V. Items for Discussion and Reports  

B. Policy Committee Recommendations  
Enclosed are the policy committee’s recommendations on Policies 419, 516 and 607.

D. Operations Update  
Enclosed is the 30-day pulse survey results preliminary report.

VII. Consent Agenda  
C. Personnel Items  
   a) Appointments  
     8. Lindsey Davis, Assistant Dance Teach Coach for 2 hours/day for 3 days/week at the High School, beginning 11/9/2020; Level F, Step 1  
     9. Laura Greenland, Special Ed EA Bus PCA for 1 hour/day for 1 day/week, with the District, beginning 10/23/2020-6/10/2021; Spec Ed Step 4-$17.31/hr.  
    11. Karen Rodriguez Rojas, Targeted Services PLUS Site Assistant for 1.25 hours/day for 4 days/week with Community School, beginning 10/23/2020-6/10/2021; Step 2-$14.01/hr.  
   b) Increase/Decrease/Change in Assignment  
   c) Leave of Absence  
     3. Kristin Hummel, Teacher at Bridgewater, Family/Medical Leave of Absence, effective on 10/20/2020 and will continue on an intermittent basis for up to 60 work days.  
     4. Lisa Robb, Teacher at the High School, Family/Medical Leave of Absence, effective on 10/21/2020 and will continue on an intermittent basis for up to 60 work days.  
   d) Retirements/Resignations/Terminations
Policy 419  TOBACCO-FREE ENVIRONMENT: POSSESSION AND USE OF TOBACCO, TOBACCO-RELATED DEVICES, AND ELECTRONIC DELIVERY DEVICES; VAPING AWARENESS AND PREVENTION INSTRUCTION

I. PURPOSE

The purpose of this policy is to maintain a learning and working environment that is tobacco free.

II. GENERAL STATEMENT OF POLICY

A. A violation of this policy occurs when any student, teacher, administrator, other school personnel of the school district, or person smokes or uses tobacco, tobacco-related devices, or carries or uses an activated electronic cigarette delivery device in a public school. This prohibition extends to all facilities, whether owned, rented, or leased, and all vehicles that a school district owns, leases, rents, contracts for, or controls. In addition, this prohibition includes vehicles used, in whole or in part, for work purposes, during hours of school operation, if more than one person is present. This prohibition includes all school district property and all off-campus events sponsored by the school district.

B. A violation of this policy occurs when any elementary school, middle school, or secondary school student possesses any type of tobacco, tobacco-related devices, or electronic delivery devices in a public school. This prohibition extends to all facilities, whether owned, rented, or leased, and all vehicles that a school district owns, leases, rents, contracts for, or controls and includes vehicles used, in whole or in part, for school purposes, during hours of school operation, if more than one person is present. This prohibition includes all school district property and all off-campus events sponsored by the school district.

B.—C. The school district will act to enforce this policy and to discipline or take appropriate action against any student, teacher, administrator, school personnel, or person who is found to have violated this policy.

C.—D. The school district will not solicit or accept any contributions or gifts of money, curricula, materials, or equipment from companies that directly manufacture or are identified with tobacco products, tobacco-related devices or electronic delivery devices. The school district will not promote or allow the promotion of tobacco products or electronic delivery devices on school property or at school-sponsored events.

III. TOBACCO AND TOBACCO-RELATED DEVICES DEFINED DEFINITIONS

A. "Electronic cigarette delivery device" means any product containing or delivering nicotine, lobelia, or any other substance, whether natural or synthetic, intended for human consumption that can be used by a person to
simulate smoking in the delivery of nicotine or any other substance through inhalation of aerosol or vapor from the product. Electronic delivery devices includes but is not limited to devices manufactured, marketed, or sold as electronic cigarettes, electronic cigars, electronic pipe, vape pens, modes, tank systems, or under any other product name or descriptor. Electronic delivery device includes any component part of a product, whether or not marketed or sold separately. Electronic delivery device does not include any product that has been approved or certified by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is marketed and sold for such an approved purpose. Excludes drugs, devices, or combination products, as those terms are defined in the Federal Food, Drug, and Cosmetic Act, that are authorized for sale by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

B. “Heated tobacco product” means a tobacco product that produces aerosols containing nicotine and other chemicals which are inhaled by users through the mouth.

