

RED BOOK



**Guidelines and Policies
for the
Administration
of
School Health and Safety**

Southeastern California Conference

OFFICE OF EDUCATION

www.secceducation.org

11330 Pierce Street Riverside, CA 92515

951 509-2307

Adventist Education

INTRODUCTION

It is the policy of the Southeastern California Conference Office of Education to establish and maintain a safe and healthy environment throughout all its schools. We will work with schools to:

- Establish and maintain safe working procedures among staff and students
- Ensure the provision of sufficient information, instruction, and supervision to enable all employees and students to avoid hazards and contribute positively to their own health and safety and to ensure that they have access to health and safety training
- Maintain all areas of the school in a condition that is safe and without risk to health or safety
- Establish effective procedures for use in case of fire, accidents or other emergencies.

This booklet provides guidelines and policies for the administration of health and safety for both staff and students within each school.

STUDENT



HEALTH

IMMUNIZATION REQUIREMENTS

To prevent the spread of vaccine-preventable diseases, the *California School Immunization Law* requires that children receive a series of immunizations before entry into schools, child care centers, and preschools.

To comply with this law, schools must follow these steps:

1. Require parents to present the child's immunization record **before** their child attends school—usually during school registration.
2. Look for provider-documented immunizations recorded on the child's immunization record, **copy** those dates that are "**verified**" (must have a signature or stamp for each valid dose) onto the *California School Immunization Record* (blue card) and keep this record in the student's red health file.
3. Assess the child's immunization status using the *California Immunization Requirements for Grades K-12 (1/08)*. If an immunization is needed now, advise parents that their **child must get the immunization(s) before the student can start school**. It is recommended that schools use the form, *Notice of Immunizations Needed*, to clearly identify for families the immunization information needed.
4. Follow up on children who are up-to-date today but will need additional required immunizations in the future. There are many different follow-up methods that may be used as shown in the *California Immunization Handbook for Schools and Child Care Programs*. Whatever system is used, make sure it is checked on a monthly basis. Also, be sure to remind parents at least 2 weeks before the immunizations are due to allow them time to get the immunizations. Inform parents that, by law, their child must be excluded from school if they don't get the required immunizations by the exclusion date.
5. The fifth and final step is to complete and mail the **annual immunization report** form that will be sent to you. The report is **due October 15th** every year for schools with a kindergarten program and/or 7th grade. The information you need to complete the form is on the blue cards you have on file for currently enrolled children. Using the blue cards, complete your worksheet, add the totals, transfer the data to the annual report form and then mail it. There is a follow-up report due on December 5th only for those children who were not up to date as of the October 15th report. Schools do not have to include new students who have entered after (and were not included in) the October 15th report.

If you have not received the current *California Immunization Handbook for Schools and Child Care Programs* from your local health department, the complete text may be accessed on-line at www.cdph.ca.gov/programs/immunize/Documents/HandbookText.pdf. It explains the immunization requirements in detail and provides a ready reference on procedures for evaluating immunization requirements and disease reporting.

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB		see footnote 1		HepB					
Rotavirus ²				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	see footnote 3	DTaP				DTaP
Haemophilus influenzae type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PPV	
Inactivated Poliovirus				IPV	IPV			IPV				IPV
Influenza ⁶								Influenza (Yearly)				
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹								HepA (2 doses)			HepA Series	
Meningococcal ¹⁰											MCV4	

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high-risk conditions**: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg) positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks.
- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer any dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIBit[®] (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- Administer PPV to children aged 2 years and older with underlying medical conditions.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6–59 months and to all eligible close contacts of children aged 0–59 months.
- Administer annually to children 5 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
- For healthy persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if age 6–35 months or 0.5 mL if age 3 years or older.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Do not repeat second dose if administered 28 days or more after first dose.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12–23 months). Administer the 2 doses in the series at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. MPSV4 is also acceptable.
- Administer MCV4 to persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2008

For those who fall behind or start late, see the green bars and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Diphtheria, Tetanus, Pertussis ¹		see footnote 1	Tdap	Tdap
Human Papillomavirus ²		see footnote 2	HPV (3 doses)	HPV Series
Meningococcal ³		MCV4	MCV4	MCV4
Pneumococcal ⁴			PPV	
Influenza ⁵			Influenza (Yearly)	
Hepatitis A ⁶			HepA Series	
Hepatitis B ⁷			HepB Series	
Inactivated Poliovirus ⁸			IPV Series	
Measles, Mumps, Rubella ⁹			MMR Series	
Varicella ¹⁰			Varicella Series	

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7–18 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high-risk conditions**: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, **800-822-7967**.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTPaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
- 13–18-year-olds who missed the 11–12 year Tdap or received Td only are encouraged to receive one dose of Tdap 5 years after the last Td/DTPaP dose.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose of the HPV vaccine series to females at age 11–12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

3. Meningococcal vaccine.

- Administer MCV4 at age 11–12 years and at age 13–18 years if not previously vaccinated. MPSV4 is an acceptable alternative.
- Administer MCV4 to previously unvaccinated college freshmen living in dormitories.
- MCV4 is recommended for children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups.
- Persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease should be vaccinated with MCV4.

4. Pneumococcal polysaccharide vaccine (PPV).

- Administer PPV to certain high-risk groups.

5. Influenza vaccine.

- Administer annually to all close contacts of children aged 0–59 months.
- Administer annually to persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at higher risk.

- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.
- For healthy nonpregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.

6. Hepatitis A vaccine (HepA).

- Administer the 2 doses in the series at least 6 months apart.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

8. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses of MMR during any visit, with 4 or more weeks between the doses.

10. Varicella vaccine.

- Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose if administered 28 or more days following the first dose.
- Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

Grades K-12



INSTRUCTIONS Use this guide as a quick reference to help you determine whether children seeking admission to your school meet California’s school immunization requirements. For the actual laws, see Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075. If you have any questions, call the Immunization Coordinator at your local health department.

IMMUNIZATION REQUIREMENTS To enter into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have immunizations.

VACCINE	REQUIRED DOSES
Polio	4 doses at any age, but... 3 doses meet requirement for ages 4–6 years if at least one was given on or after the 4th birthday ¹ ; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday. ¹
Diphtheria, Tetanus, and Pertussis	Age 6 years and under: DTP, DTaP or any combination of DTP or DTaP with DT (diphtheria and tetanus) 5 doses at any age, but... 4 doses meet requirements for ages 4–6 years if at least one was on or after the 4th birthday. ¹
	Age 7 years and older: Tdap, Td, or DTP, DTaP or any combination of these 4 doses at any age, but... 3 doses meet requirement for ages 7–17 years if at least one was on or after the 2nd birthday. ¹ If last dose was given before the 2nd birthday, one more (Tdap) dose is required.
Measles, Mumps, Rubella (MMR)	Kindergarten: 2 doses² both on or after 1st birthday. ¹
	7th grade: 2 doses² both on or after 1st birthday. ¹
	Grades 1–6 and 8–12: 1 dose on or after 1st birthday. ¹
Hepatitis B³	Kindergarten: 3 doses at any age
Varicella	1 dose for children under 13 years. ^{4, 6}
Tdap Booster (Tetanus, reduced diphtheria, and pertussis)	7th grade: 1 dose on or after 7th birthday. ⁵

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
² Two doses of measles-containing vaccine required. One dose of mumps (Kindergarten only) and rubella-containing vaccine required.
³ No longer required for 7th grade beginning July 1, 2011.
⁴ Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.
⁵ Tdap, DTaP, or DTP given on or after 7th birthday will meet the requirement. Td does not meet the requirement.
⁶ A 2 dose varicella requirement for ages 13-17 years applies to transfer students who were not admitted to California school before July 1, 2001.

EXEMPTIONS The law allows parents/guardians to choose an exemption from immunization requirements based on their personal beliefs or medical exemptions. For children with medical exemptions, the physician’s written statement should be submitted. Schools should maintain an up-to-date list of pupils with exemptions, so they can be excluded quickly if an outbreak occurs.

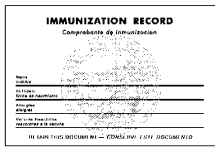
NOT MEETING REQUIREMENTS Refer pupils who do not meet these State requirements to their physician or local health department. Give families a written notice indicating which doses are lacking.

CONDITIONAL ADMISSIONS Children who lack one or more required vaccine doses that are not currently due may be admitted on condition that they receive the remaining doses when due. Refer to Title 17, CCR Section 6035 for more information.

PUPILS NOT MEETING REQUIREMENTS

Refer pupils who do not meet these State requirements to their physician or local health department. Give families a written notice indicating which doses are lacking.

DOCUMENTATION All children must present an immunization record.



What is it? It is a written immunization record, either a personal record with entries made by a physician or clinic, or a school immunization record—the blue California School Immunization Record (PM 286) from a former school or another state’s school record. It must include at least the month and year each dose was received; for measles, rubella, and/or mumps vaccine given in the month of the first birthday, month, day, and year are required. A record with check marks instead of dates or saying only “up-to-date,” “all requirements met,” or “series complete” is inadequate. Also, parents cannot simply fill out a California School Immunization Record from memory but must present a written immunization record. Further, the record must show that all due vaccine doses have been received.

Who must present it? All children under age 18 years entering school or transferring between school campuses. Kindergarten entrants and entrants from outside the U.S. must present a personal immunization record. (Kindergarten entrants can present a California School Immunization Record from a child care center they previously attended, but this record usually will not include the final “booster” polio and DTP or DTaP vaccine doses or the second measles-containing vaccine dose.) Children transferring from other schools in California or other states must present either a personal immunization record or a state school immunization record. As of July 1, 1999, students entering 7th grade must present a personal immunization record so that the 7th grade requirement immunization dates can be added to the student’s school immunization record.

