

**HCCPS Board of Trustees
Meeting Agenda
October 2, 2019, 6:30pm**

The Hilltown Cooperative Charter Public School was founded in 1995 as a Massachusetts Public Charter School. Our mission is:

- ❖ To engage students in a school which uses experiential, hands-on activities, the arts, and interdisciplinary studies to foster critical thinking skills and a joy of learning.
- ❖ To sustain a cooperative, intimate community of students, staff, families and local community members, which guides and supports the school and its educational program.
- ❖ To cultivate children's individual voices and a shared respect for each other, our community, and the world around us.

Facilitator: Tim Reynolds

6:30 Welcoming (read mission statement) (20 min)

Announcements, appreciations, acknowledgments
Agenda check; Appoint timekeeper, list keeper
Thank You Note check
BOT Visibility this month
Approve Minutes from previous BOT meeting
Welcome new folks

6:50 Public Comment period: (10 min)

7:00 Review Committee Goals and Assignments: Tim (15 min – decision)

7:15 Board Goals: Tim (15 minutes – discussion)

7:30 Long Range Plan Brainstorming: Dan & Lara (10 min – discussion)

7:40 Medication Policy: Dan (10 min—decision)

7:50 Family & Community Engagement Update: Dierdre (15 min – report)

8:05 Charter Renewal Review: Dan (5 minutes – report)

8:10 Delegate Approval of Annual Report to Finance Committee: Dan (5 Minutes – decision)

8:15 New business (5 min – identify only)

8:20 Committee Reports (5 min – questions only)

8:25 Meeting Wrap-up/ Evaluation/Minutes Finalization (5 min)

Confirm date/facilitator, snack bringer, newsletter blurb, agenda check for next meeting

8:30 Review Action Items in this meeting's minutes (5 min)

Adjournment

Hilltown Cooperative Charter Public School

Board of Trustees DRAFT Meeting Minutes – Wednesday, September 11, 2019, 6:30 pm

Present: Lara Ramsey, Dan Klatz, Paula Ingram, Tim Reynolds, Joe Wyman, Liz Preston, Rich Senecal, Kelly Woods, Noelle Barrist Stern, Dawn Reesman, Deirdre Arthen

Regrets: Myssie Casinghino, Karen Sise, Matt Dube

Facilitator: Tim Reynolds

Notetaker: Noelle Barrist Stern

Guests: None

List keeper: Karen

Timekeeper: Paula

Mission statement read by: Joe

Topic	Discussion	Action (if necessary)
Announcements/ Appreciations/ Acknowledgements	<u>Announcements:</u> None <u>Appreciations/Acknowledgements:</u> (1) Tim acknowledged the administrators, teachers, and staff for all of the work they put into getting ready for the new school year and the welcoming environment they have created; (2) Lara and Deirdre acknowledged <i>Dads</i> , who played at the First Friday Fest; (3) Deirdre appreciated Lara for bringing a cow to the First Friday Fest; (4) Noelle appreciated the new handicapped-accessible main entrance; (5) Lara appreciated Cindy Mahoney for her work on the SEPAC newsletter; and (6) the BOT appreciated Sulafa Roumaya-Elia for the beautiful mural she created in the Family Corner.	
Any thank you notes needed?	None	
BoT Visibility this month?	None	

<p>Minutes</p>	<p>Noelle made the following two changes based on BOT members' comments: (1) corrected the spelling of Dawn's last name (removed "e"); and (2) under Charter Renewal Application, second paragraph, first line, changed "we" to "the Directors."</p>	<p>Tim moved to approve; Liz seconded; the minutes were approved.</p>
<p>Public Comment Period</p>	<p>None</p>	
<p>Fourth Quarter Financials (Dan)</p>	<p>Dan summarized the Fourth Quarter Financials and explained that the school ended with a surplus at the end of the fiscal year. The financials have been approved by the Finance Committee.</p>	<p>Tim moved to accept; Rich seconded; the minutes were approved.</p>
<p>Standardize Committee Minutes Format (GABS)</p>	<p>Noelle explained that to comply with the OML, we need to post the date, time, location, and <i>subjects to be discussed</i>, both for BOT meetings and committee meetings. This has been done for BOT meetings, but, in the past, the subjects to be discussed at committee meetings have not been posted in advance (the date, time, and location of the committee meetings has). We do not need to discuss at the meeting everything listed, but should not discuss something at the meeting unless it is posted. This needs to be done 48 hours in advance of the meeting and should be sent to Grace to post on the web site and Nicole for bulletin board.</p>	<p>Noelle will email a template to the committee chairs.</p>
<p>Education Domain Report: Professional Development Initiatives (Lara)</p>	<p>Lara discussed the work teachers did to prepare for the start of school. This included: (1) giving gems to students' new classroom teachers; (2) workshops, such as what makes a good behavior plan; (3) discussions of the tiered system of supports available for students and how teachers can identify when students need supports; (4) integration meetings to ensure that curriculum goals can be met in multiple ways (through music, art, etc.); (5) formation of a clothing committee that met and made</p>	

