

# **Evesham Township School District**



**2023 – 2024**

**CODE OF CONDUCT**

**AND**

**ANNUAL NOTIFICATIONS**

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5331 (P)	<a href="#"><u>Management of Life-Threatening Allergies in Schools</u></a>
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## **GENERAL DISCIPLINE**

The expectations of students in our schools are based upon the pillars of good character. We expect our students to be respectful of all people and property, to take responsibility for their choices and to exhibit honesty and integrity. These pillars will assist us in fostering the growth of healthy, confident young citizens.

Learning thrives in an atmosphere of mutual respect. As a member of our school community, students are expected to conduct themselves as responsible individuals. Good behavior is expected and reinforced in the schools. It goes beyond the classroom. In the halls and other public areas, students are to be orderly and courteous. Also, these expectations apply both to and from school, during school hours, and in all activities and programs supervised by the schools, including field trips, intramurals, clubs, athletic events, dances, social activities, etc. School rules apply in all of these situations. Our expectation is that students willingly cooperate with their instructors and exhibit maturity and self-control. All students are entitled to due process.

Occasionally, students may violate classroom or school regulations. When this occurs, the teacher or administrator has the right, responsibility and authority to inform and/or discipline the offender.

### **Elementary School**

At the elementary level, all schools utilize the Responsive Classroom Approach to Discipline. The following four goals are associated with this approach:

1. Establish a calm, orderly, safe environment for learning.
2. Help children develop self-control and self-discipline.
3. Teach children to be responsible, contributing members of a democratic community.
4. Promote respectful, kind, and healthy teacher-student and student-student interactions.

This approach offers clear expectations for behavior and actively teaches children how to live up to established expectations through the use of the following four proactive strategies: Morning Meeting, Teacher Language, Interactive Modeling, and Rule Creation. When students misbehave, teachers use visual and verbal cues, reminding and redirecting language, increased teacher proximity, and logical consequences to stop the misbehavior and restore positive behavior as quickly as possible so that children can continue to learn and the teacher can continue to teach.

Logical consequences can be utilized both in the classroom and at the school level. There are three types of logical consequences: reparation, loss of privilege, and positive time-out. With any consequence, it must connect to the following three R's: respectful, related and realistic. All consequences are handled in a respectful manner, where relevant and realistic consequences occur directly related to the misbehavior. Alternative strategies may also be utilized as appropriate. These include, but are not limited to the following: buddy teacher, social conferencing, class meetings, written reflections, parent phone contact or conference,

## TOC

referral to School Counselor, alternative lunch, after-school detention, Saturday detention, \*in-school suspension, and \*out-of-school suspension.

\*Examples of severe incidents include:

- Fighting (intent to harm or resulting in injury)
- Abusive/Harassing language or behavior
- Continual disruptive behavior
- Possession, use or sale of a controlled, dangerous substance
- Leaving school grounds without permission
- Extreme disrespect toward school staff
- Stealing
- Possession or use of unsafe or inappropriate articles
- Vandalism

## Middle School

After a teacher has utilized all reasonable measures at his/her command without achieving the desired modification of the child's behavior, a referral to the vice principal or principal may become necessary. For this, a merit system will be implemented.

Each year, middle school students begin with an unblemished merit record. However, if an infraction occurs, demerits may be issued. Students who remain demerit free for one week are awarded the removal of one demerit.

If a school rule is broken, the student's record of merit is reviewed. Each student is viewed as an individual and each incident is reviewed accordingly. A conference with the vice principal, principal, and/or school counselor occurs with the student. **The school administrator will then impose demerits and reserves the right to supersede these examples.**

For the following infractions, 2-5 demerits may be issued. Parents/guardians may be contacted. Repeat or severe offenses may result in suspension:

- Bus conduct report (bus demerits)
- Bike helmet (not wearing)
- Chronic disruption in school
- Clothing/Dress code violation
- Detention-failure to serve
- Disrespectful or defiant behavior
- Display of affection in public
- Disruption
- Documents requiring signature not returned
- Electronic devices – unapproved (iPods, MP3's, etc.)
- Food and beverages – outside of cafeteria
- Gambling
- Gum chewing
- Wearing hats/head coverings (except for religious reasons)
- Inappropriate language

## TOC

- Password/PIN number sharing
- Late to class
- Throwing objects
- Unauthorized use or possession of a cell phone
- Unprepared for class
- Unsupervised area

In addition to possible disciplinary action, the following offenses have the following designated responses:

- Plagiarism will result in redoing the assignment and grade alteration.
- Cheating will result in zero credit for an assignment and grade alteration.
- Possession or use of an unapproved electronic communication device will result in confiscation, Saturday detention, and/or suspension.

The following infractions result in possible suspension and/or parent/guardian contact:

- Cutting class
- Forgery

The following more serious infractions are further defined in later sections of this Student Code of Conduct, along with explicit disciplinary actions:

- Firearms, weapons, dangerous instruments and threats
- Gang-related activity or association
- Harassment, intimidation and bullying
- Substance abuse (drugs, alcohol, vaping and/or tobacco products)
- Theft
- Vandalism
- Violence (student assault/fighting, assault on school employee, teen dating violence)

Each succeeding accumulation of ten (10) active demerits will result in a school suspension of greater duration. Parents/guardians may be required to meet with school officials before a suspended student is readmitted. Students with chronic discipline problems may be deprived of attending extracurricular school functions such as athletic contests, the eighth grade annual graduation trip or any other school-sponsored activity. If a pupil is suspended, he/she may not attend the next school dance even if it is the graduation dance.

