

*Section VIII - Students*  
*Article V – Student Health and Welfare*

PROPOSED POLICY	CURRENT POLICY
<p><b>POLICY 8-5.1 WELLNESS POLICY</b></p> <p>See Attached.</p>	<p><b>8.66 Wellness Policy</b></p> <p>See Attached.</p>
Change(s)	Reason(s)
<p>Committee members were updated; New charts reflecting the current National School Lunch Program nutrition standards were inserted.</p>	<p>Revisions reflect changes made by RPS administration and current wellness standards.</p>
<p><b>Applicable Law:</b> Public Law 108-265; 7 C.F.R. 210 and 220; Virginia Administrative Code 8 VAC 20-580-10 et. seq.</p>	
PROPOSED POLICY	CURRENT POLICY
<p><b>POLICY 8-5.2 SCHOOL ASTHMA MANAGEMENT PLAN</b></p> <p>Asthma is a common chronic childhood illness and a major cause of student absences from school. Students with poorly controlled asthma may have greater difficulty with school work and a higher incidence of grade failure. Asthma attacks (acute episodes of symptoms) can be serious and life-threatening for students who experience them. Public school officials can help students control their asthma by helping them follow individualized asthma action plans, by minimizing students' exposure to allergens and other irritants, and by responding appropriately to students' asthma episodes. These efforts will support the academic performance and improve the health status of asthmatic students.</p> <p>Each school shall prepare, adopt, and implement a comprehensive plan for the management and education of students and staff that suffer from asthmatic attacks. This plan shall be based on current research and best practices. The plan shall be developed in partnership with families, health care providers and community agencies and implemented within the context of a coordinated school health program and shall include the following provisions:</p>	<p><b>8.65 <u>School Asthma Management Plan</u></b></p> <p>Asthma is a common chronic childhood illness and a major cause of student absences from school. Students with poorly controlled asthma may have greater difficulty with school work and a higher incidence of grade failure. Asthma attacks (acute episodes of symptoms) can be serious and life-threatening for students who experience them. Public school officials can help students control their asthma by helping them follow individualized asthma action plans, by minimizing students' exposure to allergens and other irritants, and by responding appropriately to students' asthma episodes. These efforts will support the academic performance and improve the health status of asthmatic students.</p> <p>Each school shall prepare, adopt, and implement a comprehensive plan for the management and education of students and staff that suffer from asthmatic attacks. This plan shall be based on current research and best practices. The plan shall be developed in partnership with families, health care providers and community agencies and implemented within the context of a coordinated school health program and shall include the following</p>

<sup>1</sup> "Morbidity" is defined as "the rate of incidence of a disease."

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<ol style="list-style-type: none"> <li>1. Asthma awareness education for students shall be integrated into health education, science, and physical education curricula at appropriate levels.</li> <li>2. Employees at each school shall participate in professional development sessions that include basic information about asthma, asthma management practices, and emergency response procedures.</li> <li>3. Procedures shall be established to identify students with significant asthma morbidity<sup>1</sup>, that is, students whose health, education, or quality of life are negatively impacted by their asthma.</li> <li>4. Procedures shall be established to systematically identify and minimize other asthma triggers (respiratory allergens and irritants) in school buildings and on school grounds.</li> <li>5. Procedures shall be established to proactively seek out those students who may suffer from asthma that is connected to indoor air quality.</li> <li>6. Procedures shall be established to develop an integrated pest management (IPM) program to reduce sources of food, water, and shelter for pests in and around school buildings with procedural guidelines for pesticide application and for notification of parents/guardians and building occupants prior to the application.</li> <li>7. Procedures shall be established to submit annual progress</li> </ol>	<p>provisions:</p> <ol style="list-style-type: none"> <li>1. Asthma awareness education for students shall be integrated into health education, science, and physical education curricula at appropriate levels.</li> <li>2. Employees at each school shall participate in professional development sessions that include basic information about asthma, asthma management practices, and emergency response procedures.</li> <li>3. Procedures shall be established to identify students with significant asthma morbidity<sup>2</sup>, that is, students whose health, education, or quality of life are negatively impacted by their asthma.</li> <li>4. Procedures shall be established to systematically identify and minimize other asthma triggers (respiratory allergens and irritants) in school buildings and on school grounds.</li> <li>5. Procedures shall be established to proactively seek out those students who may suffer from asthma that is connected to indoor air quality.</li> <li>6. Procedures shall be established to develop an integrated pest management (IPM) program to reduce sources of food, water, and shelter for pests in and around school buildings with procedural guidelines for pesticide application and for notification of parents/guardians and building occupants prior to the application.</li> </ol>
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<p>reports and recommendations for program improvements to the Superintendent and the School Board.</p>	<p>7. Procedures shall be established to submit annual progress reports and recommendations for program improvements to the Superintendent and the School Board.</p>
<b>Change(s)</b>	<b>Reason(s)</b>
<p>No changes suggested.</p>	<p>No changes suggested.</p>
<p><b>Applicable Law:</b> Code of Virginia, 1950 as amended, §22.1-78.</p>	
<b>PROPOSED POLICY</b>	<b>CURRENT POLICY</b>
<p><b>POLICY 8-5.3      STUDENT CONCUSSION POLICY</b></p> <p>The School Board of the City of Richmond is concerned about the short-term and long-term effects on students who suffer concussions.</p> <p>A.      Student-Athlete Concussions during Extracurricular Activities</p> <p>The School Board desires the safe return to activity for all student-athletes participating in extracurricular physical activities following an injury, but particularly after a concussion. The goal of this policy is to ensure (i) that coaches, school staff, volunteers, student-athletes, and their parents or guardian are aware of the short-term and long term effects of concussions; (ii) that concussed student-athletes are identified, removed from play immediately, and referred appropriately; and (iii) that concussed student-athletes are returned to play only after receiving appropriate medical care, given adequate time to heal, and are symptom free.</p> <p>The division superintendent is directed to develop procedures to</p>	<p>8.71      Student Concussion Policy</p> <p>The School Board of the City of Richmond is concerned about the short-term and long-term effects on students who suffer concussions.</p> <p>A.      Student-Athlete Concussions during Extracurricular Activities</p> <p>The School Board of the City of Richmond desires the safe return to activity for all student-athletes participating in extracurricular physical activities following an injury, but particularly after a concussion. The goal of this policy is to ensure (i) that coaches, school staff, volunteers, student-athletes, and their parents or guardian are aware of the short-term and long term effects of concussions; (ii) that concussed student-athletes are identified, removed from play immediately, and referred appropriately; and (iii) that concussed student-athletes are returned to play only after receiving appropriate medical care, given adequate time to heal, and are symptom free.</p> <p>The division superintendent is directed to develop procedures to</p>

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<p>implement this policy to include the creation of a Concussion Management Team which shall be comprised of at a minimum, a school administrator, an athletic administrator, a licensed health care provider, a coach, a parent or guardian of a student-athlete, and a student athlete. The Concussion Management Team will be responsible for the development of concussion training materials, concussion reporting, management and review protocols, and will meet at least once per semester to review this policy and related procedures.</p> <p>B. Non-Student Athlete Concussions</p> <p>The division superintendent is directed to develop procedures to ensure (1) that the school nursing staff is trained to identify the signs and symptoms of concussions and to render such medical treatment as necessary; (2) that students who sustain a concussion whether on or off school premises return to school with the necessary medical clearance; and (3) that students who have returned following a concussion are appropriately integrated back into instruction.</p>	<p>implement this policy to include the creation of a Concussion Management Team which shall be comprised of at a minimum, a school administrator, an athletic administrator, a licensed health care provider, a coach, a parent or guardian of a student-athlete, and a student athlete. The Concussion Management Team will be responsible for the development of concussion training materials, concussion reporting, management and review protocols, and will meet at least once per semester to review this policy and related procedures.</p> <p>B. Non-Student Athlete Concussions</p> <p>The division superintendent is directed to develop procedures to ensure (1) that the school nursing staff is trained to identify the signs and symptoms of concussions and to render such medical treatment as necessary; (2) that students who sustain a concussion whether on or off school premises return to school with the necessary medical clearance; and (3) that students who have returned following a concussion are appropriately integrated back into instruction.</p>
<b>Change(s)</b>	<b>Reason(s)</b>
No changes suggested.	No changes suggested.
<b>Applicable Law:</b> Code of Virginia, 1950, as amended, § 22.1-217.5.	
<b>PROPOSED POLICY</b>	<b>CURRENT POLICY</b>
<p><b>POLICY 8-5.4 ADMINISTERING MEDICATION</b></p> <p>A. <u>General</u></p> <p>All medicines should be administered to students at home by their parents if at all possible. Administration of medication at school will be done only in accordance with this policy. Any student who fails to follow this policy or whose parents fail to follow this policy will be excluded from school until compliance is obtained. The principal shall determine whether or not there is compliance with the provisions of this policy.</p>	<p>8.47 <u>Administering Medication</u></p> <p>A. <u>General</u></p> <p>All medicines should be administered to students at home by their parents if at all possible. Administration of medication at school will be done only in accordance with this policy. Any student who fails to follow this policy or whose parents fail to follow this policy will be excluded from school until compliance is obtained. The principal shall determine whether or not there is compliance with the provisions of this policy.</p>

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**B. Prescription and Nonprescription Medication**

If a student must take prescription and nonprescription medication at school, the medication may be administered by the school nurse, the principal, or the principal's designee in accordance with the provisions of this policy:

1. The parent must provide the principal with the medication and written instructions from the physician to include:
  - a) student's name;
  - b) name and purpose of medication;
  - c) dosage and time of administration;
  - d) possible side effects and measures to be taken if side effects occur; and
  - e) termination date for administering the medication
  
2. With the exception of school administrative personnel and persons employed by school boards who have the specific duty to deliver health related services, no licensed instructional employee, instructional aide, or clerical employee shall be disciplined, placed on probation or dismissed on the basis of his or her refusal to perform nonemergency health-related services for students. However, instructional aides and clerical employees may not refuse to dispense oral medications. "Health-related services" means those activities which, when performed in a health care facility, must be delivered or under the supervision of a licensed or certified professional.

**C. Emergency Lifesaving Measures**

1. The parent of any student who has a condition that would require emergency, lifesaving medication or other measures must inform the principal of the condition and provide instructions from the attending physician on measures to be taken, including administering any medication. These instructions should cover measures to be taken while the

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student may be on a school bus or other times when medication is not immediately available.

2. In school buildings with an instructional and administrative staff of ten or more, at least two employees shall have current training or have received training in the past two years in emergency first aid and cardiopulmonary resuscitation, and if one or more students attending such school has been diagnosed with diabetes, at least two employees shall have been trained in the administration of insulin and glucagon. In school buildings with an instructional and administrative staff of fewer than ten, at least one employee shall have current training or shall have received training the past two years in emergency first aid and cardiopulmonary resuscitation, and if one or more students attending such school has been diagnosed with diabetes, at least one employee has been trained in the administration of insulin and glucagon. "Employee" includes any person employed by a local health department who is assigned to the public school pursuant to an agreement between the local health department and the school board. When a registered nurse, nurse practitioner, physician or physician assistant is present, no employee who is not a registered nurse, nurse practitioner, physician or physician assistant shall assist with the administration of insulin or administer glucagon. Prescriber authorization and parental consent shall be obtained by any employee who is not a registered nurse, nurse practitioner, physician or physician assistant to assist with the administration of insulin and administer glucagon.

**D. Safekeeping of Medication**

Except as provided in Section E below, all medication must be kept by the school nurse or the principal in a secure, locked place known by and accessible to any person who may have to administer lifesaving medication.

**E. Possession and Self-Administration of Inhaled Asthma and**

taken, including administering any medication. These instructions should cover measures to be taken while the student may be on a school bus or other times when medication is not immediately available.

