

## Stoneham Public Schools Wellness Policy

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## Stoneham Public Schools Wellness Policy

### Preamble

Stoneham Public Schools (hereto referred to as the District) is committed to the optimal development of every student. The District believes that for students to have the opportunity to achieve personal, academic, developmental and social success, we need to create positive, safe and health-promoting learning environments at every level, in every setting, throughout the school year.

Research shows that two components, good nutrition and physical activity before, during and after the school day, are strongly correlated with positive student outcomes. For example, student participation in the U.S. Department of Agriculture's (USDA) School Breakfast Program is associated with higher grades and standardized test scores, lower absenteeism and better performance on cognitive tasks.<sup>1,2,3,4,5,6,7</sup> Conversely, less-than-adequate consumption of specific foods including fruits, vegetables and dairy products, is associated with lower grades among students.<sup>8,9,10</sup> In addition, students who are physically active through active transport to and from school, recess, physical activity breaks, high-quality physical education and extracurricular activities – do better academically.<sup>11,12,13,14</sup> Finally, there is evidence that adequate hydration is

<sup>1</sup> Bradley, B, Green, AC. Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 years of Evidence About the Relationship of Adolescents' Academic Achievement and Health Behaviors, *Journal of Adolescent Health*. 2013; 52(5):523–532.

<sup>2</sup> Meyers AF, Sampson AE, Weitzman M, Rogers BL, Kayne H. School breakfast program and school performance. *American Journal of Diseases of Children*. 1989;143(10):1234–1239.

<sup>3</sup> Murphy JM. Breakfast and learning: an updated review. *Current Nutrition & Food Science*. 2007; 3:3–36.

<sup>4</sup> Murphy JM, Pagano ME, Nachmani J, Sperling P, Kane S, Kleinman RE. The relationship of school breakfast to psychosocial and academic functioning: Cross-sectional and longitudinal observations in an inner-city school sample. *Archives of Pediatrics and Adolescent Medicine*. 1998;152(9):899–907.

<sup>5</sup> Pollitt E, Mathews R. Breakfast and cognition: an integrative summary. *American Journal of Clinical Nutrition*. 1998; 67(4), 804S–813S.

<sup>6</sup> Rampersaud GC, Pereira MA, Girard BL, Adams J, Metz J. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *Journal of the American Dietetic Association*. 2005;105(5):743–760, quiz 761–762.

<sup>7</sup> Taras, H. Nutrition and student performance at school. *Journal of School Health*. 2005;75(6):199–213.

<sup>8</sup> MacLellan D, Taylor J, Wood K. Food intake and academic performance among adolescents. *Canadian Journal of Dietetic Practice and Research*. 2008;69(3):141–144.

<sup>9</sup> Neumark-Sztainer D, Story M, Dixon LB, Resnick MD, Blum RW. Correlates of inadequate consumption of dairy products among adolescents. *Journal of Nutrition Education*. 1997;29(1):12–20.

<sup>10</sup> Neumark-Sztainer D, Story M, Resnick MD, Blum RW. Correlates of inadequate fruit and vegetable consumption among adolescents. *Preventive Medicine*. 1996;25(5):497–505.

<sup>11</sup> Centers for Disease Control and Prevention. *The association between school-based physical activity, including physical education, and academic performance*. Atlanta, GA: US Department of Health and Human Services, 2010.

<sup>12</sup> Singh A, Uijtdewillig L, Twisk J, van Mechelen W, Chinapaw M. *Physical activity and performance at school: A systematic review of the literature including a methodological quality assessment*. *Arch Pediatr Adolesc Med*, 2012; 166(1):49-55.

<sup>13</sup> Haapala E, Poikkeus A-M, Kukkonen-Harjula K, Tompuri T, Lintu N, Väistö J, Leppänen P, Laaksonen D, Lindi V, Lakka T. *Association of physical activity and sedentary behavior with academic skills – A follow-up study among primary school children*. *PLoS ONE*, 2014; 9(9): e107031.

<sup>14</sup> Hillman C, Pontifex M, Castelli D, Khan N, Raine L, Scudder M, Drollette E, Moore R, Wu C-T, Kamijo K. *Effects of the FITKids randomized control trial on executive control and brain function*. *Pediatrics* 2014; 134(4): e1063-1071.

<sup>15</sup> Change Lab Solutions. (2014). *District Policy Restricting the Advertising of Food and Beverages Not Permitted to be Sold on School Grounds*. Retrieved from <http://changelabsolutions.org/publications/district-policy-school-food-ads>

associated with better cognitive performance.<sup>15,16,17</sup> Alongside these health factors, mental health support will be utilized to impact student learning.

This policy outlines the District's approach to ensuring environments and opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. Specifically, this policy establishes goals and procedures to ensure that:

- I. Students in the District have access to healthy foods throughout the school day – both through reimbursable school meals and other foods available throughout the school campus– in accordance with Federal and state nutrition standards;
- II. Students receive quality nutrition education that helps them develop lifelong healthy eating behaviors;
- III. Students have opportunities to be physically active before, during and after school;
- IV. Schools engage in nutrition, physical activity and mental health promotion and other activities that promote student wellness;
- V. School staff are encouraged and supported to practice student mental health/wellness, healthy nutrition and physical activity behaviors in and out of school;
- VI. The community is engaged in supporting the work of the District in creating continuity between school and other settings for students and staff to practice lifelong healthy habits; and
- VII. The District establishes and maintains an infrastructure for management, oversight, implementation, communication about and monitoring of the policy and its established goals and objectives.

