

Northeast Metropolitan Regional Vocational
High School
Substance Use Prevention, Deterrence
And Intervention Plan

Dear Interested Party:

Massachusetts Department of Elementary and Secondary Education

GUIDANCE ON SCHOOL POLICIES REGARDING SUBSTANCE USE PREVENTION

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

The Department of Elementary and Secondary Education, in consultation with the Department of Public Health, shall provide guidance and recommendations to assist schools with developing and implementing effective substance use prevention and abuse education policies and shall make such guidance and recommendations publicly available on the department's website. Guidance and recommendations may include educating parents or guardians on recognizing warning signs of substance abuse and providing available resources. Guidance and recommendations shall be reviewed and regularly updated to reflect applicable and best practices.

Each school district and charter school shall file its substance use prevention and abuse education policies with the department of elementary and secondary education in a manner and form prescribed by the department.

Like many states across the country, Massachusetts is facing a growing epidemic of opioid addiction, and the commonwealth is taking action to address it. Schools play an important role in preventing substance abuse use among students and educating students about the dangers of substance abuse. ESE will continue to work with the Department of Public Health, public schools, and other interested parties to update this guidance. Feedback is welcome and may be sent to ESE's Office of Student and Family Support via achievement@doe.mass.edu.

The enclosed Substance Use Prevention, Deterrence and Intervention Plan was developed in collaboration with teachers, administrators, school staff, parents, students, professional support personnel, volunteers, community representatives, and local law enforcement agencies as required by M.G.L c71 section 96 (as amended by St. 2016, c.52.s15). A public comment period was also made available. Components of this plan include clearly defined goals:

- Community, parents/guardian, teacher and student involvement;
- Strategies to encourage communication among students, parents/guardians, teachers and administrators;
- implementation of an evidence-based substance use prevention curriculum for grades 9 to 12
- prohibitions against substance use as well as discipline and enforcement provisions;
- Intervention provisions and treatment opportunities ; and a timetable for periodic review and revision of the policy

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

Sincerely,

David S. DiBarri
Superintendent

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INTRODUCTION

The plan will be the school's or district's blueprint for enhancing the capacity to prevent and respond to issues of substance use within the context of other substance use initiatives. The Committee met and established subgroups to complete various tasks such as assessing need and identifying resources to inform the development of the plan.

I. LEADERSHIP

Leadership is critical for the development, implementation, and success of the Substance Abuse Prevention Plan. Providing a safe and supportive learning environment underlying goal interwoven throughout the mission of Northeast Metro Tech. To ensure the success of the plan, the Superintendent charged all leadership teams throughout the district to teach their members of the crucial importance of the substance abuse epidemic. The district will be conducting a YRBS during school year 2016-2017 to better assess the substance use issues in district.

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

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

A student shall not, regardless of the quantity, use consume, possess, buy/sell, or give away any beverage containing alcohol; any tobacco product (including NA or near beer, e-cigarettes, VAP pens and all similar devices); marijuana; steroids; or any controlled substance on school grounds and at any school event. Prescription medication is governed by student handbook page 30:

R. Medication: All medications including over the counter products and prescription medication must be delivered to the school nurse's office and cannot be on a student at anytime. The administration of medicines to individual students may ONLY by the School Nurse(s). Failure to comply will result in First Offense up to one day In-School Suspension. Second Offense will result in an out of school suspension. Prior Arrangements must be made with the School Nurse(s) for the use of any medication prescribed by a physician. Prior approval will include a specific written request from the parent/guardian, as well as the written direction from the student's physician. Prescription medicines, including antibiotics, inhalers, pain medications etc. MUST be in the original pharmacy container with a label.

Non-prescription medication such as Tylenol, Advil, Motrin etc. brought from home also must be in the original bottle and will be administered by the School Nurse(s) ONLY on the basis of a written request

from the parent/ guardian. All medications (prescribed and non prescribed) shall be held by the School Nurse(s) in a secure locked cabinet. No student shall carry medication of any kind with them through the school day, except for students with a written treatment plan on file with the School Nurse, consistent with the Department of Public Health regulations. Students who fall into the excepted category are: Students with asthma or other respiratory diseases who require prescribed inhalers. Students with diabetes who require glucose monitoring and insulin delivery. Students with cystic fibrosis who require prescribed enzyme supplements. Written Parental requests and physicians' instructions shall be kept on file in the School Nurse(s) Office

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

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

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

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

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

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

II. PROFESSIONAL DEVELOPMENT

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

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

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

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

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

III. ACCESS TO RESOURCES AND SERVICES

Identifying Resources: School staff can play a key role in identifying and referring students with substance use related problems and working with their families. Educators, nurses, and school counseling personnel will work in collaboration with substance use counseling professionals and mental health specialists to meet the needs of those students most at risk. School counseling personnel have access to information and strategies necessary to facilitate referrals to community services for the wide variety of mental health problems that students experience, including substance use. A resource list is available for the network of services available through the agencies in the area.

Collaboration among schools and community behavioral health providers can address student-specific issues, including interventions, such as small group, individual supports, and school re-entry plans. These

efforts can support school and community provider responses when necessary.

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

- Guidance Counselors
- School nurses
- Screening, Brief, Intervention, Referral Treatment (SBIRT) team members
- Behavioral Health Providers

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

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

School Newsletters, school handbooks and websites will be used to keep parents/guardians informed of the system-wide strategies that are implemented to assist all students.

IV. ACADEMIC AND NON-ACADEMIC STRATEGIES

In accordance with state and federal law, the School should provide age appropriate, developmentally appropriate, evidence-based alcohol, tobacco, and drug education and prevention programs in grades 9-12. The goals for the schools health education programs are for students to be able to...

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

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

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

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

General teaching approaches that support substance use prevention efforts: The following approaches are integral to establishing a safe and supportive school environment. These underscore the importance of our substance use intervention and prevention initiatives:

- setting clear expectations for students and establishing school and classroom routines;
- creating safe school and classroom environments for all students, including for students with disabilities, lesbian, gay, bisexual, transgender students, and homeless students;
- using appropriate and positive responses and reinforcement, even when students require discipline
- using positive behavioral supports
- using motivational interviewing
- encouraging adults to develop positive relationships with students;
- modeling, teaching, and rewarding pro-social, healthy, and respectful behaviors;
- using positive approaches to behavioral health, including collaborative problem-solving, conflict resolution training, teamwork, and positive behavioral supports that aid in social and emotional development
- using the Internet safely
- supporting students' interest and participation in non-academic and extracurricular activities, particularly in their areas of strength.

