

Policy & Legal News

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WSSDA

FEBRUARY 2020

WASHINGTON STATE SCHOOL
DIRECTORS' ASSOCIATION

Policy Classifications

ESSENTIAL

- Policy is required by state or federal law; or
- A specific program requires a policy in order to receive special funding.

ENCOURAGED

- While not required by law, policy is intended to reflect the spirit of existing state or federal law thus inuring districts to potential litigation;
- While not required by law, policy has potential to benefit the health, safety, and/or welfare of students, employees, directors, and/or the local community.

DISCRETIONARY

- Policy addresses an action likely deemed important by the board; or
- Policy would likely be deemed appropriate due to special circumstances of the board; or
- Policy communicates district philosophy that a board may want to promote to employees and/or the community.

As stated in WSSDA Policy 1310, "Non-substantive editorial revisions and changes in administrative, legal and/or cross-references need not be approved by the board."

THERE ARE MANY COLORFUL WORDS to convey a range of behaviors involving the clever but disreputable art of deceit, such as “jiggery-pokery,” and “skulduggery.” As an attorney, I’ve noticed that several of these have specific reference or application to attorneys, such as “chicanery,” “shyster,” and “pettifogger.” Fun fact a “backspang” (chiefly Scottish English) is a trick or loophole that enables one to retreat from a bargain. These are not just entertaining. There is insight and power in naming things.

Why then are there are no synonyms for “lifesaving?” In the correct context, “rescuing,” “salvaging,” and “delivering” might be approximates. But the words are too broad, flat, and bland. Deliver what – a package? Salvage what – sheet metal? We need an assortment of robust and precise words that animate and inspire the honorable art of engaging in lifesaving.

Lifesaving is a theme of this edition of *Policy & Legal News*, featuring WSSDA’s new opioid-related overdose reversal policy and procedure that we developed collaboratively with the Office of Superintendent of Public Instruction and Washington’s Department of Health. “Opioid-related overdose reversal” is a mouthful and not an eloquent mouthful. This disconnect between the awkward name and the miraculous outcome is vexing. In many parts of our state, deaths caused by opioid-related overdose are the leading cause of accidental death, and this number includes our students. These overdose deaths can be prevented! An overdose reversal medication exists, and school districts can obtain it – often for free or at a reduced price.

Although not as dramatic, you’ll also find an article in this edition that explains how the scheduling of school lunch can either enhance student health or diminish it. The consequences, whether promoting healthy or unhealthy lives, are apparent both in the classroom now as well as later in life. As your board prepares to review and adopt new or revised policies, I hope you know that your leadership can be lifesaving. Thank you, school board directors, for what you do.

Best,
Abigail Westbrook, J.D.
Editor



Abigail with Sonja Trainor, Managing Director, Legal Advocacy, NSBA at the 2019 WSSDA Law Conference

Policy & Legal News

HELPING SCHOOL DISTRICTS TRANSLATE LAW INTO ACTION



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★ UPDATES

The following WSSDA model policies and procedures have been revised. For your convenience, updated marked-up documents are included with this issue of *Policy & Legal News*.

ESSENTIAL

- **2410P** – High School Graduation Requirements
- **3424/3424P** – Opioid Related Overdose Reversal
- **3510/3510P** – Associated Student Bodies
- **6700/6700P** – Nutrition, Health, and Physical Fitness

ENCOURAGED

- None

DISCRETIONARY

- None

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As stated in WSSDA Policy 1310, "Non-substantive editorial revisions and changes in administrative, legal and/or cross references need not be approved by the board."



FEBRUARY 2020

WASHINGTON STATE SCHOOL
DIRECTORS' ASSOCIATION

Combating opioid overdose in the school setting



**Model Policy/
Procedure
3424
Opioid-Related
Overdose Reversal**

Each year, thousands of people from all walks of life across the United States die from an unintentional opioid-related overdose. Here in Washington, opioid overdose deaths are the leading cause of accidental death in many parts of our state.¹ This issue is not limited to cities. Although the larger Washington cities show the highest numbers of overdose deaths, some rural counties have higher rates of overdose deaths per total population.

