

Mina Charter School of Lee County

Wellness Policy

LOCAL WELLNESS POLICY

MINA Charter School is committed to providing a school environment that promotes and protects children’s health, well-being, and the ability to learn by supporting healthy eating patterns and physical activity. MINA values giving every student the opportunity to achieve personal, academic, developmental and social success by creating a positive, safe, and healthy environment that promotes the importance of good nutrition and physical activity throughout the school year. To achieve this, MINA Charter School adopts this wellness policy with the following commitments to physical activity, health education, and nutrition.

The school administrator/principal or other designee will be responsible for the oversight of this wellness policy.

Notification of Policy: MINA will inform families and the public each year about this policy, its updates, implementation and results of recent assessments of this policy objectives via the website, school board meetings and or other school wide communications. School nutrition information will be available on the website along with the names of school personnel who can be contacted for additional information.

Triennial Progress Assessment: MINA will evaluate compliance with this Wellness Policy at least once every three years. The assessment will include the extent to which the school is in compliance with the wellness policy and a description of the progress made in attaining the goals of this Wellness policy.

School Wellness Committee: MINA will invite a diverse group of stakeholders to participate in the development, implementation and periodic review and update of this policy.

To ensure and support good nutrition, wellness and physical activity MINA commits to the following goals and procedures:

1. MINA's students will have access to healthy foods throughout the school day through reimbursable school meals in accordance with Federal and State nutrition standards;
2. Students will receive quality nutrition education that helps them develop lifelong healthy eating habits;
3. Students have opportunities to be physically active before, during and after school;
4. MINA will engage in nutrition and physical activity promotion and other activities that promote student wellness;
5. MINA's staff will be encouraged and supported to practice healthy nutrition and physically active behaviors in and out of school;
6. Promoting community engagement that supports MINA in creating continuity between school and other settings for students and staff to practice lifelong healthy habits;
7. MINA will establish and maintain an infrastructure for management, oversight, implementation, communication about and monitoring of the policy and its established goals and objectives; and MINA may also include any relevant data or statistics from state or local sources supporting the need for establishing and achieving the goals in this policy.

School Nutrition

MINA is committed to serving healthy meals to children, with plenty of fruits, vegetables, whole grains, and fat-free and low-fat milk; that are moderate in sodium, low in saturated fat, and have zero grams *trans*-fat per serving (nutrition label or manufacturer's specification); and to meeting the nutrition needs of school children within their calorie requirements. The school meal programs aim to improve the diet and health of school children, help mitigate childhood obesity, model healthy eating to support the development of lifelong healthy eating patterns and support healthy choices while accommodating cultural food preferences and special dietary needs.

MINA will participate in USDA child nutrition programs, including the National School Lunch Program (NSLP), the School Breakfast Program (SBP), After School Snack Program (ASSP), and Summer Food Service Program (SFSP). MINA is committed to offering school meals through the NSLP and SBP programs, and other applicable Federal child nutrition programs.

1. School Nutrition programs will comply with applicable federal, state, and local requirements and will be accessible to all students.
2. Foods and beverages made available at the school during the school day will be consistent with the current dietary guidelines for Americans, meal patterns and nutrition standards of the USDA.
3. Food and beverages made available at the school will adhere to food safety and security guidelines.
4. The school environment will be safe, comfortable, clean and pleasant and allow adequate time for eating meals.
5. Menus will be posted on MINA's website
6. Menus will be created/reviewed by a Registered Dietitian or other certified nutrition professional.
7. The nutrition program will accommodate students with special dietary needs.
8. The school will encourage all students to participate in school meal programs and protect the identity of students who eat free or reduced price meals.
9. To promote hydration, free, safe, unflavored drinking water will be available to all students throughout the school day and where school meals are served during mealtime.
10. If food and beverages are sold and served outside of the school meal programs they shall meet the standards established by the USDA for all foods sold in school.
11. Foods offered on the school campus for celebrations will not be required to meet or exceed USDA Smart Snacks in School nutrition standards.

12. MINA will provide a list of healthy party ideas to parents and teachers, including non-food celebration ideas. Healthy party ideas are available from the Alliance for a Healthier Generation and from the USDA.
13. Food and beverages will not be used as a reward nor withheld as punishment for any reason, such as performance or behavior.

