



# UTAH STATE BOARD OF EDUCATION MODEL HEALTH & WELLNESS POLICY

## Contents

Statement of Policy.....	3
Nutrition.....	5
Nutrition Education.....	5
School Food Culture.....	5
Eating Time.....	6
Celebrations and Rewards.....	6
Promotion & Marketing.....	7
Special Diets.....	8
Physical Activity.....	9
Physical Education.....	9
Recess (Elementary).....	10
Classroom Physical Activity Breaks (Elementary and Secondary).....	11
Active Academics.....	12
Before and After School Activities.....	12
Active Transport.....	12
Health Promotion.....	13
Air quality.....	13
Sun Safety.....	13
Health Screenings.....	14
Period Products.....	14
Substance Misuse Prevention and Intervention.....	14
Establish and Enforce Clear Standards of Conduct.....	15
Substance Misuse Prevention.....	15
Substance Use Intervention.....	17
Injury Prevention.....	19
Staff Wellness.....	20
Chronic, Infectious & Acute Disease Management.....	21
Medication Management.....	22

Mental Health .....24

    Prevention .....24

        Education .....25

    Identification .....25

        Mental Health Screening .....25

    Intervention.....26

    Recovery .....26

        Return to Learn.....26

Law and Policy .....27

Monitoring and Evaluations .....29

    Assessment Resources:.....29

## Statement of Policy

[LEA] is committed to the optimal development of each student. This policy outlines the model approach to ensuring environments and opportunities for all students to practice lifelong healthy habits that promote physical, mental, and social health.

Research shows that students who are physically, mentally, emotionally, and socially healthy during and after the school day have positive outcomes. For example, student participation in the U.S. Department of Agriculture's (USDA) School Breakfast Program is associated with higher grades and test scores, lower absenteeism, and better performance on cognitive tasks. In addition, students who are physically active through active transport to and from school, recess, physical activity breaks, high quality physical education, and extracurricular activities perform better academically.

Chronic health conditions affect about 25% of children and adolescents, with about 5% of children having multiple chronic health conditions. Some chronic health conditions such as asthma, diabetes, seizure disorders, and poor oral health can affect students during the school day and possibly impact their academic performance. For example, research demonstrates that 49% of students with asthma miss one or more days of school because of asthma symptoms. Students with diabetes often face many challenges in school with monitoring and treating blood glucose levels, which can ultimately impact quality of life and school achievement. Research illustrates that students with seizure disorders may have difficulty with cognitive ability, academic performance, and scores on intelligence tests<sup>1</sup>.

Research also shows that some chronic diseases can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, and getting regular health screenings. When systems support policy and create safe and healthy environments, students shall excel in their academic learning.

Mental and physical health are equally important components of overall health and well-being. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental illnesses are conditions that affect a child's thinking, feeling, mood or behavior. Depression, anxiety, bipolar disorder, attention

---

<sup>1</sup> Tiu, G. F., Leroy, Z. C., Lee, S. M., Maughan, E. D., & Brener, N. D. (2019). Characteristics Associated With School Health Services for the Management of Chronic Health Conditions. *The Journal of School Nursing*.

deficit disorder, and schizophrenia are conditions that may be occasional or chronic and affect the child's ability to relate to others and function during the school day.

Mental illnesses are among the most common health conditions in the United States.

- 1 in 5 children, either currently or at some point during their life, have had a seriously debilitating mental illness.
- 1 in 5 Americans shall experience a mental illness in a given year.

A number of factors can contribute to risk for mental illness, such as:

- Early adverse life experiences (ACES), such as trauma or a history of abuse (child abuse, witnessing violence, etc.).
- Experiences related to other ongoing chronic medical conditions such as cancer or diabetes.
- Chemical imbalances in the brain.
- Use of alcohol and other substances.
- Having few friends, feelings of loneliness and isolation.

[LEA] shall engage the community in supporting the work of the local school in creating continuity between schools and other settings for students and staff to practice lifelong healthy habits. [LEA] shall establish and maintain an infrastructure for management, oversight, implementation, communication, and monitoring of the policy. The [LEA] community (including parents, students, food service professionals, physical education teachers, school health professionals, community health partners, school nurses, the LEA board, and administrators) shall be encouraged to participate in the development and assessment of the wellness policy. [LEA] may utilize a self-evaluation or planning tool to assess the effectiveness and quality of the policy.

## Nutrition

[LEA] is committed to providing meals to students that offer an abundance of fresh fruits and vegetables, whole grains, and fat-free or low-fat dairy products, provide zero grams of trans-fat per serving, and limit saturated fat and sodium. Meal programs at [LEA] shall seek to help children develop lifelong healthy eating behaviors, support healthy choices, and improve overall student health and well-being through the following policies and practices.

### Nutrition Education

- Nutrition education is taught as part of the Utah Core Standards for Health Education in grades K-6, middle school, and high school as consistent with [R277-700](#).
- Nutrition curriculum is based on the Utah Core Standards for Health Education, which includes culturally and developmentally appropriate material.
- Nutrition education is incorporated into classroom instruction beyond health in subject areas such as mathematics, social sciences, language arts, and science.
- School nutrition services and health educators coordinate to link nutrition curriculum with activities in the cafeteria. The cafeteria is used to provide opportunities for students to apply lessons from the classroom and adopt healthy behaviors.
- [LEA] has active chapters of agriculture education organizations and encourages student participation.
- Nutrition education and training are provided to teachers and other staff to help model and encourage healthy behaviors.

