Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5701 Abuse and Neglect

A. Child Abuse and Neglect

Mandated reporters must immediately report all instances of suspected child abuse or neglect pursuant to Michigan's Child Protection Law and Policy 4202. All other employees, volunteers, and contractors who are not mandated reporters are also expected to immediately report all instances of suspected child abuse or neglect.

The District will cooperate with Children's Protective Services (CPS) during an investigation of suspected child abuse or neglect. Cooperation may include allowing CPS access to a student without Parent consent if CPS determines access is necessary to complete the investigation or prevent abuse or neglect. The District will not impose conditions on the investigator or investigation beyond what is permitted by law.

Before a CPS investigator is given access to a student, the building principal or designee will verify the investigator's credentials.

The building principal or designee may be present for the student's interview, at the discretion of CPS. If CPS seeks to remove a student from school, the building principal or designee will: (1) provide CPS with the student's Parent phone number and address; and (2) request that the CPS official sign a statement certifying that the student is being removed because of safety-related concerns. If the CPS official refuses to or is unable to sign the requested certification, the building principal or designee will document the removal, including the name(s) of the CPS official(s) removing the student, the stated reason(s) given for the removal, the identity of the person(s) witnessing the removal, and the date and time of the removal.

The District may share student records with CPS only as permitted by Policy 5309 and the Family Educational Rights and Privacy Act.

If the District makes a report to CPS, the District will maintain a copy of the written report with the reporter's identity redacted. The reporter's identity will remain confidential unless disclosure is authorized by the reporter's consent or by court order.

"Mandated reporter" means a physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, physical therapist, physical therapist assistant, occupational therapist, athletic trainer, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social

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service technician, a person employed in a professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect child abuse or child neglect.

B. Vulnerable Adults

All school employees must report suspected abuse, neglect, or exploitation of a vulnerable adult consistent with Michigan's Social Welfare Act.

The District will cooperate with an Adult Protective Services (APS) investigation to the extent required by law. The District may share student records with APS only as permitted by Policy 5309 and the Family Educational Rights and Privacy Act.

If the District makes a report to APS, the District will maintain a copy of the written report with the reporter's identity redacted. The reporter's identity will remain confidential unless disclosure is authorized by the reporter's consent or by court order.

Legal authority: 20 USC 1232g; MCL 722.621 et seq.; MCL 400.11a

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5702 Student Illness and Injury

A. Parents are expected to report student absences due to illness or injury to the building principal or designee. Students and Parents should communicate with school staff to minimize the impact of illness or injury-related absences on the student's educational progress. Students who will be absent for an extended period of time may be eligible for homebound or hospitalized services in accordance with Policy 5416.

B. School employees who suspect that a student's absences may be disability-related must immediately refer the student for an evaluation under Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act.

C. When the building principal or designee determines that a student is too ill or injured to remain at school, school staff will contact the student's Parent or other designated responsible adult to pick up the student from school. If the student requires immediate medical attention, the District will first attempt to contact a Parent or other designated responsible adult when reasonably possible. If contact cannot be made, the building principal or designee will take any reasonable action necessary on the student's behalf, consistent with state law.

   Students showing symptoms of a communicable disease may be sent home. The District may require a statement from a licensed physician or local health official before allowing the student to return to school. The District must report the occurrence or suspected occurrence of any disease, condition, or infection identified in the Michigan Department of Health and Human Services Communicable Disease Rules to the local health department within 24 hours.

D. Parents must submit an emergency information form for each of their students. The form must list the contact information for each Parent and designated responsible adult, any necessary emergency instructions, and any known medical conditions.

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5703 Medications

A. General Standards

Whenever possible, Parents should arrange student medication schedules to eliminate the need for administration of medication at school. When a student requires prescription or over-the-counter medication at school, the following procedures apply:

1. The student's Parent must annually submit a written request and consent form as required by the District.

2. A building principal or designee must request that the Parent supply medications in the exact dosage required whenever feasible.

3. The building principal or designee will notify the student's Parent of any observed adverse reaction to medication.

4. All medications must be in the original container.

B. District-Administered Medication

1. If the student requires District-administered medication, the student's Parent must annually submit a healthcare professional's written instructions that include student name, medication name, medication dosage, and specific information about method and time of administration. A Parent must promptly communicate any changes to the healthcare professional's written instructions to the building principal or designee. A "healthcare professional" means a licensed physician, certified nurse practitioner, or physician assistant.

