



Monday, November 14, 2022
USD #333 USD333 Board of Education Regular Meeting

AGENDA FOR UNIFIED SCHOOL DISTRICT NO. 333
CLOUD COUNTY, KANSAS
6:00 PM

USD #333 Board of Education Administrative Offices, 217 W. 7th St., Concordia, KS 66901

- A. **OPENING ITEMS**
 - 1. Call To Order
 - 2. Pledge of Allegiance
 - 3. Members Present
- B. **CONSENT ITEMS**
 - 1. Adopt Agenda for Meeting
 - 2. Approval of Minutes
 - 3. Accept Gifts and Donations
 - 4. Approval of Encumbrances as listed in the Superintendent's Report
 - 5. Approval of Financial/Treasurer's Report/CapitalOne
 - 6. Administrator/Building Reports
 - 7. Vote on Consent Items
- C. **PUBLIC COMMENTS**
- D. **STUDENT/PATRON PARTICIPATION/RECOGNITION**
 - 1. CTE Ambassadors
- E. **INFORMATION/UPDATE/COMMUNICATION**
 - 1. Facility Updates - Gym Challenges STG#2
Lintel Refinishing Flooring quote 3
 - 2. CJSHS Site Council 2022-2023
 - 3. Middle School Update STG#2
- F. **EXECUTIVE SESSION**
- G. **BOARD ACTION ITEMS**
 - 1. Storage Shed By Field STG#2
Miltonvale Lumber Quote 17
 - 2. Naloxone Administration for Opioid Overdose Policy
Narcan Administration Policy 18
- H. **CERTIFIED and CLASSIFIED PERSONNEL**
 - 1. 1. New Hires/Transfers/Resignations/Terminations of **CERTIFIED STAFF** for 2022-2023 School Year (if needed)
 - 2. New Hires/Transfers/Resignations/Terminations of **CLASSIFIED STAFF** for 2022-2023 School Year (if needed)
Classified Staff Nov22 LIST 28
- I. **ADJOURN**

Von Lintel Refinishing & Flooring, Inc.

1015 Downing Ave.

Hays, KS 67601

www.vlrinc.net

785-628-6032 office

785-628-6637 fax

10/31/2022

USD 333

217 W 7th St.

Concordia, KS 66901

Re: Request for Concordia JV Gym Floor Replacement Proposal

Base Bid Removal of Existing Maple Floor and Reuse Existing Sub floor:

The following price of **\$83,449.00** is a bid for work at the Concordia High School JV Gymnasium new floor installation, of approximately 4988 sq. ft. This price includes materials and labor for the following:

Remove Existing Maple Flooring and Dispose.

Inspect Sub Flooring System once Maple is removed, and discuss options if needed, before proceeding with underlayment repair (per sq. ft. allowance see below)

Unload Maple Flooring and Test Moisture Content of wood to acquire a baseline for moisture.

Establish Starter Row in center of Gym Floor.

Rack Maple Flooring Loosely to allow for more uniform acclimation.

Allow Maple Flooring to equalize to the conditions at Concordia High School JV Gym.

Install 25/32 x 2 1/4" **3rd Grade**, continuous tongue and groove, and end matched MFMA northern hard maple, leaving periodic expansion as needed.

We will sand floor to a smooth surface and prep the floor to be finished.

Apply 2 Coats of Hillyard Primer/Sealer.

Stripe floor to specifications and paint, courts as existing including artwork.

Apply 1 Coat of Hillyard Primer/Sealer and 1 Coat of Hillyard Gym Finish.

Install New Vent Cove Base and threshes/transitions where necessary.

Sub floor Allowance: If sub-floor is damaged and/or unusable, allow \$10.87 per sq. ft. times the amount sq. ft. that needs to be replaced. This cannot be determined until the maple flooring is removed. We do not foresee a significant amount that we would have to repair.

Any other artwork, stencil paint work, repair work, or other work is not included in this bid.

Option to Lay New Maple Over Existing:

The following price of **\$9,223.00** shall be deducted from the above base bid for installation of the new maple flooring over the existing flooring, perpendicular to the direction of the existing flooring. This saves cost and the possibility of having to replace the subfloor, which we cannot determine until the current maple floor is removed.

This proposal may be withdrawn by Von Lintel Refinishing, Inc., if not accepted within 30 days.

As you know, prices are very volatile at this time, it is better to lock in prices sooner than later.

Please review this proposal, if you have any questions or comments' please feel free to call (785-650-7040). Thank You for your consideration. We would be pleased to serve you and have you as one of our satisfied customers.

Respectfully Submitted
Von Lintel Refinishing, Inc.



Jeffery J. Vahling

E-mail--jeffv@vlrinc.net
Mobile--785-650-7040

Von Lintel Refinishing & Flooring, Inc.

1015 Downing Ave.

Hays, KS 67601

www.vlrlnc.net

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USD 333

217 W 7th St.

Concordia, KS 66901

Re: Request for Floor Work

CONCORDIA HIGH SCHOOL VARSITY GYM FLOOR OPTIONS

Varsity Gym--Sanding and Refinishing Gym Floor Base Bid Proposal: The following price of **\$12,360.50** is our bid for work. This bid includes materials and labor. We will perform the following on approximately 5600 sq. ft. of existing maple flooring:

Sand entire floor to a level surface, removing existing finish, and leaving bare wood.