	recommendations; (6) education and discussion about the new reading curriculum; (7) discussion of the school's commitment to being an anti-racism institution and what that means; (8) community building; and (9) a practice first day for kindergarteners. Lara handed out the lyrics to a new song created by Aram Rubenstein-Gillis and played the song for the BOT.	
Charter Renewal Site Visit (Dan)	A team from DESE will visit on September 24th in connection with HCCPS's charter school renewal application. The team will meet with: the BOT; administrators; special education administrators; special education teachers; and a teachers' group. The team will be looking for evidence that HCCPS is faithful to its charter and is an academic success.	
New Business - Identify only	None	
Committee Reports - Questions only	Deirdre asked that the committee chairs email her and Noelle the committee meeting dates for the year.	
Meeting Wrap-Up/ Evaluation	Next Meeting: October 2, 2019 at 6:30 p.m. Facilitator: Tim Snacks: Paula Drinks: N/A Newsletter blurb: Joe	
Review Action Items	Reviewed action items.	
Adjournment	Meeting adjourned at 7:57 p.m.	

Tentative Agenda Topics for October 2, 2019 Board Meeting:

- BOT Goals
- Committee Goals
- Family and Community Engagement Survey
- Delegation of approval of audit to Finance Committee



HILLTOWN COOPERATIVE
CHARTER PUBLIC SCHOOL

Administrative Domain Proposal to the Board of Trustees

Date: September 27, 2019

Priority level: High

Approximate time needed for discussion: 5 minutes

Proposal to be presented by: Dan Klatz

Proposal developed by Dan Klatz, Mary Price, and Deb Haas

Goals to be achieved by proposal:

As required by law, provide standards for the safe and proper administration of prescription medications to students. Ensure that students requiring prescription medication administration during the school day will be able to attend school and to ensure that prescription medications are safely administered. Encourage collaboration between parents or guardians and the school in this effort.

Text of proposal:

We recommend adopting the attached policy. The language comes from the State, and practice is consistent with what we are currently doing. This policy needs to be reviewed every two years.

Additional Note:

Once passed by the Board, this needs to be signed by the School Nurse, School Physician, and a BOT member.



HILLTOWN COOPERATIVE
CHARTER PUBLIC SCHOOL

POLICY FOR ADMINISTRATION OF MEDICATIONS
(Based on 105 CMR 210.000)

I. Management of the Medication Administration Program

- A. The school nurse shall be the supervisor of the medication administration program in the school.
- B. Medication Orders/Parental Consent:
1. The school nurse shall ensure that there is a proper medication order from a licensed prescriber, which is renewed as necessary, including the beginning of each academic year. A telephone order or an order for any change in medication shall be received only by the school nurse. Any such verbal order must be followed by a written order within three school days. Whenever possible, the medication order shall be obtained, and the medication administration plan shall be developed before the student enters or reenters school.
- a. In accordance with standard medical practice, a medication order from a licensed prescriber shall contain:
- (1) the student's name;
 - (2) the name and signature of the licensed prescriber and business and emergency phone numbers;
 - (3) the name of the medication;
 - (4) the route and dosage of medication;
 - (5) the frequency and time of medication administration;
 - (6) the date of the order and discontinuation date;
 - (7) a diagnosis and any other medical condition(s) requiring medication, if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential; and
 - (8) specific directions for administration.
- b. Every effort shall be made to obtain from the licensed prescriber the following additional information, if appropriate:
- (1) any special side effects, contraindications and adverse reactions to be observed;
 - (2) any other medications being taken by the student;
 - (3) the date of the next scheduled visit, if known.
- c. Special Medication Situations
- (1) For short-term medications, i.e., those requiring administration for ten school days or fewer, the pharmacy-labeled container may be used in lieu of a licensed prescriber's order; if the nurse has a question, she may request a licensed prescriber's order.

