

Remember, 90-95 percent of all SCA victims die. Documented AED programs have shown that survival rates can rise to 70 percent or more when an AED program is in place.

Waiting for medical professionals when someone is in sudden cardiac arrest could delay treatment - and could cost the person his or her life.

Why should we place an AED at our facilities?

For early defibrillation to be successful, it needs to occur in the first three minutes, measured from the moment the victim collapses to when the defibrillation shock is delivered. On average, it takes EMS teams in the U.S. an average of 6 to 12 minutes to arrive. That's why having an AED readily accessible wherever groups of people gather makes good preventive sense

How safe are AEDs? Can I accidentally shock someone?

Using an AED is virtually fool proof because it analyzes the patient's heart rhythm and will not allow a shock to be delivered unless it is safe to do so. The AED is so safe, that it can be used effectively by anybody with only a small amount of training

What are "named AED providers"

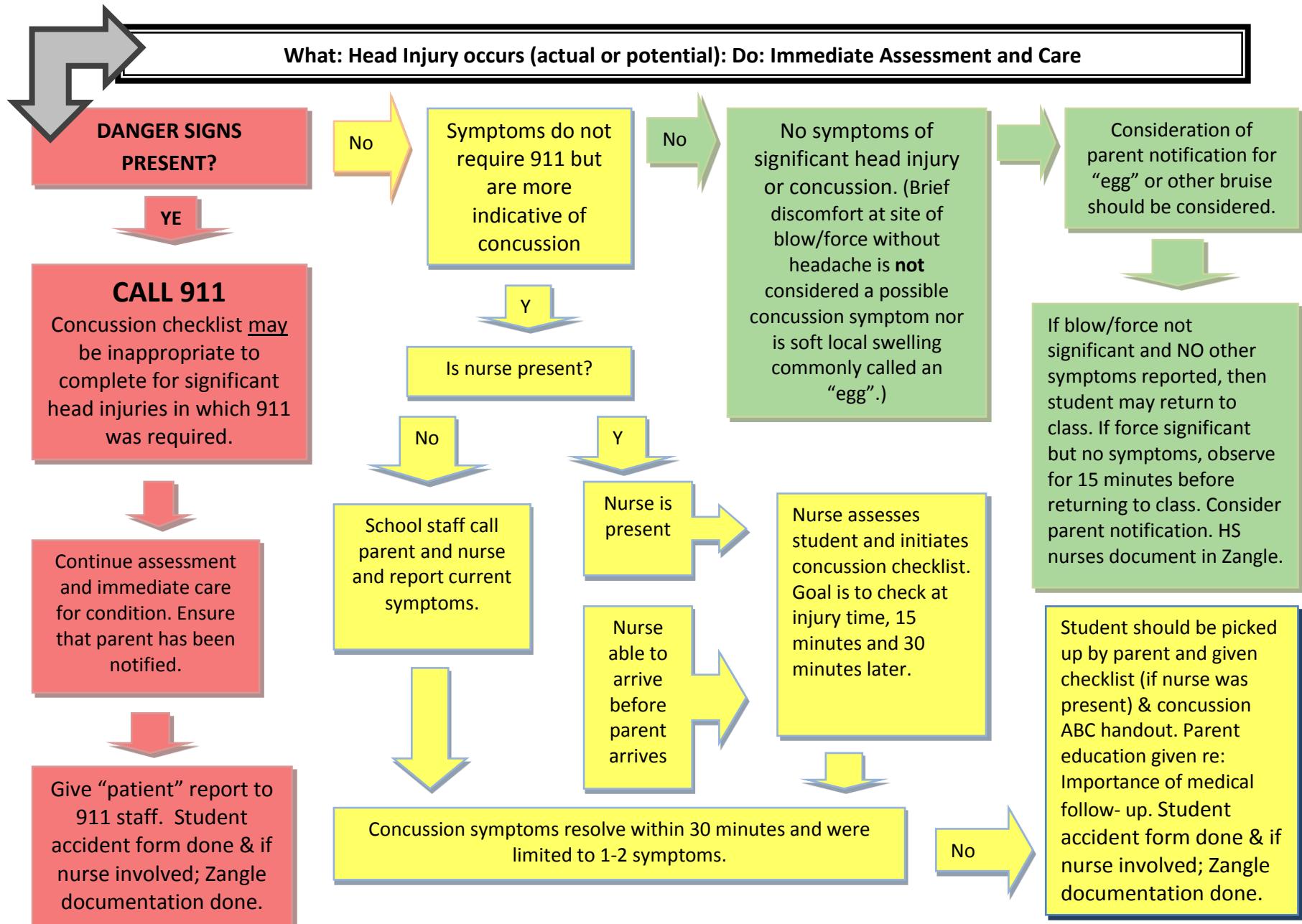
They are staff members in your building who volunteered to keep their CPR certification current, be trained specifically on MCPS's brand of AED's and to review how to use them periodically. As per state law and MCPS policy, use of AED's are not limited to only those "named providers" but they are required for an AED program.