Vacuum edges and Tack entire floor to remove dust.

Apply 2 coats of Hillyard Primer/Sealer, allow to dry.

Tape and paint basic game lines to KSHSAA specifications, *see artwork options below.*

Abrade paint, Vacuum, and Tack to remove dust.

Apply 1 coat of Hillyard Primer/Sealer and 1 coat of Hillyard Gym Finish.

New Panther Center Logo Option: The following price of **\$4,335.00**, shall be added to the above base bid of materials and labor for the following work:

We will paint, in addition to the primary striping, 1—C Panther Logo, in the Center Jump Circle area, Black, Red and White Color Design, and Style.

End Line Lettering Option: The following price of **\$3,845.00** shall be added to the above base bid of materials and labor for the following work:

We will paint in addition to the primary striping, End Line Lettering between the Wall and the end Bounding Line, CONCORDIA and PANTHERS, One on each end of the basketball court, Varsity Style or Similar Font, Red or Black in Color

Option for Stained 3 Point Areas: The following price of **\$3,650.00** shall be added to the above base bid of materials and labor for the following work

We will stain the 3-point areas of the main basketball court, Nutmeg stain color, leaving the key and lanes areas a natural color.

Painted Lanes: The following price of \$2,645.00 shall be added to the above base bid of materials and labor for the following work:

We will Paint the Lane areas of the main basketball court, Black or Red in color.

Any other artwork, other stencil paint work, other line work, other repair work, sales taxes or other work is not included in this proposal.

This proposal may be withdrawn by Von Lintel Refinishing, Inc., if not accepted within 30 days.

As you know, prices are very volatile at this time, it is better to lock in prices and scheduling sooner than later.

Please review this proposal, if you have any questions or comments' please feel free to call (785-650-7040). Thank You for your consideration. We would be pleased to serve you and have you as one of our satisfied customers.

Respectfully Submitted
Von Lintel Refinishing, Inc.



Jeffery J. Vahling

E-mail--jeffv@vlrinc.net
Mobile--785-650-7040

[You may be eligible for additional discounts. Find out which purchasing cooperative or contracts are available in your state.](#)

By: [Sportsfield Specialties](#)

Sportsfield Specialties Wall Pad, 2 x 7 Feet

Item #: 5003842

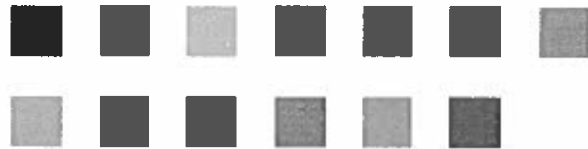


★★★★★ | [Write a review](#)

~~\$325.95~~
\$244.46

 [Free Shipping Ineligible: Details](#)

Color: Select Option




Quantity

Ships Directly from Manufacturer Typically
Within 2-4 Weeks - Lead Times Vary

[View Larger Image](#)

ADD TO CART

[ADD TO WISH LIST](#) 

DESCRIPTION

SPECIFICATIONS

CUSTOMER REVIEWS



Chat Now

Section IV

SUB-STATE TOURNAMENT INFORMATION

General Information

- Schools are permitted to suit up no more than 12 girls for sub-state and state tournaments.
- Medal/trophy/plaque information—page 20
- Volleyball information—page 20
- Required warm-up procedure information—page 20
- Time schedule information—sub-state tournaments—page 25

Required Court Specifications for Sub-State Tournaments

It is extremely important that schools extended an invitation to host a sub-state volleyball tournament meet the required court specifications, as well as have the required permanent seating available and adequate parking.

Tournament hosts must meet the following NFHS rule specifications:

- 2-1-1 Ceiling clearance (strongly recommended 23 ft. above court, clear of any obstructions)
- 2-1-3 Out-of-bounds (shall be at least six (6) feet from walls or obstacles and preferably 10 feet of unobstructed space)
- 2-1-6 Serving area (serving area shall be a minimum of six (6) feet in depth)
- 3-4-1 Officials' table shall be at least six (6) feet 10 feet preferred when space permits) outside the court sideline opposite the referee

Please see the KSHSAA website (Girls Volleyball>Announcements) for information on the court diagram and equipment setup.

Required Permanent Spectator Seating for Sub-State Tournaments:

Attendance at sub-state tournaments varies across the state. Following is the average attendance per class in 2019.

6A.....	250
5A.....	300
4A.....	280
3A.....	580
2A.....	450
1A.....	570

When considering the number of seats available, please be aware of safety factors that involve the use of some bleachers if they are not pulled entirely out and locked. Also, please be prepared to limit the spectator traffic along the court end line, especially during the serve.

Tournament Format - One Court vs. Two Courts

Classes 6A, 5A, 4A: All sub-states in these classifications will be played on one court and will consist of four or five schools.

Classes 3A, 2A: All sub-state sites in these classifications will host one eight or nine team tournament. These tournaments will be played on two courts. The courts must be in the same facility. If the courts are side by side, it is recommended they be at least 20 feet apart or have a net divider between the courts.

Matches being played on adjacent courts must start at the same time (for introduction purposes). See more information on page 28.