2. Medication must be administered by a school administrator, teacher, or other appropriately designated school employee in the presence of a second adult, unless the medication is administered by a licensed registered professional nurse employed by the District or there is an emergency that threatens the student's life or health.

3. District employees may only administer medication to a student according to the written instructions from a healthcare professional. If the written instructions are unclear, the District may require written clarification from the healthcare professional before administering the medication.

4. Medication must be stored in a container that identifies the student's name, medication name, dosage, and frequency of administration. The District will take reasonable steps to ensure all medication is properly secured.

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5. Incorrectly administered medication must be reported to the building principal and the student's Parent. A written report identifying the error must be documented in the student's file.

6. The District will administer medication to students as necessary on school-sponsored field trips or school-related activities consistent with this Policy. The building administrator will designate the person responsible for administering the medication. The designee will transport the medication in its original container and record its administration on the medication administration log pursuant to this Policy.

7. Each school must maintain a medication administration log. The log must include the student's name, the name and dosage of each medication, and the date and time each dose is administered. The person administering the medication and the witness (if required) will complete and sign the log. The medication administration log must be placed in the student's file and kept until at least 1 year after the student's expected graduation date.

8. A Parent will retrieve unused medication after its expiration date, after the District is notified that the medication has been discontinued, or at the end of the school year, whichever is earliest. The District will provide the Parent notice to retrieve the medication. If the Parent does not promptly retrieve the medication, the District will appropriately dispose of the medication. The building principal or designee must check the expiration dates on prescription medications, epinephrine auto-injectors, and inhalers at least twice each school year.

9. The Superintendent or designee will ensure that all staff responsible for administering medication are appropriately trained.

C. Student-Administered Medication

1. General Standards

Subject to this Policy's provisions specifically applicable to self-management of asthma inhalers and epinephrine auto-injectors/inhalers, a student may be permitted to self-possess and self-administer medication if the building principal has received written Parent consent to do so and the practice is authorized in writing by a healthcare professional or is otherwise permitted by this Policy.

A building administrator may deny a request for a student to self-possess or self-administer medication at school to the extent consistent with law.

A building administrator may discontinue a student's right to self-administer and self-possess following consultation with the Parent if the student misuses the medication.

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A student may possess and use an FDA-approved topical substance at school or any school-related activity, provided that the Parent first provides the building principal with written approval.

2. Asthma Inhalers and Epinephrine Auto-Injectors/Inhalers

   A student may possess and use an asthma inhaler or epinephrine auto-injector or inhaler with written approval from the student's healthcare provider. A minor student must also have written permission from the student's Parent. The required documentation must be submitted to the building principal.

   If a student is authorized to self-possess or self-administer an asthma inhaler or epinephrine auto-injector or inhaler, the building principal or designee will notify the student's teachers and other staff as appropriate.

   Additionally, the school must maintain a written emergency care plan drafted by a physician in collaboration with the student's Parent. The emergency care plan will contain specific instructions related to the student's needs. The physician and Parent should update the emergency care plan as necessary to meet the student's changing medical circumstances.

Legal authority: MCL 380.1178, 380.1178a, 380.1179, 380.1179a

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5704 Student Insurance

The District is not a guarantor or insurer of student health or safety. Parents are encouraged to secure insurance for their students' healthcare needs, including coverage for injuries that may occur while at school and while participating in athletics and other school activities.

The District, in its sole discretion, may provide information about insurance policies available for purchase by Parents for their students from third-party vendors. Providing that information does not imply District endorsement of any insurance policy, nor is it a guarantee or warranty that coverage will be provided by the vendor in any specific instance.

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5705 Emergency Anaphylaxis

Anaphylaxis is a severe and life-threatening allergic reaction. Anaphylaxis may occur within minutes or longer after exposure to an allergen. The most common causes of anaphylaxis are food, insect bites or stings, medications, and latex.

The symptoms of anaphylaxis may vary from person to person and may change over time. Reported symptoms include skin reactions, a feeling of warmth, constriction of the airway, a swollen tongue or throat, wheezing, trouble breathing, weak or rapid pulse, nausea, vomiting, diarrhea, dizziness, or fainting.

A. Emergency Preparedness

1. The Superintendent or designee must obtain a prescription in the name of the Board for auto-injectable epinephrine as authorized and required by this Policy and applicable law.

   Each school operated by the District must maintain at least 2 epinephrine auto-injector devices at all times, regardless of whether any student or employee has been diagnosed with allergies.

2. The epinephrine auto-injectors maintained by the school may only be used by:

   a. a licensed registered professional nurse who is employed or contracted by the District; or

   b. an authorized employee trained in the appropriate use of an epinephrine auto-injector.