Any student suspended may be referred to the district Child Study Team for psychological counseling and/or evaluation. All suspended students are reported to the Superintendent.

At times, when classroom, lunchroom or school rules are breached, an after-school detention may be assigned. It is essential that students report to the assigned detention as scheduled or face the possibility of increased disciplinary action.

Should a child have a previous commitment such as a doctor's or dental appointment, the parent should contact the teacher via a note or phone call and request a rescheduling of the detention.

## **ATTENDANCE**

Good attendance is essential to student learning. Students are expected to attend school daily, as long as they are healthy. New Jersey State Law recognizes the observance of a religious holiday and Take Your Child to Work Day as excused absences. In addition, as per district policy, the following, when reported to the school office, may also be recorded as excused: student illness, student required attendance in court, student suspension from school, family illness or death, necessary and unavoidable medical or dental appointments that cannot be scheduled at a time other than the school day, a NJDOE rule, and an absence consistent with an IEP and/or individualized health care plan, where appropriate. In addition, a written request can be made to the building principal that states the reason for the absence and requests permission for the absence to be excused. Any other absence constitutes an unexcused absence that counts toward truancy.

The following rules for student attendance are in effect:

1. When a student is absent, a parent must call the school before the start of the school day to notify them of the absence. This procedure alerts the school and parents if a student is potentially missing. In the event a student is unaccounted for, parents and emergency contact numbers will be called, and the district attendance officer/SRO/police department will be notified as necessary. Absences that are not properly reported will constitute an unexcused absence that counts toward truancy.
2. When a student returns to school after an absence, he/she must bring to his/her teacher a statement written by his/her parent or guardian giving the date(s) of the absence and the reason for his/her absence. A physician's statement shall be required when the absence exceeds five (5) consecutive days or for a communicable disease. The physician's statement shall indicate the student's illness and include medical clearance to return to school.
3. Absences due to family vacations should be kept to a minimum. Missing days during the school year is very disruptive to the educational process. Students absent for any reason are expected to make up the work missed. The parent or student is responsible for requesting missed assignments and any assistance required. Teachers will provide make-up assignments, as necessary.
4. As per mandated law, the school district will respond to unexcused absences that count towards truancy in the following manner:
  - a. For up to four (4) cumulative unexcused absences, the district shall attempt to notify the parent/guardian and investigate the cause of each absence. An action plan will be developed if there is a pattern of unexcused absences that count towards truancy.
  - b. For cumulative unexcused absences between five (5) and nine (9), the district shall attempt to notify the parent/guardian and investigate the cause of each absence. The action plan will be reviewed and modified as needed.
  - c. For cumulative unexcused absences of ten (10) or more, a referral may be made to the court program as required by the NJ Administrative Office of the Courts.

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5. Excessive excused absences from school will lead to the following steps:
  - a. A letter will be sent to the parent/guardian after ten (10) cumulative days.
  - b. An action plan will be developed as needed to address patterns of excessive absences.
  - c. An additional letter will be sent home to the parent/guardian after fifteen (15) cumulative days and a meeting arranged with school personnel.
  - d. The district attendance officer/SRO may make a visit to the home of the student after twenty (20) cumulative days and/or legal proceedings with the Evesham Township Municipal Court may be initiated for truancy.
6. Chronic absenteeism is defined by the State of New Jersey as a student missing 10 percent or more of the eligible school days, and includes both excused and unexcused absences. This translates to 18 missed days per year or just two days per month. Chronic absentee data is reported by the state annually in each school's performance report.

Lateness – Arriving at school late is also very disruptive to the educational process. Continued lateness to school affects the educational progress of the student who is late, as well as his/her classmates. Parents should accompany the late child to the office to sign the child in and provide a written reason for the lateness. This will be recorded as tardy. Individual cases will be handled by the building administrator.

Excessive tardiness from school will lead to the following:

- At the middle school level, demerits may be awarded for excessive tardies. Five or more tardies will result in an after school detention and/or alternative lunch; ten or more tardies will result in a Saturday detention.\*
- At the elementary level, a letter will be sent home with students that accumulate five unexcused tardies. Ten tardies will result in the assignment of a detention.



## **BUS PROCEDURES**

Students are assigned to buses by the district Transportation Department. This department also establishes bus routes and specific bus stops. There are legal limits for the number of students allowed on each bus. Bus assignments and/or routes are sometimes altered during the school year in order to stay within the limits. **For this reason, NO CHILD is allowed to ride any bus other than his/her assigned bus without specific approval from the Transportation Coordinator.** If parents have a legitimate reason why their child may need to ride a different bus, they should contact the Transportation Coordinator at least 24 hours in advance at 988-0568.

### **BUS STUDENTS' CONDUCT**

Bus conduct will be monitored by use of video equipment.

For those students who ride a bus to and from school, all school rules apply. This includes the use of cell phones. Any student with a cell phone should keep it secured in his/her backpack. The following is the district adopted assertive discipline procedure:

#### **BUS RULES:**

1. Follow all health and safety procedures established by the school district.
2. Be courteous and respectful to the driver at all times, recognizing his/her authority while on the bus.
3. Remain in the assigned seat, designated by the driver, and wear your seatbelt.
4. Eating or drinking is not allowed on the bus; therefore, any food or drinks must remain securely in backpacks.
5. Keep voices at an appropriate noise level.
6. Fighting, profanity/inappropriate language, and/or vandalism is not allowed and will be reported to the building principal immediately.