Nutrition Promotion

1. MINA will promote healthy food and beverage choices for all students while encouraging participation in school meal programs.
2. Information promoting good nutrition will be shared with families and the community.
3. Students will be encouraged to start each day with a healthy breakfast.
4. Food and beverages marketed or promoted to students during the school day will meet the nutrition standards set forth by USDA's Nutrition Standards for all foods sold in school (Smart Snacks).
5. The school nutrition service shall use the smarter lunchroom self-assessment to determine ways to improve the school meals environment and implement at least 3 smarter lunchroom techniques:
 - a) Daily fruit options are displayed in a location in the line of sight and reach of students.
 - b) All available vegetable options have been given creative or descriptive names.
 - c) Daily vegetable options are bundled into all grab-and-go meals available to students.
 - d) All staff members, especially those serving, have been trained to politely prompt students to select and consume the daily vegetable options with their meal.
 - e) White milk is placed in front of other beverages in all coolers.
 - f) Alternative entrée options (e.g., salad bar, yogurt parfaits, etc.) are highlighted on posters or signs within all service and dining areas.

- g) A reimbursable meal can be created in any service area available to students (e.g., salad bars, snack rooms, etc.).
- h) Student surveys and taste testing opportunities are used to inform menu development, dining space decor and promotional ideas.

Nutrition Education

1. MINA will teach, model, encourage and support healthy eating by all students.
2. MINA will provide nutrition education designed to provide students with the knowledge and skills necessary to promote and protect their health.
3. Classroom teachers will integrate nutrition promotion and education into other classroom subjects such as math, science, language arts, social sciences and elective subjects.
4. MINA will seek to partner with community stakeholders to promote nutrition educational activities.
5. Posters will be placed in the cafeteria that provide nutrition educational information.

Physical Activity

1. MINA will teach, encourage, and support physical activity by all students.
2. Teachers will be encouraged to incorporate movement and kinesthetic learning approaches into core subject instruction when possible.
3. MINA shall provide students with physical education, using an age appropriate, sequential physical education curriculum consistent with national and state standards.
4. The school will provide a physical and social environment that encourages safe and enjoyable physical activity.
5. Physical education/recess will be provided to students according to:
 - a) NC Standard Course of Study, Healthful Living ; and
 - b) North Carolina State Board of Education, Healthy Active Children Policy

Other Activities Promoting Student Wellness

1. Before, after and intersession school programs will encourage good nutrition and physical activity as appropriate.
2. Healthy foods will be considered when planning school-based activities included, but not limited to, fundraisers, field trips, classroom snacks and treats.
3. MINA will offer opportunities for professional development on student wellness and nutrition for teachers, food service and physical education staff as appropriate.
4. Guidelines for reimbursable school meals shall not be less restrictive than regulations and guidance issued under the Child Nutrition Act and the School Lunch Act as they apply to schools.

References

National School Lunch Act (42 U.S.C 1751 et seq.)

The Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.)

Centers for Disease Control and Prevention. The association between school based physical activity, including physical education, and academic performance. Atlanta, GA: U.S.

Department of Health and Human Services; 2010.

<https://www.cdc.gov/healthyschools>

NC State Board of Education (SBE) Healthy Active Children Policy.

Student Health and Wellness

Prevention and Control of State Reportable Communicable Diseases

Students are excluded from school in cases of certain reportable communicable diseases. While the list of diseases reportable to the state Division of Public Health is lengthy, the

number of such diseases common to the school age child is not. This list is available upon request from the school office.

When a student is suspected of having one of those reportable communicable diseases, it is the responsibility of the parent to take the child to the local health department or primary health care provider for verification and treatment before that student can return to school. Students should be temporarily excluded from school if presenting symptoms of a reportable disease are present. In each case, readmission to school should also take into account whether the student is able to participate in school. In some cases, a student with a disabling disease, who is no longer contagious but may require ongoing care, may be eligible for additional services under Section 504 of the Rehabilitation Act.

A list of students who have not been vaccinated for bona fide religious or medical reasons or who have illnesses that cause immunosuppression will be maintained in the school office so that appropriate action can be taken to protect these individuals when serious communicable disease outbreaks do occur.

The School staff makes every effort to reduce the prevalence of disease-causing organisms through assuring cleanliness of the environment, emphasizing frequent handwashing of students and staff, and following proper decontamination procedures of items used in mealtime and other activities. Despite those actions, the school age child is often the source and conduit for communicable diseases ranging from the “common cold” to ringworm among many. The majority of such illnesses are not among the diseases for which the state Division of Public Health, following guidelines issued by the Centers for Disease Control and Prevention, has issued mandatory isolation rules. Please note the following:

- Chickenpox (Varicella): Student is excluded until all blisters have formed scabs.
- Fever: The parent/guardian of any student with an oral temperature >100.4 degrees will be notified and asked to pick up their child. The student should remain at home until fever-free for 24 hours without medication.

