



Dover-Sherborn Regional School Committee

Tuesday, January 16, 2024

6:30 PM

Zoom Meeting Only Tonight

AGENDA

- 1. Call to Order**
- 2. Community Comments –**
 - [Zoom Meeting](#) (Meeting ID: 828 0571 4017; Passcode: 318411) (Available for Community Comments only)
- 3. Student Council Representatives**
- 4. Superintendent Comments**
- 5. Financial Reports**
 - Warrant Report
 - FY24 Monthly Report
- 6. Discussion Items**
 - FY25 Budget
 - Space Audit Report
 - Interior Security Camera Proposal
 - Sports Medicine Policy Manual – 1st Read
- 7. Action Items**
- 8. Consent Items**
 - Review of 2023 Town Report - Draft
 - Approval of Minutes – December 5, 2023
 - Grants
- 9. Informational Items**
 - [December HS Newsletter](#)
 - [January HS Newsletter](#)
 - [January MS Newsletter](#)
- 10. Items for February 6, 2024 Meeting**
- 11. Adjourn**

NOTE: The listings of matters are those reasonably anticipated by the Chair, which may be discussed at the meeting. Not all items listed may, in fact, be discussed and other items not listed may also be raised for discussion to the extent permitted by law.

The Public Schools of Dover and Sherborn

157 Farm Street
Dover, MA 02030
Phone: 508-785-0036 Fax: 508-785-2239
www.doversherborn.org



Elizabeth M. McCoy, Superintendent
Denton Conklin, Assistant Superintendent

Dawn Fattore, Business Administrator
Kate McCarthy, Director of Student Services

TO: Regional School Committee
FROM: Dawn Fattore, Business Administrator
DATE: January 12, 2024
RE: FY24 Approved Warrants

The following FY24 Accounts Payable Warrants were approved by one of the Committee's designated signers:

<u>Voucher #</u>	<u>Date</u>	<u>Amount</u>
1108	12/5/2023	\$193,098.96
1110	12/15/2023	\$468,138.81
1119	12/22/2023	\$407,532.98
1127	1/5/2024	\$221,469.78

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Elizabeth M. McCoy, Superintendent
Denton Conklin, Assistant Superintendent

Dawn Fattore, Business Administrator
Kate McCarthy, Director of Student Services

TO: Regional School Committee
FROM: Dawn Fattore, Business Administrator
RE: FY24 Operating Update
DATE: January 12, 2024

Attached please find:

- a. General Fund Revenues as of December 31, 2023
- b. Status of Appropriations as of December 31, 2023

*Note: As in previous years, the financial narrative will be rolling with new/updated information in **bold**.*

Revenues

Chapter 70 and 71 revenue projections reflect the final Cherry Sheet amounts. The small variance in Chapter 70 is due to adjustments to our student enrollment in school choice districts and charter schools that were not included in preliminary cherry sheets. Chapter 71 revenues reflect a 90% reimbursement rate (FY23 was 79.55%). We are projecting no variances in athletics. **At this point in the school year, we adjusted the estimated to be received for High School Activities to reflect actual participation. We have met the budget for High School Parking and Middle School Activity fees.** Interest rates remain favorable resulting in a projected positive variance in Interest Income. We will continue to adjust projections accordingly.

Operating Expenditures

Salaries

Function code budgets now include the allocation of the salary reserve approved in the FY24 Budget. We have encumbered the majority of salaries for FY24. Custodial overtime and substitute costs are expensed as incurred. **You will note a negative variance in Substitutes as of December 31st. We have several staff members out on leave and long-term substitutes have been hired to fill those positions. The encumbrances are reflected in the Status of Appropriations.**

A few staffing updates to note:

- Converted the SPED team chair educator budgeted positions to two SPED Administrator positions (one at each building) and covering the district-wide Out-of-District Coordinator position with a .5 FTE.
- Piloting a Math Specialist at the Middle School that is currently budget neutral given post-FY24 staffing changes.
- Increased the BCBA position from a .6FTE to a 1.0FTE due to current program/student needs.
- Combined the Athletic Trainer position (new to the budget in FY24) with the Athletic Administrative Assistant position to make this position more marketable as well as creating efficiencies in the Athletic Office. This results in small overall savings.
- Increased the English Learner (EL) educator position to a .8FTE (from a .5FTE) due meet the needs of the current student cohort.

Expenditures

At this time, we are not projecting any material variances in operating expenses. Transportation and health insurance expenses have been encumbered. Healthcare costs are projected to be within our budgeted amounts. Retiree healthcare rates were approved for calendar year 2024. We saw a larger than normal increase primarily due to costs of prescription drug coverage. The increase for our most subscribed plan is 4.7%. (Important to note however that this plan has had no increases for the past several years.) The current projection for our contribution to the OPEB fund is \$250,000. An estimate for utilities has been encumbered. We will update these as the winter season progresses as well as refine the impact on electricity costs from the supply costs increase (40% higher) which takes effect in December.

Capital Project Update

We had two sets of capital projects approved for FY24 – the Rooftop Air Handler Replacement Project funded through an IMA and several other smaller projects funded with E&D and Community Education Funds as approved by the Committee. Below is a status summary of each one:

1. *Roof Air Handlers Replacement Project* at a cost of \$1,200,000 – We have continued the pre-bidding work necessary to move forward with this project but due to continued long-lead time for delivery it has been recommended by our engineering firm to delay this installation until the summer of FY25. Given the tight timeframe we have to receive and then install the equipment in July/August the timing was just too risky. Although this is not optimal given the current conditions of a few of the units, it does make sense for the overall project. We have informed the Towns of this delay and the corresponding hold on the payment terms of the IMA. We will keep the Committee updated on the revised timeline and the outcome of the bidding process. There is a chance we will need to request additional funding to complete the project.
2. *High School Floor Replacement* at a cost of \$120,000 – The installation took place in July and included hallways and classrooms in the math wing.
3. *Lindquist Bathroom renovations* at a cost of \$30,000 – This project has been completed and include several sustainability features (motion sensor touchless faucets and hand dryers).
4. *Bleacher/Press Box Renovation* for approved funding to date of \$225,000 – In addition to these funds, we have also secured \$75,000 of funding through the Mudge Foundation and are discussing potential funding from Dover-Sherborn Cable TV. The new cost estimate is approx. \$600,000, an increase of \$100,000. Part of the increase was due to higher supply and labor costs for the bleacher kit (\$44,000) once the plans were finalized and the remaining increase is attributable to estimated costs of the foundation and site work. The bleachers have been ordered and the foundation work will go out to bid in the coming month. We will keep the committee updated on the bid process. Once the total cost is finalized, we will begin additional efforts to secure the remaining funds. The work is scheduled to be completed this summer.

FY23 Wrap-up

The Region's EOYR has been filed with DESE. We are required to undergo a compliance audit each year to ensure our data reporting is in-line with their directives. This will take place prior to the March 31st filing deadline.

We are waiting for our auditors to schedule their fieldwork. We will keep the Committee updated on their progress and the timeline for the presentation of the audited financial statements.

As previously communicated, our E&D was certified on August 30th at \$1,126,642 (4.03%).

We will be happy to answer any questions the Committee may have at Tuesday's meeting.

Dover-Sherborn Regional School District
General Fund Revenues
as of December 31, 2023

	<u>FY24</u> <u>BUDGET</u>	<u>YTD</u> <u>RECEIVED</u>	<u>EST. TO BE</u> <u>RECEIVED</u>	<u>OPERATING</u> <u>VARIANCE</u>	<u>% OF</u> <u>BUDGET</u>
DOVER ASSESSMENTS	\$12,954,938	\$6,272,464	\$6,682,474	\$0	0.00%
SHERBORN ASSESSMENTS	11,209,598	5,429,810	5,779,788	\$0	0.00%
CHAPTER 70, net	2,629,875	1,318,773	1,312,888	\$1,786	0.07% *
CHAPTER 71 (Transportation)	611,954	0	758,823	\$146,869	24.00% *
H/S ATHLETIC FEES	284,750	176,940	107,810	\$0	0.00%
H/S PARKING FEES	52,500	52,500	0	\$0	0.00%
H/S ACTIVITY FEE	16,500	9,040	1,500	(\$5,960)	-36.12%
M/S ACTIVITY FEE	7,425	7,560	0	\$135	1.82%
MISC REVENUE	5,000	503	4,497	\$0	0.00%
BANK INTEREST	40,000	64,614	70,000	\$94,614	236.53%
NON-CASH ACTIVITY	0	0	0	\$0	na
E&D UTILIZATION	160,000	160,000	0	\$0	0.00%
TOTAL REVENUES	\$27,972,540	\$13,492,204	\$14,717,780	\$237,444	0.85%

* Based on final FY24 Cherry Sheet

Dover-Sherborn Regional School District
Status of Appropriations as of December 31, 2023

	FY24	EXPENDED		TOTAL	OPERATING VARIANCE/	% OF
<u>SALARIES</u>	<u>BUDGET</u>	<u>31-Dec</u>	<u>ENCUMBRANCES</u>	<u>PROJECTED</u>	<u>BUD. REMAINING</u>	<u>BUDGET</u>
SCHOOL COMMITTEE	23,571	10,743	13,665	24,407	(837)	-3.55%
SUPERINTENDENT	205,242	103,267	101,567	204,834	408	0.20%
FINANCE & HUMAN RESOURCES	264,513	132,498	153,391	285,889	(21,376)	-8.08%
DISTRICTWIDE INFORMATION MGMT	244,680	119,695	118,911	238,605	6,075	2.48%
SPED/GUIDANCE ADMINISTRATION	573,036	242,001	254,339	496,340	76,697	13.38%
SCHOOL LEADERSHIP - BUILDING	763,801	370,819	385,971	756,790	7,011	0.92%
ACADEMIC LEADERS	150,688	72,491	78,152	150,643	45	0.03%
EDUCATORS, CLASSROOM	10,556,090	3,644,100	6,818,970	10,463,070	93,020	0.88%
EDUCATORS, SPED	1,822,106	665,180	1,268,112	1,933,292	(111,187)	-6.10%
SUBSTITUTES	121,300	63,334	58,743	122,078	(778)	-0.64%
EDUCATIONAL ASSISTANTS,SPED	586,359	212,438	361,717	574,154	12,205	2.08%
LIBRARIANS	195,133	85,741	161,955	247,696	(52,563)	-26.94%
BUILDING BASED PD	38,250	20,668	0	20,668	17,582	45.97%
GUIDANCE	1,247,204	429,630	760,420	1,190,050	57,154	4.58%
PSYCHOLOGICAL SERVICES	216,697	65,870	124,421	190,291	26,406	12.19%
MEDICAL / HEALTH SERVICES	243,682	84,092	154,863	238,954	4,728	1.94%
ATHLETICS	550,422	182,571	313,227	495,798	54,625	9.92%
OTHER STUDENT ACTIVITIES	197,110	88,483	104,006	192,489	4,622	2.34%
CUSTODIAL & GROUNDS SERVICES	811,741	382,335	397,493	779,828	31,913	3.93%
TOTAL SALARIES	\$ 18,811,625	\$ 6,975,954	\$ 11,629,922	\$ 18,605,875	\$205,749	1.09%
<u>EXPENDITURES</u>						
SCHOOL COMMITTEE	40,500	8,221	24,500	32,721	7,779	19.21%
SUPERINTENDENT	55,000	58,309	3,299	61,608	(6,608)	-12.02%
LEGAL SERVICES	38,000	7,500	22,500	30,000	8,000	21.05%
DISTRICTWIDE INFO MGMT	90,000	66,503	15,518	82,021	7,979	8.87%
SCHOOL LEADERSHIP - BUILDING	80,050	32,410	27,418	59,828	20,222	25.26%
GENERAL ED OTHER	28,685	6,777	765	7,542	21,143	73.71%
SPED SERVICES/SUPPLIES	102,000	31,257	35,082	66,339	35,661	34.96%
LIBRARIES & MEDIA CENTER	4,775	1,488	0	1,488	3,287	68.83%
COURSE REIMBURSEMENT/PD	92,900	29,628	5,100	34,728	58,172	62.62%
TEXTBOOKS & RELATED SOFTWARE	93,180	60,733	3,759	64,492	28,688	30.79%
LIBRARY INSTRUCTIONAL MATERIAL	29,800	14,441	4,642	19,082	10,718	35.97%
INSTRUCTIONAL EQUIPMENT	74,100	31,961	19,117	51,078	23,022	31.07%
GENERAL SUPPLIES	162,575	71,559	24,640	96,199	66,376	40.83%
OTHER INSTRUCTIONAL SERVICES	19,500	6,053	10,756	16,809	2,691	13.80%
CLASSROOM INSTRUCTIONAL TECH.	132,700	119,389	5,539	124,928	7,772	5.86%
GUIDANCE	33,350	13,309	315	13,624	19,726	59.15%
MEDICAL / HEALTH SERVICES	8,800	2,611	232	2,843	5,957	67.69%
TRANSPORTATION SERVICES	1,039,200	302,442	724,756	1,027,198	12,002	1.15%
ATHLETICS	189,500	93,891	33,938	127,829	61,671	32.54%
CUSTODIAL SERVICES	58,000	25,280	1,968	27,248	30,752	53.02%
MAINTENANCE OF BUILDINGS	569,700	253,018	212,665	465,683	104,017	18.26%
MAINTENANCE OF GROUNDS	60,000	27,067	13,255	40,322	19,678	32.80%
UTILITIES	585,250	189,646	407,454	597,100	(11,850)	-2.02%
ER RETIREMENT CONTRIBUTION	869,000	837,459	0	837,459	31,541	3.63%
ER INSURANCE ACTIVE EMPLOYEES	2,990,050	1,503,276	1,451,291	2,954,567	35,483	1.19%
ER INSURANCE RETIRED EMPLOYEES	820,000	263,635	535,000	798,635	21,365	2.61%
OTHER NON EMPLOYEE INSURANCE	104,900	100,334	0	100,334	4,566	4.35%
LONG TERM DEBT RETIREMENT	760,000	0	760,000	760,000	0	0.00%
LONG TERM DEBT SERVICE	29,400	14,700	14,700	29,400	0	0.00%
TOTAL EXPENDITURES	\$9,160,915	\$4,172,898	\$4,358,208	\$8,531,105	\$629,810	6.87%
TOTAL OPERATING	\$27,972,540	\$11,148,851	\$15,988,130	\$27,136,981	\$835,559	2.99%

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Elizabeth M. McCoy, Superintendent
Denton Conklin, Assistant Superintendent

Dawn Fattore, Business Administrator
Kate McCarthy, Director of Student Services

TO: Regional School Committee
FROM: Dawn Fattore, Business Administrator
RE: FY25 Operating Budget – continued discussions
DATE: January 12, 2024

As we are still early in the budget process, we do not have any new budget information to discuss at Tuesday's meeting. V2.0 of the FY25 Budget will be presented at the February 6th meeting. At that time, the State's initial FY25 Budget should be available reflecting Chapter 70 and 71 funding as well as Minimum Local Contribution figures, healthcare rates should be approved and staff retirements will be finalized.

We are happy to answer any questions Committee Members may have on V1.0.

Budget Timeline – Key Dates

February 6th – V2.0 presented to RSC

February 14th – Joint Meeting with Dover Warrant and Sherborn Advisory

March 5th – RSC Public Budget Hearing and final vote on FY25 Budgets

March 16th – Sherborn Advisory Public Hearing

March 18th – Dover Warrant Public Hearing

April 23rd – Sherborn Annual Town Meeting

May 6th – Dover Annual Town Meeting

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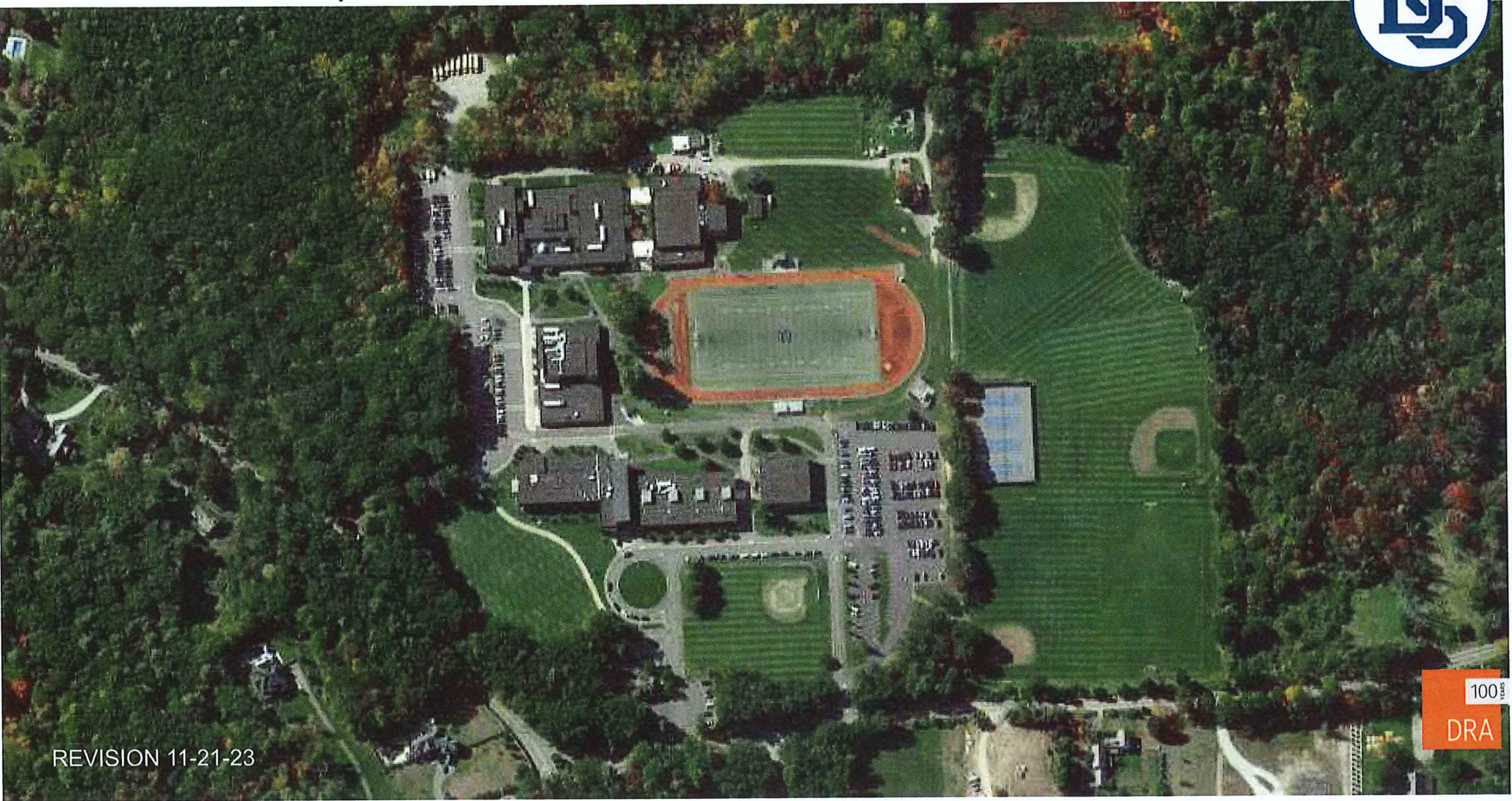
Dawn Fattore, Business Administrator
Kate McCarthy, Director of Student Services

TO: Regional School Committee
FROM: Dawn Fattore, Business Administrator
RE: Regional Campus Educational Space Study Report and Next Steps
DATE: January 15, 2024

As you know, last spring we engaged the architectural firm of Drummy Rosane Anderson, Inc, (DRA) to undertake an educational facilities assessment focusing on educational space adequacy, utilization, functionality, and ability to meet the needs of a 21st century learning environment. Their study included the High School, Middle School, and Lindquist Commons Buildings. Included in the packet is their draft report. This has been shared with the Building Administrators and a joint meeting was held with the team from DRA to discuss the findings and recommendations and answer any questions.

The next step will involve DRA providing us with cost estimates for the various recommendations. The estimates will allow us to prioritize the options with the goal of utilizing the Region's remaining ESSER III funds (approx. \$250,000) to hopefully proceed with creating a few new educational spaces for student instruction by the start of the FY25 school year. All projects undertaken will need prior approval from DESE for funding use. Any remaining projects that are deemed a priority will be included in future capital funding discussions.

We look forward to discussing the report with you at Tuesday's meeting.



REVISION 11-21-23

100%
DRA

Dover Sherborn | MIDDLE SCHOOL and HIGH SCHOOL CAMPUS

EDUCATIONAL SPACE STUDY



November 21, 2023 REV.

Dover Sherborn Public Schools
Dawn Fattore, Business Administrator
157 Farm Street
Dover, MA 02030

RE: **EDUCATIONAL FACILITIES ASSESSMENT**
Dover Sherborn High School, Middle School, Lindquist Commons

DRAFT REPORT

Dear Dawn,



DOVER SHERBORN REGIONAL MIDDLE SCHOOL

Drummeys Rosane Anderson, Inc (DRA) is pleased to share this DRAFT report regarding the Educational Facilities Assessment of the facilities located at the Farm Street District campus. The Dover Sherborn Regional High School, Middle School, and Lindquist Commons facilities were the focus of this study effort.

Background Information

Dover Sherborn Regional School District shared the following information to support this study effort:

1. Dover Sherborn Regional High School Plans – First and Second Floor Plans
2. Dover Sherborn Regional Middle School Plans – First and Second Floor Plans
3. Lindquist Commons Floor Plans
4. High School Current Room Usage
5. Middle School Current Room Usage

The Regional School District also made staff members who are familiar with the usage and scheduling of the existing educational facilities available to the study team.



Introduction / Purpose Statement

Dover-Sherborn Public Schools has requested that Drummey Rosane Anderson (DRA) develop an educational facilities assessment study of the Middle and High school campus located off Farm and Junction Streets in Dover, MA. The focus of this effort is on educational space adequacy, utilization, functionality, and the spaces' ability to meet and address the needs of a 21st century learning environment. This study is not a facilities conditions assessment, however, does explore the possible re-purposing, rehabilitation, and re-use of space to meet the on-going and future needs of the District.

Educational Use Observation

The Dover Sherborn High School and Middle School complex houses an incomparable educational program that not only provides an outstanding range and depth of academic offerings, but also attends to the social and emotional needs of growing adolescents by sponsoring a remarkable "whole child" culture. The variety of course offerings go far beyond traditional high schools with hundreds of different subjects taught, often at multiple skill levels.

Creating an unsurpassed contemporary educational program in facilities that were designed originally in the 1960's and then later added to and modified is a remarkable achievement that speaks to dedication and relentless pursuit of superior outcomes for all students. The administration, teachers, and staff have committed to working in unique and thoughtful ways with a clear purpose of providing the best personalized learning route for every student. In doing so, they have creatively and effectively used almost every available teaching space in the complex. This report will first provide some information on the nature of the current utilization, and then offer a few recommendations for creating possible options for additional learning spaces within the existing plant.

In the United States, high schools and middle schools commonly start classes around 7:30 am. While research clearly shows that this is not optimum for most adolescents who don't wake up until 8:00 or 9:00, few schools have been able to make an adjustment. A prime barrier to a later start time is the need to finish the school day early enough for a sports program with athletic competition. At Dover Sherborn first period begins at 8:35. The six-period day ends at 3:10 at the middle school. At the high school, each of the six periods are a few minutes shorter ending at 2:37, followed by an X Block until 3:10. The X Block is a bow to after-school sports and other organized activities, allowing those to be robust programs in which 80%+ students participate without missing instructional time in courses.

Both schools have a six-period daily schedule with eight blocks in an eight-day rotation, dropping two blocks each day. This makes it possible for high school students to carry up to eight classes, which is an unusually high load, but many students do. Each day through the eight day cycle all students' courses meet at different times. Effectively, every student attends each of their classes four days per week. This of course is also true for teachers, who typically teach five classes with one planning period, but not necessarily every day in the rotation. There are exceptions for almost all of this. For example, a few courses are semester courses spread over a year, so they meet half as often within the eight-day rotation. There are other exceptions.



The exceptions help make interpreting an already complex master schedule difficult. The master schedule is one of the best sources of facilities utilization data for educational programming. The many unique features of the Dover Sherborn educational program make comparisons with other typical programs almost impossible. For example, a common question might be, "What is the average class size?". With a typical high school master schedule, this can be a pretty simple math problem. In Dover Sherborn there are 37 cases of concurrent teaching. In other words, there are 37 situations where two (or more) courses are being taught in the same classroom at the same time. When controlling for concurrent teaching and other kinds of exceptions, average class is just under 17. The simple math formula commonly used would provide a false much lower number.