#### **CONSEQUENCES:**

1 <sup>st</sup> Violation -	Verbal Warning
2 <sup>nd</sup> Violation -	Verbal Warning (Elementary Level Only)
3 <sup>rd</sup> Violation -	Disciplinary Referral given to the Principal. Seat may be reassigned as appropriate for up to ten (10) days.
4 <sup>th</sup> Violation -	Disciplinary Referral to the Principal. Discipline is at the Principal's discretion.
Major Violation:	Will be reported to the Principal immediately with a Disciplinary Referral. Discipline will be at the Principal's discretion.

## **CAFETERIA AND RECESS REGULATIONS**

The following discipline plan is designed to provide a comfortable and safe atmosphere for our students during lunch and recess:

### **LUNCHROOM RULES:**

1. Follow all health and safety procedures established by the school district.
2. Be courteous and respectful to the lunchroom aides.
3. Remain seated while eating and keep hands/feet to yourself.
4. Keep voices at an appropriate noise level. No profanity/inappropriate language is allowed.
5. Properly dispose of food and trash.
6. Walk in the cafeteria.

### **PLAY AREA RULES:**

1. Follow all health and safety procedures established by the school district.
2. Follow the directions of the lunchroom/recess aides, be courteous and respectful.
3. Stay in the designated play area.
4. Use equipment properly and safely.
5. Play/participate in appropriate games/activities.
6. Stop when the whistle blows and walk to get in line.
7. Fighting, profanity/inappropriate language and/or vandalism is not allowed and will be reported to the building principal immediately.

### **CONSEQUENCES OF BREAKING RULES AT LUNCH/RECESS**

Stage 1 - Verbal Warning

Stage 2 - Time Out

Stage 3 - Report to principal for appropriate discipline\*

## DISTRICT CALENDAR

## EVESHAM TOWNSHIP SCHOOL DISTRICT SCHOOL CALENDAR 2023-24

School Closing # 657

[www.evesham.k12.nj.us](http://www.evesham.k12.nj.us)

SEPTEMBER 2023						
S	M	T	W	T	F	S
			30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER 2023						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER 2023						
S	M	T	W	T	F	S
			1	2	3	4
5	(6)	7	(8)	9	10	11
12	13	14	15	16	17	18
19	20	21	(22)	23	24	25
26	27	28	29	30		

DECEMBER 2023						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	(22)	23
24	25	26	27	28	29	30
31						

JANUARY 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## Student/Teacher Days in Session

	Student Days	Teacher Days
September	18	20
October	21	22
November	17	18
December	16	16
January	21	21
February	19	20
March	20	20
April	17	17
May	21	22
June	10	10
Total	180	186

## SEPTEMBER

8/30-8/31	Wed-Thur	- Teachers Return for In-Service (Schools Closed for Students)
4	Mon	- Labor Day (Schools Closed)
5	Tue	- First Student Day
25	Mon	- Yom Kippur (Schools Closed)

## OCTOBER

9	Mon	- Teacher In-Service (Schools Closed for Students)
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## NOVEMBER

6	Mon	- Parent/Teacher Night Conferences (Early Dismissal)
7	Tue	- Parent/Teacher Conferences (Election Day) (Schools Closed for Students)
8	Wed	- Parent/Teacher Conferences (Early Dismissal)
9-10	Thu-Fri	- NJEA Convention (Schools Closed)
22	Wed	- Thanksgiving Recess Begins (Early Dismissal)
23-24	Thu-Fri	- Thanksgiving Recess (Schools Closed)

## DECEMBER

22	Fri	- Winter Recess Begins (Early Dismissal)
25-29	Mon-Fri	- Winter Recess (Schools Closed)

## JANUARY

1	Mon	- Winter Recess (Schools Closed)
2	Tue	- Winter Recess Ends (Schools Open)
15	Mon	- Dr. Martin Luther King Day (Schools Closed)

## FEBRUARY

16	Fri	- Teacher In-Service (Schools Closed for Students)
19	Mon	- Presidents' Day (Schools Closed)

## MARCH

7-8	Thu-Fri	- Parent/Teacher Conferences (Early Dismissal)
29	Fri	- Spring Recess (Schools Closed)

## APRIL

1-5	Mon-Fri	- Spring Recess (Schools Closed)
8	Mon	- Spring Recess Ends (Schools Open)

## MAY

24	Fri	- Teacher In-Service (Schools Closed for Students)
27	Mon	- Memorial Day (Schools Closed)

## JUNE

12-14	Wed-Fri	- Student Early Dismissal
14	Fri	- Last Student Day (Student Early Dismissal)

## Key:

<del>Strikethrough</del>	Schools Closed for Students Only
Gray Fill	Schools Closed for Students and Teachers
(Parentheses)	Early Dismissal for Students

FEBRUARY 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

MARCH 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	(7)	(8)	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY 2024						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE 2024						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	(12)	(13)	(14)	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

## Emergency/Snow Make-up Days

(Subject to change pending need for additional emergency/snow closings)

1. Monday, June 17, 2024
2. Tuesday, June 18, 2024
3. Friday, April 5, 2024
4. Thursday, April 4, 2024
5. Wednesday, April 3, 2024

The Board of Education reserves the right to adjust this calendar.

## Board Approval:

Second reading 3.16.23

## **DRESS CODE**

**Dress Code:** The dress code of the Middle Schools is designed to establish guidelines which permit students to exercise freedom of choice and responsible decision-making in selecting attire that is appropriate for school.

Students must wear:

1. Full length tops with sleeves or straps
2. Tops/Bottoms that cover undergarments.
3. Footwear
4. Clothing and footwear that is suitable for all scheduled activities including physical education, science labs, and other specialized courses where proper attire is necessary to ensure safety.