### School Food Culture

- Fresh fruits and vegetables, whole grains, and fat-free or low-fat dairy products are featured in school menus, are displayed in an attractive manner, and prepared appropriately.
- Food items available to children through school meals, a la carte, vending machines, school stores, events, celebrations, fundraisers, concessions, etc. support healthy food choices and the goal of improving student health and well-being.

- [LEA] shall provide an environment that ensures students have the best opportunity to practice healthy eating behaviors with minimal distractions. There shall be no advertising on [LEA] property that conflicts with health information provided through nutrition education and wellness efforts.
- All items sold to students during the school day meet the USDA Smart Snacks in School nutrition standards. Questions regarding food related fundraisers, school stores, etc. should be directed to the Food Service Department.

## Eating Time

- [LEA] recognizes mealtime as an integral time that allows students to enjoy eating, explore and try healthy options, as well as socialize. Students shall be provided at a minimum 10 minutes for traditional breakfast and breakfast after the bell models and 20 minutes for lunch, which excludes time to arrive at the cafeteria and waiting in line<sup>2</sup>.
- Breakfast in the Classroom may be counted as instructional time.
- Students are served meals at an appropriate and reasonable time of day.
- Lunch shall follow recess whenever possible, which can help to increase intake of healthy items, decrease food waste, and improve behavior.
  - Considerations shall be made for students with medical needs, such as diabetes and hypoglycemia.

## Celebrations and Rewards

- [LEA] shall not use food as a reward or incentive for children, as they may undermine healthy nutrition practices being taught, teach children to eat when they are not hungry, and set the stage for unhealthy habits which can contribute to obesity<sup>3</sup>.
- Teachers and parent groups shall be provided with a list of fun, non-food rewards and celebration ideas.
- Food and beverages shall not be used as a reward, or withheld as punishment for any reason, such as for performance or behavior.

---

<sup>2</sup> Action for Healthy Kids. (2019). *Time to Eat*. From <https://www.actionforhealthykids.org/activity/time-to-eat/>

<sup>3</sup> Action for Healthy Kids. (n.d.). *Healthy Non-food Rewards*. Retrieved from Action for Healthy Kids: [https://www.actionforhealthykids.org/wp-content/uploads/2019/05/Healthy-Non-Food-Rewards-Tip-Sheet\\_English.pdf](https://www.actionforhealthykids.org/wp-content/uploads/2019/05/Healthy-Non-Food-Rewards-Tip-Sheet_English.pdf)

## Promotion & Marketing

Promotion of food and beverages on campus shall be limited to only items that meet the USDA Smart Snacks in School nutrition standards<sup>4</sup>. Students shall receive consistent nutrition messaging across settings, including classrooms, gymnasiums, and cafeterias. Nutrition messages shall be emphasized to students by using these strategies:

- Display posters in classrooms, hallways, the cafeteria, etc. to promote healthy eating.
- Conduct [taste tests](#) with students to promote healthy options, inform menu development, and garner enthusiasm around trying new foods<sup>5</sup>.
- Promote nutrition programs and provide nutrition tips and snacks at interactive family events such as parent-teacher conferences.
- Host a [health and wellness fair](#) to bring in community partners and provide nutrition resources<sup>6</sup>.
- Nutrition messages shall be infused into the communication channels between the LEA and households/community (newsletters, social media, website, etc.)<sup>7</sup>.
- Create a wellness-focused school newsletter to promote healthy eating and physical activity to families.
- Share short nutrition and physical activity [tips during the morning announcements](#)<sup>8</sup>.

---

<sup>4</sup> USDA. (2019, 09 22). *Tools for Schools: Focusing on Smart Snacks*. Retrieved from Food and Nutrition Service U.S Department of Agriculture: <https://www.fns.usda.gov/school-meals/tools-schools-focusing-smart-snacks>

<sup>5</sup> Action for Healthy Kids. (2019). *Host a Taste Test*. Retrieved from Action for Healthy Kids: <https://www.actionforhealthykids.org/activity/host-a-taste-test/>

<sup>6</sup> Action for Healthy Kids. (2019). *Host a Taste Test*. Retrieved from Action for Healthy Kids: <https://www.actionforhealthykids.org/activity/host-a-taste-test/>

<sup>7</sup> Action for Healthy Kids. (2019). *Nutrition Promotion*. Retrieved from Action for Healthy Kids: <https://www.actionforhealthykids.org/activity/nutrition-promotion/>

<sup>8</sup> Action for Healthy Kids. (n.d.). *Daily Announcements*. Retrieved from Action for Healthy Kids: [https://www.actionforhealthykids.org/wp-content/uploads/2019/08/TS\\_Daily\\_Announcements\\_v2reduced.pdf](https://www.actionforhealthykids.org/wp-content/uploads/2019/08/TS_Daily_Announcements_v2reduced.pdf)



- Allow students to visit the water fountain throughout the school day and to carry water bottles in class. Letters shall be sent home to parents to encourage participation.
- Promote a healthy topic each month on a bulletin board in the main office.
- [Cafeterias](#) shall be decorated with murals, artwork, posters, and table tents to promote good nutrition during breakfast and lunch.