This policy applies to all students, staff and schools in the District. Specific measurable goals and outcomes are identified within each section below.

### **VIII. School Wellness Committee**

#### ***Committee Role and Membership***

The District will convene a representative district wellness committee (hereto referred to as the DWC) that meets at least four times per year to establish goals for and oversee school health and safety policies and programs, including development, implementation and periodic review and update of this district-level wellness policy (heretofore referred as “wellness policy”).

The DWC membership will represent all school levels (elementary and secondary schools) and include (to the extent possible), but not be limited to: parents and caregivers; students; representatives of the school nutrition program; physical education teachers; health education teachers; school health professionals (e.g., health education teachers, school health services staff [e.g., nurses, health educators, and other allied health personnel who provide school health services], and mental health and social services staff; school administrators (e.g., superintendent, principal, assistant principal), school board members; and the general public. To the extent possible, the DWC will include representatives from each school building and reflect the diversity of the community.

#### ***Leadership***

The Superintendent or designee(s) will convene the DWC and facilitate development of and updates to the wellness policy, and will ensure each school's compliance with the policy. Committee members will be listed on the District's School Wellness Website.

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<b>Name</b>	<b>Title / Relationship to the School or District</b>	<b>Email address</b>	<b>Role on Committee</b>
Melanie Fiore	School Committee / Community Rep	<a href="mailto:melanie.fiore@stonehamschools.org">melanie.fiore@stonehamschools.org</a>	Provides insight to perspectives with school committee along with concerns with community
Andrea Robin	Parent and Community Representative	<a href="mailto:andrea@thinkday.net">andrea@thinkday.net</a>	Provides perspective of the parental and community concerns on issues
David Ljungberg	Asst. Supt./Co. Chair	<a href="mailto:dljungberg@stonehamschools.org">dljungberg@stonehamschools.org</a>	Central Office / District Oversight
Pat Healey	Health Education Dept Rep/Co. Chair	<a href="mailto:phealey@stonehamschools.org">phealey@stonehamschools.org</a>	Provides insight to education section regarding standards, content, and student support
Maisey O'Brien	High School Student Rep	<a href="mailto:mobrien2024@stonehamschools.org">mobrien2024@stonehamschools.org</a>	Represent the youth perspective at the High School
Elizabeth Valett	Community Youth Service Agency Rep	<a href="mailto:elizabeth@bgcstoneham.org">elizabeth@bgcstoneham.org</a>	Provides insight to youth support outside of school system
Sandra Malzone	District Lead Nurse	<a href="mailto:smalzone@stonehamschools.org">smalzone@stonehamschools.org</a>	Provides insight into the health needs of students throughout the district
Sonya Gjura	Parent / Community Rep.	<a href="mailto:sonyagjura@gmail.com">sonyagjura@gmail.com</a>	Parent/Community Representative
Sara Swett-Zizzo	Physical Education Department Rep	<a href="mailto:sswettzizzo@stonehamschools.org">sswettzizzo@stonehamschools.org</a>	Provides insight to education section regarding standards, content, and student support
Katrina Kessararis	High School Student Rep	<a href="mailto:ksessararis2024@stonehamschools.org">ksessararis2024@stonehamschools.org</a>	Represent the youth perspective at the High School
Eric Jones	Elementary Principal	<a href="mailto:ejones@stonehamschools.org">ejones@stonehamschools.org</a>	Provides insight regarding elementary student and staff needs
Lisa Toumayan	Aramark Food and Nutrition Services Director	<a href="mailto:ltoumayan@stonehamschools.org">ltoumayan@stonehamschools.org</a>	Provides insight on nutritional standards along with daily operations related to students food intake

**IX. Wellness Policy Implementation, Monitoring, Accountability and Community Engagement**

***Recordkeeping***

The District will retain records to document compliance with the requirements of the wellness policy at District's Assistant Superintendent's Office. Documentation maintained in this location will include but will not be limited to:

- The written wellness policy;
- Documentation demonstrating that the policy has been made available to the public;
- Documentation of efforts to review and update the Local Schools Wellness Policy; including an indication of who is involved in the update and methods the district uses to make stakeholders aware of their ability to participate on the DWC;
- Documentation to demonstrate compliance with the annual public notification requirements;
- 

***Annual Notification of Policy***

The District will actively inform families and the public each year of basic information about this policy, including its content, any updates to the policy and implementation status. The District will make this information available via the district website and/or district-wide communications. The District will provide as much information as possible about the school nutrition environment. Annually, the District will also publicize the name and contact information of the District official(s) leading and coordinating the committee, as well as information on how the public can get involved with the school wellness committee.

***Triennial Progress Assessments***

At least once every three years, the District will evaluate compliance with the wellness policy to assess the implementation of the policy and include:

- The extent to which schools under the jurisdiction of the District are in compliance with the wellness policy;
- The extent to which the District's wellness policy compares to the Alliance for a Healthier Generation's model wellness policy; and
- A description of the progress made in attaining the goals of the District's wellness policy.

The position/person responsible for managing the triennial assessment and contact information is the Assistant Superintendent of Schools.

The DWC, in collaboration with individual schools, will monitor schools' compliance with this wellness policy.

The District will actively notify households/families of the availability of the triennial progress report.