When must it be presented? Kindergarten entrants, 7th grade entrants, and entrants from outside the U.S. must present the record at or before entry; no “grace period” of attendance is allowed for these pupils if they do not have a record. Children transferring from other schools in California or other states, or entering at other grade levels may be given up to 30 school days of attendance while waiting for their records to arrive from the previous school.

What do schools do with it? School staff must transcribe the immunization dates onto the California School Immunization Record (CSIR or blue card; PM 286), which is available from local health departments. School staff should then review the blue card to determine whether all immunization requirements have been met. The blue card is part of the child’s Mandatory Permanent Pupil Record and must be transferred to the child’s new school when he/she leaves your school. Although some vaccine doses are not required, please record dates of all doses from the child’s personal immunization records on to PM 286. This information will be valuable should outbreaks of these diseases occur in your school.

CONDITIONAL ADMISSIONS

Children who lack one or more required vaccine doses that are not currently due may be admitted on condition that they receive the remaining doses when due, according to the schedule below. If the maximum time interval between doses has passed, the child must be excluded until the next immunization is obtained.

VACCINE	TIME INTERVALS BETWEEN DOSES
Polio	2nd dose: 6–10 weeks after 1st dose 3rd dose: 6 weeks to 12 months after 2nd dose
DTP, DTaP, DT, Td Under 7 years (DTP, DTaP, DT)	2nd dose: 4–8 weeks after 1st dose 3rd dose: 4–8 weeks after 2nd dose 4th dose: 6–12 months after 3rd dose
Age 7 years and older (Td)*	2nd dose: 4–8 weeks after 1st dose 3rd dose: 6–12 months after 2nd dose
MMR	2nd dose: 1–3 months after 1st dose
Hepatitis B for 3-dose formulation	2nd dose: 1–2 months after 1st dose 3rd dose: 2–6 months after 2nd dose and at least 4 months after 1st dose
for 2-dose formulation (7th grade entry for child 11 through 15 years old)	2nd dose: 4–8 months after 1st dose
Varicella (unimmunized out-of-state entrants ≥13 years old)	2nd dose: 4 weeks to 3 months after 1st dose

* Note: DTP, DTaP, DT doses received previously are counted toward meeting the 3-dose tetanus-diphtheria immunization requirement for this age group.

NOTICE OF IMMUNIZATIONS NEEDED

Dear Parent/Guardian of: _____

Our records show that your child needs the following immunization(s) to meet the requirements of the California School Immunization Law Health and Safety Code Sections 120325-120375:

Vaccine:	Doses:	Comments:
POLIO	#1 #2 #3 #4	
DTP/DTaP/DT/Td	#1 #2 #3 #4 #5	
MMR	#1 #2	
Hib (childcare/ preschool)	#1 #2 #3 #4	
HEPATITIS B	#1 #2 #3	
VARICELLA (chickenpox)	#1 #2	

YOU NEED TO DO ONE OF THE FOLLOWING IMMEDIATELY:

1. Take this form, along with your child's yellow California Immunization Record, to your doctor or the local health department to get needed immunization(s). Then bring us your child's updated immunization record so that we may update the student's file.
2. If your child's current immunization record shows (s)he has already received these immunization(s), bring us the record so we can update our files. For the immunizations circled above, your child's record must include a date and the medical provider's signature or stamp to verify each missing or unacceptable dose.
3. If immunizations are against your personal beliefs, please come to school/child care to sign the exemption statement.
4. If any immunizations were not given to your child because of medical reasons, please bring us a letter signed by your doctor.

According to state law, unless we receive evidence that the above requirements are met by _____, YOUR CHILD WILL BE EXCLUDED from school/ child care.

month / day / year

If you have any questions or require additional information please call _____.

Sincerely,

AVISO SOBRE VACUNAS NECESARIAS

Estimado Padre de Familia/Tutor de: _____

Nuestros archivos muestran que su niño necesita la(s) siguiente (s) vacuna(s) para cumplir con los requisitos de las Secciones 120325-120375 del Código de Salud y Seguridad de la Ley de Vacunación Escolar de California:

Vacuna:	Dosis:	Comentario:
POLIO	#1 #2 #3 #4	
DTP/DTaP/DT/Td	#1 #2 #3 #4 #5	
MMR	#1 #2	
Hib (guarderías/ pre k)	#1 #2 #3 #4	
HEPATITIS B	#1 #2 #3	
VARICELA	#1 #2	

USTED NECESITA HACER UNA DE LAS SIGUIENTES COSAS INMEDIATAMENTE:

1. Lleve esta forma junto con la Tarjeta de Vacunas Amarilla de California de su niño con su doctor o al departamento de salud local para recibir la(s) vacuna(s) necesarias. Después traiganos la tarjeta de vacunas al corriente de su niño.
2. Si la tarjeta de vacunas de su niño muestra que él o ella ya recibió esta(s) vacuna(s), traiganos la tarjeta para que podamos poner al corriente nuestros archivos. La tarjeta de su niño debe incluir la fecha de la(s) vacuna(s) marcada(s) arriba y la firma o sello de su doctor para hacer válida cada dosis.
3. Si las vacunas están en contra de sus creencias personales, por favor venga a la escuela/guardería a firmar la declaración de exención de vacunación.
4. Si su niño no recibió alguna vacuna por razones médicas, por favor traiga una carta firmada por su doctor en la cual se explique porque no puede recibir ciertas vacunas.

De acuerdo con la ley estatal, no podemos permitir que su niño asista a la escuela/guardería a menos que recibamos evidencia de que los requisitos mencionados arriba han sido cumplidos *antes de esta fecha*:

_____ .
(mcs / día / año)

Si tiene alguna pregunta o requiere más información, por favor llame al _____ .

Atentamente,

STUDENT MEDICAL EXAMINATIONS

Physical examinations are required of all students in the Pacific Union Conference as follows:

1. Upon entering school for the first time
2. At grade 7 (this shall include a scoliosis examination)
3. At least once in grades 9 through 12 – recommended to be done prior to 10th grade

A physical examination shall be considered current, except the scoliosis examination, if done not more than twelve months prior to any of the above required dates, and the report is submitted to the school.

When a student transfers, the receiving school should request the health record from the former school of attendance. (Pacific Union Conference Education Code A26-112)

All students should have at least one physical exam fully completed and on file with their health records.

California Health and Safety Code 324.2 states:

Private schools with first grade students and/or kindergartners are required to report by January 15 of each year to the State Department of Health Services and the State Department of Education

- 1) *The total number of children enrolled in first grade*
- 2) *The number of children who have had a health screening examination*
- 3) *The number of children whose parents waived the health screening examination.*

Private schools serving first graders and/or kindergartners must inform parents of this provision.

DENTAL HEALTH ASSESSMENT

Southeastern California Conference requires children to have a dental check-up prior to their first year in school, at **kindergarten** or first grade. The ultimate goal of this program is to establish a regular source of dental care for every child, as well as identify children who need further examination and dental treatment.

The dental evaluation must be completed by a licensed dental professional (dentist, dental hygienist or registered dental assistant with supervision). The California Dental Association encourages “member dentists to offer to complete dental screenings in their offices for children, free of charge as a public service, when parents do not choose to schedule comprehensive dental examinations for their child, but instead request the minimum assessment required. . . Involving parents directly in this process opens up the important opportunity for them to become educated about the condition of their child’s oral health, the consequences if disease is not treated and the benefits of ongoing care.”

The following forms will help facilitate this program:

- letters to be sent home to parents in English or Spanish
- *Help Finding Dental Care*
- *Oral Health Assessment* forms (to be completed by the dental professional)

To Parents of

6th – soon 7th – grade students

All sixth grade students must have a physical examination within twelve months prior to the start of seventh grade.

- Physical Examination
 - Physician should complete *Physician's Examination* form
 - **Must include scoliosis exam**
- Immunizations
 - Physicians must verify that all immunizations are current (including **3 doses of hepatitis B, a second MMR and a Tdap vaccine after the 10th birthday**)
 - Recommended (Optional):
 - meningococcal vaccine
 - second chickenpox vaccine (if they have never had chickenpox).
 - new human papillomavirus (HPV) vaccine (for girls)



The required information should be returned to the school with the registration packet. This will ensure that your child's record is complete for entry into the seventh grade.

It's time for another physical examination!

All 9th grade students should have a physical examination within twelve months prior to the start of 10th grade.

Please have your physician complete the attached Physician's Examination form as well as verify that all immunizations are current.

The required information should be returned to the school with the registration packet to ensure that your student's record is complete for entry into 10th grade.

STUDENT MEDICAL RECORD

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

Name _____ Birth Date _____

Address _____

_____ Social Security Number _____

Name of Father _____ Name of Mother _____

History (Past illnesses and allergies. Please check those he/she has had.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Rheumatic Fever | Allergies: |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Insect Bites |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other | <input type="checkbox"/> Other Drugs |
| <input type="checkbox"/> Measles | | |

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience

Indicate physical problem by check: Hearing () Heart () Sight () Speech ()

Other _____
SPECIFY

IMMUNIZATIONS - An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:
 State Immunization Record
 Health Provider Record - must have signature, stamp, or initials next to each date.
 Physician's Record
 County Health Department Record
 Official Immunization Record from another state
 School Immunization Record

LABORATORY RECORD

	Type*	Dates Given	Given by	Date Read	Read By		Impression
TB SKIN TESTS	<input type="checkbox"/> PPD Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other_____	/ /		/ /			<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other_____	/ /		/ /			<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other_____	/ /		/ /			<input type="checkbox"/> Neg

*If required by school entry, must be Mantoux unless exception granted by local health depart

CHEST X-RAY Film date: _____ / _____ / _____ Impressing: normal abnormal
 Person is free is communicable tuberculosis yes no
 Signature/Agency _____



Southeastern California Conference, Office of Education

Oral Health Assessment Form

Your child is required to have an oral health assessment before entry into kindergarten or first grade, whichever is his or her first year of school. The assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have been done within the 12 months before your child enters school also meet this requirement.