The issue of opioid misuse and abuse is not limited to the adult population. The largest increase in heroin overdose deaths from 2004 to 2014 occurred among younger people ages 15 to 34 years. According to the 2018 Healthy Youth Survey, 2 % of Washington 8th graders and 3% of our 10th to 12th graders reported using heroin at least once in their lifetime, and 2-3% of our youth use pain medication recreationally.² These numbers have decreased, slightly since the 2016 Health Youth Survey, suggesting that our state's opioid response plan³ has had some positive effect. That is encouraging news. Now, Washington is taking steps to improve response to suspected opioid overdose in various settings, including the school setting. This is lifesaving because when a person survives an overdose, it's because someone knew what an overdose looked like and had the tools and training to take action.

¹<https://waportal.org/population-health-select-health-topic/opioids>
²<https://www.doh.wa.gov/Portals/1/Documents/8350/160-NonDOH-DB-Opiates.pdf>
³<https://www.doh.wa.gov/Portals/1/Documents/1000/140-182-StateOpioidResponsePlan.pdf>

Opioids and Overdose

Opioids are a class of drugs derived from opium poppy or entirely created in a lab and are substances commonly used to relieve pain. Opioids include codeine, fentanyl, heroin, hydrocodone, hydromorphone, meperidine, methadone, morphine, and oxycodone. They can be prescribed for a variety of health conditions or obtained illicitly. Symptoms of opioid overdose are distinct from appearing to be “high” on opioids.

OPIOID HIGH	OPIOID OVERDOSE
Normal skin tone	Pale, clammy skin Blue or purple lips or fingernails
Breathing appears normal	Infrequent, shallow, or absent breathing Respiratory rate less than 8 breaths per minute
Normal heart rate	Slow or irregular heartbeat
Looks sleepy	Unconscious or unable to wake
Speech slurred or slow	Deep snoring, gurgling, or choking sounds (death rattle)
Responsive to stimuli	Not responsive to stimuli
Pupils appear normal	Pinpoint pupils

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**Model Policy/
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An opioid overdose can occur in various ways, and many cases are unintentional. An overdose may occur because an individual has ingested too much of a single drug or because of ingesting a combination of several drugs, perhaps not realizing that

the combination could be lethal. Overdose is not limited to opioids and can also occur with alcohol, acetaminophen (Tylenol), or a mixture of drugs. However, the mixture of drugs often includes opioids.

Opioid overdoses happen when there are so many opioids or a combination of opioids and other drugs in the body that the victim is not responsive to stimulation and/or breathing is inadequate. This happens because opioids fit into specific receptors in the body that also affect the drive to breathe. If someone cannot breathe or is not breathing enough, the oxygen levels in the blood decrease, and the lips and fingers turn blue. This oxygen starvation eventually stops other vital organs such as the heart, then the brain, leading to unconsciousness, coma, and death. Within three to five minutes without oxygen, brain damage starts to occur, soon followed by death. For opioid overdoses, surviving or dying wholly depends on breathing and oxygen. Fortunately, this process is rarely instantaneous. Generally, people slowly stop breathing minutes to hours after using the drug, allowing time to intervene.

Death from an opioid related overdose is notably tragic because the overdose is reversible. The key to reversing opioid related overdose is the medication naloxone (brand name Narcan). Naloxone is an “opioid antagonist,” meaning that it knocks opioids off of their receptors, thereby allowing the person’s breathing to return to normal. However, naloxone is effective only for an overdose involving opioids and will not reverse an overdose of alcohol, benzodiazepines, or cocaine. Naloxone is a nonscheduled or non-addictive medicine and therefore has no potential for abuse, but it is a prescription medicine. Although naloxone is traditionally administered by emergency responders, laypeople can learn to administer it with minimal training.

