

**PREAMBLE**

The Greene County School District is committed to the optimal development of every student. The district believes that for students to have the opportunity to achieve personal, academic, developmental and social success, we need to create positive, safe, and health-promoting learning environments at every level, in every setting, throughout the school year.

Research shows that two components, good nutrition and physical activity before, during, and after the school day, are strongly correlated with positive student outcomes. For example, student participation in the U.S. Department of Agriculture's (USDA) School Breakfast Program is associated with higher grades and standardized test scores, lower absenteeism, and better performance on cognitive tasks.<sup>i,ii,iii,iv,v,vi,vii</sup> Conversely, less-than-adequate consumption of specific foods including fruits, vegetables, and dairy products, is associated with lower grades among students.<sup>viii,ix,x</sup> In addition, students who are physically active through active transport to and from school, recess, physical activity breaks, high-quality physical education, and extracurricular activities – do better academically.<sup>xi,xii,xiii,xiv</sup>

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

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

This policy applies to all students, staff, and schools in the District.

**SCHOOL WELLNESS COMMITTEES**

In order to promote the utmost well being of the student, the Greene County School Health Advisory Council was established in 2006. The initial purpose of this council was to develop a policy to improve the wellness of students in the Greene County School System. Implementation of the policy requires coordination of school and community efforts and resources. Administrators, teachers, parents, and the community must work collaboratively to educate, to model, and to encourage students to adopt appropriate physical activity and diet practices. The School Health Advisory Council includes representatives from the following stakeholders: students, parents, food service, school principals, teachers, and health professionals.

A School Health Coordinator is in place to guide school level team leaders in the school health index assessments and reports; to advise on health related activities, to serve on health related committees, and to coordinate all

aspects of data collection, data reporting and to file reports to the State Department Office of Coordinated School Health on behalf of Greene County.

A Staff Coordinating Council on School Health (SCCSH) has been established in order to stay within the State of Tennessee Guidelines and will be representative of all eight components of the coordinated school health program. In order for CSH to be effective, principals of schools should be on the council. The SCCSH will seek to maximize coordination, resources, services and funding for all school health components.

The director and healthy school team leader will ensure compliance with the district-wide Student Wellness policy. In each school, the principal and healthy school team leader will be aware of the policy in his/her school by participating in completion of the school health index assessments, identifying strengths and weaknesses, and developing a plan of action which will be completed online either through the CDC website or The Healthier Generation website. The School Health Coordinator can evaluate this process via internet and The Healthier Generation Site will provide feedback to schools as to which awards or grants they might qualify for. Each school's status may be reviewed by the School Health Advisory Council and or School Board annually or biannually. Each school will also be asked to complete the Physical Activity/ Physical Education survey as required by the TN State Department Office of Coordinated School Health.

The School Health Coordinator may share each school's status on the school health index and their progress during a school board workshop or meeting.

Recommendations from administration, counselors, school health personnel, physical education teachers, and food services personnel will be added to the policy and procedure manual as needed. School Wellness is included in the School Improvement Plan known as a board goal. The Student Wellness policy will be reviewed annually to assure that it is up-to-date and meets current standards.

## MODULE 1 – SCHOOL HEALTH AND SAFETY POLICIES AND ENVIRONMENT

Promoting healthy and safe behaviors among students is an important part of the fundamental mission of schools, which is to provide young people with the knowledge and skills they need to become healthy and productive adults. Improving student health and safety can increase students' capacity to learn, reduce absenteeism, and improve physical fitness and mental alertness.

Greene County Schools strives to promote school health and safety through the following identified measures, which represent five topic areas: 1) **safety**, 2) **physical activity**, 3) **nutrition**, 4) **tobacco**, and 5) **asthma**, as well as **cross-cutting**, which addresses issues that are relevant to all five health topics.

Each school shall establish a representative school health committee comprised of relevant members of the school and local community (e.g., parents, students, teachers, administrators, food service staff, nurses, coaches, counselors, and members of health departments, community organizations, and law enforcement agencies). The committee shall meet at least twice a year and oversee school health and safety policies and programs.

The school district shall establish written policies that govern student health and safety. The policies (developed at the school, district, and/or state level) shall include information reflecting the legal codes, rules, standards, administrative orders, mandates, and guidelines that regulate student health and safety. Areas addressed through written policies include the following: health and physical education curriculum and programs; school food service; school health, counseling, psychological, and social services; health promotion; family and community involvement school physical environment; tobacco use; preventing unintentional injuries; preventing violence; responding to crises and disasters; and asthma management. These policies shall be communicated to students, parents, staff, and visitors.

The school's staff and environment shall promote a sense of connectedness, a feeling of being a part of the school community, in students and their families. The school shall offer, to all students who need them, a variety of programs designed to help students overcome possible barriers to learning, such as deficiencies in basic living resources and opportunities for development or crises and emergencies. Additionally, the school shall provide a broad variety of student enrichment experiences that are accessible to all students. These activities may take place either during or after school hours.

The schools implement a standards procedure policy regarding blood borne pathogen training. Teachers should receive professional development on meeting the diverse cognitive, emotional and social needs of children and adolescents at a minimum every two years.

Schools shall provide and maintain a safe physical environment, both inside and outside school buildings. Harassment or bullying, the repeated infliction or attempted infliction of injury, discomfort, or humiliation on a weaker student by one or more students with more power, shall not be tolerated. Students shall be actively supervised by the faculty and staff to promote safety and prevent unintentional injuries and violence throughout the school campus. Additionally, staff members shall receive professional development on preventing unintentional injuries, violence, and suicide. Each school shall maintain a written crisis response plan that is practiced regularly and updated as necessary.