V. POLICIES AND PROTOCOLS

Northeast Metropolitan High School has policies prohibiting substance use, on school grounds, and at any school-sponsored or school-related activity, function, or program whether on or off school grounds. The policies include discipline and enforcement provisions, intervention provisions, and treatment opportunities for students and staff. Students should be informed of the consequences for violating the policies. School staff discusses the policies annually with students.

Policies related to the use of verbal screening tools to screen pupils for substance use disorders are well defined and publicized, including opt-out provisions.

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

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

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

VI. COLLABORATION WITH FAMILIES

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

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

Appendix A

Northeast Metropolitan Regional Vocational High School

Policy and Procedures for School Nurse of Potential Life Threatening Opioid Overdose Program

Policy

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

- Building-based general medical emergency plan
- The Administrator of Student Services will have the responsibility of overseeing the naloxone administration program in the school setting in accordance with MDPH protocols. The school nurses and the school resource officer (Wakefield PD) are trained in naloxone administration.
- Training per MDPH protocols will be provided for all School Nurse, Athletic Director and Athletic Trainer responders.
- Integration with the local emergency medical services (EMS) system will be included in the implementation of this program.

Background

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

The Department of Public Health is operating a naloxone distribution program as a pilot program in accordance with M.G.L. c. 94C and DPH/Drug Control Program regulations at 105 CMR 700.000. The distribution of naloxone by approved trainers is authorized by the Department of Public Health and the standing orders issued by the Medical Director of the naloxone pilot.

What are Opioids

Opioids are chemicals that are either derived from the opium poppy or are synthetically manufactured by pharmaceutical companies. Whether synthetic or naturally occurring, opioids all act in similar ways at specific sites in the body. They are depressants, and slow down the central nervous

system. At high levels, opioids reduce consciousness and decrease breathing (respiratory depression). Opioids attach to specific receptors in the brain, spinal cord, and gastrointestinal tract and block the transmission of pain messages. They induce euphoria and users generally report feeling warm, drowsy, and content. Opioids relieve stress and discomfort by creating a relaxed detachment from pain, desires, and activity. They also cause slow heart rate, constipation, a widening of blood vessels, and decrease the natural drive to breathe.

Severe Opioid Reaction (Overdose)

Description: An overdose occurs when the body has more drugs in its system than it can handle, resulting in potentially life threatening dysfunction. People can overdose on many different substances including other drugs or alcohol. During an opioid overdose there are so many opioids or a combination of opioids and other drugs in the body that the victim becomes unresponsive to stimulation and/or breathing becomes inadequate. Those experiencing an overdose become unresponsive, or unconscious, because opioids fit into specific brain receptors that are responsible for breathing. When the body does not get enough oxygen, lips and fingers turn blue. These are the signs that an overdose is taking place. A lack of oxygen eventually affects other vital organs including the heart and brain, leading to unconsciousness, coma, and then death.

With opioid overdoses, the difference between surviving and dying depends on breathing and oxygen. Fortunately, opioid overdose is rarely instantaneous; people slowly stop breathing after the drug was used. There is usually time to intervene between when an overdose starts and a victim dies. Furthermore, not all overdoses are fatal. Without any intervention, some overdose victims may become unresponsive with slowed breathing, but will still take in enough oxygen to survive and wake up.

Signs and Symptoms of Opioid Overdose:

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

Assessing for Responsiveness and Breathing

- In order to determine if the individual is experiencing an overdose, the most important things to consider are presence of breathing and responsiveness to stimulation. There are some relatively harmless ways to stimulate a person. These strategies are:
- Yelling their name
- Rubbing knuckles over either the upper lip or up and down the front of the rib cage called a sternal rub

- If an individual responds to these stimuli, they may not be experiencing an overdose at that time. It is best to stay with the person, to make sure the person wakes up and is ok. It is possible that the person could become unresponsive and require further assistance.
- Continued attempts at stimulation will waste valuable time in helping the individual breathe.

Responding to an Opioid Overdose:

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

Procedures:

The School Nurse will respond to any member of the school community when on school property with a life threatening opioid overdose in the school setting. The management of a life threatening opioid overdose takes a multidisciplinary approach of collaboration between school community, emergency responders, and law enforcement officers. Awareness, prevention and emergency preparedness are crucial elements in the management of a person with a potential Life Threatening Opioid Overdose.

School Nurse Responsibilities:

The school nurse is the key resource for medical direction, assessment and response to a potential Life Threatening Opioid Overdose. The school nurse **MUST** be contacted as soon as a potential Opioid overdose is identified. Call 911.

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

Perform rescue breathing

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

1. Place the person on his or her back and pinch their nose or use Ambu bag to administer rescue breaths
2. Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
3. Give 2 slow breaths.
4. Blow enough air into the lungs to make the chest rise.

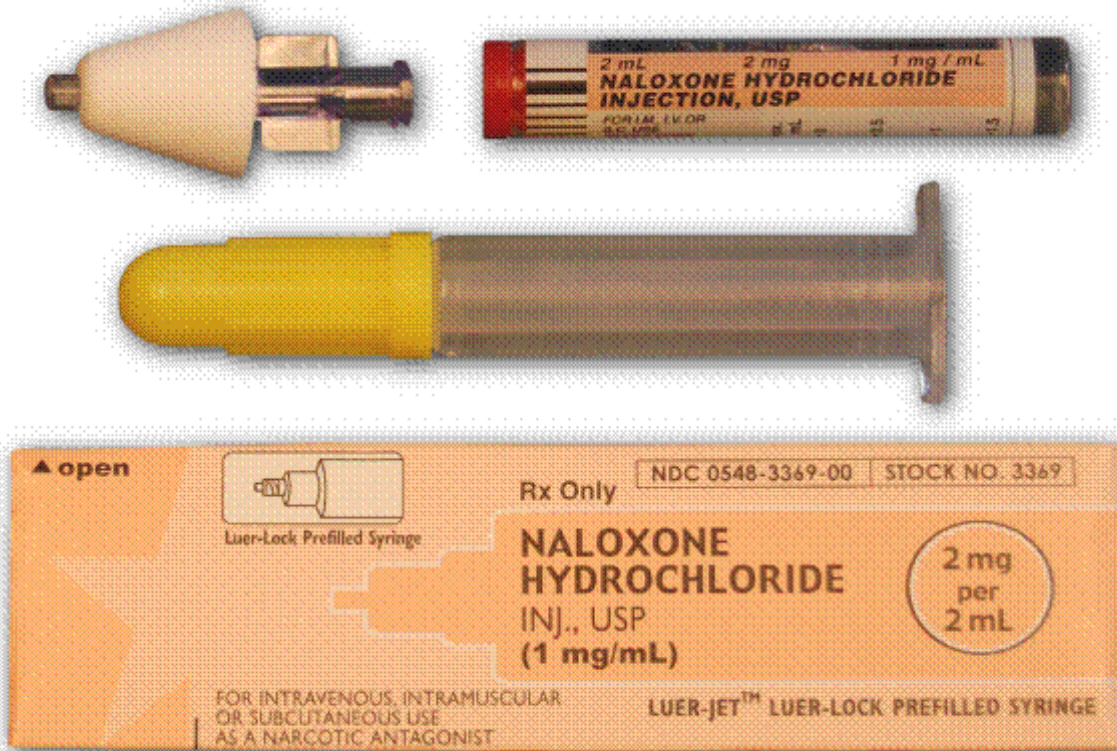
5. Assess each breath to ensure the chest is rising and falling. If it doesn't work, tilt the head back more.
6. Breathe again every 5-6 second