Students may not wear head coverings (except those for religious reasons), such as hats, hoods, sunglasses or any headwear that obscures a student's face and/or ears or interferes with the line of sight of any student or staff.

Students may not wear clothing, jewelry or personal items that:

1. Contain threats, are pornographic, or that promote illegal or violent conduct such as the unlawful use of weapons, drugs, alcohol, tobacco or drug paraphernalia.
2. Demonstrated gang or hate group association/affiliation and/or use hate speech targeting groups based on race, ethnicity, gender, sexual orientation, gender identity, religious affiliation, or any other protected groups.
3. Show private parts. Clothing must cover private parts in opaque material and undergarments may not be worn as outer garments.

## **FIREARMS, WEAPONS, DANGEROUS INSTRUMENTS AND THREATS**

The Board of Education is committed to providing a safe and secure school environment to all students attending the public schools.

A **firearm** is defined as anything that may be shot with the ability to harm. Rifle, handgun, shotgun, BB gun, pellet/airsoft type gun, slingshot, flare gun, and paintball gun are examples of a firearm.

A **weapon** is defined as anything that may harm another individual or may be perceived as harmful. A fixed-blade knife, switchblade, gun, replica of a gun, sword, replica of a sword, penknives and brass knuckles are examples of weapons.

A **dangerous instrument** is an instrument that is not intrinsically dangerous but could be used to injure or threaten someone, including but not limited to these examples of potentially dangerous instruments: a baseball bat, bowling pin, Boy Scout knife, Swiss Army knife, water pistol, and a 2x4.

## TOC

The school district will handle these incidents on an individual basis using the following guidelines:

Possible events are listed in order of severity with Level 1 as the most severe.

### LEVEL 1 OFFENSE

Possible Events:

- Firearm in school or bus or at a school function
- Weapon with a threat
- Bomb or bomb threat
- Serious verbal or written death threat with intent to harm

Notification (in no particular order):

- Parents
- Superintendent
- County Office
- Police
- Board of Education

Possible Action (may be a combination of any or all of these):

- External suspension
- Child Study Team involvement
- Harm to others assessment/psychiatric evaluation
- Administrative review/Superintendent's hearing
- \*Expulsion

\*Our district will comply with state law, which mandates the minimum penalty for these offenses as a one-year expulsion.

### LEVEL 2 OFFENSE

Possible Events:

- Weapon or dangerous instrument without a threat
- Verbal or written death threat with intent to harm

Notification (in no particular order):

- Parents
- Superintendent
- Police

Possible Action (may be a combination of any or all of these):

- Internal or external suspension
- School counseling referral
- Child Study Team involvement
- Administrative review/Superintendent's hearing
- Police intervention
- Harm to others assessment/psychiatric evaluation

### LEVEL 3 OFFENSE

Possible Events:

## TOC

- Verbal or written threat
- Threat to bring a weapon to school

Notification (in no particular order)

- Parents
- Superintendent
- Possible police intervention

Possible Action (may be a combination of any or all of these):

- Conference with student
- Student written reflection
- Alternative lunch/recess
- After-school detention
- School counseling referral
- Internal or external suspension
- Administrative review/Superintendent's hearing

### **GANG RELATED ACTIVITY OR ASSOCIATION**

Students are prohibited from engaging in gang activity on school grounds, on school buses or at any school sponsored activity. A "gang" is any group of two or more persons whose purpose includes the commission of illegal acts.

No student shall engage in any gang activity, including, but not limited to:

- Wearing, using, distributing, displaying, or selling any clothing, jewelry, emblem, badge, symbol, sign, or other item that may be evidence of membership or affiliation in any gang.
- Committing any act, or using any speech, either verbal or non-verbal (such as gestures or hand-shakes) showing membership or affiliation in a gang.
- Using any speech or committing any act in furtherance of the interest of any gang or gang activity, including, but not limited to: soliciting others for membership in any gangs; requesting to pay protection or otherwise intimidating or threatening any person; inciting other students to act with physical violence upon any other person.

Students engaging in any gang-related activity will be subject to disciplinary action and police notification.

### **HARASSMENT, INTIMIDATION AND BULLYING**

Consequences and appropriate remedial action for a pupil who commits one or more acts of harassment, intimidation, or bullying may range from positive behavioral interventions up to and including suspension or expulsion. The factors for determining consequences and remedial measures and examples of consequences and remedial measures are listed in Policy 5512 – Harassment, Intimidation, and Bullying.

Consequences for a pupil who commits an act of harassment, intimidation, or bullying shall be varied and graded according to the nature of the behavior, the developmental age of the pupil and the pupil's history of problem behaviors and performance, and shall be consistent

## [TOC](#)

with this Policy and the school district's pupil discipline/code of conduct pursuant to N.J.A.C. 6A:16-7.1.

Remedial measures shall be designed to correct the problem behavior; prevent another occurrence of the problem; protect and provide support for the victim of the act; and take corrective action for documented systemic problems related to harassment, intimidation, or bullying.

### **LEAVING SCHOOL PROPERTY WITHOUT PERMISSION**

It is extremely important that all students remain on school grounds under staff supervision at all times.

**First Offense**: Up to 3 Day Suspension / possible Police Intervention

**Second Offense**: 5 Day Suspension / Administrative Review / possible Police Intervention

**Subsequent Offenses**: Suspension Up to 10 Days / possible Superintendent's Hearing / possible Police Intervention



## OPIOID FACT SHEET

# OPIOID USE AND MISUSE EDUCATIONAL FACT SHEET

## Keeping Student-Athletes Safe

School athletics can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition.