- (2) For "over-the-counter" medications, i.e., nonprescription medications, the school nurse shall follow the Board of Registration in Nursing's protocols regarding administration of over-the-counter medications in schools.
- (3) Investigational new drugs may be administered in the schools with (a) a written order by a licensed prescriber, (b) written consent of the parent or guardian, and (c) a pharmacy-labeled container for dispensing. If there is a question, the school nurse may seek consultation and/or approval from the school physician to administer the medication in the school setting.

2. The school nurse shall ensure that there is a written authorization by the parent or guardian, which contains:

- a. the parent or guardian's printed name, signature and an emergency phone number;
- b. a list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medications not be documented;
- c. approval to have the school nurse or school personnel designated by the school nurse administer the medication; and
- d. persons to be notified in case of a medication emergency, in addition to the parent or guardian and licensed prescriber.

D. Medication Administration Plan:

1. The school nurse, in collaboration with the parent or guardian whenever possible, shall establish a medication administration plan for each student receiving a medication. Whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and his/her preferences respected to the maximum extent possible. In Massachusetts, students 18 years of age or older are considered adults and parental/guardian involvement is not required. If appropriate, the medication administration plan shall be referenced in any other health or educational plan developed pursuant to the Massachusetts Special Education Law (Individual Education Plan under Chapter 766) or federal laws, such as the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.
2. Prior to the initial administration of the medication, the school nurse shall assess the child's health status and develop a medication administration plan, which includes:
 - a. the name of the student;
 - b. an order from a licensed prescriber, including business and emergency telephone numbers;
 - c. the signed authorization of the parent or guardian, including home and business telephone numbers;
 - d. any known allergies to food or medications;
 - e. the diagnosis, unless a violation of confidentiality or the parent, guardian or student requests that it not be documented;
 - f. the name of the medication;
 - g. the dosage of the medication, frequency of administration and route of administration;
 - h. any specific directions for administration;
 - i. any possible side effects, adverse reactions or contraindications;
 - j. the quantity of medication to be received by the school from the parent or guardian;
 - k. the required storage conditions;

- l. the duration of the prescription;
 - m. the designation of unlicensed school personnel, if any, who will administer the medication to the student in the absence of the nurse, and plans for back-up if the designated persons are unavailable;
 - n. plans, if any, for teaching self-administration of the medication;
 - o. with parental permission, other persons, including teachers, to be notified of medication administration and possible adverse effects of the medication;
 - p. a list of other medications being taken by the student, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication not be documented;
 - q. when appropriate, the location where the administration of the medication will take place;
 - r. a plan for monitoring the effects of the medication; and
 - s. provision for medication administration in the case of field trips and other short-term special school events. Every effort shall be made to obtain a nurse or school staff member trained in medication administration to accompany students at special school events. When this is not possible, the school nurse may delegate medication administration to another responsible adult. Written consent from the parent or guardian for the named responsible adult to administer the medication shall be obtained. The school nurse shall instruct the responsible adult on how to administer the medication to the child.
3. The school nurse shall develop a procedure to ensure the positive identification of the student who receives the medication.
4. The school nurse shall communicate significant observations relating to medication effectiveness and adverse reactions or other harmful effects to the child's parent or guardian and/or licensed prescriber.
5. In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any medication, which, based on her/his individual assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In these cases, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse and the reason for refusal explained.
6. The school nurse shall have a current pharmaceutical reference available for her/his use, such as the *Physician's Desk Reference* (PDR) or *U.S.P.D.I. (Dispensing Information), Facts and Comparisons*.
- E. Delegation/Supervision (This section applies to school districts or private schools which have been registered by the Massachusetts Department of Public Health to permit school nurses to delegate responsibility for administration of medication to trained nursing supervised unlicensed school personnel.)

The School authorizes that the responsibility for the administration of medication may be delegated to the following categories of unlicensed school personnel according to criteria delineated in CMR 210.004 (B)(2):

administrative staff

teaching staff

licensed health personnel

For the purpose of administering emergency medication to an individual child, including parenteral administration (i.e., by injection) of epinephrine pursuant to 210.004 (B) (4), the school nurse may identify individual school personnel or

additional categories. Said school personnel shall be listed on the medication administration plan and receive training in the administration of emergency medication to a specific child.