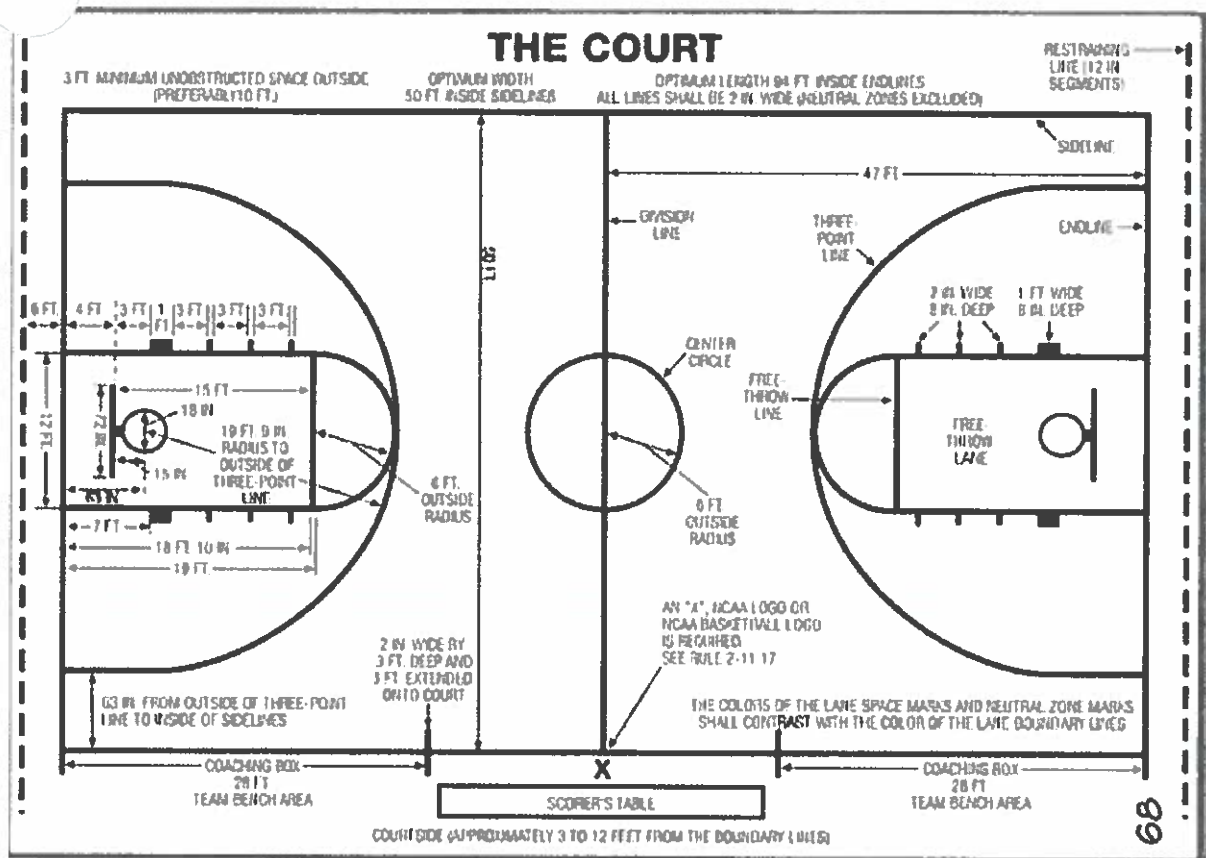
Class 1A DI, 1A DII: All sub-state sites in each division of this classification will host one six or seven team tournament. These tournaments will be played on one court.

Time Schedule

All sub-state tournaments will be played in the afternoon, starting no earlier than 1:00 p.m. All matches will start no sooner than the printed time schedule with at least a 20 minute warm-up before a team's first match of the day. In order to keep the tournament moving along, tournament managers are encouraged to identify the start time for the first match of the day only, with the remaining matches following 20/10 minutes later. By agreement of both coaches, the warm-up for second, third and fourth round matches may be 10 minutes.

- **Funny fantasy basketball names**
- **Funny basketball nicknames**

This section will answer questions related to the specific dimensions of this type of yard, as well as a diagram for you to follow most intuitively.



High school basketball court dimensions diagram

Basketball Court Size Overall

The overall size of most high school basketball courts is 84 feet long and 50 feet wide. At some junior high schools, the court size will be 74 feet long and 42 feet wide.

The Foul Line

Quadriplegia and Fatality Risk from Inadequate Basketball Court Buffer Zones: Time to Act is Now

Aug 27, 2021



Still images from the surveillance video, showing Mr. Gonzalez: A) Doing a layup; B) Stumbling near the baseline; C) Going into the padded wall headfirst with his arms out in front of him, and a zoomed-in view demonstrating that his left elbow was bent (circled in red); D) Falling to the floor post-impact; and E) Landing on the right side of his body. Note that the view of Mr. Gonzalez's body at impact with the padded wall is partially obstructed by the padded I-beam located to the left of his body at impact.

By Joseph J. Wadland

On March 14, 1970, Richard Atkinson, a sophomore at Bates College in Lewiston ME, lost his footing during an intramural basketball game and slammed into an unpadded brick wall. He died the next day from head injury.

[1] Bryant Gumbel, the then sports editor of the student newspaper wrote: "[y]et to sit back and say that he smashed into an exposed brick wall less than fifteen feet away, and accept it simply for that, is senseless. As

fifteen feet away from the edge of the court. As anyone who has been in any other gym realizes, any walls too close to the court are in almost all cases covered with relatively inexpensive wrestling mats.”