- Head Lice (Pediculosis): The parents/guardians of any student found with lice will be notified and asked to pick up their student. If the student is unable to be picked up and must remain at school, he/she will remain in the nurse's office until a parent can pick up. The parent/guardian may consult their medical provider or treat with an over-the-counter product. The student may return to school after receiving treatment for lice and removing nits.
- Impetigo: Student is excluded from school if he/she has more than three to four sores until seen by a medical provider and treated with a prescription antibiotic for a minimum of 24 hours.
- Measles (Rubeola/Rubella): Student is excluded until physician's approval is given and student is no longer contagious.
- MRSA (Methicillin Resistant Staphylococcus Aureus): All suspected cases should be referred to their healthcare provider and if possible, lesions should be kept covered while at school. Exclusion from school and sports activities should be reserved for those with wound drainage that cannot be covered and contained with a clean, dry bandage and for those who cannot maintain good personal hygiene.
- Nausea, Vomiting, Diarrhea: The parent/guardian of any student experiencing nausea, vomiting, diarrhea will be notified and asked to pick up their child. The student may return to school 24 hours after the symptoms have abated.
- Pink Eye (Conjunctivitis): A student who is exhibiting symptoms of pink eye should be evaluated by their medical provider. Student is allowed to return to school on approval of physician. May return when treatment has begun, has minimal drainage & student is able to keep hands away from eyes.

- Scabies: Student is excluded until one (1) treatment with prescription medication has been completed for at least 24 hours.
- Strep Throat (Streptococcal and Staphylococcal Infections): Student is excluded from school until treated with a prescription antibiotic for 24 hours and has been fever free for 24 hours.

If a student has a communicable disease, including HIV/AIDS, hepatitis B, tuberculosis, etc.; the parents are encouraged to notify the school administrator and or nurse. This information will be kept confidential in accordance to the law.

If notified that a student suffers from such immunodeficiency, the school nurse will request that the notifying party provide information about what types of exposures might put the student at risk and what reasonable practices can be taken in the school setting to minimize the risk to the student. Whenever possible, the school nurse will notify the parents or guardians (or the student himself where appropriate) of an infected or immunodeficient student of the existence of chicken pox, influenza, meningococcus, measles, tuberculosis, or other contagious diseases occurring in the school that may represent a serious threat to the student's health. Students who are removed from school as a result of such conditions will be provided instruction in an appropriate alternative educational setting.

Immunizations

North Carolina law requires immunizations for every child present in this state. Every parent, guardian or person in loco parentis is responsible for ensuring that their child(ren) receive required immunizations. It is the responsibility of the parent, guardian, or person in loco parentis to provide the immunization record of each school age child to the school *no later than 30 days* after the child enters school or the child will be suspended from school until a valid immunization record can be provided.

EFFECTIVE JULY 1, 2015, THE FOLLOWING ARE REQUIRED IMMUNIZATIONS:

Kindergarten Required Vaccines

Vaccine	Number Doses Required Before School Entry*
<u>Diphtheria, tetanus and pertussis</u>	5 doses*
<u>Polio</u>	4 doses*
<u>Measles</u>	2 doses*
<u>Mumps</u>	2 doses*
<u>Rubella</u>	1 dose*
<u>Haemophilus Influenzae type B (Hib)</u>	4 doses*
<u>Hepatitis B (Hep B)</u>	3 doses*
<u>Varicella (chickenpox)</u>	2 doses*

* Please contact your child's healthcare provider for further information.

7th Grade/12 Year Old Required Vaccines

Adolescents should be up to date on all the vaccines required for kindergarten entry.

In addition:

- Meningococcal conjugate vaccine (MCV) – 2 doses
 - One dose for individuals is required entering the 7th grade or by 12 years of age whichever comes first.
 - Booster dose for individuals is required entering the 12th grade or 17 years of age beginning August 1, 2020.
 - If the first dose is administered on or after the 16th birthday the booster dose is not required
- Tetanus, diphtheria, and pertussis (whooping cough) – Tdap

- A booster dose of Tdap is required for individuals who have not previously received Tdap and who are entering 7th grade or by 12 years of age, whichever comes first.
- School Entry from 6th to 7th Grade

If you have specific questions regarding your child, please contact the school nurse, your child's health care provider, or your local health department.

Health and Safety Standards

As required by law at the beginning of every academic year, MCS shall provide parents and guardians with information about meningococcal meningitis, influenza, Human Papilloma Virus (HPV) and their vaccines. This important information is available online for parents/guardians on our website.

As required by law for parents of students in grades 5 through 12, will receive information at the beginning of the year about cervical cancer, cervical dysplasia, and human papillomavirus, including the causes and symptoms of these diseases, how they are transmitted, how they may be prevented by vaccination, including the benefits and possible side effects of vaccination, and places parents and guardians may obtain additional information and vaccinations for their children.

As required by law students in grades seven through twelve will receive information annually on the preventable risks for preterm birth in subsequent pregnancies, including induced abortion, smoking, alcohol consumption, the use of illicit drugs, and inadequate prenatal care.