SECTION 1 To be completed and returned to the school by the parent or guardian

_____	_____	_____	_____
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>D.O.B.</i>

<i>Street Address</i>	<i>Apt #</i>	<i>City</i>	<i>Zip Code</i>

<i>School:</i> _____	<i>Teacher:</i> _____	<i>Grade:</i> _____	
_____		_____	
<i>Print Parent/Guardian Name</i>	<i>Parent/Guardian Signature</i>		

SECTION 2 To be completed by the dental professional conducting assessment

Oral Health Data Collection	YES	NO
1. Visible Caries and/or filling present:	<input type="checkbox"/>	<input type="checkbox"/>
2. Visible Caries present:	<input type="checkbox"/>	<input type="checkbox"/>
1. Treatment Urgency:	<input type="checkbox"/> No obvious problem found	
	<input type="checkbox"/> Early dental care recommended	
	<input type="checkbox"/> Urgent care needed	

Dental professional's signature

Date

Help Finding Dental Care

The following resources are provided to assist you in finding dental care:

CDA Member Dentists:

Locate a California Dental Association at www.cda.org/finddentist or call 1-800-CDA-SMILE.

Local Dental Societies:

To contact the dental society in your area, visit:

http://www.cda.org/about_cda/component_dental_societies/

Dental clinics:

1. The California Dental Association maintains a listing of dental clinics. You may locate one in your area at www.cda.org/clinics/
2. Additionally, the U.S. Department of Health and Human Services can assist you in locating a dental clinic: http://findahealthcenter.hrsa.gov/Search_HCC.aspx

Medi-Cal/Denti-Cal:

1. To find out if your child is eligible for Medi-Cal/Denti-Cal, and/or to receive help enrolling your child, contact your local social service agency or <http://www.healthyfamilies.ca.gov/Joining/>
2. To find a dentist who accepts Denti-Cal in your area, Call Denti-Cal at 1-800-322-6384 or visit their Web site: http://www.healthyfamilies.ca.gov/Plans_Providers/

Healthy Families:

1. To find out if your child is eligible for the Healthy Families program, to receive help enrolling your child, or to find a dentist who accepts Healthy Families, call the Healthy Families program office at 1-800-880-5305 or visit their Web site: <http://www.healthyfamilies.ca.gov/Joining/>

Still looking for a dentist?

If you have been unsuccessful finding a dentist using these resources, you may phone 1-800-CDA-SMILE and they will assist you!

ORAL HEALTH ASSESSMENT LETTER FOR PARENTS (ENGLISH)

Dear Parent or Guardian:

To make sure your child is ready for school, your child is required to have an oral health assessment (dental check-up). This assessment can be given within 12 months of entering your child in either kindergarten or first grade, whichever is his or her first year in school. The assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment Request form to the dental office, as it will be needed for your child's check-up. You can get more copies of the necessary form at your child's school. Schools are required to maintain the privacy of students' health information.

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the oral health assessment requirement, please contact the school office.

Sincerely,

ORAL HEALTH ASSESSMENT LETTER FOR PARENTS (SPANISH)

Querido Padre, Madre o Tutor:

Su hijo/a hija asistirá a la escuela por primera vez e iniciará una aventura de aprendizaje que durará el resto de su vida. Hay muchas cosas que influyen en el progreso y éxito de los niños en la escuela, entre ellas está la salud. Los niños deben de estar saludables para aprender y los niños con caries no son niños saludables.

Para asegurarse de que su hijo/a esté listo/a para la escuela, se requiere que los niños tengan un chequeo dental antes de su primer año escolar. Las evaluaciones dentales que se realicen dentro de los 12 meses previos al ingreso del niño a la escuela también son válidas. Por favor lleve la forma que incluimos al chequeo dental de su hijo/a. Esta evaluación solo puede ser llenada por un profesional de salud dental con licencia del estado.

¡Recuerde que su hijo/a no estará saludable y listo para la escuela si tiene mala salud dental!
Aquí hay unos consejos importantes para ayudar a que su hijo/a se mantenga saludable:

- Lleve a su hijo/a al dentista dos veces al año.
- Elija alimentos saludables para toda la familia. Los alimentos frescos son normalmente los más saludables.
- Cepille los dientes de sus hijos por lo menos dos veces al día con una pasta de dientes que contenga fluoruro.
- Limite las sodas y los dulces.
Las sodas y los dulces contienen mucha azúcar, la cual causa las caries y reemplaza importantes nutrientes en la dieta de su hijo/a. Las sodas y los dulces también contribuyen a los problemas de peso, que pueden dar paso a otras enfermedades, como la diabetes.

Para información adicional de cómo su hijo/a califica para Medi-Cal (Denti-Cal), puede referirse a la página de información incluida en este sobre.

Atentamente,

SCHOOL TB SKIN TESTING REQUIREMENTS

The following section provides answers to the most commonly asked questions regarding TB testing requirements for students enrolling in grades K-12. Many California public schools are no longer requiring TB testing, but the Public Health Department has recommended that we continue the testing.

Who needs a skin test?

All new students must present written evidence of a Mantoux (PPD) skin test. Multiple puncture tine tests are **not** acceptable.

- This test could have been performed at any previous time., but preferably within 1 year prior to school entry.
- This does not affect preschool or day care as these settings have their own TB skin testing requirements (see CDC section of Red Book).

What does a student bring to school?

A form from the doctor or health facility with the following information:

1. Type of test. Mantoux (PPD) only.
2. Date of test.
3. Skin test results.

Skin test reading must be done by a healthcare provider. Negative is acceptable if reading is less than 10 mm. If skin test result is 10 mm or more of induration (positive), written results of chest x-ray and/or statement that the child is free of communicable TB is required.

4. Signature of doctor or designee.

Can a child attend school with a new positive skin test?

Yes. A student can enter a school after a healthcare professional reads the skin test. A student can be conditionally admitted for up to 20 school days until a negative x-ray result or a notation from the family's health provider is received stating that the student is free of communicable TB. If the school does not receive the documentation, the child may be excluded from school.

VISION AND HEARING SCREENING

Vision and hearing screenings should be conducted in all schools for grades:

K	5
1	8
2	10

Additionally all children who are suspected of having vision problems and/or whose school performance begins to give evidence that existence of the problem might be caused by a visual difficulty should be screened and referred as indicated. Other students who should be screened include:

- Those referred by the instructional staff, parents, physicians, etc.
- Transferring students who moved from one geographic area to another
- Those students who have history of ear infections and/or hearing acuity loss

Arranging for the screening is the responsibility of the school. Screenings may be scheduled with the Director of Health and Safety in the Office of Education.

**SOUTHEASTERN CALIFORNIA CONFERENCE OFFICE OF EDUCATION
STUDENT CONSENT TO TREATMENT
FOR SCHOOL YEAR 20__ - 20__**

Student's Name _____ Date of Birth _____

Address _____

Home Phone _____ Cellular Phone _____

Father / Guardian _____ Business Phone _____

Mother / Guardian _____ Business Phone _____

Please describe allergies to substances and medication. (If none, please write "NONE")

If on regular medication, please specify: _____

Date of last tetanus shot: _____

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician _____ Office Phone _____
Address _____

2. Family Physician _____ Office Phone _____
Address _____

3. Hospital Preference _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering service.

Parent's Signature _____ Date _____

(Name of School)

**FIELD TRIP
Parent Permission & Emergency Consent to Treatment**

Name of Event: _____

Date of Event: _____

Time Leaving: _____

Time Returning: _____

Leaving From: _____

Returning To: _____

Transportation: _____

Sponsor: _____

Description of Event: (place(s), activities, supervision, other pertinent data)

Special Instructions:

✂-----

I give permission for _____ to attend the
(student's full name)
_____ on _____ 20_____
(Name of Event) (Date)

I give consent for necessary first aid or any emergency medical attention.

_____ Date: _____ 20_____
Parent or Legal Guardian's Signature

On the day of the field trip I, _____, can be reached at
(Parent's Name)

Parent's Phone: (____) _____ - _____

Emergency Contact: _____
(Name) (Relationship to student)

Phone () _____ - _____

ANY SEVERE ALLERGIES? (circle one) YES NO . If YES, give details _____

(Remember to send any emergency medication needed for allergies or asthma e.g. Epipen, inhaler)

STUDENT HEALTH RECORDS

The following guidelines should be followed with regard to Student Health records:

- 1) **All** health related documents should be kept in the red Health Records folders.
- 2) Health Records folders should be kept in a separate, secure drawer or cabinet.
- 3) Disclosure of confidential health information **within** the school should be limited to information necessary to benefit the student's health or education; follow the "need to know" principle. Schools should document a list of staff positions that will have access to health records.
- 4) The blue *Immunization Record* is considered part of the student's education record. It should be forwarded by your school along with other education records upon request of the school in which the student enrolls or intends to enroll. An exact copy of the *Immunization Record* should be kept at your school indefinitely.
- 5) If not requested by another school, other student health records can be destroyed during the third year after the student has left the school or their usefulness ceases.
- 6) Additional student health records may also be forwarded as requested by the receiving school.
- 7) A *Consent to Treatment* form must be taken on every field trip. It may be done in one of two ways:
 - A simple consent-to-treatment containing no personal medical information may be added to each field trip permission slip (see example). The advantages are that emergency phone numbers are likely to be more up-to-date, and chaperones may carry the information with them unrestricted.
 - If the school's standard *Consent to Treatment* forms are taken on a field trip, the forms should be put in a sealed envelope if given to anyone other than the teacher, only to be opened if needed for emergency.