***Revisions and Updating the Policy***

The DWC will update or modify the wellness policy based on the results of the annual School Health Index and triennial assessments and/or as District priorities change; community needs change; wellness goals are met; new health science, information, and technology emerges; and new Federal or state guidance or standards are issued. **The wellness policy will be reviewed and updated as necessary at least every three years, following the triennial assessment.**

### ***Community Involvement, Outreach and Communications***

The District is committed to being responsive to community input, which begins with awareness of the wellness policy. The District will actively communicate ways in which representatives of DWC and others can participate in the development, implementation and periodic review and update of the wellness policy. The District will also inform parents of the improvements that have been made to school meals and compliance with school meal standards, availability of child nutrition programs and how to apply, and a description of and compliance with Smart Snacks in School nutrition standards. The District will ensure that communications are culturally and linguistically appropriate to the community, and accomplished through means similar to other ways that the district and individual schools are communicating important school information with parents.

#### **X. Nutrition**

##### ***School Meals***

Our school district 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.

All schools within the District participate in USDA child nutrition programs, including the National School Lunch Program (NSLP), the School Breakfast Program (SBP), and the *Fresh Fruit & Vegetable Program (FFVP)*. The District also operates additional nutrition-related programs and activities including *Grab 'n' Go Breakfast*. All schools within the District are committed to offering school meals through the NSLP and SBP programs, and other applicable Federal child nutrition programs, that:

- Are accessible to all students;
- Are appealing and attractive to children;
- Are served in clean and pleasant settings;
- Meet or exceed current nutrition requirements established by local, state, and Federal statutes and regulations. (The District offers reimbursable school meals that meet [USDA nutrition standards](#).)
- Promote healthy food and beverage choices using at least ten of the following [Smarter Lunchroom techniques](#):
  - Whole fruit options are displayed in attractive bowls or baskets (instead of chaffing dishes or hotel pans).

- Sliced or cut fruit is available daily.
- Daily fruit options are displayed in a location in the line of sight and reach of students.
- All available vegetable options have been given creative or descriptive names.
- Daily vegetable options are bundled into all grab-and-go meals available to students.
- All staff members, especially those serving, have been trained to politely prompt students to select and consume the daily vegetable options with their meal.
- White milk is placed in front of other beverages in all coolers.
- Alternative entrée options (e.g., salad bar, yogurt parfaits, etc.) are highlighted on posters or signs within all service and dining areas.
- A reimbursable meal can be created in any service area available to students (e.g., salad bars, snack rooms, etc.).
- Student surveys and taste testing opportunities are used to inform menu development, dining space decor and promotional ideas.
- Student artwork is displayed in the service and/or dining areas.
- Daily announcements are used to promote and market menu options.

### ***Staff Qualifications and Professional Development***

All school nutrition program directors, managers and staff will meet or exceed hiring and annual continuing education/training requirements in the [USDA professional standards for child nutrition professionals](#). These school nutrition personnel will refer to [USDA's Professional Standards for School Nutrition Standards website](#) to search for training that meets their learning needs.

### ***Water***

To promote hydration, free, safe, unflavored drinking water will be available to all students throughout the school day\* and throughout every school campus\* ("school campus" and "school day" are defined in the glossary). The District will make drinking water available where school meals are served during mealtimes.

### ***Competitive Foods and Beverages***

The District is committed to ensuring that all foods and beverages available to students on the school campus\* during the school day\* support healthy eating. The foods and beverages sold and served outside of the school meal programs (e.g., "competitive" foods and beverages) will meet the USDA Smart Snacks in School nutrition standards, at a minimum. Smart Snacks (available at SHS and SCMS only) aim to improve student health and well-being, increase consumption of healthful foods during the school day and create an environment that reinforces the development of healthy eating habits. A summary of the standards and information, as well as a Guide to Smart Snacks in Schools are available at:

<http://www.fns.usda.gov/healthierschoolday/tools-schools-smart-snacks>. The Alliance for a Healthier Generation provides a set of tools to assist with implementation of Smart Snacks available at [www.foodplanner.healthiergeneration.org](http://www.foodplanner.healthiergeneration.org).

To support healthy food choices and improve student health and well-being, all foods and beverages outside the reimbursable school meal programs that are sold to students on the

school campus during the school day\* will meet or exceed the USDA Smart Snacks nutrition standards. These standards will apply in all locations and through all services where foods and beverages are sold, which may include, but are not limited to, à la carte options in cafeterias, vending machines, school stores and snack or food carts.

### ***Celebrations and Rewards***

Non food option rewards given to students on school property during the school day should be strongly considered as the only option. Any and all foods offered/given on the school campus will meet or exceed the USDA Smart Snacks in School nutrition standards along with safe food options including through:

1. Celebrations and parties. The district 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](#).
2. Classroom snacks brought by parents. The District will provide to parents a [list of foods and beverages that meet Smart Snacks](#) nutrition standards.
3. Rewards and incentives. The District will provide teachers and other relevant school staff a [list of alternative ways to reward children](#). Foods and beverages will not be used as a reward, or withheld as punishment for any reason, such as for performance or behavior.

### ***Fundraising***

Foods and beverages that meet or exceed the USDA Smart Snacks in Schools nutrition standards may be sold through fundraisers on the school campus\* during the school day\*. The District will make available to parents and teachers a list of healthy fundraising ideas [*examples from the [Alliance for a Healthier Generation](#) and the [USDA](#)*].

### ***Nutrition Promotion***

Nutrition promotion and education positively influence lifelong eating behaviors by using evidence-based techniques and nutrition messages, and by creating food environments that encourage healthy nutrition choices and encourage participation in school meal programs. Students and staff will receive consistent nutrition messages throughout schools, classrooms, gymnasiums, and cafeterias. Nutrition promotion also includes marketing and advertising nutritious foods and beverages to students and is most effective when implemented consistently through a comprehensive and multi-channel approach by school staff, teachers, parents, students and the community.