Unfortunately, most school districts do not currently have naloxone – it is a prescription medication – nor do they have trained personnel other than a school nurse. However, Senate Bill (SB) 5380 – Opioid Use Disorder (2019) seeks to change that. SB 5380 requires school districts with two thousand or more students to obtain and maintain at least one set of doses of opioid overdose reversal medication for

each of its high schools by the start of the 2020-2021 school year. Further, SB 5380 directs that in addition to a school nurse, health care professional, or trained staff located at a health care clinic on school property, school personnel who are designated and trained may also administer the school-owned naloxone.

Obtaining and Maintaining Opioid Overdose Medication

SB 5380 provided for a “standing order,” essentially a standing prescription for opioid overdose reversal medication to “any person at risk of experiencing an opioid-related overdose or any person or entity in a position to assist a person at risk of experiencing an opioid-related overdose.” This means that school districts, as entities in the position to assist a person at risk of experiencing an opioid-related overdose, have a standing prescription for naloxone.

Having a standing prescription is just the starting place, as there are different pathways to obtaining the medication. School districts can use the standing order to purchase opioid overdose reversal medication at retail price. However, SB 5380 allows districts to purchase opioid overdose reversal medication directly from companies or distributors at discounted pricing or seek the medication through donations from manufactures, nonprofit organizations, hospitals, and local health jurisdictions. These free or reduced-price options significantly mitigate the cost of preparing to respond to possible opioid overdose, because districts that maintain written documentation of a good faith effort to obtain opioid overdose reversal medication from these sources have satisfied their statutory obligations to seek the medication and are not required to obtain opioid overdose reversal medication by paying full retail price.

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Training

With access to opioid overdose reversal medication via the standing order and options for actually obtaining the medication, the next consideration is ensuring your school district has designated at least one staff member at each high school who is annually trained to respond to a suspected opioid overdose. In consultation with the Department of Health (DOH) and WSSDA, SB 5380 directed the Office of Superintendent of Public Instruction (OSPI) to develop policy guidelines that address training requirements and other issues of obtaining and maintaining the opioid overdose reversal medication on school property.

**Model Policy/
Procedure
3424
Opioid-Related
Overdose Reversal**

OSPI recently issued these [policy guidelines](#), and they allow for a variety of training options. For example, the guidelines authorize your school nurse to train other school personnel to be designated trained responders for administering opioid overdose reversal medication. The guidelines also authorize that the training could be provided by nonprofit organizations, higher education institutions, or local public health agencies. If your district has a school-based health center, the school-based health center, not the district, is responsible for training its personnel. Importantly, SB 5380 limits the district's and practitioner's liability to that of acting with conscious disregard for safety.

Finally, SB 5380 specifies that districts with a school that obtains, maintains, distributes, or administers opioid overdose reversal medication as well as districts with two thousand or more students must adopt a policy for doing so. WSSDA, in collaboration with OSPI and the DOH is pleased to present new **Model Policy/Procedure 3424 – Opioid-Related Overdose Reversal** to meet the requirements of the statute; this is an Essential policy for first-class school districts.

With access to opioid overdose reversal medication via the standing order and options for actually obtaining the medication, the next consideration is ensuring your school district has designated at least one staff member at each high school who is annually trained to respond to a suspected opioid overdose.



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Minnaert Center, South Puget Sound Community College
Tentative topics/presenters include: Staffing Enrichment • Policy Issues • Madeleine Aroney Thompson, Senior Policy Advisor (Education), Office of Governor Jay Inslee • Chris Reykdal, Superintendent, Office of Superintendent of Public Instruction

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**Model Policy/
Procedure
6700
Nutrition, Health,
and Physical
Education**

When's lunch?