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller.<sup>1</sup> It is important to understand that overdoses from opioids are on the rise and are killing Americans of all ages and backgrounds. Families and communities across the country are coping with the health, emotional and economic effects of this epidemic.<sup>2</sup>

This educational fact sheet, created by the New Jersey Department of Education as required by state law (*N.J.S.A. 18A:40-41.10*), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes a student-athlete or cheerleader an opioid for a sports-related injury. Student-athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

### How Do Athletes Obtain Opioids?

In some cases, student-athletes are prescribed these medications. According to research, about a third of young people studied obtained pills from their own previous prescriptions (i.e., an unfinished prescription used outside of a physician's supervision), and 83 percent of adolescents had unsupervised access to their prescription medications.<sup>3</sup> It is important for parents to understand the possible hazard of having unsecured prescription medications in their households. Parents should also understand the importance of proper storage and disposal of medications, even if they believe their child would not engage in non-medical use or diversion of prescription medications.

### What Are Signs of Opioid Use?

According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes had used prescription opioids in the 12-month period studied.<sup>4</sup> In the early stages of abuse, the athlete may exhibit unprovoked nausea and/or vomiting. However, as he or she develops a tolerance to the drug, those signs will diminish. Constipation is not uncommon, but may not be reported. One of the most significant indications of a possible opioid addiction is an athlete's decrease in academic or athletic performance, or a lack of interest in his or her sport. If these warning signs are noticed, best practices call for the student to be referred to the appropriate professional for screening,<sup>4</sup> such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)) offered through the [New Jersey Department of Health](#).

## What Are Some Ways Opioid Use and Misuse Can Be Prevented?


According to the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."

The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:


- The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, non-steroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor's instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.
- Ice therapy can be utilized appropriately as an anesthetic.
- Always discuss with your physician exactly what is being prescribed for pain and request to avoid narcotics.
- In extreme cases, such as severe trauma or post-surgical pain, opioid pain medication should not be prescribed for more than five days at a time;
- Parents or guardians should always control the dispensing of pain medications and keep them in a safe, non-accessible location; and
- Unused medications should be disposed of immediately upon cessation of use. Ask your pharmacist about drop-off locations or home disposal kits like Detera or Medsaway.

According to NJSIAA Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."






STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION



STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH

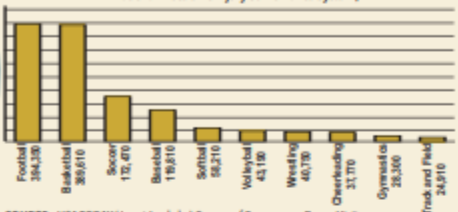


**NJSIAA SPORTS MEDICAL  
ADVISORY COMMITTEE**

Karan Chauhan  
Parsippany Hills High School,  
Permanent Student Representative  
New Jersey State Board of Education

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**Number of Injuries Nationally in 2012 Among Athletes 19 and Under from 10 Popular Sports**  
(Based on data from U.S. Consumer Product Safety Commission's National Electronic Injury Surveillance System)



SOURCE: USA TODAY (Janet Loehrke) Survey of Emergency Room Visits

### Even With Proper Training and Prevention, Sports Injuries May Occur

There are two kinds of sports injuries. Acute injuries happen suddenly, such as a sprained ankle or strained back. Chronic injuries may happen after someone plays a sport or exercises over a long period of time, even when applying overuse-preventative techniques.<sup>5</sup>


Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes are encouraged to become better educated about sports safety.<sup>6</sup>

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### What Are Some Ways to Reduce the Risk of Injury?

Half of all sports medicine injuries in children and teens are from overuse. An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse.


The best way to deal with sports injuries is to keep them from happening in the first place. Here are some recommendations to consider:




**PREPARE** Obtain the preparticipation physical evaluation prior to participation on a school-sponsored interscholastic or intramural athletic team or squad.




**CONDITIONING** Maintain a good fitness level during the season and offseason. Also important are proper warm-up and cooldown exercises.




**PLAY SMART** Try a variety of sports and consider specializing in one sport before late adolescence to help avoid overuse injuries.




**ADEQUATE HYDRATION** Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.



**TRAINING** Increase weekly training time, mileage or repetitions no more than 10 percent per week. For example, if running 10 miles one week, increase to 11 miles the following week. Athletes should also cross-train and perform sport-specific drills in different ways, such as running in a swimming pool instead of only running on the road.



**REST UP** Take at least one day off per week from organized activity to recover physically and mentally. Athletes should take a combined three months off per year from a specific sport (may be divided throughout the year in one-month increments). Athletes may remain physically active during rest periods through alternative low-stress activities such as stretching, yoga or walking.



**PROPER EQUIPMENT** Wear appropriate and properly fitted protective equipment such as pads (neck, shoulder, elbow, chest, knee, and shin), helmets, mouthpieces, face guards, protective cups, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.