3. The Superintendent or designee will determine, after consulting a licensed registered professional nurse or other health care provider, the appropriate dose(s) of auto-injectable epinephrine (e.g., Junior or Adult) to be maintained at each school.

4. Epinephrine auto-injectors maintained by the District will be stored according to the manufacturer's directions, at the appropriate temperature, and in a clearly labeled and unlocked container easily accessible to authorized personnel.

5. A licensed registered professional nurse who is employed or contracted by the District, or an authorized school employee who is trained in the appropriate use of an epinephrine auto-injector under this Policy, may possess and administer epinephrine by auto-injector to:

   a. a student who has a prescription on file at the school; or

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b. any person on school grounds who is believed to be having an anaphylactic reaction.

6. The Superintendent or designee will:

   a. ensure that each school building with an instructional and administrative staff of at least 10 has at least 2 employees who have been trained in the appropriate use of an epinephrine auto-injector; and

   b. ensure that each school building with an instructional and administrative staff of fewer than 10 has at least 1 employee who has been trained in the appropriate use of an epinephrine auto-injector.

7. For purposes of this Policy, "trained in the appropriate use of an epinephrine auto-injector" means completing training in compliance with the Training Guidelines for Designated Staff on Allergies, Anaphylaxis, and Emergency Responses issued by MDE, conducted under the supervision of, and evaluated by, a licensed registered professional nurse.

   The Superintendent or designee must maintain documentation of training completed by each employee authorized to administer an epinephrine auto-injector.

B. Notice and Reporting

The Superintendent or designee will:

1. promptly notify the Parent of a student to whom epinephrine has been administered and document all actual and attempted notices; and

2. at least annually report to MDE, as prescribed by MDE, all epinephrine administration to students at school.

C. Student Possession and Use

This Policy does not alter the rights of students authorized by law to self-possess or self-administer medication, including epinephrine, or any rights of students with disabilities under state or federal law.

Legal authority: MCL 380.1178, 380.1179, 380.1179a; MCL 333.17744a

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5700 Student Health and Safety

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5707 School Wellness Policy

The District is committed to providing a school environment that enhances opportunities for learning and lifelong wellness.

A. Nutrition Promotion and Education Goals

All students will receive nutrition education annually that is aligned with the Michigan Health Education Grade Level Content Expectations and the Michigan Merit Curriculum Guidelines for Health Education. Teaching healthy eating behaviors will be part of the curriculum.

The District promotes healthy food and beverage choices for students. The District will implement evidence-based healthy food promotion techniques through:

1. offering school meal programs; and

2. publicizing foods and beverages that meet or exceed the USDA Smart Snacks in School nutrition standards. The District will collaborate with public and private entities to promote student wellness.

The District will make water available to students throughout the school day.

B. Physical Activity Goals

The District will offer physical education programs that are designed to equip students with the knowledge, skills, and values necessary for lifelong physical activity. Physical education instruction will be aligned with the Michigan Physical Education Grade Level Content Expectations and the Michigan Merit Curriculum Guidelines for Physical Education.

Students will have the opportunity to participate regularly in supervised physical activities, either organized or unstructured, intended to maintain physical fitness and an understanding of the benefits of a physically active and healthy lifestyle.

The District strives to provide physical activity breaks for all students, including recess for elementary students and before and after school activities, and encourages students to use active transport (e.g., walking, biking).

The District encourages Parents to support their students' participation in physical activity, to be physically active role models, and to include physical activities in family events.

C. Goals for Other School-Based Activities Designed to Promote Student Wellness

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The District may partner with community members or groups to implement this Policy. The District will also:

1. participate in state and federal child nutrition programs as appropriate;

2. allow other health-related entities to use school facilities for activities such as health clinics, screenings, and wellness events consistent with Policy 3304;

3. use evidence-based strategies to develop, structure, and support student wellness; and

4. create environments conducive to healthy eating, physical activity, and conveying consistent health messages.

D. Standards and Nutrition Guidelines for All Foods and Beverages Sold to Students on the School Campus and During the School Day

The District will ensure that students have access to foods and beverages that comply with applicable laws and guidelines including, but not limited to, the USDA Nutrition Standards for School Meals and the USDA Smart Snacks in School nutrition standards.

The District will offer students a variety of age-appropriate, healthy food and beverage selections including fruits, vegetables, and whole grains aimed at meeting the nutrition needs of students within their calorie requirements to promote student health and reduce childhood obesity.