Improving student health and performance by improving school lunch scheduling

How your district's elementary schools schedule lunch can either improve overall student health or inadvertently contribute to poor eating habits, with unhealthy consequences in the classroom and later in life. Last August, the State Auditor's Office (SAO) issued a Performance Audit titled, "Schools Can Influence Student Eating Habits Through Lunch Scheduling Practices."¹ The performance audit examined research and best practices for scheduling school lunch and audited the extent that districts implement those best practices. The substantial consensus among researchers supports that these practices help students eat healthier, waste less food, and display better overall behavior. Your board can lead your district toward prioritizing the improvement of student health and performance through the time and timing of school lunch.

Background

Obesity rates have more than tripled in the United States (U.S.) since the 1970s, impacting children as well as adults. Nearly one in five U.S. children are obese.² In response to this concerning trend, the United States Department of Agriculture (USDA) has incorporated many policies designed to promote healthy living for children into the National School Lunch Program.³ These health-promoting

policies include regulations on foods sold in schools, establishing farm-to-school food programs, establishing Safe Routes to School to encourage walking and biking, and a focus on teaching school children healthy habits around food and exercise. In fact, for fiscal years 2017 and 2018, the state and federal government spent nearly \$240 million on various childhood nutrition programs designed to promote lifelong healthful living.

Discussions of obesity and nutrition in schools have tended to focus on ways to encourage children to be more active, or on the types of foods they are served at school. Clearly, those issues are important and remain so, but research shows that the way schools structure lunchtime can also significantly affect children's eating habits. Specifically, the time allotted for eating the meal (or seat time) and the timing of the meal relative to recess can help or hinder healthy eating and students' classroom performance.

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¹ <https://portal.sao.wa.gov/ReportSearch/Home/ViewReportFile?arn=1024471&isFinding=false&sp=false>

² Centers for Disease Control and Prevention. "Obesity Facts." Retrieved from: <https://www.cdc.gov/healthyschools/obesity/facts.htm>

³ United States Department of Agriculture. (2017). "The National School Lunch Program." Retrieved from <https://fns-prod.azureedge.net/sites/default/files/cn/NSLPFactSheet.pdf>

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**Model Policy/
Procedure
6700
Nutrition, Health,
and Physical
Education**

Research on the time and timing of school lunch

Seat time is the amount of time students have to eat their lunch after going through the lunch line and sitting down to eat. As you might imagine, this is different than the total amount of time scheduled for lunch. Research is telling us that on average, students with shorter seat times threw away 44 percent of their food, compared to students with more seat time during lunch, who threw away 27 percent of their food.⁴

Further, seat time affects which food gets thrown away. When students have insufficient time to eat, a substantial number consumed less of the entrée, milk, and vegetables than the students who had more time to eat.⁵ This seems to be because children tend to eat the food they like most first. In other words, they tend to start by eating the french fries and leave the vegetables and healthy main course (the previous focus for improvement) behind if they run out of time to eat.

Research supports that giving children more time to eat has the potential to reduce obesity because students will have time to make more thoughtful decisions and try a variety of foods.⁶ Some researchers also suggest that allowing children more time at the lunch table can help them develop beneficial habits around food and eating as well as the social benefits of mealtime.⁷

What is enough time for eating school lunch? The idea of a minimum 20-minute seat time for lunch, with the clock starting when the last student sits down to eat, is gaining favor. Five states (Connecticut, Mississippi, New

Mexico, South Carolina, West Virginia) and the District of Columbia already require schools to give students at least 20 minutes of seated lunchtime.⁸ The recommendation of a 20-minute lunch seat time has also become acknowledged and recommended as a best practice for healthy schools.⁹

In addition to a minimum of 20-minutes of seat time, the timing of lunch is also important. Specifically, scheduling recess before lunch, not after, has many benefits. For example, some studies found that when students have recess before lunch, they eat healthier foods, including more fruits and vegetables than students who had recess after lunch.¹⁰ The students who had recess before lunch threw away significantly less food, eating two-thirds more of their food overall. This may be because there was no pressure to hurry out to the playground.