## Special Diets

[LEA] is committed to providing all students with the nutritious and safe meals they need to be healthy. In order to ensure that all children shall have an equal opportunity to participate in school meal programs, [LEA] shall:

- Design menus to accommodate cultural food preferences and common dietary requests, including allergies.
- Implement a written procedure to process requests for meal modifications.
- Create a team of individuals such as a 504 coordinator, school nurse, menu planner, foodservice director, teachers, aides, etc. that is tasked to:
  - ensure each child with special dietary needs receives appropriate accommodations,
  - discuss and implement best practices,
  - safeguard student confidentiality,
  - protect children in situations where food is served outside the cafeteria, such as classroom parties, and
  - involve parents and guardians in the process to prevent miscommunication.

See [USDA Guidance](#) for more information.

## Physical Activity

Children and adolescents should participate in at least 60 minutes of physical activity every day. A substantial percentage of students' physical activity can be provided through a [Comprehensive School Physical Activity Program \(CSPAP\)](#)<sup>9</sup> framework. CSPAP framework reflects strong coordination with the following components:

- Quality physical education as the foundation.
- Physical activity before, during, and after school.
- Staff involvement and family and community engagement.

Schools shall ensure that these varied physical activity opportunities are in addition to, and not as a substitute for, physical education (addressed in "Physical Education" subsection). All schools in [LEA] shall be encouraged to successfully address all CSPAP areas.

Physical activity during the school day (including but not limited to; recess, classroom physical activity breaks, or physical education) shall not be withheld as punishment for any reason. Teachers and other school personnel shall not use physical activity (e.g., running laps, push-ups) as punishment. [LEA] shall provide teachers and other school staff with a list of ideas for alternative ways to discipline students.

To the extent practicable, [LEA] shall ensure that its grounds and facilities are safe, and that equipment is available to students to be active. The LEA shall conduct necessary inspections and repairs.

## Physical Education

[LEA] shall provide students with physical education using an age-appropriate, sequential physical education curriculum consistent with the [Utah Core Standards for Physical Education](#) in grades K-6, middle school, and high school consistent with [R277-700](#). The physical education curriculum shall promote the benefits of a physically active lifestyle and shall help students develop skills to engage in lifelong healthy habits, as well as incorporate health education concepts.

---

<sup>9</sup> Anon (2020). Retrieved 17 January 2020, from [https://www.cdc.gov/healthyschools/professional\\_development/e-learning/CSPAP/assets/FullCourseContent-CSPAP.pdf](https://www.cdc.gov/healthyschools/professional_development/e-learning/CSPAP/assets/FullCourseContent-CSPAP.pdf)

The curriculum shall support the essential components of physical education, such as:

- All students shall be provided an equal opportunity to participate in physical education classes taught by qualified teachers.
- All LEA elementary students shall participate in physical education annually ([R277-700](#)) and should receive physical education for a minimum of 150 minutes per week throughout the school year.
- All LEA secondary students shall take a minimum of one physical education course in middle school and 1.5 credits of physical education in high school ([R277-700](#)). Physical education class should be a minimum of 225 minutes per week<sup>10</sup>.
- The LEA physical education program shall promote student physical fitness through individualized fitness and activity assessments and shall use criterion-based reporting for each student.
- All physical education classes shall be taught by licensed teachers who are certified or endorsed to teach physical education.
- [IDEA](#) requires that each child with a disability participates with nondisabled children in these programs and activities to the maximum extent appropriate to the needs of that child. Physical education services, specially designed, if necessary, must be made available to every child with a disability receiving a free appropriate public education, unless the public agency enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades. Each public agency must take steps to provide nonacademic and extracurricular services and activities, including athletics, in the manner necessary to afford children with disabilities an equal opportunity for participation in those services and activities. Guidance on the legal aspects of the provision of extracurricular athletic opportunities to students is provided under the IDEA link.

## Recess (Elementary)

[LEA] recognizes that recess is a necessary structural component of the elementary school day for all students.

Schools:

- Shall provide at least 20 minutes of active daily recess to all elementary school students.

---

<sup>10</sup> SHAPE America. (n.d.). *Physical Education Guidelines*. Retrieved from Society of Health and Physical Educators: <https://www.shapeamerica.org/standards/guidelines/peguidelines.aspx>

- Shall not withhold recess, PE, or other physical activities as a punishment for poor behavior, incomplete class work, or remediation purposes.
- Shall not require students to engage in physical activity as punishment (such as running extra laps).
- Shall provide recess before lunch when schedules allow.
  - Considerations shall be made for students with medical needs, such as diabetes and hypoglycemia.
- Shall offer outdoor recess when weather is feasible for outdoor play. Considerations shall be made for heat, cold, or other extreme weather conditions.
  - In the event that the school must conduct indoor recess, teachers and staff shall follow indoor recess guidelines that promote physical activity for students.
- Shall make accommodations for students to participate indoors for poor air quality on mandatory action days.
- Shall create schedules for recess to complement, not substitute, physical education class.
- Shall provide recess monitors or teachers to encourage students to be active and serve as role models by being physically active alongside the students whenever feasible.

See [Best Practices for Recess Guidance](#).

## Classroom Physical Activity Breaks (Elementary and Secondary)

[LEA] recognizes that students are more attentive and ready to learn if provided with periodic breaks where they can be physically active or stretch. Students shall be offered periodic opportunities to be active or to stretch throughout the day on all or most days of a typical school week. Teachers shall provide short (3-5-minute) physical activity breaks to students during and between classroom time at least three days per week. These physical activity breaks shall complement, not substitute, physical education, recess, and class transition periods.