1. When medication administration is delegated by the school nurse to unlicensed school personnel, such personnel shall be under the supervision of the school nurse for the purposes of medication administration.
2. A school nurse shall be on duty in the school system while medications are being administered by designated unlicensed school personnel, and available by telephone should consultation be required.
3. The administration of parenteral medications may not be delegated, with the exception of epinephrine where the child has a known allergy or preexisting medical condition and there is an order for administration of the medication from a licensed prescriber and written consent of the parent or guardian.
4. Prescription medications to be administered pursuant to p.r.n. ("as needed") orders may be administered by authorized school personnel after an assessment by or consultation with the school nurse for each dose.
5. For each school, an updated list of unlicensed school personnel who have been trained in the administration of medications shall be maintained. Upon request, a parent shall be provided with a list of school personnel authorized to administer medications.
6. Supervision of Unlicensed Personnel

Authorized unlicensed personnel administering medications shall be under the supervision of the school nurse. Responsibilities for supervision at a minimum shall include the following:

- (a) After consultation with the principal or administrator responsible for a given school, the school nurse shall select, train and supervise the specific individuals, in those categories of school personnel approved who may administer medications. When necessary to protect student health and safety, the school nurse may rescind such selection.
- (b) The number of unlicensed school personnel to whom responsibility for medication administration may be delegated is determined by:
 - (1) the number of unlicensed school personnel the school nurse can adequately supervise on a weekly basis as determined by the school nurse; and
 - (2) the number of unlicensed school personnel necessary, in the nurse's judgment, to ensure that the medications are properly administered to each student.
- (c) The school nurse shall supervise the training of the designees consistent with the Department of Public Health's requirements in CMR 210.007 of the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.
 - (1) The school nurse shall document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for medication administration.
 - (2) The school nurse shall provide a training review and informational update, at least annually, for those school staff authorized to administer medications.
- (d) The school nurse shall support and assist persons who have completed the training to prepare for and implement their responsibilities related to the administration of medication.

- (e) The first time that an unlicensed school personnel administers medication, the delegating nurse shall provide supervision at the work site.
- (f) The degree of supervision required for each student shall be determined by the school nurse after an evaluation of the appropriate factors involved in protecting the student's health including, but not limited to the following: (1) health condition and ability of the student; (2) the extent of training and capability of the unlicensed school personnel to whom the medication administration is delegated; (3) the type of medication; and (4) the proximity and availability of the school nurse to the unlicensed person who is performing the medication administration.
- (g) Personnel designated to administer medications shall be provided with the names and locations of school personnel who have documented certification in cardiopulmonary resuscitation. Schools should make every effort to have a minimum of two school staff members with documented certification in cardiopulmonary resuscitation present in each school building throughout the day.
- (h) For the individual child, the school nurse shall:
 - (1) determine whether or not it is medically safe and appropriate to delegate medication administration;
 - (2) administer the first dose of the medication, if (a) there is reason to believe there is a risk to the child as indicated by the health assessment, or (b) if the student has not previously received this medication in any setting;
 - (3) review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom medication administration has been delegated;
 - (4) provide supervision and consultation as needed to ensure that the student is receiving the medication appropriately. Supervision and consultation may include record review, on-site observation and/or student assessment; and
 - (5) review all documentation pertaining to medication administration every two weeks or more often as necessary.

II. Self Administration of Medications

"Self administration" means that the student is able to consume or apply medication in the manner directed by the licensed prescriber, without additional assistance or direction.

A student may be responsible for taking his/her own medication after the school nurse has determined that the following requirements are met:

- A. the student, school nurse and parent/guardian, where appropriate, enter into an agreement, which specifies the conditions under which medication may be self administered;
- B. the school nurse, as appropriate, develops a medication administration plan, which contains only those elements necessary to ensure safe self-administration of medication;

- C. the student's health status and abilities have been evaluated by the school nurse who then deems self-administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the medication;
- D. the school nurse is reasonably assured that the student is able to identify the appropriate medication, knows the frequency and time of day for which the medication is ordered;
- E. there is written authorization from the student's parent or guardian that the student may self medicate if requested by the school nurse, the licensed prescriber provides a written order for self-administration;
- F. the student follows a procedure for documentation of self-administration of medication;
- G. the school nurse establishes a policy for the safe storage of self-administered medication and, as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a safe place for storing the medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the medication shall be kept in the health room or a second readily available location;
- H. the student's self-administration is monitored based on his/her abilities and health status. Monitoring may include teaching the student the correct way of taking the medication, reminding the student to take the medication, visual observation to ensure compliance, recording that the medication was taken, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the medication; and
- I. with parental/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a medication.