C. “Tobacco” means cigarettes and any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part, or accessory of a tobacco product, including, but not limited to, cigars; cheroots; stogies; perique; granulated, plug cut, crimp cut, ready rubbed, and other smoking tobacco; snuff; snuff flour; cavendish; plug and twist tobacco; fine cut and other chewing tobacco; shorts; refuse scraps, clippings, cuttings and sweepings of tobacco; and other kinds and forms of tobacco. Tobacco excludes any drugs, devices, or combination products, as those terms are defined at the Federal Food, Drug, and Cosmetic Act, that are authorized for sale by the United States Food and Drug Administration.

D. “Tobacco-related devices” means cigarette papers or pipes for smoking or other devices intentionally designed or intended to be used in a manner which enables the chewing, sniffing, smoking, or inhalation of vapor or vapor of tobacco or tobacco products. Tobacco-related devices include components of tobacco-related devices which may be marketed or sold separately.

E. “Smoking” means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe, or any other lighted or heated product containing, made, or derived from nicotine, tobacco, marijuana, or other plant, whether natural or synthetic, that is intended for inhalation. Smoking includes carrying or using an activated electronic delivery device.

F. “Vaping” means using an activated electronic delivery device or heated tobacco product.
IV. EXCEPTIONS

A. A violation of this policy does not occur when an Indian adult lights tobacco on school district property as a part of a traditional Indian spiritual or cultural ceremony. An Indian is a person who is a member of an Indian tribe as defined under Minnesota law.

B. A violation of this policy does not occur when an adult nonstudent possesses a tobacco or nicotine product that has been approved by the United States Food and Drug Administration for sale as a tobacco-cessation product, as a tobacco-dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose. Nothing in this exception authorizes smoking or use of tobacco, tobacco-related devices, or electronic delivery devices on school property or at off-campus events sponsored by the school district.

V. VAPING PREVENTION INSTRUCTION

A. The school district must provide vaping prevention instruction at least once to students in grades 6 through 8. The school district will also require instruction once to students in grades 9 through 12.

B. The school district may use instructional materials based upon the Minnesota Department of Health’s school e-cigarette toolkit or may use other smoking prevention instructional materials with a focus on vaping and the use of electronic delivery devices and heated tobacco products. The instruction may be provided as part of the school district’s locally developed health standards.

VI. ENFORCEMENT

A. All individuals on school premises shall adhere to this policy.

B. Students who violate this tobacco-free policy shall be subject to school district discipline procedures.

C. School district administrators and other school personnel who violate this tobacco-free policy shall be subject to school district discipline procedures.

D. School district action taken for violation of this policy will be consistent with requirements of applicable collective bargaining agreements, Minnesota or federal law, and school district policies.

E. Persons who violate this tobacco-free policy may be referred to the building administration or other school district supervisory personnel responsible for the area or program at which the violation occurred.

F. School administrators may call the local law enforcement agency to assist with enforcement of this policy. Smoking or use of any tobacco product in a public school is a violation of the Minnesota Clean Indoor Air Act and/or the
Freedom to Breathe Act of 2007 and is a petty misdemeanor. A court injunction may be instituted against a repeated violator.

G. No persons shall be discharged, refused to be hired, penalized, discriminated against, or in any manner retaliated against for exercising any right to a smoke-free environment provided by the Freedom to Breathe Act of 2007 or other law.

VII. DISSEMINATION OF POLICY

Notice of this policy shall be reviewed during new employee orientation, published in the Student Citizenship Handbook, and available at other appropriate locations.