Medication Administration

The needs of students who require medication during school hours to maintain and support their health and well-being during the educational day should be met in a safe and prudent manner.

Rationale

- Implementation of the IDEA (Individuals with Disabilities in Education Act), and amendments since enactment, has led to an increased number of children whose health problems require medication to be given while at school.
- Students with chronic illness may be dependent on routine medications, which enable them to participate more fully in all aspects of school activities and to minimize their absences.
- Students may require the administration of controlled substances during the school day in order to maximize their classroom performance.
- Some students with infections and communicable diseases are able to resume school attendance based on continuation of their medication regimen.

State of North Carolina Recommendations:

- All medications administered by school personnel during school hours must be prescribed by a licensed health care provider
- All medications administered at school must have a written request/permission signed by the parent or legal guardian
- Students with asthma and/or at risk for anaphylactic allergic reaction, may possess and self-administer medication on school property within certain parameters.

School personnel *will not administer any medication* to any student unless they have received the “The School Request for Medication Administration in School” form properly completed and signed by the doctor. The medication must be received in an appropriately labeled container. To protect your student’s well-being, there will be no exception to this policy. If you have any questions about this policy, or other issues related to the administration of medication in school or during school-sponsored activities, please contact the school nurse. Thank you for your cooperation.

Self-administration of Medications in School

In accordance with North Carolina state law, there are *limited number* of health conditions which may require the student to carry medications at all times. These include asthma (inhalers), diabetes (insulin or source of glucose), and severe anaphylactic allergies (EpiPen). In addition, learning to care for one's health and well-being is an important developmental milestone for all students. Parents should be informed that students who are approved to self-carry medications while at school and during school sponsored activities are independent in the management of their medication with no oversight from school staff.

In order for a student to self-carry a medication, the following *requirements **must be met annually***:

- A. The student's parent/guardian must submit a written treatment plan prepared by a healthcare provider for managing asthma, anaphylaxis, or diabetes. Examples include: asthma action plan, diabetic treatment plan, etc. The plan must state:
 - a. The student has a diagnosis of asthma, anaphylaxis, or diabetes, etc.
 - b. Self-administration of required medications is part of the student's treatment plan
 - c. The student has been instructed in, and has demonstrated to the healthcare provider, the skills necessary to self-administer the medication
 - d. The name or type of medication that the student may self-administer while in school or during school sponsored activities
- B. The student's parent/guardian must submit a completed "The School Request for Medication Administration in School" form
- C. The parent/guardian must provide to MINA Charter School backup medication that will be kept in the health office to which the student has immediate access in the event the student does not have the required medication.
- D. When medication such as asthma inhalers, diabetes medications, and emergency medications will be self-administered, an appropriate "Individualized Health Care Plan" (IHCP) will be completed by the school nurse in partnership with the parent/guardian and student.

- E. The student must demonstrate to the school nurse the knowledge, competence, and skills necessary to self-administer medication.
- F. Students will be required to sign a “Student Agreement for Self-Carried Medication” form acknowledging their role in self-carrying as well as a commitment to communicate to school staff when he/she is experiencing difficulty or adverse reactions. The student will agree to keep their medication secure.
- G. Students must dispose of contaminated sharps in accordance with OSHA guidelines.

Severe Allergic Reaction/Epinephrine Auto Injectors

MINA shall provide a minimum of two (2), emergency epinephrine auto-injectors (epi-pens) on school property for use by trained school personnel to provide emergency medical aid to persons suffering from an anaphylactic reaction during the school day and at school-sponsored events on school property. The epi-pens shall be stored in a secure but unlocked and easily accessible location. "School property" does not include transportation to or from school.

The lead administrator/principal shall designate at least two school personnel to receive initial training and annual retraining from a school nurse or qualified representative of the local health department regarding the proper storage and emergency use of an epinephrine auto-injector.

The school nurse or other designated school personnel who has received training shall obtain a non-patient specific prescription for epi-pens from a physician, physician assistant, or nurse practitioner of the local health department.

MINA shall provide periodic training of school personnel in recognizing symptoms of anaphylaxis. Training will include emergency follow-up procedures, including who is responsible for calling emergency services and contacting a student’s parent and physician and instruction and certification in cardiopulmonary resuscitation.

Food Allergy Policies for Snack and Lunch Time

All students at MINA Charter School will be given the time for lunch and snacks when appropriate. Lunch will be eaten in the multi-purpose room/cafeteria. There will be space designated for students with life-threatening allergies for lunch as needed. After lunch all tables and counters will be sanitized with spray provided by the school. Teachers and staff must ensure that all students wash their hands before and after lunch. All trash from lunch must be disposed of in the designated classroom trashcan.

Adopted & Approved by MCS: 03/02/2020