

AGENDA

MURFREESBORO CITY BOARD OF EDUCATION
SPECIAL CALLED BOARD MEETING--
POLICY WORK SESSION
Tuesday, February 11, 2014
6:00 p.m.—Council Chambers

ORDER OF BUSINESS

- I. CALL TO ORDER BY BOARD CHAIR
- II. BOARD POLICY REVIEW

For Discussion:

BO 49—Appointment of Board Members to Committees (*New Policy*)
PER 10—Payroll Deductions (*Proposed Revision*)
STU 58—Interscholastic Athletics (*Proposed Revision*)
STU 63—Head Injuries (*New Policy*)

- III. REVIEW OF FEBRUARY 25, 2014 DRAFT AGENDA
- IV. ADJOURNMENT

MISSION STATEMENT

*To assure academic and personal success
for each child.*

MURFREESBORO CITY SCHOOL BOARD POLICY

Descriptor Term: APPOINTMENT OF BOARD MEMBERS TO COMMITTEES	Descriptor No: BO 49	Date Adopted:
<i>Reviewed/Revision Adopted:</i>		

- 1 The Chair of the Board with the input of the Director of Schools shall be responsible for
- 2 appointment of Board members to various committees established by the Murfreesboro City
- 3 School District.

MURFREESBORO CITY SCHOOL BOARD POLICY

Descriptor Term: PAYROLL DEDUCTIONS	Descriptor No: PER 10	Date Adopted: 4/79
Reviewed/Revision Adopted: 8/01; 2/10; 2/12		

1 Deductions made from an employee’s paycheck not mandated by general law are made only
2 upon proper written authorization of the employee or court order.

3

4 Deductions Required by the Federal Government

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- 6 A. Income tax withholding
- 7 B. Social Security
- 8 C. Medicare

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10 Deductions Required by the State

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- 12 A. Tennessee Consolidated Retirement (each payday)

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14 Garnishments, Wage Attachments, Wage Assignments and Other Court Ordered Payments

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16 Upon notification from Court, an amount specified by the Court will be deducted from an
17 employee’s check. This amount will be deducted each pay period and sent as directed by the
18 Court until each debt is paid in full by the employee.

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20 Deductions Which May Be Authorized by the Employee

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- 22 A. Medical Insurance
- 23 B. Dental Insurance
- 24 C. Annuities for approved insurance companies
- 25 D. U. S. Savings Bonds
- 26 E. Association Dues
- 27 F. Dependent Care (Section 125)
- 28 G. Medical Care Savings (Section 125)
- 29 H. Out of City/County Student Tuition
- 30 I. Middle Tennessee Medical Center PACE
- 31 J. United Way
- 32 K. Credit unions
- 33 L. Life insurance for approved insurance companies
- 34 M. Disability insurance for approved insurance companies
- 35 N. Unreimbursed medical expenses (Section 125)

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Criteria for Payroll Deductions

The primary purpose for payroll deductions is to provide a service to employees. Payroll deductions may be approved by the Director of Schools, subject to approval by the Board, provided the following conditions are met:

Tax Sheltered Investment programs:

Tax sheltered investment contributions will follow the compliance guidelines set forth in the MCS 403(b) Plan Document as required by the Internal Revenue Service to maintain tax-deferred status for all accounts.

Insurance Programs:

Fifteen (15) participants to begin this program
Ten (10) participants to maintain this program

Other Programs:

Fifteen percent (15%) of eligible employees to begin this program
Ten percent (10%) of eligible employees to maintain this program

Beginning date for payroll deductions shall be with the September payroll.

Compliance with maintenance standards will be reviewed annually in July by the payroll department, and failure to meet the standard will be reported, and the company or agency will have one year to meet the minimum requirement or make other arrangements with the participants for payment.

These policies may be reviewed and amended by the Board at any time, and changes in requirements should allow for sufficient time for participants and the company or agency to attempt to work out alternative solutions for payment.