In addition to nutritional benefits, research indicates that student behavior improves when schools schedule recess before lunch. When students have recess before lunch, teachers and researchers note improved student behavior both at mealtime and later in the classroom.¹¹ The research is finding that students who eat after recess return to the classroom calmer and ready to begin lessons.¹² Interviewed teachers said when students transitioned back to the classroom from the lunchroom rather than the playground, they settled back into their work better. Research also indicates that students who have recess before lunch complain less often of stomach discomfort.¹³

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⁴ University of Washington School of Public Health Nutritional Sciences Program. (March 2015). "Lunch Time at School: How Much is Enough?" Retrieved from https://courses.washington.edu/nutr531/2015project/Time%20For%20Lunch-Policy%20Brief%20-NUTR531_winter2015.pdf

⁵ Cohen, J. et al. "Amount of Time to Eat Lunch Is Associated with Children's Selection and Consumption of School Meal Entrée, Fruits, Vegetables, and Milk." Academy of Nutrition and Dietetics. 2015.

⁶ Kiessling, K. "Mandated Minimum Lunch Time in Schools: A Viable Policy Approach to Address Obesity in Michigan." Michigan's Journal of Public Affairs. 2017.

⁷ United States Department of Health and Human Services. "Importance of Good Nutrition." Retrieved from: <https://www.hhs.gov/fitness/eat-healthy/importance-of-good-nutrition/index.html>

⁸ United States Department of Agriculture. (2017). "The National School Lunch Program." Retrieved from <https://fns-prod.azureedge.net/sites/default/files/cn/NSLPFactSheet.pdf>

⁹ United States Department of Agriculture. (2017). "The National School Lunch Program." Retrieved from <https://fns-prod.azureedge.net/sites/default/files/cn/NSLPFactSheet.pdf>

¹⁰ Chapman, L. et al. "Factors Associated with School Lunch Consumption: Reverse Recess and School "Brunch"." Academy of Nutrition and Dietetics. 2017.

¹¹ Council on School Health. "The Crucial Role of Recess in School." Pediatrics: Official Journal of the American Academy of Pediatrics. 2013.

¹² Hunsberger, M. et al. "Elementary school children's recess schedule and dietary intake at lunch: a community-based participatory research partnership pilot study." BMC Public Health. 2014.

¹³ Peaceful Playgrounds. "Recess Before Lunch State Policy or Recommendations." Retrieved from: <https://peacefulplaygrounds.com/resources/2/recess-lunch-state-requirements/>

**Model Policy/
Procedure
6700
Nutrition, Health,
and Physical
Education**

Audit on current lunch scheduling practices

Given the health concerns, the monetary investments toward addressing those health concerns, and the research discussed above, State Superintendent of Public Instruction Chris Reykdal asked the SAO for a performance audit examining current practices regarding the time and timing for school lunch. The SAO conducted the audit in the 2018-2019 school year and issued the report last August. The audit consisted of an online survey of 1,043 principals from across the state and in-person visits to 31 elementary schools from 12 different counties. All of the 31 schools visited were respondents of the survey.

The online survey asked principals to estimate how much seat time their students have for lunch, excluding the time traveling from class or waiting in line. One audit finding was that most principals did not know how much seat time their students actually had for lunch and tended to overestimate it. Of the 121 principals who responded to this question, 12 estimated their students received at least 20 minutes of seated lunch and 82 estimated their students had less than 20 minutes of seat time. However, the in-person visits found that only 1 of the 31 elementary schools visited provided all students with at least 20-minutes of seated lunchtime. For 16 of the 31 elementary schools visited, some students received at least 20-minutes of seated lunch and in the remaining 14 schools, none of the observed students had at least 20 minutes of seated lunchtime.