What is my liability?

Almost every state includes the "good faith" use of an AED by any person under the Good Samaritan Laws. "Good faith" protection under a Good Samaritan law allows that a first responder cannot be held liable for any harm or death of a victim by providing improper care. This is given that the harm or death was not intentional. Montana specifically limits liability when providing care with an AED in the Montana Annotated Code.

Revised 9/29/09

ADDENDEM E: Head Injury Protocol May 2011



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Student may return to class if parent desires. Student should not participate in PE, recess or school sports that day. (Student/teacher note given)
Give parent checklist & concussion ABC handout directly or via student. Student accident form done & if nurse involved; Zangle doc. done

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

DANGER SIGNS

Be alert for symptoms that worsen over time.
Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
 - Drowsiness or cannot be awakened
 - A headache that gets worse and does not go away
 - Weakness, numbness, or decreased coordination
 - Repeated vomiting or nausea
 - Slurred speech
 - Convulsions or seizures
 - Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
 - Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Know Your Concussion ABC's....insert document

Know Your Concussion ABC's....Insert document

ADDENDUM F: *Title IX Quick Guidelines of LAW*

THE LAW

Title IX of the Education Amendments of 1972 states, in part:

“No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.”

This means that school districts must not engage in any **discriminatory activities** on the basis of sex in any of their programs. Title IX applies to more than extracurricular activities. It applies in all settings and programs offered by a school district. **Title IX also applies to students and staff, including volunteers!** The U.S. Department of Education's Office of Civil Rights (OCR) oversees compliance.

DISCRIMINATION ON THE BASIS OF SEX

Title IX prohibits the discrimination on the basis of sex, which includes excluding an individual or treating them different because of sex or gender. This could also include excluding or treating someone different because they do not act in a manner that is consistent with stereotypes associated with their gender. This could include not hiring a female to coach a dual-gender sport because she is not “tough enough” or failing to play a male in football because his appearance is more feminine (wears skinny jeans, paints his nails).

Discrimination on the basis of sex also includes sexual harassment. Sexual harassment can include:

- **Quid Pro Quo Harassment** – conditioning participation on submission to unwelcome sexual advances, requests for favors, or other conduct of a sexual nature
- **Hostile Environment Harassment** – unwelcome sexual advances, requests for favors, or other conduct of a sexual nature that is severe, persistent, or pervasive to limit ability to participate or benefit from programs.
- **Sexual Violence Harassment** – physical sexual acts against a person's will or when the person is unable to give consent.

Because Title IX applies in all settings and programs and applies to students, staff (including administrators), and volunteers, discrimination can take many forms:

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- Staff to Student
- Volunteer to Student
- Student to Student
- Staff to Volunteer
- Volunteer to Volunteer
- Student to Staff
- Student to Volunteer
- Volunteer to Staff
- Staff to Staff

RESPONSIBILITIES AS A VOLUNTEER

- Do not engage in any acts of discrimination – do not sexually harass any other individuals or exclude or treat someone differently because of his or her gender.
- If you witness an act that you believe is discriminatory, **REPORT IT IMMEDIATELY TO THE ADMINISTRATOR** or the District's **TITLE IX COORDINATOR, Steve McHugh**.
- If you can do so safely, take action to stop the discriminatory conduct and then report it immediately.
- If someone has made a report to you about discrimination on the basis of sex, tell them to report such concerns to an administrator or the District's Title IX Coordinator.
- Review the District's policies on discrimination and sexual harassment and the Title IX Grievance Procedures.
- If you believe you have been a victim of discrimination on the basis of sex, please report it to your supervisor, an administrator, or the District's Title IX Coordinator.