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### Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

- National Council on Alcoholism and Drug Dependence** – NJ promotes addiction treatment and recovery.
- New Jersey Department of Health, Division of Mental Health and Addiction Services** is committed to providing consumers and families with a wellness and recovery-oriented model of care.
- New Jersey Prevention Network** includes a [parent's quiz](#) on the effects of opioids.
- Operation Prevention Parent Toolkit** is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and those in the community.
- Parent to Parent NJ** is a grassroots coalition for families and children struggling with alcohol and drug addiction.
- Partnership for a Drug Free New Jersey** is New Jersey's anti-drug alliance created to localize and strengthen drug-prevention media efforts to prevent unlawful drug use, especially among young people.
- The Science of Addiction: The Stories of Teens** shares common misconceptions about opioids through the voices of teens.
- Youth IMPACTing NJ** is made up of youth representatives from coalitions across the state of New Jersey who have been impacting their communities and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

### References

<sup>1</sup> Massachusetts Technical Assistance Partnership for Prevention

<sup>2</sup> Centers for Disease Control and Prevention

<sup>3</sup> New Jersey State Interscholastic Athletic

Association (NJSIAA) Sports Medical Advisory Committee (SMAC)

<sup>4</sup> Athletic Management, David Cillian, athletic trainer, Ewing High School, NJSIAA SMAC

<sup>5</sup> National Institute of Arthritis and Musculoskeletal and Skin Diseases

<sup>6</sup> USA TODAY

<sup>7</sup> American Academy of Pediatrics

An online version of this fact sheet is available on the New Jersey Department of Education's [Alcohol, Tobacco, and Other Drug Use](#) webpage.  
Updated Jan. 30, 2018.

## **PARENT MEETINGS WITH TEACHERS AND/OR ADMINISTRATORS**

The Evesham Township School District recognizes and encourages the parents'/guardians' need to communicate to district personnel. This can be accomplished by email, telephone, or in-person conference. There are times when disagreements arise before, during, or after these conferences. It is imperative that an aura of civility permeates these conferences. All school district employees are instructed to refrain from raising their voices or using inappropriate language at these conferences. The same courtesy is requested from parents/guardians. All district employees have the authority to suspend or adjourn meetings or phone calls that have ceased to be productive due to unacceptable behaviors.

## **PARENT SUPPORT SERVICES**

Each building Principal and School Counselor has a current list of community-based health and social service provider agencies available to support a student and the student's family, as appropriate, and a list of legal resources available to serve the community. Please contact the school office if you or your child are in need of assistance.

## **PERSONAL ITEMS IN SCHOOL**

Students should come to school ready to learn, and therefore, may not bring personal property that will serve as distractions or safety concerns. This includes items such as inappropriate magazines, toys, and unapproved electronic devices. These items may be held by school personnel for later retrieval by parents.

Cell phones are not permitted for use during school hours, including ECC hours of operation. Cell phones must be turned off and not visible while the student is in the school building. Cell phones may only be turned on after school has been concluded for the day and the student is outside the school building. Cell phones may be held by school administrators for later retrieval by parents.

## **POSITIVE BEHAVIORAL SUPPORTS**

The Evesham Township School District proactively provides many positive behavioral support programs for the students. Some of these include the following:

- Responsive Classroom: Morning Meeting, Teacher Language, Interactive Modeling, and Rule Creation
- RC Connections: CARES and Traits of Growth
- No Place for Hate at Middle School
- Peer Mediation Program
- Teacher/Student Mentoring Program
- Renaissance Program
- Character Education/School Climate Initiatives such as: "No Put Downs" and "Mix it Up Days"
- Character themes and acknowledgements
- Monthly manner lessons
- Team building activities

## TOC

- Class compacts
- Individual behavior plans
- Classroom celebrations
- Week of Respect
- Red Ribbon Week
- Violence Awareness Week
- Whole-School assemblies and meetings
- After-School Clubs such as “Tomorrow’s Leaders”, Student Council, “Make a Friend, Be a Friend” and “CARES Club”

## **SPORTS-RELATED CONCUSSION AND HEAD INJURY FACT SHEET**

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parents/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will annually distribute this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district’s graduated return-to-play protocol.

### **Quick Facts**

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an “impulsive” force to the brain and cause a concussion

### **Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)**

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

### **Symptoms of Concussion (Reported by Student-Athlete)**

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or foggiess
- Difficulty with concentration, short term memory, and/or confusion

### **What should a student-athlete do if they think they have a concussion?**

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

### **What can happen if a student-athlete continues to play with a concussion or returns to play too soon?**

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

### **Should there be any temporary academic accommodations made for student-athletes who have suffered a concussion?**

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

**The NJ Department of Education recommends that student-athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:**

## TOC

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, the next day advances.
- **Step 2:** Light aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non-contact training drills (e.g. passing drills). Student-athletes may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

***In Evesham Township School District, students will ONLY return to physical education or sports activities with written approval from their physician for FULL participation. The school physician will approve all medical clearances before the student returns to activities. Upon an athlete's return, if symptoms occur, the coach or teacher will remove the athlete from all activities, practice, or competition and inform the nurse and parent.***

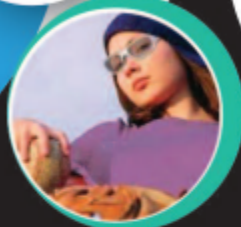
For further information on Sports-Related Concussions and other Head Injuries, please visit: [www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html), [www.nfhs.com](http://www.nfhs.com), [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety), [www.bianj.org](http://www.bianj.org), [www.atsnj.org](http://www.atsnj.org)



## SPORTS-RELATED EYE INJURY FACT SHEET

# SPORTS-RELATED EYE INJURIES:

## AN EDUCATIONAL FACT SHEET FOR PARENTS



Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.<sup>1</sup> According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

### Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.<sup>2</sup> **Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.**<sup>3</sup>

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child's sport, visit the National Eye Institute at <http://www.nei.nih.gov/sports/findingprotection.asp>. Prevent Blindness America also offers tips for choosing and buying protective eyewear at <http://www.preventblindness.org/tips-buying-sports-eye-protectors>, and <http://www.preventblindness.org/recommended-sports-eye-protectors>.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

<sup>1</sup> National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, [www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf](http://www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf), December 26, 2013.