2. In school buildings with an instructional and administrative staff of ten or more, at least two employees shall have current training or have received training in the past two years in emergency first aid and cardiopulmonary resuscitation, and if one or more students attending such school has been diagnosed with diabetes, at least two employees shall have been trained in the administration of insulin and glucagon. In school buildings with an instructional and administrative staff of fewer than ten, at least one employee shall have current training or shall have received training the past two years in emergency first aid and cardiopulmonary resuscitation, and if one or more students attending such school has been diagnosed with diabetes, at least one employee has been trained in the administration of insulin and glucagon. "Employee" includes any person employed by a local health department who is assigned to the public school pursuant to an agreement between the local health department and the school board. When a registered nurse, nurse practitioner, physician or physician assistant is present, no employee who is not a registered nurse, nurse practitioner, physician or physician assistant shall assist with the administration of insulin or administer glucagon. Prescriber authorization and parental consent shall be obtained by any employee who is not a registered nurse, nurse practitioner, physician or physician assistant to assist with the administration of insulin and administer glucagon.

**D. Safekeeping of Medication**

Except as provided in Section E below, all medication must be kept

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Anaphylaxis Medications

1. Students diagnosed with asthma, anaphylaxis or both may possess and self-administer inhaled asthma medications and/or auto-injectable epinephrine during the school day, at school-sponsored activities or while on the school bus or other school property, provided that:
  - a. The parent, legal guardian or custodian, or other person having control or charge of the student gives written consent for self-medication; and
  - b. the student's primary care provider or medical specialist, or a licensed physician or licensed nurse practitioner must provide written notice that identifies the student, states that the student has been diagnosed with asthma and/or anaphylaxis, gives approval for the student to self-administer inhaled asthma medications and/or auto-injectable epinephrine that have been prescribed for the student, indicates the name and dosage of the medication and the frequency in which it is to be administered (including any circumstances which warrant its use, such as before exercising or engaging in physical activity), and attests to the student's demonstrated ability to self-administer inhaled asthma medications and/or auto-injectable epinephrine.
2. The school division shall develop an individualized health care plan, including emergency procedures for any life-threatening conditions, for each student who self-administers inhaled asthma and/or anaphylaxis medications.
3. The school division shall consult with the student's parent, legal guardian or custodian, or other person having control or charge of the student before imposing any restrictions upon the student's self-administration of inhaled asthma and/or anaphylaxis medications, and before permission to possess and self-administer such medications is revoked.

by the school nurse or the principal in a secure, locked place known by and accessible to any person who may have to administer lifesaving medication.

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  - a. The parent, legal guardian or custodian, or other person having control or charge of the student gives written consent for self-medication; and
  - b. the student's primary care provider or medical specialist, or a licensed physician or licensed nurse practitioner must provide written notice that identifies the student, states that the student has been diagnosed with asthma and/or anaphylaxis, gives approval for the student to self-administer inhaled asthma medications and/or auto-injectable epinephrine that have been prescribed for the student, indicates the name and dosage of the medication and the frequency in which it is to be administered (including any circumstances which warrant its use, such as before exercising or engaging in physical activity), and attests to the student's demonstrated ability to self-administer inhaled asthma medications and/or auto-injectable epinephrine.
2. The school division shall develop an individualized health care plan, including emergency procedures for any life-threatening conditions, for each student who self-administers inhaled asthma and/or anaphylaxis medications.
3. The school division shall consult with the student's parent,

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<p>4. Permission to possess and self-administer inhaled asthma and/or anaphylaxis medications shall be effective for one year (365 calendar days) and shall be renewed annually.</p> <p>5. Self-administration of inhaled asthma and/or anaphylaxis medications shall be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manuals.</p> <p>6. A school principal or other employee of the School Board who, in good faith, without compensation, and in the absence of gross negligence or willful misconduct, supervises the self-administration of inhaled asthma medications or auto-injectable epinephrine by a student pursuant to this policy, shall not be liable for any civil damages for acts or omissions resulting from the supervision of self-administration of inhaled asthma medications or auto-injectable epinephrine by such student. Further, no principal or school board employee shall be liable for any civil damages for injuries or deaths resulting from the misuse of auto-injectable epinephrine.</p> <p>For the purposes of this section, "employee" shall include any person employed by a local health department who is assigned to a public school pursuant to an agreement between a local health department and the School Board.</p> <p>F. <u>First Aid</u></p> <p>School personnel may administer first aid, but only in accordance with the standing orders of School Health Services.</p> <p>G. <u>Medication Recommendations by School Personnel</u></p> <p>School personnel shall not recommend the use of psychotropic medications for any student. "Psychotropic medications" are those medications the prescribed intention of which is to alter mental activity</p>	<p>legal guardian or custodian, or other person having control or charge of the student before imposing any restrictions upon the student's self-administration of inhaled asthma and/or anaphylaxis medications, and before permission to possess and self-administer such medications is revoked.</p> <p>4. Permission to possess and self-administer inhaled asthma and/or anaphylaxis medications shall be effective for one year (365 calendar days) and shall be renewed annually.</p> <p>5. Self-administration of inhaled asthma and/or anaphylaxis medications shall be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manuals.</p> <p>6. A school principal or other employee of the School Board who, in good faith, without compensation, and in the absence of gross negligence or willful misconduct, supervises the self-administration of inhaled asthma medications or auto-injectable epinephrine by a student pursuant to this policy, shall not be liable for any civil damages for acts or omissions resulting from the supervision of self-administration of inhaled asthma medications or auto-injectable epinephrine by such student. Further, no principal or school board employee shall be liable for any civil damages for injuries or deaths resulting from the misuse of auto-injectable epinephrine.</p> <p>For the purposes of this section, "employee" shall include any person employed by a local health department who is assigned to a public school pursuant to an agreement between a local health department and the School Board.</p> <p>F. <u>First Aid</u></p> <p>School personnel may administer first aid, but only in accordance</p>
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<p>or state, including, but not limited to, antipsychotic, antidepressant, and anxiolytic medication and behavior-altering medication. Nothing in this policy shall prohibit school health staff, classroom teachers or other school professionals from recommending that a student be evaluated by an appropriate medical practitioner, or prohibit school personnel from consulting with such practitioner, with the written consent of the student's parent.</p>	<p>with the standing orders of School Health Services.</p> <p>G. <u>Medication Recommendations by School Personnel</u></p> <p>School personnel shall not recommend the use of psychotropic medications for any student. "Psychotropic medications" are those medications the prescribed intention of which is to alter mental activity or state, including, but not limited to, antipsychotic, antidepressant, and anxiolytic medication and behavior-altering medication. Nothing in this policy shall prohibit school health staff, classroom teachers or other school professionals from recommending that a student be evaluated by an appropriate medical practitioner, or prohibit school personnel from consulting with such practitioner, with the written consent of the student's parent.</p>
<b>Change(s)</b>	<b>Reason(s)</b>
No changes suggested.	No changes suggested.
<b>Applicable Law:</b> Code of Virginia, 1950 as amended, §§ 22.1-274, 22.1-274.2 and 22.1-274.3.	
<b>PROPOSED POLICY</b>	<b>CURRENT POLICY</b>
<p><b>POLICY 8-5.5 ANAPHYLAXIS POLICY (SCHOOL ADMINISTERED)</b></p> <p>The School Board of the City of Richmond adopts the following policy and procedures regarding the possession and use of auto-injectable epinephrine by school personnel.</p> <p>It is the policy of Richmond Public Schools to provide at least two (2) doses of auto-injectable epinephrine (hereinafter called 'unassigned or stock epinephrine') in each school, to be administered by a school nurse or employee of the school board who is authorized and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction on</p>	<p>No current policy.</p>

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school premises, during the academic day. The *Code of Virginia* (§8.01-225) provides civil protection for employees of a school board who are appropriately trained to administer epinephrine.

**Policy Limitations**

Parents of students with known life threatening allergies and/or anaphylaxis should provide the school with written instructions from the students' health care provider for handling anaphylaxis and all necessary medications for implementing the student specific order on an annual basis. This anaphylaxis policy is not intended to replace student specific orders or parent provided individual medications. This policy **does not** extend to activities off school grounds (including transportation to and from school, field trips, etc.) or outside of the academic day (sporting events, extra-curricular activities, etc.).

**Overview**

Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen.

**Symptoms of Anaphylaxis**

- Shortness of breath or tightness of chest; difficulty in or absence of breathing
- Sneezing, wheezing or coughing
- Difficulty swallowing
- Swelling of lips, eyes, face, tongue, throat or elsewhere
- Low blood pressure, dizziness and/or fainting
- Heart beat complaints: rapid or decreased
- Blueness around lips, inside lips, eyelids

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- Sweating and anxiety
- Itching, with or without hives; raised red rash in any area of the body
- Skin flushing or color becomes pale
- Hoarseness
- Sense of impending disaster or approaching death
- Loss of bowel or bladder control
- Nausea, abdominal pain, vomiting and diarrhea
- Burning sensation, especially face or chest
- Loss of consciousness

Although anaphylactic reactions typically result in multiple symptoms, reactions may vary. A single symptom may indicate anaphylaxis. **Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.**

**Training**

Building level administration shall be responsible for identifying at least two employees, in addition to the school nurse (RN or LPN), to be trained in the administration of epinephrine by auto-injector. Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction. Training shall be conducted in accordance with the most current edition of the Virginia Department of Education's Manual for Training Public School Employees in the Administration of Medication. Training shall be conducted annually or more often as needed.

**Standing Orders**

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. Richmond Public Schools shall designate an authorized medical provider (MD, DO, PA, or NP with prescriptive authority) to prescribe non-student specific epinephrine for the school division, to be administered to any student believed to be having an anaphylactic reaction on school grounds, during the academic day. Standing orders must be renewed annually and with any change in prescriber.

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**Responding to Anaphylaxis**

If student-specific orders are on file they should be followed for students with known life threatening allergies and/or anaphylaxis.

For suspected anaphylaxis without specific orders:

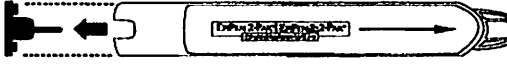
1. Based on symptoms, determine that an anaphylactic reaction is occurring.
2. Act quickly. It is safer to give epinephrine than to delay treatment. **This is a life and death decision.**
3. Determine the proper dose and administer epinephrine. Note the time.
4. Direct someone to call 911 and request medical assistance. Advise the 911 operator that anaphylaxis is suspected and that epinephrine has been given.
5. Stay with the person until emergency medical services (EMS) arrives.
6. Monitor their airway and breathing.
7. Reassure and calm person as needed.
8. Call School Nurse/Front Office school personnel and advise of situation.
9. Direct someone to call parent/guardian
10. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine 5 to 15 minutes after the initial injection. Note the time.
11. Administer CPR if needed.
12. EMS to transport individual to the emergency room. Document individual's name, date, and time the epinephrine was administered on the used epinephrine auto-injector and give to EMS to accompany individual to the emergency room.
13. Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.

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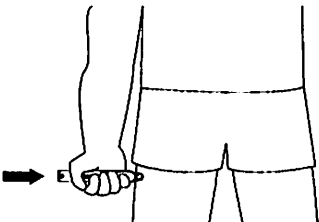
14. Document the incident and complete the incident report.
15. Replace epinephrine stock medication as appropriate.

**EPIPEN Auto-Injector and  
EPIPEN Jr Auto-Injector Directions**

- **First, remove the EPIPEN Auto-Injector from the plastic carrying case**
- **Pull off the blue safety release cap**



- **Hold orange tip near outer thigh (always apply to thigh)**



- **Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds**

**EPIPEN 2-PAK® EPIPEN Jr 2-PAK®**  
(Epinephrine) Auto Injectors 0.3/0.15mg

Dey® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

*Courtesy of FAAN, 2012*

**Post Event Actions**

- Once epinephrine is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow care. In some reactions, the symptoms go away, only to return one to three hours later. This is called a “biphasic reaction.”