All employees will be informed annually of the companies and agencies for which deductions are currently being made.

State law authorizes wage assignment of an employee's earnings for child support and alimony. State law does not allow the employer to use the assignment as a basis for the discharge of the employee or any disciplinary action against the employee. See T.C.A. § 36-5-501(i).

MCS will comply with state and federal laws when an employee's earnings are subject to garnishment or tax levy.

Legal References

**T.C.A. §36-5-501(i)
15 U.S.C.A. §1674**

MURFREESBORO CITY SCHOOL BOARD POLICY

Descriptor Term: INTERSCHOLASTIC ATHLETICS	Descriptor No: STU 58	Date Adopted: 7/11
	Reviewed/Revision Adopted:	

1 No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of,
2 be treated differently from another person or otherwise be discriminated against in any athletic
3 program of the school. Equal athletic opportunity shall be provided for members of both sexes.
4

5 Interscholastic athletics shall be administered as a part of the regular school program and shall be
6 the principal's responsibility. Principals shall ensure that school regulations regarding
7 participation in a sport are reasonable. The principal or designee must accompany an athletic
8 team to away games.
9

10 Only students currently enrolled in the Murfreesboro City School System may participate in
11 athletics. Home school students who satisfy the eligibility requirements below may be permitted
12 try out, however, this is no guarantee that they will make the team.

- 13 a. Student shall be enrolled in a home school conducted by his or her parent(s) or legal
14 guardian(s). The student cannot be enrolled in home school and an umbrella program
15 (non-public school) at the same time;
- 16 b. Student must be registered with the Director of Schools by August 1;
- 17 c. Student must have a legal residence with the school district and be zoned for the school at
18 which the student would like to participate;
- 19 d. Parent or guardian must make application for participation in athletics to the principal of
20 the school by August 15 of the school year;
- 21 e. Student shall meet the same academic and conduct standards required of MCS students;
- 22 f. Director of Schools shall confer with the parent(s) or guardian(s) conducting the home
23 school to determine that the home school student is academically eligible;
- 24 g. Student shall be receiving the minimum of four (4) hours per day of instruction;
- 25 h. Student shall be academically at the appropriate grade level or beyond. No student who
26 has fallen three (3) months behind the student's appropriate grade level will be permitted
27 to participate; and
- 28 i. Student must provide proof of basic primary medical insurance coverage and liability
29 insurance coverage which names Murfreesboro City Schools as an insured party.
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31 There shall be a complete annual physical examination of every student prior to his/her
32 participation in interscholastic athletics. Cost of the examination shall be borne by the parent or
33 guardian of the student. These records shall be on file in the principal's office. It shall be the

34 responsibility of the parent(s) or guardian to provide health and hospitalization insurance for all
35 | students participating in interscholastic athletics.

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38 | _____

39 Legal Reference:

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41 | [TCA § 49-6-3050\(e\)](#)

MURFREESBORO CITY SCHOOL BOARD POLICY

Descriptor Term: HEAD INJURIES	Descriptor No: STU 63	Date Adopted:
	Reviewed/Revision Adopted:	

1 This policy applies to school youth athletic activity. “School youth athletic activity” means a
2 school or local education agency organized athletic activity where the majority of the
3 participants are under eighteen (18) years of age, and are engaging in an organized athletic game
4 or competition against another team, club or entity or in practice or preparation for an organized
5 game or competition against another team, club, or entity.
6

7 The Murfreesboro City School Board, working through guidance approved by the Tennessee
8 Department of Health adopts the following guidelines and other pertinent information and forms
9 as approved by the Tennessee Department of Health to inform and educate coaches, school
10 administrators, youth athletes and their parents or guardians of the nature, risk and symptoms of
11 concussion and head injury, including continuing to play after concussion or head injury.
12