For Dover Sherborn High School, there are 44 classrooms, including Science Labs, TV Studio, and 2 Gyms. Additionally, the Cafeteria is used for Directed Research classes. There are several more teachers (54) than there are classrooms. This is only possible because almost every classroom is used by more than one teacher, usually two, and in one case as many as five.

In a typical public high school, it is common for a teacher to teach five classes in the same room. "Their classroom" might not be used by any other teacher. Using a classroom five out of six periods would yield a classroom utilization rate of 83%. Other factors such as teachers not teaching a full schedule, an unused classroom, or enrollment increases or decreases over time, result in most schools falling within a 75% to 85% utilization. Classroom utilization at Dover Sherborn High School is 90% with 13 classrooms utilized 100% of the time.

Classroom utilization at Dover Sherborn Middle School is very similar to the high school. A primary difference is that, true to middle school best practices, students at each grade level are divided into teams (2) and scheduled together with their teams for their core classes. As typical of middle schools, there is a smaller range of course offerings which reduces the need for concurrent course teaching. However, many classrooms are used by more than one teacher. Fifty-two teachers utilize 41 classrooms, including the Library and Gyms. Class sizes range from 1 (special needs) to 35 (choral music) with an average of about 18. Classroom utilization is high.

At Dover Sherborn, a very advanced academic program with an extensive range of course offerings leads to greater personalization, higher student achievement, greater student and parent satisfaction, high morale, and increased motivation. It simultaneously requires smaller class sizes, larger staffing, and extremely complex and creative scheduling in a culture supportive of the social and emotional needs of every student. Dover Sherborn provides this very special combination of qualities.

Such a program will always be looking for more quality teaching spaces. Some suggestions for how that might be achieved within the existing facilities are indicated below.



Physical Environment Observations

The Farm Street campus is an impressive regional school system deployment of facilities. The campus environment is well organized and maintained. The campus includes dedicated parking and circulation for the middle and high school facilities as well as the District offices. Athletic facilities include two baseball fields, two softball fields, four tennis courts, multi-purpose practice fields, and a multi-purpose synthetic field with a rubberized synthetic track surface surround. The three study facilities are likewise well organized and well maintained. The resources of the campus are shared between the middle and high school. Each utilizes the facilities of the Lindquist Commons (Music, Band, Auditorium, Cafeteria, Study Areas). Also, the high school uses science facilities located on the first floor of the middle school.

The primary focus of our observation and study is space utilization and optimization of efficiencies within the facilities. To aid in this assessment, a tour of the facilities was undertaken on July 6, 2023. The following are observations from this site visit.

Dover Sherborn Regional Middle School

The facilities are well kept, bright and inviting. The following is a brief description of the first-floor use layout.

First Floor

Entry / Main Lobby

The main lobby spine oriented east-west connects the main visitor entry and the secondary campus entry to the back. The main circulation stair, and vertical circulation via elevator resides in this lobby space.

Administration - Health

The main administrative office suite is located to the south of the main lobby. The suite includes office space, reception, storage, and toilet facilities. Located to the west of the administrative suite is the health suite which includes reception, office, file storage, rest area, and toilet facilities.

Library / Media Center

Located directly adjacent and to the north of the main lobby.

NOTE:

Pages 10, 11, and 12 of the attached space study document explores alternate configuration of the library area.

South CR Wing – First Floor

The south wing houses the science classrooms utilized by the high school.

North CR Wing – First Floor

The north wing houses the library, guidance office suite, faculty planning, and specialty space supporting computer, technology, and arts programming. (access to this area was partially limited due to maintenance and construction activities).



Second Floor

Main Lobby

The main east-west circulation and lobby is welcoming and bright. It serves to collect the vertical circulation of the main stair and elevator. The lobby also connects the north and south classroom wings of the building, The west end of this lobby space includes a large open student gathering and lounge area.

NOTE: Pages 14 and 15 of the attached space study document explores alternate configuration of this space

South CR Wing – Second Floor

The south wing houses science classrooms, special education classrooms, music and choral classrooms utilized by the middle school.

NOTE:

Pages 16 and 17 of the attached space study document explores alternate configuration of the music room space.

Pages 18 and 19 explore alternate configuration considerations within the choral room.

North CR Wing – Second Floor

The north wing houses language, special education classrooms, and general classrooms used by the middle school. There are several internal classroom spaces with no access to natural light or exterior views. (access to this area was partially limited due to maintenance and construction activities).

Dover Sherborn Regional High School

First Floor

Entry / Main Lobby

The main lobby runs east-west across the building from the main entry doors. Administration and counseling flank this space with the library to the south of the main lobby. The north-most academic classroom core is found to the north. Vertical circulation both elevator and stairs are found adjacent this space.

Library

The library is a large, well-lit space, offering traditional library offerings, study areas, group work areas, and social spaces. The space is naturally lit with a skylight system.

NOTE:

Pages 22 and 23 of the attached space study document explores alternate configuration of the northeast corner of the library.

Pages 24 and 25 of the attached space study document explores alternate configuration of the southwest corner of the library.





Computer Resource Room

There are two generously sized computer room spaces that are to the west of the library. The periphery of the room is used for table / bench seating facing into the wall. The room width to length is not particularly conducive to traditional classroom use of the space. It is noted that there were previously three classroom sized spaces occupying this area before being converted into the current configuration.

NOTE:

Pages 26 and 27 of the attached space study document explores alternate configuration of the Computer Resource area.

North Classroom Wing – First Floor

The north classroom wing offers classroom spaces, resource rooms, language lab space, storage, and toilet facilities. There are several internal classroom spaces with no natural light or access to exterior views. There is a large faculty space at the core of this space just off the main lobby space.

NOTE:

Pages 29 of the attached space study document identifies the location, size, and shaping of the faculty area. A key question is if this is the most efficient utilization of this space.

Covered Outdoor Gym Connectors and Courtyard Space

To the north of the facility and connected at the north-most corridor are two outdoor covered connectors that lead from the north classroom wing to the gymnasium. Between these outdoor spaces is a large courtyard space.

NOTE:

Pages 28 of the attached space study document identifies the location, size, and shaping of these outdoor resources. A key question is if this is if there are uses for this space such as outdoor meeting, conference, classroom, or small group work areas that might be developed to better support the internal educational space of the high school.

South Classroom Wing – First Floor

The south classroom wing contains the mechanical room, art classroom space, art storage, photographic arts, dark room space, and technical arts/ woodshop space. There is an internal core space (- formerly a culinary arts space that is used as a special education resource suite. It is located to the south of the secondary lobby space.

North Classroom Wing – Second Floor

The north classroom wing offers classroom spaces (primarily social studies), resource rooms, storage, and toilet facilities. There are several internal classroom spaces with no natural light or access to exterior views.

South Classroom Wing – Second Floor

The south classroom wing contains classroom space supporting the math department. (access to this area was partially limited due to maintenance and construction activities).



Dover Sherborn Regional Lindquist Commons

First Floor

Entry / Main Lobby

The main lobby space of the Lindquist Commons is located to the southmost central portion of the facility. It provides entry and access to the cafeteria, auditorium, music, toilet facilities, and support spaces.

Music

The music suite is located to the west of the auditorium. It incorporates a large music space (- formerly two spaces), along with office, storage, and practice areas.

NOTE:

Pages 30 and 31 of the attached space study document explores alternate configuration of the music area.

Cafeteria / Kitchen

The cafeteria / kitchen area is to the east of the auditorium. This area includes the building's mechanical room, office, storage and toilet core facilities. The cafeteria is shared by high school and middle school students, but also serves as a space for independent and group research and study.

Auditorium / Stage Area

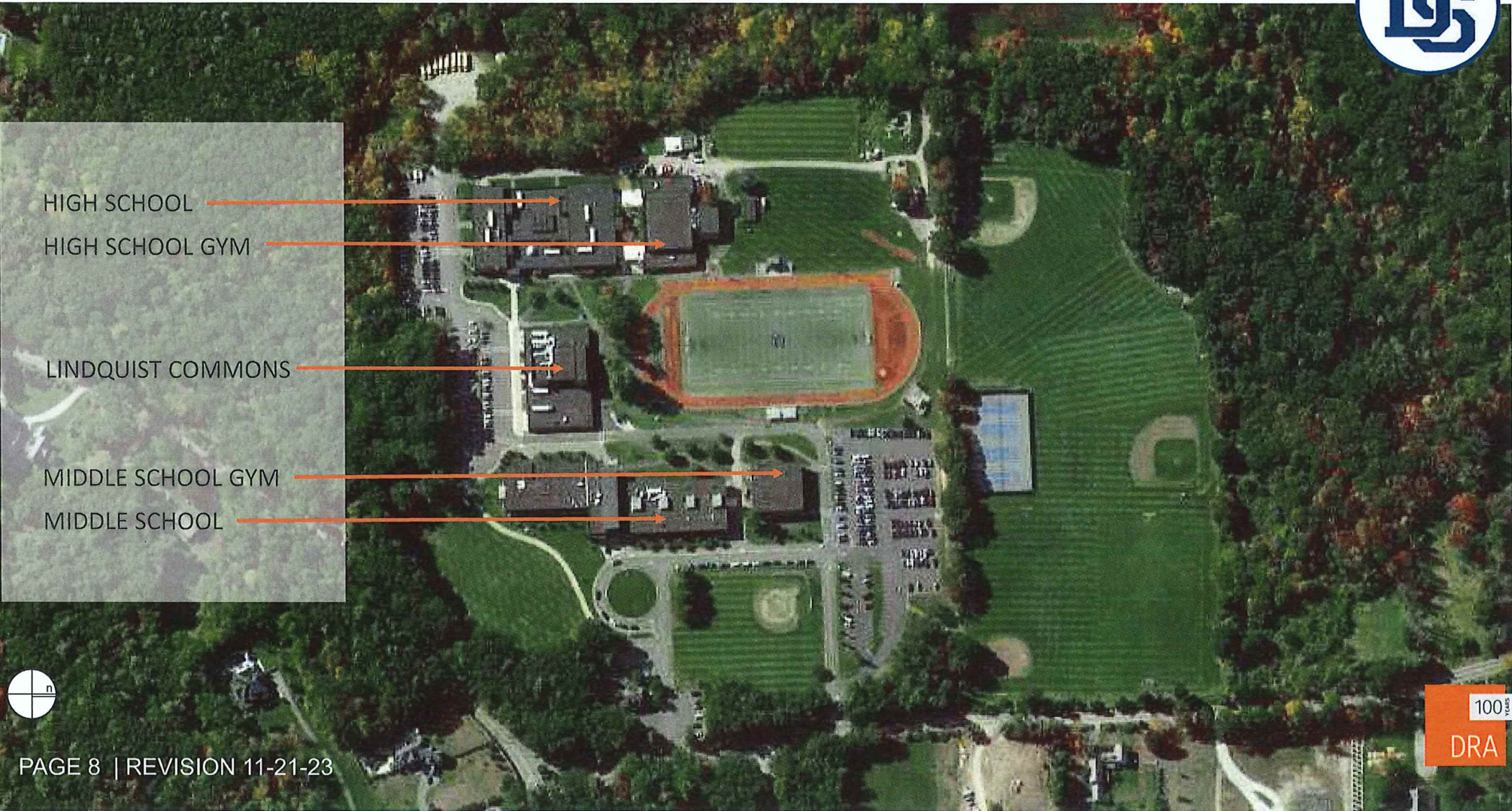
The auditorium / stage area is a large (750 seats?) raked floor fixed seat performance and presentation space. The back of hall space is in tiered fixed seats. The AV/ Control Room is centered on the space at the back of the hall. A new satellite control desk has been placed at the base of the fixed tiered seating at the center of the space. A moveable acoustic wall is available, but currently inoperable.

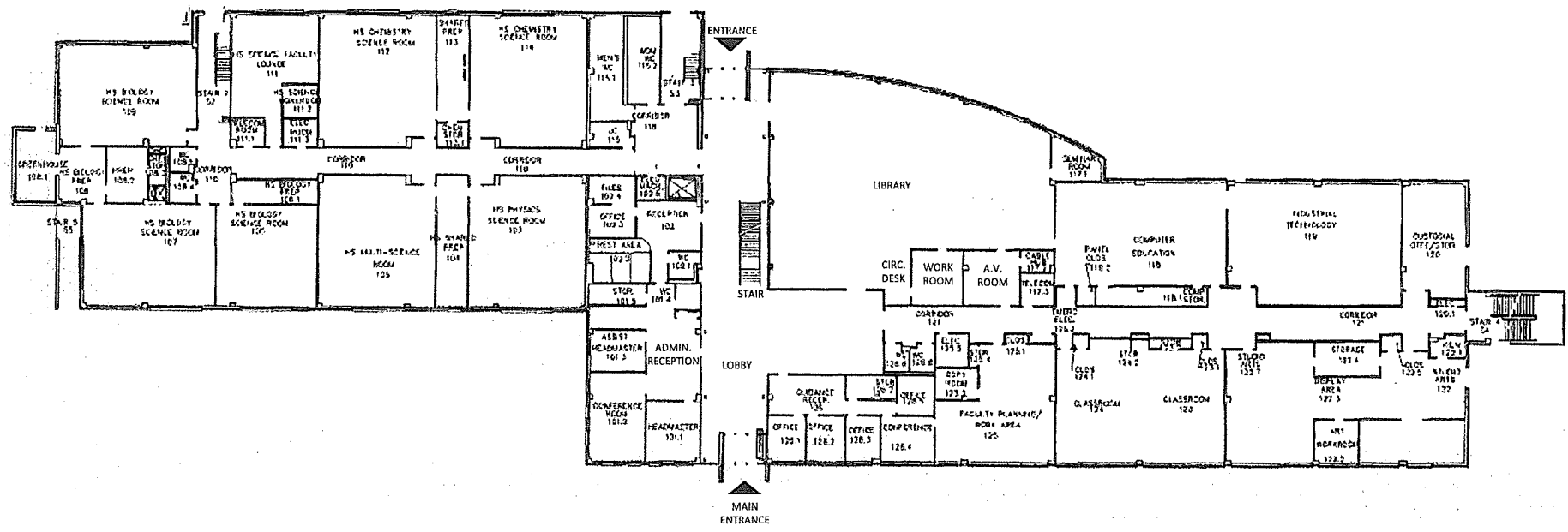
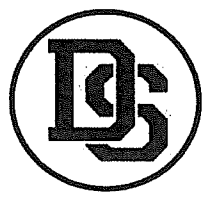
NOTE:

Pages 32 and 33 of the attached space study document explores alternate configuration of the auditorium.

Conclusion Statement

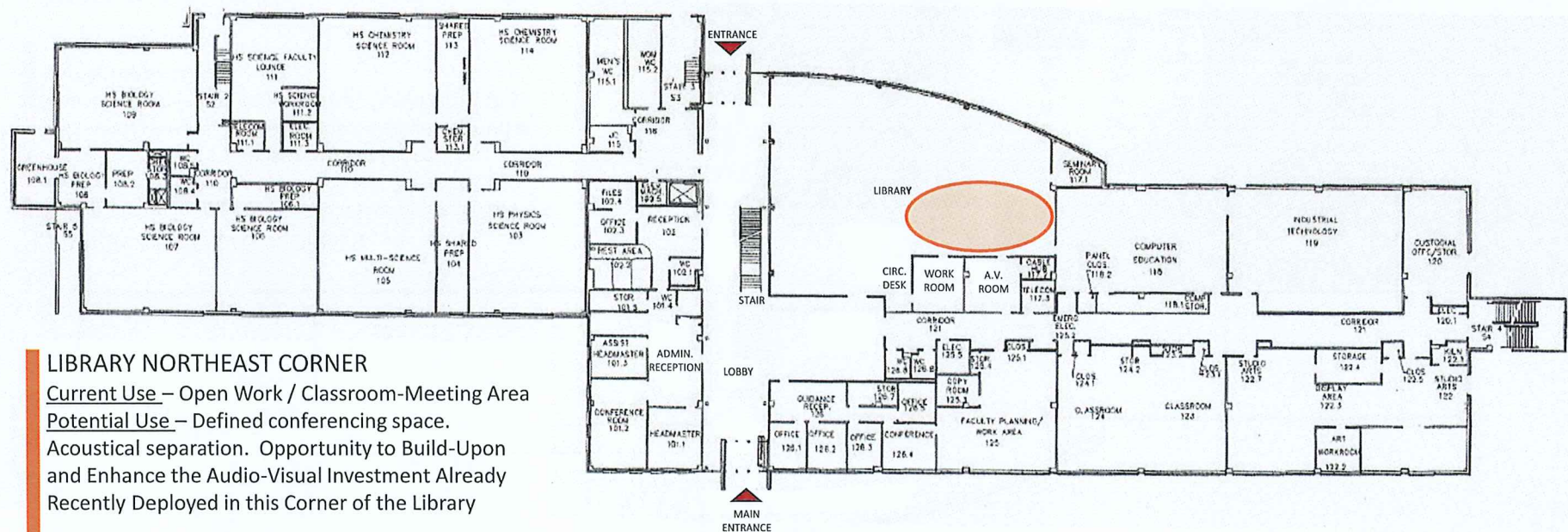
In consideration of the existing middle and high school educational facilities and their ability to address issues of space adequacy, utilization, functionality, and capacity to address the needs of a 21st century learning environment our team reviewed physical environment, student enrollment, educational program and schedule. In conclusion, it is our team's opinion that additional classrooms are not needed at this time. However, it is our opinion that there are spaces where additional value may be derived, and provide better support of 21st Century Learning. These spaces may include breakout space, small group learning, conference space, team learning, and small classroom usages. In developing these unique smaller instructional spaces, special academic program needs can be met more efficiently within the existing facilities while relieving pressure on the current conventionally sized classrooms; thus, making the number of existing traditional classrooms more than adequate for the current and projected enrollment.





MIDDLE SCHOOL – First Floor Plan





LIBRARY NORTHEAST CORNER

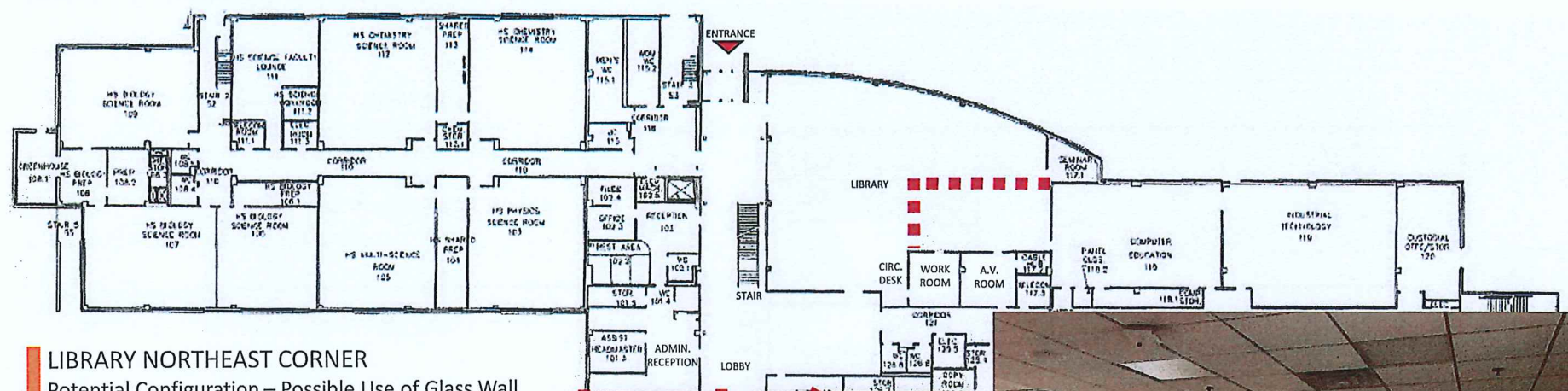
Current Use – Open Work / Classroom-Meeting Area

Potential Use – Defined conferencing space.

Acoustical separation. Opportunity to Build-Upon and Enhance the Audio-Visual Investment Already Recently Deployed in this Corner of the Library

MIDDLE SCHOOL – First Floor Plan

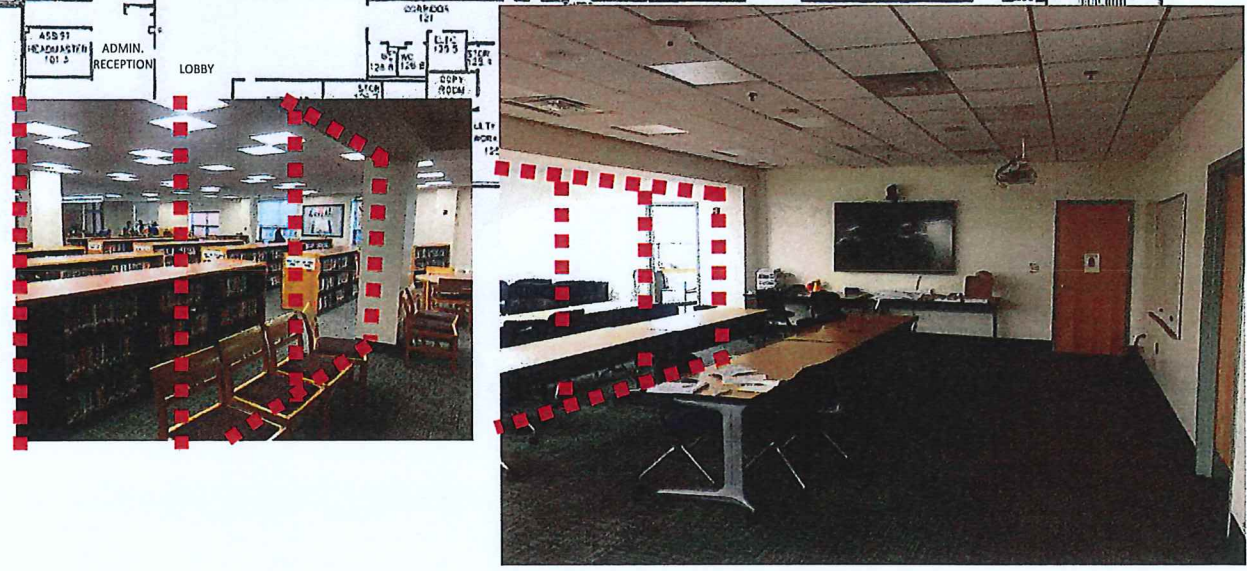


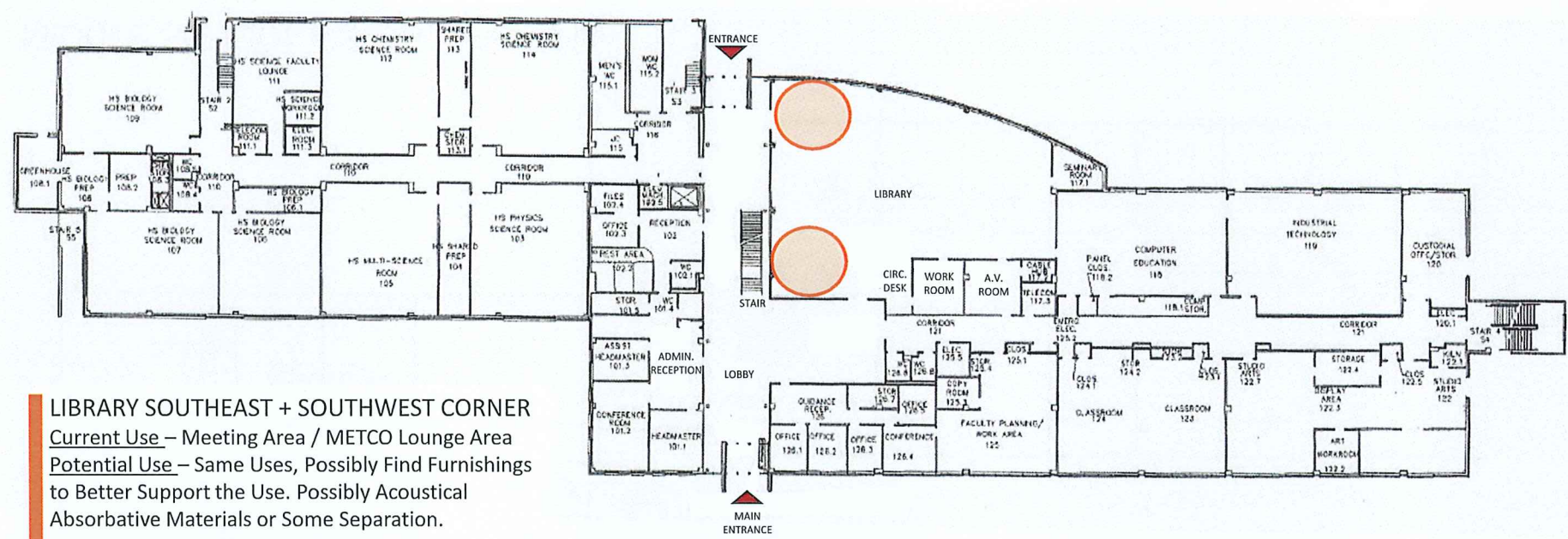


LIBRARY NORTHEAST CORNER

Potential Configuration – Possible Use of Glass Wall Construction to Define the Space and Enhance Visibility, Monitoring, and Control of Space. This Work Would Build-Upon and Enhance the Audio-Visual Investment Already Recently Deployed in this Corner of the Library