QUICK TIPS ON BEHAVIOR TO AVOID

- Discussion of or bringing in suggestive or sexual materials
- Using gender-related language
- Beware of nonverbal cues of a sexual nature
- Avoid terms of endearment
- Beware of too much familiarity – close physical contact, sharing intimate information
- Emails and voice-mail messages that contain material of a sexual nature

ADDENDEM G: *Anaphylaxis and Asthma Protocol*



Anaphylaxis Management and Prevention Administrative Procedures and Toolkit

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1. INTRODUCTION: ALLERGIES AND ANAPHYLAXIS

What is an allergy?

An allergy occurs when a person's immune system reacts to a substance that is harmless for most people. These usually harmless substances are called allergens. Common allergens include dust mites, pollens, animals, insects, foods, medications and latex. In an "IgE mediated" allergy, the immune system over reacts and produces substances (antibodies) that "fight" the intruder (allergen). Those antibodies cause the body to release chemicals, including histamine, causing an allergic reaction.

What are symptoms of an allergic reaction?

An allergic reaction can range from very mild to life threatening. Seasonal allergies, often called hay fever, may cause a runny nose or itchy eyes. Life threatening reactions are called anaphylaxis (pronounced an-a-fi-LAK-sis). Anaphylaxis can occur from stinging or biting insects, medication, foods or latex. Allergy to foods are increasing; the American Academy of Asthma, Allergy and Immunology (AAAAI, 2014) report that it is currently estimated that 8-9% of school age children have at least one food allergy.

Symptoms of anaphylaxis can include the following:

Mouth: Itchy, swelling of tongue and/or lips

Throat: Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

Skin: Itchy, hives, redness, swelling, red watery eyes

Gut: Nausea, vomiting, cramps, diarrhea

Lung: Short of breath, wheeze, repetitive cough

Heart: Pale or blue skin color, dizzy/faint, weak pulse

Neurological: Sense of "impending doom," irritability, change in alertness, mood change, confusion

Other: Itchy, red, watery eyes

What foods can cause anaphylaxis?

The Food Allergy Research and Education Organization (FARE, 2014) reports that "although nearly any food can cause an allergic reaction, 90 percent of all food-allergic reactions are caused by one of eight foods in the United States. These foods are: **peanuts, tree nuts, milk, egg, wheat, soy, fish and shellfish**" In school age children, Portnoy and Shroba (2014) state that "the most common foods that cause reaction in school age children include milk, egg, soy, wheat and peanut."

How are Life Threatening Allergies treated?

While some people "grow out" of certain allergies, many do not. Some allergies may be treated by giving "de-sensitizing shots" which over time decrease the allergic reaction to that allergen. However, sensitizing shots are not currently available for many kinds of allergies.

It is important to prevent allergic reactions by avoiding the allergen. Because this is often more difficult than it may seem, it is important that anaphylaxis, if it occurs, is recognized and treated quickly. Epinephrine is the “first-line” medication used to treat anaphylaxis.

What is food intolerance?

Food intolerance doesn’t involve an immune system response and is typically caused by a lack of a digestive enzyme. An example of this is lactose intolerance. The symptoms of food intolerances are not life threatening but cause physical symptoms such as bloating, abdominal pain or headaches. (National School Board Association, Safe at School and Ready to Learn, 2012)

Procedures and Toolkit Purpose:

This toolkit is part of Missoula County Public Schools administrative procedures. It is developed to support the following goals of allergy management:

1. To maintain the health and protect the safety of children who have life threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
2. To ensure that interventions and accommodations outlined in individual health care plans and accommodation plans are based on medically accurate information and evidence based practices.
3. To define a formal process for identifying, managing and ensuring continuity of care for students with life-threatening allergies across all transitions. (PK-12)

2. ANAPHYLAXIS MANAGEMENT AND PREVENTION PLAN

A. Identification of students with food allergies:

1. The district will elicit, collect and review health information provided by the parent/guardian for each student upon school enrollment and periodically thereafter. Information will include what the allergen is, symptoms of previous reactions and history of epinephrine prescription.
2. The district will communicate with the parents/guardians of students with a Life Threatening Allergy (LTA) history to:
 - a. Provide district procedures and discuss potential Section 504 Accommodation Plan eligibility.
 - b. Provide [Anaphylaxis Action Plan](#) and [Food Substitution Medical Statement](#) (if applicable) for healthcare provider completion.
 - c. Clarify and obtain additional health information including parental consent for the [Authorization for Release of Information](#) from the student’s health care provider.
3. The district will request annual parental permission for medication administration and maintain records when obtained.
4. The district will sufficiently maintain and update student health records to identify life threatening allergies. (LTA).