[LEA] shall provide resources, tools, and technology with ideas for classroom physical activity breaks. [Healthy Bodies Healthy Minds Flipbook](#) is a resource providing short activities that can be done in a classroom setting. Additional resources and ideas are available through USDA and the Alliance for a Healthier Generation.

## Active Academics

Teachers shall incorporate movement and kinesthetic learning approaches into core subject instruction when possible (e.g., science, mathematics, language arts, social studies) and do their part to limit sedentary behavior during the school day.

[LEA] shall support classroom teachers incorporating physical activity and employing kinesthetic learning approaches into core subjects by providing annual professional development opportunities and resources.

Teachers shall serve as role models by being physically active alongside the students whenever feasible.

## Before and After School Activities

[LEA] shall offer opportunities for students to participate in physical activity before and/or after the school day through a variety of methods. The LEA shall encourage students to be physically active before and after school. For non-active activities and clubs, LEA's shall encourage movement breaks and healthy snacks.

## Active Transport

[LEA] shall support active transport to and from school, such as walking or biking. Under Utah Code ([Utah Code 53G-4-402](#)), all elementary, middle, and junior high schools are required to create and distribute a Safe Routes Plan. The Safe Routes Plans shall encourage an increase in walking and biking to school.

# Health Promotion

## Air quality

All individuals are entitled to breathe healthy air and to be free of the adverse health effects of indoor and outdoor air pollution.

The health, comfort, and learning environment of students and staff are important aspects of the school. Air quality, both indoor and outdoor, is a critical component of providing a healthy and comfortable learning environment. [LEA] shall:

- Minimize indoor air pollutants, which shall reduce the likelihood of health problems including asthma, respiratory infections, allergic reactions, and other health problems.
- Control temperature, humidity, and ventilation associated problems, which shall foster students' comfort and learning.
- Monitor the outdoor air pollution and provide a safe alternative to outdoor recess on days with elevated levels of air pollution.
- Limit idling at drop off and pick up zones and post signage to remind parents and guests of idle free zones.

For more information see:

- Utah Department of Health Air Quality [Recess Guidance](#) for Schools (based on air quality).
- [Air Quality Index](#).
- Air Quality [Flag Program](#).
- [Athletes and Asthma: The Community Coaches Role](#).

## Sun Safety

[LEA] recognizes Utah's high rate of skin cancer. In order to protect students and staff [LEA] shall use comprehensive sun-safe practices to best protect students and staff from harmful sun exposure during school activities.

Whenever possible schools shall:

- Schedule recess for times when ultraviolet ray (UV) exposure can be minimized;
- Promote sun safety habits like wearing hats, sunglasses, or applying sunscreen;

- Specify that uniforms or clothing worn for physical education, band, and sports limit exposure to the sun; and
- Recognize that sun exposure can be an occupational hazard for employees who spend time outdoors and take steps to limit their exposure.

[LEA] commits to teaching the sun safety standards as part of the Health Education Core Standards and utilizes vetted resources provided by the USBE.

Students in Utah may apply the sunscreen on the student with written consent from the parent or legal guardian. ([Utah Code 53G-9-208](#)).

I be allowed to self-apply sunscreen without a parent or physician's authorization. If the student is unable to self-apply sunscreen, a volunteer or school employee.

## Health Screenings

LEAs may participate in a variety of health screenings to identify students who may be at risk for developing health-related conditions. Some of the optional screenings may include oral health, height and weight, and hearing. Vision screening in schools is mandatory in Utah ([Utah Code 53G-9-404](#)). Schools shall notify parents or guardians of all student health screenings and provide them with information on how to exclude their student if the screening violates their personal belief.

## Period Products

LEAs will provide period products at no cost in all female and unisex restrooms ([Utah Code 53G-4-413](#) and [53G-5-414](#)).

## Substance Misuse Prevention and Intervention

The use of alcohol, tobacco, and other drugs has been found to negatively affect the developing brain of youth. Not only are youth who use alcohol, tobacco, and other drugs at a higher risk for experiencing addiction later in life, but teen substance use has been linked with school performance problems such as higher absenteeism and poor or failing grades. Using alcohol, tobacco, and other illicit

drugs in adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control.<sup>11 12 13 14</sup>

Schools are in a powerful position of influence among the students they serve and can play a major role in prevention. Research is clear that the establishment and enforcement of clear, consistent standards of conduct, prevention education and promotion, and the implementation of evidence-based programs can prevent youth substance use.

### Establish and Enforce Clear Standards of Conduct

- [LEA] has a comprehensive student conduct plan which addresses student use of alcohol and other controlled substances. ([R277-609](#)) ([R277-613](#); [Utah Code 53G-8-209](#))
  - Prohibited behaviors include the use, possession, or distribution of alcoholic beverages, tobacco, electronic cigarettes, drugs, and drug paraphernalia on school grounds including during school sponsored extracurricular activities. ([R277-613](#); [Utah Code 53G-8-209](#))
- [LEA] will distribute the rules of student conduct, including the alcohol, tobacco and other drugs policy to staff, parents, and students at least once a year.
- [LEA] will post signs to inform staff, students, parents, and visitors that school property is an alcohol, tobacco, electronic cigarette, and other drug-free zone.