Bryant Gumbel urged that “steps be taken in the immediate future... to rid the gym of the danger of an exposed brick wall... [so] that the next time any accident involving that wall occurs, the writer, whoever he may be, will also be able to say that the athletic department cannot rightfully bear the blame. There are some who will say that Rich was probably the only person to hit that wall in the last fifty years. Maybe so. Whether he was the only one in the last fifty years; or whether he'll be the only one until that gym crumbles to the ground is unimportant. What is there to lose by gambling some money [on safety improvements] on the chance that someday the money spent may save a life?”^[2]

Bryant Gumbel had it right more than fifty (50) years ago. Just ask Matt Wetherbee and Joel Gonzalez. In the span of a mere seven (7) months in 2016-17, at two gyms less than ten (10) miles apart in greater Boston, routine drives to the basket for these two young men in adult recreational basketball leagues turned into life altering plays. Today, Matt and Joel are quadriplegics. Both collided with a padded wall under the basket. In Matt's case as he drove to the basket, a defender stepped in, their legs tangled, and he fell headfirst into the wall under the basket. Joel was laying the ball up following a drive from the top of the key. He was fouled as he went up and landed off-balance, and he too struck the wall under the basket headfirst. Both men were young (28 and 31 respectively), fit, athletic and seasoned, skilled basketball players. Neither player had sufficient time or distance to avoid or brace for their collision with the wall.

Imagine an NBA game where there is a padded concrete wall, at the point where spectators and media sit in the out-of-bounds area of arenas throughout the country, often no more than 3 or 4 feet from the out-of-bounds line. No owner would permit play to happen, and no player would play and risk his career under such circumstances.^[3] Yet this is what happens in thousands of gyms, rec centers and basketball courts throughout the country daily. When a facility has an inadequate buffer zone it creates an unreasonable risk of harm.

Regardless of whether anyone is familiar with the term “buffer zone,” the underlying concept is clear. Basketball actions, plays and player deceleration frequently occur in the out-of-bounds area of the court, whether it is a player attempting to save a loose ball from going out-of-bounds, a player running full speed for a lay-up whose momentum carries him out-of-bounds, or a player who is tripped or fouled near the out-of-bounds line and who loses his balance, forcing him out-of-bounds. In each of these instances, a player requires a safe distance between the out-of-bounds line and the nearest wall or obstruction to prevent against injury. It is important to remember that unlike boards in hockey and outfield walls in baseball, walls in the buffer zone of basketball courts are not part of the sport or in the field of play. They constitute a risk which is not inherent to the game itself.

Matt Wetherbee's and Joel Gonzalez's spinal cord injuries were predictable and avoidable. There was no buffer zone under the basket in Matt's case; the wall was the out-of-bounds marker. In Joel's case, the wall he struck was approximately 4 feet from the baseline.

Several basketball and sport governing bodies have promulgated standards, guidelines, recommendations and best practices respecting buffer zones. The American Alliance for Health, Physical Education, Recreation and Dance (“AAHPERD”) and the National Intramural-Recreational Sports Association (“NIRSA”) both specify a preferred buffer zone of ten (10) feet and a minimum of six (6) feet. The National Collegiate Athletic Association

three (3) feet on the sides. The Amateur Athletic Union (AAU) specifies a preferred buffer zone of ten (10) feet and a minimum of three (3) feet. The AAU rule book specifies that the National Federation of State High School (NFHS) rules apply to AAU events (Amateur Athletic Union, 2016). The NFHS also specifies a **preferred buffer zone of ten (10) feet and a minimum of three (3) feet.**

What is clear from these governing bodies is that the *preferred* buffer zone distance is ten (10) feet. Even insurers have taken this position publicly.^[4] However, many facility owners and operators take the legal position that as long as there is a three (3) foot minimum, they have complied with the standard of care. Alternatively, or in addition, facility owners and operators customarily assert that the risk of danger is open and obvious, players assume the risk of injury and/or are contributorily negligent. They also often will rely on written waivers as a risk management tool, arguing that a player who has signed one has waived his right to bring claim for his injury.^[5]

There is no indication by any of the above-referenced organizations or in any of their publications as to how each arrived at its buffer zone requirement/recommendation. A review of the literature turned up no professional article advocating for a three (3) foot buffer zone. According to experts in the field, the three (3) minimum incorporated into some of the above-referenced literature is outdated guidance that has been rejected as inadequate by virtually all professionals in the field "for at least the last 50 years."^[6]

The only publication to this author's knowledge which takes into consideration human biomechanics in establishing buffer zone distance requirements under a basket is an architectural design reference source book entitled "Human Dimension & Interior Space: A Source Book of Design Reference Standards" (1979). It recommends 7.5 to 9.6 feet of buffer zone from the end line under a basket to any obstruction, and as it notes "[i]n sports where the action is more intense, such as basketball, the lack of adequate safety zone clearance may cause injuries to the players and may even prove fatal (p. 257). Another architectural design reference, Architectural Graphic Standards (12th Ed.), also known as the architect's bible, recommends a ten-foot minimum buffer zone.