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B. Individual Written Plans

1. The district will utilize a standard [Anaphylaxis Action Plan](#).
 - a. The [Anaphylaxis Action Plan](#) will be consistent with national standards of anaphylaxis treatment. The district will use either a form provided by a recognized professional source or a district developed form. The district may develop an [Anaphylaxis Action Plan](#) by incorporating national standards, state laws, district needs and in consultation with local medical professionals.
 - b. The [Anaphylaxis Action Plan](#) will serve as the Emergency Care Plan.
 - c. The [Anaphylaxis Action Plan](#) will be individualized and completed by the health care provider annually.
2. The district may maintain stock epinephrine at each school site as per district policy. See [Policy 3416 Administration of Medication](#). If the district is maintaining stock epinephrine the [Stock Epinephrine Protocol](#) is in effect for all students if there is not a current [Anaphylaxis Action Plan](#) for an individual student.
3. The district will follow Section 504 procedures. See [Policy 2162P Section 504 of the Rehabilitation Act of 1973](#). For students with a Life Threatening Allergy this entails:
 - a. Requesting parental permission for Section 504 evaluation.
 - b. Completing the evaluation when parental permission is obtained. Information used for an evaluation may include information from the parent, student, health care provider and/or health care records.
 - c. Meeting to determine eligibility. A team of knowledgeable people will determine if the student is eligible. If the student is determined to be eligible and there are medically needed accommodations, a 504 plan will be developed.
 - d. The 504 plan may list the needed accommodations or refer to the Individual Healthcare Plan (IHP) that incorporates a listing of the accommodations.
4. The district will follow applicable special education procedures for those students with an Individual Education Plan (IEP) and a life threatening allergy by specifying needed accommodations in the Individual Education Plan (IEP) or Individualized Healthcare Plan (IHP). (See [Policy 2161 Special Education and Accommodations](#).)
5. The Registered (School) Nurse will develop an Individualized Healthcare Plan (IHP) for students who have a life threatening allergy when the parent/guardian has consented to an evaluation and when the student has been determined to be eligible for an accommodation plan.
 - a. Components of an Individualized Healthcare Plan (IHP) for life threatening allergies may include or be based on student identification information, allergens, summary of pertinent medical history, [Food Substitution Medical Statement](#), day to day management of the allergy, developmental levels, and self-care and self-advocacy ability and goals. Addendums include the [Anaphylaxis Action Plan](#) and may include a transportation plan and any other related items as needed.
 - b. The Individualized Healthcare Plan (IHP) may incorporate a listing of the medically needed accommodations. Alternatively, accommodations may be listed directly in the Section 504 plan form or Individual Education Plan (IEP).

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- c. The Individualized Healthcare Plan (IHP) is attached to the Section 504 plan or Individual Education Plan (IEP).
- 6. The district will designate individuals in each school who are responsible for establishing and monitoring successful implementation of the [Anaphylaxis Action Plan](#), Individual Healthcare Plan (IHP) and Section 504 Plan as applicable.
- 7. The district will utilize an [Anaphylaxis Action Plan](#) for all known incidences of anaphylaxis with or without epinephrine administration.
- 8. Revision of plans will be considered when any degree of allergic reaction occurs in school for a student with life threatening allergy.

C. Medication: Storage, Access and Administration specific to life threatening allergies

Also see [Policy 3416 Administration of Medication](#) and Administrative Procedures

- 1. The district will receive and retain annual treatment orders from licensed healthcare providers for students with life threatening allergies.
 - a. The treatment order must be in the format of an [Anaphylaxis Action Plan](#) and will specify what medications are used for what allergic symptoms.
 - b. Any staff member may activate the individual [Anaphylaxis Action Plan](#) or the [Stock Epinephrine Protocol](#) for suspected anaphylaxis as per state law and district policy. Principals will direct all staff to complete annual anaphylaxis training.
- 2. Emergency medications will be stored in the school office health area unless otherwise specified in one or more of the plans ([Anaphylaxis Action Plan](#), Individual Healthcare Plan (IHP), Individual Education Plan (IEP) or Section 504 plans).
 - a. Parents will be asked to provide two epinephrine auto injectors.
 - b. The medications will be secure but accessible during usual school hours by storing in an unlocked but supervised area that is not readily accessed by students or non-staff.
 - c. The district will monitor expiration dates and notify parent if the medication is expired.
 - i. In the event of anaphylaxis, expired student specific epinephrine should only be administered if the stock epinephrine is unavailable and if the medication appears clear in medication window if available.
 - d. [Anaphylaxis Action Plan](#) s and parent supplied student specific medication will be taken with on off campus activities.
 - i. Immediate treatment of anaphylaxis with epinephrine will not be possible on off campus activities if the parent has not supplied the school with medication and the student does not carry their own medication. **Staff will call 911 for all anaphylaxis.**
 - e. Students who participate in school sponsored activities after usual school hours will be encouraged to carry their medications with them as per state law and/or accommodation plans.
 - i. Alternative medication placement or access will be determined on a case by case basis.