13 The Murfreesboro City School Board shall require annual completion by all coaches, whether the
14 coach is employed or a volunteer, and by school athletic directors of a concussion recognition
15 and head injury safety education course program approved by the Tennessee Department of
16 Health which shall include the centers' for disease control and prevention concussion signs and
17 symptoms checklist which must be used by a licensed health care professional, coach or other
18 designated person making a determination as to whether a youth athlete exhibits signs, symptoms
19 or behaviors consistent with a concussion. The Tennessee Department of Health’s concussion
20 recognition and head injury safety education course program is available on the Tennessee
21 Department of Health’s web site for any school to access free of charge. The program shall
22 include, but not be limited to: (i) Current training in recognizing the signs and symptoms of
23 potentially catastrophic head injuries, concussions and injuries related to second impact
24 syndrome; (ii) The necessity of obtaining proper medical attention for a person suspected of
25 having sustained a concussion; and (iii) The nature and risk of concussions, including the danger
26 of continuing to play after sustaining a concussion and the proper method and statutory
27 requirements that must be satisfied in order for a youth athlete to return to play in the athletic
28 activity.
29

30 The Board shall require that, on a yearly basis, a concussion and head injury information sheet be
31 signed and returned by each coach and athletic director to the Director of Schools prior to
32 initiating practice or competition for the year.
33

34 The Board shall require that, on a yearly basis, a concussion and head injury information sheet be
35 reviewed by all youth athletes and an athlete's parent or guardian. The information sheet shall be

36 signed and returned by the athlete's parent or guardian, prior to the youth athlete's initiating
37 practice or competition to confirm that both the parent or guardian and the youth athlete have
38 reviewed the information and understand its contents. The information sheet shall include, but
39 not be limited to: (i) Written information related to the recognition of symptoms of head injuries;
40 (ii) The biology and the short-term and long-term consequences of a concussion written in
41 layman's terminology; (iii) A summary of state board of education rules and regulations relative
42 to safety regulations for the student's participation in extracurricular athletic activities; and (iv)
43 The medical standard of care for post-concussion participation or participation in an
44 extracurricular athletic activity.

45
46 The Board shall maintain all documentation of the completion of a concussion recognition and
47 head injury safety education course program and signed concussion and head injury information
48 sheets for a period of three (3) years.

49
50 The Board shall establish as policy the immediate removal of any youth athlete who shows signs,
51 symptoms and behaviors consistent with a concussion from the activity or competition for
52 evaluation by a licensed health care professional, if available, and, if not, by the coach or other
53 designated person. In determining whether a youth athlete suffered from a possible concussion,
54 the centers for disease control and prevention's concussion signs and symptoms checklist shall be
55 utilized.

56
57 The Board shall establish as policy that a youth athlete who has been removed from play shall
58 not return to the practice or competition during which the youth athlete suffered, or is suspected
59 to have suffered, a concussion and not return to play or participate in any supervised team
60 activities involving physical exertion, including games, competitions or practices, until the youth
61 athlete is evaluated by a health care provider and receives written clearance from the health care
62 provider for a full or graduated return to play. This provision shall not apply if there is a
63 legitimate explanation other than a concussion for the signs, symptoms or behaviors observed.
64 After a youth athlete who has sustained a concussion or head injury has been evaluated and
65 received clearance for a graduated return to play from a health care provider, then a school may
66 allow a licensed health care professional, if available, with specific knowledge of the youth
67 athlete's condition to manage the youth athlete's graduated return to play based upon the health
68 care provider's recommendations. The licensed health care professional, if not the youth athlete's
69 health care provider, shall provide updates to the health care provider on the progress of the
70 youth athlete, if requested.

71
72 Excluding health care providers, all licensed health care professionals, performing any of the
73 functions required by this part, shall receive training in the evaluation and management of
74 concussions. Each such licensed health care professional shall, at a minimum, complete the
75 National Federation of State High School Association's (NFHS) training course on concussions
76 in sports or review the CDC Concussion Toolkit for Physicians and shall also complete
77 additional training as may be required by the department.