The District will promote healthy food and beverage choices for all students throughout the school campus, as well as encourage participation in school meal programs.

### ***Food Allergies***

There is no cure for food allergies, so the SPS must be vigilant in protecting students, staff, and other members of the community regarding food safety. This is especially pertinent at the preschool, kindergarten, elementary, and middle school levels. SPS will utilize information from the [CDC Toolkit for Schools](#) while participating along the [CDC Voluntary Guideline for Managing Food Allergies in Schools](#) as much as possible.

SPS will reduce the risk regarding food and allergy risks by taking the following steps:

1. Identify children with food allergies.
  - a. Parent(s)/Guardian(s) or students should report a food allergy on the required forms
2. Develop a plan to manage and reduce the risk of food allergy reactions in individual children.
  - a. School administrators, nurses, and food services will work collaboratively to maintain the safety of students while offering alternatives to food that should be avoided.
3. Help students manage their own food allergies.
  - a. Students who can manage their own food allergies should have quick (within a few minutes) access to an epinephrine auto-injector, both at school and during school-related events.

### ***Nutrition Education***

The District will teach, model, encourage and support healthy eating by all students. Schools will provide nutrition education and engage in nutrition promotion that:

- Is designed to provide students with the knowledge and skills necessary to promote and protect their health;
- Is part of health education classes, but also integrated into other classroom instruction through subjects such as math, science, language arts, social sciences and elective subjects;
- Includes enjoyable, developmentally-appropriate, culturally-relevant and participatory activities, such as cooking demonstrations or lessons, promotions, taste-testing, farm visits and school gardens;
- Promotes fruits, vegetables, whole-grain products, low-fat and fat-free dairy products and healthy food preparation methods;
- Emphasizes caloric balance between food intake and energy expenditure (promotes physical activity/exercise);
- Links with school meal programs, cafeteria nutrition promotion activities, school gardens, Farm to School programs, other school foods and nutrition-related community services;
- Teaches media literacy with an emphasis on food and beverage marketing; and

### ***Essential Healthy Eating Topics in Health Education***

The District will include in the health education curriculum a minimum of 12 of the following essential topics on healthy eating:

- Relationship between healthy eating and personal health and disease prevention
- Food guidance from [MyPlate](#)
- Reading and using FDA's nutrition fact labels
- Impact sugar has on childhood obesity
- Eating a variety of foods every day
- Balancing food intake and physical activity
- Eating more fruits, vegetables and whole grain products
- Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain *trans* fat
- Choosing foods and beverages with little added sugars

- Eating more calcium-rich foods
- Preparing healthy meals and snacks
- Risks of unhealthy weight control practices
- Accepting body size differences
- Food safety
- Importance of water consumption
- Importance of eating breakfast
- Making healthy choices when eating at restaurants
- Eating disorders
- [The Dietary Guidelines for Americans](#)
- Reducing sodium intake
- Social influences on healthy eating, including media, family, peers and culture
- How to find valid information or services related to nutrition and dietary behavior
- How to develop a plan and track progress toward achieving a personal goal to eat healthfully
- Resisting peer pressure related to unhealthy dietary behavior
- Influencing, supporting, or advocating for others' healthy dietary behavior

### ***Food and Beverage Marketing in Schools***

The District is committed to providing a school environment that ensures opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. The District strives to teach students how to make informed choices about nutrition, health and physical activity. These efforts will be weakened if students are subjected to advertising on District property that contains messages inconsistent with the health information the District is imparting through nutrition education and health promotion efforts. It is the intent of the District to protect and promote student's health by permitting advertising and marketing for only those foods and beverages that are permitted to be sold on the school campus, consistent with the District's wellness policy.

Any foods and beverages marketed or promoted to students on the school campus\* during the school day\* will meet or exceed the USDA Smart Snacks in School nutrition standards.

Food and beverage marketing is defined as advertising and other promotions in schools. Food and beverage marketing often includes an oral, written, or graphic statements made for the purpose of promoting the sale of a food or beverage product made by the producer, manufacturer, seller or any other entity with a commercial interest in the product.<sup>15</sup>

As the District/school nutrition services/Athletics Department/PTO reviews existing contracts and considers new contracts, equipment and product purchasing (and replacement) decisions should reflect the applicable marketing guidelines established by the District wellness policy.

## **XI. Physical Activity**

Physical activity during the school day (including recess) **will not be withheld** as a corrective measure for any reason (*this does not include participation on sports teams that have specific academic or behavioral requirements*). The district will provide teachers and other school staff with a [list of ideas](#) for alternative ways to discipline students.

To the extent practicable, the District will ensure that its grounds and facilities are safe and that equipment is available to students to be active. The District will conduct necessary inspections and repairs.

### ***Physical Education***

The District will provide students with physical education, using an age-appropriate, sequential physical education curriculum consistent with national and state standards for physical education. The physical education curriculum will promote the benefits of a physically active lifestyle and will help students develop skills to engage in lifelong healthy habits, as well as incorporate essential health education concepts (discussed in the “*Essential Physical Activity Topics in Health Education*” subsection). The curriculum will support the essential components of physical education.

All students will be provided equal opportunity to participate in physical education classes. The District will make appropriate accommodations to allow for equitable participation for all students and will adapt physical education classes and equipment as necessary. All Stoneham **elementary students** in each grade will receive physical education for at least 90 minutes per week throughout the school year. All Stoneham **secondary students** are required to take the equivalence of one semester of physical education per academic year. However, administrators may give senior privileges for students in their final year to complete an independent physical education program. This would look like participation in seasonal sports, use of a local/private gym or an appropriate wellness plan completed.