E. Standards for All Foods and Beverages Provided, But Not Sold, to Students During the School Day

The District may provide a list of healthy food and beverage alternatives to Parents, teachers, and students for classroom parties, rewards and incentives, or classroom snacks. The District discourages the use of unhealthy food and beverages as a reward or incentive for performance or behavior.

F. Food and Beverage Marketing

Marketing and advertising is allowed on school grounds or at school activities only for foods and beverages that meet or exceed the USDA Smart Snacks in School nutrition standards. Food and beverage fundraising and marketing that occurs at events outside of school hours need not comply with the USDA Smart Snacks in School nutrition standards.

In-school fundraising events must comply with Policy 5501 and MDE's Non-Compliant Food Fundraiser Guidance, which permits 2 fundraisers per week, per school building that do not comply with USDA Smart Snacks in School nutrition standards. In-school fundraising events may last up to 1 day and may not be held in the food service area during meal times.

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Equipment that currently displays noncompliant marketing materials (e.g., scoreboard with soft drink logo) need not be immediately removed or replaced. As the District reviews and considers new contracts and as durable equipment, like scoreboards, is replaced or updated, any food or beverages marketed and advertised will meet or exceed the USDA Smart Snacks in School nutrition standards.

G. Wellness Committee

The District will form a Wellness Committee to establish goals for, oversee, and periodically review and update school health policies and programs. The Wellness Committee will also oversee this Policy's implementation.

The Wellness Committee will represent all school buildings and include, to the extent possible, Parents, students, food service representatives, physical and health education teachers, school and community health care professionals, and community members. The Board encourages community participation in the Wellness Committee. When possible, membership will also include Supplemental Nutrition Assistance Program education coordinators.

H. Implementation and Oversight

The Superintendent or designee is responsible for ensuring that each school building complies with this Policy.

The Board will review this Policy at least every 3 years to determine compliance, progress, and the extent to which this Policy compares to model school wellness policies. Parents, students, school employees, school health professionals, Board members, and community members may provide input to the District during the Wellness Policy review process.

A copy of this Policy will be maintained in the District's administrative offices and posted on the District's website. The Superintendent or designee will maintain all legally required documentation for implementation of this Policy.

The Superintendent or designee will annually provide notice about this Policy and any updates to the community.

I. School Meal Program

1. Meal Modifications

The District will accommodate reasonable meal modification requests for students with disabilities, as defined in Section 504 of the Rehabilitation Act, with no additional cost to the student. The modification request must be related to the disability or limitations caused by the disability.

2. Delinquent Meal Charge Debt and Bad Debt

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The District is required to make reasonable efforts to collect unpaid meal charges of current students. The building principal or designee will contact households about unpaid meal charges and may establish payment plans and due dates by telephone, e-mail, or other written or oral communication. If these collection efforts are unsuccessful, the District may pursue any other methods to collect delinquent debt of current students as allowed by law. Collection efforts may continue into a new school year.

Unpaid meal charges of inactive students, such as graduated students and students no longer enrolled at the District, that are not collected by the end of the school year will be classified as bad debt. No later than December 31 of the following school year, non-federal funds will be used to reimburse the school meal program for the amount of bad debt.

3. Elimination of "Lunch Shaming"

   The District will strive to eliminate any form of "lunch shaming." "Lunch shaming" is the public identification or stigmatization of students who cannot pay for a school meal. In furtherance of this goal, the District prohibits the following:

   a. requiring a student who cannot pay for a school meal or who has unpaid meal charges to wear a wristband or handstamp;

   b. requiring a student to dispose of a meal after it has been served because the student cannot pay for the meal or has unpaid meal charges;

   c. requiring a student to perform chores or other labor to pay a student meal debt; and

   d. discussing a student's unpaid meal charges in the presence of other students.

4. Meal Charge Policy

   The District's policy on charged meals is:

   An elementary student (Grades K-4) may charge three (3) meals in succession. Once this limit is reached, the student will receive up to two (2) alternative meals. An alternative meal consists of a cheese or peanut butter sandwich, fruit/vegetable, and milk. Account balances can be viewed via the Internet through the District's Nutrition Services webpage. Individual users can also select to receive low balance alerts via email. No charges will be allowed after Memorial Day, up to two (2) alternative meals will be provided.

   A middle school student (Grades 5-8) may charge one (1) meal in succession. Once this limit is reached, the student will receive up to one (1) alternative meal. An alternative meal consists of a cheese or peanut butter sandwich, fruit/vegetable, and milk. Each time a student charges a meal, the cashier will

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inform the student of the delinquent account. Account balances can be viewed via the Internet through the District's Nutrition Services webpage. Individual users can also select to receive low balance alerts via email. No charges will be allowed after Memorial Day, up to one (1) alternative meals will be provided.