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80 _____
80 Legal Reference:

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82 T.C.A. § 68-55-502

TENNESSEE PROTOCOL FOR REGISTERED OFFICIALS DURING CONTESTS

1. Determine prior to the start of the contest whether a school/community-based youth athletic organization has access to a designated health care professional* during the contest.
2. Continue to monitor players for possible signs of injury as usual.
3. Remove any player that shows signs, symptoms or behaviors consistent with a concussion per CDC Concussion Checklist.
4. Inform the head coach that the player is being removed for showing signs, symptoms or behavior consistent with a concussion.
5. The school/community-based youth athletic organization shall have the player examined by their designated health care professional. If the designated health care professional determines that the student has not sustained a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may re-enter competition pursuant to contest rules.
6. The head coach is in charge of getting clearance from the school/community-based youth athletic organization's designated health-care professional.
7. If the school/ community-based youth athletic organization does not have access to a designated health care professional, or if the school/community-based youth athletic organization's designated health care professional suspects the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is to complete an evaluation by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training and present a "Concussion Return to Play" (RTP) clearance to the school/community based youth athletic organization.
8. If signs, symptoms and behaviors consistent with concussion are observed by an official, and a designated health care professional is not available to evaluate the athlete, the "Concussion Return to Play" form MUST be completed and signed by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training and shown to the official(s) by the head coach prior to a student-athlete returning to participate in a contest the same day.
9. Officials have no role in the diagnosis of a concussion. NFHS rules do require that the officials remove players from the contest when signs, symptoms or behaviors consistent with a concussion are observed and the above written protocol must be followed.

*Designated health care professionals – certified athletic trainer, licensed nurse practitioner, physician's assistant, medical doctor or osteopathic physician

TENNESSEE PROTOCOL FOR RESPONSE OF SCHOOLS/COMMUNITY-BASED YOUTH ATHLETIC ORGANIZATION REPRESENTATIVES IF PLAYERS EXHIBIT SIGNS, SYMPTOMS OR BEHAVIORS CONSISTENT WITH A CONCUSSION DURING PRACTICE OR COMPETITION

1. Coaches (employed or volunteer) and other persons in roles of authority shall remove any player that shows signs, symptoms or behaviors consistent with a concussion from the activity or competition.
2. The school/community-based youth athletic organization shall have the player examined by the school/community-based youth athletic organization's designated health care professional. If the designated health care professional determines that the student has not sustained a concussion, the player may return to the activity or competition.
3. The head coach shall be responsible for obtaining clearance from the school/ community-based youth athletic organization's designated health care professional.
4. If the school/community-based youth athletic organization does not have access to a designated health care-professional or if the school/community-based youth athletic organization's designated health care professional suspects that the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is complete an evaluation by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training and present a signed "Concussion Return to Play" (RTP) clearance. Schools/community-based youth athletic organizations must keep this form on file for a period of three years.

Designated health care professionals – certified athletic trainer, licensed nurse practitioner, physician's assistant, medical doctor or osteopathic physician

Signs/Symptoms of Concussion

Signs (observed by coach)	Symptoms (reported by athletes)
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score or opponent • Moves clumsily • Answers questions slowly • Loses consciousness, even briefly • Can't recall events <i>prior</i> to hit or fall • Can't recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • Headache • Fogginess • Difficulty concentrating • Easily confused • Slowed thought processes • Difficulty with memory • Nausea • Lack of energy, tiredness • Dizziness, poor balance • Blurred vision • Sensitive to light and sounds • Mood changes – irritable, anxious or tearful

Suggested Concussion Management:

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

1. No athlete should return to play or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically evaluated and cleared by an appropriate health-care provider - licensed medical doctor, osteopathic physician or clinical neuropsychologist with concussion training - prior to resuming participation in any practice or competition.
4. A Concussion Return to Play (RTP) form must be provided by the returning player to the school/community-based youth athletic organization. This document should outline a step-wise protocol for return to practice or competition and should include provisions for delayed RTP based upon return of any signs or symptoms.