### Substance Misuse Prevention

- [LEA] will provide a school sponsored parent seminar that includes substance misuse and prevention. ([Utah Code 53G-9-703](#))

---

<sup>11</sup> Spear, L. Adolescent brain and the college drinker: Biological basis of propensity to use and misuse alcohol. *Journal of Studies on Alcohol* (Suppl. 14):71–81, 2002.

<sup>12</sup> Centers for Disease Control and Prevention. (2020). *Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults*. Retrieved from [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html)

<sup>13</sup> Volk, K. (2014). *Rise in Prescription Drug Misuse and Abuse Impacting Teens*. Retrieved from <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/teen-prescription-drug-misuse-abuse>

<sup>14</sup> National Institute on Drug Abuse. (2019) *Marijuana Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/marijuana>



- [LEA] will ensure that a local board-approved Positive Behaviors Plan is implemented in each school and regularly reviews the plan to determine if adjustments/enhancements should be made. ([Utah Code 53G-10-407](#))
- [LEA] will provide instruction on avoiding alcohol, tobacco, electronic cigarettes, and other drug use at each grade level by committing to teaching the substance abuse prevention standards as part of the Health Education Core Standards and utilizes vetted resources provided by the USBE. ([Utah Code 53G-10-405](#))
- [LEA] will ensure that an approved evidence-based underage drinking and substance abuse prevention program is provided to each 4<sup>th</sup> or 5<sup>th</sup> AND each 7<sup>th</sup> or 8<sup>th</sup> AND each 9<sup>th</sup> or 10<sup>th</sup> grade student. ([R277-910](#); [Utah Code 53G-10-406](#)) Utah's current approved program is Botvin's LifeSkills Training (LST).
- When selecting additional substance abuse prevention programs, [LEA] will follow prevention principles representative of current research including:
  - [LEA] will focus on programs that enhance protective factors and reverse or reduce risk factors.
  - Chosen programs will address all forms of drug misuse including the underage use of legal drugs, the use of illegal drugs, and the inappropriate use of prescription medications, or over-the-counter drugs.
  - Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills:
    - self-control;
    - emotional awareness;
    - communication;
    - social problem-solving; and
    - academic support, especially in reading.
  - Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills:
    - study habits and academic support;
    - communication;
    - peer relationships;
    - self-efficacy and assertiveness;
    - drug resistance skills;
    - reinforcement of anti-drug attitudes; and

- strengthening of personal commitments against drug abuse.
  - Prevention programs should be long term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals.
  - Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help foster student's positive behavior, academic motivation, and school bonding.
  - Prevention programs are most effective when they employ interactive techniques.<sup>15</sup>
- 

- [LEA] will work in collaboration with Local Substance Abuse Area Authorities and community prevention providers in order to most effectively prevent substance misuse.

### Substance Use Intervention

- When the designated educator has received a report of a substance use violation, they must report the violation to the student's parent or guardian and determine if the violation needs to be reported to law enforcement. ([R277-910](#), [Utah Code 53G-8-211](#))
- [LEA] has an updated policy regarding the confiscation and disposal of electronic cigarette products and follows Utah regulations regarding the proper disposal of nicotine products. ([Utah Code 53G-8-203\(3\)](#), [Utah Admin Code R315-260 through 262](#))
- [LEA] recognizes that violations of substance use policies may be an issue of addiction and therefore, education and cessation resources will be provided to the student and parent/guardian.<sup>16</sup>
- A student may be suspended or expelled from public school for the possession, control or use of an alcoholic beverage, ([Utah Code 53G-8-205](#)) however progressive discipline, e.g., along with education and cessation resources are key recommendations when it comes to enforcement of substance use violations.<sup>16,17</sup>

---

<sup>15</sup> National Institute on Drug Abuse. (2011). *Preventing Drug Use among Children and Adolescents Prevention Principles*. Retrieved from [https://nida.nih.gov/sites/default/files/redbook\\_0.pdf](https://nida.nih.gov/sites/default/files/redbook_0.pdf)

- For examples of programs to use as part of a substance use violation progressive discipline plan, [LEA] can reach out to the [USBE prevention team](#).
  - If a student is found distributing controlled substances, imitation controlled substances, or drug paraphernalia, they must be suspended or expelled from school. ([Utah Code 53G-8-205](#))
    - Parents must be notified of the decision. ([R277-910-10](#), [Utah Code 53G-8-211](#))
- 

<sup>16</sup> Utah Department of Health. (2020). *School Resource Guide: Utah Comprehensive Tobacco-Free School Policy Toolkit*. Retrieved from <https://tobaccofreeutah.org/wp-content/uploads/Utah-School-Resource-Guide-3.pdf>

<sup>17</sup> Public Health Law Center: Tobacco Control Legal Consortium. (2019). *Addressing Student Tobacco Use in Schools: Alternative Measures*. Retrieved from <https://www.publichealthlawcenter.org/sites/default/files/resources/Addressing-Student-Tobacco-Use-in-Schools-2019.pdf>