A study conducted by Gil Fried and other researchers at the University of New Haven using player measurements, surveys and physics attempted to identify what is an appropriate basketball court buffer zone. Based on the results of physics modeling in the study, the average distance necessary for players to stop the movement safely was reported to be 7.74 feet. The researchers then conducted a simulated game, and the players left the court under the baskets 19 times, traveling on average 5.18 feet. According to the researchers the physics model theoretically provides the minimum safe buffer zone distance and provides a conservative measurement to provide safer basketball courts. The study concluded that the outdated three-foot minimum buffer zone is not only an arbitrary number but is also unsupported by any scientific research. The researchers concluded that by adopting preferably an 8-foot buffer zone (physics modeling) and at least a 5.2-foot buffer zone (simulated game), facilities can provide a safer distance for players. The study did not try to establish a minimum or uniform standard of care nor purport to be statistically valid.^[7]

Joel Gonzalez's injury was captured on surveillance camera video footage (shown below).

Copy of Dorchester 011517 Gym2 camera



A frame-by-frame analysis performed by Wilson C. Hayes, Ph.D. and Erik D. Power, P.E. of Hayes & Associates Corvallis, OR is included below. While it may be disturbing to watch the video, sport facilities owners/operators, risk managers, athletic directors and others who have responsibility for the safety of sports facilities need to watch it, as do insurers and officers of the above-referenced sport governing bodies.

All new facilities should be designed with at least a ten-foot buffer zone. Many existing gyms and courts with less than the preferred ten-foot distance can almost always adjust their baskets and move them in, i.e., shorten the court a few feet on each end with a new baseline, and have a significantly larger and safer buffer zone at least under the baskets.^[8] While shortening an already small court may be less than ideal, is not changing it worth avoiding a spinal cord injury or fatality? Further, going forward, juries are unlikely to buy either the ostrich defense ("a freak accident"), accept the 3-foot minimum as an acceptable standard of care or be willing to find a player assumed the risk. Players and consumers generally are unaware of standards or about the potential for such devastating injuries. Juries are more likely today than ever to hold owners/operators accountable for unsafe buffer zones.

It is important to recognize that for there to be real and effective change across the country in the thousands of gyms with unsafe buffer zones, it must come from the liability insurers and sport governing bodies. So long as a sport governing body such as the NCAA or the NFHS allows games to be played on courts with 3-foot buffer zones and insurers are willing to insure the risk, there will continue to be unnecessary fatalities and spinal cord injuries.

Putting aside the law and insurance, as a sports facility owner/operator, do you want to be the one with a spinal cord injury or fatality on your watch? Stated otherwise, would you prefer to have a reasonably safe facility or rely on the legal doctrines of assumption of risk, comparative fault and/or waiver to try to insulate yourself from liability for an unsafe facility? Which is the responsible approach?

Matt Wetherbee and Joel Gonzalez want you to know that as life-long basketball players, it never occurred to them that they could suffer such a devastating injury playing basketball. They want to prevent what happened to them from occurring in the future. They are the motivation for this article. They refuse to let their quadriplegia define their lives. They both are active in raising awareness about spinal cord injuries, research and

awards scholarships to spinal cord injured patients to assist in their rehabilitation. To read more about Matt's story, go to www.mwffund.org.

Matt's and Joel's accidents were the subject of litigation which is beyond the scope of this article. The Massachusetts Trial Court maintains a website for electronic case access, deemed to be public information: www.masscourts.org/eservices/home.page.2. The civil action caption and docket number for each case is: *Gonzalez, Joel vs. Morton, James O'S., et al*, Suffolk Superior Court Civil Action No. 1884CV00690 and *Wetherbee, Matthew H., vs. Cambridge Racquetball, Inc., et al.*, Middlesex Superior Court Civil Action No. 1681CV02072. The author of this article represented both Mr. Gonzalez and Mr. Wetherbee.

Joseph J. Wadland of the Massachusetts firm, Wadland & Ackerman, is a trial attorney with over 35 years' experience. He represents both plaintiffs and defendants as well as insurance carriers. For more information see www.wadlandackerman.com.

[1] Bates College, "The Bates Student- volume 96 number 20- March 21, 1970," at p. 1. (1970). *The Bates Student* 1593.

[2] *Id.*, p. 10.

[3] YouTube is replete with videos of NBA players going out-of-bounds and colliding with fans, chairs and other obstructions. For example, LeBron James chased a loose ball out-of-bounds and collided with golfer Jason Day's seated wife in 2015, injuring her. The YouTube video as well as Sports Illustrated still shots, show LeBron going headfirst when he struck her. Compare this with the video footage of Joel Gonzalez's injury, *infra* – showing head-first position immediately before striking the wall. The two are very similar. Now imagine a concrete wall rather than Mrs. Day at the point of impact for LeBron.

[4] See "Basketball Court Tech Sheet," *Employers Mutual Casualty Company* (2011), stating that "basketball courts should have a minimum clearance of 3 feet around the perimeter of the playing court, but 10 feet is highly recommended."

[5] Sports facilities owners/ operators and risk managers often use waivers or releases as a means of limiting their liability and exposure. But a waiver/release should not be the first line of risk management for an unsafe facility. In Massachusetts for example, its version of the model Health Club Services Contract Act (Mass. Gen. Laws Chapter 93, Section 78, et. seq.) outlaws use of waivers or releases by a health club or fitness facility and constitutes a violation of the Massachusetts Consumer Protection Act. Insurers of health clubs in Massachusetts who require their insureds to use waiver language in their contracts with consumers expose themselves and their insureds to treble damages and an award of attorney's fees. Several other states have their own iterations of the model Health Club Services Contract Act.