Elementary students shall be provided approximately 20 minutes of recess outside of PE class during each school day with faculty and/or staff monitoring and encouraging students to be active. Middle and high school students will be provided brain or energy breaks outside of PE class. School facilities, adequate to accommodate instructional needs, shall be available for student use with supervised indoor and outdoor physical activity outside school hours. Schools shall prohibit using physical activity and withholding physical education class as punishment.

Schools shall refrain from giving students food as a reward and withholding food as punishment. All food and or beverages offered or sold during the school day meet strong nutrition standards. Teachers shall schedule time for students to wash their hands before meals and snack. Safe, unflavored, free drinking water is available throughout the school day. All fundraising efforts during school hours meet strong nutritional standards. All after school hours fundraisers associated with the schools should consider selling items that meet strong nutritional standards. Advertising and promotion of foods and beverages (contests and coupons) for minimal nutritional items are limited.

The use of tobacco (e.g., cigarettes, cigars, chewing tobacco, snuff, et cetera) by students, staff, and visitors shall be prohibited 24 hours a day at school and school events. Schools shall enforce the guidelines established by the board of education in handling violations of the tobacco use policies. Advertising and displaying tobacco industry brand names, logos, and other identifiers shall be forbidden.

The school district shall have written policies that permit students to self-carry and self-administer prescribed medications for asthma and shall provide professional development on asthma management for all school staff members. Indoor air quality practices shall be consistently implemented at each school. Additionally, schools shall consistently use the safest and lowest risk approach to controlling pest problems.

A non-discrimination and confidentiality policy regarding HIV infection is implemented. Staff will participate in professional development on these policies along with other professional development on STD and Pregnancy Prevention as required.

## **MODULE 2- HEALTH EDUCATION**

Health education shall be taught in all grades. The curriculum will be sequential and consistent with required standards. Active learning strategies will be a part of the curriculum. Built into the curriculum will be the

opportunity for students to practice skills. All activities and examples used will be culturally appropriate. Assignments will encourage student interaction with family and community. Professional development in health education will be offered. Part of this professional development will include instruction in delivering the curriculum. Classroom management techniques will be one aspect of the professional development.

Health education shall include:

- the topics of preventing unintentional injuries, violence, and suicide.
- essential topics on physical activity, such as, examples and benefits of physical activity; ways to increase physical activity; role of physical activity and weight control, relationship to diabetes, goal setting and decision making skills, safety precautions, value of water, cultural and media influences, and opportunities for physical activity in community and school events
- essential topics on healthy eating, such as, benefits of healthy eating, value of breakfast, food guide pyramid, moderation, food labels, fruit and vegetables, water, low fat, low sugar, healthy snacks, cultural influences, links to nutritional information, goal setting and decision making, supporting others, food intake/physical activity balance, body size differences, relationship to diabetes, recognizing hunger, and food safety
- essential topics on preventing tobacco use, such as, identification of health hazards, addictive nature of tobacco, effects on athletic performance, second hand smoke risks, abstinence benefits, social relationship effect, peer pressure, interpersonal communication skills, goal setting and decision making, links to valid information for tobacco cessation and prevention
- essential topics on asthma awareness on such topics as, facts and triggers of asthma, accessing experienced help in an event, supporting classmates with asthma, and demonstrating empathy for those with asthma.

Essential topics for preventing HIV, other STD's and pregnancy will be available and will follow state approved guidelines.

### **MODULE 3 – PHYSICAL EDUCATION AND OTHER PHYSICAL ACTIVITY PROGRAMS ELEMENTARY/MIDDLE SCHOOL/HIGH SCHOOL**

Promoting healthy and safe behaviors among students so that they can become healthy and productive adults is an important part of the fundamental mission of schools. Improving student health, safety, and attendance can be attained by providing a quality Physical Education experience of both aerobic and non aerobic activity, which elevates neurotransmitters, creates new blood vessels and new cells, yielding the brain to strengthen and expand networks.<sup>16</sup>

Each school will recognize that students in elementary and Middle School/High School (MS/HS) should receive the CDC's recommended amount of *Physical Education* for at least 150 and 225 minutes per week, respectively throughout the school year. Optimally, Physical education classes should be spread over at least three days per week, with daily physical education preferred. The TN Physical Activity law mandates that students receive either 225 (grades k-1), 160 (grades 2-6) or 90 minutes (grades 7-12) of physical activity which can be Physical Education and physical activity combined. The Greene County School Board goal states that K-9<sup>th</sup> grade students receive 90" minutes of Physical Education per week.

Physical education classes will have a student/teacher ratio comparable to that of other classes.

All who teach physical education will use a sequential physical education curriculum that is consistent with state or national standards for physical education. The SPARK program has been adopted and implemented for K-8<sup>th</sup> grade students. This program builds on concepts taught in preceding years, and the curriculum addresses the key learning objectives identified by the standards set by the state. If using other curriculum grades k-12, outside of SPARK it must use the SPARK philosophy and be based on professional development provided by TAHPERD or other reputable PE sources.

Physical Educators will be provided with: goals, objectives, and expected outcomes for Physical Education.; A written Physical Education curriculum K-9<sup>th</sup> grade; A chart scope and sequence for instruction and a plan for assessing student performance. Portfolios will be piloted as part of the growth assessment in selected elementary schools.