MIDDLE SCHOOL – First Floor Plan

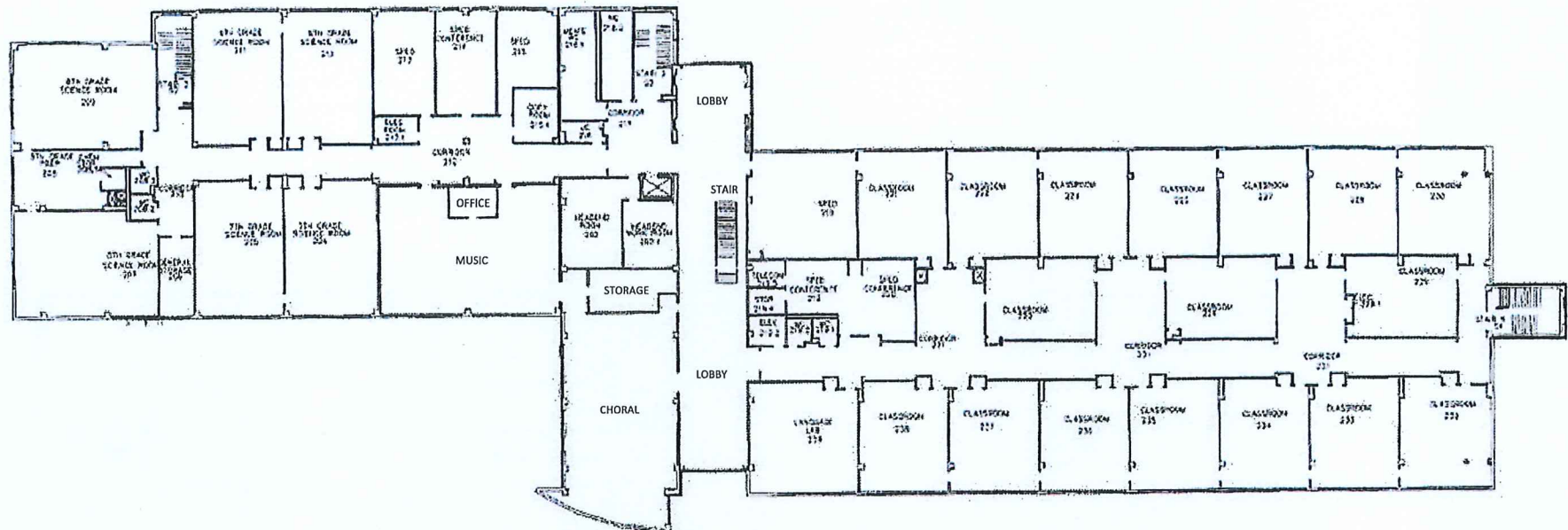




LIBRARY SOUTHEAST + SOUTHWEST CORNER
Current Use – Meeting Area / METCO Lounge Area
Potential Use – Same Uses, Possibly Find Furnishings
to Better Support the Use. Possibly Acoustical
Absorbative Materials or Some Separation.

MIDDLE SCHOOL – First Floor Plan





MIDDLE SCHOOL – Second Floor Plan





WEST LOBBY AREA

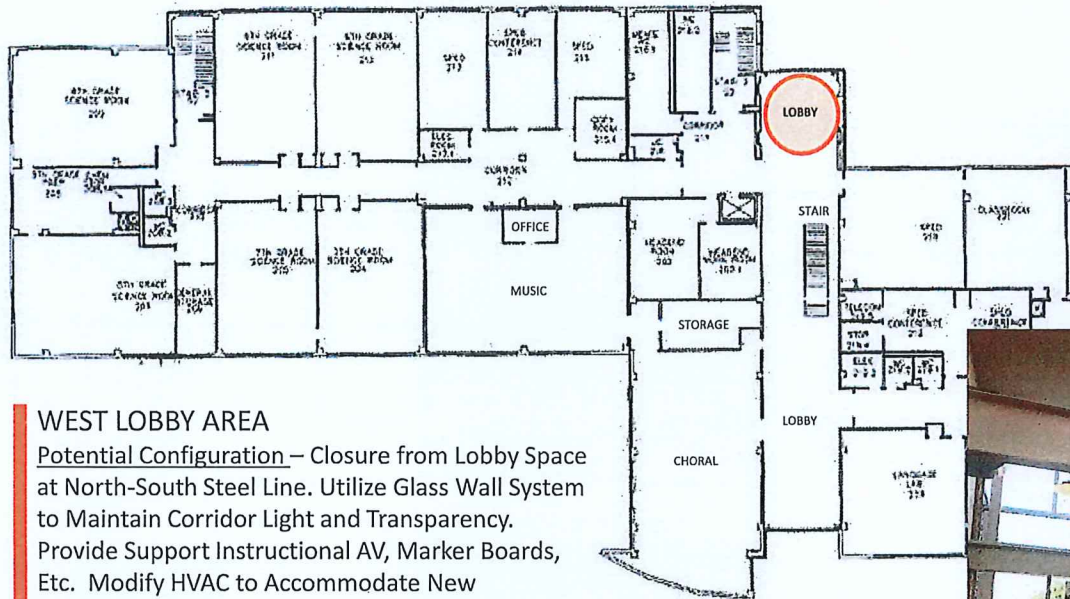
Current Use – Circulation, Lobby Space, General Waiting / Seating.

Potential Use – Mid-Size Conference / Meeting Area.

MIDDLE SCHOOL – Second Floor Plan



Dover Sherborn | MIDDLE SCHOOL and HIGH SCHOOL CAMPUS

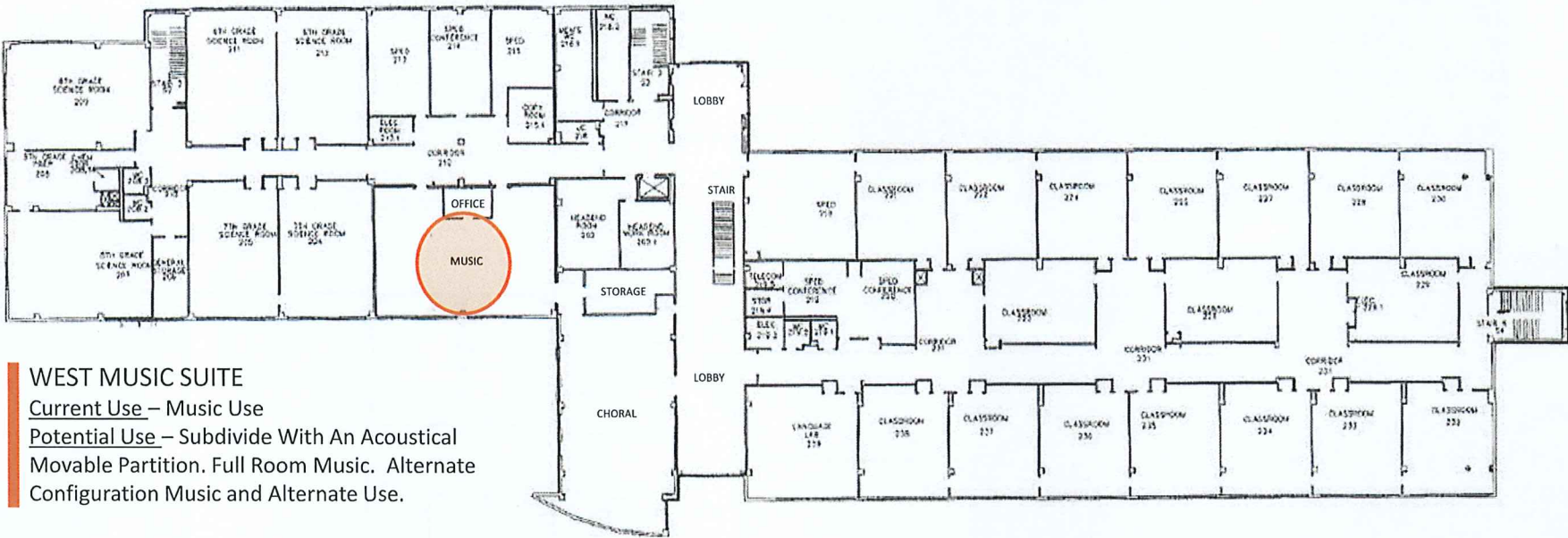


WEST LOBBY AREA

Potential Configuration – Closure from Lobby Space at North-South Steel Line. Utilize Glass Wall System to Maintain Corridor Light and Transparency. Provide Support Instructional AV, Marker Boards, Etc. Modify HVAC to Accommodate New Configuration.

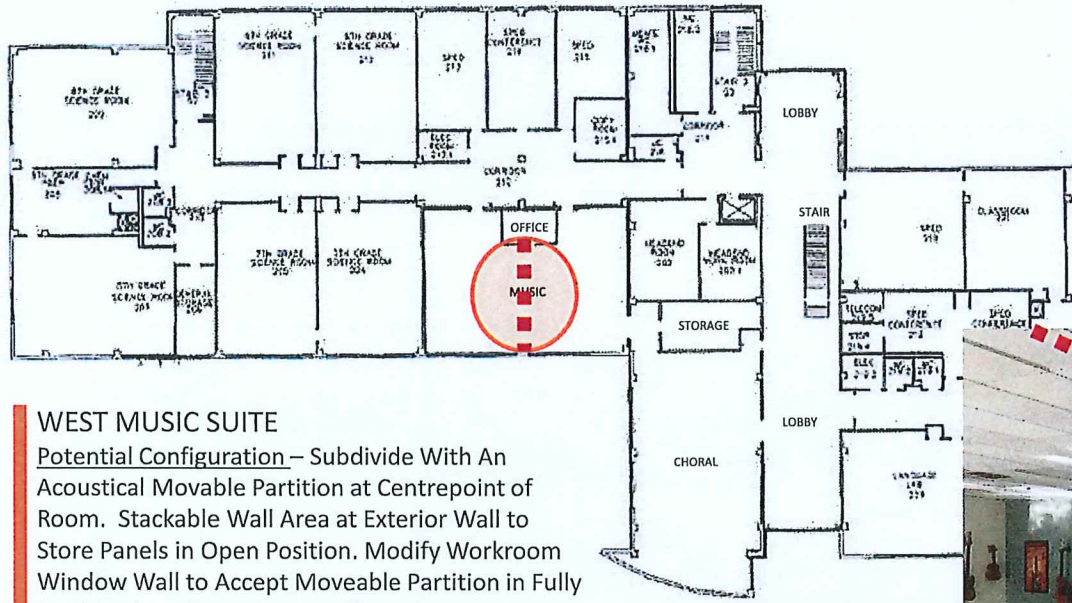
MIDDLE SCHOOL – Second Floor Plan





MIDDLE SCHOOL – Second Floor Plan

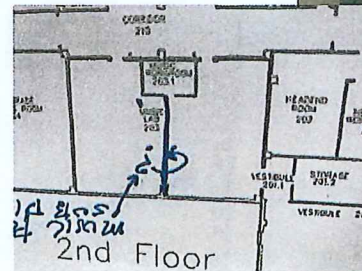


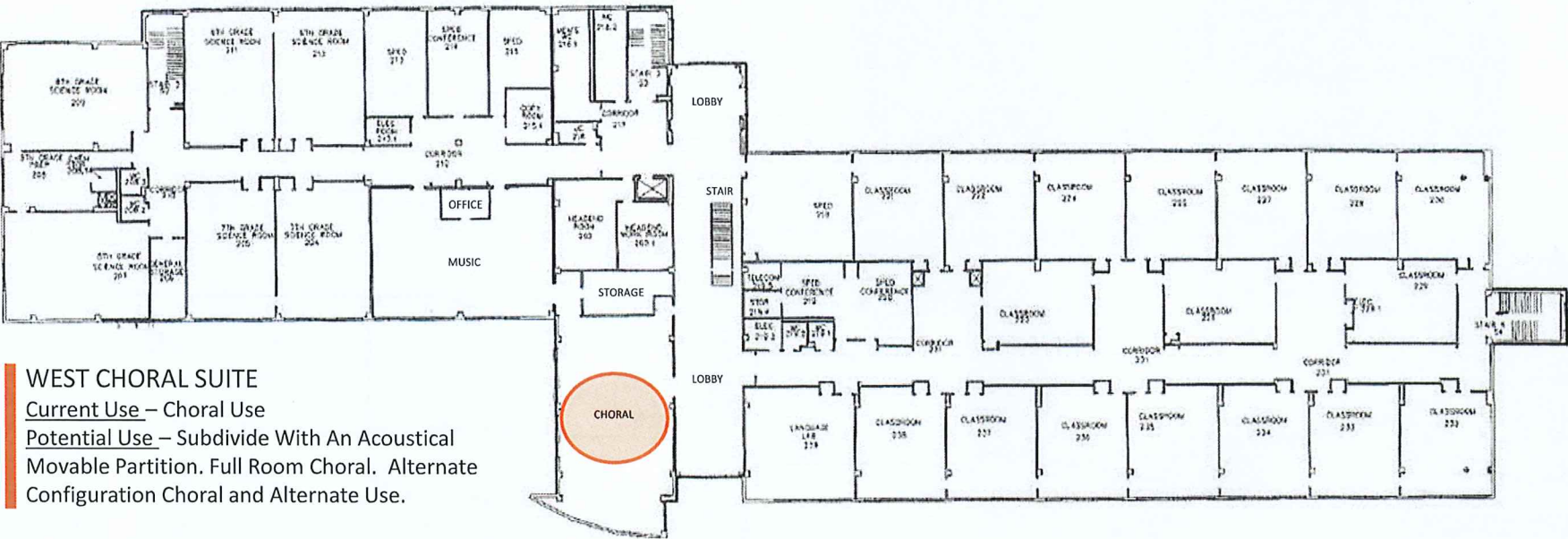


WEST MUSIC SUITE

Potential Configuration – Subdivide With An Acoustical Movable Partition at Centrepont of Room. Stackable Wall Area at Exterior Wall to Store Panels in Open Position. Modify Workroom Window Wall to Accept Moveable Partition in Fully Deployed Configuration. Verify HVAC Requirements.

MIDDLE SCHOOL – Second Floor Plan

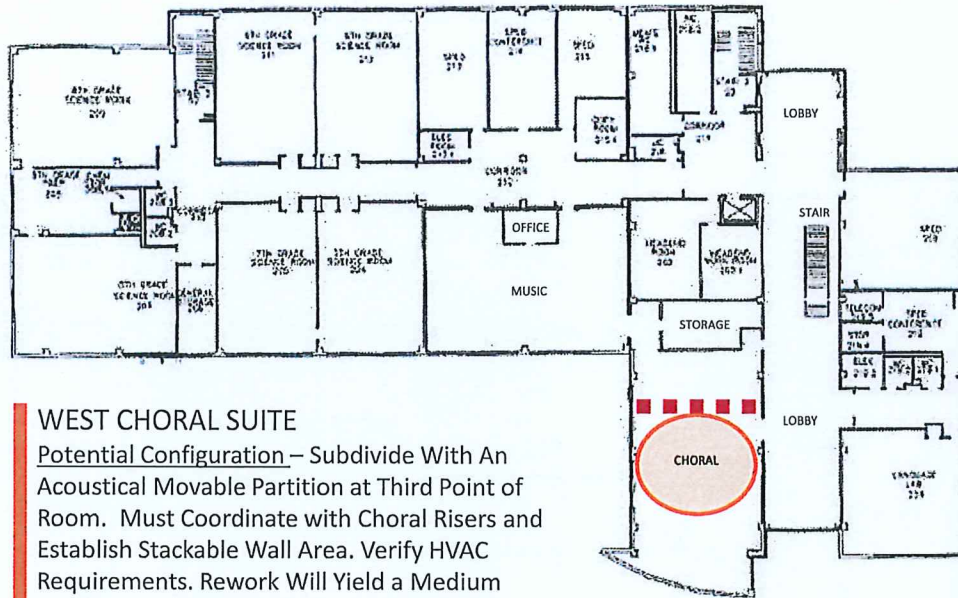




MIDDLE SCHOOL – Second Floor Plan



Dover Sherborn | MIDDLE SCHOOL and HIGH SCHOOL CAMPUS

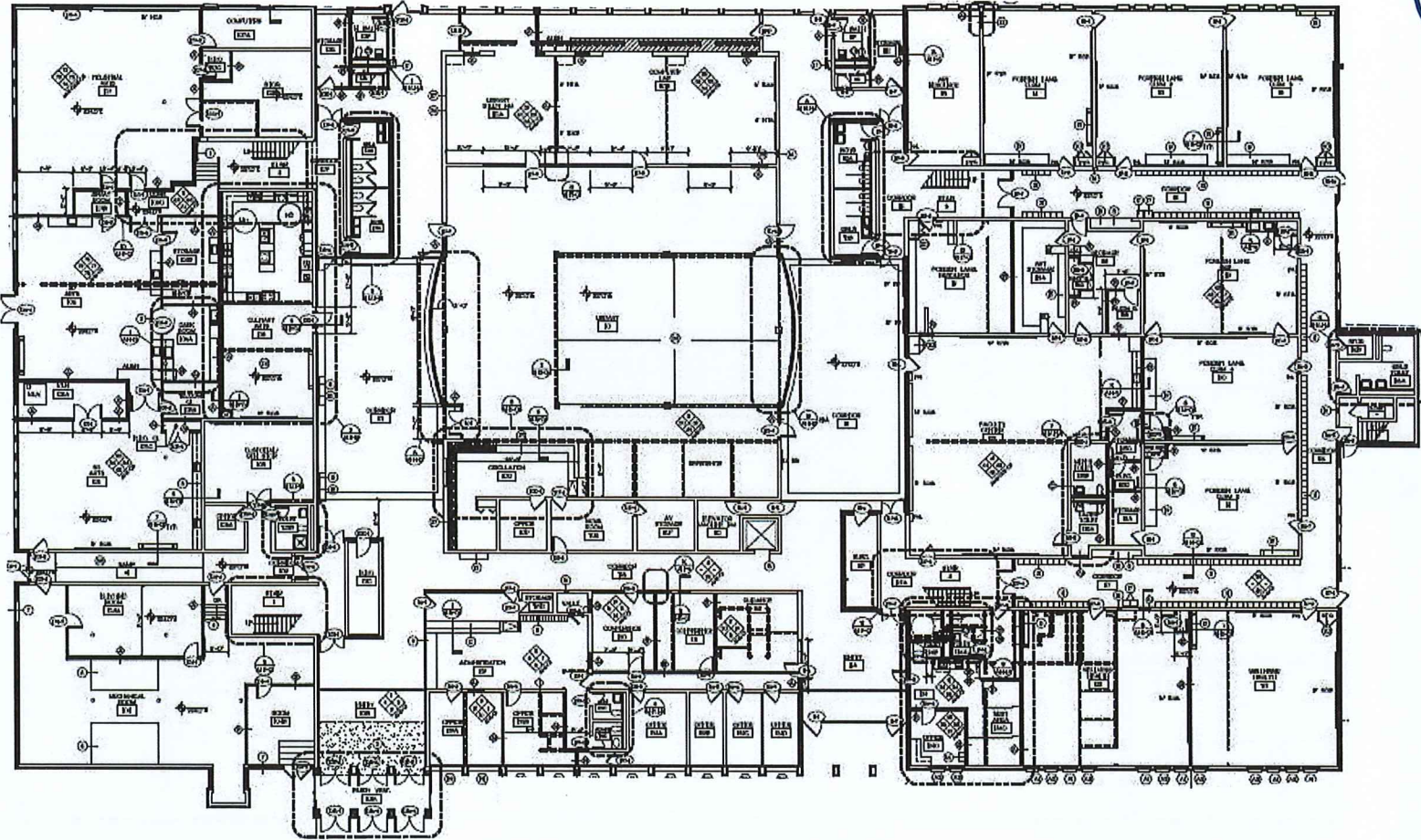


WEST CHORAL SUITE

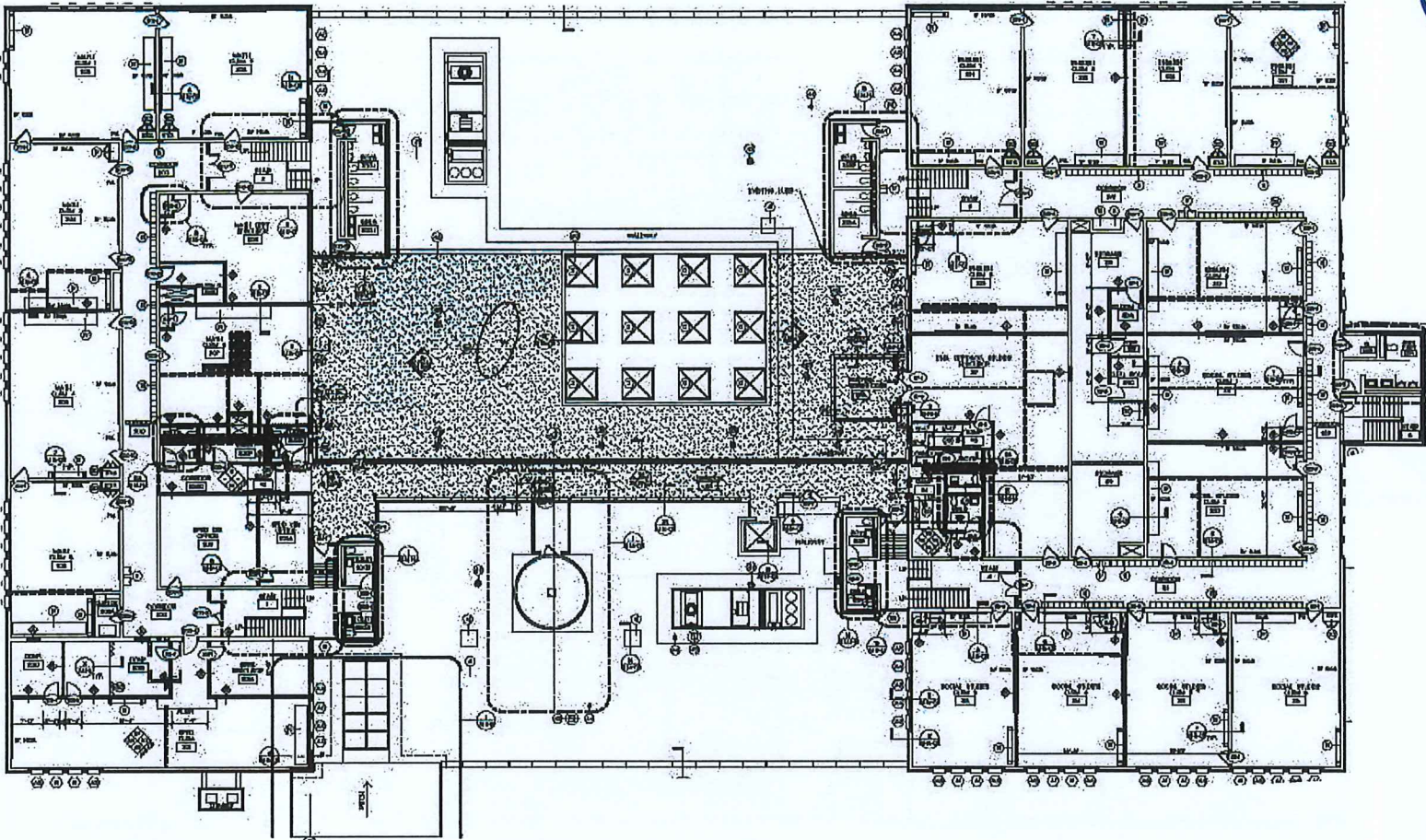
Potential Configuration – Subdivide With An Acoustical Movable Partition at Third Point of Room. Must Coordinate with Choral Risers and Establish Stackable Wall Area. Verify HVAC Requirements. Rework Will Yield a Medium Conference / Meeting Area – or Small Group Meeting Room. Consider AV Requirements