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

- the quantity and purity of opioids used
- the presence of other drugs or alcohol
- the effectiveness of the liver to filter out the drugs
- if the victim uses opioids again once the naloxone is administered
- Naloxone administration may be repeated without harm if the person overdoses after the first dose wears off. Due to the complex nature of each of these medical emergencies, it further highlights the necessity of calling 911.

Bleeding from the nose:

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



How to assemble nasal naloxone device and administer nasal naloxone:

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

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

5. Monitor the victim:

Naloxone blocks opioids from acting so it can cause withdrawal symptoms in someone with opioid tolerance. Therefore, after giving someone naloxone, he or she may feel withdrawal symptoms and want to use again. It is important that the victim does not use opioids again after receiving naloxone so that an overdose does not re-occur. If possible, the bystander who administered the naloxone should stay with the person who overdosed.

Storage: Nasal Naloxone Hydrochloride will be kept in the Nurse's office.

Training of Naloxone Administration by (School) Nurses:

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

Department planning and implementation:

- (1) The Department approves policies, curriculum and procedures for training.
- (2) In consultation with the prescribing physician, our school nurses are trained and tested for competency in accordance with standards and a curriculum established by the Department.
- (3) Approved trainers arrange for trainings of school nurses in local communities, in accordance with standards and curriculum established by the Department.
- (4) The school nurse will document the training and testing of competency, in accordance with standards and curriculum established by the Department.
- (5) The training, at a minimum, will include:
 - (a) Procedures for risk reduction;
 - (b) Recognition of the symptoms in an individual with an opiate overdose;
 - (c) The importance of following the prescribed method of medication administration;
 - (d) Proper use of the nasal administration method
 - (e) The requirement to call local emergency services prior to administration, and
 - (f) Requirements for proper storage and security, notification of appropriate persons following administration, and record keeping.
- (6) The Administrator of Student Services shall maintain and make available upon request by the Department a list of all licensed individuals trained to administer naloxone by nasal administration if any.
- (7) All trainings in the administration of naloxone will be done in accordance with prescribed methods. The Administrator of Student Services will keep record of yearly training of all trained staff and documentation of completion of competency test and performance.
- (8) Priorities for trainings will be in communities where individuals most at risk have been identified.
- (9) The Administrator of Student Services will be notified of any administration of naloxone by trained staff and will submit a report to the Department of Public Health School Health Unit each time training and naloxone administration is completed.
- (10) All other medication administration procedures will hold forth including:
 - (a) reporting of any medication errors per 105 CMR 210.00
 - (b) proper disposal of a used naloxone administration delivery system.

Appendix B

Northeast Metro Tech High School Chemical Health Policy

Overview

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

The MIAA Chemical Health Policy states: From the earliest fall practice date, to the conclusion of the academic year or final athletic event (whichever is latest), a student shall not, regardless of the quantity, use, consume, possess, buy/sell, or give away any beverage containing alcohol; any tobacco product (including e-cigarettes, VAPE pens and all similar devices); marijuana; steroids; or any controlled substance. This policy includes products such as “NA or near beer”. It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student’s own use by his/her doctor. (Please note that carrying prescription medication is a violation of the Northeast Metropolitan Regional Vocational High School Medication Policy. Please see our student handbook.) By law, any underage person in the presence of the above described substances is deemed to be “in possession”. The police have the right to criminally charge students who have been deemed in possession, and these students are listed on a police report prepared by the officers at the scene

Social Probation & MIAA Disciplinary Consequences

For athletes: In accordance with MIAA Rule 62.1, students involved in sports may practice but will not be allowed to participate in games or scrimmages during the social probation period. In addition, athletes who are team captains will not be allowed to hold their team leadership positions if they are in violation of the Chemical Health Policy.

If a student is unable to participate in interscholastic sports due to injury or academics, the penalty will not take effect until that student is able to participate again.

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

➤ **Second and Subsequent Violations:** When the Principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contests totaling 60% of all interscholastic contests in that sport. All decimal part of an event will be truncated i.e. All fractional part of an event will be dropped when calculating the 60% of the season. See chart on following page.

➤ If after the second or subsequent violations the student of his/her own volition becomes a participant in an approved chemical dependency program or treatment program, the student may be certified for reinstatement in MIAA activities after a minimum of 40% of events provided the

student was fully engaged in the program throughout that penalty period. The high school principal in collaboration with a Chemical Dependency Program or Treatment Program must certify that student is attending or issue a certificate of completion. If the student does not complete program, penalty reverts back to 60% of the season. All decimal part of an event will be truncated i.e. All fractional part of an event will be dropped when calculating the 40% of the season. See chart on following page.

- Penalties shall be cumulative each academic year, but serving the penalty could carry over for one year. Or, if the penalty period is not completed during the season of violation, the penalty shall carry over to the student's next season of actual participation, which may affect the eligibility status of the student during the next academic year. (e.g. A student plays only football: he violates the rule in winter and/or the spring of same academic year: he would serve the penalty [ies] during the fall season of the next academic year.
- If, while serving a penalty for violation of the Chemical Health Policy and the beginning of a new athletic season coincide, the student will be granted the opportunity to try out for an athletic program.

Appendix C

Policy of Northeast Metropolitan Regional Vocational High School To Prohibited Use of Tobacco:

Prohibited Use of Tobacco (No Smoking)

The educational Reform Act of 1993, shall prohibit the use of any tobacco products within the school building, the school facilities, or on the school grounds (to include Breakheart Reservation per MGL, CH.22 (2) or on school buses by any individual including students, at any time of the day or night. Northeast policy is expanded to include electronic cigarettes. This also includes all extracurricular activities, i.e. athletic games, school dances, etc. Northeast also prohibits the possession of tobacco products. The Administration, Department Heads, Teachers or any Supervisory personnel are responsible for enforcing this law. (See Code of Conduct - Level I & II, (h).)