A high school student (Grades 9-12) may charge one (1) meal in succession. When a student charges a meal, the cashier will inform the student of the delinquent account. Account balances can be viewed via the Internet through the District's Nutrition Services webpage. Individual users can also select to receive low balance alerts via email. No charges will be allowed after Memorial Day.

Students who qualify for free meals will not be denied a reimbursable meal, even if they have accrued a negative balance from other food purchases.

The District will encourage Parents to complete financial eligibility forms as part of the student enrollment process to determine eligibility for free or reduced-price meals.

The Board directs the Superintendent to include this Policy in the student handbook and to distribute it to Parents.

Legal Authority: 7 CFR 210 et seq., 42 USC 1751 et seq.

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5708 Do Not Resuscitate Orders

School personnel will honor a Do-Not-Resuscitate Order or POST (physician orders for scope of treatment) form executed pursuant to the Michigan Do-Not-Resuscitate Procedure Act or Public Health Code if they have actual notice of the Do-Not-Resuscitate Order or POST form.

Within five school days of receiving a request that life-sustaining care be withheld from a student, the Superintendent, applicable building administrator, or Superintendent's designee will convene a group of people knowledgeable about the student's medical and health needs to develop an emergency response plan, including an individualized resuscitation plan, for the student. The Superintendent, building administrator, or Superintendent's designee will ensure that all personnel responsible for delivering instructional or noninstructional services to a student with an individualized resuscitation plan receive, if applicable, actual notice of the Do-Not-Resuscitate Order or POST form and timely and appropriate training.

Upon actual notice that a Do-Not-Resuscitate Order or POST form has been revoked, the Superintendent, building administrator, or Superintendent's designee will provide actual notice to school personnel responsible for providing instructional or noninstructional services to the student of the revocation, at which time personnel will no longer honor the Do-Not-Resuscitate Order or POST form.

The Superintendent or designee is authorized to consult legal counsel any time the District receives a request that life-sustaining care be withheld from a student.

For purposes of this Policy, "actual notice" includes the physical presentation of an order, revocation of an order, or another written document authorized under the Michigan Do-Not-Resuscitate Procedure Act.

The Superintendent or designee will develop administrative guidelines for responding to Do-Not-Resuscitate Orders and POST forms that comply with the Michigan Do-Not-Resuscitate Procedure Act and the Revised School Code.

Legal Authority: MCL 333.1051 et seq.; MCL 380.1180, 380.1181

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5708-AG Do-Not-Resuscitate (DNR) Orders

A. Upon receipt of a DNR (Do-Not-Resuscitate) order or POST (physician orders for scope of treatment) form for a student, the Superintendent, building administrator, or Superintendent's designee will:

1. Within five school days coordinate a meeting with the student (if appropriate), the student's Parent and physician(s) (if available), and appropriate school personnel to develop an emergency response plan that includes an individual resuscitation plan and comfort-care measures for the student. If a physician is not available, the District will request and review written input from a physician. If any such plan is not consistent with the student's Section 504 plan or Individualized Education Program (IEP), the Superintendent, building administrator, or Superintendent's designee will ensure that a Section 504 or IEP Team meeting for the student is promptly convened. If the student does not currently have a Section 504 plan or IEP, the Superintendent, building administrator, or Superintendent's designee will consider whether to refer the student for an appropriate evaluation.

2. Consult with District legal counsel if there are concerns that the DNR order or POST form was not obtained in a manner that complies with Michigan law or if there are concerns that the DNR order or POST form are not in the student's best interests.

3. Maintain the DNR order, POST form, or individual emergency response plan in a separate, designated file.

4. Provide actual notice of the DNR order, POST form, or individual emergency response plan to all personnel responsible for providing instructional and noninstructional services for the student.

5. Ensure that all personnel, including volunteers and contractors, responsible for providing instructional and noninstructional services for the student receive training on the student's emergency response plan, including the individual resuscitation plan and comfort-care measures. The training must include notice to appropriate personnel that the Heimlich maneuver or other similar procedures used to expel an obstruction from an individual's throat does not constitute a resuscitative measure and may be performed even for a student with a DNR order or POST form.

6. Convene a meeting of the student (if appropriate), the student's Parents and physician(s), and appropriate school personnel at the beginning of each school year to determine if the DNR order or POST form has been modified or revoked and to review and revise the student's emergency response plan as needed.