Policy 419 Tobacco Free Environment: Possession And Use Of Tobacco, Tobacco-Related Devices, And Electronic Delivery Devices; Vaping Awareness And Prevention Instruction

 Adopted: 2/28/05; Revised: 10/8/12; Updated: 05.11.2020; Updated: INSERT DATE HERE

School Board
INDEPENDENT SCHOOL DISTRICT 659
Northfield, Minnesota

Legal References: Minn. Stat. § 120B.238 (Vaping Awareness and Prevention)
Minn. Stat. §§ 144.411-144.417 (Minnesota Clean Indoor Air Act)
Minn. Stat. § 609.685 (Sale of Tobacco to Children)
2007 Minn. Laws Ch. 82 (Freedom to Breathe Act of 2007)
Federal Food, Drug, and Cosmetic Act, Title 21

Cross References: MSBA/MASA Model Policy 403 (Discipline, Suspension, and Dismissal of School District Employees)
MSBA/MASA Model Policy 506 (Student Discipline)
MSBA Service Manual, Chapter 2, Students; Rights, Responsibilities and Behavior
Policy 516 STUDENT MEDICATION

I. PURPOSE
The purpose of this policy is to authorize the implementation of procedures set forth the provisions that must be followed when administering nonemergency prescription and nonprescription medications to students at school.

II. GENERAL STATEMENT OF POLICY
The school district acknowledges that some students may require prescribed drugs or medication during the school day. The school district’s licensed school nurse, building nurses, trained secretary, principal, or teacher will administer prescribed medications, except any form of medical cannabis, in accordance with law and school district procedures.

The administration of prescription medication or drugs at school requires a completed signed request from the student’s licensed prescriber and the parent/guardian.

Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with the building nurse and the licensed school nurse.

Policy 516 Student Medication
Adopted: 8/28/06; Revised: 03.09.2020; Updated: INSERT DATE HERE

Procedures for Policy 516
Updated 02/2014; Updated: 03.09.2020; Updated: INSERT DATE HERE

School Board
INDEPENDENT SCHOOL DISTRICT 659
Northfield, MN

Legal References:  
Minn. Stat. § 13.32 (Student Health Data)  
Minn. Stat. § 121A.21 (Hiring of Health Personnel)  
Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)  
Minn. Stat. § 121A.221 (Possession and Use of Asthma Inhalers by Asthmatic Students)  
Minn. Stat. § 121A.222 (Possession and Use of Nonprescription Pain Relievers by Secondary Students)  
Minn. Stat. § 121A.223 (Possession and Use of Sunscreen)  
Minn. Stat. § 152.01 (Definitions)  
Minn. Stat. § 121A.2205 (Possession and Use of Epinephrine Auto-Injectors; Model Policy)  
Minn. Stat. § 121A.2207 (Life-Threatening Allergies in Schools; Stock Supply of Epinephrine Auto-Injectors)  
Minn. Stat. § 151.212 (Label of Prescription Drug Containers)  
Minn. Stat. § 152.22 (Medical Cannabis; Definitions)  
Minn. Stat. § 152.23 (Medical Cannabis; Limitations)  

Cross References: Board Policy 418 (Drug-Free Workplace/Drug-Free School)
Procedures to Policy 516 - STUDENT MEDICATION

A. The administration of prescription medication or drugs at school requires a completed signed request from the student's licensed prescriber and the parent. An oral request must be reduced to writing within two school days for non-regulated and/or Over the Counter (OTC) medications, provided that the school district rely on written or oral permission from parent/guardian to dispense medication until a written request is received from the provider. Regulated medications will be given only with completed signed request.

B. A "School Medication Physician Order and Parent Authorization" form must be completed annually (once per school year) and/or when a change in the prescription or requirements for administration occurs. Prescription medication as used in this policy does not include any form of medical cannabis as defined in Minn. Stat. § 152.22, Subd. 6.

C. Prescription medication must come to school in the original container labeled for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the instructions on the label.