[6] See, e.g., "Injuries in the Buffer Zone: A Serious Risk Management Problem." *Journal of Physical Education, Recreation & Dance*, Vol. 78 No.2 (Neil Dougherty and Todd Seidler).

[7] "Buffer Zone: Policies, Procedures, and Reality." *Journal of Legal Aspects of Sport*, 2019, 29, 86-101 (Ceyda Mumcu, Gil Fried and Dan Liu)

avoided Joel Gonzalez's spinal cord injury.

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Articles in Current Issue

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- Strict Court says NHL's Active Promotion of Fighting Preempts Claims Under Relevant Collective Bargaining Agreement
- Court Grants Summary Judgment in White Football Coach's Title VII Case
- Baseball Coach Loses Racial Discrimination Case Appeal Against American University
- Court Dismisses Athletic Trainer's Retaliation Claim Against School District
- Contractual Obligations and Non-Contract Contracts: Explaining Motorsport's Silliest Silly Season
- Lawsuit Against NFL Agent Demonstrates Financial Challenges of Industry
- Altius, Altius, Non-Stipendium – CrossFit's European Championship and CanWest Games Fail to Pay Prize Money to Athletes
- Major New THIRD Argument Against 'Female' Trans Athletes; Serious Injuries Joins Unfair Competition and Sexual/Bodily Privacy
- NCAA Guidance Allows Schools to Engage in Certain Name, Image, and Likeness Activities with Student-Athletes, NIL Entities
- Man Rendered Quadriplegic in Indoor Sky-Diving Accident Sues "Safe" iFLY Facility
- ADP, MOAA, and The Black AD Alliance Coalition to Launch Initiative with Goal of Increasing Opportunities for Athletic Administrators and Coaches of Color
- Sports and Crypto: The Future of the Industry
- Hackney Publications Introduces a Podcast – Sports Law Expert
- Sports Lawyer Dan Lust Joins Moritt Hock & Hamroff
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Miltonvale Lumber Company
 28 East Spruce St.
 P.O. Box 393
 Miltonvale KS 67466
 785-427-2643
 Fax: 785-427-3351



QUOTE

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SOLD TO
USD #333 Concordia 217 W 7th Concordia KS 66901

JOB ADDRESS
USD #333 Concordia 217 W 7th Concordia KS 66901

ACCOUNT	JOB
USD333	0
CREATED ON	09/13/2022
EXPIRES ON	10/13/2022
BRANCH	1000
CUSTOMER PO#	
STATION	WS02
CASHIER	MG
SALESPERSON	
ORDER ENTRY	MG
MODIFIED BY	MG

1

Item	Description	D	Quantity	UM	Price	Per	Amount
*SOTINFITTING	30'x52'x10' Centra Series Bolt Up Building, 26ga RLoc Roof & Walls w/Lifetime Paint, 2 Each 10'x8' OH Door Openings In A Sidewall, 1 36"x84" Commercial Walk Door w/Lock, Gutters and Downspouts w/Kickouts Included, 115 MPH Wind Rating, 30# Ground Snow Load		1	PC	17263.5200	PC	17,263.52
*OH DOOR	10'2"x8'0" White CS26 Non-Insulated OH Door, 15" Radius Track, 2" Angle Mount Track On Steel Jambs, Angle Mount Weatherstrip, Dual Flap Top Seal, I/S Lock, Center Style		2	EA	1112.2000	EA	2,224.40
CPA	Commercial Punched Angle		16	EA	22.5000	EA	360.00
GDS-516TEK	5/16" x 1" Speed Tek Screws		50	EA	0.1000	EA	5.00
381MB	4381-3/8-16x1 M Bolt - Grade 2		30	EA	0.1500	EA	4.50
38LW	4572 - 3/8" Medium Split Lock Washer		30	EA	0.0400	EA	1.20
38N	4672 - 3/8-16 Coarse Finished Hex Nuts		30	EA	0.0600	EA	1.80
					Subtotal		19,860.42
					GOV 0.00% EXE: KS7XE7111F	Sales Tax	0.00
					Total		19,860.42

Buyer:

Signature

USD 333 Concordia
Naloxone Administration for Opioid Overdose Policy

Purpose: USD 333 wishes to prevent opioid related overdoses by making Naloxone readily available in the Junior High and High School building

Definition: Opioid overdose occurs when the opioid levels in an individual's body are so high that they become unresponsive and their breathing becomes inadequate. Lack of oxygen affects vital organs which leads to unconsciousness, coma, and even death. It only takes 3-5 minutes without oxygen for brain damage to occur. Naloxone (Narcan) is indicated for the reversal of an opioid overdose with signs of respiratory depression or unresponsiveness and acts by displacing the opiates from the receptor sites that control breathing. If the individual has not overdosed on an opioid, the naloxone will have no effect on the body. Opioids are illegal drugs, like heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin), fentanyl, hydromorphone (Dilaudid), and buprenorphine.

Policy: It is the policy of the USD 333 School District to provide assistance to any person(s) who may be suffering from an opioid overdose following protocols and procedures of the school district. Staff members trained in accordance with the policy shall make every reasonable effort, to include the use of Naloxone combined with rescue breaths, to revive the victim of any apparent drug overdose.