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3. The district will allow students to carry and/or self-administer allergy medication in accordance with state law and district policy. See [Policy 3416 Administration of Medication](#) and MCA 20-5-420. Self-administration or possession of asthma, severe allergy, or anaphylaxis medication.
 - a. Students, who have healthcare provider and parental permission to carry with intent to self-medicate, will be initially assessed by the school nurse for developmental appropriateness and knowledge of the treatment plan ([Anaphylaxis Action Plan](#).)
 - i. The outcome of this assessment will be communicated to the parent.
 - ii. Significant concerns will be communicated to the healthcare provider.
 - b. Parents will be encouraged to provide a secondary supply of medications to the school. That supply of medication is typically kept in the school office health area.
4. **911 will be called immediately in all cases of epinephrine administration.**
 - a. Parent/guardian notification will occur after epinephrine administration.
 - b. Documentation of medication administration will be placed into student file (electronic or written).
5. The district may maintain stock epinephrine at each school site as per district policy. See [Policy 3416 Administration of Medication](#). If the district is maintaining stock epinephrine, then:
 - a. The district will coordinate “standing orders” named “[Stock Epinephrine Protocol](#)” with local healthcare provider(s) who have expertise in anaphylaxis treatment.
 - b. Stock epinephrine (2 auto injectors) will not be taken off the school campus unless the entire student population is also taken to the same location.
 - c. Stock epinephrine is not intended to replace individual student prescribed epinephrine that the parent/guardians are expected to supply.

D. Healthy School Environments: comprehensive and coordinated approach

1. Classroom and Academic Environment

- a. The following measures will be taken to reduce allergens in all schools.
 - i. Peanut butter and any nut butter or spreads may not be used in projects that are manipulated i.e. touched by any students. An example of a manipulated project is making bird seed hangers with peanut butter.
 - ii. All students will be asked to wash their hands after projects that involve manipulation (touching) of any food substance. Examples may include flour based “plaster” projects.
 - iii. Schools will discourage the use of foods as an incentive or reward.
 - iv. Staff will not distribute candy or other food including at holidays to ANY student unless they are the classroom teacher for that student or if a student’s medical plan allows. This does not include food served by school food programs or food sold for fundraising that students purchase for themselves.
- b. 504 accommodation/Individual Education Plan (IEP) teams may implement accommodations to further reduce allergens in the school setting for an individual student when a need is determined. The team considers environmental, developmental and medical needs to make this determination.

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- i. Parents/Guardians will be encouraged to sign an [Authorization for Release of Information](#) to allow the school to receive records and/or communicate with the student's health care provider. This facilitates the evaluation of accommodation needs.
- ii. School settings include the student's classroom(s), cafeteria, recess, field trip, bus and extracurricular activities.
- iii. The following addendums should be utilized when applicable: [Accommodation Template](#), [Classroom Restriction of Allergen Letter Template](#), and [Allergen Sensitive Zone Signs](#).
- c. The district will promote the school community's knowledge of life threatening allergies by use of informational posters, letters, newsletters, web postings or curriculum incorporation.
- d. The district will communicate rules and expectations about bullying related to food allergies, including appropriate conduct, consequences and related disciplinary actions. (See [Policy 3225 Harassment, Intimidation, and Bullying Prevention](#))
- e. Principals will direct all staff to complete annual anaphylaxis training.
 - i. Classroom teachers will be encouraged to complete additional training in basic prevention and risk reduction procedures including food handling to prevent cross contact, reading product labels and identifying hidden allergens. ([30 minute on line food allergy training with completion quiz and certificate](#))
- f. Schools will encourage all students to wash hands before and after food is eaten.
- g. Supervising staff for recesses will have access to [Anaphylaxis Action Plan](#).