For more information, the NFHS has also developed a free 20-minute course online entitled “Concussion in Sport – What You Need to Know” that is encouraged for every individual involved in youth/student athletics.

It can be accessed at www.nfhslearn.com

TENNESSEE CONCUSSION RETURN TO PLAY FORM

This form is adapted from the Acute Concussion Evaluation care plan on the Centers for Disease Control and Prevention website (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the youth athlete following a concussion injury. **Please initial any recommendations selected.**

Athlete's Name: _____

Date of birth: _____

Date of Injury: _____

This return to play plan is based on today's evaluation.

Date of Evaluation: _____

Care plan completed by: _____

Return to this office /Time: _____

Return to school on (date): _____

- RETURN TO SPORTS:
1. Athletes should not return to practice or play the same day that their head injury occurred.
 2. Athletes should never return to play or practice if they still have ANY symptoms.
 3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating health care provider.

The following are the return to sports recommendations at the present time:

PHYSICAL EDUCATION: _____ Do Not Return to PE class at this time. _____ May Return to PE class.

SPORTS: _____ Do not return to sports practice or competition at this time.

_____ May gradually return to sports practices under the supervision of the health care professional for your school or team.

_____ May be advanced back to competition after phone conversation with treating health care provider.

_____ Must return to the treating health care provider for final clearance to return to competition.

-OR- _____ Cleared for full participation in all activities without restriction.

Treating Health Care Provider Information (Please Print/Stamp)

Please check:

_____ Medical Doctor (M.D.) _____ Osteopathic Physician (D.O.) _____ Clinical Neuropsychologist w/ concussion training

Provider's Name: _____ Provider's Office Phone: _____

Provider's Signature: _____ Office address: _____

Gradual Return to Play Plan

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement.)

Day 4: Sports specific practice.

Day 5: Full contact in a controlled drill or practice.

Day 6: Return to competition

DRAFT AGENDA

MURFREESBORO CITY BOARD OF EDUCATION

Tuesday, February 25, 2014
6:00 p.m.—City Council Chambers

ORDER OF BUSINESS

I. CALL TO ORDER BY BOARD CHAIR

- Pledge of Allegiance
- Moment of Silence

II. APPROVAL OF AGENDA

III. COMMUNICATIONS

- Announcement of School and System Teachers of the Year (Program sponsored by the Council of Chief State Officers) (See Attached List) A recognition celebration will be held on Tuesday, March 18, 4:30-6:00 p.m., at Oaklands Mansion.
- Read Across America—Dr. Seuss’s Day, March 2
- Mass Choir, Thursday, March 6, 2014
- Read to Succeed Family Fun Night, Thursday, March 27, 2014 at Cason Lane
- The City Hall Art Show will take place on April 10, 2014.
- Mitchell-Neilson thanks David and Stacey Owen for their \$400 donation.

IV. CONSENT ITEMS (Tab 1)

A. Approval of minutes of the regularly scheduled board meeting of January 28, 2014, and the February 11, 2014 Special Called Board Meeting—Policy Work Session.

B. Approval of School Fees

V. ACTION ITEMS

A. Approval of Board Policies (First Reading) (Tab 2)

B. Approval to Identify Mitchell-Neilson Elementary and Primary as One Campus—Mitchell-Neilson Elementary School (Tab 3)

VI. REPORTS/INFORMATION

A. Overall Creek Update—Don Bartch and Dr. Cindi Smith-Walters

B. Technology Update—Dan Boshers and Karen Hawkins

C. Extended School Program Update (Tab 4)

D. Personnel Update (Tab 5)

E. Monthly Revenue and Expenditure Report (Tab 6)

F. Attendance Report (Tab 7)

VII. OTHER BUSINESS

VIII. ADJOURNMENT

MISSION STATEMENT
To assure academic and personal success
for each child.