Students should earn grades for required physical education courses in MS/HS. These grades should carry the same weight as grades for other subjects toward academic recognition (e.g., honor roll, class rank). A grade is mandatory, but academic recognition is recommended.

The MS/HS shall not allow substitution of other courses or activities for physical education. Interscholastic athletics, ROTC, marching band, cheerleading, or community athletics cannot be substituted for physical education courses and/or credits. No waivers will be permitted for Physical Education.

Students may help design and implement their own individualized physical activity/fitness plans as part of the physical education program. The physical education instructor can provide ongoing feedback to students on progress in implementing their plans. These are written plans that contain assessment of fitness levels at the beginning of a new activity, long and short-term goals for regular participation, specific actions that assess the goals, methods that will be used to record actions, and rewards for achieving goals.

The physical education program will integrate instruction on health-related fitness into most lessons throughout the year. Students will be provided opportunities to work with goal-setting, decision-making, assessment of health-related fitness; such as fitness tests (including: cardiovascular endurance, flexibility, muscular strength, muscular endurance, and body composition), and interpretation and use of fitness tests results.

Teachers should keep students moderately to vigorously active at least 50% of the time (or half of the class time) during most or all of physical education class sessions. This is defined as engaging in physical activity that is equal in intensity to or more strenuous than fast walking.

Most students, including most that are athletically gifted and most that are not as athletically gifted, find physical education an enjoyable and fun experience. (Certain activities and games are favored by various age groups must be accounted for at this point.)

Teachers shall avoid using practices that result in some students spending considerable time being inactive in Physical Education Classes. This would include practices such as elimination style games, long time waiting in line for a turn, waiting on equipment, and game domination by highly skilled students. In keeping with the National Association of Sport and Physical Education (NASPE) standards the Physical Educator shall also avoid games that use humans as targets, such as battle/dodge ball.

The physical education program promote student participation in a variety of community physical activity options including: clubs, teams recreational classes, special events like community fun runs, and the use of playgrounds, parks, and bike paths. At least three or more options should be utilized to promote community physical activities.

The Physical Education Program consistently use all or most of the following practices as appropriate to include students with special needs. They encourage active participation; by modifying type, intensity, and length of activity if indicated in the IEP, asthma action plan, or 504 plan. Instructors use modified equipment and facilities,

ensuring that student with chronic medical conditions are fully participating in physical activity. They monitor signs and symptoms of chronic medical conditions and encourage students to self-carry and self-administer their medication (including premedication and or responding to asthma systems) in the gym or on the playing fields; assisting students who do not self carry. Teachers encourage students to conduct self-testing (i.e., using a peak flow meter) in the gym and on playing fields (if the parent/guardian, health care provider, and school nurse so advise); assisting students who self test. Instructors will use a second teacher, aide, physical therapist, or occupational therapist to assist students, as needed and can also use peer teaching (e.g., teaming students without special health care needs with students who have such needs).

All physical education classes are taught by credentialed physical education teachers. This is defined as teachers who have been awarded a credential by the state, permitting them to teach physical education.

All physical education teachers shall participate in professional development/continuing education in physical education at least once a year. This may consist of on-site (e.g, school district) and off-site (e.g., city, state, national) training opportunities.

MS/HS should strive for at least 50% of boys and 50% of girls to participate in school-sponsored extracurricular physical activity programs. This would include intramural activities, physical activity clubs (e.g., dance, hiking, karate), and interscholastic sports.

The MS/HS or district shall require all interscholastic sport coaches to have training in the sport(s) they coach that reflects competency in the skills and knowledge outlined in the National Standards for Athletic coaches. This means taking courses taught within a college/university professional preparation program or courses provided by the school district, community youth sports programs, or national coaching education programs

The MS/HS physical education program will consistently use all or most of the practices as appropriate to include students with special health care needs including learning disabilities, developmental disabilities, behavioral disorders, physical disabilities, temporary physical limitations, and chronic medical conditions such as diabetes, asthma, and scoliosis.

The physical education program will implement and enforce all safety practices. Active supervision will be practiced such as observing, listening to students, anticipating and effectively responding to unsafe situations, discouraging pushing and bullying, and promoting pro social behaviors(e.g., cooperation, conflict resolution, and helping others).

Playgrounds will meet safety standards. The school or district will ensure that playgrounds meet or exceed recommended safety standards for design, installation, and maintenance, in all of the following ways as long as they are relevant to the school's campus. Instructors will use recommended safety surfaces under playground equipment, they will also use equipment designed with spaces and angles that preclude entrapment. Designated boundaries around equipment (e.g., swings) will be established so that students on foot are unlikely to be struck. They will ensure that playgrounds are separated for safe use and unsafe equipment will be removed. All staff will be trained in developmental appropriateness of different types of playground equipment. Instructors will develop, implement, and enforce rules for safe use of the playground.

The MS/HS shall ensure that spaces and facilities for physical activity meet or exceed recommended safety standards for design, installation, and maintenance, of that facility, or field that is established as a school activity area or attachments that are designated as school property (e.g., fences, backstops, goals...).

Walking and or biking to school would be supported if safety protocols were to be put in place such as safe routes were designated, storage facilities were set aside for bicycles and helmets or a special event were set up such as "Walk to School Week"

The MS/HS athletic program shall implement and enforce all the listed safety requirements that are established prior to and during participation in an athletic practice or game.