## Injury Prevention

- [LEA] staff shall be required to receive training and instruction on child sexual abuse prevention and awareness, responding to a disclosure of child sexual abuse, and mandatory reporting requirements according to the Utah Child Sexual Abuse Prevention law ([Utah Code 53G-9-207](#)).
- [LEA] shall adopt comprehensive school policies and procedures for suicide prevention, intervention, and postvention. Since youth are at higher risk for suicide after an attempt and/or inpatient care, this should include procedures for the re-entry process after this has occurred. By having clear policies and procedures in place, schools can act to reduce the risk of suicide and to prevent suicide contagion.
- [LEA] shall adopt comprehensive school policies, procedures, and activities related to violence prevention, including sexual harassment, sexual assault, and dating violence. Language that is inclusive of lesbian, gay, bisexual, transgender, questioning, intersex, asexual, etc. (LGBTQIA+) students shall be included in these policies.
- [LEA] shall adopt policies and practices that promote connectedness as a protective factor against multiple forms of injury and violence.
- [LEA] staff shall be required to receive evidence-based training in suicide prevention (e.g., QPR, Mental Health First Aid, etc.) every year. These same opportunities shall be made available to parents/guardians.
- [LEA] shall offer yearly parent seminars on traumatic brain injury or concussions, substance abuse, bullying, mental health, depression, suicide awareness, suicide prevention, internet safety, and the School Safety and Crisis Line according to the Utah Parent Education law ([Utah Code 53G-9-702](#)).
- [LEA] coaches, trainers, and officials should receive annual training on recognizing and responding to concussions. A child who gets a head injury must be removed from play and may only return after written clearance from a qualified healthcare provider according to [Utah Code 26B-4-404](#) and [R277-614](#).
- [LEA] shall adopt school policies and procedures for head injuries, including head bumps:
  - for return to learn/play after a concussion or traumatic brain injury (TBI). See [USB E Model Concussion and Head Injury Policy](#);
  - Annually, LEAs must receive a parent/ guardian signed acknowledgment that they received, read, understand, and agree with the LEA head injury policy ([Utah Code 26B-4-403](#)). Parents must be

- notified following any reported or witnessed head injury or bump during the school day; and
- monitor students for 30 minutes using the [USBE model forms](#) following a head injury.
- [LEA] shall participate in the Student Injury Reporting System (SIRS). The SIRS allows schools to track injuries on school grounds during school hours or school-sponsored activities.
- [LEA] shall post seatbelt reminder signs along drop off and pick up zones.
- [LEA] shall conduct seat belt observations at least two times per year to better analyze seat belt use in drop off and pick up zones.
- [LEA] shall provide proper booster seat education to teachers and students.

Contact the Utah Department of Health's Violence and Injury Prevention Program for further guidance/resources: [vipp@utah.gov](mailto:vipp@utah.gov).

## Staff Wellness

The [LEA] wellness committee shall develop, promote, and oversee a multifaceted plan to promote staff health and wellness. The plan shall be based on input solicited from staff and should outline ways to encourage healthy eating, physical activity, and other elements of a healthy lifestyle among staff.

The [LEA] shall encourage staff to serve as positive role models for healthy eating and physical fitness. [LEA] shall promote work-site wellness programs and may provide opportunities for regular physical activity among employees.

The [LEA] shall have a location and allow schedules for anyone needing to express milk. The Federal Break Time for Nursing Mothers law requires employers covered by the Fair Labor Standards Act (FLSA) to provide basic accommodations for breastfeeding mothers at work. These accommodations include the following components:

- Privacy for milk expression. This can be a private office (if it can be locked) or an onsite, designated lactation room(s) with an electrical outlet where breastfeeding employees can use a pump to express milk during the work period. This should be a place other than a bathroom, which is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.
- Flexible breaks and work options. Women need to express milk about every three hours, or two to three times during a typical workday. Each milk expression time takes around 15 minutes, plus time to go to and from the

lactation room. Women should be able to express breast milk for her nursing child for one year after the child's birth each time such an employee has a need to express the milk and a place other than a bathroom.

- Support. A positive, accepting attitude from administrators and coworkers helps breastfeeding employees feel confident in their ability to continue working while breastfeeding.

[LEA] shall develop a Comprehensive School Physical Activity framework which allows staff to participate in or lead physical activity opportunities throughout the school day. An employee wellness program shall be implemented in each building to meet the unique wellness needs of school staff.

## Chronic, Infectious & Acute Disease Management

[LEA] shall have a minimum of one professional registered school nurse who can assist with the management of chronic, infectious, and acute diseases the students may have. The school nurse is the best person to manage these conditions in the school setting.

[LEA] shall have at least one automated external defibrillator (AED) per school. This device should be examined monthly to make sure all components are working properly.

A minimum of two school employees shall be certified in first aid and cardio-pulmonary resuscitation (CPR). At least one person certified in first aid and CPR shall be on-site when school is in session ([R392-200-9](#)).

Before the school nurse can delegate a medical task to a school employee, the nurse shall complete an individualized healthcare plan (IHP) or emergency action plan (EAP). The delegated task shall be identified in the IHP ([R156-31b-701a](#)). The Utah Department of Health has created simplified IHPs and EAPs for use in [LEA] for students with the most common chronic health conditions (allergies, asthma, diabetes, seizures). These forms can be found at <https://heal.utah.gov/SN-documents/>.

Beginning with the 2022-23 school year, all LEAs shall provide seizure awareness training to all teachers and administrators of students with epilepsy. Beginning with the 2023-24 school year all LEAs shall provide seizure awareness training every 3

years for all school staff who interact with or supervise students ([Utah Code 53G-9-213](#)).

## Medication Management

Students shall be allowed access to medication during school hours by following Utah Code [53G-9-502](#) which requires prior parent/guardian and healthcare provider authorization. Parents must submit a completed medication authorization form annually to [LEA] for any routine and scheduled medications that are required during school. The school nurse shall train staff on how and when to administer medication to students.