III. Handling, Storage and Disposal of Medications

- A. A parent, guardian or parent/guardian-designated responsible adult shall deliver all medications to be administered by school personnel or to be taken by self medicating students (if required by the self administration agreement) to the school nurse or other responsible person designated by the school nurse.
 - 1. The medication must be in a pharmacy or manufacturer labeled container.
 - 2. The school nurse or other responsible person receiving the medication shall document the quantity of the medication delivered.
 - 3. In extenuating circumstances, as determined by the school nurse, the medication may be delivered by other persons; provided, however, that the nurse is notified in advance by the parent or guardian of the arrangement and the quantity of medication being delivered to the school.
- B. All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective. Expiration dates shall be checked.
- C. All medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet shall be substantially constructed and anchored securely to a solid surface. Medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38 to 42 degrees Fahrenheit.

- D. Access to stored medications shall be limited to persons authorized to administer medications and to self-medicating students. Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are self-medicating shall not have access to other students' medications.
- E. Parents or guardians may retrieve the medications from the school at any time.
- F. No more than a thirty (30) school day supply of the medication for a student shall be stored at the school.
- G. Where possible, all unused, discontinued or outdated medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental consent when possible, such medications may be destroyed by the school nurse in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs. All medications should be returned at the end of the school year.

IV. Documentation and Record-Keeping

- A. Each school where medications are administered by school personnel shall maintain a medication administration record for each student who receives medication during school hours.
 - 1. Such record at a minimum shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization.
 - 2. The medication administration plan shall include the information as described in Section 210.005 (E) of the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.
 - 3. The daily log shall contain:
 - (a) the dose or amount of medication administered;
 - (b) the date and time of administration or omission of administration, including the reason for omission; and
 - (c) the full signature of the nurse or designated unlicensed school personnel administering the medication. If the medication is given more than once by the same person, he/she may initial the record, subsequent to signing a full signature.
 - 4. The school nurse shall document in the medication administration record significant observations of the medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.
 - 5. All documentation shall be recorded in ink and shall not be altered.
 - 6. With the consent of the parent, guardian, or student where appropriate, the completed medication administration record and records pertinent to self administration shall be filed in the student's cumulative health record. When the parent, guardian or student, where appropriate, objects, these records shall be regarded as confidential medical notes and shall be kept confidential.
- B. The school district shall comply with the Department of Public Health's reporting requirements for medication administration in the schools.

- C. The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of medications without prior notice to ensure compliance with the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.

V. Reporting and Documentation of Medication Errors

- A. A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
 - 1. within appropriate time frames (the appropriate time frame should be addressed in the medication administration plan);
 - 2. in the correct dosage;
 - 3. in accordance with accepted practice; and
 - 4. to the correct student.
- B. In the event of a medication error, the school nurse shall notify the parent or guardian immediately. (The school nurse shall document the effort to reach the parent or guardian.) If there is a question of potential harm to the student, the nurse shall also notify the student's licensed prescriber or school physician.
- C. Medication errors shall be documented by the school nurse on the accident/incident report form. These reports shall be retained in the following location: Nurse's office and/or the student health record. They shall be made available to the Department of Public Health upon request. All medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health., School Health Unit. All suspected diversion or tampering of drugs shall be reported to the Department of Public Health, Division of Food and Drugs.
- D. The school nurse shall review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future.

VI. Response to Medication Emergencies

(Refer to the school's policy for handling all health emergencies in the school.) Such emergency policies shall contain (1) local emergency response system telephone numbers (including ambulance, poison control number, local emergency care providers, etc.), (2) persons to be notified, e.g., parent/guardian, licensed prescriber, etc., (3) names of persons in the school trained to provide first aid and cardio-pulmonary resuscitation, (4) scheduled programs for staff to be trained in first aid and CPR, (5) provision of necessary supplies and equipment and (6) reporting requirements.

The school nurse shall develop procedures for responding to medication emergencies, i.e., any reaction or condition related to administration of medication which poses an immediate threat to the health or well-being of the student. These procedures shall be consistent with the school's policy for handling all health emergencies and shall include maintaining a list of persons to be notified in case of a medication emergency.