**MODULE 4: NUTRITION SERVICES**

The Greene County Schools offer fully accessible breakfast and lunch programs that are designed to meet the U.S. Department of Agriculture School Meal Nutrition Standards. All school meals must meet the following regulations: Provide one third of lunch and one fourth of breakfast Recommended Dietary Allowances (RDA) for protein, calcium, iron, vitamin A, and vitamin C, for the applicable age groups.

Provide on third of lunchtime energy allowances and one fourth of breakfast energy allowances for children, for applicable age or grade groups.

Follow the applicable recommendations of the 2000 Dietary Guidelines for Americans:

- Let the Food Pyramid guide your food choices
- Choose a variety of grains daily, especially whole grains
- Choose a variety of fruits and vegetables daily
- Keep food safe to eat
- Choose a diet that is low in saturated fat and cholesterol and moderate in total fat
- Choose beverages and foods to moderate your intake of sugars
- Choose and prepare foods with less salt

These fully accessible meals are offered for free and reduced-priced for students who meet income requirements in a way that ensures these students are not identified by other students as recipients of these programs. Schools are responsible for coordinating class and bus transportation schedules so that all students can eat breakfast and lunch at school.

The Greene County school menus shall be followed and analyzed using USDA –approved software. Requirements for reimbursable meals shall be no less restrictive than regulations and guidance issued by the Secretary of Agriculture pursuant to Subsections (a) and (b) of Section 10 of the Child Nutrition Act (42 U.S.C. 1779) and Section 9 (f) (I) and 17 (a) of the Richard B. -Russell National School Lunch Act (42 U.S.C. 1758 (f)(I), 1766 (a) 0, as those regulations and guidance apply to schools. The district shall ensure that reimbursable meals meet the program requirements and nutrition standards set forth under the 7 CFR Part 210 and Part 220.

Greene County Schools Food Services will offer 51 percent of foods containing whole grain on a weekly basis. Even though offering two entrees for lunch, two choices of fruit or 100% fruit juice daily, and two choices of vegetables daily is not a federal regulation, to the extent possible Food Services will attempt to improve offerings to meet this criteria as recommended by The Centers for Disease Control. Food Services will offer a variety of milk choices daily. The meals will include at minimum one appealing, low fat, fruit, vegetable and dairy product daily. In order to meet the definition of appealing low fat the foods would be less than 4 grams of fat per serving and be acceptable to a majority of students based on an analysis of plate waste, student choices etc...

School Food Services will consistently follow food purchase and preparation practices to reduce fat and sugar content in foods and beverages served.

Only acceptable items are offered for a la carte sales and the Competitive Food Policy allows for components of the reimbursable meal to be sold a la carte. The Greene County Schools will follow the standards established by the State Board of Education (Chapter 0520-I-6.04 Child Nutrition Programs – Minimum Nutritional Standards for individual Food Items sold or Offered for sale to Pupils in Grades Pre-Kindergarten through Eight) for foods and

beverages sold in a la carte sales, vending machines, snack bars, school stores, fundraising and concession stands on elementary, middle, and high school campuses during the day.

Lunch and breakfast schedules should allow the students and teachers adequate time to eat food after being seated (10' for breakfast and 20' for lunch). School Administrators will be encouraged to schedule meal times so that each student and teacher has adequate time to eat in order to promote good health.

In order to promote collaboration between food service staff and teachers on providing nutrition education the following methods will be encouraged:

- Participate in design and implementation of nutrition education programs
- Display educational and informational materials that reinforce classroom lessons
- Provide food for use in classroom nutrition education lessons
- Provide ideas for classroom nutrition education lessons
- Teach lessons or give presentations to students
- Provide cafeteria tours for classes

The school district shall have procedures in place for providing to families, on request, information about the ingredients and nutritional value of foods served. The School district will promote healthy food and beverage choices by sharing information about the nutritional content of meals with parents and students. Such information could be made available on menus, district and school websites, cafeteria menu boards, place cards, or other point-of-purchase materials. Healthier foods could be placed in more prominent positions and offered at competitive prices than/with less nutritious foods. Contests, taste testing, and any method to identify more nutritious choices will be encouraged.

Food Service managers will participate in professional development/continuing education that would include dietary guidelines for Americans and nutrition education to promote healthy eating choices. Food service managers are not locally required to have an nutrition-related B.S. or Graduate degree; However training is provided by The State Agency on a regular basis.

Greene County Schools will offer students a clean, safe, and pleasant cafeteria by addressing physical structures, seating capability, safe behavior, cleaning procedures, auditory controls, and special needs.

School Food Service Staff and cafeteria monitors will be trained to respond quickly and effectively to emergencies such as choking, medical emergencies, natural disaster events, and situations that require students or others to shelter in the school.

## **MODULE 5: SCHOOL HEALTH SERVICES**

### **School Health Services K-12**

Each school will provide a health services program designed to ensure access or referral to primary health care services; foster appropriate use of health care services; prevent and control communicable disease and other health problems; and provide for emergency care for illness or injury. The program will also provide for the safe assistance with self-administration of medications, insure compliance with immunizations requirements, conduct health screenings and provide case management for chronic illness as needed.

A licensed, registered school nurse will be responsible for providing (or supervising LPNs to provide) health services. The goal is to meet the *Healthy People 2010* Objective 7-4 to increase the proportion of the nation's elementary, middle, junior high, and senior high schools with a nurse-to-student ratio of at least 1 to 750. A school physician who has training and/or experience in child, adolescent and/or school health is contracted by the system to work with school nurses and others on the wellness committee. The physician's function is specified in a written

agreement and may include support of school staff with health and safety roles, interaction with community health professionals and guidance of district policy.