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Often these second-phase symptoms occur in the respiratory tract and may be more severe than the first-phase symptoms. Therefore, follow up care with a health care provider is necessary. The student will not be allowed to remain at school or return to school on the day epinephrine is administered.

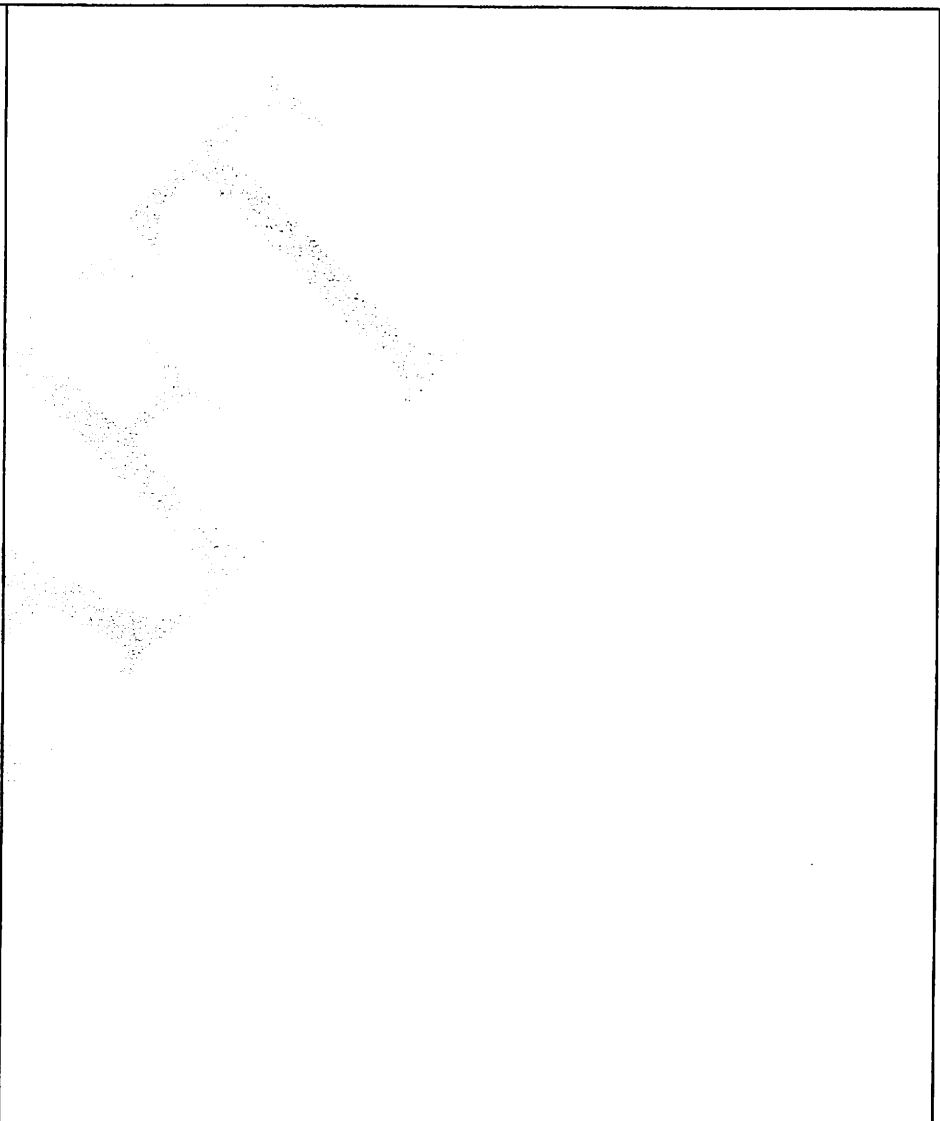
- Document the event
- Complete incident report
- Replace epinephrine stock medication immediately

**Storage, Access and Maintenance**

Epinephrine should be stored in a safe, unlocked and accessible location, in a dark place at room temperature (between 59-86 degrees F). Epinephrine should **not** be maintained in a locked cabinet or behind locked doors. Staff should be made aware of the storage location in each school. It should be protected from exposure to heat, cold or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the auto-injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.

Each school should maintain documentation that stock epinephrine has been checked on a monthly basis to ensure proper storage, expiration date, and medication stability.

The school division shall maintain a sufficient number of extra doses of epinephrine for replacement of used or expired school stock on the day it is used or discarded. Expired auto-injectors or those with discolored solution or solid particles should not be used. Discard them in a sharps container.



Change(s)	Reason(s)
New Policy	New policy comports with requirements of the law.
<b>Applicable Law:</b> Code of Virginia, 1950 as amended, §22.1-274.2	

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PROPOSED POLICY	CURRENT POLICY
<p><b>POLICY 8-5.6            COMMUNICABLE DISEASES</b></p> <p>The School Board of the City of Richmond recognizes the importance of protecting its students and employees from the transmission of communicable diseases which present a threat to their health and safety, while also protecting the legitimate interests and rights of students with communicable diseases. In carrying out this responsibility, the Board directs the division superintendent to act in compliance with applicable law to exclude from school attendance any student who has a communicable disease. Both the decision to remove the student and the decision to readmit the student shall be made by the superintendent based upon consultation with the local health department, the student's physician, nurse practitioner, and/or other medical authorities.</p> <p>The identity of a student who has a communicable disease will be kept confidential and will be revealed only in accordance with state law. An alternative educational program should be made available to any student whose removal pursuant to this policy is expected to result in a prolonged absence from school or where otherwise required by law.</p> <p>Administrative procedures concerning the exclusion of employees and students with communicable diseases will be consistent with the requirements of law, including the policies of the Virginia Department of Education, and should reflect current medical knowledge and research.</p> <p><b>POLICY 8-5.7            BLOOD BORNE CONTAGIOUS OR INFECTIOUS DISEASES</b></p> <p>The attendance at school of students who suffer from blood borne diseases which are infectious or contagious, such as AIDS and Hepatitis B, and which may be transmitted by the exchange of body secretions, shall be determined by the superintendent on a case-by-case basis. The division superintendent shall obtain the advice of the local department of health to assist him/her in making his/her determination. The student may be excluded from school and school-related functions pending the division superintendent's</p>	<p>8.42    <u>Acquired Immunodeficiency Syndrome-AIDS/HIV Infection (Student Version)</u></p> <p>A.        The determination of the appropriate educational setting for the student shall be made by the superintendent on a case-by-case basis. To assist him/her in making the determination, the superintendent will establish a Review Committee composed of: the Director of the Richmond City Health Department (RCHD) or a public health physician designated by the Director; the student's physician; the Director of School Health Services; the student's principal, and, if necessary, other personnel from RPS or persons designated by the superintendent.</p> <p>The Review Committee shall meet within fourteen (14) days of being established and shall make its recommendation to the superintendent as soon thereafter as practical. Such recommendation shall be based on a majority vote of the Review Committee. Prior to making its recommendation, the Review Committee shall consult with the student's family. The superintendent will notify the student's parent of his/her decision within five (5) school days after receiving the Review Committee's recommendation. The student's parents may appeal the superintendent's decision to the School Board. The request for such appeal must be submitted to the Superintendent in writing within fourteen (14) calendar days of the date of the superintendent's decision. Failure to request an appeal within the specified time will constitute a waiver of the</p>

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decision. The division superintendent shall issue regulations setting forth the procedures to be followed to effectuate this policy.

The identity of a student who has tested positive for human immunodeficiency virus shall be confidential in accordance with state law.

An alternative educational program shall be made available to any student whose removal pursuant to this policy is expected to result in a prolonged absence from school or where otherwise required by law.

Training in the use of universal precautions for handling blood shall be conducted periodically in accordance with state and federal law. Universal precautions for handling blood shall be implemented within the school setting and on buses in accordance with state and federal law and guidelines.

The School Board shall adopt guidelines for school attendance for children with human immunodeficiency virus. Such guidelines shall be consistent with the model guidelines for such school attendance developed by the Board of Education.

right to an appeal to the School Board.

- B. Recommendations regarding the type of educational setting for the student who has had a positive medical diagnosis of having AIDS by a physician will be made on a case-by-case basis. The principal will consult with the teacher(s) who have interacted with the student on a daily basis to obtain information about the student condition. Such information will be made available to the Review Committee. If the student's attending physician cannot attend the meeting of the Review Committee, he/she will provide written documentation about the condition of the patient to the Director of School Health Services. Such information will be included in the recommendation, which will be forwarded to the superintendent.
- C. The student may be excluded from school pending the superintendent's decision or any re-evaluation. Generally, students who have AIDS will continue to attend school in their regular classroom settings.

Any decision to exclude an AIDS infected student from his/her normal and regular classroom setting or school shall be based upon a finding that such student poses a real and present threat to the health of the school population or that the student's health status interferes significantly with performance. If a decision is made to exclude the student from his/her normal and regular classroom setting or school, the Review Committee shall regularly re-evaluate the student based upon a plan for periodic review formulated by the Review Committee. If a decision has been made to continue the



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	<p>student's placement in his/her present school, the decision will be reviewed should there be an indication of a change in the student's medical condition or behavior. Any member of the Review Committee may initiate a request to re-evaluate the student, based upon such change. When such reviews are made, they will be done according to the established procedures listed in Section III A of this Policy.</p> <p>E. Persons involved in the education of a student who has AIDS shall respect the student's right to privacy. The number of personnel who are made aware of the student's condition should be limited to employees who are members of the Review Committee, the principal, school nurse, and the student's teacher(s) in order to assure proper care of the student and to detect situations where the potential for transmission may occur. Other individuals will be informed of the situation on a "need to know" basis with the written consent of the parent/guardian. Information pertaining to the student's condition shall be conveyed by direct oral communication. When a principal is made aware of a major outbreak of communicable disease within the school, such as chickenpox or measles, and where there is a student who has AIDS in that building, the principal may notify the student's parents of such disease and may suggest the parents temporarily exclude the student from school.</p> <p>F. All decisions with regard to placement of a student having AIDS shall be made in compliance with applicable Federal and State laws. The School Board shall re-examine the above policy as new</p>
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	recommended guidelines from leading authorities concerning school attendance for children infected with AIDS become known.
<b>Change(s)</b>	<b>Reason(s)</b>
Current policy is split into two separate proposed policies. Language expanded to address other types of diseases.	Policy revisions based on VSBA model policy. Revised language provides a more comprehensive statement of policy requirements.
<b>Applicable Law:</b> Code of Virginia, 1950, as amended, §§ 22.1-271.3, 22.1-272, 32.1-36.1, 32.1-45.2, 54.1-2957.02.	
<b>PROPOSED POLICY</b>	<b>CURRENT POLICY</b>
<p><b>POLICY 8-5.8 CHILD ABUSE</b></p> <p>To meet its responsibilities under the child abuse law, the board directs the division superintendent to:</p> <ol style="list-style-type: none"> <li>1. Establish a procedure for reporting any incident of suspected child abuse or neglect to the Richmond Department of Social Services within 24 hours of having reason to suspect a reportable offense as required by law. Employees who have reason to suspect that a child is an abused or neglected child shall report the matter immediately to the building principal or his/her designee. Principals or designees shall report such cases to the child abuse coordinator of the Department of Social Services within the timeframe noted above.</li> <li>2. Provide orientation for all school personnel regarding the child abuse law and their responsibility to report any incidents of suspected abuse or neglect.</li> <li>3. Familiarize all school personnel with the established procedure for reporting suspected cases of abuse and neglect.</li> <li>4. Cause to be posted in each school a notice, pursuant to Section 63.2-1509 of the Code of Virginia, that: (i) any teacher or other person</li> </ol>	<p>8.02 <u>Child Abuse</u></p> <p>To meet its responsibilities under the child abuse law, the board directs the superintendent to:</p> <ol style="list-style-type: none"> <li>1. Establish a procedure for reporting any incident of suspected child abuse or neglect to the Richmond Department of Welfare. <ol style="list-style-type: none"> <li>a. Any school personnel, including, but not limited to the principal, assistant principal, teacher, school nurse, social worker, or others, who have reason to suspect abuse or neglect, shall report their suspicion to the Child Protective Services Office and notify the building principal of the report.</li> <li>b. If the suspected abuse and neglect are reported through the School Health Services Office, the report shall be relayed immediately to Child Protective Services. The avenue of reporting through School Health Services is available only as a mechanism for facilitating and documenting the report as opposed to having evaluative or investigatory function.</li> </ol> </li> <li>2. Provide orientation for all school personnel regarding the child</li> </ol>

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employed in a Richmond Public School who has reason to suspect that a child is an abused or neglected child, including any child who may be abandoned, is required to report suspected cases of child abuse or neglect to the Richmond Department of Social Services or to the principal or his designee; and (ii) all persons required to report cases of suspected child abuse or neglect are immune from civil or criminal liability or administrative penalty or sanction on account of such reports unless such person has acted in bad faith or with malicious purpose. The notice shall also include the Virginia Department of Social Services toll-free child abuse and neglect hotline.

abuse law and their responsibility to report any incidents of suspected abuse or neglect.