While most of the provisions of the Health Insurance Portability Act of 1996 (HIPAA) do not apply directly to our schools, they provide ethical guidelines that will help protect the privacy of students' health records.

HIPAA regulations affect the schools in other ways. For example, medical facilities and personnel cannot fax medical excuses, forms to allow medicines given out at school, or verification of medical appointments without prior written authorization from the patient or the patient's representative. Schools are not to provide medical information to any non-school entity without prior written authorization, except in the case of an emergency.

ADMINISTERING MEDICATIONS

Whenever possible, parents should be encouraged to arrange for medication to be administered at home. When necessary, either the school nurse or designated school employees, when trained, may administer medications under the following circumstances:

- Training should include:
 - Methods of administration
 - Contraindications of medications frequently ordered and any special drugs ordered
 - Possible signs and symptoms of adverse side effects, omission or overdose
 - Proper handling and storage
 - Recordkeeping
 - Emergency procedures
- The following documentation must be at the school for administration of either prescription or over-the counter medication (see form):

▪ Name of medication	▪ Any possible side effects
▪ Dosage—amount and time to be given	▪ Doctor's phone number
▪ Route of administration	▪ Signatures of physician and parent/guardian
- Medications must be brought to school by parent or guardian—not the student.
- Medication must be in original container with correct pharmacy labels and student's name.
- Medication must be prescribed by an individual licensed by the State of California to prescribe medication.
- Any changes in type or dosage must have new authorization and newly labeled container.
- All medications should be stored safely and securely, out of the reach of students, preferably in a locked location.
- Student's medical privacy must be appropriately maintained.
- Maintain a strict system of logging administered medications (see form). Logging sheets may be kept at the place of medication administration with a notice of "Additional Information is Kept. . ." placed in health folder identifying the information and where it is kept.
- Upon completion of the logging sheet and/or at the end of the school year, the medication log and authorization forms should be placed in the student's red health folder.
- If prescription changes during the school year or at the end of the school year, remaining medication should be returned to the parent/guardian.

Self-Medication Administration

Authorized students may need to carry emergency medications e.g. asthma inhalers, insulin, severe allergic reaction kits, anticonvulsants. Documentation required for students who are allowed to carry and self-administer medication must include the signed consent of physician, parent, and student (see form). This information should be kept on file in individual red health folders. Additionally, the school office should maintain a list of all students on medication.

**PHYSICIAN'S ORDER FOR
ADMINISTRATION OF ORAL MEDICATION BY SCHOOL PERSONNEL**

Student's Name _____ Student's Address _____

I have prescribed the following medication for this child and request that dosage falling during school hours be administered by School personnel. (NOTE: Authorization is needed for non-prescription medications, also.)

Medication: _____

Condition for which prescribed: _____

Possible Side Effects _____

Instructions for use: _____

Dosage: _____ Time: _____

Frequency: _____ How Long: _____
(number of days)

Date: _____ Physician's Signature: _____

Address: _____

Phone: _____

Pharmacy: _____ Phone: _____ Rx. No. _____

PARENTAL PERMISSION	
I have delivered the above medication in the original container to the school and request that it be given to my child as prescribed.	
I release _____ personnel from any liability in relation (name of school) to the administration of this medication at the center.	
_____ Date:	_____ Signature of Parent or Guardian

SCHOOL STAFF: Fill in the date and time, then initial whenever dispensing medicine. (optional)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

DISPOSITION OF MEDICINE: Returned to Parents: _____ Date: _____

NOTE: Please place this form in the student's folder when medication is complete.

MEDICATION LOG

Student:		DOB:	School:	School Year:										
Teacher:		Grade:	Physician:	Phone:										
Name of Medication:		Dose:	Time to be Given:	Number of Pills*										
Special Comments/Instructions: (write on back of form)		Prescription Date: **												
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri				
Date														
Time														
Initials														
Date														
Time														
Initials														
Date														
Time														
Initials														
Date														
Time														
Initials														
Medication Given By:		Codes (Chart Reason)												
Initials:	Name:	Initials	Name	A = Absent							FT = Field Trip		DC = Medication Discontinued	
				R = Refused							NS = No School		S = Self Administered	
				ED = Early Dismissal							NMS = No Medication at School			
				O = Omitted/Attempt to locate student unsuccessful										
											**Subsequent Prescription Dates			
											2			
											3			
											4			
											5			

* All controlled medications must be counted, e.g., Ritalin

(If a new medication is prescribed or if the dose changes, a new medication log must be completed.)

Please initial the block on the day the medication is given or chart the reason why it was not given. (See Code Chart above)

(This form should be kept in the student's "Red" folder)

SELF-MEDICATION ADMINISTRATION CONSENT FORM

Instructions: This form must be filled out and signed annually by the student's parent or guardian before the student will be allowed to carry and administer medication.

Student's Full Name _____

Date of Birth _____

School _____ Grade _____ Teacher _____

Parent's Work Phone _____ Home Phone _____ Cell Phone _____

MEDICATION(S)

1. _____

2. _____

I understand and agree to the following:

1. I agree to assume responsibility for sending my child's medication in its original prescription container.
2. I agree to make certain that my child takes responsibility for taking the medication as prescribed.
3. I also agree that the Southeastern California Conference, the school and/or their employees shall not be liable for loss, damage, injury, or liability of any kind to any person caused or arising from acts, omissions or negligence of the school or its employees relating to the self-administered medication by my child.

I HAVE READ AND UNDERSTOOD THIS FORM AND CONSENT TO THE ABOVE PROVISIONS.

Signature of Parent or Guardian

Date

I agree and feel competent to take my own medication as prescribed. I will not at any time share my medication with another student and I will keep it secure from other students.

Signature of Student

Date

Name of Physician _____

This student is under my care and needs to carry this medication with him/her while at school. I have given the student instructions for administration of this medication and give authorization for the self-administration of this medication.

Signature of Physician

Date

OVER-THE-COUNTER PRODUCTS APPROVED FOR SCHOOL FIRST AID

The following are over-the-counter products, and guidelines for the use of each, which trained school personnel may use for first aid without parent and/or physician authorization

Alcohol, Isopropyl

- Apply to insect stings for soothing effect and/or relief of itching
- Disinfect telephone mouth pieces and similar surfaces

Antibacterial Soaps

- Use for cleaning wounds (rinse with water after each cleaning)
- Use for handwashing

Baking Soda

- Apply a “paste” made of baking soda and water to insect stings for a soothing effect and/or relief of itching
- Apply “paste” to **minor** sunburn for relief of discomfort

Dental Wax

- Have student apply to orthodontia bracing to relieve discomfort

Eye wash (e.g. Dacriose, for eye irrigation)

- Squeeze gently (avoiding touching eye with squeeze tip) to flush foreign body from eye, or for relief of discomfort
- Flushing should be from inner to outer eye, with head positioning to prevent contamination of unaffected eye

Glucose Gel, Insta-Glucose, Monogel, or Glutose

- Use as first aid (according to standardized procedure for diabetes management) when there is no individualized healthcare plan for a diabetic with signs of low blood sugar or when a diabetic’s supply kit is out of fast acting carbohydrate

Hand Lotion

- Apply to hands to prevent or minimize chafing
- Use as lubricant to assist in removal of rings

Liquid Soap

- Use for handwashing

Meat Tenderizer (containing Papain)

- Apply to insect sting site for soothing effect and/or relief of discomfort

Mouth-to-mouth Rescue Shield with 1-way valve

- Use as barrier against blood and body fluids during rescue breathing and CPR

Petroleum Jelly in Tube

- Use with an applicator as a lip lubricant
- Do NOT use on burns!

Salt

- Mix with water as a gargle for sore throats
- Mix with water as a mouth rinse for discomfort from recent tooth loss or orthodontia treatment

STUDENT INJURIES

School personnel may not diagnose or treat an injured student beyond immediate first aid, or call a physician other than the one(s) indicated on the *Consent to Treatment* form on file at the school.

In the event of an injury to a student at school, Standard First Aid procedures indicated by the American Red Cross should be rendered.

In an emergency situation in which immediate care seems prudent, the school should:

- Give immediate, necessary, obvious care.
- Notify parents and abide by their decision.
- Call 911 if a true emergency exists.
- If unable to contact parents, the person indicated by the parents on the *Consent to Treatment* should be notified and the physician listed on the student's form should be called for further instruction.
- If it is impossible to contact any responsible adult and the injured child needs immediate attention, the signed *Consent to Treatment* gives authorization for emergency medical service to be provided as necessary in the medical opinion of the doctor rendering the service.

In the event of a student accident, Student Accident Insurance forms should be provided to the parents as early as possible, following instructions provided with the forms.

A student returning to school with stitches, casts, crutches, brace(s) or a wheelchair for a temporary time period must have a California licensed physician or California licensed health care provider's written permission to attend school, and must comply with any safety procedures required by the school administration.