The District physical education program will promote student physical fitness through individualized fitness and activity assessments (via the [Presidential Youth Fitness Program](#) or other appropriate assessment tool) and will use criterion-based reporting for each student.

### ***Essential Physical Activity Topics in Physical Education***

The District will include in the curriculum a minimum of 12 the following essential topics on physical activity:

- The physical, psychological, or social benefits of physical activity
- How physical activity can contribute to a healthy weight
- How physical activity can contribute to the academic learning process
- How an inactive lifestyle contributes to chronic disease
- Health-related fitness, that is, cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition
- Differences between physical activity, exercise and fitness
- Phases of an exercise session, that is, warm up, workout and cool down
- Overcoming barriers to physical activity
- Decreasing sedentary activities, such as TV watching
- Opportunities for physical activity in the community

- Preventing injury during physical activity
- Weather-related safety, for example, avoiding heat stroke, hypothermia and sunburn while being physically active
- How much physical activity is enough, that is, determining frequency, intensity, time and type of physical activity
- Developing an individualized physical activity and fitness plan
- Monitoring progress toward reaching goals in an individualized physical activity plan
- Dangers of using performance-enhancing drugs, such as steroids
- Social influences on physical activity, including media, family, peers and culture
- How to find valid information or services related to physical activity and fitness
- How to influence, support, or advocate for others to engage in physical activity
- How to resist peer pressure that discourages physical activity.

### ***Recess and Wellness in Elementary***

All elementary schools will offer at least **20 minutes of recess** on all days during the school year. *This policy may be waived on early dismissal or late arrival days.* If recess is offered before lunch, schools will have appropriate hand-washing facilities and/or hand-sanitizing mechanisms located just inside/outside the cafeteria to ensure proper hygiene prior to eating and students are required to use these mechanisms before eating. Hand-washing time, as well as time to put away coats/hats/gloves, will be built in to the recess transition period/timeframe before students enter the cafeteria. **Outdoor recess** will be offered when weather is feasible for outdoor play. In the event that the school or district must conduct **indoor recess**, teachers and staff will follow the indoor recess guidelines that promote physical activity for students, to the extent practicable. Recess will complement, not substitute, physical education class. Recess monitors or teachers will encourage students to be active.

Wellness lessons and activities are promoted in the elementary schools. Wellness activities are incorporated by the physical education teachers, which promote the impact physical activities have on social emotional wellness.

### ***Classroom Physical Activity Breaks (Elementary and Secondary)***

The District recognizes that students are more attentive and ready to learn if provided with periodic breaks when they can be physically active or stretch. Thus, students will be offered **periodic opportunities** to be active or to stretch throughout the day on all or most days during a typical school week. The District recommends teachers provide short (3-5-minute) physical activity breaks to students during and between classroom time at least three days per week. These physical activity breaks will complement, not substitute, for physical education class, recess, and class transition periods.

The District will provide resources and links to resources, tools, and technology with ideas for classroom physical activity breaks. Resources and ideas are available through [USDA](#) and the [Alliance for a Healthier Generation](#).

### ***Active Academics***

Teachers will incorporate movement and kinesthetic learning approaches into “core” subject instruction when possible (e.g., science, math, language arts, social studies and others) and do their part to limit sedentary behavior during the school day.

### ***Active Transport***

The District will support active transport to and from school, such as walking or biking. The District will encourage this behavior by engaging in *six or more* of the activities below; including but not limited to:

- Designate safe or preferred routes to school
- Promote activities such as participation in International Walk to School Week, National Walk and Bike to School Week
- Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area)
- Instruction on walking/bicycling safety provided to students
- Promote safe routes program to students, staff, and parents via newsletters, websites, local newspaper
- Use crossing guards
- Use crosswalks on streets leading to schools
- Use walking school buses
- Document the number of children walking and or biking to and from school
- Create and distribute maps of school environment (e.g., sidewalks, crosswalks, roads, pathways, bike racks, etc.)

## **XII. Mental Health**

### ***Student Mental Health***

Schools in the District should view mental wellness with the same importance of physical and nutritional wellness. When applicable, the district buildings should offer opportunities to address mental health concerns through an incorporation of specific times where social emotional learning is promoted (examples may include stress less day or field days).

Mental Health resources should be promoted to students in each district. These resources should include inbuilding, local, and national resources to help support the needs of students throughout the school year. Students and parent(s)/guardians(s) will be informed of their assigned guidance counselor in each building.

Administrative decisions to impact mental health are data driven decisions. When possible, assessments of student mental health will be assessed through a variety of different methods (may include surveys, data trends, observable behavioral changes, etc.). Some surveys may look like the Youth Risk Behavior Survey, school building driven decisions, Signs of Suicide assessments, or other grant funded supported surveys. This data will be gathered, assessed, and shared with necessary parties. Administrative decisions that impact student mental health will be reflective of data collected.

Mental health topics covered in health classes will destigmatize mental health concerns by addressing mental health throughout all units, normalizing asking for help, and identifying support personnel (in building, local, and national). Physical activities promote mental wellness through the act of physical activity, working cooperatively with peers, and promoting a healthy coping skill through physical exercise. Finally, social aspects of wellness will be promoted through clubs, sports, and other extra curriculars. At the High School, students will work collaboratively with each other and staff to improve the social emotional learning environment (Students Organizing Against Racism (SOAR), Peer Leaders, GSA (Gender Sexuality Alliance), YAC (Youth Action Coalition), etc).