MIDDLE SCHOOL – Second Floor Plan

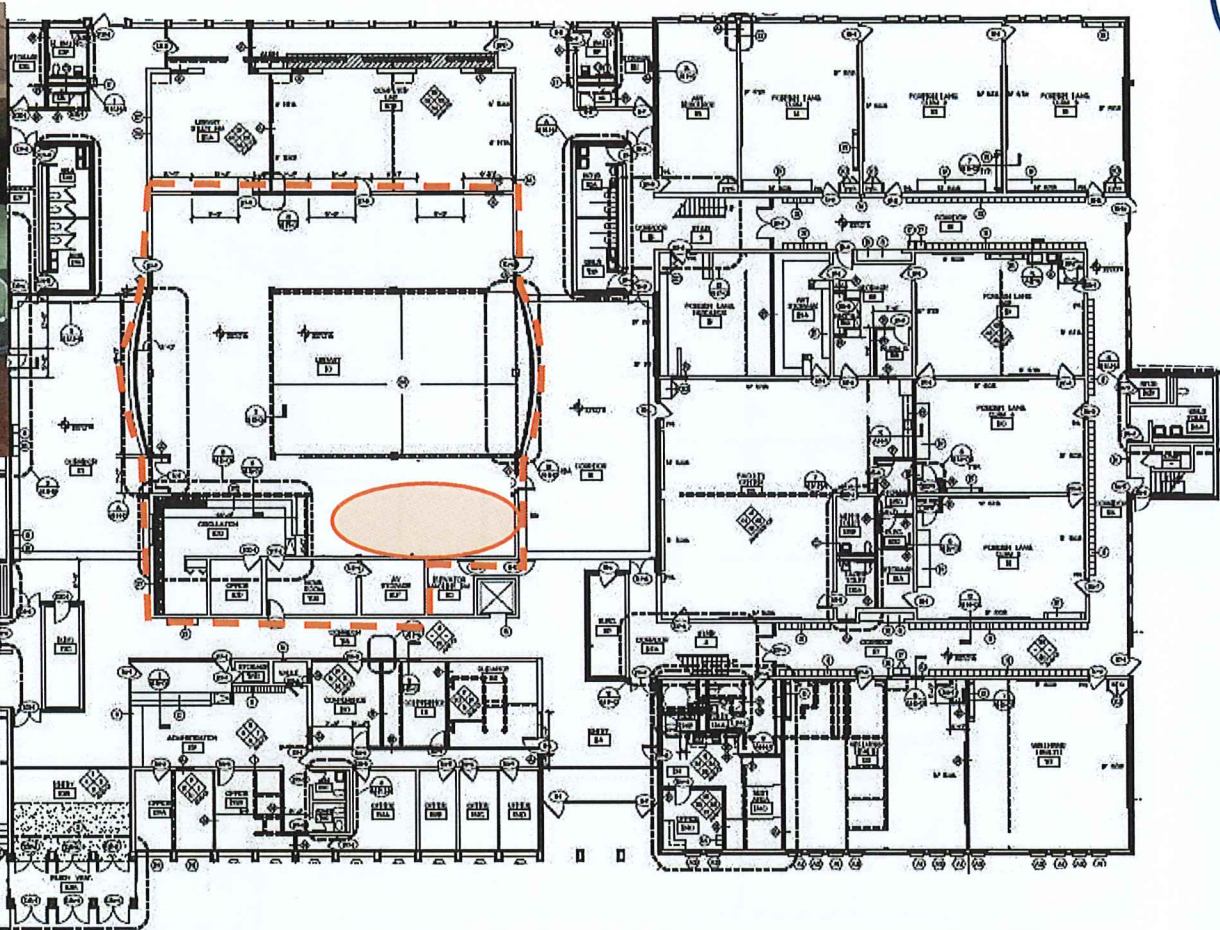




HIGH SCHOOL – First Floor Plan



HIGH SCHOOL – Second Floor Plan



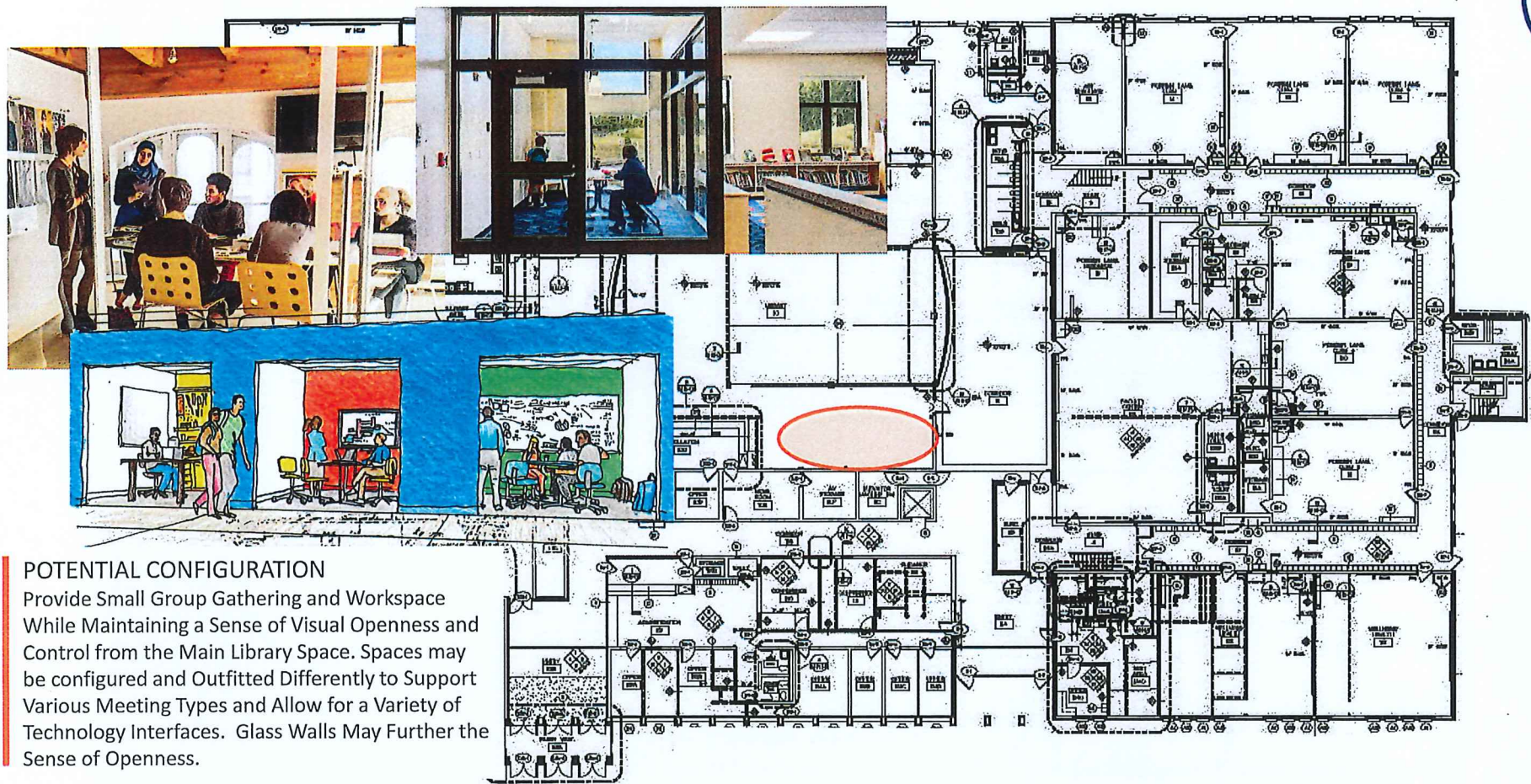
LIBRARY NORTHEAST CORNER

Current Use – Open Work / Classroom Area

Potential Use – Subdivide With An Acoustical Static or Movable Partitions. Possible Use of Glass Wall Construction to Enhance Visibility, Monitoring, and Control of Space. Could be Delivered as Two to Three Static Spaces, or with Movable Partitions to Allow Larger Group Use as Well.

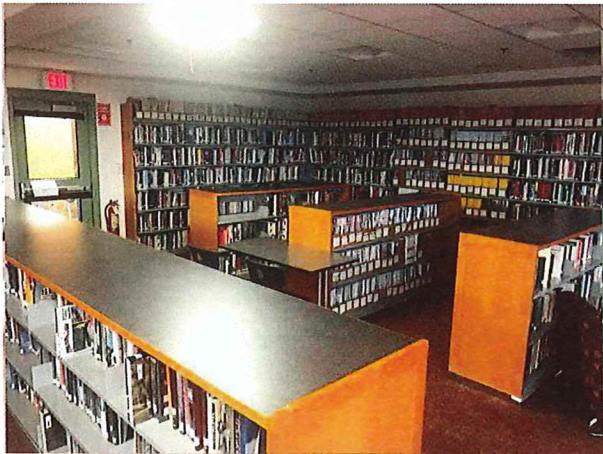


HIGH SCHOOL – First Floor Plan



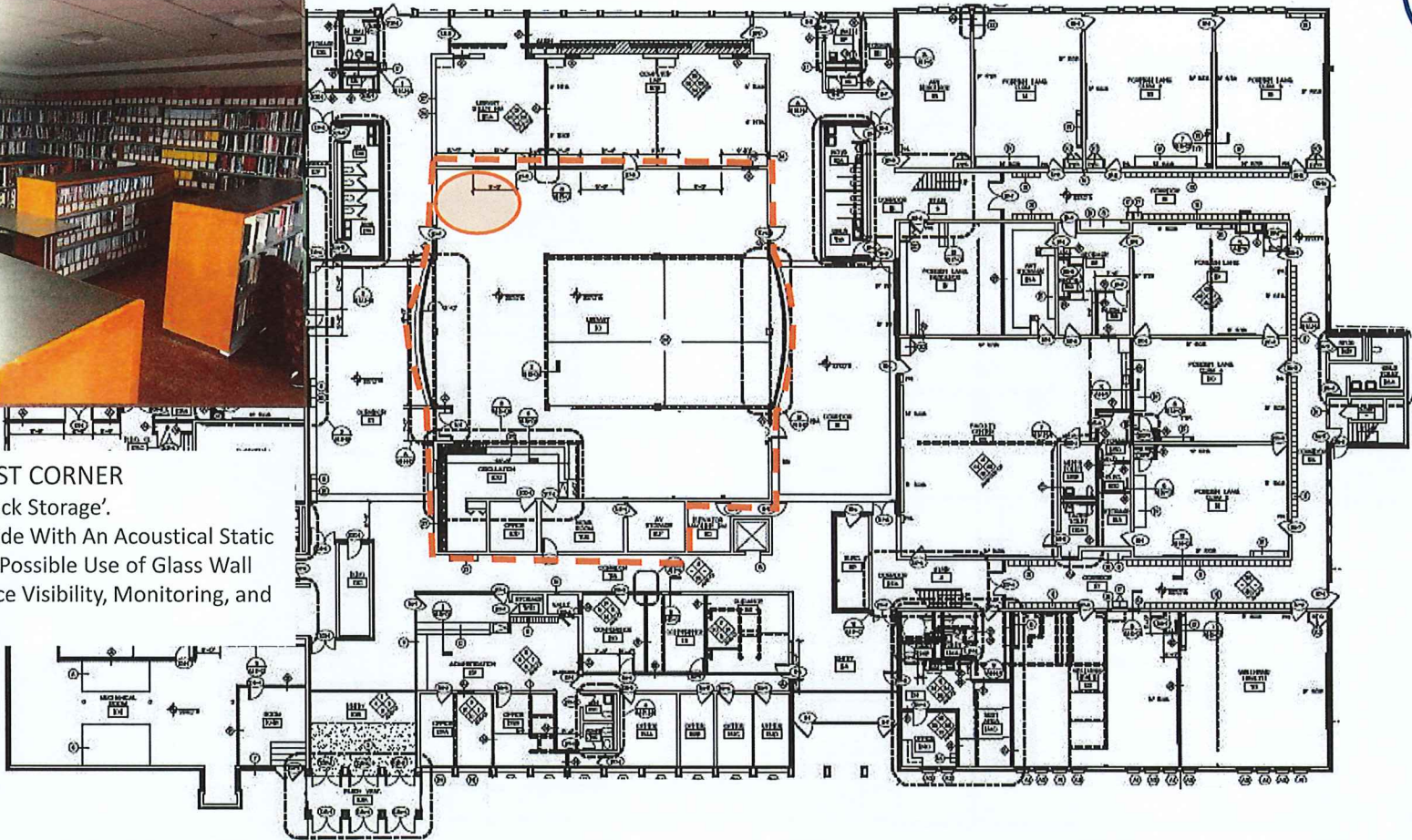
POTENTIAL CONFIGURATION
Provide Small Group Gathering and Workspace While Maintaining a Sense of Visual Openness and Control from the Main Library Space. Spaces may be configured and Outfitted Differently to Support Various Meeting Types and Allow for a Variety of Technology Interfaces. Glass Walls May Further the Sense of Openness.

HIGH SCHOOL – First Floor Plan



LIBRARY SOUTHWEST CORNER

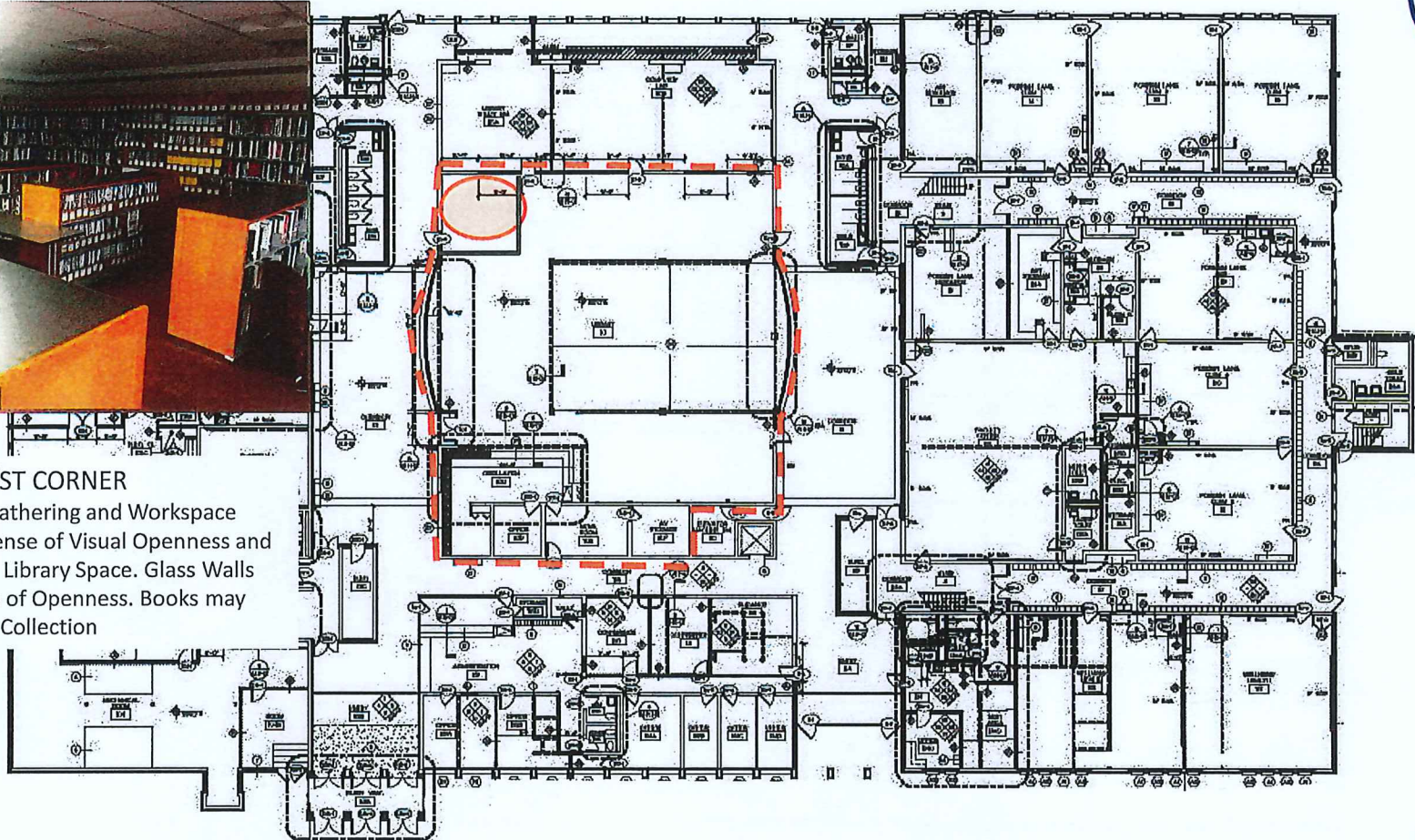
Current Use – Book Stack Storage.
Potential Use – Subdivide With An Acoustical Static or Movable Partitions. Possible Use of Glass Wall Construction to Enhance Visibility, Monitoring, and Control of Space.



HIGH SCHOOL – First Floor Plan

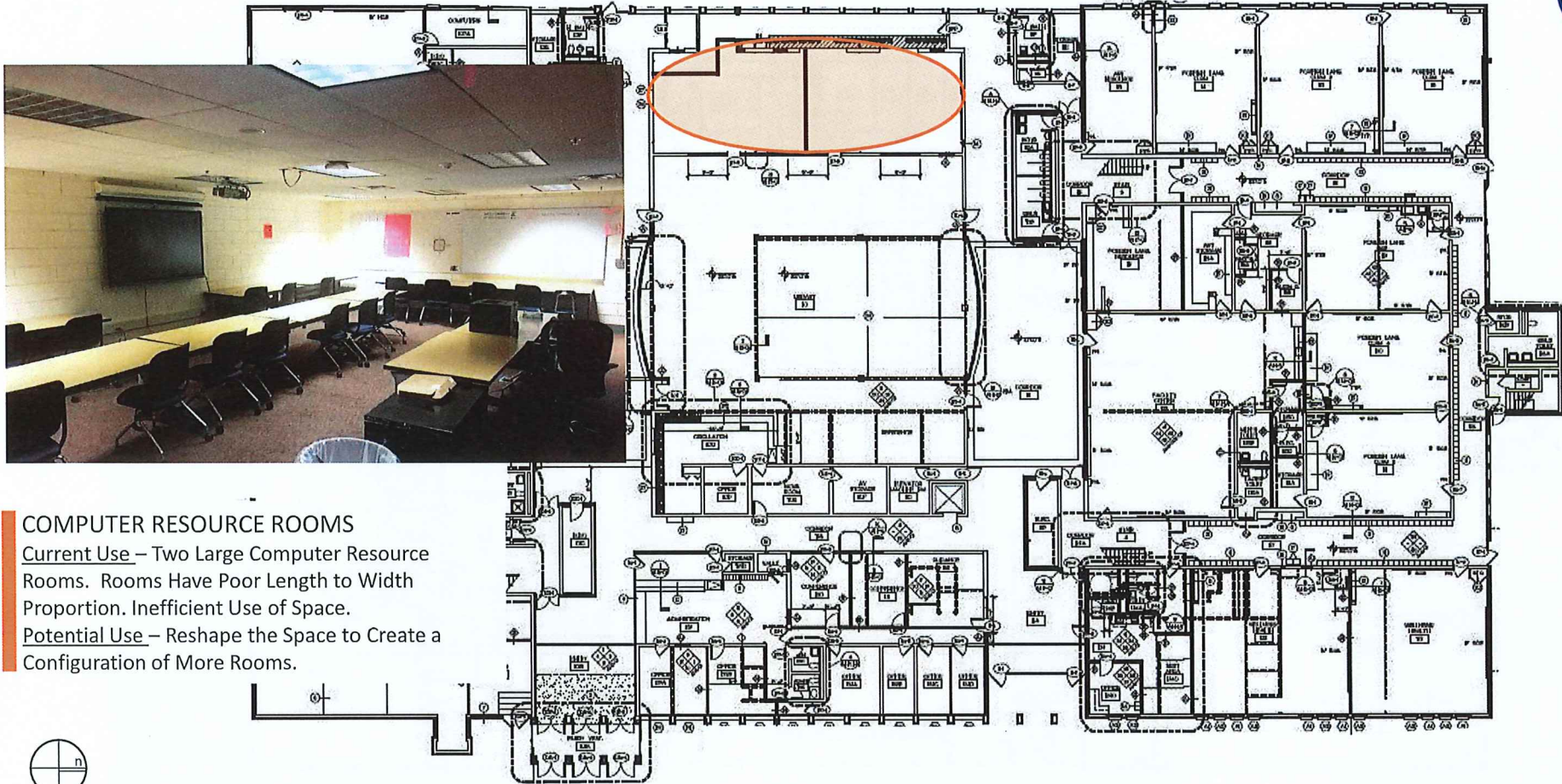


LIBRARY SOUTHWEST CORNER
Provide Small Group Gathering and Workspace While Maintaining a Sense of Visual Openness and Control from the Main Library Space. Glass Walls May Further the Sense of Openness. Books may Line Walls as a Special Collection



HIGH SCHOOL – First Floor Plan

Dover Sherborn | MIDDLE SCHOOL and HIGH SCHOOL CAMPUS



COMPUTER RESOURCE ROOMS

Current Use – Two Large Computer Resource Rooms. Rooms Have Poor Length to Width Proportion. Inefficient Use of Space.

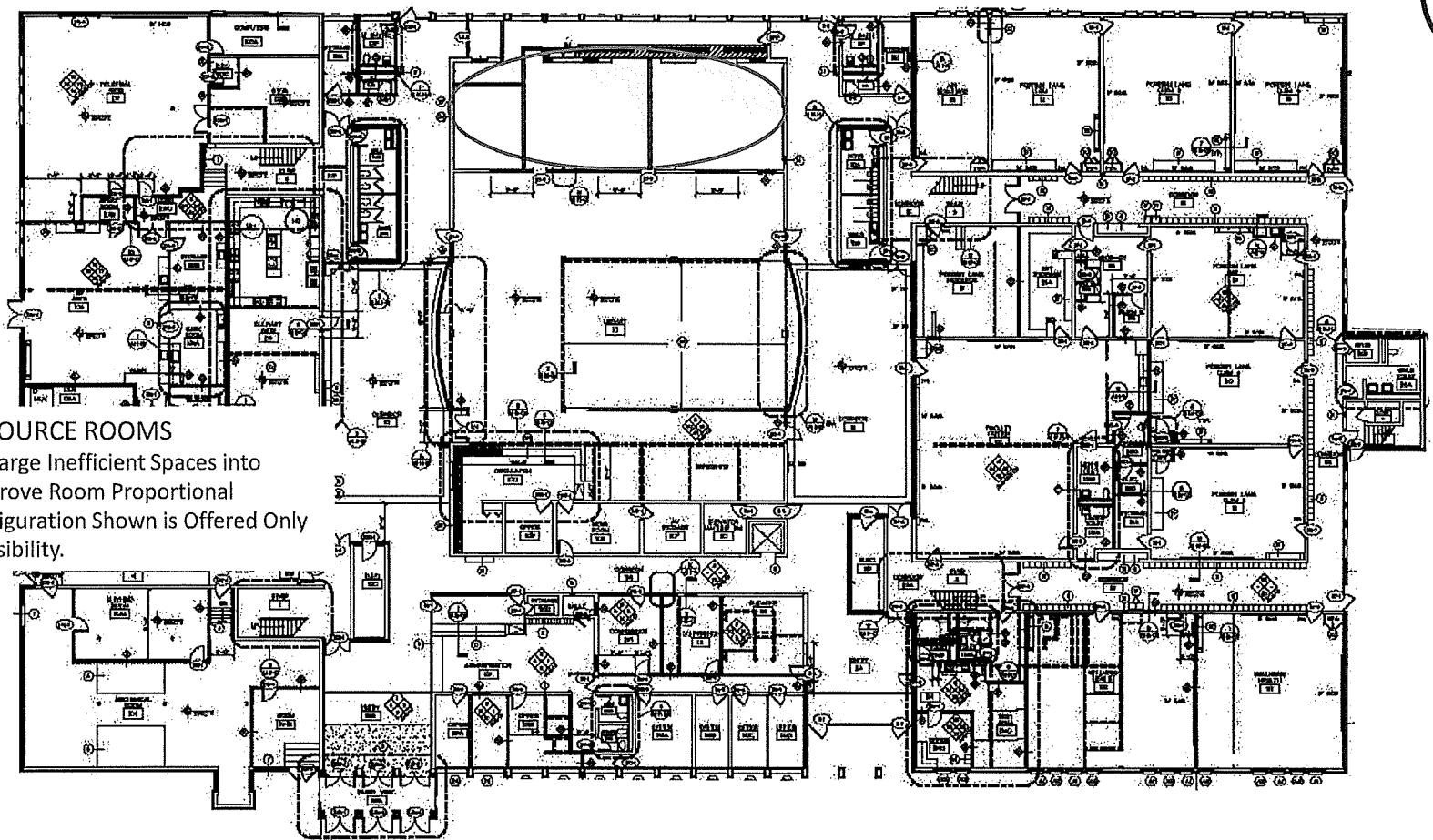
Potential Use – Reshape the Space to Create a Configuration of More Rooms.



