



AMENDED AGENDA

POSTED IN ACCORDANCE WITH THE PROVISIONS OF MGL 30A § 20 Act relative to extending certain COVID-19 measures adopted during the state of emergency

Marblehead School Committee

Name of Board or Committee

Hybrid Meeting

Address: Marblehead High School- Library at 2 Humphrey St. Marblehead MA, 01945

OR

Zoom Conference join via the web link or Dial in

<https://marbleheadschoo->

[org.zoom.us/j/97209174767?pwd=cVVRTFZOZnBGSktVaWhERC9vd0ROdz09](https://marbleheadschoo-)

Meeting ID: 972 0917 4767

Password: 264034

Dial in Phone # +1 646 558 8656

Thursday	March	16th	2023	7:00pm
Day of Week	Month	Date	Year	Time

Agenda or Topics to be discussed listed below (That the chair reasonably anticipates will be discussed)

- I. Initial Business
 - a. Call to Order
 - b. State of the District
 - c. Commendations
 - d. Student Representative-Yasen Colon
 - e. Public Comment
- II. Consent Action and Agenda Items
 - a. Approval of Minutes-2/16/2023, 3/2/2023 and 3/13/2023
 - b. Schedule of Bills
 - c. Approval to Declare High School Library Books as Surplus
- III. Superintendent Report
 - a. Cyber Security Update-Technology Director Stephen Kwiatek
 - b. High School Principal and Assistant Superintendent Search Updates
 - c. District Updates
- IV. School Committee Communication and Discussion Items
 - a. *Review of Policies*
 - i. *Review of new policy JLCDA - Administration of Naloxone (Narcan)*
 - ii. *Reference policy JLCD - Administration of Medicines to Students*
 - b. FY24 Budget Planning and Discussion
 - c. Subcommittee and Liaisons Updates

- V. Closing Business
 - a. New Business
 - b. Correspondence
 - c. Adjournment

Hybrid Meeting Notice: Members of the public are welcome to attend this in-person at 2 Humphrey St. Marblehead MA 01945 or by the remote zoom connection provided. Please note that the in-person meeting will not be suspended or terminated if technological problems interrupt the remote connection.

THIS AGENDA IS SUBJECT TO CHANGE

Chairperson: Sarah Fox
Posted by: Lisa Dimier
Date: 3/15/2023



MARBLEHEAD
PUBLIC SCHOOLS

Business Office
9 Widger Road,
Marblehead, MA 01945
phone: 781.639.3140
fax: 781.639.3149

MEMORANDUM

TO: Marblehead School Committee
FROM: Michelle Cresta
DATE: March 15, 2023
RE: Schedule of Bills for Approval

Included in this packet are the following Schedules of Bills for your consideration. The schedules and invoices have been uploaded to the shared drive.

Schedule	Amount
23282	\$ 9,350.47
23289	\$ 84,306.15
23290	\$ 57,393.38
23296	\$ 13,233.14
23304	\$ 820,138.85
23309	\$ 6,413.00
23310	\$ 108,036.28
23311	\$ 75,924.87
23315	\$ 1,500.00
23316	\$ 36,164.51
23318	\$ 39,831.40
23320	\$ 14,960.20
23328	\$ 2,000.00
TOTAL	\$ 1,269,252.25

Suggested Motion:

Motion to approve the identified schedule of bills totaling \$1,269,252.25.

Marblehead High School



*Daniel Bauer
Principal*

*Michele Carlson
Assistant Principal*

*2 Humphrey Street
Marblehead, Massachusetts 01945-2290
(781) 639-3100
(781) 639-3105 fax*

*Lindsay Donaldson
Assistant Principal*

To: Dr. John Buckey, Superintendent
From: Dan Bauer, Principal
Date: February 9, 2023
RE: Declaring Outdated Library Books Surplus

We are seeking two requests. First we are requesting that about 150 books from the MHS library collection be declared surplus so that we may donate them to a non-profit organization.

As part of our review of library holdings, we have identified numerous titles of books that should be “weeded” from our stacks. We have used multiple criteria for judging the books that are currently in the library at Marblehead High School:

1. Do they address our curriculum?
2. Is the copyright date older than recommended for the subject area?
3. Do national library/catalog organizations identify that title as a book to be removed?
4. Have students checked out the book recently?
5. Are the books damaged?

Using those criteria, we have identified over 150 books that are no longer needed as part of our library’s curriculum. Before approaching you with this request, our librarian reached out to our teachers to see if they would like any of the books for their classroom libraries. If this approval is granted, the books will be donated to a non-profit that redistributes the books to needy organizations. Included in this request is a representative sample of books, broken down by the stated criteria.

The second request we have is that additional books that meet this criterion during this school year can also be donated to a non-profit. This will allow us some fluidity as we identify additional books throughout the 2022-23 school year.

Thank you for your consideration of our request.



MARBLEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATIONAL TECHNOLOGY
9 WIDGER ROAD.
MARBLEHEAD, MA 01945

STEPHEN M. KWIA TEK
DIRECTOR OF EDUCATIONAL TECHNOLOGY
Tel. (781) 639-3140 X10107
Fax. (781) 639-3149

March 13, 2023

Marblehead School Committee,

Our district started a cyber-security program with Webroot last fall. At the same time, we applied for a state grant to become part of the state's cyber-security program. The state has awarded us the grant so we will be using the state's program moving forward.

The Municipal Cybersecurity Awareness Training for calendar year 2023 with the state will run from March – December. This program will help to improve the Marblehead Public Schools cyber posture and help to educate and guide our staff with the hope to help us protect our organization's critical data from cyber threats.

The training platform name is Proofpoint, and it provides comprehensive end-user training to protect against cyber threats and is designed to be user friendly. All users in this cybersecurity training will receive phishing simulations as a part of their learning experience. Phishing simulations are a common training tool used to test and improve an individual's ability to identify and respond to phishing attacks. This hands-on experience is an essential part of cybersecurity training and can help individuals develop the skills and knowledge needed to protect themselves and our organization from cyber threats.

Sincerely,

Stephen M. Kwiatek
Director of Educational Technology
Marblehead Public Schools

MARBLEHEAD PUBLIC SCHOOLS
School Health Services
ADMINISTRATION OF NALOXONE (NARCAN)
Policy and Procedure

Policy:

In order to recognize and respond to potential life-threatening opioid overdose, Marblehead Public Schools will maintain a plan for addressing potentially life-threatening opioid overdoses. To treat a case of suspected opioid overdose in a school setting, any school nurse may administer Naloxone during an emergency, to any student, staff or visitor suspected of having an opioid-related drug overdose, regardless of if there is a previous history of opioid abuse. Nasal Naloxone will be maintained in each school building in the health office.

Background:

Recognizing that fatal and non-fatal overdoses from opioids play an increasing role in the mortality and morbidity of Massachusetts residents, the Massachusetts Department of Public Health launched the Overdose Education and Naloxone Distribution (OEND) prevention program using intranasal Naloxone in an attempt to reverse this trend. Naloxone is an opioid antagonist, meaning, it displaces the opioid from receptors in the brain. An overdose occurs because the opioid is on the same receptor site in the brain that is responsible for breathing. Rapid administration of Naloxone can be lifesaving in individuals overdosing due to opioids.

Since 2010, the number of overdose deaths in Essex County has more than quadrupled.

Typically, Naloxone acts dramatically, allowing slowed or absent breathing to resume. It is both safe and effective and has no potential for abuse. Naloxone has been used by paramedics in ambulances and by emergency room clinicians for decades.

Signs and Symptoms of Opioid Overdose:

School nurses may administer Naloxone to any student, staff member or visitor in the event of respiratory depression, unresponsiveness or respiratory arrest, when an opioid overdose is suspected. The following are signs of an opioid overdose:

- Blue skin tinge-usually lips and fingertips show first
- Limp body
- Pale face
- Pulse is slow, erratic or not present
- Vomiting
- Choking sounds, gurgling, snoring/gasping noise
- Breathing is very slow, irregular or has stopped
- Unresponsive

Procedure:

1. *Recognize a potential overdose*

- a. Activate EMS via Medical Emergency Response Plan. 911 must be called in all potential overdose situations.

2. *Assessment*

- a. When a patient is suspected of an opioid overdose the nurse will conduct an initial assessment of the level of consciousness and respiratory status.
 - a) For individuals with no pulse: initiate CPR per BLS guidelines.
 - b) For individuals with a pulse but who are not breathing, establish an airway and perform rescue breathing using a face mask or shield.
 - c) For individuals who have a pulse and are breathing, assess if there is depression of the respiratory status as evidenced by:
 - a very low respiration rate
 - interpretation of pulse oximetry measurement, if immediately available
 - d) Assess for decrease in level of consciousness as evidenced by:
 - difficult to arouse (responds to physical stimuli but does not communicate or follow commands, may move spontaneously) or
 - unable to arouse (minimal or no response to noxious stimuli, does not communicate or follow commands).
 - e) Nurse determines need for Naloxone administration

4. *Administration: Intranasal administration of Naloxone*

- a. Exclusion criteria for nasal naloxone is nasal trauma and epistaxis. Naloxone should not be administered if there is a known hypersensitivity to Naloxone.
- b. Give Naloxone
 - Push tip into one nostril of individual's nose
 - Push pump to release dose
 - Continue rescue breathing or CPR as needed
 - If no response, an additional second dose may be administered in other nostril after 3-5 minutes
 - Monitor until EMS arrives
 - Place patient in the recovery position and stay with the victim. (The recovery position is when you lay the person on his or her side, his or her body is supported by a bent knee and his or her face is turned to the side.)

5. *Additional Considerations:*

- a. Due to potential opioid withdrawal with the use of naloxone:
 - The patient may be angry or combative when he or she wakes up, therefore, it is important to stand back from the victim and, if possible, have a second adult present.
 - Potential adverse effects include nausea, diarrhea, abdominal cramping, irritability, restlessness, muscle or bone pain, tearing or nose running, and craving of an opioid.
- b. Naloxone wears off in thirty (30) to ninety (90) minutes.