2. Food service and cafeteria:

- a. The district will ensure a process of reviewing menu items to identify potential allergens and make appropriate accommodations as outlined in [Food Substitution Medical Statement](#) received from a healthcare provider for meals served to students with life threatening allergies.
- b. The district will ensure that procedures are in place to identify students with life threatening food allergies in the cafeteria setting. Photos may be posted in area visible to food service staff but not to students.
- c. The district will make available specific areas/tables that are allergen sensitive by utilizing the [Allergen Sensitive Table Procedures](#) when needed by in an accommodation plan.
- d. Food service will encourage hand washing before and after meals.
- e. Food service will enforce a no sharing of food rule or sharing utensil rule for all students.
- f. Food service will be aware of "food bullying". Prompt and effective response action is required. Food service staff will report to school administrator or designees. (See [Policy 3225 Harassment, Intimidation, and Bullying Prevention](#))
- g. Food Service staff will complete annual training in prevention of cross contact of allergens, reading labels for the presence of allergens, how to identify hidden allergens, how to deal with food related bullying, anaphylaxis recognition and implementing emergency procedures.
- h. Cafeterias will have a phone or two way radio devices to call for assistance in the case of an emergency.

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3. Buses

- a. Transport company staff will enforce a no-eating policy for the daily transport back and forth between school and home. Exceptions will be made for other students with accommodation need (example: medical necessity for diabetes)
- b. All school buses will have two way communication devices.
- c. Bus drivers will be trained in allergy awareness, basic prevention/risk reduction procedures, recognition of allergic reaction, treatment of an allergic reaction when medication is available and implementation of bus emergency response procedures.

4. Extracurricular activities, before- and after-school activities, field trips, and community use of facilities

- a. Field trips:
 - i. The district will ensure the Anaphylaxis Management and Prevention procedures and any student specific accommodations plans are in effect for field trips.
 - ii. Student specific medication and [Anaphylaxis Action Plan](#) s will be taken with on off campus activities.
 - iii. Staff will be encouraged to bring a cell phone with on field trips
 - iv. Staff will consider allergies and student specific accommodations when planning off campus activities.
 - v. Staff will discourage trading of food and sharing of utensils.
 - vi. Staff will encourage hand washing practices before and after eating.
 - vii. The district will encourage and permit but not require parents of students with allergies to attend field trips/activities.
- a. Before and After School Activities:
- b. The district shall provide anaphylaxis training for entities receiving substantial assistance from the school district.

E. Communication and Confidentiality

- 1. The district will comply with state and federal privacy and confidentiality laws in all communications.
- 2. The district will ensure notification to staff directly responsible for students with a Life Threatening Allergy of that student's individual [Anaphylaxis Action Plan](#).
- 3. The district will inform parents of students with life threatening allergies of the district procedures and of their due process rights. (Section 504)
- 4. The district will enhance general awareness of life threatening allergies with signs, newsletter or web postings.
- 5. The district will inform staff of their responsibilities in implementing these procedures.

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F. Emergency Response

Response to an emergency is one of four parts of emergency management. The other areas are prevention/mitigation, preparedness and recovery which are addressed in other sections of these procedures. This section is about the response required to an anaphylaxis emergency. (Also see [Policy 3431 Emergency Treatment](#))