5. Encourage inter-agency cooperation and provide guidelines for cooperating with Child Protective Services investigations.
  - a. Personnel required to make the report of suspect child abuse or neglect shall disclose all information which is the basis for his suspicion of abuse or neglect of the child, and upon request, shall make available to Child Protective Services investigators and the Richmond Department of Social Services any information, records or reports which document the basis for the report. Reports of suspected child abuse and neglect shall also include, if available to the reported, the child's name, date of birth, address, social security number and the identity of the parent/caretaker.
  - b. All personnel required to report suspected child abuse or neglect who maintain a record of a child who is the subject of such a report shall cooperate with the investigating agency and shall make related information, records and reports available to the investigating agency unless such disclosure violates the Family Educational Rights and Privacy Act (20 U.S.C. § 1232(g)). Provision of such information, records and reports by a health care provider shall not be prohibited by Section 8.01-399 of the Code of Virginia.
  - c. School personnel shall refrain from any activity which might

3. Familiarize all school personnel with the established procedure for reporting suspected cases of abuse and neglect.
4. Cause to be posted in each school a notice, pursuant to Section 63.2-1509 of the Code of Virginia, that: (i) any teacher or other person employed in a Richmond Public School who has reason to suspect that a child is an abused or neglected child, including any child who may be abandoned, is required to report suspected cases of child abuse or neglect to the Richmond Department of Social Services or to the principal or his designee; and (ii) all persons required to report cases of suspected child abuse or neglect are immune from civil or criminal liability or administrative penalty or sanction on account of such reports unless such person has acted in bad faith or with malicious purpose. The notice shall also include the Virginia Department of Social Services toll-free child abuse and neglect hotline.
5. Encourage inter-agency cooperation and provide guidelines for cooperating with Child Protective Services investigations.
  - a. Personnel required to make the report of suspect child abuse or neglect shall disclose all information which is the basis for his suspicion of abuse or neglect of the child, and upon request, shall make available to Child Protective Services investigators and the Richmond Department of Social Services any information, records or reports which document the basis for the report. Reports of suspected child abuse and neglect shall also include, if available to the reported, the child's name, date of birth, address, social security number and the identity of the parent/caretaker.
  - b. All personnel required to report suspected child abuse or neglect who maintain a record of a child who is the subject

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<p>serve to interfere with Child Protective Services investigations.</p> <p>d. School personnel shall treat the reporting process and all subsequent activities relating to the same with the highest degree of confidentiality.</p> <p>e. Child Protective Services investigators shall have access to school facilities for the purpose of conducting confidential interviews.</p>	<p>of such a report shall cooperate with the investigating agency and shall make related information, records and reports available to the investigating agency unless such disclosure violates the Family Educational Rights and Privacy Act (20 U.S.C. § 1232(g)). Provision of such information, records and reports by a health care provider shall not be prohibited by Section 8.01-399 of the Code of Virginia.</p> <p>c. School personnel shall refrain from any activity which might serve to interfere with Child Protective Services investigations.</p> <p>d. School personnel shall treat the reporting process and all subsequent activities relating to the same with the highest degree of confidentiality.</p> <p>e. Child Protective Services investigators shall have access to school facilities for the purpose of conducting confidential interviews.</p>
<b>Change(s)</b>	<b>Reason(s)</b>
Current policy was condensed to mirror reporting process detailed in Policy 7-5.4.	Revisions are made to provide consistent process on reporting child abuse and neglect as required by law.
<b>Applicable Law:</b> United States Code, Title 20, Section 1232(g) et seq.; Code of Virginia, 1950 as amended, §§ 22.1-291.3 and 63.1-248.3.	
<b>PROPOSED POLICY</b>	<b>CURRENT POLICY</b>
<p><b>POLICY 8-5.9 SUICIDE PREVENTION</b></p> <p>Any licensed administrative or instructional personnel employed by the school board who, in the scope of his or her employment, has reason to believe, as a result of direct communication from a student, that such student is</p>	<p>8.53 <u>Suicide Prevention</u></p> <p>Any licensed administrative or instructional personnel employed by the school board who, in the scope of his or her employment, has reason to believe, as a result of direct communication from a student, that such student</p>

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<p>imminent risk of suicide, shall, as soon as practicable, contact at least one of the student’s parents to determine whether the parent is aware of the student’s mental state and whether the parent wishes to obtain or has already obtained counseling for the student. If, however, the student indicates that the reason for being at imminent risk of suicide relates to parental abuse or neglect, contact shall instead be made with the local department of social services or the State Department of Social Services child abuse and neglect hotline, stressing the need to take immediate action to protect the student from harm.</p>	<p>is imminent risk of suicide, shall, as soon as practicable, contact at least one of the student’s parents to determine whether the parent is aware of the student’s mental state and whether the parent wishes to obtain or has already obtained counseling for the student. If, however, the student indicates that the reason for being at imminent risk of suicide relates to parental abuse or neglect, contact shall instead be made with the local department of social services or the State Department of Social Services child abuse and neglect hotline, stressing the need to take immediate action to protect the student from harm.</p>
<b>Change(s)</b>	<b>Reason(s)</b>
No changes suggested.	No changes suggested.
<b>Applicable Law:</b> Code of Virginia, 1950 as amended, §22.1-272.1.	
<b>PROPOSED POLICY</b>	<b>CURRENT POLICY</b>
<p><b>POLICY 8-5.10 PROTECTIVE EYE DEVICES</b></p> <p>In accordance with Section 22.1-275 of the Code of Virginia, industrial quality eye protective devices shall be purchased by the school division and worn by all teachers, pupils, and visitors in those areas where required by law and such other areas as may be deemed dangerous by the superintendent.</p>	<p>8.38 <u>Protective Eye Devices</u></p> <p>In accordance with Section 22.1-275 of the Code of Virginia, industrial quality eye protective devices shall be purchased by the school division and worn by all teachers, pupils, and visitors in those areas where required by law and such other areas as may be deemed dangerous by the superintendent.</p>
<b>Change(s)</b>	<b>Reason(s)</b>
No changes suggested.	No changes suggested.
<b>Applicable Law:</b> Code of Virginia, 1950 as amended, §22.1-275.	
<b>PROPOSED POLICY</b>	<b>CURRENT POLICY</b>
<p><b>POLICY 8-5.11 INDIGENT PUPILS</b></p> <p>Every effort shall be made to offer the best school service to indigent children. To this end the principals and teachers should, upon recommendation of the school nurse or attendance worker, avail themselves of such resources as exist for the welfare of needy pupils. Among the organizations that they may contact are parent-teacher associations, council of parent-teacher associations, family</p>	<p>8.33 <u>Indigent Pupils</u></p> <p>Every effort shall be made to offer the best school service to indigent children. To this end the principals and teachers should, upon recommendation of the school nurse or attendance worker, avail themselves of such resources as exist for the welfare of needy pupils. Among the organizations that they may contact are parent-teacher associations, council</p>

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service society, department of public welfare, various civic clubs, and local churches.	of parent-teacher associations, family service society, department of public welfare, various civic clubs, and local churches.
<b>Change(s)</b>	<b>Reason(s)</b>
No changes suggested.	No changes suggested.
<b>Applicable Law:</b> Code of Virginia, 1950 as amended, §22-78.	
<b>PROPOSED POLICY</b>	<b>CURRENT POLICY</b>
<p><b>POLICY 8-5.12 YOUTH RISK SURVEY</b></p> <p>Students may be randomly selected to participate in a survey issued by the Virginia Department of Health to assess the health risk behaviors of middle and high school students in the Commonwealth of Virginia. Richmond Public Schools shall cooperate with the Virginia Department of Health in the issuance of the survey.</p> <p>The division superintendent is directed to develop procedures to ensure that the parent(s) or guardian(s) of each middle and high school student is notified, in writing, at least 30 days prior to the administration of the survey, that their child may be randomly selected to participate in the survey unless the parent denies consent for the student’s participation, in writing, prior to the administration of the survey. The notice shall also inform the parent or guardian regarding (i) the nature and types of questions included in the survey; (ii) the purposes and age-appropriateness of the survey; (iii) how the information collected by the survey will be used; (iv) who will have access to the information collected; (v) whether and how any findings or results will be disclosed; and (vi) the steps that will to protect the students’ privacy.</p> <p>Parents or guardians shall have the right to review the survey prior to the administration of the survey.</p>	<p>8.70 Youth Risk Survey</p> <p>Pupils may be randomly selected to participate in a survey issued by the Virginia Department of Health to assess the health risk behaviors of middle and high school pupils in the Commonwealth of Virginia. Richmond Public Schools shall cooperate with the Virginia Department of Health in the issuance of the survey.</p> <p>The division superintendent is directed to develop procedures to ensure that the parent(s) or guardian(s) of each middle and high school pupil is notified, in writing, at least 30 days prior to the administration of the survey, that their child may be randomly selected to participate in the survey unless the parent denies consent for the student’s participation, in writing, prior to the administration of the survey. The notice shall also inform the parent or guardian regarding (i) the nature and types of questions included in the survey; (ii) the purposes and age-appropriateness of the survey; (iii) how the information collected by the survey will be used; (iv) who will have access to the information collected; (v) whether and how any findings or results will be disclosed; and (vi) the steps that will to protect the students’ privacy.</p> <p>Parents or guardians shall have the right to review the survey prior to the administration of the survey.</p>
<b>Change(s)</b>	<b>Reason(s)</b>
No changes suggested.	No changes suggested.
<b>Applicable Law:</b> Code of Virginia, 1950, as amended, § 22.1-78.	

## 8.66 Wellness Policy

**RICHMOND PUBLIC SCHOOLS  
LOCAL WELLNESS POLICY  
ISSUED BY THE  
RICHMOND CITY SCHOOL BOARD  
CHAIRMAN: DAVID BALLARD  
SUPERINTENDENT: DR. DEBORAH JEWELL-SHERMAN  
2006 – 2007 SCHOOL YEAR**

The development and adoption of this policy is mandated by the Child Nutrition and Women, Infants and Children (WIC) Reauthorization Act of 2004<sup>1</sup>. As required, this policy is established in accordance with United States Department of Agriculture (USDA) regulations<sup>2</sup> and guidance, and existing Virginia regulations<sup>3</sup> and guidance, as they apply to school nutrition programs. The guidelines are equally as restrictive as the state and federal school nutrition laws and will be modified in the event that new legislation is enacted.

Richmond Public Schools recognizes that childhood overweight and obesity rates have nearly tripled in the past thirty years and continue to rise. Poor eating habits and increased sedentary activities have contributed to this trend. There are numerous emotional and health consequences of being overweight. Since the greatest portion of a child's day is spent in the school environment, schools are in a strong position to impact children's nutritional and physical activity habits and reduce the proliferation of childhood obesity. Nutrition and physical activities are essential for students to achieve their full academic and physical potential.