D. In the elementary schools, parent/guardian is to bring prescription and non-prescription medication to the health office and not send it with their child. In the middle school, high school and Area Learning Center, Secondary-school students or their parent/guardian shall may bring the medication to the nurse's office. Non-prescription medication should be in a container with the name of the student on it. The school nurse may request to receive further information about the prescription, if needed, prior to administration of the substance.

E. Prescription medications are not to be carried by the student, but will be left in the health office. Controlled substances cannot be carried by a student and must be brought in by an adult. Exceptions to this requirement are: prescription asthma medications self-administered with an inhaler (See Part M.5. below), OTC medication at the secondary level according to MS 121A.222 (See Part M.5 below) and medications administered as noted in a written agreement between the school district and the parent or as specified in an IEP (individualized education program), Section 504 plan, or IHP (individual health plan).

F. The school must be notified immediately by the parent or student 18 years old or older in writing of any change in the student's prescription medication administration. A new medical authorization and container label with new pharmacy instructions shall be required immediately as well.

G. For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan or IHP.
H. The school nurse, or other designated person, shall be responsible for the filing of the Administering Prescription Medications form in the health records section of the student file. The school nurse, or other designated person shall be responsible for providing a copy of such form to the principal and to other personnel designated to administer the medication. If needed, training will be provided to staff in safe administration of medication, conditions under which medication should be administered and appropriate response to medication reactions.

I. Medications will be stored in a locked secure facility. Health records will be stored and maintained in compliance with data privacy laws.

J. Field trips: Teacher or Educational Assistant assigned to student may dispense medication as instructed by school nurse.

K. Parents will pick up their student's unused medication. Disposal of discontinued/unused/expired medications will be witnessed and documented and the school police liaison officer will dispose of these medications.

L. Complementary and alternative medications require the same authorization as other prescription medications, i.e. completed signed request from the student's licensed prescriber and the parent.

M. Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with a school nurse, a licensed school nurse, or a public or private health organization or other appropriate party (if appropriately contracted by the school district under Minn. Stat.§ 121A.21). The school district administration shall submit these procedures and any additional guidelines and procedures necessary to implement this policy to the school board for approval. Upon approval by the school board, such guidelines and procedures shall be an addendum to this policy.

N. If the administration of a drug or medication described in this section requires the school district to store the drug or medication, the parent or legal guardian must inform the school if the drug or medication is a controlled substance. For a drug or medication that is not a controlled substance, the request must include a provision designating the school district as an authorized entity to transport the drug or medication for the purpose of destruction if any unused drug or medication remains in the possession of school personnel. For a drug or medication that is a controlled substance, the request must specify that the parent or legal guardian is required to retrieve the drug or controlled substance when requested by the school.

N. Specific Exceptions:

1. Special health treatments and health functions such as catheterization,
tracheostomy suctioning, and gastrostomy feedings do not constitute administration of drugs and medicine;

2. Emergency health procedures, including emergency administration of drugs and medicine are not subject to this policy;

3. Drugs or medicine provided or administered by a public health agency to prevent or control an illness or a disease outbreak are not governed by this policy;

4. Drugs or medicines used at school in connection with services for which a minor may give effective consent are not governed by this policy;

5. Over the Counter medications or medicines that are prescription asthma or reactive airway disease medications can be self-administered by a student with an asthma inhaler if:
   
a. the school district has received a written authorization from the pupil's parent permitting the student to self-administer the medication;
   
b. the medication is properly labeled for that student; and
   
c. the parent has not requested school personnel to administer the medication to the student.

The parent must submit written authorization for the student to self-administer the medication each school year. The school nurse must assess the student's knowledge and skills to safely possess and use the medication in a school setting and enter into the student's school health record a "contract" for the safe possession and use of medication.