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7. Contact emergency medical personnel any time a student's medical condition appears to be life threatening, even if the student has an emergency response plan that includes an individual resuscitation plan. If a health professional arrives during the emergency situation, the health professional will determine if the student has one or more vital signs.

8. Provide emergency medical personnel a copy of any DNR order or POST form of which the Superintendent, building administrator, or Superintendent's designee has actual notice.

9. Follow any emergency described above by debriefing with the student (if appropriate), the student's Parents and physician(s), and appropriate school personnel to review the emergency response plan and to discuss how the plan may be improved.

10. Follow any emergency by addressing the emotional needs of other students and personnel who witnessed the emergency.

11. Summarize all understandings in a letter to the student (if appropriate) and the student's Parents and physician(s).

B. Pursuant to the Michigan Do-Not-Resuscitate Procedure Act, a Parent or student may revoke a DNR order or POST form at any time by providing actual notice to the Superintendent, building administrator, or Superintendent's designee. Upon receipt of such notice, the Superintendent, building administrator, or Superintendent's designee will:

1. Provide actual notice to all personnel responsible for providing instructional and noninstructional services to the student that the DNR order or POST form is no longer applicable and that personnel should follow standard emergency response policies and practices for the student.

2. Maintain a copy of the written notice in the file created for the student's DNR orders, POST forms, or emergency response plans.

3. Convene a meeting with the student (if appropriate), the student's Parents and physician(s), and appropriate school personnel to modify the emergency response plan, including the individual resuscitation plan and comfort-care measures. If any such plan is not consistent with the student's Section 504 plan or IEP, the Superintendent, building administrator, or Superintendent's designee will ensure that a Section 504 or IEP Team meeting for the student is promptly convened.

4. Ensure that emergency medical personnel are made aware that the student's DNR order or POST form has been revoked and that all appropriate life-saving measures should be used if an emergency arises.

If school staff become aware that a student has expressed an intent to revoke a DNR order or POST form, the staff member must immediately report that

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information to the building administrator, Superintendent, or Superintendent's designee.

C. As used in this Administrative Guideline, actual notice includes the physical presentation of an order, a revocation of an order, or another written document authorized under the Michigan Do-Not-Resuscitate Procedure Act.

D. The building administrator or Superintendent's designee is responsible for supervising the steps outlined above.

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5709 Lice, Nits, and Bed Bugs

A. Lice and Nits

A student with nits within ¼ inch of the scalp or live lice may remain at school. The student will be restricted from activities that involve close head-to-head contact or sharing of personal items. The District will notify the student's Parent and provide educational materials on head lice prevention and treatment.

District personnel will not ostracize or embarrass a student with lice or nits and will maintain student confidentiality.

If a student has a persistent infestation after 6 weeks or 3 separate cases within 1 school year, the District will form a team that may include the student's Parents, teacher, social workers, or administrators to determine the best approach to resolve the issue.

B. Bed Bugs

If a District official suspects that a student's clothing or belongings contain bed bugs, the school nurse or other District official may visually inspect the student's clothing or belongings. Any bugs found should be removed and collected for identification. If a live bed bug is discovered, the District will notify the student's Parent and provide educational materials on bed bug prevention and treatment.

No student will be excluded from school because of bed bugs unless efforts to remedy an infestation have been unsuccessful.

If bed bugs are found in a classroom or elsewhere in the school building, the building principal or designee will notify the Parents of all students in the affected building and will provide information on bed bug prevention and treatment. The school building will not be closed due to bed bug presence. If pest management is necessary, it will be provided to affected areas of the school building consistent with Policy 3406.

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5710 Student Suicide Prevention

The Board is committed to providing a safe and supportive environment to all students. Suicide is one of the leading causes of death among youth. This Policy establishes procedures for timely and appropriately responding to students at risk of suicide.

A. Suicide Prevention Coordinator

The Superintendent or designee will appoint a Suicide Prevention Coordinator for the District. The Suicide Prevention Coordinator is responsible for providing this Policy annually to all building principals and coordinating annual staff training on suicide intervention and prevention and this Policy. The Suicide Prevention Coordinator is:

District Social Worker

734-439-5050

100 Big Red Drive Milan, MI 48160

B. Staff Professional Development

The District will annually provide professional development about suicide prevention, consistent with state law and best practices.

C. Initial Response

Employees, volunteers, and contractors must immediately notify the building principal or the Suicide Prevention Coordinator if a student is exhibiting signs of unusual depression, expressing suicidal thoughts, or threatening or attempting suicide or self-harm.