The goals and purposes of this policy are to:

1. Provide a framework for schools to make positive changes that will increase and develop a framework for wellness.
2. Offer recommendations and provide guidelines, at the district level, that will strengthen school nutrition and physical activity programs in Richmond Public Schools.
3. Address the issues that underlie the soaring rates of overweight children and adolescents in our district.
4. Provide our students with healthier food and beverage options and increase opportunities for physical activities.

1. Public Law 108-265.

2. National School Lunch Program Regulations, 7 C.F.R. Part 210; See also, School Breakfast Program

Regulations, 7 C.F.R. Part 220.

3. See, Virginia Regulations for the School Breakfast Program, 8 VAC 20-580-10 et. seq.

## Committee Members

Kevin G. Adams	Teacher/AD
Helen W. Ragazzi, M.D.	Parent/Pediatrician
Joseph Boatwright, III M.D.	Pediatrician
Lee Reaves,	Exec. Dir. Team Up-Rich.
Dominique Bourgeois	Teacher/PE
Charlene Rodgers	Nurse Coordinator
Christina Gaines	Teacher/PE
Sharonda Samuels	Student
William James	Instructional Specialist
Cathy M. Stith	Nurse Manager
Trent Jones	Risk Management
Sterling Stokes	Principal
Reggie Malone	School Board
Vista Suarez, Ph.D.	School Nutrition
Natalie May, Ph.D.	Parent
Patrick Tully	Teacher/PE
Mary Pierce	Principal
Dionne Ward	Principal
Ethan Pitts, Jr.	Teacher/PE
Alan Worrell	Teacher/PE

### **Mission Statement:**

Richmond Public Schools believes healthy eating and physical activities, in a holistic school environment, are essential for students to achieve full academic, social, physical, psychological and emotional well being.

### **Nutrition Statement:**

Academic performance and quality of life are enhanced by the choice and availability of healthy foods and nutrition education in our school district.

### **Nutrition Guidelines**

#### School Meals

Meals served through the National School Lunch and Breakfast Programs will:

- be appealing and attractive to children;
- be served in clean and pleasant settings;
- meet, at a minimum, nutrition requirements established by local, state, and federal statutes and regulations;
- offer a variety of fruits and vegetables,<sup>4</sup>
- serve only low-fat (1%) and fat-free milks and nutritionally-equivalent nondairy alternatives -- as defined by the United States Department of Agriculture (USDA);
- ensure that at least half of the served grains are whole grain,<sup>6</sup> and



- ensure that a vegetarian option is offered daily

Schools should engage students and parents, through taste-tests of new entrees and surveys, in selecting foods sold through the school meal programs in order to identify new, healthful, and appealing food choices. In addition, schools should share information about the nutritional content of meals with parents and students. Such information could be made available on menus, a website, on cafeteria menu boards, placards, or other point-of-purchase materials.

### **Breakfast**

To ensure that all children have breakfast, either at home or at school, in order to meet their nutritional needs and enhance their ability to learn:

- Schools will, to the greatest extent possible, operate the School Breakfast Program.
- Schools will, to the greatest extent possible, utilize methods to serve nutritious school breakfasts that encourage participation.
- Schools will notify parents and students of the availability of the School Breakfast Program.
- Schools will encourage parents to provide a healthy breakfast for their children through newsletter articles, take-home materials, or other means.

### **Free and Reduced-priced Meals**

Schools will make every effort to eliminate any social stigma attached to, and prevent the overt identification of, students who are eligible for free and reduced-price school meals<sup>7</sup>. Toward this end, schools may utilize electronic identification and payment systems, promote the availability of school meals to all students.

4. To the extent possible, schools will offer at least two non-fried vegetable and two fruit options each day and will offer five different fruits and five different vegetables over the course of a week. Schools are encouraged to source fresh fruits and vegetables from local farmers when practicable.
5. As recommended by the Dietary Guidelines for Americans 2005.
6. According to the USDA, a whole grain is one labeled as a “whole” grain product or with a whole grain listed as the primary grain ingredient in the ingredient statement. Examples include “whole” wheat flour, cracked wheat, brown rice, and oatmeal.
7. It is against the law to make others in the cafeteria aware of the eligibility status of children for free, reduced-price, or “paid” meals.  
(See, Free and Reduced Price Eligibility Regulations, 7 CFR 245.8)

### **Summer Food Service Program**

Participation in the Summer Food Service Program will be encouraged for schools in which more than 50% of students are eligible for free or reduced-price school meals. Participation will be encouraged for at least six weeks between the last day of the academic school year and the first day of the following school year, and preferably throughout the entire summer vacation.

**Qualifications of School Food Service Staff**

Qualified nutrition professionals will administer the school meal programs. As part of the school district’s responsibility to operate a food service program, we will provide continuing professional development for all nutrition professionals in schools. Staff development programs should include appropriate certification and/or training programs for child nutrition directors, school nutrition managers, and cafeteria workers, according to their levels of responsibility.<sup>8</sup>

**Sharing of Foods and Beverages**

Schools should discourage students from sharing their foods or beverages with one another during meal or snack times, given concerns about allergies and other restrictions on some children’s diets. A notice of this policy will be shared with parents at the beginning of each semester.

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**Foods and Beverages Sold Individually (i.e., foods sold outside of reimbursable school meals, such as through vending machines, cafeteria a la carte [snack] lines, fundraisers, school stores, etc.)**

**Elementary Schools:** The school food service program will approve and provide all food and beverage sales to students in elementary schools.

**Middle and High Schools:** In middle and high schools, all foods and beverages sold individually outside the reimbursable school meal programs (including those sold through a la carte [snack] lines, vending machines, or fundraising activities) during the school day, or through programs for students after the school day, will meet the following nutrition and portion size standards:

**Beverages:**

- Allowed: water without added caloric sweeteners; fruit and vegetable juices and fruitbased drinks that contain at least 100% fruit juice and that do not contain additional caloric sweeteners; unflavored or flavored low-fat or fat-free fluid milk and nutritionally equivalent nondairy beverages (as defined by USDA);
- Not allowed: soft drinks containing caloric sweeteners; sports drinks; iced teas; fruitbased drinks that contain less than 100% real fruit juice or that contain additional caloric sweeteners; beverages containing caffeine excluding low-fat or fat-free chocolate milk (which contain trivial amounts of caffeine).

*8. School nutrition staff development programs are available through the USDA, School Nutrition Association, and National Food Service Management Institute.*

**Foods:**

A food item sold individually:

- will have no more than 35% of its calories from fat (excluding nuts, seeds, peanut butter, and other nut butters) and 10% of its calories from saturated and trans fat combined;
- will have no more than 35% of its weight from added sugars;<sup>9</sup>
- will contain no more than 230 mg of sodium per serving for chips, cereals, crackers, french fries, baked goods, and other snack items; will contain no more than 480 mg of sodium per serving for pastas, meats, and soups; and will contain no more than 600 mg of sodium for pizza, sandwiches, and main dishes.
- A choice of at least two fruits and/or non-fried vegetables will be offered for sale at any location on the school site where foods are sold. Such items could include, but are not limited to, fresh fruits and vegetables; 100% fruit or vegetable juice; fruit-based drinks that are at least 50% fruit juice and that do not contain additional caloric sweeteners; cooked, dried, or canned fruits (canned in fruit juice or light syrup); and cooked, dried, or canned vegetables (that meet the above fat and sodium guidelines).<sup>10</sup>

**Portion Sizes:**

Limit portion sizes of foods and beverages sold individually to those listed below:

- One and one-quarter ounces for chips, crackers, popcorn, cereal, trail mix, nuts, seeds, dried fruit, or jerky;
- One ounce for cookies;
- Two ounces for cereal bars, granola bars, pastries, muffins, doughnuts, bagels, and other bakery items;
- Four fluid ounces for frozen desserts, including, but not limited to, low-fat or fat-free ice cream;
- Eight ounces for non-frozen yogurt;
- Twelve fluid ounces for beverages, excluding water; and
- The portion size of a la carte entrees and side dishes, including potatoes, will not be greater than the size of comparable portions offered as part of school meals. Fruits and non-fried vegetables are exempt from portion-size limits.

**Fundraising Activities:**

To support children's health and school nutrition-education efforts, school fundraising activities will not involve food, or will use only foods that meet the above nutrition and portion size standards for foods and beverages sold individually. Schools will encourage fundraising activities that promote physical activity. The school district will make available a list of ideas for acceptable fundraising activities.

*9. If a food manufacturer fails to provide the added sugars content of a food item, use the percentage of weight from total sugars (in place of the percentage of weight from added sugars), and exempt fruits, vegetables, and dairy foods from this total sugars limit.*

*10. Schools that have vending machines are encouraged to include refrigerated snack vending machines, which can accommodate fruits, vegetables, yogurts, and other perishable items.*

**Snacks:**

Snacks served during the school day or in after-school care or enrichment programs will make a positive contribution to children's dietary health, with an emphasis on serving fruits and vegetables as the primary snacks and water as the primary beverage. Schools will assess if and when to offer snacks based on timing of school meals, children's nutritional needs, children's ages, and other considerations. The district will disseminate a list of healthful snack items to teachers, after-school program personnel, and parents.

- If eligible, schools that provide snacks through after-school programs will pursue receiving reimbursements through the National School Lunch Program.

**Rewards:**

Schools will not use foods or beverages, (especially those that do not meet the nutrition standards for foods and beverages sold individually (above), as rewards for academic performance or good behavior, and will not withhold food or beverages (including food served through school meals) as a punishment.

**Celebrations:**

Schools should limit celebrations that involve food during the school day to no more than one party per class per month. Each party should include no more than one food or beverage that does not meet nutrition standards for foods and beverages sold individually (above). The district will disseminate a list of healthy party ideas to parents and teachers.

**School-sponsored Events:** (such as, but not limited to, athletic events, dances, or performances).

Foods and beverages offered or sold at school-sponsored events outside the school day will meet the nutrition standards for meals or for foods and beverages sold individually (above).

*Nutrition Education Goals*

**Richmond Public Schools will:**

- Provide helpful hints related to diet and health activities to students, parents and staff.
- Enhance the SOL health curriculum with cross-curriculum integration of nutrition education.
- Display information in the school building and cafeteria that relates to nutrition.
- Provide nutritional information about foods served in the cafeteria to students, parents and staff.

- Provide parent organizations and teachers with a list of ideas and vendors for fundraisers that include the sale of nonfood items and healthy food alternatives such as fruits and vegetables.
- Establish a school-wide wellness education committee to support the RPS wellness policy.
- Coordinate with the community partners to assist with creating a healthy school environment.
- Provide an ongoing staff development related to wellness education.

## **Physical Activity and Educational Goals**

### **Richmond Public Schools will:**

- Provide a standard based Physical Education Curricula, which focuses on knowledge, skills and attitudes toward physical activity needed to maintain an active lifestyle.
- Provide safe facilities, space and equipment for physical activities during and after school hours.
- Enforce measures to prevent injuries and illness related to specific physical activities, environmental conditions and individual health related limitations.
- Provide time within the school day for minimum daily physical activity as follows:

#### **Elementary Schools**

1. Forty-five minutes per week with Physical Education (PE) instructor
2. Twenty-five minutes of structured recess with classroom teacher

#### **Middle School**

1. Provide semester long physical education exploratory courses for sixth and seventh graders.
2. Provide one full school year of physical education for eighth grade students as directed by the master schedule (minimum of 180 minutes per week according to the block schedule).

#### **High School**

1. Provide two years of physical education (typically provided in ninth and tenth grades) for a minimum of 180 minutes per week according to the block schedule. (two graduation credits as directed by Standards of Accreditation)
- Provide adaptive/adapted physical education and/or curriculum modifications and accommodations for students with disabilities as stated in the student's Individualized Education Program (IEP) or 504 plan.
  - Discourage the denial of physical activity and/or recess as a form of discipline or for classroom make-up time.