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About half of the 31 interviewed principals who did not allocate 20 minutes of seated lunchtime believed the lesser time was sufficient. One principal said that a 15-minute lunchtime was enough because allocating more time lead to students waiting around because they want to go to recess. Five principals said that they do not ensure 20 minutes of seat time, but they do offer students the opportunity to stay and finish their meal if they choose. However, as part of the in-person visit, the auditor observed a teacher rush a student who clearly wanted more time to eat out of the lunchroom.

Most of the schools reviewed in the audit did not schedule recess before lunch. Of the 126 principals who responded to the survey, 71 reported that no students had recess before lunch and 55 reported that some students had recess before lunch. Only seven of the schools visited scheduled recess before lunch for all students. Another seven scheduled recess before lunch for some students.

For example, one school scheduled recess after lunch for kindergarten through second grade, while third through fifth graders have recess before lunch. Of the seven schools that scheduled recess both before and after lunch, five said they do so because it is more efficient and ensures all students are fed by a certain time, not because they value it as a leading practice.

Identifying and eliminating barriers

Principals are responsible for creating and implementing daily schedules for their schools, but they don't have much if any guidance and do have competing priorities. One challenge is overcrowding. According to the audit report, some schools exceeded capacity by 150 students or more, leading to longer lunch lines and lessening precious minutes from seat time.

Another challenge is not having a cafeteria or dedicated eating space and using a multi-purpose room, gymnasium, or classrooms for lunch. Using a shared space creates competing and conflicting schedules for those areas, including having to balance lunchtime with instructional time, particularly for music or gym class. Some schools serve lunch in hallways or some other room and then children return to their classrooms to eat. This practice often means loss of seat time as children walk from the food service station back to the classroom.

Another challenge is having too few supervisory staff. State law requires that teachers receive duty-free break periods and lunchtime, which means teachers are rarely required to supervise children during lunch. Some schools assign

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para-educators or support staff to lunch monitoring, but this leaves them unavailable to assist with academic or other school activities. Similarly, having insufficient funds to pay cafeteria staff, who might be part-time employees, to work longer hours is a challenge.

According to the audit, several Washington principals have made progress in finding solutions. These include making minor schedule changes, such as staggering certain classes or lunch periods to shorten lunch line wait times and making lunch a high priority when developing daily schedules. Other possible solutions involve monitoring and evaluating the efficiency of the lunch line, including changing how student payment information is entered into the point-of-sale cash register.

Other states have published materials to help principals and districts address similar challenges. These include ideas such as assigning students to sit at the same table daily to eliminate the time lost when students are looking for an open seat or a place to sit near friends and to start a timer when the last student in line sits down. Students must then stay seated until the time counts down to zero. Other suggestions are to have a few minutes of quiet time at the end of the eating period and encourage children to finish their meal.¹⁴

Regarding implementing recess before lunch, the audit noted similar barriers to those for implementing longer seat times, such as scheduling conflicts and the need for additional staff to monitor students. Other barriers were specific to recess, such as resistance of staff who were comfortable with the longstanding lunch/recess schedule or because previous attempts at scheduling recess before lunch had failed or because they did not believe in the research. Other barriers included that the large size of campus made gathering the children time consuming and shortened students' lunchtime. Another noted barrier was the difficulty of getting children to come in from recess to wash their hands before lining up to have lunch.

In the audit, several principals who had successfully implemented recess before lunch cited contributing factors such as their own commitment to the practice, having additional advocates, and sharing the research with staff to convince teachers to accept and support the practice.

Montana has been recognized by the USDA for successfully implementing recess before lunch. Montana State University (MSU) and the Montana Office of Public Instruction developed and published an online tool kit, including sample school schedules, to help schools with

implementation.¹⁵ Suggestions from the Montana tool kit include developing a hand-washing plan that makes time for children to wash up after recess and before entering the cafeteria. Other suggestions are to develop transition procedures that address efficient ways to store coats when students come in from recess and to transfer food brought from home to the lunchroom.