### ***Staff Mental Health Promotion***

Schools in the District will implement strategies to support staff in actively promoting and modeling healthy eating, mental health awareness, and physical activity behaviors. Examples of strategies schools will use, as well as specific actions staff members can take may include:

- Prioritizing wellness through incorporation into the schedule with dedicated, regularly scheduled time to spend on wellness education and activities (e.g. wellness days, Stress Less Days)
- Having open dialog between staff and supervisors regarding mental health concerns
- Bring in outside programs for staff and/or student programs during professional development opportunities

### **XIII. Other Activities that Promote Student Wellness**

The District will integrate wellness activities across the entire school setting. The District will coordinate and integrate other initiatives related to physical activity, physical education, nutrition, mental health, and other wellness components so all efforts are complementary, not duplicative, and work towards the same set of goals and objectives promoting student well-being, optimal development and strong educational outcomes.

All school-sponsored events will adhere to the wellness policy guidelines. All school-sponsored wellness events will include physical activity, mental health awareness, and healthy eating opportunities when appropriate.

### ***Professional Learning***

When feasible, the District will offer annual professional learning opportunities and resources for staff to increase knowledge and skills about promoting healthy behaviors in the classroom and school (e.g., increasing the use of kinesthetic teaching approaches or incorporating nutrition lessons into math class). Professional learning will help District staff understand the connections between academics and health and the ways in which health and wellness are integrated into ongoing district reform or academic improvement plans/efforts.

*Glossary:*

**Extended School Day** – the time during, before and afterschool that includes activities such as clubs, intramural sports, band and choir practice, drama rehearsals and more.

**School Campus** - areas that are owned or leased by the school and used at any time for school-related activities, including on the outside of the school building, school buses or other vehicles used to transport students, athletic fields and stadiums (e.g., on scoreboards, coolers, cups, and water bottles), or parking lots.

**School Day** – the schedule at each school for the duration of the instructional day.

**Triennial** – recurring every three years.

*Adopted: August 21, 2006*

*Revised: May 26, 2022*

*Approved by the Health and Wellness Committee (2022)*

*May 10th, 2022*

## INSTRUCTION

**6-23.1**

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### **6-23.1 – ALLERGY AWARENESS/RESPONSE AND FOOD IN THE CLASSROOM**

Due to local and national concerns about child nutrition and the impact of food and other allergies on the health and safety of our students and staff, the Stoneham Public Schools have realized the need to move beyond the guidelines of the district wellness policy (6-23). The following guidelines on allergy awareness / response and food in the classroom will be expected to be part of the health education curriculum, shared with parents and School Councils, and discussed as part of the School Improvement Plans.

Individual, age – appropriate procedures shall be established for children with life-threatening food and other allergies to minimize the risk of exposure to allergens that may trigger a life-threatening reaction. Based upon the district’s health protocols (attached), such guidelines and procedures may include building-based general medical plans, life-threatening allergy plans, individual healthcare plans (including 504’s and IEP’s as appropriate) for students with life-threatening allergies, communications with classroom parents, and training of school staff. The goals of these guidelines shall be to provide a school environment in which students can have their health needs accommodated without discrimination or isolation and to assist children with life-threatening allergies to assume appropriately increasing responsibility for maintaining their safety as they grow from the primary through the secondary grades.

To support the implementation of individual student guidelines, the following restrictions on food shall be observed:

1. Except as noted below, all student parties and celebrations during the regular school day shall be food-free. This policy specifically prohibits homemade or store-bought foods for birthday, holiday or similar celebrations.
2. Food may be an appropriate part of a cultural heritage or school appreciation program if organized through the school principal. Non-food programs should be considered before a food program is chosen.
3. Food may be part of an all-school celebration such as a field day or evening activity if parents are invited and sufficient numbers of staff are present to supervise students. Food should be procured through the school lunch program or commercial vendor so that ingredients and preparation procedures can be verified.
4. Food shall not be used as a reward for academic performance or behavior unless documented in a specific behavioral plan.
5. No student organization bake or food sales shall be allowed before, during or after the school day.

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6. Fund-raising programs using commercial food shall not be sold or delivered during the school day.
7. Schools shall maintain appropriate, grade-level activities and programs on issues such as hand-washing, sharing of foods, and allergies that need to be part of a comprehensive wellness program.
8. Classroom parents and visitors may be notified of the need to make careful and considerate choices regarding foods or other products that their children bring into the classroom. Any such efforts to promote awareness and restrict the presence of allergens shall not be construed as a guarantee that allergens may not be present.

**Adopted: August 27, 2009**  
**Revised: January 28, 2010**  
**Revised: February 11, 2016**

**Stoneham Public Schools  
Life-Threatening Food and Other Allergy Guidelines**

**(This document replaces Section 16 in the 2009 School Health Services Manual)**

**Statement**

The Stoneham Public Schools will set age-appropriate guidelines for students and schools within the Stoneham system that minimize the risk for children with life-threatening allergies (LTA) to be exposed to offending allergens that may trigger a life-threatening reaction. Such guidelines shall include: building-based general medical emergency plans, life-threatening allergy emergency plans, individual healthcare plans for all students diagnosed with LTA, appropriate training of staff, availability of medical equipment on site for quick response to life-threatening allergic reactions, and such other guidelines that will ensure that students with LTA can participate fully in school activities without undue fear of harm from exposure to life – threatening allergens.

It is the School Committee’s expectation that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. It is the School Committee’s belief that education and open and informative communication are vital for the creation of an environment with reduced risks for all students and their families. In order to assist children with LTA to assume more individual responsibility for maintaining their safety as they grow, the guidelines should shift as children advance through the primary grades and through secondary school.