6. *Transport* to the nearest hospital via EMS. Individuals who receive a dose of Naloxone must be sent to the emergency room for follow-up.

7. *Follow-up*:

- a. If the administration was to a student, the school nurse will notify student support services and student services will provide substance abuse prevention resources to the student and family, as appropriate.
- b. If possible, communicate with family/ individual within 24 hours to learn the outcome of the patient.

8. *Documentation*: Record encounter in student/staff school health record and/or on an incident report. The recording should list the dose, route of administration, and time of delivery. It should include the patient presentation and response to Naloxone.

Training:

The district lead nurse will provide a training review and informational update annually to ensure that nurses understand this medication, including its uses and side-effects.

Procurement:

The district lead nurse or designee will be responsible for the procurement of Naloxone. The medication will be acquired through the State Office of Pharmacy, with a prescription and standing order (APPENDIX A) from the District's School Physician.

Storage:

Naloxone should be stored in a secure, but unlocked, location, at room temperature and away from direct sunlight. It will be clearly marked and stored in an accessible place at the discretion of the school nurse. The school nurse will regularly inspect the Naloxone to check the expiration date of the box or vial and check the condition of the mucosal atomization devices.

Disposal:

The nurse will use proper disposal of used Naloxone administration delivery systems in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs.

LEGAL REFS.: 105 CMR 210.000

CROSS REF.: JLC, Student Health Services and Requirements
JLCD, Administration of Medication to Students

SOURCE:

Updated: 2/6/2023

APPENDIX A
Marblehead Public Schools
Standing Order
Nasal Naloxone (Narcan)

Indications: Naloxone should be given to any person who shows signs of an opioid overdose or when an overdose is suspected by the registered nurse. The following are signs of an opioid overdose:

- Blue skin tinge-usually lips and fingertips show first
- Limp body
- Pale face
- Pulse is slow, erratic or not present
- Vomiting
- Choking sounds, gurgling, snoring/gasping noise
- Breathing is very slow, irregular or has stopped
- Unresponsive

Dosage/ Directions: 4 mg spray of Naloxone HCl 4mg/0.1 mL in pre-filled nasal spray applicator PRN for suspected opioid overdose.

- Place tip into nostril
- Push pump to administer dose

Naloxone nasal spray is for intranasal use only. Seek emergency medical care immediately after use. Administer additional doses of naloxone nasal spray, using a new nasal spray with each dose, if the patient does not respond or responds and then relapses into respiratory depression. Additional supportive and/or resuscitative measures to be taken while awaiting EMS

Cautions: The victim may be angry or combative when he or she wakes up, therefore, it is important to stand back from the victim and, if possible, have a second adult present. Due to potential acute opioid withdrawal, adverse effects include nausea, diarrhea, abdominal cramping, irritability, restlessness, muscle or bone pain, tearing or nose running, and craving of an opioid. Naloxone wears off in thirty (30) to ninety (90) minutes. Contraindicated in patients with nasal trauma or epistaxis.

Nursing Actions: Emergency medical care must be obtained following Naloxone administration. Continue rescue breaths and/ or CPR as needed. Continue to monitor until EMS arrives. Place in recovery position if able

School Physician Name: _____

School Physician Signature: _____

Updated: 2/6/2023

Date: _____

Updated: 2/6/2023

ADMINISTERING MEDICINES TO STUDENTS

Medication may not be administered to students while at school unless such medicine is given to them by the school nurse acting under specific written request of the parent or guardian and under the written directive of the student's personal physician (see below for exceptions). If a student has been approved for self-administration, a student who needs medication during the school day may be reminded to take the medicine by the school nurse or other individual designated by the school nurse in the student's medical administration plan. This provision only applies when the school nurse has a medical administration plan in place for the student. No one but the school nurse, and those others listed in the medical administration plan acting within the above restriction, may give any medication to any student.

Exceptions:

The school district shall, through the district nurse leader, register with the Dept. of Public Health and train personnel in the use of epinephrine auto-injectors.

The school district may, in conjunction with the School Physician and the School Nurse Leader, stock nasal naloxone (Narcan) and trained medical personnel and first responders may administer nasal naloxone to individuals experiencing a life threatening opiate overdose in a school setting.

If the school district wishes medical personnel to train non-medical staff in the administration of nasal naloxone, the School Committee shall vote to approve such training and the Superintendent shall ensure that medical personnel have a written protocol which complies with medical directives and regulations from the Dept. of Public Health.

Following consultation with the school nurse, students who fall into the following exceptions may self-administer medications:

1. Students with asthma or other respiratory diseases may possess and administer prescription inhalers.
2. Students with cystic fibrosis may possess and administer prescription enzyme supplements.
3. Students with diabetes may possess and administer glucose monitoring tests and insulin delivery systems.
4. Students with life threatening allergies may possess and administer epinephrine.

SOURCE: MASC October 2016

LEGAL REF.: M.G.L. [71:54B](#)

Dept. of Public Health Regulations:
105 CMR 210.00; 244 CMR 3.00