HIGH SCHOOL – First Floor Plan

PAGE 26 | REVISION 11-21-23

Dover Sherborn | MIDDLE SCHOOL and HIGH SCHOOL CAMPUS



COMPUTER RESOURCE ROOMS
Reshape the Two Large Inefficient Spaces into Three Spaces. Improve Room Proportional Relationship. Configuration Shown is Offered Only as a Sample of Possibility.



HIGH SCHOOL – First Floor Plan

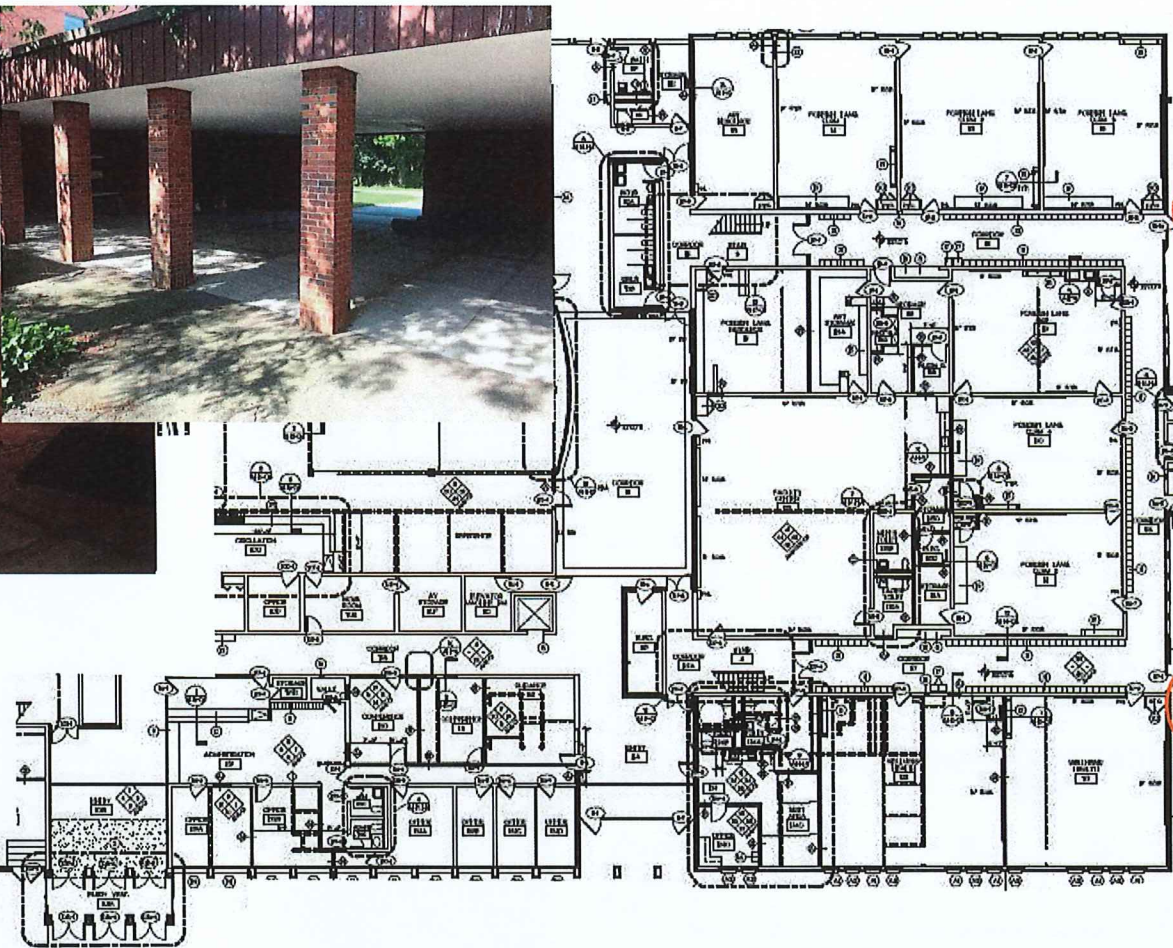
Dover Sherborn | MIDDLE SCHOOL and HIGH SCHOOL CAMPUS



OUTDOOR GYM CONNECTOR SPACE
Current Use – Primarily Circulation Space. Offers Both Protected and Open to the Sky Seating Areas
Potential Use – Outdoor Classroom, Meeting Space, and Breakout Space. May Need Additional Lighting, Outdoor Marker Board, Seating Area.

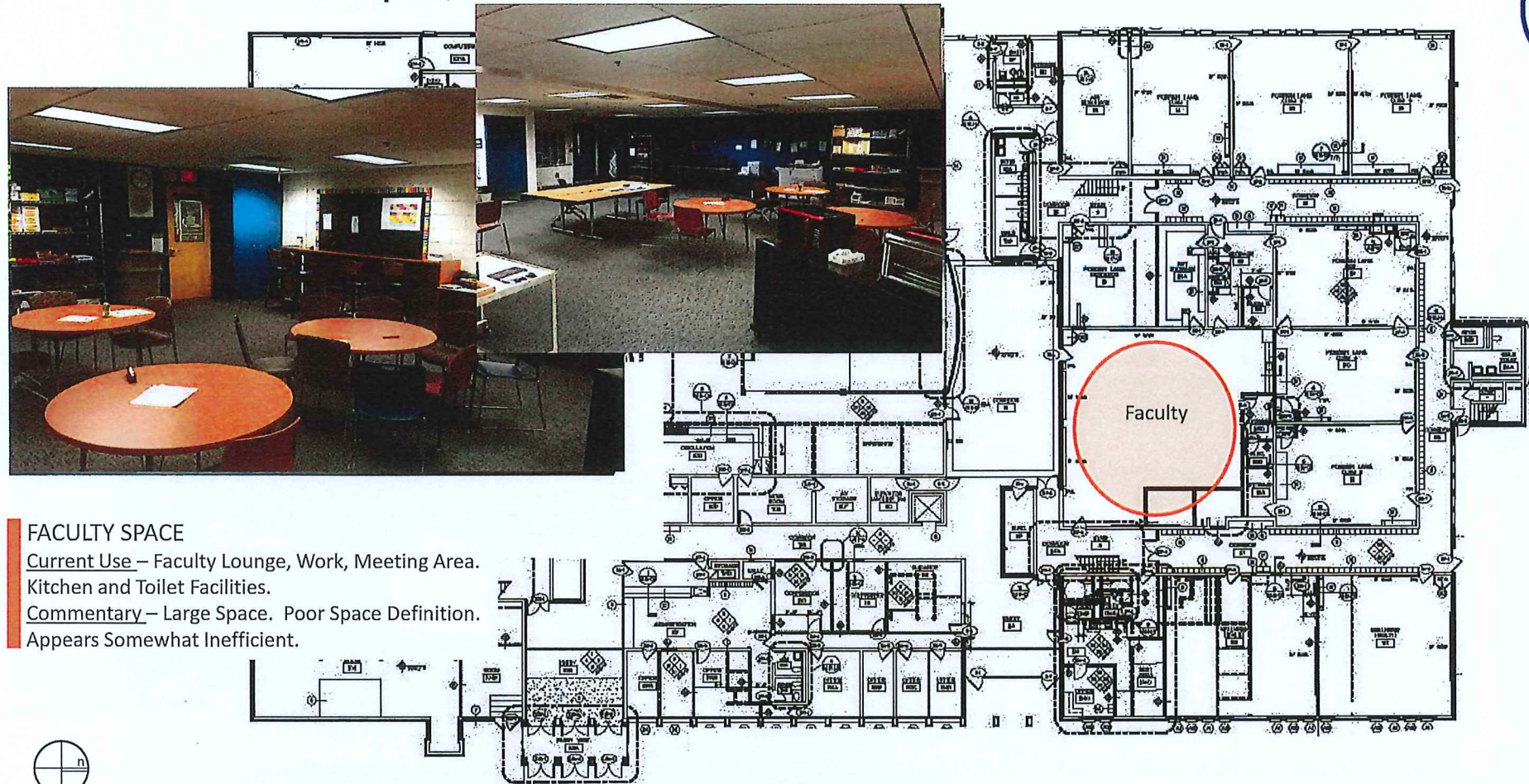


HIGH SCHOOL – First Floor Plan



- Covered Outdoor
- Outdoor Courtyard
- Covered Outdoor

Dover Sherborn | MIDDLE SCHOOL and HIGH SCHOOL CAMPUS



FACULTY SPACE
Current Use – Faculty Lounge, Work, Meeting Area.
Kitchen and Toilet Facilities.
Commentary – Large Space. Poor Space Definition.
Appears Somewhat Inefficient.

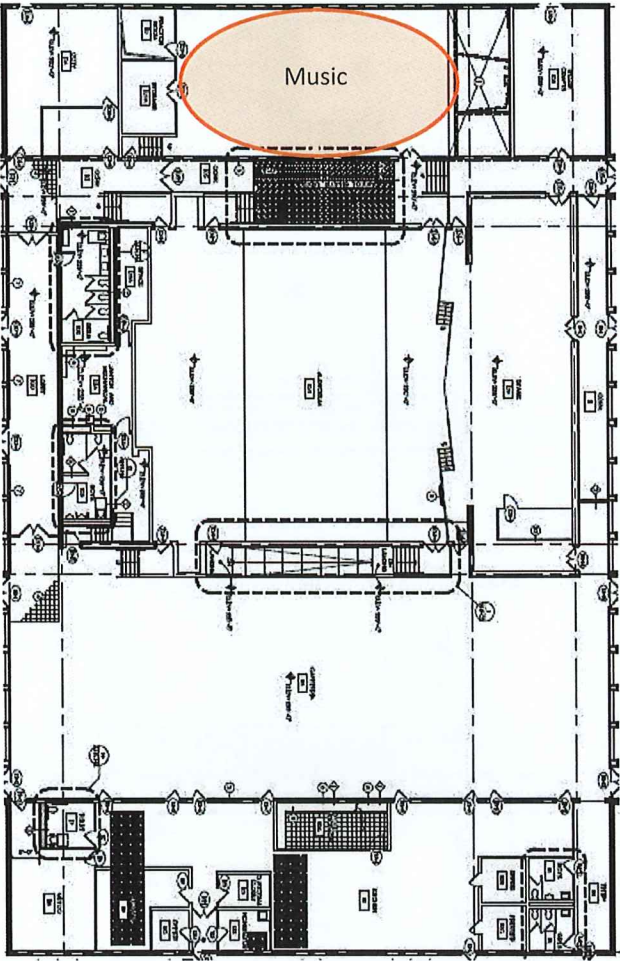


HIGH SCHOOL – First Floor Plan



MUSIC / BAND ROOM

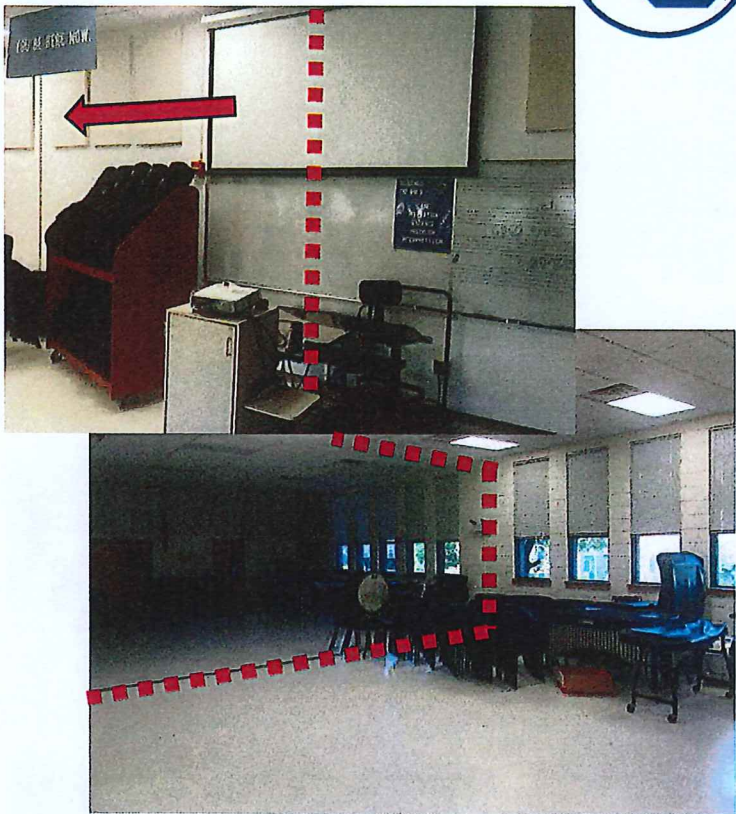
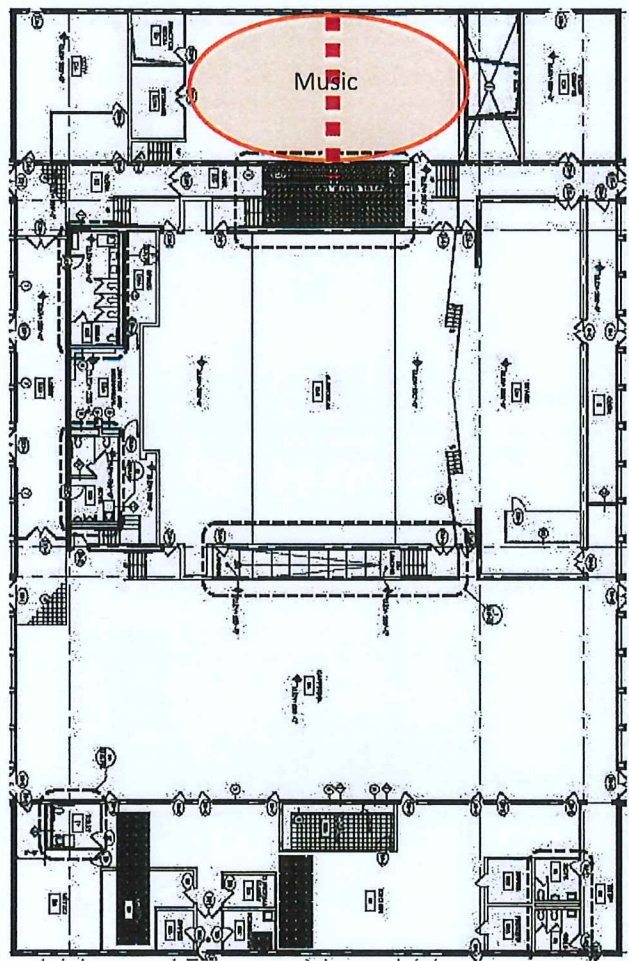
Current Use – Large Open Space, Storage, Office, and Practice Room Support Spaces.
Potential Use – Subdivide Large Open Space with an Acoustical Moveable Wall. Yield Two Spaces for Program Use.





MUSIC / BAND ROOM

Potential Configuration— Subdivide With An Acoustical Movable Partition at Centrepont of Room. Stackable Wall Area at Exterior Wall to Store Panels in Open Position. Modify Presentation Wall to Accept Moveable Partition in Fully Deployed Configuration. Relocate and Add a Projection Screen to Provide Each Side w/ AV Capabilities. Verify HVAC Requirements.

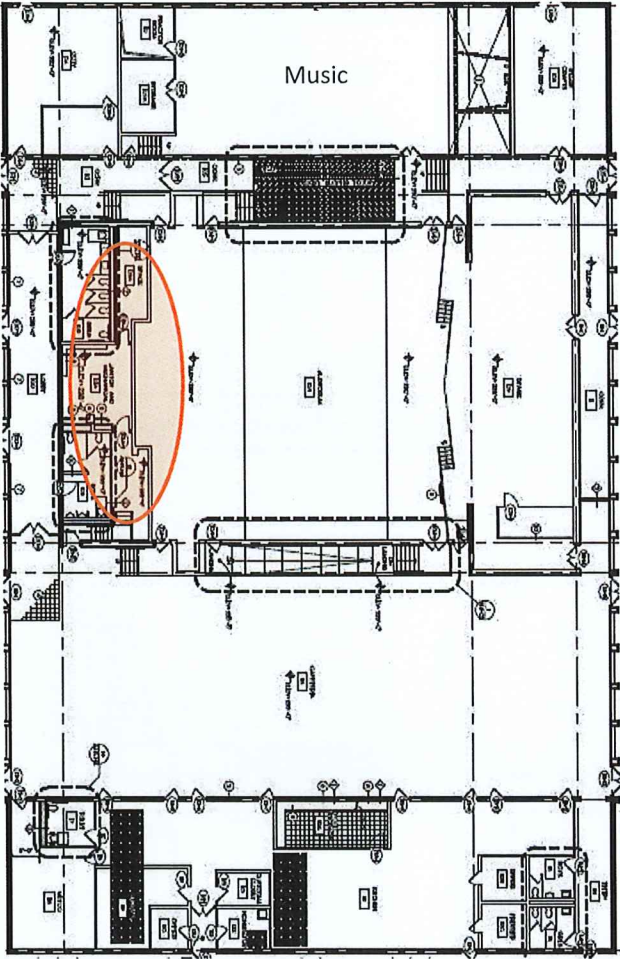




THEATER UPPER SEATING

Current Use – Serves as Seating Area for Theater in Full Use.

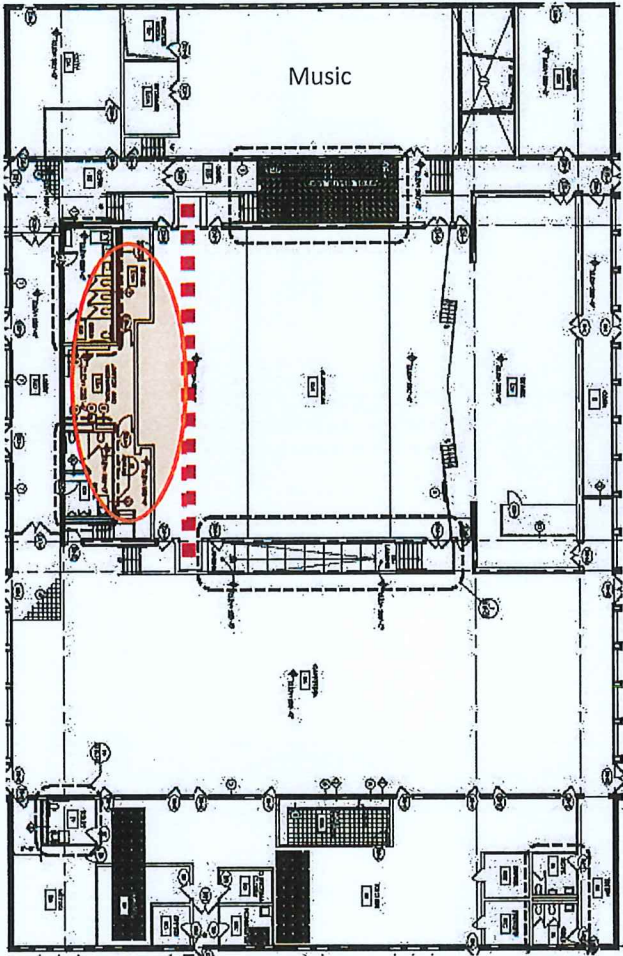
Potential Use – Subdivide Large Open Space by Repairing the Existing Acoustical Moveable Wall. Yield Smaller Zones for Speaker or Presentation Use.



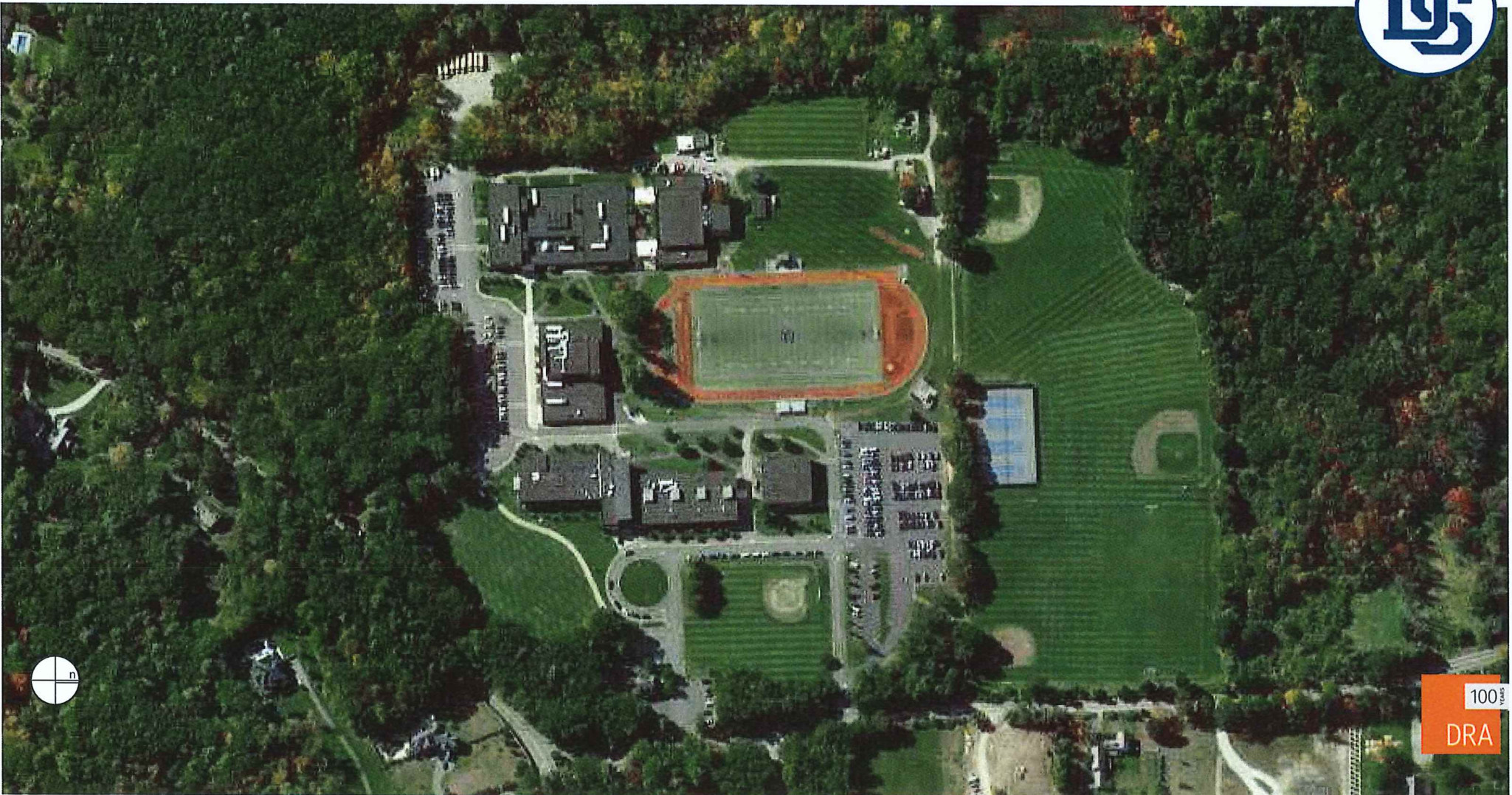


THEATER UPPER SEATING

Potential Configuration – Subdivide by Repairing the Existing Acoustical Movable Partition.
NOTE: The Recently Installed Lighting and Sound Table at the Center of the Space Restricts use of the Back Area when the Moveable Wall is Deployed.