- Measure and monitor student's physical activity knowledge, motor skills and behavior related to physical activity.
- Provide physical activity promotions for all employees.

***Other School-Based Activities***

- School dining areas have sufficient space for students to sit and consume meals.
- School dining areas are clean, safe and pleasant environments.
- Enough serving areas are provided to ensure student access to school meals with a minimum of wait time.
- Meal times are scheduled near the middle of the day.
- Students are given adequate time to enjoy eating healthy meals.
- Only foods and beverages meeting established nutrient standards are sold in vending machines throughout the school campus.
- Fundraising efforts will be supportive of healthy eating.
- On-going professional training and development is provided for all school personnel.
- Support for the health of all students is demonstrated by supporting school health clinics, health screenings, and assisting enrollment of eligible children in Medicaid and other state children's health insurance programs.
- For the safety and security of the food and facility, access to the food service operations are limited to the food service staff and authorized personnel.

***Implementation Plan***

The Wellness Committee realizes that the implementation of the Wellness Policy will be an incremental process. Staff, students, and parents must be notified of the upcoming plans. The Public Information Department will be instrumental in publicizing and promoting RPS' local policy. Tools such as videos and pamphlets will be developed to inform our constituents of the forthcoming guidelines, goals and objectives.

In June 2006, a video explaining the policy will be made available for all school based staff. Pamphlets will be sent home with all students prior to the last day of the 2006 school year. The information, including the expectations and desired outcomes of this policy, will be reiterated to principals at the Leadership Retreat in August 2006. Parents will receive additional information at Open House events and through public television outlets.

***Monitoring Plan***

By early September, each school building will have established a Wellness Committee comprised of teachers, administrators and other school staff. The purpose of this Committee is to monitor its school's progress in meeting the established wellness goals. The attached evaluation tool will be used for this monitoring process (Richmond Public Schools Wellness Policy – Meeting the Challenge). The tool uses a scale from 0 (not

happening; no change has been initiated) to 3 (already happening) to specify the progression of the desired outcomes.

Baseline data will be gathered in September of each school year. The information will be reassessed in January and again in May of each school year. Reports on each school's progress will be reported to the District's Wellness Policy Designee by January 30<sup>th</sup> and May 1<sup>st</sup>. Schools which have made little or no progress toward reaching the goals of this policy will be asked to submit a corrective action plan to the Wellness Designee addressing any areas where desired outcomes have not yet been achieved. The corrective action plans should be developed by the school's Wellness Committee and must be submitted no later than May 31<sup>st</sup>.

### Richmond Public Schools Wellness Policy – Meeting the Challenge

For each item, please use the following numbers to indicate what is happening at your school

0 = not happening, and change has not been initiated

1 = not happening, but change has been initiated (i.e., discussions, meetings, planning committee established)

2 = action plan for change is in progress

3 = this is already happening at our school

### **Leadership to address healthy eating and physical activity in school**

\_\_\_\_\_ A Wellness Committee exists to set, review, and update policies related to healthy eating and physical activity.

\_\_\_\_\_ A team of students, teachers, administrators, school food service, community partners, and parents exist to support wellness policies and guidelines.

\_\_\_\_\_ Our school coordinates with community partners to create a healthy school environment.

\_\_\_\_\_ Parent organizations (e.g., P.T.A.) support the wellness policy and guidelines.

\_\_\_\_\_ Teachers and staff receive ongoing staff development related to wellness education.

\_\_\_\_\_ Teachers, school food service, and administrators participate in wellness programs.

\_\_\_\_\_ Adults eat & interact with students.

### **Meeting the Healthy Eating Challenge**

#### **School Meals Served in the Cafeteria:**

\_\_\_\_\_ Meals are appealing and attractive to the children.

\_\_\_\_\_ Meals are served in clean and pleasant surroundings.

\_\_\_\_\_ Children may choose from a variety of fruits and vegetables.

\_\_\_\_\_ Milk options include only low-fat (1%) and fat-free milk.

\_\_\_\_\_ At least half of the grains served are whole grains.

\_\_\_\_\_ Meals include a daily vegetarian option.

\_\_\_\_\_ New, healthful, and appealing food choices are often available.

\_\_\_\_\_ Nutrition information is available to students & their parents.

**Food Service Staff:**

- \_\_\_\_\_ Our food service staff are appropriately certified.
- \_\_\_\_\_ Our food service staff receive annual professional development training.
- \_\_\_\_\_ Our food service staff are friendly and courteous to children.

**School Breakfasts:**

- \_\_\_\_\_ Our school participates in the School Breakfast Program.
- \_\_\_\_\_ Parents are notified that the School Breakfast Program is available.
- \_\_\_\_\_ Families are encouraged to provide a healthy breakfast for their children (e.g., newsletters, flyers).

**Free- and Reduced-Price Meals:**

- \_\_\_\_\_ Our school makes every effort to prevent the overt identification of students in this program.
- \_\_\_\_\_ Our school makes every effort to eliminate any social stigma attached to participation in this program.

**A La Carte Food Items (vending machines, snack lines, fundraisers, school stores, etc.):**

- \_\_\_\_\_ A la carte food items generally meet the nutritional guidelines established by the RPS wellness policy.
- \_\_\_\_\_ Beverages sold only include 100% fruit juice, water, no-calorie & caffeine-free soft drinks, and low-fat milk.
- \_\_\_\_\_ Food items sold generally are low-fat, low sugar, and low-sodium.
- \_\_\_\_\_ Wherever foods are sold a la carte, at least 2 fruits & non-fried vegetables are offered for sale.
- \_\_\_\_\_ Portion sizes are generally reasonable.

**School Fundraising:**

- \_\_\_\_\_ School fundraising activities generally meet the nutritional guidelines established by the wellness policy.
- \_\_\_\_\_ Our school encourages fundraising activities that promote physical activity (e.g., family walks, dance-athons).
- \_\_\_\_\_ A list of ideas for acceptable fundraising activities has been provided to all organizations.

**Snacks:**

- \_\_\_\_\_ Snacks served during the day make a positive contribution to children’s dietary health.
- \_\_\_\_\_ Snacks served during after-school care or enrichment programs make a positive contribution to children’s dietary health.
- \_\_\_\_\_ Fruits and vegetables are the primary snacks served to students.
- \_\_\_\_\_ Water is the primary beverage served to students.
- \_\_\_\_\_ Teachers, after-school program personnel, and parents have received a list of healthful snack items.



**Rewards:**

\_\_\_\_\_ Teachers generally do not use foods or beverages as rewards for academic performance or good behavior; on those occasions when they do, it is with foods or beverages that meet the nutritional guidelines in the policy.

\_\_\_\_\_ Teachers have received a list of suggested ways to reward children using something other than food.

\_\_\_\_\_ Food or beverages are not withheld as a punishment.

**Celebrations:**

\_\_\_\_\_ Class parties are limited to no more than one a month.

\_\_\_\_\_ Each party includes no more than one food or beverage that does not meet the nutritional guidelines.

\_\_\_\_\_ Teachers & parents have been given a list of healthy party ideas.

**School-sponsored Events:**

\_\_\_\_\_ Foods and beverages offered or sold at school-sponsored events *outside the school day* generally meet the nutritional standards for foods and beverages as outlined in the wellness policy.

**Meeting the Nutrition Education Challenge**

\_\_\_\_\_ Our school enhances the SOL health curriculum with cross-curriculum integration of nutrition education.

\_\_\_\_\_ Classroom lessons are coordinated with others (e.g., PE, school food service, art, etc.)

\_\_\_\_\_ Families receive wellness tips through homework, parent-teacher conferences, newsletters, flyers, etc.

\_\_\_\_\_ Messages emphasize “choices” and healthy body image rather than body weight.

\_\_\_\_\_ Messages support the new Food Guide Pyramid.

**Meeting the Physical Activity Challenge**

\_\_\_\_\_ Our physical education curriculum focuses on knowledge, skills, and attitudes toward physical activity that promote a healthy lifestyle.

\_\_\_\_\_ Our school provides safe facilities, space, and equipment for physical activities *during* school hours.

\_\_\_\_\_ Our school provides safe facilities, space, and equipment for physical activities *after* school hours.

\_\_\_\_\_ Rules and guidelines designed to prevent injury are enforced.

\_\_\_\_\_ Rules and guidelines designed to prevent illness are enforced.

\_\_\_\_\_ At the elementary level, adequate time (as outlined by District policy) is provided each day for physical activity.

\_\_\_\_\_ Teachers do not deny children physical activity and/or recess as a form of discipline.

\_\_\_\_\_ Teachers do not use recess time for classroom make-up time.

\_\_\_\_\_ Students’ physical activity knowledge, motor skills, and behavior related to physical activity are monitored.

\_\_\_\_\_ Our school provides age-appropriate modified activities for physically and/or mentally challenges students as needed.

\_\_\_\_\_ Intramural programs and physical activity clubs are available, and ALL students are encouraged to participate.

\_\_\_\_\_ Physical activity promotions are available for all employees.

### ***Internet Resources***

- MyPyramid.gov – USDA’s website for the new Pyramid.
- Nutrition.gov – USDA’s new resource for accurate nutrition information.
- www.nal.usda.gov- USDA's Food and Nutrition Information Center – Information on every aspect of agriculture, including nutrition and food
- www.nal.usda.gov/fnic/educators - USDA Food and Nutrition Information Center Resources for Teachers - Subject-specific bibliographies of books, audiovisuals, articles, and web resources.
- www.5aday.com - Five A Day – Information on increasing fruits and vegetables in the diet.
- www.nationaldairycouncil.org/nationaldairycouncil/tools - National Dairy Council – Nutrition information for teachers, parents and school foodservice.
- www.actionforhealthykids.org - Action for Healthy Kids – Information on state activities promoting healthy school environments.
- www.pecentral.org - PE Central – Classroom activities, lessons, field trips and other physical activity tools for K-12 educators.
- Fitness.gov – the President’s Council on Physical Fitness and Sport - a gateway to physical activity, fitness and health resources available on government websites.
- www.actionforhealthykids.org - Action for Healthy Kids – Great suggestions for creating a healthy school environment for kids for Action for Healthy Kids.
- www.chccs.k12.nc.us/studentsservices/healthservices/constructiveclassroom.pdf - Constructive Classroom Rewards – Info on the food reward issue with suggestions for healthy rewards.
- www.fns.usda.gov/tn - USDA's Team Nutrition - Training and technical assistance for foodservice, nutrition education for children, and school and community support for healthy eating and physical activity.

***RICHMOND PUBLIC SCHOOLS***

***LOCAL WELLNESS POLICY***



**DRAFT**

***RICHMOND CITY SCHOOL BOARD***

***SUPERINTENDENT: DR. YVONNE W. BRANDON***

***REVISED 2012-2013 SCHOOL YEAR***

The development and adoption of this policy is mandated by the Child Nutrition and Women, Infants and Children (WIC) Reauthorization Act of 2004<sup>1</sup>. As required, this policy is established in accordance with United States Department of Agriculture (USDA) regulations<sup>2</sup> and guidance, and existing Virginia regulations<sup>3</sup> and guidance, as they apply to school nutrition programs. The guidelines are equally as restrictive as the state and federal school nutrition laws and will be modified in the event that new legislation is enacted.

Richmond Public Schools recognizes that childhood overweight and obesity rates have nearly tripled in the past thirty years and continue to rise. Poor eating habits and increased sedentary activities have contributed to this trend. There are numerous emotional and health consequences of being overweight. Since the greatest portion of a child’s day is spent in the school environment, schools are in a strong position to impact children’s nutritional and physical activity habits and reduce the proliferation of childhood obesity. Nutrition and physical activities are essential for students to achieve their full academic and physical potential.

The goals and purposes of this policy are to:

1. Provide a framework for schools to make positive changes that will increase and develop a framework for wellness.
2. Offer recommendations and provide guidelines, at the district level, that will strengthen school nutrition and physical activity programs in Richmond Public Schools.
3. Address the issues that underlie the soaring rates of overweight children and adolescents in our district.
4. Provide our students with healthier food and beverage options and increase opportunities for physical activities.