GUIDELINES FOR EXCLUSION

Students should be excluded from school if they exhibit:

- fever greater than 100.5
- vomiting
- stiff neck or headache with fever
- any rash with or without fever
- unusual behavior change, such as irritability, lethargy, or somnolence
- jaundice (yellow color of skin or eyes)
- diarrhea (3 or more watery or loose stools in one day with or without fever)
- skin lesions that are "weepy" (fluid or pus-filled)
- colored drainage from eyes or ears
- brown/green drainage from nose with fever or complaints of illness
- difficulty breathing or shortness of breath
- legitimate symptoms or complaints that prevent the student from participating in his/her usual school activities with or without the presence of fever
- a need for more care than the school staff can safely provide.

Students needing exclusion due to illness should be separated from other students while waiting for transportation from the school. See sample guideline to provide to parents.

WHEN SHOULD I KEEP MY CHILD HOME?

A student who is ill is not in a condition conducive to learning and should not be in school. The child who is ill with a communicable disease is not only in a poor learning situation, but also is a health hazard to other children.

Student's Symptoms/Diagnosed Illness	Student May Return to School When
Fever greater than 100.5 degrees (orally)	Temperature below 100 degrees (orally) for a minimum of 24 hours without use of Tylenol or other fever-reducing medication
Rash or rash with fever – new or sudden onset	Rash disappears. Written or phone consent from doctor to school
Colored drainage from eyes, ears, or any other part of the body	Discharge must be gone or student must have been on antibiotics for 24 hours and have a written or phone consent from doctor to school
Vomiting	Symptom-free for 24 hours
Diarrhea: 3 loose or watery stools in one day	Symptom-free for 24 hours
Cough: deep, barking, congested, or productive of colored mucous	Symptom-free or student must have been on antibiotics for 24 hours and have a written consent from doctor to school. Antibiotics are not effective for viral illnesses. When antibiotics are prescribed for bacterial infections, take all medications as prescribed until gone
White, clay-colored, or bloody stool	Written consent from doctor to school
Yellow color of skin and/or eyes	Written consent from doctor to school
Brown or bloody urine	Written consent from doctor to school
Stiff neck or headache with fever	Symptom-free or written consent from doctor to school
Unusually sleepy, lethargic or grumpy	Symptom-free or written consent from doctor to school
Strep throat diagnosed by health care provider	MUST have been on antibiotics for 24 hours and have written consent from doctor to school. If no antibiotic prescribed, also need consent from doctor
After an illness of two or more weeks, surgery, or other change in health status	Written instructions from the doctor and parent regarding medication or special health need must be provided to the school

COMMUNICABLE DISEASES

Control of communicable disease among school children is a very real concern to both schools and the California Department of Health Services. California State law provides that where there is a reason to believe a child has a contagious or infectious disease, he/she shall be sent home and may not return until the school authorities are satisfied that he/she is free from said disease or infection, even though the parent has filed a statement that he will not consent to a physical examination of his child. (*Title 5 California Administration Code, 202; Education Codes 49451 and 48211*)

"It shall be the duty of anyone in charge of a public or private school . . . or preschool to report at once to the local health officer the presence or suspected presence of any of the communicable diseases." (*Title 17 California Administration Code, Section 2500*) Report should be made by telephone to the County Health Department.

The following are only guidelines to assist in making referrals for professional health care; they are not be used in any way as a diagnostic tool. Diagnosis can only be made by health care professionals. Some common contagious children's diseases and generally accepted *County Health Department* rules, regulations and control procedures concerning them are:

CHICKEN POX:

Caused by a virus. Varicella (chicken pox) vaccine is required for school and childcare entry, for children entering a California school after July, 2001. Varicella immunization is highly recommended for students not covered by the immunization requirement.

Symptoms: Slight fever, mild "cold" symptoms, followed by the eruption of little blister-like vesicles on the body, face, even in the hair. The little blisters appear in crops, not all at one time.

Period of Communicability: 5 days before the eruption of the vesicles and 6 days after the appearance of the little water blisters. **May return to school when all crusts are dry and no longer has fever.**

COLDS AND INFLUENZA:

Symptoms: Fever, chills, aches and pains in back and limbs. Sore throat and cough.

Exclusion from School: For first 3 days. Return to school depends upon recovery. Child must be free from heavy cough and throat and nose discharge. **No fever for 24 hours preceding return to school.**

CONJUNCTIVITIS: (Pink eye)

Conjunctivitis may occur in school age children. In general, most eye irritations are due to smog or allergy rather than to a bacterial infection. However . . .

Any student with an inflamed eye must be excluded for possible "Pink Eye" until fully recovered or until released by a doctor. If prescribed, antibiotic eye drops should be given 24 hours before return to school.

FIFTH DISEASE:

Symptoms: Low grade fever (less than 100° F) and tiredness. By third week, a red rash generally appears on the cheeks giving a "slapped face" appearance. Rash may then extend to the body and tends to fade and reappear. Sometimes the rash is lacy in appearance and may be itchy. Some children may have vague signs of illness or no symptoms at all.

Period of Communicability: Only during the week prior to the appearance of the rash. **By the time the rash is evident, the person is probably beyond the contagious period.**

CAUTION: While there is no evidence that parvovirus B19 (Fifth Disease) infection is a significant cause of fetal defects, some studies have shown that infection may increase risk of miscarriage, spontaneous abortion, or fetal anemia. In people with chronic red blood cell disorders, such as sickle-cell disease, infection may result in severe anemia. **Advise pregnant women exposed to the disease to contact their doctor.**

IMPETIGO:

Impetigo is a skin infection generally caused by Group A streptococci bacteria or Staphylococcus aureus. It typically affects school-age children, most often during hot, humid weather. Children may be more likely to develop impetigo if their skin has already been irritated or injured by other skin problems such as eczema, poison ivy, insect bites, or skin allergies.

Signs and symptoms: Can affect skin anywhere on the body, but most often attacks face, especially around nose and mouth. Look for blisters which eventually burst to reveal small wet patches of red skin that may weep fluid. Gradually a tan or yellowish-brown crust will cover the affected area, making it look like it has been coated with honey or brown sugar.

Exclusion from School: With antibiotic treatment, healing should begin within 3 days. May return to school once infection cannot be spread to classmates, usually about 48 hours after treatment begins.

Contagiousness: Children can spread impetigo from one area of the body to another when they touch themselves with fingers that have been in contact with scratched, infected skin. The infection can spread to others on clothing, towels, etc. that have touched the person's infected skin.

RINGWORM:

Symptoms: Flat, spreading, ring-shaped areas. Edges are reddish; may be dry and scaly.

Exclusion from School: May attend school if under treatment with medication and sores can be covered.

SCABIES:

Scabies is a fairly common condition of the skin caused by a microscopic mite that burrows into the skin producing pimple-like irritations and severe itching. Occasionally bacterial infections may occur following intense scratching at the site of the burrow.

Symptoms: Intense itching, particularly at night. Areas of the skin most affected include the webs and sides of the fingers, around the wrists, elbows and armpits, waist, thighs, genitalia, abdomen and lower buttocks.

Exclusion from School: One day after initiation of treatment with an effective anti-scabies medication.

SCARLET FEVER, STREP THROAT:

Symptoms: Red tongue, fever, fine blotchy rash over body, severe sore throat.

Exclusion from School: Until all symptoms are relieved by appropriate antibiotic therapy.

HAND, FOOT AND MOUTH DISEASE

Symptoms: Begins with a mild fever, poor appetite, malaise, and often a sore throat. One or 2 days after the fever begins, painful sores develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks. A skin rash may develop over 1 to 2 days with flat or raised red spots or blisters, usually on the palms of the hands and soles of the feet.

Exclusion: During first few days of the illness

**Title 17, California Code of Regulations (CCR), §2500
Reportable Diseases and Conditions***

§2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§2500(c)** The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
- **§2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (i)]

- ☎ = Report **immediately by telephone** (designated by a ♦ in regulations).
- † = Report **immediately by telephone** when **two or more cases** or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).
- FAX ☎ ☒ = Report by **FAX, telephone, or mail within one working day of identification** (designated by a + in regulations).
- ☒ = All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

- Acquired Immune Deficiency Syndrome (AIDS)
- FAX ☎ ☒ Amebiasis
- FAX ☎ ☒ Anisakiasis
- ☎ Anthrax
- FAX ☎ ☒ Babesiosis
- ☎ Botulism (Infant, Foodborne, Wound)
- ☎ Brucellosis
- FAX ☎ ☒ Campylobacteriosis
- Chancroid
- Chlamydial Infections
- ☎ Cholera
- ☎ Ciguatera Fish Poisoning
- Coccidioidomycosis
- FAX ☎ ☒ Colorado Tick Fever
- FAX ☎ ☒ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology
- FAX ☎ ☒ Cryptosporidiosis
- Cysticercosis
- ☎ Dengue
- ☎ Diarrhea of the Newborn, Outbreaks
- ☎ Diphtheria
- ☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- Echinococcosis (Hydatid Disease)
- Ehrlichiosis
- FAX ☎ ☒ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ☎ *Escherichia coli* O157:H7 Infection
- † FAX ☎ ☒ Foodborne Disease
- Giardiasis
- Gonococcal Infections
- FAX ☎ ☒ *Haemophilus influenzae* Invasive Disease
- ☎ Hantavirus Infections
- ☎ Hemolytic Uremic Syndrome
- Hepatitis, Viral
- FAX ☎ ☒ Hepatitis A
 - Hepatitis B (specify acute case or chronic)
 - Hepatitis C (specify acute case or chronic)
 - Hepatitis D (Delta)
 - Hepatitis, other, acute
- Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
- Legionellosis
- Leprosy (Hansen Disease)
- Leptospirosis
- FAX ☎ ☒ Listeriosis
- Lyme Disease
- FAX ☎ ☒ Lymphocytic Choriomeningitis
- FAX ☎ ☒ Malaria
- FAX ☎ ☒ Measles (Rubeola)
- FAX ☎ ☒ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ☎ Meningococcal Infections
- Mumps
- Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)
- ☎ Paralytic Shellfish Poisoning
- Pelvic Inflammatory Disease (PID)
- FAX ☎ ☒ Pertussis (Whooping Cough)