Dover Sherborn | MIDDLE SCHOOL and HIGH SCHOOL CAMPUS



The Public Schools of Dover and Sherborn

157 Farm Street
Dover, MA 02030
Phone: 508-785-0036 Fax: 508-785-2239
www.doversherborn.org



Elizabeth M. McCoy, Superintendent
Denton Conklin, Assistant Superintendent

Dawn Fattore, Business Administrator
Kate McCarthy, Director of Student Services

To: Dover-Sherborn Regional School Committee

From: Anthony Ritacco, Director of Technology

Re: Internal Security Cameras

Date: January 16, 2024

Building upon recommendations put forth by Synergy Solutions 911 as part of the 2018 district-wide security audit, District Administration is proposing installation of internal cameras on the regional campus. These cameras will provide video surveillance of events during/after they occur and serve as a deterrent to future incidents.

The proposal is to install 16 cameras to cover high traffic spaces in the Middle School and High School, including hallways, stairwells and large gathering spaces. Also included are four vape sensors to be installed at the High School.

The cameras are web-based and have a video retention period of 30 days. All cameras have a ten-year warranty and the vendor, Verkada, offers same day replacement.

Camera oversight and usage will be governed by School Committee policy (approved January 2023) and operational protocols set forth by administration.

The total cost is roughly \$40,000 (see attached quote) to be spread across multiple accounts and line items.

We are asking the Committee for approval to proceed with this project.

The Dover Sherborn Schools share in the mission to inspire, challenge and support all students as they discover and pursue their full potential.



Dover-Sherborn High School

9 Junction Street

Dover, MA 02030

Phone: 508-785-1730 Fax: 508-785-8141

John G. Smith, *Principal*
Timothy O'Mara, *Assistant Principal*
Ellen Rowley, *Director of Guidance*
Emily Sullivan, *Athletic Director*

To: Dover-Sherborn Regional School Committee
From: Cameron Siciliano, DSHS Athletic Trainer
Date: January 16, 2024
Re: Dover-Sherborn High School Sports Medicine Policy Manual

Distinguished Members of the School Committee,

The document presented for your review is a compilation of what myself and Emily Sullivan have gathered as the important policies and procedures to standardize for DS athletics, our student-athletes, parents, and coaches. The document is intended to describe and formalize the day-to-day, communication, and medical care components of sports medicine/athletics. It will act as the baseline of care and protocol for a wide variety of events and issues.

The document is a compilation of national recommendations by: the National Athletic Trainers Association including both best practices documents as well as gold standards for care; the NFHS; the MIAA; and various medical bodies/groups considered the foremost experts in their areas. It is modeled after collegiate Division I and Division III sports medicine manuals. This document, if adopted, would act as both reference and standard of care for any medical professional working for or with DSHS athletics.

This document has been reviewed by our school nurse Janet Chandler, DSHS principal John Smith, and the Athletic Advisory committee. I look forward to formally meeting all of you, and answering any questions you may have about the proposed sports medicine manual.

Cameron Siciliano, MEd, LAT, ATC
Head Athletic Trainer & Assistant to the Athletic Director
Dover-Sherborn High School

Dover-Sherborn High School Sports Medicine Policy Manual



Department of Athletics
9/29/2023

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- Certified Athletic Trainer Licensure Policy
- Standing Orders
- Coverage Plan for Events

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- Annual Review of Policies and Emergency Action Plan

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- Communication with Nursing Staff
- Communication with Parent/Guardian

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- Physician Documentation following Injury/Illness

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- mTBI/Concussion Policy
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 - Education – Parent/Guardian and Student-Athlete
 - Baseline Testing
 - Process when no Athletic Trainer/Qualified Medical Professional is Present at Event
 - Initial Evaluation after Suspected Head Injury
 - mTBI Injuries Occurring Outside School Sanctioned Events
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 - Final and Full Return to Play
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 - How to Administer Epinephrine through Epi-Pen
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Appendices

Appendix A- Standing Orders

Appendix B- Report of Head Injury During Sports Season

Appendix C- Cold Weather Chart

Organization/Administration

Staff Contact Information

Head Athletic Trainer/Assistant to the Athletic Director

Cameron Siciliano, MEd, LAT, ATC

Athletic Director

Emily Sullivan

Principal

John Smith

School Nurse

Janet Chandler, RN, BSN

Certified Athletic Trainer Licensure Policy

Purpose: The profession of athletic training is regulated by the state of Massachusetts and requires that all Certified Athletic Trainers (AT) must obtain a license in order to practice. This policy will provide the requirements necessary when working at Dover-Sherborn High School (DSHS).

Policy:

All full time AT's are required to possess a valid and current Massachusetts state license while working at Dover-Sherborn High School. Newly hired AT's are required to obtain a Massachusetts State license upon passing the National Athletic Trainers Association Board of Certification test and/or being hired by DSHS. Any per diem/covering athletic trainer must be licensed.

Standing Orders

Policy: In compliance with Massachusetts state law 259 CMR 4.02, DSHS shall obtain and maintain Standing Orders with an overseeing physician or dentist. Standing orders shall dictate the scope of practice in which the Athletic Trainer may function in their role at DSHS. The signed standing orders shall be found in [Appendix A](#).

Coverage Plan for Events

Purpose: To provide and communicate to student-athletes, coaches, administrators and sports medicine staff the department's sport coverage strategy, staff availability and scheduling guidelines.

Policy:

All student-athletes of DSHS will have access to all sports medicine facilities, Athletic Training staff, and nursing services located on campus.

One full-time athletic trainer is available for athletic injury evaluation, treatment, and rehabilitation. Typical hours for the athletic trainer will be:

- Fall: 2pm to 6pm M-F, or later depending on home competitions
- Winter: 2pm to 6pm M-F, or later depending on home competitions
- Spring: 2pm to 6pm M-F, or later depending on home competitions

Weekend hours and holiday coverage schedules shall be decided between the athletic trainer and athletic director on a weekly basis. Weekend/holiday coverage of non-competition events is not guaranteed.

Below is a list of guidelines for event coverage by the athletic trainer:

- Responsibility for determining the coverage schedule is coordinated between the Head Athletic Trainer and the Athletic Director.
- All home competitions will be given priority over away competitions or home practices. The one exception to this guideline is away varsity football games, which require coverage per MIAA rules. Whenever possible, no home contest will be scheduled during the same timeframe as an away varsity football contest.
- Home contests will be prioritized based on the inherent risk associated with the sport. Coverage priority is as follows:
 - Collision sports->Contact sports->Non-contact sports.
- Home practices when no home contests occur will be prioritized as follows:
 - Collision sports->Contact Sports->Non-contact sports.
- The athletic trainer shall use their discretion when covering events to ensure best practices are followed.

When an athletic trainer is on-site, radios will be provided to teams based on location. The athletic trainer will be available by radio or by cell phone for the duration of covered practices.

On occasion, a team may practice outside coverage hours for the athletic trainer. In those instances, 911 shall be activated in the event of a significant injury/emergency if no radio is available.

Staff Training & Development

CPR/AED/First Aid Policy

Purpose: The purpose of this policy is to institute a CPR/AED/First Aid training policy for the DSHS Athletics staff and to help ensure the health and safety of our student-athletes.

Policy: All paid athletic coaches must have current and valid CPR certifications. All paid coaches as well as administrative staff will have the opportunity to receive American Red Cross First Aid, CPR and AED training during designated times. Upon completion of the course the staff involved in training will receive a certification card stating they are certified in CPR/AED/First Aid for Adult, Child & Infant. This certification is good for two years. Prior to expiration, a re-certification course must be retaken.

Athletic Training/Sports Medicine employees MUST be certified in Emergency Cardiac Care (ECC). ATs on staff at DSHS must maintain and provide proof of current ECC certifications.

Annual Review of Policies and Emergency Action Plan

Purpose: To provide coaches, staff and administration with policies and procedures regarding athletic activity and emergency procedures at DSHS.

Policy: At the start of each athletic season (Fall, Winter, Spring), coaches and administrators participating in any role for that season shall attend a pre-season meeting. During this meeting, a review of the policy manual, any recent updates, and emergency action procedures shall be reviewed. Any coach or staff member involved in athletics during that season shall attend and shall attest that they have reviewed and understand the policies and procedures.

In the event a coach or staff member cannot attend the pre-season meeting, a separate time shall be coordinated with the athletic trainer or athletic director to review the materials.

Communication

Communication with Coaches

Policy: The athletic trainer is responsible for communication of evaluated injuries/illnesses, including any and all updates to athletic participation status that the athletic trainer receives from other healthcare providers. The athletic trainer shall communicate in a timely manner any injury/illness status, and the nature of the condition. This may be done via direct conversation, email, text message, or phone call as appropriate.

Coaches have the responsibility of communicating any condition a student-athlete makes them aware of that the student-athlete has not communicated to the athletic trainer. The coach should always instruct the student-athlete to communicate directly with the AT, however, the coach should in addition follow up to ensure information is communicated.

Communication with Nursing Staff

Policy: The athletic trainer and school nurse should work closely on any injury or illness experienced by a student-athlete when appropriate. Significant injury/illness shall be communicated between both parties, and the condition shall be documented/tracked in a digital format. Information communicated shall include, but is not limited to, student name, grade, nature of condition, modifications to classroom/athletic activity, and any ongoing concerns.

When dealing with concussions, the AT and nurse shall work together to ensure appropriate return to learn/return to activity progressions are completed. The Concussion Policy shall be adhered to, and input from any outside healthcare provider which the student-athlete sees for evaluation shall also be included in the communication.

Communication with Parent/Guardian

Policy: Communication on any injury/illness resulting in any modification in athletic status, requiring further evaluation, or resulting in a rehabilitation care plan shall be communicated to the student-athlete's parent/guardian in an appropriate time frame. The main mode of communication for non-urgent matters shall be e-mail.

In the event of a significant injury/illness, once immediate care has been rendered, the athletic trainer shall contact the parent/guardian promptly via phone.

Parents/Guardians have the shared responsibility with the student-athlete to communicate injuries/illnesses that influence athletic participation in a timely manner. Parents/guardians should assist student-athletes in obtaining and relaying physician restriction/clearance notes, updates, and any other pertinent medical information. Email is the preferred means of communication unless otherwise specified.

Medical Eligibility

Annual Physical/Health Information

Purpose: To provide coaches and student-athletes with a list of required items and documents that must be received by the DSHS Athletics staff prior to participation. No student-athlete will be cleared to participate in his or her sport until all information is received.

Policy: All student-athletes must complete and turn in paperwork that is required as designated by the DSHS athletics staff and the MIAA. This paperwork is typically due prior to the start of the first athletic season in which the student-athlete will be participating. It is the responsibility of the student-athlete to communicate any health/safety updates to the athletics staff.

Below is the list of paperwork that is required by the athletics staff:

- Physical – MIAA rules allow physicals to be considered current for 13 months from date of exam.
 - A physical form MUST include: Name, DOB, vital statistics, review of systems, date of exam, allergies, medications, and physician/physician designee's signature. In addition, a statement clearing the student-athlete for athletic activity and school activity MUST be included.
 - Forms not including all required information will be denied.
- FamilyID Health History Review
- If applicable: Asthma Action Plan, EpiPen Action Plan, Physician Release following significant injury/surgery

Upon submission of all required items to FamilyID, the athletics staff shall review and approve the student-athlete for athletic participation.

Physician Documentation following Injury/Illness

Purpose: To ensure appropriate documentation and communication regarding student-athlete injury/illness, and to clarify what appropriate documentation is needed.

Policy: In the event a student-athlete suffers an injury or illness that results in their absence of greater than five days of activity, the student-athlete shall obtain written documentation that they are cleared for return to activity. The documentation shall include the nature of the injury/illness, the duration of the restriction, and if applicable, the date of clearance for full return to play.

Documentation should come from an appropriate healthcare provider. The athletic trainer shall use discretion when accepting clearance notes from student-athletes. Medical providers qualified in the area of injury/illness should be consulted. The athletic trainer may, under certain circumstances, require a student-athlete to obtain clearance from a medical provider associated with the nature of the condition, and student-athlete return to participation will be held until such time as an acceptable return clearance is obtained (i.e. seeking clearance for a fracture from a non-orthopedic/PCP provider.)

Medical & Clinical Policies

Automated External Defibrillator (AED) Policy

Purpose: Automated External Defibrillators (AEDs) have been shown in a variety of cases to greatly increase the chance of survival during a cardiac emergency. Every minute that defibrillation is delayed decreases the victim's chance for survival by 10 percent. Both the American Red Cross and the American Heart Association support the use of AEDs and suggest they be present and available as much as possible. This policy shall outline the use of AED's.

Policy:

"Cardiac Chain of Survival"

The American Red Cross suggests a "Cardiac Chain of Survival" that must be implemented in order to maximize a victim's chance of survival. Any break in this chain can compromise the victim's chance of survival. Early defibrillation is the most critical step in restoring the cardiac rhythm and resuscitating a victim of sudden cardiac arrest.

The "Cardiac Chain of Survival" is as follows:

- Early access to care (i.e., calling 911 or another emergency number)
- Early cardiopulmonary resuscitation (CPR)
- Early defibrillation
- Early institution of advanced cardiac life support

Definition of an AED: An automated external defibrillator or AED is a portable electronic device that automatically diagnoses the potentially life threatening cardiac arrhythmias of ventricular fibrillation and pulseless ventricular tachycardia in a patient, and is able to treat them through defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

Definition of defibrillation: Defibrillation is the definitive treatment for the life-threatening cardiac arrhythmias, ventricular fibrillation and pulse less ventricular tachycardia. Defibrillation consists of delivering a therapeutic dose of electrical energy to the affected heart with a device called a defibrillator. Some external units, known as automated external defibrillators (AEDs), automate the diagnosis of treatable rhythms, meaning that lay responders or bystanders are able to use them successfully with little, or in some cases no training at all.

Indications of AED: Use AEDs should only be used on people who are unconscious, not breathing and have no pulse.

In the event of sudden cardiac arrest in a child younger than 12 years of age or less than 55 lbs, use of child pads is required unless unavailable.

Contraindication of AED Use:

- Patient is conscious
- Patient has a pulse

DO NOT use cell phones or two-way radios near the use of an AED.

DO NOT use near flammable agents such as gasoline.

DO NOT use alcohol pads to dry the victim's chest.

All nitroglycerin patches or other patches on the chest should be removed with a glove before using the AED.

No one should touch the victim while the AED is analyzing a victim's heart rhythm or defibrillating. All clothing should be removed from the victim's chest and the chest should be wiped dry.

General steps for using an AED

- Turn on the AED and follow all prompts.
- Plug the connector into the AED, if necessary.
- The chest should be exposed on victim prior to AED use. This includes bras. Use scissors or another cutting tool, if available.
- Wipe the victim's chest dry (do not use alcohol pads).
- Attach the pads (one pad to upper right chest and one pad to lower left chest on an adult; one on the middle of the chest and one on the middle of the back for a small child/infant).
- Make sure that no one, including the rescuer, is touching the victim.
- Let the AED analyze the heart rhythm.
- If a shock is advised, push the "shock" button when advised (tell everyone to stand clear. Make sure no one is touching the victim).
- If no shock is advised, continue CPR for 5 cycles. The AED will reanalyze the victim's heart rhythm automatically.
- If a shock is advised, the AED will alert to press the shock button. Ensure all rescuers are not touching the victim. After the shock is given, the rescuer should give two minutes of CPR and then have the AED reanalyze.

Available AED's

The Athletic Trainer will have a portable AED available at all times, either with them when outside for events, or in the Athletic Training Room when no outdoor events are taking place.

The school nurse has a portable AED available during school hours.

Some Varsity teams shall have a portable AED in the team medical kit (typically blue medical backpack). Kits designated with AED's will be distributed to the highest risk teams - as determined by the Athletic Trainer – each season.

Locations of fixed AED's around school campus

High School – Library Hallway next to Guidance Office

High School – Main Gym Lobby by Men's Bathroom

High School – Lindquist Commons

For more information on AED's, please visit <https://www.redcross.org/take-a-class/aed/using-an-aed/what-is-aed>

mTBI/Concussion Policy

Purpose: A concussion is a complex disturbance in brain function resulting from direct or indirect trauma to the brain. A concussion is related to neurometabolic dysfunction, rather than structural injury. DSHS complies with MIAA citation 105 CMR 201.000: Head Injuries and Concussions in Extracurricular Athletic Activities. This policy will serve as the minimum guidelines to be followed in the event of a mild traumatic brain injury. This policy shall be reviewed annually.

Policy: The following policy is set forth for all DSHS coaches, staff, student-athletes, and parents/guardians.

Education – Coaches and Staff

All coaches and athletics staff shall undergo concussion training annually in coordination with the MIAA regulations. Coaches and staff shall complete one of two MIAA-approved courses listed:

- 1) Heads Up: Concussion in Youth Sports from the Centers for Disease Control and Prevention: <https://www.cdc.gov/headsup/youthsports/training/index.html>
- 2) Concussion in Sports: What you Need to Know from the National Federation of State High School Associations: <https://nfhslearn.com/courses/concussion-in-sports-2>

Coaches and staff shall provide certificate of completion to the athletic director or athletic trainer.

Education – Parent/Guardian and Student-Athlete

All parents/guardians and student-athletes shall receive concussion education annually in coordination with the MIAA regulations.

Parents will view the following video: <https://www.youtube.com/watch?v=zCCD52Pty4A>

Student-athletes will view the following video: <https://www.youtube.com/watch?v=zCCD52Pty4A>

Parents/guardians and student-athletes will review the following fact sheet: https://www.cdc.gov/headsup/pdfs/youthsports/Parent_Athlete_Info_Sheet-a.pdf

Parents/guardians and student-athletes will acknowledge when signing up for their sport that they have read/viewed, understand, and accept the concussion education and injury policy in their online FamilyID portal.

Baseline Testing

All student-athletes will complete an ImPACT baseline test prior to their first sport in their freshman or transfer year, and two calendar years after. The student-athlete will also provide baseline information to the medical staff regarding their history of concussion or brain injury, neurologic disorder, and mental health symptoms and disorders via the history section of the FamilyID profile required during sport sign-up. The information provided by the student-athlete in the health questionnaire will be reviewed by the athletic trainer.

The IMPACT baseline test will be reviewed by the athletic trainer. In the event a student-athlete does poorly on the baseline testing, the student-athlete may be asked to retake the baseline test.

As part of DSHS concussion protocol, if an athlete is concussed, they will take the IMPACT post injury test once symptom free for 24 hours. After review of the post injury test by the athletic trainer, the student-athlete may or may not need to take additional post injury tests.

Process when no Athletic Trainer/Qualified Medical Professional is Present at Event

If no Athletic Trainer or other qualified medical professional is present to evaluate the student-athlete at the event, coaches are responsible for removing any student-athlete they suspect of having a mTBI or concussion from the activity, be it practice, competition, conditioning, weight lifting, or other athletic-related activity. The student-athlete shall not return to any activity until a qualified medical professional in the evaluation of concussion/mTBI has completed a full evaluation of the injury.

As soon as able, the coach is responsible for contacting the parent/guardian to communicate the injury. The coach is also responsible for contacting the athletic trainer within 12 hours of the injury. The coach shall fill out and submit to the athletic trainer within 24 hours a copy of "Report of Head Injury During Sports Season Form" provided by the MA Department of Health ([Appendix B](#)).

Initial Evaluation after Suspected Head Injury

At the time of injury, or as soon as able, the Athletic Trainer will evaluate the student-athlete for signs and symptoms of a concussion as well as a clinical assessment of cervical spine trauma, skull fracture, possible intracranial bleed and catastrophic injury (if appropriate based on timing of seeing the student-athlete). A student-athlete that is determined to display signs/symptoms/behaviors consistent with a concussion will be removed from practice or competition for evaluation. Medical staff will seek consultation with a Medical Doctor immediately if there is one present and available. If a concussion is confirmed or suspected, the student-athlete must be removed from practice/play for the remainder of that calendar day and will be monitored by the medical staff for changes in any symptoms. The student-athlete may only return to play the same day if a concussion is no longer suspected.

The SCAT-6 shall be used in evaluation of suspected mild traumatic brain injury/concussion.

If the student-athlete is asymptomatic after initial evaluation:

- Exertionally test the student-athlete.
- Repeat assessment including cranial nerve assessment, cognitive assessment, and balance assessment.
- If the student-athlete remains asymptomatic after repeat testing, they can be cleared by the Certified Athletic Trainer for participation.
- If the student-athlete displays signs and symptoms of a concussion after repeat testing, they must be removed from practice or competition for the remainder of that calendar day.

If the student-athlete is symptomatic after initial evaluation:

- The student-athlete will be removed from practice or competition for the remainder of that calendar day.
- The student-athlete will be assessed throughout the remaining practice or competition for any change in symptoms.

mTBI Injuries Occurring Outside School Sanctioned Events

In the event a student-athlete sustains a mTBI/concussion outside school events, it is the responsibility of the parent/guardian to communicate the injury to the school nurse/athletic trainer. The parent/guardian must submit a copy of "Report of Head Injury During Sports Season Form" provided by the MA Department of Health ([Appendix B](#)). The parent/guardian will also provide notes from any medical provider that has evaluated the student-athlete. The student-athlete shall not be allowed to participate in any school athletic activity until the return-to-play and return-to-learn (if applicable) protocols are completed. If the injury occurs in a season that the student-athlete is not participating in a school team, documentation should be provided to the athletic trainer prior to the start of the next season of participation that the student-athlete is fully cleared for athletic activity.

Post-Concussion Management

If the student-athlete presents with worsening symptoms, emergency medical attention must be sought immediately. Activation of the emergency action plan (EAP) and transportation to the emergency room will occur if an evaluation of the Glasgow Coma Scale (GCS) is done and the following is found: GCS of less than 13 on initial assessment or GCS is less than 15 at 2 hours or more post initial assessment. Activation of the EAP will also occur if the immediate assessment of a student-athlete presents with the following scenarios: prolonged loss of consciousness, neurological deficits suggesting intracranial trauma, repeat emesis (vomiting), diminishing/worsening mental status or other neurological signs/symptoms and/or spinal injury.

A plan for continued monitoring must be discussed with the student-athlete's parent/guardian. Oral and/or written instructions for home care will be given to the student-athlete and to a parent/guardian who should continue to monitor and supervise the student-athlete during the acute phase of sport related concussion (per the National Athletic Trainers' Association Position Statement: Management of Sport Concussion). The student-athlete that reports a concussion to the athletic training staff will not be allowed to attend/participate in any classroom activity on the same day in which a concussion is reported.

The student-athlete shall complete a daily log of symptom and activity tracking. This log can be submitted electronically by completing the form here: <https://forms.gle/y1YrMoCxCTvN7jwM8>

Return-to-Learn

The Athletic Training staff will notify the school nurse when a student-athlete has sustained a concussion. Notification will be provided through the Google Drive document tracking concussions and via email. Information included in this notification will include the following: Date of injury, type of injury, and any anticipated impact on academics including possible missed class time. The Athletic Training staff will provide updates on current symptoms and give any academic recommendations regarding the level of classroom and academic exposure the student-athlete should have based on the return-to-learn protocol. Recommendations will be based off the signs and symptoms reported to the Athletic Trainer. The school nurse will then communicate these recommendations to the student-athlete's guidance counselor.

If the student-athlete cannot tolerate cognitive activity, the student-athlete will remain out of school. The student-athlete's return to the classroom and/or studying will be on an as tolerated basis. The student-athlete will also be re-evaluated by their overseeing physician (or their designee) in the event that symptoms worsen with academic work and increased cognitive activity. In the event of more specific or prolonged academic accommodations, a Clinical Neuropsychologist or concussion specialist

should be sought out. Complex cases that require a prolonged return-to-learn will be managed by a multidisciplinary concussion management team involving the overseeing physician, neuropsychologist/concussion specialist, athletic trainer, school nurse, guidance, and administration.

If cases are prolonged, school resources will be identified by the concussion team and accommodations will be made in compliance with the ADA as needed.