**Committee Members**

Charlene Rodgers	Nurse Coordinator	Meiko Timmons	Community Partnership
William James	Instructional Specialist		Coordinator, RPS
Helen W. Ragazzi, M.D.	Parent/Pediatrician	Terrie Harris	Community In Schools
Joseph Boatwright, III M.D.	Pediatrician	William Kannaugh	PE Teacher, RPS
Lee Reaves, Exec. Dir.	Team Up-Rich.	Cordell Watkins	PE Teacher, RPS
Cathy M. Stith	Nurse Manager	Juanita Preston	PE Teacher, RPS
Trent Jones	Risk Management	Deborah Wright	Student Information
Natalie May, Ph.D.	Parent		Specialist, RPS
Alan Worrell	PE Teacher, RPS	Shelia Hines	Assistant Principal
Susan Roberson	Director, School Nutrition	Janel Pamplin,	Student,
Vernon Clements	PSTA – President		George Wythe High School
Melanie Reed	Nurse Practitioner, RPS	Shelia Hines	Assistant Principal

**Mission Statement:**

Richmond Public Schools believes healthy eating and physical activities, in a holistic school environment, are essential for students to achieve full academic, social, physical, psychological and emotional well being.

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1. *Public Law 108-265.*  
 2. *National School Lunch Program Regulations, 7 C.F.R. Part 210; See also, School Breakfast Program Regulations, 7 C.F.R. Part 220.*  
 3. *See, Virginia Regulations for the School Breakfast Program, 8 VAC 20-580-10 et. seq.*

**Nutrition Statement:**

Academic performance and quality of life are enhanced by the choice and availability of healthy foods and nutrition education in our school district.

DRAFT

## *Nutrition Guidelines*

### School Meals

Meals served through the National School Lunch and Breakfast Programs will adhere to:

### **New National School Lunch Program (NSLP) Regulations**

Comparison of Current and New Regulatory Requirements under Final Rule "Nutrition Standards in the National School Lunch and School Breakfast Programs" Jan. 2012

National School Lunch Program Meal Pattern		
Food Group	Current Requirements K-12	New Requirements K-12
Fruit and Vegetables	$\frac{1}{2}$ - $\frac{3}{4}$ cup of fruit and vegetables combined per day	$\frac{3}{4}$ - 1 cup of vegetables <u>plus</u> $\frac{1}{2}$ - 1 cup of fruit per day  Note: Students are allowed to select $\frac{1}{2}$ cup fruit or vegetable under OVS.
Vegetables	No specifications as to type of vegetable subgroup	Weekly requirement for: <ul style="list-style-type: none"> <li>• dark green</li> <li>• red/orange</li> <li>• beans/peas (legumes)</li> <li>• starchy</li> <li>• other (as defined in 2010 Dietary Guidelines)</li> </ul>
Meat/Meat Alternate (M/MA)	1.5 – 2 oz eq. (daily minimum)	Daily minimum and weekly ranges:  Grades K-5: 1 oz eq. min. daily (8-10 oz weekly)  Grades 6-8 : 1 oz eq. min. daily (9-10 oz weekly)  Grades 9-12 : 1 oz eq. min. daily (10-12 oz weekly)
Grains	8 servings per week (minimum of 1 serving per day)	Daily minimum and weekly ranges:  Grades K-5: 1 oz eq. min. daily (8-9 oz weekly)  Grades 6-8 : 1 oz eq. min. daily (8-10 oz weekly)  Grades 9-12 : 2 oz eq. min. daily (10-12 oz weekly)
Whole Grains	Encouraged	At least half of the grains must be whole grain-rich beginning July 1, 2012. Beginning July 1, 2014, all grains must be whole grain rich.
Milk	1 cup  Variety of fat contents allowed; flavor not restricted	1 cup  Must be fat-free(unflavored/flavored) or 1% low fat (unflavored)

## USDA Implementation Timeline

Jan. 2012

### Implementation Timeline for Final Rule

#### *"Nutrition Standards in the National School Lunch and School Breakfast Programs"*

Implementation of most meal requirements in the NSLP begins SY 2012-2013. In the SBP, the meal requirements (other than milk) will be implemented gradually beginning SY 2013-2014.

New Requirements	Implementation (School Year) for NSLP (L) and SBP (B)						
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2022/23
<b>Fruits Component</b>							
• Offer fruit daily	L						
• Fruit quantity increase to 5 cups/week (minimum 1 cup/day)			B				
<b>Vegetables Component</b>							
• Offer vegetables subgroups weekly	L						
<b>Grains Component</b>							
• Half of grains must be whole grain-rich	L	B					
• All grains must be whole-grain rich			L, B				
• Offer weekly grains ranges	L	B					
<b>Meats/Meat Alternates Component</b>							
• Offer weekly meats/meat alternates ranges (daily min.)	L						
<b>Milk Component</b>							
• Offer only fat-free (unflavored or flavored) and low-fat (unflavored) milk	L, B						
<b>Dietary Specifications (to be met on average over a week)</b>							
• Calorie ranges	L	B					
• Saturated fat limit (no change)	L, B						
• Sodium Targets <ul style="list-style-type: none"> <li>○ Target 1</li> <li>○ Target 2</li> <li>○ Final target</li> </ul>			L, B			L, B	L, B
• Zero grams of <u>trans</u> fat per portion	L	B					
<b>Menu Planning</b>							
• A single FBMP approach	L	B					
<b>Age-Grade Groups</b>							
• Establish age/grade groups: K-5, 6-8, 9-12	L	B					
<b>Offer vs. Serve</b>							
• Reimbursable meals must contain a fruit or vegetable (1/2 cup minimum)	L		B				
<b>Monitoring</b>							
• 3-year adm. review cycle		L, B					
• Conduct weighted nutrient analysis on 1 week of menus	L	B					

## Nutrition Standards Chart

Final Rule Nutrition Standards in the National School Lunch and School Breakfast Programs – Jan. 2012

	Breakfast Meal Pattern			Lunch Meal Pattern		
	Grades K-5 <sup>a</sup>	Grades 6-8 <sup>a</sup>	Grades 9-12 <sup>a</sup>	Grades K-5	Grades 6-8	Grades 9-12
Meal Pattern	Amount of Food <sup>b</sup> Per Week (Minimum Per Day)					
Fruits (cups) <sup>c,d</sup>	5 (1) <sup>e</sup>	5 (1) <sup>e</sup>	5 (1) <sup>e</sup>	2½ (½)	2½ (½)	5 (1)
Vegetables (cups) <sup>c,d</sup>	0	0	0	¾ (¾)	¾ (¾)	5 (1)
Dark green <sup>f</sup>	0	0	0	½	½	½
Red/Orange <sup>f</sup>	0	0	0	¾	¾	1¼
Beans/Peas (Legumes) <sup>f</sup>	0	0	0	½	½	½
Starchy <sup>f</sup>	0	0	0	½	½	½
Other <sup>f,g</sup>	0	0	0	½	½	¾
Additional Veg to Reach Total <sup>h</sup>	0	0	0	1	1	1½
Grains (oz eq) <sup>i</sup>	7-10 (1) <sup>j</sup>	8-10 (1) <sup>j</sup>	9-10 (1) <sup>j</sup>	8-9 (1)	8-10 (1)	10-12 (2)
Meats/Meat Alternates (oz eq)	0 <sup>k</sup>	0 <sup>k</sup>	0 <sup>k</sup>	8-10 (1)	9-10 (1)	10-12 (2)
Fluid milk (cups) <sup>l</sup>	5 (1)	5 (1)	5 (1)	5 (1)	5 (1)	5 (1)
<b>Other Specifications: Daily Amount Based on the Average for a 5-Day Week</b>						
Min-max calories (kcal) <sup>m,n,o</sup>	350-500	400-550	450-600	550-650	600-700	750-850
Saturated fat (% of total calories) <sup>n,o</sup>	< 10	< 10	< 10	< 10	< 10	< 10
Sodium (mg) <sup>n,p</sup>	< 430	< 470	< 500	< 640	< 710	< 740
Trans fat <sup>n,o</sup>	Nutrition label or manufacturer specifications must indicate zero grams of trans fat per serving.					

<sup>a</sup>In the SBP, the above age-grade groups are required beginning July 1, 2013 (SY 2013-14). In SY 2012-2013 only, schools may continue to use the meal pattern for grades K-12 (see § 220.23).

<sup>b</sup> Food items included in each food group and subgroup and amount equivalents. Minimum creditable serving is ½ cup.

<sup>c</sup>One quarter-cup of dried fruit counts as ½ cup of fruit; 1 cup of leafy greens counts as ½ cup of vegetables. No more than half of the fruit or vegetable offerings may be in the form of juice. All juice must be 100% full-strength.

<sup>d</sup>For breakfast, vegetable may be substituted for fruits, but the first two cups per week of any such substitution must be from the dark green, red/orange, beans and peas (legumes) or “Other vegetables” subgroups as defined in §210.10(c)(2)(iii).

<sup>e</sup>The fruit quantity requirement for the SBP (5 cups/week and a minimum of 1 cup/day) is effective July 1, 2014 (SY 2014-2015).

<sup>f</sup>Larger amounts of these vegetables may be served.

<sup>g</sup>This category consists of “Other vegetables” as defined in §210.10(c)(2)(iii)(E). For the purposes of the NSLP, “Other vegetables” requirement may be met with any additional amounts from the dark green, red/orange, and beans/peas (legumes) vegetable subgroups as defined in §210.10(c)(2)(iii).

<sup>h</sup>Any vegetable subgroup may be offered to meet the total weekly vegetable requirement.

<sup>i</sup>At least half of the grains offered must be whole grain-rich in the NSLP beginning July 1, 2012 (SY 2012-2013), and in the SBP beginning July 1, 2013 (SY 2013-2014). All grains must be whole grain-rich in both the NSLP and the SBP beginning July 1, 2014 (SY 2014-15).

<sup>j</sup>In the SBP, the grain ranges must be offered beginning July 1, 2013 (SY 2013-2014).

<sup>k</sup>There is no separate meat/meat alternate component in the SBP. Beginning July 1, 2013 (SY 2013-2014), schools may substitute 1 oz. eq. of meat/meat alternate for 1 oz. eq. of grains after the minimum daily grains requirement is met.

<sup>l</sup>Fluid milk must be low-fat (1 percent milk fat or less, unflavored) or fat-free (unflavored or flavored).

<sup>m</sup>The average daily amount of calories for a 5-day school week must be within the range (at least the minimum and no more than the maximum values).

<sup>n</sup>Discretionary sources of calories (solid fats and added sugars) may be added to the meal pattern if within the specifications for calories, saturated fat, trans fat, and sodium. Foods of minimal nutritional value and fluid milk with fat content greater than 1 percent milk fat are not allowed.

<sup>o</sup>In the SBP, calories and trans fat specifications take effect beginning July 1, 2013 (SY 2013-2014).

<sup>p</sup>Final sodium specifications are to be reached by SY 2022-2023 or July 1, 2022. Intermediate sodium specifications are established for SY 2014-2015 and 2017-2018. See required intermediate specifications in § 210.10(f)(3) for lunches and § 220.8(f)(3) for breakfast



## *Nutrition Guidelines*

### **School Meals**

- be appealing and attractive to children;
- be served in clean and pleasant settings;
- meet, at a minimum, nutrition requirements established by local, state, and federal statutes and regulations;
- offer a variety of fruits and vegetables,<sup>4</sup>
- serve only low-fat (1%) and fat-free milk<sup>5</sup> and nutritionally-equivalent nondairy alternatives -- as defined by the United States Department of Agriculture (USDA);
- ensure that at least half of the served grains are whole grain,<sup>6</sup> and
- ensure that a vegetarian option is offered daily

Schools should engage students and parents, through taste-tests of new entrees and surveys, in selecting foods sold through the school meal programs in order to identify new, healthful, and appealing food choices. In addition, schools should share information about the nutritional content of meals with parents and students. Such information could be made available on menus, a website, on cafeteria menu boards, placards, or other point-of-purchase materials.