6. Medications that are not governed by this policy include medications:
   
a. that are used off school grounds;
   
b. that are used in connection with athletics or extracurricular activities; or
   
c. that are used in connection with activities that occur before or after the regular school day

7. At the start of each school year or at the time a student enrolls in school, whichever is first, a student's parent, school staff, including those responsible for student health care, and the prescribing medical professional must develop and implement an individualized written health plan (IHP) for a student who is prescribed epinephrine auto-injectors that enables the student to:
   
a. possess epinephrine auto-injectors; or
   
b. if the parent and prescribing medical professional determine the student is unable to possess the epinephrine and requires immediate access to epinephrine auto-injectors that the parent
provides, properly labeled, to the school for the pupil as needed.

The plan must designate the school staff responsible for implementing the student's health plan, including recognizing anaphylaxis and administering epinephrine auto-injectors when required, consistent with state law. This health plan may be included in a student's 504 plan.

8. Nonprescription Medication. A secondary student may possess and use nonprescription pain relief in a manner consistent with the labeling, if the school district has received written authorization from the student's parent or guardian permitting the student to self-administer the medication. The parent or guardian must submit written authorization for the student to self-administer the medication each school year. The school district may revoke a student's privilege to possess and use nonprescription pain relievers if the school district determines that the student is abusing the privilege. This provision does not apply to the possession or use of any drug or product containing ephedrine or pseudoephedrine as its sole active ingredient or as one of its active ingredients. Except as stated in this paragraph, only prescription medications are governed by this policy.

9. A student may possess and apply a topical sunscreen product during the school day while on school property or at a school-sponsored event without a prescription, physician's note, or other documentation from a licensed health care professional. School Personnel are not required to provide sunscreen or assist students in applying sunscreen.

ØP. Districts and schools may obtain and possess epinephrine auto-injectors to be maintained and administered by school personnel to a student or other individual if, in good faith, it is determined that person is experiencing anaphylaxis regardless of whether the student or other individual has a prescription for an epinephrine auto-injector. The administration of an epinephrine auto-injector in accordance with this section is not the practice of medicine.

A district or school may enter into arrangements with manufacturers of epinephrine auto-injectors to obtain epinephrine auto-injectors at fair-market, free, or reduced prices. A third party, other than a manufacturer or supplier, may pay for a school's supply of epinephrine auto-injectors.

PQ. "Parent" for student 18 years old or older is the student.

R. Procedure regarding unclaimed drugs or medications.

1. The school district has adopted the following procedure for the collection and transport of any unclaimed or abandoned prescription drugs or medications remaining in the possession of school personnel in accordance with this policy.
Before the transportation of any prescription drug or medication under this policy, the school district shall make a reasonable attempt to return the unused prescription drug or medication to the student’s parent or legal guardian. Transportation of unclaimed or unused prescription drugs or medications will occur at least annually, but may occur more frequently at the discretion of the school district.

2. If the unclaimed or abandoned prescription drug is not a controlled substance as defined under Minnesota Statutes § 152.01, subdivision 4, or is an over-the-counter medication, the school district will either designate an individual who shall be responsible for transporting the drug or medication to a designated drop-off box or collection site or request that a law enforcement agency transport the drug or medication to a drop-off box or collection site on behalf of the school district.

3. If the unclaimed or abandoned prescription drug is a controlled substance as defined in Minnesota Statutes § 152.01, subdivision 4, the school district or school personnel is prohibited from transporting the prescription drug to a drop-off box or collection site for prescription drugs identified under this paragraph. The school district must request that a law enforcement agency transport the prescription drug or medication to a collection bin that complies with Drug Enforcement Agency regulations, or if a site is not available, under the agency’s procedure for transporting drugs.
I. PURPOSE

The purpose of this policy is to address the grade level organization of schools within the school district.

II. GENERAL STATEMENT OF POLICY

A. The policy of the school district is to address the groupings of grade levels as recognized in Minn. Stat. § 120A.05, as follows:

- **Elementary:** Grades kindergarten through 5
- **Middle:** Grades 6 through 8
- **Senior High:** Grades 9 through 12
- **Area Learning Center:** Grades 9 through 12

B. The superintendent may seek school board approval to administer certain programs on a nongraded basis or a design different from that indicated. Program proposals that seek school board approval must meet all state requirements and reflect the rationale for the modification.