Students are allowed to possess and self-administer certain medications after proper signed authorization by both the student's parent and healthcare provider is submitted each year. This applies to epinephrine auto-injectors, asthma medication, and diabetes medication. All other medication shall be stored in a locked location with the exception of epinephrine auto-injectors, and asthma rescue medication. These shall be kept in a secure, but unlocked location.

- Allergy and anaphylaxis: Students are allowed to possess and self-administer an epinephrine auto-injector (when appropriate) after proper authorization has been submitted to [LEA] ([Utah Code 26B-4-407](#)). If the student does not self-carry the epinephrine auto-injector, the device shall be kept in a secure but unlocked location. All other allergy medication shall be kept in a locked location. Schools shall have at least one stock epinephrine auto-injector available as required by [Utah Code 26B-4-406](#). Trained school employees shall immediately administer the epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis.
- Asthma: Students shall be allowed to possess and self-administer their asthma medications (when appropriate) after proper authorization has been submitted to the school by [Utah Code 26B-4-408](#). If the student does not self-carry the asthma medication, the device shall be kept in a secure but unlocked location.
  - Each school may carry stock albuterol for use with a student who:
    - Has a known diagnosis of asthma by a healthcare provider;
    - Has a current asthma action plan on file with the LEA; and
    - Is showing symptoms of an asthma emergency.

- The decision of a school to carry stock albuterol may not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that an LEA shall have stock albuterol available.
- Diabetes: Students shall be allowed to carry and self-administer their diabetes medication (when appropriate) after proper authorization has been submitted to the LEA as allowed by [Utah Code 53G-9-506](#).
- Seizures: School nurses shall train school employee volunteers to administer emergency seizure rescue medication (when appropriate) after proper authorization has been submitted to the LEA per [Utah Code 53G-9-505](#). Students shall not carry this medication. These medications shall be kept locked, but accessible for use in an emergency.

If the parent does not submit the required paperwork to allow emergency rescue medication at an LEA, employees shall be instructed to call 911 in the event of an emergency.



# Mental Health

Mental health means a person's emotional, psychological, and social well-being which can affect how a person thinks, feels, and acts including how a person handles stress, relates to others, and makes healthy choices ([R277-625](#)).

Mental health is more than the absence of illness, it is an integral component of health and well-being. [LEA] understands the role mental health plays in the school context because it is central to our students' social, emotional, and academic success. When students' mental health is supported, they are better able to learn, make decisions, build relationships, cope with life's challenges, and thrive.

Mental health exists on a continuum and is determined by a complex interplay of individual, social and structural stresses, and vulnerabilities. Promoting mental wellness and reducing mental illness for all students is a priority that can be achieved by implementing school-based mental health policies and practices. These efforts are categorized by prevention, identification, intervention, and recovery.

## Prevention

Prevention efforts in [LEA] involve a variety of proactive strategies with the goal of increasing student well-being and reducing future mental health challenges in our school community. The goal of our prevention efforts are to decrease risk factors and increase key protective factors in students, such as resilience, feelings of safety and connectedness to school, appropriate social connections with both adults and peers, social emotional competence, and a knowledge of development. These protective factors mitigate the effects of risks to students, build students' strengths, and promote healthy development of students.

In an effort to understand students, parents, school personnel and other stakeholders feelings of safety and connectedness, [LEA] administers a School Climate Survey every other year in accordance with [Board Rule R277-623](#). The results of the school climate survey help inform [LEA] about how to improve the school environment.

[LEA]'s universal, Tier 1 prevention efforts include:

- Absenteeism, truancy, and dropout prevention [insert LEA policy]

- Bullying prevention [insert LEA policy]
- Child sex abuse and human trafficking prevention [insert LEA policy]
- Gang prevention [insert LEA policy]
- Substance use prevention [insert LEA policy]
- Suicide prevention [insert LEA policy]

## Education

[LEA] commits to teaching the mental and emotional health standards as part of the Health Education Core Standards in grades K-6, middle school and high school and utilizes vetted resources provided by the USBE.

## Identification

### Mental Health Screening

Routine mental health screenings are a key part of understanding youth mental health. Mental health screenings in schools, with active, written consent from parents, allow staff to identify potential mental health conditions early and connect students with help.

[LEA] may provide mental health screenings for students within the school setting for the purpose of identifying if a student is experiencing, or is at risk of experiencing, issues related to the student's mental health. Mental health screenings are NOT a diagnostic tool or process, or a system or process used by a student's teacher to observe behavior for the purpose of targeted learning interventions.

According to Board Rule [R277-625](#), mental health screenings may only screen for depression, anxiety, and suicidal ideation. At this time, no other mental health conditions may be screened. While behavioral screenings are not equivalent to mental health screenings, a screener that includes questions regarding depression, anxiety, or suicidal ideation does fall under the mental health screening program and must adhere to the same policies. A list of up-to-date approved mental health screening tools can be found in the [Approved Mental Health Screening Tool List](#).

[LEA] follows the guidelines outlined within [53F-2-522](#) and [R277-625](#) regarding Mental Health Screening.