- ☎ Plague, Human or Animal
- FAX ☎ ☒ Poliomyelitis, Paralytic
- FAX ☎ ☒ Psittacosis
- FAX ☎ ☒ Q Fever
- ☎ Rabies, Human or Animal
- FAX ☎ ☒ Relapsing Fever
- Reye Syndrome
- Rheumatic Fever, Acute
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- FAX ☎ ☒ Salmonellosis (Other than Typhoid Fever)
- ☎ Scombroid Fish Poisoning
- FAX ☎ ☒ Shigellosis
- ☎ Smallpox (Variola)
- FAX ☎ ☒ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
- FAX ☎ ☒ Swimmer's Itch (Schistosomal Dermatitis)
- FAX ☎ ☒ Syphilis
- Tetanus
- Toxic Shock Syndrome
- Toxoplasmosis
- FAX ☎ ☒ Trichinosis
- FAX ☎ ☒ Tuberculosis
- ☎ Tularemia
- FAX ☎ ☒ Typhoid Fever, Cases and Carriers
- Typhus Fever
- ☎ Varicella (deaths only)
- FAX ☎ ☒ *Vibrio* Infections
- ☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- FAX ☎ ☒ Water-associated Disease
- ☎ Yellow Fever
- FAX ☎ ☒ Yersiniosis
- ☎ **OCCURRENCE of ANY UNUSUAL DISEASE**
- ☎ **OUTBREAKS of ANY DISEASE** (Including diseases not listed in §2500). Specify if institutional and/or open community.

REPORTABLE NONCOMMUNICABLE DISEASES/CONDITIONS §2500(j)(2):

- Alzheimer's Disease and Related Conditions
- Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix)
- Disorders Characterized by Lapses of Consciousness

LOCALLY REPORTABLE DISEASES (If Applicable):

* Use of this form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations, §2500 (rev. 1996). (Cancer reporting is mandated by §2593.) Failure to report is a misdemeanor (Health and Safety Code §120295, formerly §3354), punishable by a fine of not less than \$50 nor more than \$1,000, or by imprisonment for a term of not more than 90 days, or by both. Each day the violation is continued is a separate offense.

HEAD LICE

School-wide checks for head lice are **not** recommended or endorsed by the American Academy of Pediatrics or the Centers for Disease Control. The most effective screening occurs at home. Parents should periodically check their own children and, if nits are found, provide treatment for their removal. It is prudent for the school to periodically provide information to families of all children on the diagnosis, treatment, and prevention of head lice.

Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. (Proof of treatment such as the product box may be requested by the school.) A child should be allowed to return to school after proper treatment. No healthy child should be excluded from or allowed to miss school time because of head lice.

By the time an active head lice infestation is discovered, it is likely that the child has had the infestation for a month or more, so poses little additional risk to others. Therefore the child should remain in class but be discouraged from close direct head contact with others. If a child is assessed as having head lice, confidentiality must be maintained so the child is not embarrassed. The child's parent should be notified that day by telephone or a note sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates. Common sense should prevail when deciding how 'contagious' an individual child may be (a child with hundreds versus a child with 2 live lice). It may be prudent to check other children who were most likely to have had direct head-to-head contact with the infected child. In an elementary school, often the most efficient way to deal with the problem is to notify the parents or guardians of all children in the child's classroom, encouraging them to check their child's head at home, and give appropriate treatment before returning to school the next day if live lice or nits are found within 1 cm of the scalp. Nits may persist after treatment, but successful treatment should kill crawling lice.

Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Both the American Association of Pediatrics and the National Association of School Nurses advocate that "no-nit" policies should be discontinued. "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons:

- Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.
- Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.

Additional information available at: <http://www.cdc.gov/parasites/lice/head/treatment.html>

HEAD LICE

SAMPLE LETTER FOR PARENTS

Dear Parents:

Head lice may be present among children in your child's class. At any one time, most schools will have a few children with a range of childhood infections and a head louse infection is one of them. These insects are a nuisance and can be controlled or eradicated by families. Head lice are not a threat to health and are easily treatable provided guidelines are followed correctly. Head lice cannot hop, swim, fly or jump, so it is very unlikely that they will be picked up from a brief contact with an infected person.

Head lice crawl from head to head and may be passed on through shared objects such as hairbrushes and hats. Head lice can live in hair for several months without being spotted, largely because there may only be one or two lice at first. Since they are about the size of a sesame seed, they can be difficult to see and often the only obvious sign is itching. However, not everyone gets an itchy head as this is caused by an allergy to the louse saliva and not because lice are biting. School children get lice more often than adults. When children play, their heads often touch and lice crawl from head to head.

Lice lay oval-shaped eggs, called nits, that are smaller than a pin head, on the hair shaft as close to the scalp as possible. They can be seen anywhere on the hair, especially behind the ears and at the back of the neck. Live eggs may be dark. They can also be the color of the hair they are on. They are stuck to the hair and do not fall off if you touch them. After the eggs have hatched, the shells are pearly white. These empty shells stay on the hair as the hair grows.

Nits should not be confused with hair debris such as DEC plugs and hair casts. DEC plugs are bright white, irregularly shaped clumps of fat cells stuck to the hair shaft. Hair casts are thin, elongated cylinder-shaped segments of dandruff which encircle the hair shaft and are easily dislodged. Head lice treatment is not appropriate for hair debris.

One of the best ways to check for head lice is by detection combing, and if you have school-age children who tend to be more prone to getting head lice, this should be done on a regular basis. Plastic detection combs are available at most pharmacies; package instructions should be followed. Remember to comb from the roots to the tips of the hair, keeping the comb as close to the scalp as possible and work around the whole head.

It is recommended that you check all members of your household carefully. Anyone can host head lice. Cleanliness is not a factor in whether head lice are present or not. If you discover that someone in your family is indeed infested with head lice, ONLY those who are infested should be treated, but they should be treated at the same time so they won't re-infest each other.

Don't be panicked into imagining lice and treating 'just in case.' You should only treat if you see a moving louse in the hair. Eggs take seven days to hatch, so if you know somebody in your family has been in close contact with an infested person, it would be wise to check a week later—just in case you missed a louse, which then laid eggs.

Please inform the school if you find that your child has head lice. The school regards infections as confidential and it is not school policy to inform any parent of individual cases, except those of specific children in whom an infection is observed. You do not have to keep your child away from school, just treat the head lice and along with documentation of treatment, your child can return to school the next day.

BASIC STEPS FOR TREATING HEAD LICE INFESTATIONS

Step 1: Treat the infested person/ any infested family members

(Requires using an Over-The-Counter (OTC) or prescription medication)

Follow these treatment steps:

- 1) Before applying treatment, it may be helpful to remove clothing that can become wet or stained during treatment.
- 2) Apply lice medicine, also called pediculicide, according to label instructions. If your child has extra long hair, you may need to use a second bottle. Pay special attention to how long the medication should be left on and how it should be washed out.
WARNING: Do not use a conditioner or combination shampoo/conditioner before using lice medicine. Do not re-wash hair for 1-2 days after treatment.
- 3) Have the infested person put on clean clothing after treatment.
- 4) If a few live lice are still found 8-12 hours after treatment, but are moving more slowly than before, do not re-treat. The medicine may take longer to kill all the lice. Comb dead and any remaining live lice out of the hair using a fine-toothed nit comb.
- 5) If, after 8-12 hours of treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. See your health care provider for a different medication; follow treatment directions.
- 6) Nit (head lice eggs) combs, often found in lice medicine packages, should be used to comb nits and lice from the hair shaft. Many flea combs made for cats and dogs are also effective.
- 7) After treatment, check hair and comb with a nit comb to remove nits and lice every 2–3 days. Continue to check for 2-3 weeks until you are sure all lice and nits are gone.
- 8) Retreatment generally is recommended for most prescription and non-prescription drugs on day 9 in order to kill any surviving hatched lice before they produce eggs. However, if using the prescription drug malathion, which is ovicidal, retreatment is recommended after 7-9 days ONLY if crawling bugs are found.

Step 2: Treat the household:

(Head lice do not survive long if they fall off a person. You do not need to spend a lot of time or money on house cleaning activities.)

Follow these steps to help avoid re-infestation by lice that have recently fallen off the hair or crawled onto clothing or furniture.

- 1) Machine wash and dry clothing, bed linens, and other items that the infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle.
- 2) Items that are not washable can be dry-cleaned **OR** sealed in a plastic bag and stored for 2 weeks.
- 3) Soak combs and brushes in hot water (at least 130°F) for 5-10 minutes.
- 4) Vacuum the floor and furniture, chiefly where the infested person sat or lay. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.

Step 3: Prevent Reinfestation:

(Lice are most commonly spread directly by head-to-head contact and indirectly through contaminated clothing or belongings. Head lice survive less than 1-2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the scalp.)

- Avoid head-to-head contact common during play at school, home and elsewhere.
- Do not share clothing, such as hats, scarves, coats, sports uniforms, or hair ribbons, combs, brushes, or towels.
- Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person.

INFECTIOUS BLOODBORNE DISEASES POLICY

Preamble

The schools of Southeastern California Conference shall strive to protect the safety and health of children and youth in our care, as well as their families, our employees, and the general public. Staff members shall cooperate with public health authorities to promote these goals.