C. The school district may request documentation that verifies a student falls within the school's minimum and maximum age requirements for admission to publicly funded prekindergarten, preschool, kindergarten, or grades 1 through 12. Documentation may include a passport, a hospital birth record or physician's certificate, a baptismal or religious certificate, an adoption record, health records, immunization records, immigration records, previously verified school records, early childhood screening records, Minnesota Immunization Information Connection records, or an affidavit from a parent.

III. DEFINITIONS

A. **"Kindergarten"** means a program designed for students five years of age on September 1 of the calendar year in which the school year commences that prepares students to enter first grade the following school year.

B. **"Prekindergarten"** means a program designed for students younger than five years of age on September 1 of the calendar year in which the school year commences that prepares students to enter kindergarten the following school year.

Policy 607 Organization of Grade Levels
Adopted: 12/10/07; Updated: INSERT DATE HERE

School Board
INDEPENDENT SCHOOL DISTRICT 659
Northfield, Minnesota

Legal References: Minn. Stat. § 120A.05, Subds. 9, 10a, 11, 13, 17 (Public Schools)
Minn. Stat. § 120A.20, Subds. 4 (Verification of Age for Admission to Public School)
Executive Summary: The District administered a 30-day “pulse” survey of parents/guardians and employees. The survey window was open between October 9th and October 16th, 2020. There were a total of 1,167 parent submissions and 379 employee submissions. Every comment in the survey has been read. Comments are still being analyzed for themes.

Parent/Guardian Survey Results

There were a total of 1,167 submissions for the parent survey. The results are listed below. Each building is reviewing their results and will create an action plan based on the feedback received.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Average Score (five-point scale)</th>
<th>“Agree or “Strongly Agree”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am confident that my child’s school is handling the COVID-19 challenge to keep my child safe.</td>
<td>4.21</td>
<td>85%</td>
</tr>
<tr>
<td>2. I am confident that my child’s school is focused on the social emotional well-being of my child.</td>
<td>3.91</td>
<td>72%</td>
</tr>
<tr>
<td>3. I have the resources needed to help my child learn.</td>
<td>3.95</td>
<td>73%</td>
</tr>
<tr>
<td>4. I have access to my child’s teacher(s) when needed.</td>
<td>4.14</td>
<td>83%</td>
</tr>
<tr>
<td>5. I receive feedback from my child’s teacher(s) about my child’s learning progress.</td>
<td>3.57</td>
<td>58%</td>
</tr>
<tr>
<td>6. I am confident that my child will not fall behind in school.</td>
<td>3.44</td>
<td>53%</td>
</tr>
<tr>
<td>7. I receive timely communication on changes that occur at my child’s school.</td>
<td>4.16</td>
<td>86%</td>
</tr>
</tbody>
</table>

Employee Survey Results

There were a total of 379 submissions for the employee survey. The results are listed below. Buildings are currently reviewing their data. With the employee survey, the District will create an action plan based on its general themes.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Average Score (five-point scale)</th>
<th>“Agree or “Strongly Agree”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel confident our school system is creating a safe work and learning environment.</td>
<td>3.80</td>
<td>68%</td>
</tr>
<tr>
<td>2. I am aware of what is occurring in our school system to meet these challenges.</td>
<td>3.77</td>
<td>67%</td>
</tr>
<tr>
<td>3. I am involved in providing input to overcome these challenges.</td>
<td>3.15</td>
<td>40%</td>
</tr>
<tr>
<td>4. I am confident that our school system will overcome these challenges.</td>
<td>3.69</td>
<td>59%</td>
</tr>
</tbody>
</table>

The District will take two actions based on this feedback: we will return to hosting monthly COVID-19 webinars for employees and add a Q&A session. Also, the District will emphasize the methods that employees have to provide input through their building-level COVID-19 teams about overcoming the challenges we face.