1. Individual emergency care plans ([Anaphylaxis Action Plans](#)) outline recognition of the emergency and what action is required. For students without a known life threatening allergy or for students who do not have a current [Anaphylaxis Action Plan](#), the [Stock Epinephrine Protocol](#) will be used if in effect.
2. As per the above plans, school policy and state law **emergency services (911) will be called for all suspected anaphylaxis and for all instances of epinephrine administration**. It is expected that transport of the student to the hospital will occur. If parents are present, they will be encouraged to allow the student's transport to the hospital.
3. The following actions need to occur in an anaphylaxis emergency:
 - a. Recognition of potential anaphylaxis.
 - b. Retrieval of the Individual [Anaphylaxis Action Plan](#) and student specific epinephrine. If either isn't available, school stock epinephrine and/or [Stock Epinephrine Protocol](#) will be used. If none are available (example on a field trip if no individual student plan and medication then proceed to calling 911)
 - c. Administration of epinephrine. Note time.
 - d. Calling 911. This should be either a simultaneous step with "b" above or immediately after epinephrine administration. Tell 911 operator that this is an episode of anaphylaxis
 - e. Monitoring of the student. Stay with the student. Remain calm. Reassure the student. Have the student lay down. Turn student onto their side if nausea or vomiting are present. If difficulty breathing, student may need to sit (if tolerated) for improved lung expansion.
 - f. Contacting the student's parent/guardian.
 - g. Managing "crowd control". Reassure and attend to other students as applicable.
 - h. Meeting EMS at the school entrance.
 - i. Accompanying student to emergency care facility unless parent is present.
 - j. Notifying school administration.
 - k. Notifying the school nurse who will facilitate:
 - Completion of [Anaphylaxis Reporting Form](#).
 - Review of event for "debrief" to provide feedback to staff and identify areas for improvement.
 - Documentation in student record.
 - Discussion of incident with parent and if needed, the school team and health care provider to evaluate need for additional prevention strategies.

G. Professional Development and Training for School Personnel

1. The district will provide annual anaphylaxis training to district personnel who have student supervisory responsibility.

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2. The district will provide additional skill instruction and practice for those specifically assigned to administer epinephrine or who are likely to be present during an allergic reaction.
3. The district will encourage continuing professional education in allergies and anaphylaxis to the health services staff.
4. The district will encourage staff to complete additional training in basic prevention and risk reduction procedures including food handling to prevent cross contact, reading product labels and identifying hidden allergens. ([30 minute on line food allergy training with completion quiz and certificate](#))

H. Awareness Education for Students

1. The district will foster allergy awareness for all students. Awareness may emphasize:
 - a. Support for classmates with chronic health conditions, such as food allergy, to maximize inclusion and minimize harassment, discrimination, isolation, and endangerment.
 - b. Bullying prevention, including reporting any harassment, hazing (e.g., forced consumption of the known allergen), or bullying to appropriate school personnel. The school's response to bullying should be made clear at the outset, should be enforced, and should be both therapeutic and punitive, when appropriate.
 - c. Knowledge of potential allergens and the signs, symptoms, and potential of a life-threatening reaction.
 - d. Differences between life-threatening food allergy and food intolerance.
 - e. Actions needed to respond to emergency situations that might result from a life-threatening food allergy reaction.
 - f. Developmentally-appropriate self-management of food allergy.
 - g. Importance of following district procedures or specific directions regarding hand washing, food-sharing, allergen-safe zones, and student conduct.
2. Students who have healthcare provider and parental permission to carry with intent to self-medicate will be assessed by the school nurse for developmental appropriateness and knowledge of the treatment plan ([Anaphylaxis Action Plan](#).)

I. Awareness Education and Resources for Parents/Guardians

The district will promote parent/guardian knowledge and understanding of the special needs of students with allergies and of school procedures.

1. Parent/caregiver (of students with allergies) education and resources will foster:
 - a. Trusting and collaborative relationships among district/school personnel, families, and community members, particularly licensed healthcare providers.
 - b. Clear communication channels between parents/caregivers and the school system.
 - c. Recognition and respect for the needs of both individuals and the larger student population.
 - d. Parental/caregiver responsibility for educating their children about the seriousness of food allergies and how to be supportive of fellow students with food allergies.

- e. Realistic expectations and commitments about how food allergies can be managed in school settings.
 - f. Knowledge of district/school policies, procedures, and plans for managing students with chronic health conditions (including food allergy and addressing their safety through all-hazard response plans and no bullying policies).
2. The district will inform all Parents/guardians on the following:
- a. Signs, symptoms, and risks associated with food allergy and life-threatening reactions (anaphylaxis).
 - b. District/school policies, procedures, and plans for managing students with food allergies.
 - c. Parental responsibility to provide pertinent medical information/materials and medications for their child.
 - d. Access to informational resources on food allergy from credible sources
 - e. Restrictions to reduce the presence of foods and non-food items (e.g., arts and craft materials) in classrooms that have a student who has a food allergy.

J. Monitoring and Evaluation

Anaphylaxis procedures will be reviewed annually and updated if needed to:

1. Collect and review data on when and where medication was used and the impact on the affected individual(s).
2. Identify risks and modify policy or procedures if needed.
3. Align with current science on food and other allergies.
4. Comply with current state and federal legislation, recommendations, and/or procedures.