The evidence is overwhelming that the risk of transmitting infectious bloodborne diseases, including but not limited to human immuno-deficiency virus (HIV), acquired immuno-deficiency syndrome (AIDS), and Hepatitis B and C, is extremely low in school settings when current guidelines are followed. The presence of a person living with or diagnosed with a bloodborne infection poses no significant risk to others in school, day care, or school athletic settings.

1. School Attendance

A student with an infectious bloodborne disease will be given the same opportunity to attend school as any other student, and will be subject to the same rules and policies. Any decision that would affect a student's attendance or participation in any school-sponsored activity shall be based on the same criteria as for any other chronic health problem and shall be made in consultation with the student's physician and parent or guardian and shall respect the student's and family's privacy rights.

School staff members will always strive to maintain a respectful school climate and not allow physical or verbal harassment of any individual or group by another individual or group. This includes taunts directed against a person living with HIV infection, a person perceived as having HIV infection, or a person associated with someone with HIV infection.

2. Employment

The schools of Southeastern California Conference do not discriminate on the basis of HIV infection or association with another person with HIV infection. In accordance with the Americans with Disabilities Act of 1990, an employee with HIV infection is welcome to continue working as long as he or she is able to perform the essential functions of the position, with reasonable accommodation if necessary.

3. Privacy

Pupils or staff members are not required to disclose HIV infection status or any other specific medical information to anyone in the education system. HIV antibody testing is not required for any purpose.

All personal health information, including that related to bloodborne infections, is confidential. Willful or negligent disclosure is punishable by law.

No information regarding a person's HIV status will be divulged to any individual or organization without a court order or the informed, written, signed, and dated consent of the person with HIV infection (or the parent or legal guardian of a minor). The written consent must specify the name of the recipient of the information and the purpose of the disclosure.

All health records, notes, and other documents that reference a person's HIV status will be kept under lock and key. Access to these confidential records is limited to those named in written permission from the person (parent or legal guardian) and to emergency medical personnel. Information regarding HIV status will not be added to a student's permanent educational or health record.

4. Infection Control

All employees are required to consistently follow infection control guidelines in all settings and at all times, including playgrounds and field trips. Schools will operate according to the standards promulgated by the U.S. Occupational Health and Safety Administration for the prevention of bloodborne infections. Equipment and supplies needed to apply the infection control guidelines will be maintained and kept reasonably accessible. Each school shall have a designee that shall implement the precautions and investigate, correct, and report on instances of lapse.

A school staff member is expected to alert the person responsible for health and safety issues if a student's health condition or behavior presents a reasonable risk of transmitting an infection.

If a situation occurs at school in which a person might have been exposed to an infectious agent, such as an instance of blood-to-blood contact, school authorities shall counsel that person (or if a minor, alert a parent or legal guardian) to seek appropriate medical evaluation.

5. HIV and Athletics

School authorities will make reasonable accommodations to allow students living with HIV infection or other infectious bloodborne diseases to participate in school-sponsored physical activities. General health, not HIV status, will help determine a student's eligibility for participation in athletic activities.

All employees must consistently adhere to infection control guidelines in locker rooms and in all play and athletic settings. First aid kits must be on hand at every athletic event.

Physical education teachers and athletic program staff will be instructed in first aid and injury prevention, including implementation of infection control guidelines. Student orientation about safety on the playing field will include guidelines for avoiding bloodborne infections.

6. HIV Prevention Education

The goals of HIV prevention education are to promote healthful living and discourage the behaviors that put people at risk of acquiring HIV. The educational program will:

- be taught at every level, seventh through twelfth grades
- use methods demonstrated by sound research to be effective
- be consistent with Seventh-day Adventist standards
- follow content guidelines prepared by the Centers for Disease Control and Prevention (CDC)
- be appropriate to students' developmental levels, behaviors, and cultural backgrounds
- build knowledge and skills from year to year
- stress the benefits of abstinence from sexual activity and drug use
- include accurate information on reducing risk of HIV infection
- address students' personal concerns
- include means for evaluation
- be an integral part of a coordinated school health program
- be taught by well-prepared instructors with adequate support and
- **involve parents and families as partners in education.**

Parents and guardians will be given opportunity to preview curricula and materials to be used in instruction on infectious bloodborne disease prevention. If a parent or guardian submits a written request to a principal that a child not receive instruction in specific infectious bloodborne disease prevention topics at school, and assures that the topics will be discussed at home or elsewhere, the child shall be excused without academic penalty.

7. Staff Development

School staff members will be given opportunity to participate in infectious bloodborne disease education programs that:

- convey factual and current information
- provide guidance on infection control procedures
- inform about current laws and school policies concerning infectious bloodborne diseases
- assist staff to maintain productive parent and community relations
- include annual review sessions.

It is recommended that certain employees receive additional specialized training as appropriate to their positions and responsibilities.

8. Hepatitis B Vaccination

Any employee considered to be at risk of acquiring Hepatitis B due to an occupational exposure to bloodborne pathogens, will be given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to the employee. The vaccinations consist of a series of three inoculations over a six-month period.

If an exposure to bloodborne pathogens should occur, a comprehensive post-exposure evaluation and follow-up process will be followed to ensure that employees receive the best and most timely treatment.

(This policy was modeled, with permission, in part from the sample policy provided in the book, *Someone at School has AIDS: A Complete Guide to Education Policies Concerning HIV Infection*, 2nd Edition, National Association of State Boards of Education [NASBE]).

BLOODBORNE PATHOGENS

All school staff and students likely to come in contact with blood in connection with their work—teachers, administrators, office secretaries, aides, and custodians—are to receive appropriate training with regard to bloodborne pathogens within 10 days of their hiring, as well as be reviewed annually thereafter.

The Office of Education Exposure Control Plan details safety guidelines that when followed will decrease the number of job exposures to bloodborne pathogens. Most importantly is to USE UNIVERSAL PRECAUTIONS AND SUBSTANCE ISOLATION PRINCIPLES.

Universal Precautions are required by OSHA to prevent the transmission of bloodborne pathogens when providing first aid or health care. **It means treating all blood and Other Potentially Infectious Materials (OPIM) as though infected with bloodborne pathogens.** The Centers for Disease Control and Prevention also developed Body Substance Isolation guidelines to prevent the transmission of other types of pathogens found in moist body substances. Together, these principles protect from bloodborne and other pathogens when handling body substances. General precautions to be taken include:

1. Always use barrier protection, such as gloves, when the possibility of touching blood, body fluids, or contaminated surfaces exists. Use single-use, disposable gloves when administering first aid. Cover any hand cuts you may have before gloving. Gloves must fit snugly and extend over the wrist. Use once, then throw away.
2. Avoid touching the outside of contaminated gloves when removing them. Then wash your hands whether or not you touched the outside of the gloves.
3. Discard used gloves or any other contaminated materials in an appropriate container. Place sealed bag in a leakproof container where it will be secure until picked up for disposal.
4. Wash your hands and other skin surfaces immediately after contact with blood or other body fluids. Hand washing is the main protection against contracting an infection or transmitting it to others. Wash with non-abrasive soap and running water for at least 15 seconds. Rinse. Dry with a paper towel and discard. Turn off the faucet with a clean paper towel. If hands are not visibly soiled, waterless alcohol antiseptic hand rubs may be used by applying the product to the palm of one hand, rubbing the hands together to cover all hand surfaces and fingers until the hands are dry.
5. Disinfect any contaminated surfaces or objects with an appropriate germicidal agent. Hepatitis B can survive in dried blood for at least a week, so clean thoroughly.
6. Pick up broken glass and other sharp objects with a broom and dustpan or tongs—not with your hands. Then dispose of objects in an appropriate puncture-resistant sharps container. Trash may contain sharp objects, so don't reach into or push trash down with hands or feet.
7. Always use barrier protection if you have to resuscitate a victim.

For minor cuts and scrapes, encourage victims to administer their own first aid by applying pressure with gauze to stop the bleeding, cleansing and bandaging the wound, and disposing of all contaminated materials appropriately.

Students with bloody noses should sit up, keep their heads slightly forward, pinch the nostrils to stop the bleeding, and hold a tissue under the nose to catch any blood. If staff needs to assist, put on gloves first. Students should dispose of their own bloody tissues in an appropriate container, then wash blood off their hands and skin.

All "Exposure Incidents" (a circumstance in which blood from someone else comes in contact with an area of broken, chapped skin, a wound, the eye, mucous membranes, or where the skin is broken or punctured with a blood-contaminated sharp object) should be washed immediately with antibacterial liquid soap and water. In case mucous membrane, or the eye is contaminated, the area should be flushed with water as soon as possible. All *exposure incidents* are to be logged on a "Bloodborne Pathogen Exposure Report" form and should be reported to the school principal before the end of that work day. Medical records of those exposed are to be maintained for 30 years from the end of employment. This can be done at the doctor's office or hospital.

BLOOD CONTAMINATED WASTE DISPOSAL

Bloody wastes like gloves, band aids, feminine hygiene products or dressings that contain only a small amount of dried blood (things that have come in contact with blood or body fluids but aren't saturated) are not considered biomedical waste. Using gloves, these should be put in plastic bags, securely closed, and then put in the regular trash.

Regulated waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. These items must be disposed of according to county and state specifications.