Appendix D

Policy of Northeast Metropolitan Regional Vocational High School To Illegal Distribution, Use, and Possession of Drugs:

Drugs:

Possession, Use, or Sale of: State law defines in a very precise manner the various classes of "controlled substances." Students should be made aware of the fact that the possession, use and/or sale of illegal drugs may result in their being fined and/or imprisoned. A police officer has powers, in certain circumstances, to arrest persons without a warrant. An officer may hold persons of school age in protective custody for being present in a place where illegal drugs are discovered. The police power of the state cannot be diminished or compromised by the actions of a school official seeking to help a student who has broken the law. The school however, independent of the police and the court, can take action against a student who possesses, uses, and/or sells illegal drugs in school. (See Code of Conduct - Level V) Apprehension for possession and/or use of illegal drugs will, under the guidelines of the Educational Reform Act of 1993 subject the student to a Hearing with the Principal which can result in suspension or expulsion.

Medication:

All medications including over the counter products and prescription medication must be delivered to the school nurse's office and cannot be on a student at anytime. The administration of medicines to individual students maybe don't ONLY by the School Nurse(s). Failure to comply will result in First Offense up to one day In-School Suspension. Second Offense will result in an out of school suspension. Prior Arrangements must be made with the School Nurse(s) for the use of any medication prescribed by a physician. Prior approval will include a specific written request from the parent/guardian, as well as the written direction from the student's physician. Prescription medicines, including antibiotics, inhalers, pain medications etc. MUST be in the original pharmacy container with a label.

Non-prescription medication such as Tylenol, Advil, Motrin etc. brought from home also must be in the original bottle and will be administered by the School Nurse(s) ONLY on the basis of a written request from the parent/ guardian. All medications (prescribed and non prescribed) shall be held by the School Nurse(s) in a secure locked cabinet. No student shall carry medication of any kind with them through the school day, except for students with a written treatment plan on file with the School Nurse, consistent with the Department of Public Health regulations. Students who fall into the excepted category are: Students with asthma or other respiratory diseases who require prescribed inhalers. Students with diabetes who require glucose monitoring and insulin delivery. Students with cystic fibrosis who require prescribed enzyme supplements. Written Parental requests and physicians' instructions shall be kept on file in the School Nurse(s) Office

Level V Offenses:

Level V Offenses are major violations which are punishable by Out-of-school Suspension or Expulsion. Note: When in the judgment of the administration, the health or safety of a student is endangered or the behavior of a student substantially disrupts the educational process, the administration will recommend to the School Committee that said student be excluded from Northeast. We reserve the right to administrative discretion.

Possession of controlled substances (including alcohol), and/or weapons on school property. * (See also Chapter V, Laws Affecting Students) (Pursuant to the Education Reform Act of 1993, revised 9/94; “Any student who is found on school premises or at school-sponsored or school-related events, including athletic games, in possession of a dangerous weapon, including, but not limited to, a gun or a knife, or a controlled substance as defined in Chapter 94C, including, but not limited to, marijuana, cocaine, and heroin, may be subject to expulsion from the school or school district by the principal.”) M.G.L. c.71, 837H (See also Chapter V, Laws Affecting Students) * Breathalyzer: To prevent alcohol use at school events, students may be required at the discretion of the Principal and/or designee to take a Breathalyzer administered by said parties. Any student not willing to comply or tests positive WILL NOT BE ADMITTED and forfeits the admission.

Appendix E

Massachusetts General Laws Chapter 71, Sections 37H, 37H1/2 and 37H3/4

In order to maintain an environment conducive to teaching and learning we will declare unequivocally that weapons, illegal drugs, alcohol, and violent acts have no place in an academic setting. The Massachusetts Education Reform Act of 1993 was signed into law on June 18, 1993. This law has a direct impact on some student discipline policies and procedures. The information contained below details policy and procedural changes that are now in effect in all schools in Massachusetts. The Massachusetts Education Reform Act supersedes pertinent discipline policy and procedures that are outlined in the student handbook. These policies and procedures include:

Chapter 71, Section 37H:

- A. Possession of Weapons / Drugs
- B. Assault on School Personnel

It is important for students and parents to understand and be mindful of the information listed below:

Section 37H. The superintendent of every school district shall publish the district's policies pertaining to the conduct of teachers and students. Said policies shall prohibit the use of any tobacco products within the school buildings, the school facilities or on the school grounds or on school buses by any individual, including school personnel. Said policies shall further restrict operators of school buses and personal motor vehicles, including students, faculty, staff and visitors, from idling such vehicles on school grounds, consistent with section 16B of chapter 90 and regulations adopted pursuant thereto and by the department. The policies shall also prohibit bullying as defined in section 37O and shall include the student-related sections of the bullying prevention and intervention plan required by said section 37O. Copies of these policies shall be provided to any person upon request and without cost by the principal of every school within the district.

Each school district's policies pertaining to the conduct of students shall include the following: disciplinary proceedings, including procedures ensuring due process; standards and procedures for suspension and expulsion of students; procedures pertaining to discipline of students with special needs; standards and procedures to assure school building security and safety of students and school personnel; and the disciplinary measures to be taken in cases involving the possession or use of illegal substances or weapons, the use of force, vandalism, or violation of a student's civil rights. Codes of discipline, as well as procedures used to develop such codes shall be filed with the department of education for informational purposes only.

In each school building containing the grades nine to twelve, inclusive, the principal, in consultation with the school council, shall prepare and distribute to each student a student handbook setting forth the rules pertaining to the conduct of students. The student handbook shall include an age-appropriate summary of the student-related sections of the bullying

prevention and intervention plan required by section 370. The school council shall review the student handbook each spring to consider changes in disciplinary policy to take effect in September of the following school year, but may consider policy changes at any time. The annual review shall cover all areas of student conduct, including but not limited to those outlined in this section.

Notwithstanding any general or special law to the contrary, all student handbooks shall contain the following provisions:

(a) Any student who is found on school premises or at school-sponsored or school-related events, including athletic games, in possession of a dangerous weapon, including, but not limited to, a gun or a knife; or a controlled substance as defined in chapter ninety-four C, including, but not limited to, marijuana, cocaine, and heroin, may be subject to expulsion from the school by the principal.