VII. Administration of Epinephrine by Auto-injector to Individuals Experiencing Life-Threatening Allergic Reactions

- A. If the school district/school is registered with the Department of Public Health the school nurse may train unlicensed personnel to administer epinephrine by auto-injector to individuals with diagnosed life-threatening allergic

events. The training program is managed, with full decision making authority, by the designated school nurse leader or responsible school nurse, in consultation with the school physician. This person, or school nurses designated by this person, shall select the individuals authorized to administer epinephrine by auto injector. Persons authorized to administer epinephrine shall meet the requirements of section 210.004(B)(2):

- A. The school personnel authorized to administer epinephrine by auto injector are trained and tested for competency by the designated school nurse leader or responsible school nurse, or school nurses designated by this person, in accordance with standards and a curriculum established by the Department.
 1. The designated school nurse leader or responsible school nurse, or school nurses designated by this person, shall document the training and testing of competency.
 2. The designated school nurse leader or responsible school nurse, or a designee, shall provide a training review and informational update at least twice a year.
 3. The training, at a minimum, shall include:
 - (a) procedures for risk reduction;
 - (b) recognition of the symptoms of a severe allergic reaction;
 - (c) the importance of following the medication administration plan;
 - (d) proper use of the auto-injector;
 - (b) requirements for proper storage and security,;
 - (c) notification of appropriate persons following administration; and (d) record keeping.
 4. The school shall maintain and make available, upon request by parents or staff, a list of those school personnel authorized and trained to administer epinephrine by auto injector in an emergency, when the school nurse is not immediately available.
- B. Epinephrine shall be administered only in accordance with an individualized medication administration plan satisfying the applicable requirements of 105 CMR 210.005(E) and 210.009(A)(6), updated every year, which includes the following:
 - (1) a diagnosis by a physician that the child is at risk of a life threatening allergic reaction and a medication order containing proper dosage and indications for administration of epinephrine;
 - (2) written authorization by a parent or legal guardian;
 - (3) home and emergency number for the parent(s) or legal guardian(s), as well as the names(s) and phone number(s) of any other person(s) to be notified if the parent(s) or guardian(s) are unavailable;
 - (1) identification of places where the epinephrine is to be stored, following consideration of the need for storage:
 - (a) at one or more places where the student may be most at risk;
 - (b) in such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate; and
 - (c) in a place accessible only to authorized persons. The storage location(s) should be secure, but not locked during those times when epinephrine is most likely to be administered, as determined by the school nurse;
 - (1) a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens; and
 - (1) an assessment of the student's readiness for self-administration and training, as appropriate.
- C. When epinephrine is administered, there shall be immediate notification of the local emergency medical services system (generally 911), followed by notification of the student's parent(s) or guardian(s) or, if the parent(s) or guardian(s) are not available, any other designated person(s), the school nurse, the student's

physician, and the school physician, to the extent possible; Because of the danger of biphasic reactions, the child should be transported by trained emergency medical personnel to the nearest emergency medical facility.

D. Epinephrine may be administered in before and after school programs offered or provided by a school, such as athletic programs, special school events and school sponsored programs on week-ends, provided that the public school district or non-public school is registered with the Department pursuant to section 210.100(A) and meets the requirements set forth in section 210.000(B).

G. Epinephrine may be administered in such before and after school programs and special events, to students attending the school where the epinephrine is to be administered.

VIII. Dissemination of Information to Parents or Guardians Regarding Administration of Medication

Such information shall include an outline of these medication policies and shall be available to parents and guardians upon request.

IX. Procedures for Resolving Questions between the School and Parents Regarding Administration of Medications

(Refer to approved existing policies within the school district for the resolution of differences, if appropriate.)

X. Policy Review and Revision

Review and revision of these policies and procedures shall occur as needed but at least every two years.

Approved by School Physician: _____ Date _____
Signature

Approved by School Nurse: _____ Date _____
Signature

Date Approved by the HCCPS Board _____

Authorizing Signature: _____ Date _____

Registered by the Massachusetts Department of Public Health for Approval to Delegate to Unlicensed Personnel, if applicable 09/05/19 - 06/30/2021



Domain Directors Report to the Board of Trustees October, 2019

1. The Charter Renewal Site Visit went very well. The team turned out to be small (2 members of DESE staff) and they had focus groups with Board members, Teachers, and Administrative Staff as well as time to observe in classrooms. We should receive a draft of their summary report in late fall, and Commissioner will make a recommendation regarding renewal of the Charter in early 2020.