Upon significant symptom improvement, or at physician direction, the student-athlete will return to school. The student-athlete will progress through the following levels at the discretion of the school nurse or athletic trainer, or as designated by the student-athlete's physician. At the discretion of the school nurse or athletic trainer, a student-athlete may not need to complete each level, based on symptoms and cognitive ability.

Black: Significant symptoms. No academic activity, excused from school. Instructed to refrain from all academic activity, and encourage rest and recovery. Encourage reduced screen time. Typically first 48-72 hours. If moderate-significant symptoms persist longer than 5 days, seek out further evaluation with a physician.

Red: Improvement of symptoms. Symptoms mild. Begin short work at home, 15-20 minute blocks. If symptoms increase by more than 1-2 points per symptom on the SCAT6 symptom scale, cease work and rest for 24 hours. If symptoms continue to persist longer than 10 days at the same level, seek follow-up with a physician.

Orange: Symptoms significantly improved/resolved. Return to school. 20 minutes in class, followed by a 10 minute break. Half-day if recommended by an overseeing physician. No attendance to band, chorus, or physical education. Light athletic activity (walking, biking) may begin at this phase if cleared by the physician/physician designee or school athletic trainer.

Yellow: No remaining symptoms. Full school days with short breaks if necessary. Plan created for make-up of work/tests. Return-to-play protocol may begin for athletics, but no progression to full activity may occur.

Green: No remaining symptoms. Full school days, full work. Full return to athletic activity may occur.

Green: No remaining symptoms. Full school days, full work. Full return to athletic activity may occur.

Return-to-Play

The following stages must be completed before a student-athlete can return to play. Before signing off on full medical clearance, the student-athlete must be asked whether or not they have completed each phase. Inquire about their symptoms, thinking, and concentration skills at each stage described below. Also include questions about the exercises and drills specific to the sport in which they engaged at each stage. The student-athlete should have only moved to the next stage if recurrence of symptoms did not

occur. If symptoms return, inform the student-athlete that they should repeat the previous asymptomatic level, and attempt to progress again after being free of concussion-related symptoms for a further 24 hour period at the lower level. If symptoms persist at the lower level of activity, the student-athlete will be held from all activity for at least 48 hours, and will return to Stage 1 when symptom-free.

The Athletic Trainer shall track symptoms, academic progress, and return-to-play progress through a Google document: [Concussion Tracking Form](#). See link or attached example.

Once the student-athlete is asymptomatic for 24 hours, the student-athlete will take the ImPACT post-injury 1 test and will begin a supervised stepwise progression for return-to-sport. Upon review of the ImPACT test by the athletic trainer, if abnormal results are found, consultation with the overseeing medical doctor will be sought.

Stage 1: Low levels of physical activity. This includes walking/light stationary biking. 30 minutes maximum of physical activity.

Stage 2: Moderate levels of physical activity with body/head movement. This includes jogging, brief running, moderate intensity on the stationary bike, light intensity weightlifting (reduce time and body weight exercises only). 45 minutes maximum of physical activity.

Stage 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary biking, moderate lifting, non-contact sport specific drills (agility with 3 planes of movement). 60 minutes maximum of physical activity.

Stage 4: Sports specific non-contact practice. All drills, conditioning, etc. excluding drills involving possible contact. Full weight lifting. 90 minutes maximum of physical activity.

Stage 5: Full contact (if appropriate) in a controlled drill or practice. The physician or medical provider should sign the medical clearance form before being cleared for full contact practice. Student-athlete may not participate in a contest. No maximum time for physical activity.

Stage 6: Return to competition.

Final and Full Return to Play

Consultation with the athletic trainer will take place throughout the evaluation and return to play progression. Final and official medical clearance for unrestricted return-to-sport will be made by the athletic trainer once the overseeing physician or medically qualified physician designee has signed off on full return to participation. Unrestricted return-to-sport should not occur prior to unrestricted return-to-learn. The student-athlete must participate in a full contact practice before returning to game play.

Further Information

Additional information can be found on the following websites:

- ImPACT Testing: www.impacttest.com

- MIAA Concussion Policy: <https://miaa.net/concussion>
- Massachusetts Department of Public Health: <https://www.mass.gov/sports-related-concussions-and-head-injuries>

Epi-pen Administration Policies and Procedures

Introduction to the Epinephrine Auto Injector (Epi-pen)

Epinephrine is the drug of choice for the emergency treatment of severe allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs or other allergens and for basic life support treatment for severe asthma. Epinephrine when given subcutaneously or intramuscularly has a rapid onset and a short duration. Epinephrine causes bronchial smooth muscle to relax, which alleviates wheezing and dyspnea (difficulty breathing). Epinephrine also alleviates itching (pruritus), hives (urticaria), and angioedema and may be effective in relieving gastrointestinal and genitourinary symptoms associated with anaphylaxis.

The Epi-Pen is a spring activated needle that is designed to deliver a single precise dose (0.3 mg of 1:1000 solution) of epinephrine to adults when activated. There is also an Epi-Pen Jr. that has a dosage of 0.15 mg of epinephrine that should be used for infants/children under 8 years old. Once the Epi-Pen epinephrine is injected, the drug takes effect within seconds, but the duration of its effectiveness is short (about 10-20 minutes).

In a very severe case a second dose may need to be administered after 5 minutes if the initial response was inadequate.

Indications and Contraindications for Epinephrine Administration

Epinephrine is indicated in the emergency treatment of severe allergic reaction as well as severe idiopathic or exercise induced asthma. The Epi-Pen is intended for a person with a history of an anaphylactic reaction. Signs and symptoms of such a reaction consist of: flushing, apprehension, syncope (fainting), tachycardia (increase heart rate usually >100 beats per minute), thready or unobtainable pulse associated with a fall in blood pressure, convulsions, vomiting, diarrhea and abdominal cramps, wheezing, difficulty breathing, rashes, and hives.

Precautions should be taken with people that have a history of: hyperthyroid problems, cardiovascular disease, hypertension or diabetes, elderly individuals, pregnant women and children weighing less than 33 lbs (using the Epi-Pen Jr.).

Possible Side Effects

Side effects of epinephrine may include palpitations, increased heart rate, sweating, nausea and vomiting, respiratory difficulty, pallor, dizziness, weakness, tremor, headache, apprehension, nervousness and anxiety. Cardiac arrhythmias may follow administration of epinephrine.

Emergency Care and Administration of Epinephrine

The Sports Medicine staff should:

- Activate Emergency Action Plan by calling EMS
- Maintain airway and monitor vitals
- Administer epinephrine by a prescribed auto-injector
- Continue to reassess and monitor vitals

How to Administer Epinephrine through Epi-Pen

- Check the Epi-Pen to ensure the medication has not expired, has not become discolored and does not contain particulates or sediments.
- Prep skin site with alcohol pad
- Remove the gray safety cap from the auto-injector
- Place the tip of the auto-injector against the anterolateral aspect of the patient's thigh midway between the waist and knee
- Push the injector firmly against the thigh until the spring-loaded needle is deployed and the medication is injected (follow brand-specific instructions)
- Dispose of the auto-injector in a sharps biohazard container. Be careful not to prick yourself since the needle will now be protruding from the end of the injector
- Record that epinephrine was administered, the dose and the time of administration

Reassessment and Care

Following administration of epinephrine it is necessary to reassess the patient. Reassessment should include continued evaluation of airway, breathing and circulatory status. Decreasing mental status, decreasing blood pressure and increasing difficulty in breathing indicate the allergic reaction or severe asthma is worsening.

If this condition occurs consider the following interventions: injection of a second dose of epinephrine if second auto-injector is available, provide emergency care for shock, and be prepared to initiate CPR and apply AED if patient does not have a pulse.

If the patient's condition improves following administration of epinephrine, continue to perform ongoing assessments. Patient may complain of side effects from the injection. Any patient requiring epinephrine administration should be transported to the closest available medical facility for follow-up evaluation and treatment as soon as possible. Remember that epinephrine is short-acting (10-20 minutes) and signs and symptoms may return as the drug wears off.

Semi-annual review

Twice a year, the Head Athletic Trainer will maintain the Epi-Pens. The Head Athletic Trainer will ensure that there are Epi-Pens in stock, that they have not expired, and they have not gone bad (i.e. change color, have sediments, etc.). A student-athlete that discloses an allergy that requires an EpiPen will be added to the "Red Flags" list that is created each year when medical paperwork is due (health history questionnaire).

Location of Epi-pens

The Athletic Trainer will have an Epi-Pen with them either in their athletic training kit or fanny/shoulder pack. A second will be stored in the Athletic Training Room cabinets (marked).

Cold Weather Policy

Purpose: Athletes involved in sport-related workouts or competitions in cold, wet or windy conditions are at risk for environmental cold injuries. The following recommendations are intended to provide athletic staff and health care providers with guidance in minimizing the risk to the health and safety of athletes exposed to cold environments.

Policy: (Adopted from MIAA Sports Medicine Committee Cold Weather Reference Document rev. February 2021)

This policy was created to outline best practices for sports and cold weather that are backed by many published documents. Additionally, a cold weather Wind Chill Determination chart published by USA Soccer is included for reference and guidance ([Appendix C](#)). These guidelines can be utilized to prepare for the cold, modifications for outdoor activities in responses to cold temperature, and cold injuries to be most aware of. Please be aware these guidelines should be used in the absence of any form of precipitation (ex. Snow, rain, etc.). In the case of precipitation AND cold weather, the medical staff or athletic trainer on-site are responsible for final decisions regarding outdoor athletic activity due to the increased risk of cold injuries in this specific environment.

Cold Weather Chart

Wind-Chill Temperature	Recommended Guidelines
≤0°F	Cancel all planned events, practices, and outdoor workouts and reschedule (or move indoors if facility allows)
≤10-15°F	<ul style="list-style-type: none">-All athletes not actively participating (due to injuries, illness, eligibility, etc.) shall remain indoors-Limit outdoor exposure time to no longer than 60 total minutes-After 20 consecutive minutes of outdoor practice, allow for indoor re-warming
≤20°F	<ul style="list-style-type: none">-All participants should be required to wear extra clothing and accessories to cover any exposed skin including, but not limited to, pants, long sleeve shirts, hats, and gloves.-Athletic trainers or other medical staff present should make adjustments/recommendations for additional winter clothing or equipment as seen fit.-All athletes not actively participating (due to injuries, illness, eligibility, etc.) should remain indoors
≤25°F	<ul style="list-style-type: none">-Be alert, aware, and attentive to possible signs of cold injury-All participating athletes should take all precautions to continue to cover any exposed skin. Hats, gloves and extra layers should be worn, at minimum, during warm-ups but encouraged during the entire practice-All athletes not actively participating (due to injuries, illness, eligibility, etc.) should take all precautions on the sidelines by covering any area of exposed skin and continuing to move around rather than stay stationary

Alpine/Nordic Skiing

An exception to the cold weather policy shall be Nordic/Alpine skiing. Due to the nature of the sport and the ability of student-athletes to dress in appropriate clothing, the cold weather policy shall not apply. Discretion should be used by the head coach to modify activity when necessary to ensure the health and safety of the student-athletes.

Hot Weather Policy

Purpose: To ensure the safety of student-athletes during extreme temperatures and to provide specific guidelines for modification of outdoor activity.

Policy:

Wet Bulb Globe Temperature

Massachusetts falls into Category 1

The wet bulb globe temperature monitors ambient temperature, relative humidity, wind, and solar radiation from the sun in order to monitor environmental conditions during exercise. The WBGT will be monitored by the AT and coaches will be notified if practice changes need to be made.

WBGT Reading	Practice and/or Competition Activity
Below 76°F	Normal activities. Provide at least 3 separate rest breaks each hour for a minimum duration of 3 minutes each during workout.
76.1-81.0°F	Use discretion for intense or prolonged exercise, and watch at-risk players carefully. Provide at least 3 separate rest breaks each hour for a minimum duration of 4 minutes each.
81.1-84.0°F	Maximum activity time is 2 hours. For equipment intensive sports: Players should be restricted to a helmet, shoulder pads, and shorts during activity; all protective equipment must be removed for conditioning activities. For all sports: Provide at least 4 separate rest breaks each hour for a minimum of 4 minutes each.
84.1-86.0°F	Maximum length of activity is 1 hour. No protective equipment may be worn during activity, and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of activity.
Above 86.1°F	No outdoor workouts. Cancel exercise, and delay activity until a cooler wet-bulb globe temperature reading occurs.
*If equipment modifications are necessary, no games should occur for that sport.	

Heat Index

If no WBGT is available, Heat Index shall be followed.

If the actual heat index is 95°F or higher, activity will be altered and/or eliminated using the following guidelines

- **Heat Index \geq 105°F- DANGER-** Stop all outside activity in practice and/or play, and stop all inside activity if air conditioning is unavailable

- **Heat Index $\geq 100^{\circ}\text{F}$ and $< 105^{\circ}\text{F}$ -** WARNING: Postpone practice to later in the day and/or practice time limitation. Modify practices as well as contact sports with equipment usage. Also allow for scheduled water breaks.
- **Heat Index $\geq 95^{\circ}\text{F}$ and $< 100^{\circ}\text{F}$ -** CAUTION: Consider postponing practice to later in the day. Modify practices as well as contact sports with equipment usage. Also allow for scheduled water breaks. Monitor conditions/athletes
- **Heat Index $\geq 80^{\circ}\text{F}$ and $< 95^{\circ}\text{F}$ -** NOTICE: Provide ample amounts of water breaks and monitor conditions/athletes
- **Heat Index $< 80^{\circ}\text{F}$ -** SAFE

Guidelines for hydration and rest breaks

- Rest time should involve both unlimited hydration intake (water or electrolyte drinks) and rest without any activity involved
 - For sports that use helmets, helmets should be removed during rest time
 - The site of the rest time should be a “cooling zone” and not in direct sunlight.
 - When WBGT is above 84, ice water and towels should be available in the “cooling zone” to aid the cooling process.
 - Cold-water immersion tubs should be available for the benefit of any player showing signs of heat illness.

Definitions

1. Practice activity: the period of time that a participant engages in coachsupervised, school-approved sport or conditioning-related practice activity. Practice activities are timed from the time the players report to the field until they leave.
2. Conditioning activities: warmup, stretching, cardio, moderate to intense aerobic activities, etc.
3. Walk through: this period of time shall last no more than one hour and is not considered to be a part of the practice time regulation, and may not involve conditioning or weight-room activities. Players may not wear protective equipment.
4. Interscholastic competition: actual game play between teams and players. Given the opportunity for pauses in play, breaks when changing possessions and valuable work to rest ratios, interscholastic competition can take place up to and including WBGT readings of 86.0°F .

Lightning Policy

Purpose: To provide DSHS student-athletes, coaches, and staff with lightning safety guidelines, define what a “safe structure” is, and provide the safe structure locations.

Lightning is the most consistent and significant weather hazard that may affect interscholastic athletics. Within the United States, the National Severe Storms Laboratory (NSSL) estimates that 100 fatalities and 400-500 injuries requiring medical treatment occur from lightning strikes every year. While the probability of being struck by lightning is extremely low, the odds are significantly greater when a storm is in the area and the proper safety precautions are not followed.

Policy: During inclement weather, precautions should be taken to ensure the safety of all participants, spectators, officials and staff members. DSHS designates the athletic trainer on-site as the primary individual to make weather-related decisions. In the event the athletic trainer is unavailable, the chain of command will be: athletic director/their designee->school administrator->referee/official->head coach.

The following steps are recommended by the NCAA and National Oceanic and Atmospheric Administration (NOAA):

- Designate a person to monitor threatening weather and to make the decision to remove a team or individuals from an athletics site or event.
- Monitor local weather reports each day before any practice or event. - Be informed of National Weather Service (NWS) issued thunderstorm “watches” or “warnings”. (watch=conditions are favorable for severe weather; warning=severe weather has been reported in the area).
- Know where the closest “safer structure or location” is to the field or playing area. Lightning awareness should be heightened at the first flash of lightning, clap of thunder, and/or other criteria such as increasing winds or darkening skies, no matter how far away.
- Follow recommendations when resuming athletic activities. “Safer Building or Location”

A “safer building or location” is defined in the NCAA Sports Medicine Handbook for 2014-2015 (pages 17-18) as:

Any fully enclosed building normally occupied or frequently used by people, with plumbing and/or electrical wiring that acts to ground the structure. Avoid using the shower, plumbing facilities, and electrical appliances, and stay away from open windows and doorways during a thunderstorm.

In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (neither a convertible, nor a golf cart) with the windows shut provides a measure of safety. The hard metal frame and the roof, not the rubber tires, are what protect occupants by dissipating lightning current around the vehicle and not through the occupants. It is important not to touch the metal framework of the vehicle.

Dangerous Locations

Outside locations increase the risk of being struck by lightning when thunderstorms are in the area. Small covered shelters are not safe from lightning. Typically, anything referred to as a “shelter” is not safe from lightning. Dugouts, refreshment stands, open press boxes, rain shelters, golf shelters and picnic shelters, even if they are properly grounded for structural safety, are unsafe and may actually increase the risk of lightning injury. Other dangerous locations include high ground, bodies of water (pools, ponds, lakes) and areas connected to, or near, light poles, towers and fences that can carry a nearby strike to people. Another dangerous place is any location that makes the person the highest point in the area.

Lightning Safety Plan for DSHS

Below you will find guidelines specific to DSHS and how athletic events will be managed during times of inclement/dangerous weather:

- During games and practices the Athletic Trainer will have the final say when it comes to postponement of athletic events and practices that may be effected by inclement weather.
- During practices and games, the athletic trainer will be the designated “weather watcher”.
 - The Athletic Trainer may have a lighting detector in their kit. The Athletic Trainer will also have access to weather apps such as WeatherBug, AccuWeather, NOAA, etc. via their cell phone.
- As a minimum, by the time the “weather watcher” observes 30 seconds between seeing a lightning flash and hearing its associated thunder, EVERYONE SHOULD BE OFF THE FIELD AND IN A SAFER STRUCTURE.
 - If a lightning detector is being utilized, the event shall be suspended when the lightning detector alerts to lightning within 10 miles.
- All outdoor sports should go to their designated “Safe Structure”
 - Avoid using landlines during a storm except in the case of emergency if no cell phone is available.
- In order to resume to athletics activity, you must wait 30 minutes after both the last sound of thunder and the last flash of lightning.

If lightning is seen without hearing thunder, lightning may be out of range and therefore less likely to be a significant threat.

Safe Structures on DSHS/MS Campus

The closest open safe structure should be utilized during events.

- DSHS Main Gym
- DSMS Main Gym
- DSHS Main Building
- DSMS Main Building
- Lindquist Commons

Cancellation of Activity

In the event severe weather results in cancellation of an in-progress event, student-athletes should NOT be permitted to cross open spaces until severe weather has passed and an “all clear” situation is achieved.

Aquatic Sports

Additional precautions should be taken for aquatic sports.

Outdoor Aquatic Sports

Any outdoor aquatic sport must take into consideration the time it will take the student-athletes to enter a safe structure during inclement weather. Additional time should be allotted for student-athletes to leave the water and enter a safe structure. If inclement weather is imminent in the area, an event should not take place until the threat of dangerous weather has ceased.

Swimming/Diving

Student-athletes involved in pool sports should follow the lightning policy. If lightning is detected in the area within 10 miles, all student-athletes should leave the pool deck and enter a locker room/other area away from standing water. They may re-enter the water 30 minutes after the last sign of lightning or the storm departs the 10-mile threshold.

Managing Victims Struck by Lightning

- Survey the scene
- Activate EMS
- Lightning victims do **not** 'carry a charge' and are safe to touch.
- If necessary, move the victim with care to a safer location.
- Evaluate airway, breathing, and circulation (ABCs), and begin CPR if necessary.
- Evaluate and treat for possible hypothermia, shock, burns and fractures.

Water Coolers

Policy: It is the responsibility of each team to retrieve their own water. Coaches should delegate this responsibility to student-athletes on a rotating basis. Student-athletes should come into the ATR, select a water cooler, and fill with ice/water. The hose to fill the jug is to the right of the sink. Coolers **MUST** be returned to the ATR at the conclusion of practice.

Teams going to away games should get water prior to departure. The cooler should be returned either following the game or the next day. Coolers can be left outside the ATR in the event the door is locked.

Emergency Kits

Policy: Each team will be assigned a supply kit and/or AED blue backpack at the start of their season depending on location of team's practices. These kits will be the coach's responsibility to have available at each practice as well as at away games. It is preferred that each team in the Tri-Valley League carry their own supplies, so if an athlete needs taping, wound care, etc. at an away venue they are responsible to present their kit to the other AT. Each kit is supplied with various tapes, bandages, gauze, gloves, etc. and can be returned to the AT at any time for restocking. The kits must be returned at the end of the sports season.

Injury Status/Protocol for Coaches

Whether the student-athlete is injured during a practice or game, they must be seen by the AT for an evaluation before returning to participation. After the injury has been assessed they will be given one of the 4 statuses listed below.

- Full return to play - If injury is mild and just may need ice, wound care (bandages), taping, compression wrapping, etc.
- As tolerated – May participate as tolerated, but should be re-evaluated if injury/illness worsens.
- Limited participation - Return to practice with instructions to limit their participation in certain exercises/drills. For example: may perform running drills at half speed and avoid contact until further notice.
- No return to participation - Consists of moderate to severe sprains, strains, possible concussions, contusions, etc. In this case they will be withheld from playing until either
 - Re-evaluation by the AT
 - Seen by their primary care physician/specialty physician for further evaluation and clearance to participate.

Coaches will be informed of a student-athlete's status as soon as possible after information becomes available. Parents will also be called depending on the severity of the injury.

If the student-athlete shows up at practice without being seen by AT with known injury from a previous date, please have them consult with the AT before allowing them to practice.

*****If a student-athlete has been seen by a physician for an injury, they must submit a physician note on letterhead to the AT before returning to participation. A parent's note will not be accepted.*****

Crisis Management and Mental Health Protocols

Policy: All emergencies regarding a crisis or a mental health situation after school hours that involve any person associated with athletics must be reported to the AD. The AD will assess the situation and initiate a chain of communication to the AT, Principal, parent(s) of individual(s), and they will determine if EMS needs to be activated.

Emergency Action Plan

Purpose: An EAP is set in place to manage each situation and to avoid the liability of further harm to the student-athlete. Spectators must refrain from crowding an injured student-athlete with the help of the coaches and AD. Failure to comply with this request may result in confusion, further injury, and/or delayed emergency response to the athlete. Only parents of the injured student-athlete are allowed on the scene due to the confidentiality (HIPAA) of the student-athlete and their family. No information will be disclosed to any other personnel not involved in the EAP.

Emergency Personnel & Communication

The certified athletic trainer (AT) will provide coverage for the on-site home games, hockey home games at off-site venues, and varsity football away games. At the discretion of the Athletic Director (AD), post-season tournament competitions may also be covered at away locations.

Practice coverage consists of the AT present on school grounds, whether in the athletic training room (ATR), or at the site of practice. Contact sports will have precedence of coverage in the event that 2 or more games are scheduled for the same time.

Coaches are responsible for communicating on a two-way radio utilizing Channel 6 to remain in contact with the AT in the case of an emergency. Each radio should be returned at the end of the day to recharge overnight.

Roles of Emergency Personnel

Injury at practice/game with an AT present

The AT is the first responder. The coach and Athletic Director (AD) may be asked to assist with the emergency either by activating Emergency Medical Services (EMS), open access gates, crowd control, etc.

Injury at practice/game with AT on-site

The coach is the first responder and should assess the severity of the situation. The coach must use their 2-way radio to contact the AT. The AT may ask for a brief description of situation/injury to better equip themselves with the appropriate supplies needed. Radio communication should not include the athlete's name.

Injury at practice with AT unavailable

In the event a practice occurs without the AT on-site, the coach shall act as the first responder. The coach shall assess the severity of the injury. Basic injuries including minor sprains, contusions, suspected concussions without loss of consciousness/neck pain/significant symptoms, and minor cuts/scrapes can

be handled by the coach. More significant injuries, such as fractures, loss of consciousness, injury resulting in shock, or other life-threatening injury require EMS activation.

Coaches' other role in the event of an emergency

Coaches can be vital personnel in helping the AT in the event of an emergency and may be asked to perform some actions to aid in the EAP. These actions may include: retrieving the AT's supply kit, crowd control, contacting the student-athlete's parents, talking to/comforting the student-athlete/parent(s) while AT is accessing the injury, and/or administering CPR when necessary.