(b) Any student who assaults a staff member on school premises or at school-sponsored or school-related events, including athletic games, may be subject to expulsion from the school by principal.

(c) Any student who is charged with a violation of either paragraph (a) or (b) shall be notified in writing of an opportunity for a hearing; provided, however, that the student may have representation, along with the opportunity to present evidence and witnesses at said hearing before the principal.

After said hearing, a principal may, in his discretion, decide to suspend rather than expel a student who has been determined by the principal to have violated either paragraph (a) or (b).

(d) Any student who has been expelled from a school district pursuant to these provisions shall have the right to appeal to the superintendent. The expelled student shall have ten days from the date of the expulsion in which to notify the superintendent of his appeal. The student has the right to counsel at a hearing before the superintendent. The subject matter of the appeal shall not be limited solely to a factual determination of whether the student has violated any provisions of this section.

(e) Any school district that suspends or expels a student under this section shall continue to provide educational services to the student during the period of suspension or expulsion, under section 21 of chapter 76. If the student moves to another district during the period of suspension or expulsion, the new district of residence shall either admit the student to its schools or provide educational services to the student in an education service plan, under section 21 of chapter 76.

(f) Districts shall report to the department of elementary and secondary education the specific reasons for all suspensions and expulsions, regardless of duration or type, in a manner and form

established by the commissioner. The department of elementary and secondary education shall use its existing data collection tools to obtain this information from districts and shall modify those tools, as necessary, to obtain the information. On an annual basis, the department of elementary and secondary education shall make district level de-identified data and analysis, including the total number of days each student is excluded during the school year, available to the public online in a machine readable format. This report shall include district level data disaggregated by student status and categories established by the commissioner.

(g) Under the regulations promulgated by the department, for each school that suspends or expels a significant number of students for more than 10 cumulative days in a school year, the commissioner shall investigate and, as appropriate, shall recommend models that incorporate intermediary steps prior to the use of suspension or expulsion. The results of the analysis shall be publicly reported at the school district level.

Chapter 71, Section 37H ½ - Felony Complaints and Felony Convictions

Section 37H1/2. Notwithstanding the provisions of section eighty-four and sections sixteen and seventeen of chapter seventy-six:

(1) Upon the issuance of a criminal complaint charging a student with a felony or upon the issuance of a felony delinquency complaint against a student, the principal or headmaster of a school in which the student is enrolled may suspend such student for a period of time determined appropriate by said principal or headmaster if said principal or headmaster determines that the student's continued presence in school would have a substantial detrimental effect on the general welfare of the school. The student shall receive written notification of the charges and the reasons for such suspension prior to such suspension taking effect. The student shall also receive written notification of his right to appeal and the process for appealing such suspension; provided, however, that such suspension shall remain in effect prior to any appeal hearing conducted by the superintendent.

The student shall have the right to appeal the suspension to the superintendent. The student shall notify the superintendent in writing of his request for an appeal no later than five calendar days following the effective date of the suspension. The superintendent shall hold a hearing with the student and the student's parent or guardian within three calendar days of the student's request for an appeal. At the hearing, the student shall have the right to present oral and written testimony on his behalf, and shall have the right to counsel. The superintendent shall have the authority to overturn or alter the decision of the principal or headmaster, including recommending an alternate educational program for the student. The superintendent shall render a decision on the appeal within five calendar days of the hearing.

Such decision shall be the final decision of the city, town or regional school district with regard to the suspension.

(2) Upon a student being convicted of a felony or upon an adjudication or admission in court of guilt with respect to such a felony or felony delinquency, the principal or headmaster of a school in which the student is enrolled may expel said student if such principal or headmaster

determines that the student's continued presence in school would have a substantial detrimental effect on the general welfare of the school. The student shall receive written notification of the charges and reasons for such expulsion prior to such expulsion taking effect. The student shall also receive written notification of his right to appeal and the process for appealing such expulsion; provided, however, that the expulsion shall remain in effect prior to any appeal hearing conducted by the superintendent.

The student shall have the right to appeal the expulsion to the superintendent. The student shall notify the superintendent, in writing, of his request for an appeal no later than five calendar days following the effective date of the expulsion. The superintendent shall hold a hearing with the student and the student's parent or guardian within three calendar days of the expulsion. At the hearing, the student shall have the right to present oral and written testimony on his behalf, and shall have the right to counsel. The superintendent shall have the authority to overturn or alter the decision of the principal or headmaster, including recommending an alternate educational program for the student. The superintendent shall render a decision on the appeal within five calendar days of the hearing. Such decision shall be the final decision of the city, town or regional school district with regard to the expulsion.

Any school district that suspends or expels a student under this section shall continue to provide educational services to the student during the period of suspension or expulsion, under section 21 of chapter 76. If the student moves to another district during the period of suspension or expulsion, the new district of residence shall either admit the student to its schools or provide educational services to the student under an education service plan, under section 21 of chapter 76.

Section 37: Section 37L of said chapter 71 General Laws is hereby amended by adding the following paragraphs:

In addition, any school department personnel shall report in writing to their immediate supervisor an incident involving a student's possession or use of a dangerous weapon on school premises at any time.

Supervisors who receive such a weapon report shall file it with the superintendent of said school, who shall file copies of said weapon report with the local chief of police, the department of social services, the office of student services or its equivalent in any school district, and the local school committee. Said superintendent, police chief, and representative from the department of social services, together with a representative from the office of student services or its equivalent, shall arrange an assessment of the student involved in said weapon report. Said student shall be referred to a counseling program; provided, however, that said counseling shall be in accordance with acceptable standards as set forth by the Board of Education. Upon completion of a counseling session, a follow-up assessment shall be made of said student by those involved in the initial assessment.

A student transferring into a local system must provide the new school system with a complete school record of the entering student. Said record shall include, but not be limited to, any incident reports in which such student was charged with any suspended act.

Chapter 71, Section 37H3/4 – Requirements for Long and Short-Term Suspensions

Section 37H3/4. (a) This section shall govern the suspension and expulsion of students enrolled in a public school in the commonwealth who are not charged with a violation of subsections (a) or (b) of section 37H or with a felony under section 37H1/2.

(b) Any principal, headmaster, superintendent or other person acting as a decision-maker at a student meeting or hearing, when deciding the consequences for the student, shall exercise discretion; consider ways to re-engage the student in the learning process; and avoid using expulsion as a consequence until other remedies and consequences have been employed.