. Current DESE projections have us in line with the figures we used in the FY20 budget. We will monitor projections, especially in light of the new funding bill moving through the legislature and expect to present a revised budget to Finance Committee in January.

. We have taken the following steps to improve our Response to Intervention system: we had our first student take a math assessment using FastBridge and will pilot with all sixth graders in reading and math next week; we designed a new math service under Title I and hired a Teaching Assistant to offer targeted pre-teaching three days/week after school (7th & 8th grade); we used our improved RTI meeting template for two RTI meetings related to reading in first grade (and it was successful from data to action plan); we developed a document outlining our RTI process.

. All classroom teachers held Back-to-School evenings for parents and caregivers. We spread these orientations over three days so that parents with children in multiple classrooms are less likely to have a scheduling conflict. Friends of Hilltown and SEPAC had a presence at the meetings. All teachers offered digital summaries of important classroom information for those who could not attend.



HILLTOWN COOPERATIVE
CHARTER PUBLIC SCHOOL

Personnel Committee Meeting Minutes- September 10, 2019

Present: Nicole Grinaski, Gaby Blaustein, Lara Ramsey, Kelly Woods, Liz Preston

Regrets: Dawn Reeseman

Topic	Discussion	Action
Meeting Time for Committee	Discussion re when meetings work for members of the Committee. Mornings continue to work. Time 7:30-8:30am would offer additional time for Committee work.	Schedule meeting typically monthly on the fourth Wednesday morning from 7:30-8:30am in Lara's Office.
Stipend Policy Development	Lara proposed that the Committee review additional compensation policies/ practice and then develop a stipend policy for additional work and projects. Guidelines to create consistent standards would be helpful. How do hourly rates match up to stipends for work? When do we offer stipends for summer work? Stipend line item review in budget?	Lara to pull together a report summary of what has been done in the past for review by the Committee this fall - when have teachers and staff been paid extra or beyond their standard salary?
Carry Over Work	Carla drafted a Complete Benefit Package summary last year - Lara will bring for review next year. Salary calculation review - how are salaries calculated? What are the factors included? How does this process compare for faculty/ staff vs. directors? Staff Satisfaction Survey - review notes from last year and consider plans for action?	Lara will share out the Complete Benefit Draft for review and future discussion/ consideration. Committee to review financial process used in 2019 and plan for 2020. Committee to review Board notes from last year re the Staff Satisfaction Survey and discuss next steps.
Next meeting time/date/location	Will meet again in September to prepare for October board meeting.	Wednesday, September 25th 7:30-8:30am in Lara's Office.
Adjournment		8:00am



Personnel Committee Meeting Minutes- September 23, 2019

Personnel Committee Meeting Minutes- September 10, 2019

Present: Gaby Blaustein, Lara Ramsey, Kelly Woods, Liz Preston

Regrets: Dawn Reeseman, Nicole Grinaski,

Topic	Discussion	Action
<p>Stipend Policy Development</p>	<p>We reviewed the types of tasks that are awarded stipends and consider potential equity issues. Goal is to establish guidelines where appropriate.</p> <p>Observations: Some tasks are part of the job, some are optional. Some are additional required work (part of your role). Tasks also fall into categories such as contribution to school, professional development “extras”. All enhance institution. Some things are predictable and repeat year to year Some things are one-offs</p> <p>Questions: Can we use hourly wages and estimate about how many hours certain projects will take? Yes, and we have done this in some cases. What would drive involvement? Faculty coming forward and saying this is a need we would like to work on, or Director saying this is a need we have, we have X \$ to get this done? Both. What is external market price for things such as childcare? Are teachers told when hired if there are extra parts of their job that are required (e.g. overnights)? Should it be in job descriptions? Should special education summer school work be incorporated into the salary? What’s the difference between an honorarium vs. stipend? What triggers the honorarium? What other ways do we recognize colleagues</p>	<p>Lara will write a standard practice document organizing current practice for Personnel Committee to review.</p>



HILLTOWN COOPERATIVE
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	accomplishment? Release time Do school leaders have an obligation to post opportunities? Three categories emerge- Comparing compensation with an external service/solution to institutional process FACA (one time things) Predictable services (annual)	
Benefit Package	Next time	
Salary Increase formula	We set January deadline	
Review Staff Satisfaction Survey	October deadline, consider how often	
Next meeting time/date/location	October 23rd, 7:30	
Adjournment	8:40 a.m.	