The Greene County School System will provide a Telemedicine program, via EMD Anywhere, that includes access to a nurse practitioner, who will assist in diagnosis and prescription services for all Greene County Students if their parents or guardians wish for them to participate.

### **Health and Safety Promotion for Students and Families**

The school nurse will be actively involved in promoting the health and safety of students and their families, providing individual counseling, establishing a web site and keeping current health and safety information available, distributing educational materials, serving on wellness committees and health councils and displaying bulletin boards.

### **Collaboration with Staff, Families and Other Agencies.**

A necessary component of the school health service is for the school nurse to be a liaison with all members of the school staff, families, and support agencies. By collaborating with the families and support agencies, the school nurse will develop plans to address student health problems (Individual Health Plans, 504 plans, and school team plans) and, with parental permission, will share these plans with all those who work with the student at school. The school nurse and other health services provider will establish strong links with community resources in order to refer students for counseling and treatment of specific health problems (e.g. weight control, alcohol or substance use, smoking cessation).

### **Student Medical Information**

A health records management system is in place to collect information (e.g. health and immunization histories, health screenings, special needs, individual health plans, self-administered medication and treatment information and record of medication and treatment administration) and to communicate this information in writing to all appropriate school staff. All communication is in compliance with the Family Educational Rights and Privacy Act (FERPA).

### **Emergency Response Team and Plans**

Each school will establish a crisis response protocol to manage a crisis and its aftermath, including recovery. Schools need to be prepared to address crisis that have physical, emotional, social, and spiritual effects on all members of the school community. The school nurse will provide American Heart Association CPR and First Aid training to school crisis team members, school secretaries and special education teachers, assistants, bus drivers and assistants. During the school day, these trained persons should be designated to provide emergency assistance. Schools are also responsible for handling medical emergencies for all students including students with special needs who may be prone to certain emergencies and/or require specific emergency equipment (e.g. glucagon and epi-pen injections). The school nurse will provide a written plan and training for school personnel to handle these specialized emergency procedures. Information on unintentional injuries is collected per Greene County Board of Education policy.

### **Identification and Referral of Students with Health Problems Affected by **Physical Activity** or **Nutrition****

Beginning in the 2006-2007 school year, all students in grades Kindergarten, 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup> and one high school grade whose parents have not requested exclusion will receive a Body Mass Index (BMI), blood pressure, vision and hearing screening for data collection purposes only. The screening facilitators will follow the TN Health Screening Guidelines. The school health coordinator, assisted by school nurses and trained volunteers, will complete all screenings with strict adherence to the confidentiality of each child screened. The screening will be done behind a privacy screen and the student will stand facing away from the scales as not to see his/her individual

weight. The data will be sent to The State Office of Coordinated School Health for compilation and evaluation. Individual screening results will be made available to parents via The Fitness Gram Parent Report. The letter will contain the student's Body Composition results and information on helping the child make healthy choices. After implementation of the nutrition and physical education components of the Wellness Policy, the BMI data will be monitored as a means to evaluate the effectiveness of the new policies.

### **Identification, Referral, Tracking and Management of Students with Asthma**

Students with asthma will be identified by reviewing the health information on the student registration cards, on the medication administration forms, from emergency situations at school and from referrals from parents/guardians. Students with asthma who require inhalers at school will be allowed to self-carry inhalers as per physician orders and an individual health care plan will be developed so that all the student's needs will be met at school. Asthma management education will be provided to individual students and parents as needs arise. At this time it is recommended that only those schools with nurses present all day track asthma students and contact parents of those students with poorly controlled asthma. These students will also be referred to the system level registered nurse for case management.

### **Monitoring and Policy Review**

#### **Monitoring**

The director or designee will ensure compliance with established district-wide health services policies. In each school, the principal or designee will ensure compliance with those policies in his/her school and will report on the school's compliance to the school district director or designee.

#### **Policy Review**

Recommendations from administration and school health personnel will be added to the policy and procedure manual as needed. School health services policies should be reviewed periodically to assure that they are up-to-date and meet current standards of medical care.

## **MODULE 6: SCHOOL COUNSELING, PSYCHOLOGICAL, AND SOCIAL SERVICES**

Creating a school climate that fosters a student's "emotional intelligence," as well as their intellectual pursuits allows for the creation of a school environment of respect and safety. Schools that pay attention to their students' emotional needs as well as their academic needs promote a culture of respect and tolerance. Supporting and encouraging students result in fewer incidents of bullying, harassment, intimidation, and discrimination. Students who have trusting relationships with the adults in their schools experience fewer problems with depression, feelings of inadequacy, suicidal thoughts, and anger issues. Improving a student's emotional need is part of the total education spectrum that includes nutrition, physical activity, and health services.

Greene County Schools strive to promote school counseling, psychological, and social services by the following targeted measures: (1) school counseling Pre-K-12, (2) health and safety promotion for students and families, (3) collaboration with staff, families, and other agencies, (4) career guidance and post-graduate education, (5) drug, alcohol, and tobacco abusers and eating disorders. Members of the School Health Advisory Council who focus on the area of school counseling, psychological, and social services shall review this information at least on an annual basis.

The Greene County School District has established policies that govern school counseling, student health and safety. A district wide safety plan has been established and each school has its own crisis plan. Areas addressed in the system wide wellness policy shall be communicated to students, parents, staff, and the community.