**Guidelines and Procedures**

In order to minimize the incidence of life-threatening allergic reactions, the Stoneham Public Schools (SPS) will implement the following guidelines and procedures. Guidelines will be implemented in the elementary schools for all school activities during the school day, including before and after school programs.

**School Nurses**

1. Food-allergies are a health issue, potentially requiring the administration of prescription medicine (Epinephrine). In the event of an allergic reaction, the presence of a full-time nurse in each school is critical.
2. Each school nurse will serve as the lead resource in the school regarding the implementation of the guidelines in that school. The School Nurse will serve as a medical and guideline resource for other school personnel who are responsible for various aspects of the guidelines, not only in emergency situations but also on an ongoing basis.
3. Every effort will be made to use latex free gloves and latex free medical equipment in the nurse’s office.

**Allergy Action Plans, Individualized Health Care Plans & 504 Plans**

1. An Allergy Action Plan (AAP) is a document containing physician orders and treatment plan for anaphylaxis. It contains the student’s name, allergen(s), signs and symptoms of

anaphylaxis, last anaphylaxis reaction, and contact information. Per the SPS medication protocol, parent and physician signatures are required. The document may also serve as the student's Individual Health Care Plan (IHCP).

2. If the plan of care involves additional information, an Individual Health Care Plan may be written. The school nurse is responsible for coordinating and developing the IHCP as indicated by physician orders.
3. A 504 Plan is an accommodation plan for any student who has a "physical or mental impairment that substantially limits one or more major life activities, has a record of such or is regarded as having such an impairment" so that s/he may access FAPE (Free Appropriate Public Education).
4. Upon the request of a parent, the school principal will begin the process of determining a child's eligibility for a 504 Accommodation Plan. It will include an AAP and IHCP as indicated.
5. Photographs of students with life threatening allergies (LTA) should be provided by parent/guardian and attached to the AAP.
6. A student's AAP will be provided to the school nurse annually by a parent/guardian and will always accompany his/her personal Auto-injectable epinephrine. The AAP and Epinephrine will be provided to the school nurse on or before the first day of school annually. Changes in life-threatening food allergy status must be provided by the parent and physician in writing.

#### **Training/Education for School Personnel**

1. The Stoneham Public Schools, in collaboration with Health Services, will provide and offer training and education on the food allergy guidelines and procedures for Stoneham Public School educational support personnel, including, but not limited to staff, student teachers, and substitutes.
2. SPS will provide the training which will include, but not be limited to
  - A description/definition of severe allergies and a discussion of the most common food, medication, latex and stinging insect allergies;
  - The signs and symptoms of anaphylaxis;
  - The correct use of an Auto-injectable epinephrine;
  - Specific steps to follow in the event of an emergency;
  - The storage and placement of individual Auto-Injectable Epinephrine and AAPs;
  - The purpose and contents of the AAP and/or 504 plans;
  - The importance of hand washing with soap and water and / or wipes (notes: hand sanitizer does not remove nut proteins and therefore is not considered an alternative when soap and water aren't readily available).
3. Principal, School Nurse and/or their designees will schedule the training and implement training for all appropriate employees annually.
4. At the parent/guardian request, an orientation meeting will be held between the food-allergic child, the child's teacher, the school nurse, and parents to discuss the various aspects of the child's allergy and action plan. All efforts will be made to complete this meeting at the end of the school year or prior to the next school year.
5. Staff will be made aware of all students with life-threatening allergies. As a means of sharing information with substitute teachers, student's individual life-threatening allergy information will remain in the sub folder, i.e. IHCP, AAP, 504 plans.

## **Student and Parent Education**

1. Our goal with buildings-based education will be to raise the level of awareness about the problem of life-threatening allergies, in order that we might create a safe environment for learning for children with serious allergies. Building-based education might include, but is not limited to the following:
  - Food Allergy Workshops; On-line Anaphylaxis & Epipen Training
  - Promoting alternatives to foods (ex: pencils and stickers) for birthday and holiday celebrations;
  - Delivering a classroom segment on allergy education/awareness at the elementary level
2. If appropriate, at the elementary level, and indicated in a 504 accommodation plan, a classroom letter from the school nurse will be sent to all students in the classroom at the beginning of the school year notifying them of the life-threatening allergy concern. See food allergy awareness notice attached.
3. It is highly recommended that students with known life-threatening allergies wear medical alert identification.

## **Cafeteria Protocol**

Cafeteria protocols should include, but not be limited to the following:

- Allergy identification in the POS system for students purchasing food items in the cafeteria
- During the first week of school, parents will notify the school nurse in writing regarding their child's seating preference, i.e. allergy aware tables or general population. If written notification is not received by the school nurse, students will automatically be placed at the ALLERGY AWARE assigned tables at the elementary level.
- Offer lunches that are allergen safe.
- Students without life-threatening food allergies are not restricted as to what they bring from home for lunch.
- Products/vendors with disclaimers that state "manufacture in a facility or may contain" will be identified by food services.

### **1. Cafeteria Tables and Seating**

Examples of Cafeteria tables/seating protocols in the Elementary schools currently

- Upon parent/guardian request in writing, allergy aware table(s) will be available for students.
  - These tables will be designated by a sign labeled ALLERGY AWARE
  - Tables will be cleaned by an adult prior to the beginning of each lunch session and again at the end of the lunch session.
2. SPS will promote "NO FOOD TRADING" and "NO UTENSIL SHARING" practices in all schools with particular focus at the elementary school level.
  3. Food service employees will use latex free gloves.
  4. The Director of Food Service and all food service personnel will be trained how to read product labels to recognize food allergens.