## Intervention

[LEA] utilizes a tiered system of support to structure and deliver mental health interventions to students. Universal, school-wide programs which include mental health literacy and efforts to reduce stigma surrounding mental health issues are provided within [LEA]. Additionally, [LEA] provides targeted and individualized interventions to students who have been identified as needing additional support through identification and assessment efforts. Targeted and individualized mental health interventions include individual and/or group counseling and/or therapy provided by professionals working within the scope of practice of their license. Intervention may also be provided through contracted services from community mental health professionals.

[LEA] only provides these services to students upon written parental consent as referenced in [LEA consent policy and procedure] in accordance with [53E-9-203](#). Parental consent is not required when [LEA] staff believes a student is at-risk of attempting suicide, physical self-harm, or harming others. [LEA] staff may intervene to ask the student questions about their student's suicidal thoughts, physically self-harming behavior, or thoughts of harming others for the purposes of referring the student to appropriate prevention services and immediately informing the student's parents as referenced in [LEA procedure about parental notification].

## Recovery

### Return to Learn

Students may need to leave school temporarily to access more intensive mental health support. [LEA] supports students returning to school by partnering with community providers, parents, and the student to develop a transition plan as found in [LEA policy].

## Law and Policy

Under the Electronic Code of Federal Regulations [7 CFR 210.31 Local Wellness Policy](#).

Utah Code ([53G-7-1202](#) and [53G-4-402](#)): all elementary, middle and junior high schools are required to create and distribute a Safe Routes Plan. The Safe Route Plans shall encourage an increase of walking and biking to school.

[The Federal Pro Children Act of 1994](#) states: "No person shall permit smoking within any indoor facility utilized for services for kindergarten, elementary or secondary education or library services to children." This applies to all schools and programs that are funded by the federal government or through state and local governments.

[IDEA](#): Creating Equitable Opportunities for Children and Youth with Disabilities to Access Physical Education and Extracurricular Athletics.

[Utah Code 26-38-2](#): The Utah Indoor Clean Air Act prohibits smoking and vaping at ALL elementary and secondary schools, both public and private; this includes the premises on which those facilities are located.

[Utah Code 53G-4-413](#): Required provision of period products in schools (public schools).

[Utah Code 53G-5-414](#): Required provision of period products in charter schools.

[Utah Code 53G-9-213](#): Required seizure awareness training in Utah schools.

[Utah Code 53G-10-406](#): Requires a, "school-based underage drinking and substance abuse prevention program" for students in grades 4 or 5 AND 7 or 8 AND AGAIN in 9 or 10. Botvin's LifeSkills Training was chosen and approved to meet this requirement as it is a research-validated prevention program proven to reduce the risk of substance abuse and other risky behaviors by targeting the major social and psychological factors that promote initiation.

[Utah Code 53G-10-407](#): Requires LEAs to create a positive behaviors plan based on the input of students, parents, and staff; and submit the positive behaviors plan to the LEA governing board for approval.

[Utah Code 53G-10-408](#): Requires students to complete CPR training at least once during the period that begins with the beginning of grade 9 and ends at the end of grade 12 during Health Education.

[Utah Code 53G-9-204](#): School nursing services: LEAs are encouraged to provide nursing services equivalent to one school nurse for every 2,000 students.

[Utah Code 53G-9-205.1](#): Start Smart Utah Breakfast Program.

[Utah Code 53G-9-208](#): Sunscreen use and possession at school.

[Utah Code 53G-9-502](#): Administration of Medication.

[Utah Code 26-53](#): Protection of athletes with head injuries.

[Utah Code 53G-9-702](#): Suicide Prevention.

[Utah Code 53G-9-703](#): Parent education-mental health-bullying-safety.

[Utah Code 53G-9-704](#): Youth suicide training for employees.

[Utah Code 53G-9-207](#): Child sex abuse prevention.

[Utah Code 26-55](#): Opiate Overdose Response Act.

[Utah Code 53G-9-404](#): Public Education vision screening.

[Utah Code 26-41-103](#): Stock epinephrine and stock albuterol.

[R156-31b](#): Nurse Practice Act Rules.

[R277-620](#): Suicide Prevention Programs.

[R277-700](#): The Elementary and Secondary School General Core.

[R392-200-9](#): School Health and Safety requires all LEAs to have two staff members who are CPR and first aid certified.

## Monitoring and Evaluations

Annual monitoring and evaluation of the Health and Wellness Policy is crucial to ensure its ongoing effectiveness and relevance.

### Assessment Resources:

This LEA Wellness Policy Evaluation Tool was created using the Utah State Board of Education (USBE) Model Wellness Policy as a guide and is meant to assist LEAs in identifying any gaps within their own policies and practices.

[https://utahgov.co1.qualtrics.com/jfe/form/SV\\_9WXW2GY9cpPexXo](https://utahgov.co1.qualtrics.com/jfe/form/SV_9WXW2GY9cpPexXo).

A triennial assessment of the LEA Wellness Policy is required by USDA FNS for those participating in the National School Lunch Program.

<https://www.fns.usda.gov/school-meals/local-school-wellness-policy>.

**WellSAT:** A quantitative assessment tool to help you score and improve your local school wellness policy.

**School Health Index (SHI):** An online self-assessment and planning tool that schools can use to improve their health and safety policies and programs.

**Whole School, Whole Community, Whole Child (WSCC):** The CDC's framework for addressing health in schools. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices.

**Worksite Wellness Scorecard:** The CDC Worksite Health ScoreCard is a tool designed to help employers assess whether they have implemented evidence-based health promotion interventions or strategies in their worksites to improve the health and well-being of their employees.