The district has in place a student guidance program that provides leadership to teachers in the guidance area and in the administration of individual or group tests. Counselors assist with new student orientation, programming and

placement, referral and or welfare provisions, educational and occupational information, and as a liaison between community agencies and needs of students.

The Greene County School District’s school counselors, the system psychologist, and social services providers would promote the health and safety of students and their families by distributing educational materials, providing individual advice or counseling, engaging in small group or classroom discussions, and giving presentations. Topics addressed through these measures should include: promoting physical activity and healthy eating, preventing or stopping drug, alcohol, and tobacco usage; preventing violence (e.g., aggression, bullying, assault, homicide, suicide, child maltreatment, rape, or dating and intimate partner violence); ensuring personal safety; managing asthma; and avoiding unintentional injuries, such as harm resulting from motor vehicle crashes, drowning, poisonings, sports and recreation related events, or firearm related events.

Collaboration with agencies outside the realm of the school, as well as with staff and families, is an integral part of student success. Counselors and other psychological services providers are encouraged to provide or assist in providing professional development training, assist in policy development and assist with school –wide activities, develop units or lessons on the topics mentioned above.

The schools will establish strong links with school district services and community resources and identified referral providers. These providers should be able to counsel after a student death, suicide treat, suicide attempt, or terrorist attack; counsel victims of child abuse/neglect, intimate partner violence, sexual assault, or other violence; counsel those who are witnesses of violence; provide service for emotional or learning disability; provide training for anger management; provide mental health services especially for depression and for those losing loved ones; provide services for drug and alcohol abuse and provide case management for students with poorly controlled asthma.

The School’s counselor, psychological or social service provider will have a system for identifying students who are at risk of being victims or perpetrators of violence and refer them to the most appropriate school-based or community based services.

The School’s counselor, psychological and or social service provider will assist in identifying students with health problems affected by physical activity, such as asthma, diabetes, and overweight /obesity.

The School’s counselor, psychological and or social service provider will assist in identifying students with health problems affected by nutrition, such as anemia, diabetes, eating disorders, food allergies and overweight/obesity.

Schools, parents, and community agencies are vital in preventing drug, alcohol, tobacco use and eating disorders. If abuse is suspected, the counselor or the administrator immediately contacts a student’s parent. The school will advise the parent of agencies in the community that can assist them in the intervention of the situation and will assist in any manner deemed necessary.

**MODULE 7: STAFF WELLNESS**

The SHAC will have a staff wellness subcommittee that focuses on staff wellness issues, identifies and disseminates wellness resources, and performs other functions that support staff wellness in coordination with human resources staff.

Schools in the District will implement strategies to support staff in actively promoting and modeling healthy eating and physical activity behaviors. Examples of strategies schools will use, as well as specific actions staff members can take, include health screenings provided by hospitals or insurance partners, tracking programs for challenges that may be available through Five Points, Healthier TN Smart Starts or The TN state Dept Wellness Program, Conducting a 5210 Challenge for students that is teacher led and in which the teacher participates.. The District promotes staff member participation in health promotion programs and will support programs for staff members on healthy eating/weight management that are accessible and free or low-cost.

- The District will use a healthy meeting policy for all events with available food options, created by the SHAC or one that has met a best practice standard which optimizes healthy food options with a variety of choices and selections of healthy foods for a variety of dietary needs.

### Professional Learning

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

## MODULE 8: FAMILY AND COMMUNITY INVOLVEMENT

The Greene County Board of Education believes that a student's readiness and willingness to learn are primarily dependent upon the student's health, which is linked to the student's diet and physical activity habits. Parents constitute the most important influence on a child's life. Providing services, resources, support, and benefits available in the community as well as developing a coordinated system of the overall care for children/students is the best approach to strengthening families. This includes education, targeted prevention, meeting basic needs and providing crisis intervention when needed. Maximum service accessibility and availability is best achieved through a systematic approach of coordination and cooperation involving all concerned child/family stakeholders. Communication between students, school staff, families, and community agencies is the key to student success. Greene County Schools strive to promote family and community involvement through the following identified measures, which represent two School Health Index topic areas: **cross-cutting and nutrition**.

Each elementary school shall identify a Parent Involvement Coordinator and establish a committee comprised of relevant members of the school and local community. The committee shall meet at least twice a year and oversee family and community involvement. In addition, each school is responsible for the maintenance of a Parent Involvement Plan. The District will also maintain a District Parent Involvement Plan.

The Greene County School System strives to give families opportunities to learn about health and safety topics through dissemination of educational materials and involvement in school-sponsored activities. Topics covered are: promoting physical activity, healthy eating, tobacco prevention, mass media influences on child health and safety, tobacco cessation, safety and preventing unintentional injury, violence and suicide prevention, asthma and diabetes management, accessing community health resources, and health insurance providers. The Greene County Coordinated School Health and Food Services Programs support this effort by providing nutritional news letters to all principals for dissemination to all students.

The Greene County School System recognizes the importance of parent education programs and will strive to partner with professional organizations, in order to offer parenting education. A Family Resource Center, located at Chuckey Elementary School, currently provides outreach to four other schools (one middle school and three elementary). Parenting classes should address praising and rewarding desirable behaviors, being actively involved with children, talk and listen to children, clear and concise rule making to increase self management, rule enforcement/consequences, monitoring children's activities, and modeling positive behaviors. Schools will utilize parents and other community members to help plan and implement all or nearly all school health and safety programs. Examples of ways to help plan and implement include volunteering to help in the classroom, cafeteria, or special events; serving on school health teams, curriculum review or program planning committees; and designing or conducting a needs assessment or program evaluation. School staff will inform students and their families about community-based health and safety programs that cover the health topics mentioned above.