This policy is to be used as an adjunct to ***K.S.A. 65-16,127 (Emergency opioid antagonists; dispensing, storing and administering; duties of the state board of pharmacy and first responder agencies; rules and regulations) and in conjunction with the State of Kansas's "Naloxone Access Law"** to provide treatment to unresponsive individuals in the school setting.)*see attached)

Training: Before administering Naloxone, the appropriate school staff must go through training provided by a Pharmacist, Medical Director, or trained school nurse. This will allow the employee to be able to recognize an opioid related overdose, respond with proper judgment, administer Naloxone successfully, and to promptly seek further medical attention. Upon completion of Naloxone Administration training, a form signed by the staff member and trainee will be obtained.

After appropriate training, designated individuals will use the four R's: Recognize, Respond Reverse, and Refer: (see attached)

Signs and Symptoms of opioid overdose include:

- Small, constricted “pinpoint pupils”
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale blue skin
- Slowed pulse/heart beat

Equipment: Narcan Nasal Spray - needle free and easy to use with no inhalation required, safe and effective in children for known/suspected opioid overdose, first FDA approved nasal formulation of Naloxone.

Storage: Naloxone will be stored in a secure compartment within the school nurse’s office and in accordance with the manufacturer’s instructions. All trained employees will be made aware of its location and will be able to access it as needed.

Medical Director

Dr. Daniel Garlow, M.D.

1000 Highland Drive

Concordia, KS 66901

785-243-4272

Signature: _____

USD #333 Board of Education President

217 West 7th Street

Concordia KS 66901

785-243-3518

Signature: _____

USD #333 District Nurse

Katie Brooks, LPN

217 West 7th Street

Concordia, KS 66901

785-243-8853

Signature: _____

Report of Naloxone Administration

Demographic and Health History:

Name of School: _____

Age: _____ Circle One: Student Staff Visitor

Sign(s) of Overdose Present:

Blue Lips Breathing Slowly Shallow Breathing Slow Pulse Unresponsive

Weak Pulse Other: _____

Naloxone Administration Incident Reporting:

Date of Occurrence: _____ Time of Occurrence: _____

Vital Signs: B/P _____ Temperature _____ Pulse _____ Respiration _____

Location victim was found: _____

Naloxone Administered by: _____ Time: _____

Second dose given? Y/N Second dose prior to arrival of EMS? Y/N Time: _____

Naloxone Lot Number: _____ Expiration Date: _____

Person (if applicable) notified of Naloxone administration: _____

Time of Notification: _____

Response to Naloxone:

Combative Responsive and Alert Angry Responsive but Sedated No Response

Post-Naloxone Observations:

None Seizure Vomiting Difficulty Breathing Other: _____

Other Actions Taken:

Sternal Rub Recovery Position CPR AED Oxygen Yell to/Shake Victim

Other: _____

Disposition:

Time of EMS Notification: _____

Transfer to ER? Y/N **If yes, transfer via:** Parent/Guardian Ambulance

Other: _____

School Follow Up:

Did a debriefing meeting occur? Y/N

Recommendation for changes:

Names of all included in debriefing:

Form completed by: _____ **Date:** _____

Phone number: _____

65-16,127. Emergency opioid antagonists; dispensing, storing and administering; duties of the state board of pharmacy and first responder agencies; rules and regulations. (a) As used in this section:

(1) "Bystander" means a family member, friend, caregiver or other person in a position to assist a person who the family member, friend, caregiver or other person believes, in good faith, to be experiencing an opioid overdose. (2) "Emergency opioid antagonist" means any drug that inhibits the effects of opioids and that is approved by the United States food and drug administration for the treatment of an opioid overdose.

(3) "First responder" includes any emergency medical service provider, as defined by K.S.A. 65-6112, and amendments thereto, any law enforcement officer, as defined by K.S.A. 22-2202, and amendments thereto, and any actual member of any organized fire department, whether regular or volunteer.

(4) "First responder agency" includes, but is not limited to, any law enforcement agency, fire department or criminal forensic laboratory of any city, county or the state of Kansas.

(5) "Opioid antagonist protocol" means the protocol established by the state board of pharmacy pursuant to subsection (b).

(6) "Opioid overdose" means an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania or death, resulting from the consumption or use of an opioid or another substance with which an opioid was combined, or that a layperson would reasonably believe to be resulting from the consumption or use of an opioid or another substance with which an opioid was combined, and for which medical assistance is required.

(7) "Patient" means a person believed to be at risk of experiencing an opioid overdose.

(8) "School nurse" means a professional nurse licensed by the board of nursing and employed by a school district to perform nursing procedures in a school setting.

(9) "Healthcare provider" means a physician licensed to practice medicine and surgery by the state board of healing arts, a licensed dentist, a mid-level practitioner as defined by K.S.A. 65-1626, and amendments thereto, or any person authorized by law to prescribe medication.

(b) The state board of pharmacy shall issue a statewide opioid antagonist protocol that establishes requirements for a licensed pharmacist to dispense emergency opioid antagonists to a person pursuant to this section. The opioid antagonist protocol shall include procedures to ensure accurate recordkeeping and education of the person to whom the emergency opioid antagonist is furnished, including, but not limited to: Opioid overdose prevention, recognition and response; safe administration of an emergency opioid antagonist; potential side effects or adverse events that may occur as a result of administering an emergency opioid antagonist; a requirement that the administering person immediately contact emergency medical services for a patient; and the availability of drug treatment

programs.

(c) A pharmacist may furnish an emergency opioid antagonist to a patient or bystander subject to the requirements of this section, the pharmacy act of the state of Kansas and any rules and regulations adopted by the state board of pharmacy thereunder.