<sup>2</sup> Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, <http://www.aafp.org/afp/2003/0401/p1481.html>, September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, [www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf](http://www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf), December 26, 2013.

<sup>3</sup> Bedinghaus, Troy, O.D., Sports Eye Injuries, [http://vision.about.com/od/emergencyeyecare/a/Sports\\_Injuries.htm](http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm), December 27, 2013.

## Most Common Types of Eye Injuries



The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

♦ **Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.

♦ **Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

♦ **Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.<sup>4</sup>

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken eye;
- Double vision;
- Severe eyelid and facial swelling;
- Difficulty tracking;

## Signs or Symptoms of an Eye Injury



- The eye has an unusual pupil size or shape;
- Blood in the clear part of the eye;
- Numbness of the upper cheek and gum; and/or
- Severe redness around the white part of the eye.

## What to do if a Sports-Related Eye Injury Occurs



If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child's teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician's note detailing the nature of the eye injury, any diagnosis, medical orders for

the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

## Return to Play and Sports

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that

it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.



**Additional information on eye safety can be found at <http://isee.nei.nih.gov> and <http://www.nei.nih.gov/sports>.**

<sup>4</sup>Bedinghaus, Troy, O.D., Sports Eye Injuries, [http://vision.about.com/od/emergencyeyecare/a/Sports\\_Injuries.htm](http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm), December 27, 2013.

## **STUDENT EDUCATION RECORDS**

### Notification of Rights under FERPA (Family Educational Rights & Privacy Act)

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days from the day the School receives a request for access.

Parents or eligible students should submit to the School principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the School to amend a record should write the School principal (or appropriate school official), clearly identify the part of the record they want changed, and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted as its agent to provide a service instead of using its own employees or officials (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the *School District* to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-8520



## **SUBSTANCE ABUSE**

It is the responsibility of the Board of Education to safeguard the health, safety and character of the students in our schools. We, therefore, must declare that the use and possession of controlled dangerous substances, alcohol, tobacco, anabolic steroids, toxic inhalants and drug paraphernalia (hereinafter collectively referred to as "Prohibited Substances") is harmful to individual students and the entire school community. The Board of Education is committed to the prevention of substance abuse in its various forms. Policy # 5530 and its supporting regulations are designed to eliminate substance abuse within the Evesham Township schools, to provide procedural direction to our professional staff and to promote the rehabilitation of students with substance abuse difficulties.

Of major concern to the Board of Education is the welfare of the individual child. The school must establish a climate healthy to the individual's growth and self-fulfillment. The use of drugs, alcohol, tobacco, vaping, anabolic steroids, toxic inhalants and drug paraphernalia are inconsistent with a healthy learning environment. Every effort should be made to prevent the use of prohibited substances in the Evesham Township schools through a sound educational program and a responsive staff. As such, the Evesham Board of Education will assiduously follow state law and meet all mandates for a health curriculum that will teach our children the dangers of utilizing prohibited substances. Our policy will closely parallel state law, thereby ensuring that substance abuse is handled seriously, promptly and professionally and that students receive the help that they require.

### **Prohibited Acts**

The abuse, use, consumption, possession, sale, purchase, distribution, or transfer of:

- alcoholic beverages;
  - any controlled dangerous substance (as defined by N.J.S.A. 24:21-2);
  - any toxic inhalant (as defined by N.J.S.A. 2A:170-25.9);
  - tobacco in any form; or
  - drug paraphernalia (as defined by N.J.S.A. 2C:36-1)
- is strictly prohibited in any of the circumstances set forth below:
1. While any student is on school property, either before, after or during the school day.
  2. While any student is in attendance at any school-related activity such as athletic events, field trips, curricular and co-curricular trips, non-curricular trips, performances, lectures, dances, ceremonies and other social events.
  3. While any student is awaiting pick-up at a school designated bus stop.
  4. While any student is en route to and from school or any school-related activity.
  5. While the prohibited conduct bears a reasonable nexus, in either time or distance, to attendance at school or a school-related activity so that the school district has a legitimate, rational interest in controlling the behavior for the protection of students, staff, or school property.

Any student that engages in any prohibited act set forth above shall be subject to discipline. A subsequent violation of this policy could subject a student to a long-term suspension or expulsion. See below for possible discipline:

**ALCOHOL/DRUG OFFENSE (INCLUDING OVER THE COUNTER MEDICATION, SYNTHETIC DRUGS, AND/OR DRUG PARAPHERNALIA) - POSSESSION and/or USE (Refusal to comply with district rules and state law shall be considered an offense and student will receive 3 additional days of suspension.)**

**First Offense:** 5 - 10 Day Suspension and Counseling Sessions with School Counselor / Parent Conference / Participation in Post Incident Drug Screening Program / Police Intervention / possible Superintendent Hearing. NOTE: Any subsequent drug/alcohol-related offense will result in Superintendent's Hearing.

**Second Offense:** Suspension pending Superintendent's Hearing including educational placement review / Police Intervention.