(c) For any suspension or expulsion under this section, the principal or headmaster of a school in which the student is enrolled, or a designee, shall provide, to the student and to the parent or guardian of the student, notice of the charges and the reason for the suspension or expulsion in English and in the primary language spoken in the home of the student. The student shall receive the written notification and shall have the opportunity to meet with the principal or headmaster, or a designee, to discuss the charges and reasons for the suspension or expulsion prior to the suspension or expulsion taking effect. The principal or headmaster, or a designee, shall ensure that the parent or guardian of the student is included in the meeting, provided that such meeting may take place without the parent or guardian only if the principal or headmaster, or a designee, can document reasonable efforts to include the parent or guardian in that meeting. The department shall promulgate rules and regulations that address a principal's duties under this subsection and procedures for including parents in student exclusion meetings, hearings or interviews under this subsection.

(d) If a decision is made to suspend or expel the student after the meeting, the principal or headmaster, or a designee, shall update the notification for the suspension or expulsion to reflect the meeting with the student. If a student has been suspended or expelled for more than 10 school days for a single infraction or for more than 10 school days cumulatively for multiple infractions in any school year, the student and the parent or guardian of the student shall also receive, at the time of the suspension or expulsion decision, written notification of a right to appeal and the process for appealing the suspension or expulsion in English and in the primary language spoken in the home of the student; provided, however, that the suspension or expulsion shall remain in effect prior to any appeal hearing. The principal or headmaster or a designee shall notify the superintendent in writing, including, but not limited to, by electronic means, of any out-of-school suspension imposed on a student enrolled in kindergarten through grade 3 prior to such suspension taking effect. That notification shall describe the student's alleged misconduct and the reasons for suspending the student out-of-school. For the purposes of this section, the term "out-of-school suspension" shall mean a disciplinary action imposed by school officials to remove a student from participation in school activities for 1 day or more.

(e) A student who has been suspended or expelled from school for more than 10 school days for a single infraction or for more than 10 school days cumulatively for multiple infractions in any school year shall have the right to appeal the suspension or expulsion to the superintendent. The

student or a parent or guardian of the student shall notify the superintendent in writing of a request for an appeal not later than 5 calendar days following the effective date of the suspension or expulsion; provided, that a student and a parent or guardian of the student may request, and if so requested, shall be granted an extension of up to 7 calendar days. The superintendent or a designee shall hold a hearing with the student and the parent or guardian of the student within 3 school days of the student's request for an appeal; provided that a student or a parent or guardian of the student may request and, if so requested, shall be granted an extension of up to 7 calendar days; provided further, that the superintendent, or a designee, may proceed with a hearing without a parent or guardian of the student if the superintendent, or a designee, makes a good faith effort to include the parent or guardian. At the hearing, the student shall have the right to present oral and written testimony, cross-examine witnesses and shall have the right to counsel. The superintendent shall render a decision on the appeal in writing within 5 calendar days of the hearing. That decision shall be the final decision of the school district with regard to the suspension or expulsion.

(f) No student shall be suspended or expelled from a school or school district for a time period that exceeds 90 school days, beginning the first day the student is removed from an assigned school building.

Appendix F

Expulsion Policy

Certain offenses are considered sufficiently severe that expulsion will be considered. Among these offenses are:

- possession of a dangerous weapon, included but not limited to a firearm, knife, chain, studded bracelet, rear-gas canister, and “metal star”
- possession of a controlled substance, included but not limited to, marijuana, cocaine or heroin (Massachusetts General Law Chapter 71, Section 37 H)
- assault on a staff member (Massachusetts General Law Chapter 71, Section 37 H)
- causing a major school disruption; i.e. pulling a false fire alarm
- falsely reporting the existence of an exploding device
- any other act that is deemed by the administration as serious enough in nature including being arrested for a felony even though it occurred off of school grounds.(Massachusetts Education Reform Act 37H 1/2)

Those students who have violated any of the above infractions may be subject to the following disciplinary action:

- Suspension from school for a period of 1-10 days for those offenses occurring on school grounds or at a school-sponsored events
- Social Probation from all school activities for a period of three weeks from the date of the infraction
- Expulsion hearing with the Headmaster
- Expulsion from school
- Referral to local law enforcement for criminal complaint

Procedural due process for expulsion includes:

- Written notice of the charges and adequate time to prepare for a hearing
- The right to be represented by a lawyer or other advocate at the hearing
- The right to present and question evidence and witnesses
- The right to a reasonable prompt, written decision, including specific grounds for the decision

*Any student who has been expelled shall have the right to appeal to the Superintendent.

Appendix G

Northeast Metropolitan Technical High School Health Services Protocol For The Implementation Of The Massachusetts Department Of Public Health SBIRT (Screening, Brief Intervention, Referral to Treatment) Program

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

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

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

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

(b) A pupil or the pupil's parent or guardian may opt out of the screening by written notification at any time prior to or during the screening. A city, town, regional school district, charter school or vocational school district utilizing a verbal screening tool shall comply with the department of elementary and secondary education regulations relative to consent.

(c) Any statement, response or disclosure made by a pupil during a verbal substance use disorder screening shall be considered confidential information and shall not be disclosed by a person receiving the statement, response or disclosure to any other person without the prior written consent of the pupil, parent or guardian, except in cases of immediate medical emergency or a

disclosure is otherwise required by state law. Such consent shall be documented on a form approved by the department of public health and shall not be subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding. No record of any statement, response or disclosure shall be made in any form, written, electronic or otherwise, that includes information identifying the pupil.

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

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

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

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

1. Management of the SBIRT Screening Program in the Northeast Metropolitan High School: Northeast Metropolitan High School Nurses, guidance counselors and all those participating in the program must attend an initial training session given by the Department of Public Health prior to implementing the screening process. A yearly refresher training course will be required. Upon successful completion of the training session the identified staff will be able to effectively screen students for substance use, and/or risk of substance use using the CRAFFT-II screening tool.

2. The screeners will include: nurses, guidance counselors, and other identified SBIRT trained staff. In order to fulfill the scope of service for the SBIRT program in Schools, each school district must meet the following components:

a. Appoint/hire a program coordinator for the SBIRT Planning grant in your district.

b. View online SBIRT in Schools modules prior to attendance at SBIRT in Schools Training program, and provide a certificate of participation. It is required that this program be viewed, at a minimum, by the school principal and SBIRT Coordinator in the district. It is recommended that all school personnel involved in the SBIRT planning process view this program prior to the attendance at the SBIRT in Schools Training program.

c. Attend SBIRT in Schools Training as required and complete evaluation to receive a certificate of attendance.

d. Identify resources in region and plan for linkage of students to behavioral/mental health programs (as needed) within the school or through an outside referral; to be noted on final work plan.