Improving lunch scheduling in Washington

The Office of Superintendent for Public Instruction (OSPI) has begun the process of amending the Washington Administrative Code (WAC) 392-157-125 to align with the research-supported best practices regarding the time and timing of school lunch. The amendments have not yet been proposed but are expected to include a minimum seated lunchtime of 20 minutes for all public school students and recess before lunch in all public elementary schools. OSPI will work with stakeholders to craft the proposed rule language and seek comments and feedback. However, these amended rules may not be finalized until the 2023-2024 school year.

In the meantime, the Legislature has asked WSSDA to revise the model policy to incorporate pertinent recommendations from this audit to the extent appropriate and feasible. An important aspect of these revisions is that your Superintendent will periodically monitor your schools for progress in implementing these provisions and report back to the board about any appropriate and feasible steps taken to identify and remove barriers to implementing these practices. This allows the board to put its leadership to the best possible use for improving outcomes for students.

You'll find these revisions in **Model Policy/Procedure 6700 – Nutrition, Health, and Physical Education**. This is an Essential policy. However, the revisions reflect that these practices are aspirational and not yet mandatory. Please note that the revisions include a change to the title of the policy and procedure. In addition to reflecting findings from the performance audit, "Schools Can Influence Student Eating Habits Through Lunch Scheduling Practices," the revisions clarify information about excusal from physical education, including excusing a student based on a disability.

**Model Policy/
Procedure
6700
Nutrition, Health,
and Physical
Education**

¹⁴California Department of Education: www.cde.ca.gov/ls/nu/sn/timetoeat.asp#practices.

¹⁵Montana State University. (Downloaded April 18, 2019). "Recess Before Lunch." Retrieved from: <http://www.montana.edu/teamnutrition/smartpleas-antmeals/rbl.html>

OTHER UPDATES

Procedure **2410P** – High School Graduation Requirements

Category: **ESSENTIAL**

After the passage of House Bill (HB) 1599 – High School Graduation Requirements, plus two other bills that impacted high school credits in the 2019 legislative session, WSSDA revised Model Policy/Procedure 2410 – High School Graduation Requirements as well several other model policies/procedures. The July 2019 edition of *Policy & Legal News* featured an article unpacking the legislative changes and accompanying revisions to board policy. If you haven't seen or don't remember that article, we encourage you to review it.

As you may know, the State Board of Education (SBE) recently completed its rulemaking to reflect the provisions of HB 1599 within WAC 180-51. Based on the new rules, WSSDA has updated the revisions to Model Procedure 2410 – High School Graduation Requirements to align with the new rules and remove some redundancies. The model policy, itself, does not need revisions.

Policy and Procedure **3510** – Associated Student Bodies

Category: **ESSENTIAL**

WSSDA has revised the model policy to address RCW 28A.325.010's authority to charge fees for optional noncredit extracurricular events, typically through an Associated Student Body (ASB) membership. The policy revisions also address that districts may waive or reduce ASB fees. We've revised the associated procedure to provide some factors to consider in determining whether to waive or reduce ASB fees. Additionally, we've revised the procedure to include new reporting requirements as set forth by RCW 28A.325.050.

Please see OSPI's Bulletin No. 085-19 Learning and Teaching, available at <https://www.k12.wa.us/about-ospi/bulletinsmemos/bulletins/2019>



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— Marti Kline, Iowa Association of School Boards

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Photo of Mr. Chardin: Keith Nordstrom, courtesy of Wheaton College

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BELIEFS

WSSDA believes:

- Public education is the foundation to the creation of our citizenry, and locally elected school boards are the foundation to the success of public education.
- High-functioning, locally elected school boards are essential to create the foundation for successfully impacting the learning, development and achievement of each and every student.
- Ethical, effective and knowledgeable school directors are essential for quality public schools.
- Focusing on and addressing educational equity is paramount to assure the achievement of each and every student.
- Public school directors are best served through an innovative, responsive and flexible organization which provides exceptional leadership, professional learning and services in governance, policy, and advocacy.


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