Community members will have access to indoor and outdoor school facilities outside school hours to participate in or conduct health promotion and education programs. These spaces will also be available to community agencies and organizations offering physical activity and nutrition programs. School policies concerning safety will apply at all times.

Schools shall be encouraged to involve students and parents in the planning process of menu planning; they shall also be encouraged to provide feedback on the meal program.

- <sup>1</sup> Bradley, B, Green, AC. Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 years of Evidence About the Relationship of Adolescents' Academic Achievement and Health Behaviors, *Journal of Adolescent Health*. 2013; 52(5):523–532.
- <sup>2</sup> Meyers AF, Sampson AE, Weitzman M, Rogers BL, Kayne H. School breakfast program and school performance. *American Journal of Diseases of Children*. 1989;143(10):1234–1239.
- <sup>3</sup> Murphy JM. Breakfast and learning: an updated review. *Current Nutrition & Food Science*. 2007; 3:3–36.<sup>4</sup> Murphy JM, Pagano ME, <sup>4</sup>Nachmani J, Sperling P, Kane S, Kleinman RE. The relationship of school breakfast to psychosocial and academic functioning: Cross-sectional and longitudinal observations in an inner-city school sample. *Archives of Pediatrics and Adolescent Medicine*. 1998;152(9):899–907.
- <sup>5</sup> Pollitt E, Mathews R. Breakfast and cognition: an integrative summary. *American Journal of Clinical Nutrition*. 1998; 67(4), 804S–813S.
- <sup>6</sup> Rampersaud GC, Pereira MA, Girard BL, Adams J, Metz J. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *Journal of the American Dietetic Association*. 2005;105(5):743–760, quiz 761–762.
- <sup>7</sup> Taras, H. Nutrition and student performance at school. *Journal of School Health*. 2005;75(6):199–213.
- <sup>8</sup> MacLellan D, Taylor J, Wood K. Food intake and academic performance among adolescents. *Canadian Journal of Dietetic Practice and Research*. 2008;69(3):141–144.
- <sup>9</sup> Neumark-Sztainer D, Story M, Dixon LB, Resnick MD, Blum RW. Correlates of inadequate consumption of dairy products among adolescents. *Journal of Nutrition Education*. 1997;29(1):12–20.
- <sup>10</sup> Neumark-Sztainer D, Story M, Resnick MD, Blum RW. Correlates of inadequate fruit and vegetable consumption among adolescents. *Preventive Medicine*. 1996;25(5):497–505.
- <sup>11</sup> Centers for Disease Control and Prevention. *The association between school-based physical activity, including physical education, and academic performance*. Atlanta, GA: US Department of Health and Human Services, 2010.
- <sup>12</sup> Singh A, Uijtendwillighe L, Twisk J, van Mechelen W, Chinapaw M. *Physical activity and performance at school: A systematic review of the literature including a methodological quality assessment*. *Arch Pediatr Adolesc Med*, 2012; 166(1):49-55.
- <sup>13</sup> Haapala E, Poikkeus A-M, Kukkonen-Harjula K, Tompuri T, Lintu N, Väistö J, Leppänen P, Laaksonen D, Lindi V, Lakka T. *Association of physical activity and sedentary behavior with academic skills – A follow-up study among primary school children*. *PLoS ONE*, 2014; 9(9): e107031.
- <sup>14</sup> Hillman C, Pontifex M, Castelli D, Khan N, Raine L, Scudder M, Drollette E, Moore R, Wu C-T, Kamijo K. *Effects of the FITKids randomized control trial on executive control and brain function*. *Pediatrics* 2014; 134(4): e1063-1071.
- <sup>15</sup> Change Lab Solutions. (2014). *District Policy Restricting the Advertising of Food and Beverages Not Permitted to be Sold on School Grounds*. Retrieved from <http://changelabsolutions.org/publications/district-policy-school-food-ads>.
- <sup>16</sup> Ratey J.J., Hagerman, E., (2008), *SPARK, The Revolutionary New Science of Exercise and The Brain*. New York: Little, Brown and Co.

**Greene County Board of Education Mental Health Policy**

The Greene County Board of Education recognizes that the social and emotional well being of students should be addressed and promoted in order to maximize academic achievement. In accordance with this principle, protocols and policies will be adopted that address the prevention, early identification, referral, and follow up of student mental health needs.

The Mental Health Policy is designed to improve student achievement by reducing fragmentation of services and aligning and integrating mental health services to children. The policy addresses the infrastructure necessary to coordinate, improve and evaluate support programs currently offered in school and in the community. It does not require new program development, but calls on our school system to consider how best to support resilience in youth, identify students who need in-school mental health support, and provide a family driven and seamless integration within established community systems of care.