- e. Collaborate/consult/network with local community substance abuse agencies and coalitions.
- 3. Each Screener, and those Participating in the Program, will be responsible for:
 - a. Maintaining student confidentiality.
 - b. Reporting participation numbers and results to the Program Coordinator as needed for reports to be submitted to the Department of Public Health

CONFIDENTIALITY OF STUDENT HEALTH INFORMATION

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

Not all health information belongs in the student health record. While it is appropriate practice for a nurse or other health professional to document observable facts with respect to a health condition, health needs, treatment plan, and the care provided, some information is not sufficiently related to the educational progress of a student to be appropriate for documentation in the student record. In addition, health professionals may have an ethical and legal duty to protect certain medical information which they possess. Placement of medical information in the school record, where persons other than the school nurse may see it, may violate this duty. Given these statutes concerning confidentiality, it is recommended that information of the types covered by the statutes (and other sensitive material) be placed in a nurse's or guidance personal files and regarded as confidential. According to Department of Elementary and Secondary Education regulations, 603 CMR 23.04, information maintained in the personal files of a school employee, if not accessible to or revealed to school personnel or third parties, is not considered part of the school record. Such information may be shared with the student, parent, or a temporary substitute of the maker of the record but otherwise should be released only with proper consent or court order. Such records should be kept in a separate locked file, accessible only to the nurse, guidance or the nurse's, guidance substitute. Federal regulations provide that once information in a nurse's or guidance personal files is disclosed to a third party, it must afterwards be included as part of the student's health record and will subsequently be subject to all the provisions of 603 CMR 23.00

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

Laws/Regulations Concerning Drug and Alcohol-Related Treatment

Under Massachusetts law (M.G.L. c.112, s.12E), drug-dependent minors may consent to medical treatment related to their drug dependency. The law states:

“A minor twelve years of age or older who is found to be drug dependent by two or more physicians may give his consent to the furnishing of hospital and medical care related to the diagnosis or treatment of such drug dependency. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent or legal guardian of such minor

shall not be necessary to authorize hospital and medical care related to such drug dependency and, notwithstanding any provision of section fifty-four of chapter one hundred and twenty-three to the contrary, such parent or legal guardian shall not be liable for the payment of any care rendered pursuant to this section. Records shall be kept of such care. The provisions of this section shall not apply to methadone maintenance therapy. ”In instances such as drug overdose, M.G.L. c.112, s.12F, which governs emergency treatment of minors, also applies. Section 12F states:

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

It is important to note that under M.G.L. c.111B, s.10, the consent of the minor and a parent may be needed for some substance treatment programs.

Federal medical privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) allow adolescent health care providers to "honor their ethical obligations to maintain confidentiality consistent with other laws". For example, HIPAA only allows parents to have access to the medical records of a minor child if that access does not conflict with a State or other confidentiality law.

Additionally, federally funded treatment centers are subject to the Code of Federal Regulations (42 CFR Part 2), which protect the confidentiality of records on and drug use of minor patients. These records cannot be shared with anyone - including a parent or legal guardian - without written consent of the minor patient.

Notification of Parents/Guardians:

A letter of notification will be mailed to the student’s home with details describing the screening process. Parent/guardian have the right to opt out their student if they so desire. To opt out of the SBIRT screening, the parent/guardian will be required to notify Tracey O’Brien, Administrator of Student Services. Additionally, screening is voluntary and students may choose not to answer any or all of the screening questions.

Space and Confidentiality:

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

CRAFFT-II Screening Interview Tool:

Using the CRAFFT-II Screening Tool

A paper screening tool will be utilized and the screening will be performed face to face in a private area. The Guidance Counselor or School Nurse will review the answers with the student. The student will receive educational materials and resources. The screening document will

remain with the screener to be shredded at the end of the session.

Screening using the CRAFFT-II tool begins by the provider asking the adolescent to answer the following questions honestly:

During the last 12 months, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol?
2. Use any marijuana (for example, pot, weed, or hash) or "synthetic marijuana" (for example "K2" or "Spice")?
3. Take a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)?
4. Use anything else to get high? (for example, other illegal drugs, over-the-counter medications, and things that you sniff or "huff")

If the student answers "no" to all four questions in Part A, the screener only needs to ask the first question on the CRAFFT-II tool Part B. If the student answers "yes" to any 1 or more of the first 4 questions in Part A, then the screener asks all 6 CRAFFT-II questions in Part B:

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?
4. Do you ever FORGET things you did while using alcohol or drugs?
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

Each question is scored 1 point. Those students who report no use and score a "0" on the CRAFFT-II will receive praise and encouragement from the screener. A student who reports use but scores a 0 or 1 on the CRAFFT-II will receive brief advice on the health risks of use and encouragement to stop. This advice would be done immediately, or if there are time constraints, a brief follow-up meeting with the school nurse or guidance counselor later that day or the next day will take place. A score of 2 or greater is a positive screen and will result in a referral to the school guidance counselor, school nurse or psychologist for further assessment of risk, counseling, and if appropriate, with student consent, parents will be contacted and/or a referral to outside treatment sources as needed.

Documenting results:

Screened students will be tracked via a check off list and a separate anonymous data collection sheet will be kept for recording and reporting screening results to the DPH. The only demographic identifiers will be student's age and gender for which they identify as belonging. No individual identifying information is to be collected, documented in any form (written, electronic or otherwise) or reported to any state agency.

Students with positive screening results will be referred to a guidance counselor, nurse or SBIRT trained staff for brief intervention and counseling, and referral to treatment if necessary.

FOLLOW-UP

Absentees

Students who were not screened because of absence will be identified and assigned a SBIRT trained staff to be screened at a later time when they return to school.

At the end of each screening session we will have a “debriefing” meeting with TEAM members to make sure all staff feel confident and have no questions or concerns. No student identifiers will be discussed during the “debriefing” meeting.

Dear Parent or Guardian,

On Monday, March 14, 2016, Governor Charlie Baker signed into law a new set of rules designed to combat the opioid addiction crisis. One of the requirements of the new law is that each city, town, regional school district, charter school, or vocational school district shall utilize a verbal screening tool to screen pupils for substance use disorders. Adolescent Health Survey data has consistently demonstrated that a small number of our students try alcohol, marijuana, and other drugs and, by the end of high school, many more report substance use. Research has shown that our brains are continuing to develop during adolescence and substance use in the early years can substantially alter brain functioning for a lifetime.