5. The Director of Food Service will contact manufacturers to ensure that all food sold in the schools have ingredient labels. Ingredient labels will be accumulated by the Director of Food Service to maintain on file.
6. Public School employees cannot be held responsible for companies that change ingredients or manufacturing without notification or proper labeling.

### **Classroom Protocol**

1. School buildings are public buildings and as such are considered an environment that cannot be guaranteed free from allergens. Every parent is encouraged to independently review ingredient labels and make sure of its accuracy. Stoneham Public School employees cannot be held responsible for reading ingredients or labels. Hand washing will be strongly encouraged throughout the school day and staff will be reminded that hand sanitizer does not remove nut proteins.
2. The school will promote “NO FOOD TRADING” and “NO UTENSIL SHARING” practices.
3. There will be no food-related activities, i.e. popsicles, Hoodsies, lollipops, etc. Birthdays can be celebrated with non-food products.
4. Class projects and manipulatives will remain free of major allergens. For example, any organic materials, such as birdseed, play dough; clay, etc. should be pre-approved by parents of allergic children to avoid accidental exposure to allergens, i.e. nuts that may be included in the birdseed, or wheat that may be included in the clay, etc. Special care should be taken when using recycled materials such as milk containers or egg containers, etc. since trace amounts of food previously contained in these materials may be present. The classroom teacher is responsible for consulting with the school nurse prior to implementing class projects and manipulatives.
5. In certain circumstances, an Auto-Injectable Epinephrine and AAP will travel with the child between classes, to the playground, to the gym, at the physician’s request if part of the IHCP plan.

### **Custodial Protocol**

1. The Director of Finance will work with the Facilities Director to establish a procedure to instruct the custodial staff, cafeteria staff and/or responsible adult to:
  - a. Thoroughly clean allergen-free tables and chairs before and between lunches.
  - b. Sweep the floors under and around allergen-free tables and chairs.
2. Separate disposable cloths and cleaning solution should be used on the Allergen Free tables.
3. All soaps and cleaning solutions need to be allergen-free and approved by the school district
4. All schools will only use latex free gloves.

### **Field Trip Management**

1. Whenever students travel on field trips for school, a clear plan to activate Emergency Medical Services (911) will be developed and reviewed by administration and his/her designee.

2. Field trips need to be chosen carefully; no child should be excluded from a field trip due to the potential of unavoidable allergen exposure.
3. The AAP and Auto-Injectable Epinephrine will accompany the allergic student on all field trips.
4. All students with Auto-Injectable Epinephrine will automatically be placed with an Epinephrine trained teacher or staff member. In some circumstances, a parent of the LTA student may be asked to attend the field trip.
5. If applicable, there will be a designated area for students with allergens to eat. Teachers will encourage students to wash hands with soap and water. If soap and water is not readily available, hand wipes may be used by students after eating and/or if needed, prior to boarding the bus for the return trip to the school. Reminder: hand sanitizer does not remove nut proteins.
6. No Eating is allowed on the bus, except when medically necessary.
7. No Food Trading and no Utensil Sharing will be allowed.

### **Emergency Response Protocol**

1. SPS administrators are responsible for creating a system-wide emergency plan for addressing life-threatening allergic reactions. This plan will be included in all life-threatening allergy training for employees, including substitutes. Per MDPH protocol, this plan shall identify personnel who will
  - a. Remain with the student
  - b. Assess the emergency at hand
  - c. Refer to the student's AAP
  - d. Administer the Auto-injectable epinephrine
  - e. Contact Emergency Response personnel (ex. 9-1-1, EMS): when placing the call, specify the problem: Student is in Anaphylaxis and was given Epinephrine.
  - f. Specify entrance and indicate the number on the school's outside door closest to the student
  - g. Send someone to meet the Emergency Response personnel
  - h. Note time of Epinephrine administration & hand over to EMS upon arrival
  - i. Notify school administration
  - j. Attend to student's classmates
  - k. Accompany student to emergency care facility (designated school official, not the school nurse) Note: may not be necessary if parent/guardian accompanies student
  - l. Notify the parent or guardian of which hospital facility the student is being transported to for further evaluation.
2. Identify a plan for the student's re-entry into school.

### **Auto-Injectable Epinephrine Protocol – See SPS Medication Protocol**

1. Whenever an Auto-Injectable Epinephrine is administered, an Emergency Response unit (ex: 911) must be notified and called to the scene. Emergency personnel will evaluate the student and determine the appropriate action. Per MDPH protocol, the student must be transported to the closest medical facility for further evaluation.

2. Auto-injectable Epinephrine (school-supplied stock Epinephrine and student prescribed Epinephrine) will be available in the nurse's office in clearly designated locations. Per MDPH protocol, all Epinephrine will be safely stored in an unlocked location for easy access in an emergency.
3. All Auto-Injectable Epinephrine management and training will be the responsibility of the building school nurse. Parents/guardians are responsible for monitoring and replacing expired Auto-Injectable Epinephrine.

**Resources:**

**Comprehensive School Health Manual, MA Department of Public Health, 2007**

**MDPH Data Report for Epinephrine Administration**

**Managing Life-threatening Food Allergies in School, MA DESE, 2002**

**Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs, CDC, 2013**

**Young, Michael C, Peanut Allergy Answer Book, 2006**

**Allergy Home: [www.allergyhome.org](http://www.allergyhome.org)**

**Food Allergy Research and Education: [www.fare.org](http://www.fare.org)**

**2/11/16**