The student will be continuously supervised to ensure the student's safety. District staff will ensure that the student does not have access to potentially dangerous items.

The Suicide Prevention Coordinator or designee will determine whether to refer the student for a suicide risk assessment.

The Suicide Prevention Coordinator or designee will provide the Parent with school and community-based resources on suicide prevention.

D. Parent Notification

The Suicide Prevention Coordinator or designee will promptly contact the student's Parent if a student is exhibiting signs of unusual depression, expressing suicidal

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thoughts, or threatening or attempting suicide or self-harm. If the Parent is not available or responsive, the Suicide Prevention Coordinator or designee will contact the student's emergency contact(s).

District personnel who suspect that the student may have a disability under Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act will immediately refer the student for an evaluation.

When a student is exhibiting signs of unusual depression, expressing suicidal thoughts, or threatening or attempting suicide or self-harm, the Suicide Prevention Coordinator will discuss with the student's Parent safety at home and will ask if the student has access to a firearm, weapon, medication, or other lethal means. The Suicide Prevention Coordinator or designee will:

- Ask if firearms, weapons, medications, or other lethal means are kept in the home or are otherwise accessible to the student;
- Recommend that Parent secure or store away from the home firearms, weapons, medications, or other lethal means while the student is struggling; and
- Recommend to the Parent that the student is evaluated by a mental health professional.

E. MDHHS Suicide Prevention Materials

The District will post on its website homepage and in a conspicuous location in the school counselor's office MDHHS model information materials about suicide prevention services, suicide, depression, and anxiety.

Legal authority: MCL 380.1171, 380.1893

Date adopted: June 25, 2025

Date revised: August 26, 2026

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5710A Intentionally Left Blank

Legal authority:

Date adopted: August 26, 2026

Date revised:

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5711 Toilet Training

Students are expected to be fully toilet trained before the first day of school, unless otherwise specifically addressed in the student's IEP or Section 504 Plan, or when toilet training is part of the instructional program.

The student's Parent is responsible for ensuring that the student is toilet trained. The Parent is also responsible for providing clean clothes for a student who may have toileting accidents.

No student will be punished or humiliated for soiling or wetting clothing or not using the toilet.

For a student with repeated toileting accidents, the building principal or designee should consider whether to refer the student for a Section 504 or IDEA evaluation.

Staff will not assist a student with toileting unless directed to do so by the student's IEP or Section 504 Plan, or when toilet training is part of the instructional program.

Date adopted: June 25, 2025

Date revised:

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5712 Concussion Awareness

A. Each coach, employee, volunteer, and other adult who works with students in an athletic activity, including physical education classes, sponsored or operated by the District, must complete the concussion awareness training program required by the Michigan Public Health Code at least once every 3 years.

B. Before allowing a student to participate in any athletic activity, including physical education classes, the District will annually:

1. provide the MHSAA- or state-approved educational materials on concussion awareness to each student and to the student's Parent; and

2. obtain a statement signed by each student and respective Parent acknowledging receipt of the MHSAA- or state-approved concussion awareness educational materials. The District will maintain this signed statement for 5 years or until the student is 18, whichever is longer.

C. A student must be removed from any practice, game, or physical education class activity when the student is reasonably suspected of sustaining a concussion during a practice or game. The student will not be permitted to participate in any school athletic activities involving physical exertion, including practices, games, or physical education class activities until the student has:

1. been evaluated by a licensed physician, physician's assistant, or nurse practitioner;

2. received written and signed clearance to resume participation in athletic activities from a licensed physician, physician's assistant, or nurse practitioner; and

3. submitted to the school the written and signed clearance to resume participation in athletic activities, accompanied by written permission from the student's Parent to resume participation.

District officials are not required to verify the qualifications of the physician, physician's assistant, or nurse practitioner who provides the clearance.

D. A student who has sustained a concussion may need accommodations, supports, and monitoring until the student is fully recovered. Nothing in this Policy automatically entitles a student who has sustained a concussion to an individualized plan under Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act. Staff should refer a student who has sustained a concussion for evaluation if they suspect the student may have a disability, consistent with Policies 5601 and 5603.

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Legal authority: MCL 333.9155, 333.9156

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5700 Student Health and Safety

5713 Immunizations and Communicable Diseases

A. Enrollment, Immunization Certification, and Exemptions

1. Subject to the exemptions stated below, for a student entering the District for the first time and when entering grade 7, a Parent must provide the building principal or designee with a certificate indicating that the student has received at least 1 dose of an immunizing agent against each disease specified by the Michigan Department of Health and Human Services (MDHHS) or other responsible agency.