1. The Greene County Schools will align systems and available resources to enable all pupils to have an equal opportunity for success at school by addressing barriers to and promoting engagement in learning and teaching. This includes prevention, early intervention, referral and follow up policies and procedures within a system of care.<sup>1</sup>
2. The Greene County Schools shall develop and maintain a positive school climate in all schools ensuring a global approach to addressing barriers to learning and promoting resilience in children. Current laws regarding the prevention of hazing, bullying, and intimidation will be fully implemented as an essential element in the protection of student mental health and the fostering of a positive school climate.<sup>2</sup>
3. According to the Tennessee Comprehensive School Counseling Model and other curriculum standards,<sup>3</sup> the Greene County School staff will provide students with effective early intervention activities such as social and emotional learning, positive behavior supports and strength-based developmental assets.
4. School personnel shall create a plan whereby appropriate staff can provide proactive on-site support services to students having social, emotional and mental health concerns, including those students that do not meet criteria for special education services.<sup>4</sup>
5. The Greene County School administration will encourage staff and administrators to attend professional development on how to identify warning signs of emotional and behavioral barriers to learning, how to address such barriers and promote engagement in learning.<sup>5</sup> School staff new to the district shall receive this professional development in a timely manner.
6. The Greene County School staff will utilize clearly identified referral protocols for in-school student support that is easily accessible to all students, families and school personnel. Intentional effort will be made to reduce stigma, keep the referral process simple and user friendly, and provide a variety of strategies to assist students in need.
7. Memorandums of Understanding (MOUs) between schools and community resources will be created to enable effective linkages for services. These MOUs will include agreements regarding the responsibility of both entities with respect to working together (e.g. formal linkages, weaving resources together, sharing information, making and accepting referrals, intervention during and after a crisis).<sup>6</sup> The MOUs will be reviewed and updated as needed.
8. Consistent with HIPAA<sup>7</sup> and FERPA<sup>8</sup> standards, all materials will protect the confidentiality of each student throughout the referral process.

9. As prescribed by existing policy unless otherwise specified by law,<sup>9</sup> policies will assure parental consent prior to making a student referral.
10. The Greene County School staff will facilitate smooth transitions for students who are entering and exiting the classroom due to involvement with community mental health treatment, Department of Children's Services including juvenile justice services or other child serving programs.
11. The Greene County Director of Schools will appoint a team leader to oversee overall implementation of the Mental Health policy. Team leaders will engage the participation of families<sup>10</sup>, students, educators, community mental health providers, local Department of Children's Services and local juvenile court representatives, as well as all student support divisions within the district (including school social work, school counseling, school psychology, and coordinated school health) in the development of local protocols and MOUs. These local protocols shall address routine concerns as well as crisis response. Referral protocols will be family driven, student guided and whenever possible allow for universal access. The Mental Health team will meet regularly to review the integration and alignment of services.
12. Successful strategies used to address barriers to learning include promoting a positive school climate, providing in-school support to students that enhance their social and emotional development, establishing clear and effective relationships with community agencies and developing effective transition practices between schools and community programs and therefore will be incorporated into the continuous school improvement plan as well as the Tennessee Comprehensive System-wide Planning Process.
13. The Greene County School policies will honor cultural diversity, provide culturally and linguistically competent services and respect the dignity of all individuals.

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**Legal References:**

1. T.C.A. 49-1-1002
2. T.C.A. 49-6-801, T.C.A. 49-6-1016, T.C.A. 49-6-4216, T.C. A. 49-2-120
3. Tennessee School Counseling Model, Policy 5.103, pp.60-74
4. T.C.A. 49-5-302, T.C.A. 49-6-303, TN. Dept. of Ed. SBOE rule 0520-2-2-26, SBOE
5. Standards and Guidelines 5.103
6. T.C.A. s49-6-3004 (c) (1)
7. T.C.A. s33-1-308
8. Public Law 104-191
9. 20 U.S.C. s1232g; 34 CFR Part 99
10. T.C.A. s10-7-504 (4) (A) s33-3-206-33-3-209, s37-1-403, s37-1-605, s33-8-202
11. TN SBOE Policy, Standards and Guidelines 4.207

**Additional resources:****State**

Tennessee Office of Coordinated School Health, Tennessee Department of Education

[www.tennessee.gov/education/schoolhealth](http://www.tennessee.gov/education/schoolhealth)

Tennessee Model for Comprehensive School Counseling Guidelines

[www.state.tn.us/education/ci/doc/tncomschconsmld.doc](http://www.state.tn.us/education/ci/doc/tncomschconsmld.doc)

Tennessee Voices for Children

[www.tnvoices.org](http://www.tnvoices.org)

Tennessee Suicide Prevention Network

[www.tspn.org](http://www.tspn.org)

**National**

- Center for Disease Control and Prevention – Mental Health  
<http://www.cdc.gov/HealthyYouth/mentalhealth/index.htm>
- Center for School Mental Health, University of Maryland School of Medicine  
<http://csmh.umaryland.edu/>
- Collaborative for Academic, Social and Emotional Learning  
<http://www.casel.org/>
- National Community of Practice on Collaborative School Behavioral Health  
<http://www.sharedwork.org/section.cfm?as=4&ms=4>
- National Registry of Evidence-Based Programs and Practices  
<http://www.nrepp.samhsa.gov/find.asp>
- Office of Juvenile Justice and Delinquency Prevention  
<http://www.ojjdp.ncjrs.org/>
- Office of Juvenile Justice and Delinquency Prevention’s Model Program Guide  
[http://www.dsgonline.com/mpg2.5/mpg\\_index.htm](http://www.dsgonline.com/mpg2.5/mpg_index.htm)
- Positive Behavior Interventions and Supports  
<http://www.pbis.org/main.htm>
- Search Institute – Developmental Assets  
[www.search-institute.org](http://www.search-institute.org)
- Substance Abuse and Mental Health Services Administration  
<http://www.samhsa.gov>
- Tennessee National Alliance for the Mentally Ill  
<http://www.namitn.org/>
- UCLA Center for Mental Health in Schools  
<http://smhp.psych.ucla.edu/>

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

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

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

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

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

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