### **Breakfast**

To ensure that all children have breakfast, either at home or at school, in order to meet their nutritional needs and enhance their ability to learn:

- Schools will, to the greatest extent possible, operate the School Breakfast Program.
- Schools will, to the greatest extent possible, utilize methods to serve nutritious school breakfasts that encourage participation.
- Schools will notify parents and students of the availability of the School Breakfast Program.
- Schools will encourage parents to provide a healthy breakfast for their children through newsletter articles, take-home materials, or other means.

### **Free and Reduced-priced Meals**

Schools will make every effort to eliminate any social stigma attached to, and prevent the overt identification of, students who are eligible for free and reduced-price school meals<sup>7</sup>. Toward this end, schools may utilize electronic identification and payment systems, promote the availability of school meals to all students.

4. To the extent possible, schools will offer at least two non-fried vegetable and two fruit options each day and will offer five different fruits and five different vegetables over the course of a week. Schools are encouraged to source fresh fruits and vegetables from local farmers when practicable.
5. *As recommended by the Dietary Guidelines for Americans 2005.*
6. *According to the USDA, a whole grain is one labeled as a "whole" grain product or with a whole grain listed as the primary grain ingredient in the ingredient statement. Examples include "whole" wheat flour, cracked wheat, brown rice, and oatmeal.*
7. *It is against the law to make others in the cafeteria aware of the eligibility status of children for free, reduced-price, or "paid" meals. (See, Free and Reduced Price Eligibility Regulations, 7 CFR 245.8)*

**Summer Food Service Program**

Participation in the Summer Food Service Program will be encouraged for schools in which more than 50% of students are eligible for free or reduced-price school meals. Participation will be encouraged for at least six weeks between the last day of the academic school year and the first day of the following school year, and preferably throughout the entire summer vacation.

**Qualifications of School Food Service Staff**

Qualified nutrition professionals will administer the school meal programs. As part of the school district's responsibility to operate a food service program, we will provide continuing professional development for all nutrition professionals in schools. Staff development programs should include appropriate certification and/or training programs for child nutrition directors, school nutrition managers, and cafeteria workers, according to their levels of responsibility.<sup>8</sup>

**Sharing of Foods and Beverages**

Schools should discourage students from sharing their foods or beverages with one another during meal or snack times, given concerns about allergies and other restrictions on some children's diets. A notice of this policy will be shared with parents at the beginning of each semester.

\*\*\*\*\*

**Foods and Beverages Sold Individually (i.e., foods sold outside of reimbursable school meals, such as through vending machines, cafeteria a la carte [snack] lines, fundraisers, school stores, etc.)**

**Elementary Schools:** The school food service program will approve and provide all food and beverage sales to students in elementary schools.

**Middle and High Schools:** In middle and high schools, all foods and beverages sold individually outside the reimbursable school meal programs (including those sold through a la carte [snack] lines, vending machines, or fundraising activities) during the school day, or through programs for students after the school day, will meet the following nutrition and portion size standards:

**Beverages:**

- **Allowed:** water without added caloric sweeteners; fruit and vegetable juices and fruit-based drinks that contain at least 100% fruit juice and that do not contain additional caloric sweeteners; unflavored or flavored low-fat or fat-free fluid milk and nutritionally-equivalent nondairy beverages (as defined by USDA);
- **Not allowed:** soft drinks containing caloric sweeteners; sports drinks; iced teas; fruit-based drinks that contain less than 100% real fruit juice or that contain additional caloric sweeteners; beverages containing caffeine excluding low-fat or fat-free chocolate milk (which contain trivial amounts of caffeine).

8. School nutrition staff development programs are available through the USDA, School Nutrition Association, and National Food Service Management Institute.

**Foods:****A food item sold individually:**

- will have no more than 35% of its calories from fat (excluding nuts, seeds, peanut butter, and other nut butters) and 10% of its calories from saturated and trans fat combined;
- will have no more than 35% of its weight from added sugars;<sup>9</sup>
- will contain no more than 230 mg of sodium per serving for chips, cereals, crackers, french fries, baked goods, and other snack items; will contain no more than 480 mg of sodium per serving for pastas, meats, and soups; and will contain no more than 600 mg of sodium for pizza, sandwiches, and main dishes.
- A choice of at least two fruits and/or non-fried vegetables will be offered for sale at any location on the school site where foods are sold. Such items could include, but are not limited to, fresh fruits and vegetables; 100% fruit or vegetable juice; fruit-based drinks that are at least 50% fruit juice and that do not contain additional caloric sweeteners; cooked, dried, or canned fruits (canned in fruit juice or light syrup); and cooked, dried, or canned vegetables (that meet the above fat and sodium guidelines).<sup>10</sup>

**Portion Sizes:**

Limit portion sizes of foods and beverages sold individually to those listed below:

- One and one-quarter ounces for chips, crackers, popcorn, cereal, trail mix, nuts, seeds, dried fruit, or jerky;
- One ounce for cookies;
- Two ounces for cereal bars, granola bars, pastries, muffins, doughnuts, bagels, and other bakery items;
- Four fluid ounces for frozen desserts, including, but not limited to, low-fat or fat-free ice cream;
- Eight ounces for non-frozen yogurt;
- Twelve fluid ounces for beverages, excluding water; and
- The portion size of a la carte entrees and side dishes, including potatoes, will not be greater than the size of comparable portions offered as part of school meals. Fruits and non-fried vegetables are exempt from portion-size limits.

**Fundraising Activities:**

To support children's health and school nutrition-education efforts, school fundraising activities will not involve food, or will use only foods that meet the above nutrition and portion size standards for foods and beverages sold individually. Schools will encourage fundraising activities that promote physical activity. The school district will make available a list of ideas for acceptable fundraising activities.

9. *If a food manufacturer fails to provide the added sugars content of a food item, use the percentage of weight from total sugars (in place of the percentage of weight from added sugars), and exempt fruits, vegetables, and dairy foods from this total sugars limit.*
10. *Schools that have vending machines are encouraged to include refrigerated snack vending machines, which can accommodate fruits, vegetables, yogurts, and other perishable items.*

**Snacks:**

Snacks served during the school day or in after-school care or enrichment programs will make a positive contribution to children's dietary health, with an emphasis on serving fruits and vegetables as the primary snacks and water as the primary beverage. Schools will assess if and when to offer snacks based on timing of school meals, children's nutritional needs, children's ages, and other considerations. The district will disseminate a list of healthful snack items to teachers, after-school program personnel, and parents.

- If eligible, schools that provide snacks through after-school programs will pursue receiving reimbursements through the National School Lunch Program.

**Rewards:**

Schools will not use foods or beverages, (especially those that do not meet the nutrition standards for foods and beverages sold individually (above)), as rewards for academic performance or good behavior, and will not withhold food or beverages (including food served through school meals) as a punishment.

**Celebrations:**

Schools should limit celebrations that involve food during the school day to no more than one party per class per month. Each party should include no more than one food or beverage that does not meet nutrition standards for foods and beverages sold individually (above). The district will disseminate a list of healthy party ideas to parents and teachers.

**School-sponsored Events:** (such as, but not limited to, athletic events, dances, or performances).

Foods and beverages offered or sold at school-sponsored events outside the school day will meet the nutrition standards for meals or for foods and beverages sold individually (above).

## *Nutrition Education Goals*

### **Richmond Public Schools will:**

- Provide helpful hints related to diet and health activities to students, parents and staff.
- Enhance the SOL health curriculum with cross-curriculum integration of nutrition education.
- Display information in the school building and cafeteria that relates to nutrition.
- Provide nutritional information about foods served in the cafeteria to students, parents and staff.
- Provide parent organizations and teachers with a list of ideas and vendors for fund-raisers that include the sale of nonfood items and healthy food alternatives such as fruits and vegetables.
- Establish a school-wide wellness education committee to support the RPS wellness policy.
- Coordinate with the community partners to assist with creating a healthy school environment.
- Provide an ongoing staff development related to wellness education.

## *Physical Activity and Educational Goals*

### **Richmond Public Schools will:**

- Provide a standard based Physical Education Curricula, which focuses on knowledge, skills and attitudes toward physical activity needed to maintain an active lifestyle.
- Provide safe facilities, space and equipment for physical activities during and after school hours.
- Enforce measures to prevent injuries and illness related to specific physical activities, environmental conditions and individual health related limitations.
- Provide time within the school day for minimum daily physical activity as follows:

#### Elementary Schools

1. Forty-five minutes per week with Physical Education (PE) instructor
2. Twenty-five minutes of structured recess with classroom teacher

#### Middle School

1. Provide semester long physical education exploratory courses for sixth, seventh, and eighth graders. (minimum of 180 minutes per week according to the (block schedule).
2. Provide one full school year of physical education for eighth grade students as directed by the master schedule (minimum of 180 minutes per week according to the block schedule).

#### High School

1. Provide two years of physical education (typically provided in ninth and tenth grades) for a minimum of 180 minutes per week according to the block schedule. (two graduation credits as directed by Standards of Accreditation)
- Provide adaptive/adapted physical education and/or curriculum modifications and accommodations for students with disabilities as stated in the student's Individualized Education Program (IEP) or 504 plan.
  - Discourage the denial of physical activity and/or recess as a form of discipline or for classroom make-up time.
  - Measure and monitor student's physical activity knowledge, motor skills and behavior related to physical activity.
  - Provide physical activity promotions for all employees.

### *Other School-Based Activities*

- School dining areas have sufficient space for students to sit and consume meals.
- School dining areas are clean, safe and pleasant environments.
- Enough serving areas are provided to ensure student access to school meals with a minimum of wait time.
- Meal times are scheduled near the middle of the day.
- Students are given adequate time to enjoy eating healthy meals.
- Only foods and beverages meeting established nutrient standards are sold in vending machines throughout the school campus.
- Fundraising efforts will be supportive of healthy eating.
- On-going professional training and development is provided for all school personnel.
- Support for the health of all students is demonstrated by supporting school health clinics, health screenings, and assisting enrollment of eligible children in Medicaid and other state children's health insurance programs.
- For the safety and security of the food and facility, access to the food service operations are limited to the food service staff and authorized personnel.

### **Implementation Plan**

The Wellness Committee realizes that the implementation of the Wellness Policy will be an incremental process. Staff, students, and parents must be notified of the upcoming plans. The Public Information Department will be instrumental in publicizing and promoting RPS' local policy. Tools such as videos and pamphlets will be developed to inform our constituents of the forthcoming guidelines, goals and objectives.

In June 2006, a video explaining the policy will be made available for all school based staff. Pamphlets will be sent home with all students prior to the last day of the 2006 school year. The information, including the expectations and desired outcomes of this policy, will be reiterated to principals at the Leadership Retreat in August 2006. Parents will receive additional information at Open House events and through public television outlets.

### **Monitoring Plan**

By early September, each school building will have established a Wellness Committee comprised of teachers, administrators and other school staff. The purpose of this Committee is to monitor its school's progress in meeting the established wellness goals. The attached evaluation tool will be used for this monitoring process (Richmond Public Schools Wellness Policy – Meeting the Challenge). The tool uses a scale from 0 (not happening; no change has been initiated) to 3 (already happening) to specify the progression of the desired outcomes.

Baseline data will be gathered in September of each school year. The information will be reassessed in January and again in May of each school year. Reports on each school's progress will be reported to the District's Wellness Policy Designee by January 30<sup>th</sup> and May 1<sup>st</sup>. Schools which have made little or no progress toward reaching the goals of this policy will be asked to submit a corrective action plan to the Wellness Designee addressing any areas where desired outcomes have not yet been achieved. The corrective action plans should be developed by the school's Wellness Committee and must be submitted no later than May 31<sup>st</sup>.