This year, we are initiating a screening program, at Northeast Metropolitan High School (NEMT), related to the use of alcohol, marijuana and other substances. Screening Brief Intervention Referral to Treatment (SBIRT) is evidence-based screening to promote prevention and identify early risk for substance use in adolescents. Our goal is to let the students know that we are available to reinforce healthy decisions and to assist them in obtaining support if needed for substance-use related problems. NEMT nursing, counseling, and trained SBIRT staff will be providing an interview-based screening for students about the use of alcohol, marijuana, and other drugs. This screening utilizes the most commonly used substance use screening tool for adolescents in Massachusetts, the CRAFFT. Student screening sessions will be brief (approximately 5 minutes) and conducted confidentially in private, one-on-one sessions by the school nurse, guidance counselor, or health education teacher. Students who are not using substances will have their healthy choices reinforced by the screener. The screener will provide brief feedback to any student who reports using substances, or is at risk for future substance use. If needed, the student will be referred to our Guidance Department for further evaluation. Results of the screening will not be included in your student's school record, nor will the results be shared with any staff other than the SBIRT Team. The SBIRT Team is composed of the nursing staff, guidance counselors, and SBIRT trained staff members. All students will receive some educational material and a resource list at the time of the screening.

As with any screening you have the right to opt your child out of this screening. Please contact Tracey O'Brien, Administrator of Student Services, via telephone at 781-246-0810, ext. 1637 if you wish to exclude your child from this screening on **DATE**. Additionally, screening is voluntary and students may choose not to answer any or all of the screening questions and may choose not to participate.

Together, schools and parents/guardians can make a difference for the youth in our twelve communities. We encourage all parents/guardians to talk with their child about substance use. For ideas on how to begin these conversations, please refer to the parent resources included in this packet.

For more information on the SBIRT screening program please feel free to join us **DATE**.

Thank you,

Tracey O'Brien

Administrator of Student Services

Appendix H:

The Michigan Model

The Safe Schools/Healthy Student Program recommends the following evidence based substance abuse prevention curriculum for students ages 12-18.

The *Michigan Model for Health* addresses the common, but serious health challenges students face, including social and emotional health; nutrition and physical activity; alcohol, tobacco and other drugs; and safety. This curriculum facilitates skills-based learning through lessons that include a variety of teaching and learning techniques, skill development and practice, and helps build positive lifestyle behaviors in students.

<http://www.mmhclearinghouse.org/default.aspx?p=viewitem&item=0MM900&subno=&showpage=1&subcat=>

Appendix I

Resources

Below are drug awareness and prevention resources for students and parents/guardians:

For Treatment

Mystic Valley Public Health Coalition: Substance Abuse

<http://www.mysticvalleypublichealth.org>

Marijuana Tool Kit: What You Need To Know To Talk To Your Teen about Marijuana

<http://www.drugfree.org/the-parent-toolkit/>

Mystic Valley Resource Guide for Substance Abuse Disorders

http://www.edline.net/files/_EcIFU_/c0f82dd6e73b66033745a49013852ec4/Finding_help_for_Substance_use_disorders.Mystic_Valley_Resource_Guide.pdf

Wakefield “Wake Up” Substance Abuse Resources

<http://wakefieldwakeup.org>

Massachusetts Interscholastic Athletic Association (MIAA) fact sheets about opioid misuse and prevention

<http://masstapp.edc.org/rx-student-athlete>

Substance Abuse and Mental Health Services Administration

<http://www.samhsa.gov/>

MA Substance Abuse Information and Education Helpline:

800-327- 5050 (Interpreter services available) TTY 888-448- 8321

www.helpline-online.com

Adolescent Central Intake and Care Coordination

617-327- 3991 Toll Free: 866-705- 2807 TTY: 617-661- 9051

www.mass.gov.dph/youthtreatment

Alcoholics Anonymous (AA): 617-426- 9444

www.aa.org (see attached list of local young people’s meetings)

Narcotics Anonymous (NA): 866-624- 3578

www.na.org

Counseling and Outpatient Resources for Youth:

<http://hria.force.com/HelplineSearch>

Motivating Youth Recovery - MYR Unit (DETOX), Worcester, Ma:

(508) 860-1244

www.communityhealthlink.org

The CASTLE - Clean And Sober Teens Living Empowered (DETOX), Brockton, Ma

(508) 638-6000

www.hptc.org

Residential Services For Youth: <http://hria.force.com/HelplineSearch>

SAMHA (Substance Abuse Mental Health Services Association): www.samhsa.gov

Massachusetts Bureau of Substance Abuse Hotline: 800-327-5050

www.helpline_online.com

MOAR (Mass Organization of Addiction Recovery): www.moar-recovery.org

Supports for Families

Al-Anon Family Groups: 866-624- 3578

www.al-anon.alateen.org

Learn to Cope: 508-801-3247

www.learn2cope.org

Information on Chapter 123-Sec 35

(Involuntary commitment)

<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/addictions/drugs-and-alcohol/section-35-faq.html>

Or contact your local District Court Civil Clerk's Office

Recommended Reading

Addiction in the Family By: Beverly Conyers

It's Not Okay to be a Cannibal: How to Keep Addiction from Eating Your Family Alive By:

Andrew T. Wainwright

No What? An Insider's Guide to Addiction and Recovery By William Cope Moyers

Appendix J

Verbal Screening Tools

State law provides that by the 2017-2018 school year, and subject to appropriation, public schools shall utilize a verbal screening tool to screen students annually, at two different grade levels, for substance use disorders. The relevant sections of the statute read as follows:

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

(b) A pupil or the pupil's parent or guardian may opt out of the screening by written notification at any time prior to or during the screening. A city, town, regional school district, charter school or vocational school district utilizing a verbal screening tool shall comply with the department of elementary and secondary education regulations relative to consent.

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

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

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

Guidance on School Policies Regarding Substance Use Prevention
Massachusetts Department of Elementary and Secondary Education
September 2016 Section 63 of St. 2016, c. 52, reads as follows:

Each city, town, regional school district, charter school or vocational school district shall implement the verbal substance use disorder screenings required by section 97 of chapter 71 of the General Laws by the 2017-2018 school year.

Further, Mass. Gen. Laws c. 71, s. 97, is subject to appropriation, which means schools and districts may voluntarily implement the actions described, but they are not required to do so unless and until funding is appropriated.

In short, the requirement to conduct verbal screenings of students for substance use disorder does not take effect until the 2017-2018 school year, and even then is subject to appropriation of funding for this purpose. ESE is working with the Department of Public Health on guidance for schools concerning these verbal screenings, and will publish it within the next several months to assist schools in planning.

If you have questions or comments on this guidance document, please contact ESE's Office of Student and Family Support via achievement@doe.mass.edu.