(d) A pharmacist furnishing an emergency opioid antagonist pursuant to this section may not permit the person to whom the emergency opioid antagonist is furnished to waive any consultation required by this section or any rules and regulations adopted thereunder.

(e) Any first responder, scientist or technician operating under a first responder agency or school nurse is authorized to possess, store and administer emergency opioid antagonists as clinically indicated, provided that all personnel with access to emergency opioid antagonists are trained, at a minimum, on the following:

(1) Techniques to recognize signs of an opioid overdose;

(2) standards and procedures to store and administer an emergency opioid antagonist;

(3) emergency follow-up procedures, including the requirement to summon emergency ambulance services either immediately before or immediately after administering an emergency opioid

antagonist to a patient; and (4) inventory requirements and reporting any administration of an

emergency opioid antagonist to a healthcare provider. (f) (1) Any first responder agency electing to provide an emergency opioid antagonist to its employees or volunteers for the purpose of

administering the emergency opioid antagonist shall procure the services of a physician to serve as physician medical director for the first responder agency's emergency opioid antagonist program. (2)

The first responder agency shall utilize the physician medical director or a licensed pharmacist for the purposes of: (A) Obtaining a supply of emergency opioid antagonists;

(B) receiving assistance developing necessary policies and procedures that comply with this section and any rules and regulations adopted thereunder;

(C) training personnel; and

(D) coordinating agency activities with local emergency ambulance services and medical directors to provide quality assurance activities.

(g) (1) Any healthcare provider or pharmacist who, in good faith and with reasonable care, prescribes or dispenses an emergency opioid antagonist pursuant to this section shall not, by an act or omission, be subject to civil liability, criminal prosecution or any disciplinary or other adverse action by a professional licensure entity arising from the healthcare provider or pharmacist prescribing or dispensing the emergency opioid antagonist.

(2) Any patient, bystander, school nurse, or a first responder, scientist or technician operating under a first responder agency, who, in good faith and with reasonable care, receives and administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability or criminal prosecution, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the emergency opioid antagonist.

(3) Any first responder agency employing or contracting any person that, in good faith and with reasonable care, administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability, criminal prosecution, any disciplinary or other adverse action by a professional licensure entity or any professional review.

(h) The state board of pharmacy shall adopt rules and regulations as may be necessary to implement the provisions of this section prior to January 1, 2018.

(i) This section shall be part of and supplemental to the pharmacy act of the state of Kansas.

4 R's of Opioid Overdose

1. **RECOGNIZE:** observe for signs of overdose:
 - Pale, clammy skin
 - Speech infrequent
 - Not breathing or shallow breathing
 - Deep snorting or gurgling
 - Unresponsive to stimuli (calling name, shaking, sternal rub)
 - Slowed heart beat/pulse
 - Blue lips or fingertips
 - Pinpoint pupils
2. **RESPOND:** immediately call for help
 - Call for help - 911
 - Know the dangers of exposure to drug residues
 - Opioid overdose can cause respiratory and cardiac arrest. Start CPR as appropriate.
3. **REVERSE:** Administer Naloxone nasal spray
 - Tilt head back and give one spray into one nostril. If an additional spray is needed use other nostril.
 - Follow package instructions for opening and administering Naloxone nasal spray
 - Place person in recovery position (lying on their side)
 - Stay with the person until assistance arrives
4. **REFER:** Have the individual transported to medical facility, even if symptoms improve
 - Contact parents/guardian per school policy
 - Complete Naloxone Administration Report form



USD #333 Naloxone Nasal Spray Training

I verify I have received training for identifying a possible opiate overdose and use of Naloxone nasal spray. I know the location of the Naloxone nasal spray in my primary building. I have read and understand the USD #333 Naloxone Policy and agree to respond to an emergency situation and provide Naloxone nasal spray as needed.

Employee Signature: _____

Date: _____

Instructor/Nurse Signature: _____

Date: _____

Standing Order for Naloxone for Opioid Overdose:

Naloxone Nasal Spray 4mg/0.1mL

Administer 1 spray into one nostril. Repeat as instructed on the medication package.

Medical Director

Dr. Daniel Garlow, M.D.

1000 Highland Drive

Concordia, KS 66901

785-243-4272

Signature: _____

NAME**POSITION**

Updated 11/10/2022

LCNCK New Hires

Brandon Wilson	Substitute Para Educator/Secretary
Laura Krier	Substitute Para/Teacher
Kay Dyke	Substitute Para/Teacher
Kim Kindscher	Pre-K Para Educator at CES (New Position)
Claudia Laverde	CES Para Educator (Repl. C. Marcotte)

LCNCK Resignations**LCNCK Terminations****LCNCK Deceased****LCNCK Transfers****USD #333 New Hires**

Brandon Wilson	Substitute Para Educator/Secretary
Laura Krier	Substitute Para/Teacher
Kay Dyke	Substitute Para/Teacher
Keena Drinkwater	Para Educator at CMS (Repl. A. Montague)
McElle Foster	Pre-K Para Educator at CES (Repl. S. Fleming)
Desyn Thornton	Student Substitute Daycare

USD #333 Transfers**USD #333 Resignations**

Scott Coppoc	Rule 10 Coach (Effective end of 22-23 yr)
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USD #333 Terminations**USD #333 Deceased**