   The student's Parent must provide the certificate at the time of registration, or no later than the first day of school.

   A Parent of a student who has not received all doses of any required immunizing agent must provide the District an updated immunization certificate demonstrating that the immunizations have been completed as required by the MDHHS. The updated certificate must be provided within 4 months of the student entering the District for the first time and upon entering grade 7.

2. A student is exempt from the above requirements if:

   a. a physician certifies that a specific immunization is or may be inappropriate or detrimental to the student's health; or

   b. a student's Parent, or a person acting *in loco parentis*, certifies to the building principal or designee that the child cannot be immunized as required because of religious convictions or other objection to immunization. Only waiver forms authorized, executed, and certified as required by applicable law and administrative rules will be accepted.

3. The District will not permit a student to attend school unless the Parent provides evidence of immunizations or exemptions consistent with this Policy and state law.

B. Emergency Exclusion Due to Outbreak

The District, in conjunction with local health department officials, may exclude students who:

- are suspected of having a communicable disease until a physician or local health official determines the student is no longer a risk; or

- lack documentation of immunity or are otherwise considered susceptible to the disease until the local health department officials determine the risk of spreading the disease has passed.

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C. District Reporting Requirements

The District will report student immunization information as required by and consistent with state and federal law.

D. Homeless Children and Youth

Nothing in this Policy diminishes the rights of homeless children and youth under Policy 5307.

Legal authority: MCL 333.9206, 333.9208, 333.9215; MCL 380.1177; MCL 388.1767; Mich Admin Code R 325.176

Date adopted: June 25, 2025

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Series 5000: Students, Curriculum, and Academic Matters

5700 Student Health and Safety

5714 Threat Assessment and Response

A. General

The Board is committed to providing a safe environment for all members of the school community. Our commitment to security includes creating and maintaining a safe school climate and supportive culture as a foundation for preventing violence and mitigating risk.

To further that commitment, the Board directs the Superintendent to:

1. Establish a behavior threat assessment and management (BTAM) team for each school operated by the District.

2. Ensure each BTAM team includes, at a minimum, the following individuals: a school administrator, a mental health professional as defined by MCL 330.1100b, and a school resource officer or another law enforcement official from the local law enforcement agency that has jurisdiction over the school.

3. Ensure each BTAM team is assigned at least the duties described in MCL 380.1308e(2).

4. Develop and implement threat assessment protocols. The threat assessment protocols must include training for individuals who administer threat assessments and a framework for determining when a threat assessment should be used.

B. Reporting Threats

District employees, volunteers, and contractors must immediately report any threat to the designated BTAM team school administrator. Reports may be made in person, by email, or by telephone. Threats requiring immediate intervention should also be reported to the local law enforcement.

Students are encouraged to immediately report any threat. Threats may be reported to any District employee in-person, by email, or by telephone. Students may also report threats through the OK2SAY program.

If there is a concern about student self-harm, the building principal or designee should comply with Policy 5710.

C. Threat Response

When a threat is reported, the BTAM team school administrator or designee will determine whether to initiate the District's threat assessment protocol.

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Any disciplinary action taken in response to a reported threat must be consistent with the Student Code of Conduct and applicable law and policies.

D. Training

All District employees must receive awareness training on this Policy and the District's threat assessment process at least annually. Additional training will be provided as required by the District's threat assessment process.

E. Communication with the School Community about Reported Threats

All communications about reported threats or safety concerns will comply with applicable law, including the Family Educational Rights and Privacy Act.

Legal authority: MCL 380.1308e

Date adopted: June 15, 2025

Date revised: December 10, 2025; August 12, 2026

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5700 Student Health and Safety

5715 Student Oral Health Assessment

For a student entering the District for the first time in kindergarten or grade 1, at the time of registration or not later than the first day of school, a Parent must provide the building principal or designee with:

- a Kindergarten Oral Health Assessment Form (MDHHS-6067) certifying that the student has received a dental oral assessment within 6 months before the date of registration;
- a written statement that the Parent will ensure that the student receives a dental oral assessment administered through the Kindergarten Oral Health Assessment (KOHA) Program; or
- a written statement that the requirement violates the Parent's personal religious beliefs.

The District will not exclude the student from attendance for failure to provide the required information.

The building principal or designee will maintain dental report records and provide an annual summary to the Michigan Department of Health and Human Services no later than November 1 of each year.

Legal Authority: MCL 333.9316; MCL 333.9311

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