Attending physician for home football games

The attending physician shall lead the emergency medical care of the student-athlete. The physician shall be responsible solely for the medical care of the student-athlete, and is not involved in the activation of EMS or any other component of the EAP.

Activation of Emergency Medical Services

EMS activation will be initiated by either the AT, AD, or coaching staff member using their 2-way radio on Channel 2. If a radio is unavailable, utilize a cellphone to dial 911.

EMS Activation Instructions

- Switch channel knob on top of radio to Channel 2.
- Hold down talk button on left side of radio and wait until beep stops before stating: "Dover Sherborn High School to Dover dispatcher"
- Release button and wait for response.
- Inform dispatcher of situation and need of EMS. Follow dispatch prompts.
- You will also need to know the venue location and route of passage to better assist the responders.
- Do not state student-athlete's name.
- Once EMS has been activated, the initial responder must stay with the student-athlete and switch back to Channel 6 to inform the AT, Principal, and AD of the situation (if available and not at the scene).
- The student-athlete's parent(s) should be notified of their injury as soon as possible once EMS has arrived and the situation is under control.
- When a student-athlete is transported to the hospital via an ambulance, a staff member must accompany them if a parent/guardian is not present.

Do not use cell phones as primary means of emergency communication since the reception is not consistent on the DSHS grounds.

Emergency Equipment

The following are items available during event coverage at home games in the event of an injury. Equipment is checked before the start of every sport season.

- Automated external defibrillator (AED) and airway barrier
- Emergency first aid materials
- Crutches, immobilizers, slings, splints
- Two-way radios
- Golf cart/Kubota-located under covered courtyard/in shed

Locations of Automated External Defibrillators (AEDs)

MIAA mandates that an AED be on-site at all athletic events and accessible within 3 minutes (gold standard is within 1 minute).

- Athletic Training Room or with AT on-site
- Main entrance lobby of High School Gymnasium
- Across the hallway of the nurses office towards the library
- Lindquist Commons-Cafeteria

4 Additional AEDs (blue backpacks/kits) - Assigned to specific varsity teams throughout each season.

Venue Locations/Points of Access

DS Police/Fire, AD and AT have keys to locks on DSHS grounds

Venues- Outdoor

-Dover Sherborn High School

-Frothingham Stadium/Nora Searle field

-Upper fields

-Farm St. fields

-Football practice/Junction St field

-Baseball fields

-Softball field

-Tennis courts

-Cross Country

Ambulance Entrance Routes

-9 Junction St. Dover, MA 02030

-Student parking entrance to visitor side double gate. Chain-locked

-Student parking entrance, pass stadium, follow dirt path. Chain-locked

-Student parking entrance, immediately on right side. Chain- locked

- Faculty parking or DS Middle school rotary entrance.

-Student parking entrance, behind tennis courts

-Student parking entrance, immediately on left side.

-Student parking entrance, courts on right.

-Student parking entrance, pass stadium, follow dirt path and pass Upper fields

Venues- Indoor

-DSHS Gymnasium

Ambulance Entrance Routes

-Faculty parking, grounds road behind school.

-DSHS Weight room

-Faculty parking, grounds road behind school,
off of gym.

Venues- Off school grounds

- Blackstone Valley IcePlex (Girls Hockey)
- William Chase Arena (Boys Hockey)
- Weston Rivers Ice Rink (Boys Hockey)
- Kingsbury Club (Swimming)
- Gymnastics Express (Gymnastics)
- Sassamon Trace (Golf)
- Blue Hills (Alpine Ski)
- Weston Ski Track (Nordic Ski)
- Farm Pond (Sailing)

Ambulance Entrance Routes

- 121 Plain St. Hopedale Ma 01747
- 35 Windsor Ave. Natick, Ma 01760
- 333 Winter St. Weston, Ma 02493
- 2 Icehouse Rd. Medfield, Ma 02052
- 46 Middlesex Ave. Natick, Ma 01760
- 233 S. Main St. Natick, Ma 01760
- 4001 Washington St. Canton, Ma 02021
- 200 Park Rd. Weston, Ma 02493
- Farm Pond Sherborn, Ma 01770

Hospitals and Affiliations

- | | |
|---|---|
| -Children's Hospital Boston
Dr. Mininder Kocher, MD, MPH | -300 Longwood Ave. Boston, Ma 02115
(617) 355-6000 |
| -Newton-Wellesley Hospital | -2014 Washington St. Newton, Ma 02462
(617) 243-6000 |
| -MetroWest Medical Center/
Leonard Morse Hospital | -67 Union St. Natick, Ma 01760
(508) 650-7000 |
| -Beth Israel Deaconess Hospital | -148 Chestnut St. Needham, Ma 02492 |

Emergency Action Plan – Internal Group

Assess the situation.

Establish type and extent of injury/condition as well as level of consciousness

Radio (Channel 6) the Athletic Trainer if they are available on-site

- The Athletic Trainer will respond and take over care/coordination of emergency

If the Athletic Trainer is NOT available on-site, Radio (Channel 2) Dover Police “Dover-Sherborn High School to Dover Dispatcher”

Wait for response and follow prompts of Dispatcher

Provide the following information:

- Your name
- Condition and injury of the person requiring medical attention
- Specific location of the injured person
- Provide any information of treatment given
- DO NOT switch off from Dispatcher until cleared to do so

If available, send someone to meet EMS/Police

Emergency Action Plan – External Group

Assess the situation.

Establish type and extent of injury/condition as well as level of consciousness

Call 911

Follow prompts of Dispatcher

Provide the following information:

- Your name
- Condition and injury of the person requiring medical attention
- Specific location of the injured person
- Provide any information of treatment given
- DO NOT switch off from Dispatcher until cleared to do so

If available, send someone to meet EMS/Police

Appendices

Appendix A- Standing Orders

Dover-Sherborn High School

Physician Standing Orders for Licensed Athletic Trainer

An athletic trainer is any person who is duly licensed in the Commonwealth of Massachusetts as an athletic trainer and who limits their practice to schools, camps, tournaments, special events, athletic teams, or organizations with whom they are associated and who has agreed to the provisions outlined in this standing order by the undersigned physician, duly registered in the Commonwealth.

Athletic training for purposes of this standing order shall apply to the application of principles, methods and procedures of:

1. Immediate evaluation of injury or illness of all student-athletes:
 - a. Rule out head and neck injury
 - b. Ambulance transport if necessary for loss of consciousness, severe or worsening concussion symptoms, suspected neck injury, or other condition as deemed appropriate by medical director's designee.
 - c. Athlete in stable condition must be referred to a licensed healthcare professional if deemed necessary/appropriate by medical director's designee.
2. Rule out use of Epi-pens for severe allergic reactions:
 - a. If administered, student-athlete must be transported or treated as directed by an individual's management plan.
3. Rule out Sudden Cardiac Arrest event:
 - a. Immediate referral if the student-athlete is in stable condition.
 - b. If unstable, immediate EMS transport.
4. Provide Emergency First Aid as needed as per Emergency Action Plan
5. Evaluation of an Injury or Illness for ALL student-athletes:
 - a. History/Mechanism of injury
 - b. Inspection/Observation
 - c. Palpation
 - d. Special Testing
 - e. ROM, Strength Testing
 - f. Functional testing, when deemed appropriate by the medical director's designee.
6. Immediate Treatment of an Orthopedic Injury for all student-athletes:
 - a. Immediate treatment as deemed appropriate by medical director's designee.
 - i. Ice, wrapping/strapping, splinting/immobilization, etc.
 - b. Record injury or illness assessments.
 - c. Referral for further medical treatment as needed.
 - d. Notify Parent(s) or Guardian(s) of the extent of the injury or illness.
 - e. Notify School Nurse(s) to allow appropriate accommodations for an injured/ill student-athlete.
 - f. Immediate Follow-up Treatment (24-48 hours) as available.

7. Re-evaluation of injury or illness status:
 - a. Re-evaluate/monitor signs, symptoms, orthopedic screening results, head injury management.
 - b. Seek further medical treatment if warranted.
8. Post Injury Care:
 - a. Treatments including modalities as indicated.
 - b. Rehabilitation Program for orthopedic injuries.
 - i. Short-term goals: protection, decrease swelling, increase range of motion, etc.
 - ii. Long-term goals: 90% strength and full pain-free range of motion, within normal limits functioning testing.
9. Supportive techniques:
 - a. Taping, Bracing, pad fabrication, etc. as deemed necessary.
10. Functional Testing, Return to Activity/Academics:
 - a. Determine level of activity for returning to participation/academics.
 - i. Out, limited, or full as determined by the student-athlete's overseeing medical provider and/or the school medical director's designee.
 - b. 5-Phase Return to Participation program for concussions per school plan.
11. Return to Participation:
 - a. Continue rehabilitation until long-term goals are met as determined by the school medical director's designee.
 - b. Full participation for orthopedic injuries if 90% strength and full pain-free ROM with functional testing as determined by the school medical director's designee and/or student-athlete's overseeing provider.
12. Concussions:
 - a. Evaluation from a licensed healthcare provider trained in the evaluation and management of concussions- MD, DO, PA or NP.
 - b. Completion of a RTP program per school plan, or per student-athlete's medical provider, which ever plan is deemed more conservative by the medical director's designee. RTP program will include neurocognitive testing via ImPACT Application.
 - c. Final release from student-athlete's overseeing medical provider, and school medical director's designee.

As the designated physician within Children's Sports Medicine Foundation, I hereby authorize and certify the athletic trainer(s) identified below to provide services to athletes as outlined in this standing order in accordance with the standard procedures and protocols adopted by the National Athletic Trainer's Association. I understand that I may amend, expand or rescind the above standing order at any time. This document does not supersede or invalidate written policies and procedures that are required by any accrediting or licensure authorities which specify who may perform specific procedures and/or instruction, under what circumstances, and

under what degree of supervision. This document is valid for one year from the date signed by the designated physician, assuming the athletic trainer practices within the above stated scope of his/her license during this period.



Mininder Kocher, MD
Designated Physician

08/30/2023

Date



Cameron Siciliano, Med, LAT, ATC
Dover-sherborn High School

8-30-23

Date

Athletic Trainers covered:

Cameron Siciliano

*this Standing order shall also cover any per diem contracted athletic trainer that is brought in to cover an event due to the unavailability of the listed athletic trainers above.

Appendix B- Report of Head Injury During Sports Season



MAURA T. HEALEY
Governor
KIMBERLEY DRISCOLL
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

KATHLEEN E. WALSH
Secretary
ROBERT GOLDSTEIN, MD, PhD
Commissioner
Tel: 617-624-6000
www.mass.gov/dph

Report of Head Injury During Sports Season Form

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a possible concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student Information

Student's name	Sex	Date of birth	Grade
School name	Sport(s)		
Home address	Phone number		

Date of injury:	Did the incident take place during an extracurricular athletic activity? Yes _____ No _____
If so, where did the incident take place?	
Please describe nature and extent of injuries to student:	

For Parents/Guardians:

Did the student receive medical attention? Yes _____ No _____	If yes, was a concussion diagnosed? Yes _____ No _____
--	---

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.

Please circle one: Coach or Marching Band Director Parent/Guardian

Name of person completing form (please print): _____

Signature: _____ Date: _____

June 2023

Appendix C- Cold Weather Chart



STEP ONE - DETERMINE WIND CHILL TEMPERATURE

The effects of cold weather can impact health and safety during practices and games. The definition of "cold stress" varies across the United States, depending on how accustomed people are to cold weather. A player from Minnesota will have a much different threshold for cold than a player from Florida.

WIND CHILL TEMPERATURE (WCT) INDEX TEMPERATURE IN DEGREES FAHRENHEIT														
WIND SPEED		40	35	30	25	20	15	10	5	0	-5	-10	-15	-20
	5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34
	10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41
	15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45
	20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48
	25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51
	30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53
	35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55
	40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57
	45	27	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58
	50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60

STEP TWO - FIND YOUR ALERT LEVEL

Use this chart to determine the alert level at your location based on the wind chill temperature.

ALERT LEVEL	WCT (F)	EVENT CONDITIONS	RECOMMENDED ACTION
BLACK	< 0	Extreme Conditions*	Cancel or attempt to move activities indoors. Frostbite could occur
RED	1-15	High Risk for Cold Related Illness*	Consider modifying activity to limit exposure and allow for more frequent chances to rewarm
ORANGE	16-24	Moderate Risk for Cold Related Illness*	Provide additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for rewarming
YELLOW	25-30	Less than Ideal Conditions*	Be aware of the potential for cold injury and notify appropriate personnel of the potential
GREEN	>30	Good Conditions	Normal activities

* In wet environments with colder conditions, the following situations are accelerated. Use additional caution to recognize potential cold injuries. (NOTE: These WCT guidelines were adapted from the NATA position statement: Environmental Cold Injuries by Cappaert et al. 2008.)

Report of the
Dover-Sherborn Regional School Committee

Judi Miller, Chair (Sherborn)
Mark Healey, Vice Chair (Dover)
Angie Johnson, Secretary (Sherborn)
Maggie Charron, (Dover)
Kate Potter, (Sherborn)
Colleen Burt, (Dover)

The mission of the Dover-Sherborn Regional School Committee (DSRSC) is to ensure that our nationally recognized, high-performing school system continues to provide innovative teaching and learning experiences that inspire and support all students on their individual educational journeys. Dover and Sherborn members of the DSRSC are elected by Dover and Sherborn citizens, respectively, on a rotating basis of one member each year for a three-year term.

Enrollment

As of October 2023, enrollment in the Dover-Sherborn Regional School District (the District) was 1,111 students.

District Strategic Plan

Superintendent McCoy had used her entry plan data to develop and propose a five year Strategic Plan in spring 2023. This plan, adopted in September 2023, prioritizes both rigor and innovative practices to prepare students for an ever-evolving world. It aims to challenge and support every student, fostering a growth mindset through comprehensive programs and a welcoming environment. The plan champions educator development through collaboration and professional growth opportunities, while seeking family and community partnerships to realize a shared vision. In addition to direct and “whole child” student support in pursuit of academic and extra-curricular excellence for all, it commits to evaluating and optimizing facilities to ensure the safety and sustainability of learning spaces in a dynamic educational environment. The clear vision, mission and goals of this Strategic Plan ensure sound and actionable progress in the coming years.

Academic Outcomes

The District remains one of the leaders in the Commonwealth in terms of academic outcomes for our students.

Next Generation MCAS testing results for 2023 were as follows:

- ***English Language Arts:*** Eighty-six percent of sophomores met or exceeded expectations (state average 58%).
- ***Mathematics:*** Eighty-eight percent of sophomores met or exceeded expectations (state average 50%).
- ***Science and Technology/Engineering:*** Eighty-six percent of sophomores met or exceeded expectations (state average 47%).

In 2023, 223 students took Advanced Placement (AP) courses in 15 subjects. In testing, 95% of the student scores were 3 or above, earning equivalent college credit at most institutions.

79% of the class of 2023 took the SAT, and the resulting mean test scores were 657 for Evidence-based Reading and Writing and 652 for Math.

In addition to its focus on strong academic outcomes, the District remains firmly committed to ensuring the social-emotional wellness of its students and continues its work with “Challenge Success” (www.challengesuccess.org), which has encouraged our schools to consider the whole child in their definition of success.

Leadership and Faculty

During the 2022-23 school year, we were fortunate to have Superintendent Elizabeth McCoy and Assistant Superintendent for Teaching & Learning, Denton Conklin accept positions to lead our district. They continue to build relationships and drive programming as their leadership was renewed into the current (2023-24) academic year.

Additionally, Ann Dever-Keegan, previous DSHS Assistant Principal, was appointed as Interim Principal of DSMS on July 1, and Timothy O’Mara, former DSHS guidance counselor, has taken the Interim Assistant Principal position for DSHS. Superintendent McCoy and Principal Smith continue to work hard to support the new leaders, and strengthen the regional school collaborative leadership for grades 6-12. Retirements at the District in 2023 included a number of educators and office staff: Lori Alighieri, Ellen Hyman, Deidre Clancy-Kelley, Susan Connelly, Maria Laskaris, and Susan Barss. We wish each of these dedicated professionals all the best in their retirement and thank them for their many years of dedicated service to our students and community.

Finance

The DSRSC thanks the citizens of Dover and Sherborn for their continued generous support of the schools. The District’s Fiscal Year 2024 (FY24) budget is \$27,972,450 an increase of \$948,727 (3.51%) over the FY23 budget. Operating expenditures include: salaries and benefits, including other post-employment benefits (\$23,490,675); other (\$1,380,315); buildings, grounds, and utilities (\$1,272,950); debt service (\$789,400); and transportation (\$1,039,200). State aid covered \$3,241,829 and revenues from student activity fees (\$45–\$75 per student), parking fees (\$300 per permit), and athletic fees (\$335 per sport; \$1,340 family cap) covered \$361,175 of these operating expenditures. The remaining is funded generously through local taxes. The District’s E&D account submitted for certification as of June 30, 2023, is \$1,126,642. This account operates under Massachusetts General Laws in a manner similar to a town’s Free Cash.

The DSRSC is grateful for the incredible support it received in both time and money from the Dover-Sherborn Boosters, the Friends of the Performing Arts, the PTO, POSITIVE, the Alan Thayer Mudge Memorial Fund, and the broader community. These groups continued to generously support us in 2023, and their contributions are critical to maintaining our excellent programs.

Contractual Agreements

In June 2023, a 3-year contract, set to begin in September 2023, was negotiated and approved by the School Committee. The Educators’ Agreement, effective through August 31, 2026, fairly and sustainably accommodates the educational standards we expect for our students and the high-quality services expected from our educators, while also acknowledging the restraints affecting town, state, and federal budgets.. We are grateful for the continued cooperation between the Town and District leadership and the DSEA, as well as for the focus on effectively supporting our students, creating fair working conditions for our employees, and ensuring sustainable costs for our taxpayers.

Facilities

Our buildings and grounds represent a major educational investment by Dover and Sherborn for now and the future. To protect this investment, the DSRSC has a long-range capital maintenance and improvement plan for the physical assets of the district-wide campus. The DSRSC works with the finance committees and select boards of both towns to determine how to best fund upcoming capital expenses required to maintain the facilities and equipment coming off warranty from the 2005 construction and renovation project. Capital projects completed this summer include bathroom renovations at Lindquist Commons incorporating hand dryers and motion-sensored faucets for sustainability measures, as well as replacement of flooring in the High School math wing. The new flooring is low-maintenance, saving significant labor hours typically spent each summer with stripping/waxing as well as being environmentally friendly. Funding for these projects completed this year was provided through use of the Region's Excess and Deficiency funding. We are looking ahead at the need to update the turf field and track. Additionally, we continue to work cooperatively with sustainability groups from both towns, as well as to investigate opportunities available through the Green Communities Designation & Grant Program for applicable projects to maximize both economic and environmental impact in the coming years.

Membership

Dover resident Colleen Burt joined the DSRSC for a three-year term, replacing Lynn Collins who had served a three-year term. The DSRSC is thankful for her service. Sherborn resident Angie Johnson was re-elected to a three-year term.

Visit www.doversherborn.org to keep up with changes, school events, or to contact our staff or school committees.

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Dover-Sherborn Regional School Committee Meeting of December 5, 2023

Members Present: Judi Miller
Maggie Charron
Kate Potter
Angie Johnson
Colleen Burt
Mark Healey

1) **Call to Order**

Judi Miller called the meeting to order at 6:33 pm in the Middle School Library.

- 2) **Community Comments** - Maggie Charron expressed condolences on behalf of the committee to friends and family of Bob Springett and asked for a moment of silence.
- 3) **Superintendent Comments** - Superintendent Beth McCoy spoke about: 1) the upcoming Middle School production of Mary Poppins; 2) the launch of the Anti-Defamation League World of Difference Peer Training Program with 30 6th and 7th grade students; and 3) the review of MS/HS Health Curriculum specifically concerning substance use & misuse.
- 4) **Director of Student Services Update re: SBIRT Program** - Kate McCarthy introduced a new community resource, a Youth Wellness Coach, who will support the implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) services as well as to provide additional non-clinical behavioral health capacity to the high school's existing teams. Youth Wellness Coaches are employed by C4 Innovations and will be serving in our schools at least two days a week for the next five years as part of a statewide initiative to enhance and improve SBIRT. Youth Wellness Coaches are fully trained to serve as non-clinical behavioral health providers with our students.

5) **Financial Reports**

- Warrant Report
- FY24 Monthly Report
 - Revenues: there are no changes since the last report.
 - Salaries: there are no changes since the last report.
 - Expenditures: an estimate for utilities has been encumbered. Utility expenses will be updated as the winter season progresses as well as refine the impact on electricity costs from the supply cost increase (40% higher) which takes effect in December.
 - Capital Project Update: *Bleacher/Press Box Renovation* - the new cost estimate is approximately \$600,000, an increase of \$100,000, part of which is due to higher supply and labor costs for the bleacher kit (\$44,000) once the plans were finalized and the remaining increase is attributable to estimated costs of the foundation and site work. The bleachers have been ordered and the foundation work will go out to bid in the coming month.

6) **Discussion Items**

- Proposed changes to HS Program of Studies 2024-25 - the proposed changes were summarized and discussed. A vote will be taken at the next meeting.

7) **Action Items**

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- FY25 Budget
 - Operating: key budget drivers for FY25 are: contractual increases of 3% based on ratified agreements for majority of contracts plus step (ranging from 4 - 9%) and lane increases for educators (on average an additional 1.6% on total educator compensation); healthcare premium increases estimated at 12%; additional staff positions offset by impact of retirements; student enrollment by member towns (FY25 operating and capital assessment percentages reflect increases of 0.37% and 0.07% respectively for Sherborn); technology purchases to begin the replacement cycle of devices purchased with COVID funds; and maintenance cost increases due to the labor market and increases in utility costs.
The overall operating budget increase is \$1,365,337 or 4.88% (FY24 increase was 3.51%). Dover's assessment increase is \$686,710 (5.30%) and Sherborn's is \$683,218 (6.09%).
 - Capital: FY25 projects total \$350,000 and include exterior ductwork replacement (\$110,000), AAON rooftop units replacement (\$140,000), and bleacher replacement (\$100,000).

Kate Potter made a motion to approve the FY25 Operating and Capital Budgets as presented.

Maggie Charron seconded.

23-16 VOTE: 6 - 0

8) Consent Items

- Approval of Minutes: November 7, 2023
- ACED Recommendations FY25 - increased ratios for Mock Trial Advisor, Science Olympiad Advisor, JV Boys Ice Hockey Coach, JV Boys Tennis Coach, JV Girls Tennis Coach, and Washington DC Trip Coordinator totaling \$12,993.75.
- Grants - \$292,492 for IDEA - SPED 240 Grant; \$48,535 for Title I Grant; \$14,540 for Title IIA Grant; \$10,000 Title IVA - ESSA Grant; \$339,882 for METCO Grant; and \$35,000 for the Comprehensive School Health Services (CSHS).
- DS Football Gridiron Donation - \$14,000 for four assistant football coaches.
- Dover PTO Challenge Success Donation - \$3,000 from Chickering PTO to be used in support of Challenge Success.

Colleen Burt made a motion to approve the Consent Items. Mark Healey seconded.

23-17 VOTE: 5 - 0

9) Informational Items

- DSHS Newsletter
- DSMS Newsletter
- Sherborn School Committee minutes of October 17, 2023
- Dover School Committee minutes of October 24, 2023

10) Items for January 16, 2024 DS Regional School Committee Meeting - cell phone policy

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11)Adjournment at 8:13 pm.

Respectfully submitted, Amy Davis

The Public Schools of Dover and Sherborn

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Elizabeth M. McCoy, Superintendent
Denton Conklin, Assistant Superintendent

Dawn Fattore, Business Administrator
Kate McCarthy, Director of Student Services

TO: Regional School Committee
FROM: Dawn Fattore, Business Administrator
RE: FY24 Grant Approval
DATE: January 12, 2024

We are requesting approval for the following Federal/State entitlement grants received by the Dover-Sherborn Regional School Committee. These grants have been applied for and approved by the appropriate grant authority.

IDEA- SPED 274 Grant - Federal Targeted Special Education Improvement

The purpose of the grant is to support schools in the implementation and transition to the new IEP document in the fall of 2024.

- FY24 grant is **\$12,298**

Comprehensive School Health Services (CSHS) – Receive annually, covers nursing operations in all three Districts

- FY24 additional allocation - **\$5,000** (total allocation is now \$35,000)