

BARRE SUPERVISORY UNION DISTRICT #61

Barre City Elementary & Middle School / Barre Town Middle & Elementary School / Spaulding High School / Central Vermont Career Center

Lisa Perreault
Business Manager

Jacquelyn Ramsay-Tolman M.Ed., CAGS
Director of Curriculum, Instruction, and
Assessment

Carol Marold
Human Resource Coordinator

Emmanuel Ajanma
Director of Technology

Benjamin Merrill
Communication Specialist

John Pandolfo
Superintendent of Schools

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120 Ayers Street
Barre, VT 05641
Phone: 802-476-5011
Fax: 802-476-4944 / 802-477-1132
www.bsuvt.org

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***Doing whatever it takes to ensure
success for every child.***

Donald E. McMahon, M.Ed.
Stacy Anderson, M.Ed.
Co-Directors of Special Services

Sandra Cameron, M.Ed., MOT
Director of Early Education/Act 166
Coordinator

Lauren May
Interim Early Education Coordinator

Jamie Evans
Director of Facilities

On February 15, 2018 the Barre Supervisory Union Board of Directors adopted Policy F31, Sexually Transmitted Infections (STI) and Pregnancy Prevention Education Policy. This policy requires the topics of STI and pregnancy to be included in health curriculums throughout the district, it also makes latex condoms and other protective barriers available to students in an age appropriate manner, as determined by procedures recommended by the School Health Advisory Committee (SHAC) and each school's principal. This program and the procedures will be initiated for the 2018-2019 school year, and continue in subsequent years. For your convenience, the BSU Factsheet and procedures are included in this mailing, but are also available through each school nurse's office.

Condom Availability Procedure for grades 7-12+

Nurses will provide information and barriers UNTIL parental form is received indicating the family wishes to opt out.

Initial Visit:

1. Does the student have parental permission to access barriers?
2. If NO.....provide information about STI/Barrier methods only and end visit now. **Do not proceed to #3.**
3. If Yes.....provide the initial consult/education to include review of the packet.***
4. Go over the condom availability checklist:
 - a. Have you used this method before?
 - b. Tell me how to use it properly?
 - c. Tell me how to store it properly?
 - d. Do you understand that it is not 100% effective at preventing disease and pregnancy?
 - e. Where can you go for STI and pregnancy testing?
 - f. Have you had a conversation with your partner regarding HIV/STI and pregnancy prevention?
 - g. Are you aware of the Vermont Consent Law?
5. Provide bag with 5 barriers.
6. Document in SNAP.

Subsequent Visits:

1. Barriers provided with opportunity for additional counsel offered.
2. Document in SNAP (School nurse's confidential documentation software)

*****Packet will include:**

1. Condoms Hot Tips Wallet Card
2. "Consent: Got it?" a two page information sheet from VT Network Against Domestic and Sexual Violence.
3. "Futures Without Violence" wallet cards focusing on healthy relationships.
4. "Consent Checklist" (via Advocates for Sexual Knowledge Peer Ed. Program of PPNE).
5. Texting and Sexting info 2-sided form from www.loveisrespect.org. . If you would prefer that your child NOT have access to latex condoms or other barriers, please sign and return this form to the school nurse of your child's school.

Please return to your school health office

I do NOT give consent for my child, _____, to receive latex condoms or other protective barriers from the school during the _____ school year. I understand that I will need to re-submit this form each school year that I wish to withhold consent.

Parent Name (printed): _____

Signed: _____

Date: _____

Condom Availability in Schools Fact Sheet

Statistics:

- Teen pregnancy costs the United States 9 billion dollars each year (Advocates for Youth, 2012).
- Teens and young adults, ages 15-25, account for 50% of all new sexually transmitted infections (STI), although they only make up 25% of the sexually active population (CDC, 2014).
- Young people who use a condom the first time they have sex are 36% more likely to continue using condoms than those who don't. (Shafii, 2007)

Vermont Laws and Parents' Rights: Schools are required to teach, "comprehensive health education" (16 V.S.A. § 131).

This includes: Reproductive anatomy and sexual development, HIV and other sexually transmitted diseases, sexual decision-making, abstinence, interpersonal skills and health relationships, Contraceptives and condom use, pregnancy, childbirth, adoption, abortion and sexual violence prevention

Minors in Vermont have a legal right to access a full range of reproductive and sexual health services without parent permission (18 V.S.A. § 4226). Minors are provided access to condoms in variety of settings, and may purchase them without parental consent. Research shows that requiring teens to tell a parent before they can access contraceptive services doesn't reduce their sexual activity; it just puts their health and lives at risk. (Reddy, 2002)

Support for Condom Availability in Schools:

- 2016 Vermont Department of Health and the Vermont Agency of Education joint memo: <http://education.vermont.gov/sites/aoe/files/documents/edu-memo-holcombe-chen-regarding-comprehensivesex-education-and-condoms.pdf>
- 2013 American Academy of Pediatrics Policy Statement: <http://pediatrics.aappublications.org/content/pediatrics/early/2013/10/23/peds.2013-2821.full.pdf>
- Condom Distribution as a Structural Level Intervention: <https://www.cdc.gov/hiv/programresources/guidance/condoms/index.html>
- The CDC reports that structural-level condom distribution interventions or programs are effective.
- Condom Distribution Programs increase condom use, increase condom carrying behavior, promote abstinence or delayed sexual initiation among adolescents, and reduce STI rates.
- Condom Distribution Programs are cost effective.
- Studies of school condom availability programs find a significant increase in condom use among sexually active students but no increase in sexual activity. (Guttmacher, 2005; Blake, 2003).
- A review of 48 studies shows that sexual health education programs result in a delay in first sexual

intercourse, a decrease in the number of sex partners, and an increase in condom or contraceptive use.