**ALCOHOL/DRUG OFFENSE (INCLUDING OVER THE COUNTER MEDICATION, SYNTHETIC DRUGS, AND/OR DRUG PARAPHERNALIA) - SALE OR DISTRIBUTION OF OR POSSESSION WITH INTENT TO DISTRIBUTE**

**First Offense:** Suspended pending Superintendent's Hearing / Police Intervention.

# SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

## Website Resources

- Sudden Death in Athletes  
<http://tinyurl.com/m2jmvwq>
- Hypertrophic Cardiomyopathy Association  
[www.hcm.org](http://www.hcm.org)
- American Heart Association [www.heart.org](http://www.heart.org)

## Collaborating Agencies:

**American Academy of Pediatrics  
New Jersey Chapter**  
3836 Quakerbridge Road, Suite 108  
Hamilton, NJ 08619  
(p) 609-842-0014  
(f) 609-842-0015  
[www.aapnj.org](http://www.aapnj.org)



**American Heart Association**  
1 Union Street, Suite 301  
Robbinsville, NJ 08691  
(p) 609-208-0020  
[www.heart.org](http://www.heart.org)



**New Jersey Department of Education**  
PO Box 500  
Trenton, NJ 08625-0500  
(p) 609-292-5935  
[www.state.nj.us/education/](http://www.state.nj.us/education/)



**New Jersey Department of Health**  
P.O. Box 360  
Trenton, NJ 08625-0360  
(p) 609-292-7837  
[www.state.nj.us/health](http://www.state.nj.us/health)



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NJ Academy of Family Practice, Pediatric Cardiologists,  
New Jersey State School Nurses

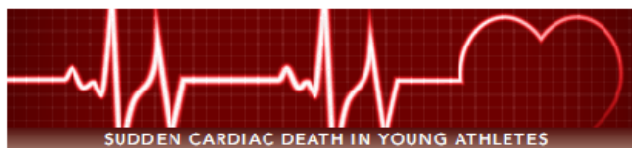
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## SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on  
Sudden Cardiac Death  
in Young Athletes



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



**S**udden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?

### What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

### How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

### What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-ro-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (kon-JEN-it-ah) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-kar-DE-itis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

### Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath (labored breathing).

### What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Participation Physical Examination Form (PPE).

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

### Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

PPE. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at <http://www.hhs.gov/familyhistory/index.html>.

### When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (EKG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

### Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a

normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

### Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

N.J.S.A. 18A:40-41a through c, known as "Janet's Law," requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
- A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED; or
- A State-certified emergency services provider or other certified first responder

The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1½ minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

## **VANDALISM**

Damage and/or defacement of school property is a serious disciplinary violation.

**First Offense:** Suspension Up to 10 Days / Referral for Counseling / Administrative Review and/or Superintendent's Hearing including educational placement review / Restitution / possible Police Intervention.

**Subsequent Offenses:** Suspension pending Administrative Review and/or Superintendent's Hearing including educational placement review / Restitution / possible Police Intervention.

## **VIDEO-TAKING/DISTRIBUTING WITHOUT PERMISSION**

Taking and/or distributing photo(s), video, or any recording of an individual(s) without their permission is forbidden at all times.

**First Offense:** Up to 5 days suspension / Administrative Review/ Superintendent's Hearing / Police Intervention.

**Second Offense:** Up to 10 days suspension / Superintendent's Hearing / Police Intervention.

## **VIOLENCE**

Violence of any kind is completely prohibited and has no place in our schools, where kindness and care for self and others are valued.

### **VIOLENCE INCIDENT - SIMPLE ASSAULT**

**First Offense:** Suspension Up to 5 Days / possible Police Intervention / Administrative Review / Superintendent's Hearing.

**Subsequent Offense:** Suspension Up to 10 Days / Administrative Review / Superintendent's Hearing / possible Police Intervention.

### **VIOLENCE INCIDENT - AGGRAVATED ASSAULT**

**First Offense:** Suspension Up to 5 Days / Administrative Review / Superintendent's Hearing / Police Intervention.

**Subsequent Offense:** Suspension Up to 10 Days / Administrative Review / Superintendent's Hearing / Police Intervention.

### **VIOLENCE INCIDENT - FIGHT**

**First Offense:** Suspension Up to 5 Days / Administrative Review / Superintendent's Hearing / possible Police Intervention.

**Subsequent Offense:** Suspension Up to 10 Days / Administrative Review / Superintendent's Hearing / Police Intervention.

### **ASSAULT ON SCHOOL EMPLOYEE**

**First Offense:** Exclusion pending Superintendent's Hearing / Police Intervention.

## **TEEN DATING VIOLENCE**

The Evesham Township School District believes a safe and civil environment in school is necessary for children to learn. A pupil who is a victim of dating violence suffers academically and the pupil's safety at school is jeopardized. Acts or incidents of dating violence at school whether they are verbal, sexual, physical, or emotional will not be tolerated and will be dealt with in accordance with the school's pupil code of conduct.

School staff members (administrative staff, instructional staff, support staff, and volunteers) shall take all reasonable measures to prevent acts or incidents of dating violence at school involving a pupil. All acts or incidents of dating violence at school shall be reported to the Principal or designee in accordance with the provisions outlined in Regulation 5519.

Consequences may include, but are not limited to: admonishment, temporary removal from the classroom, classroom or administrative detention, in-school suspension, out-of-school suspension, reports to law enforcement, and/or expulsion. Retaliation towards the victim of any act or incident of dating violence shall be considered when administering consequences to the alleged aggressor based on the severity of the act or incident.

Remediation/intervention may include, but is not limited to: parent conferences, pupil counseling (all pupils involved in the act or incident), peer support groups, corrective instruction or other relevant learning or service experiences, supportive pupil interventions (Intervention and Referral Services - I&RS), behavioral management plans, and/or alternative placements.