DEFINITION:

“Child abuse” means a physical injury which is inflicted by other than accidental means on a child by another person. “Child abuse” also means the sexual abuse of a child or any act or omission proscribed by section 273 a (willful cruelty or unjustifiable punishment of a child) or 273d (unlawful corporal punishment or injury). “Child abuse” also means the neglect of a child or abuse in out-of-home care. “Child abuse” does not mean a mutual affray between minors. (*California Child Abuse and Neglect Reporting Act Penal Code, Article 2.5 Section 11165.6*)

WHO MUST REPORT:

Penal Code 11165.7 states in pertinent part that the following professionals are required to report the known or suspected instance of child abuse and neglect if they observe a child in their professional capacity or within the scope of their employment:

- A teacher
- An instructional aide
- A teacher's aide or teacher's assistant employed by any public or private school
- An administrative officer or supervisor of child welfare and attendance, or a certified pupil personnel employee of any public or private school
- An administrator or employee of a public or private day camp
- An administrator or employee of a public or private organization, youth recreation program, or youth organization
- An administrator or employee of a public or private organization whose duties require direct contact and supervision of children
- A licensee, an administrator, or an employee of a licensed community care or child day care facility

HOW TO REPORT:

Penal Code Section 11166.

- A mandated reporter shall make a report to the police or sheriff's department, child protective services, or the county probation department whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any non-privileged documentary evidence the mandated reporter possesses relating to the incident.

The telephone report must include:

- the name of the person making the report
- the name of the child
- the present location of the child
- the nature and extent of any injuries
- any other information including the information that led the person to make the report.

Within 36 hours, a written report must be filed. *Department of Justice Form SS8572* must be used. This form is also available on-line at <http://caag.state.ca.us/childabuse/forms.htm>

- Any mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act is guilty of a misdemeanor punishable by up to six months confinement in a county jail and/or by a fine of one thousand dollars (\$1000).
- When two or more persons, who are required to report, jointly have knowledge of a known or suspected incidence of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the person designated to report has failed to do so shall thereafter make the report.
- The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report.
- Any mandated reporter who has knowledge of or who reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way may report the known or suspected instance of child abuse or neglect to the appropriate agency.

Penal Code 11172

No mandated reporter who reports a known or suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by this article. Any other person reporting a known or suspected instance of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by this article unless it can be proven that a false report was made and the person knew that the report was false or was made with reckless disregard of the truth or falsity of the report.

Penal Code 11174.3

Whenever a representative of a government agency investigating suspected child abuse or neglect or the State Department of Social Services deems it necessary, a suspected victim of child abuse or neglect may be interviewed during school hours, on school premises, concerning a report of suspected child abuse or neglect that occurred within the child's home or out-of-home care facility. The child shall be afforded the option of being interviewed in private or selecting any adult who is a member of the staff of the school, including any certificated or classified employee or volunteer aide, to be present at the interview. A representative of the agency investigating suspected child abuse or neglect or the State Department of Social Services shall inform the child of that right prior to the interview.

The purpose of the staff person's presence at the interview is to lend support to the child and enable him or her to be as comfortable as

possible. However, the member of the staff so elected shall not participate in the interview. The member of the staff so present shall not discuss the facts or circumstance of the case with the child. The member of the staff, so present, including, but not limited to, a volunteer aide, is subject to the confidentiality requirement of this article, a violation of which is punishable as specified in Section 11167.5. A representative of the school shall inform a member of the staff so selected by a child of the requirements of this section prior to the interview. A staff member selected by a child may decline the request to be present at the interview. If the staff person selected agrees to be present, the interview shall be held at a time during school hours when it does not involve an expense to the school. Failure to comply with the requirements of this section does not affect the admissibility of evidence in a criminal or civil proceeding.

SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**
Pursuant to Penal Code Section 11166

CASE NAME: _____

PLEASE PRINT OR TYPE

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY					
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS			Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	REPORTER'S TELEPHONE (DAYTIME) ()		SIGNATURE		TODAY'S DATE					
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY							
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		ADDRESS		Street	City	Zip	DATE/TIME OF PHONE CALL		
	OFFICIAL CONTACTED - TITLE					TELEPHONE ()				
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS			Street	City	Zip	TELEPHONE ()			
	PRESENT LOCATION OF VICTIM				SCHOOL	CLASS	GRADE			
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME				
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME				TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)				
	RELATIONSHIP TO SUSPECT				PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
D. INVOLVED PARTIES	VICTIM'S SIBLINGS									
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		BIRTHDATE	SEX	ETHNICITY
	1. _____				3. _____					
	2. _____				4. _____					
	PARENTS/GUARDIANS	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY		
		ADDRESS			Street	City	Zip	HOME PHONE ()	BUSINESS PHONE ()	
		NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY		
		ADDRESS			Street	City	Zip	HOME PHONE ()	BUSINESS PHONE ()	
	SUSPECT	SUSPECT'S NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY		
		ADDRESS			Street	City	Zip	TELEPHONE ()		
OTHER RELEVANT INFORMATION										
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____									
	DATE / TIME OF INCIDENT				PLACE OF INCIDENT					
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)									

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

All Penal Code (PC) references are located in Article 2.5 of the PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://www.leginfo.ca.gov/calaw.html> (specify "Penal Code" and search for Sections 11164-11174.3). A mandated reporter must complete and submit the form SS 8572 even if some of the requested information is not known. (PC Section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

- Mandated child abuse reporters include all those individuals and entities listed in PC Section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

- Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC Section 11165.9.)

III. REPORTING RESPONSIBILITIES

- Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof *within 36 hours* of receiving the information concerning the incident. (PC Section 11166(a).)
- No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC Section 11172(a).)

IV. INSTRUCTIONS

- **SECTION A - REPORTING PARTY:** Enter the mandated reporter's name, title, category (from PC Section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes-no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (Continued)

- **SECTION B - REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.
- **SECTION C - VICTIM (One Report per Victim):** Enter the victim's name, address, telephone number, birth date or approximate age, sex, ethnicity, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes-no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes-no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes-no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.
- **SECTION D - INVOLVED PARTIES:** Enter the requested information for: Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).
- **SECTION E - INCIDENT INFORMATION:** If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

- **Reporting Party:** After completing Form SS 8572, retain the yellow copy for your records and submit the top three copies to the designated agency.
- **Designated Agency:** *Within 36 hours* of receipt of Form SS 8572, send **white copy** to police or sheriff's department, **blue copy** to county welfare or probation department, and **green copy** to district attorney's office.

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian

NUTRITION

It is recommended that “individuals and groups across all settings . . . adopt policies specifying that all foods and beverages available at school contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.” These Dietary Guidelines may be viewed and downloaded from <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>

Many regulations have been given to public schools which, although not law for private schools, still provide excellent guidelines for our schools to follow:

- All foods sold to students during the school day should follow these guidelines:
 - Not more than 35% of its total calories should come from fat (excluding legumes, nuts, nut butters, seeds, eggs, non-deep fried vegetables and cheese packaged for individual sale)
 - Not more than 10% of its total calories should be from saturated fat
 - Not more than 35% of its total weight should be composed of sugars, excluding fruits, vegetables.
 - Not more than 175 calories (Elementary) or 250 calories (Junior High) or 400 calories (High School) per individual food item.
- Fruits and vegetables should be offered for sale at any location on the school site where foods are sold. (*California Education Code Section 49431*)

California Education Code section 49431 sets nutrition standards for all beverages sold on elementary, middle/junior high, and high school campuses:

- **Elementary Schools**
 - Limits sale of beverages at any time to:
 - Water with no added sweeteners
 - Milk (2%, 1%, nonfat milk, soy/rice milk and other nondairy milk)
 - 100% fruit juices or fruit-based drinks with no less than 50% fruit juice and no added sweeteners
 - Sale of soda-type beverages is permitted for fundraising activities if pupils sell the products off school grounds or on school grounds at least 30 minutes after the end of the school day.
- **Grades 7-12**
 - Sale of soda-type beverages is prohibited from 30 minutes before school to 30 minutes after school.
 - Permitted beverages may be sold (including from vending machines) from 30 minutes before school to 30 minutes after school. These include:
 - Water with no added sweeteners
 - Milk (2%, 1%, nonfat milk, soy/rice milk and other nondairy milk)
 - Fruit/vegetable-based drinks of no less than 50% fruit/vegetable juice and no added sweeteners
 - Electrolyte replacement beverages with no more than 42 grams of added sweetener per 20-oz serving
 - Soda-type beverages may be sold for fundraising during and at the location of an event after the end of the school day or through vending machines, school stores and cafeterias at least 30 minutes after the end of the school day.

General Nutrition Goals for Improving School Foods and Beverages

- Set nutrition standards for food and beverages sold at school including meals, from vending machines, snack bars, a la carte, fundraisers, school stores and other venues to reduce the availability of low-nutrition foods (soda, chips, candy, etc.) in schools.
- Improve the nutritional quality and “kid-appeal” of school meals.
 - Ensure that school meals meet the USDA’s nutrition standards.
 - Promote and serve more whole grains, fruits, and vegetables.
- Reduce children’s intake of saturated fat by making 1% (or fat-free) milk the standard milk sold in your school.
- Strengthen nutrition education in your school.
- Replace fundraisers that sell candy or other junk food with healthy alternatives.
- Give children enough time to eat (the USDA recommends at least 30 minutes for lunch).
- Encourage parents to pack healthy lunches.
- Implement a policy for offering **healthy** foods and beverages at school functions, school parties, and staff events.

HEALTHY LIFESTYLE

There is overwhelming evidence that students’ physical, mental, social, and emotional health play a significant role in determining what they can learn cognitively.

North American Division encourages every school to get in step for life and make a significant impact on childhood obesity by:

- Sharing nutrition and exercise information in newsletters, bulletin boards, assemblies and classes
- Set a walking goal for your school and offer awards for the highest “steppers.”
- Encourage students to take the *President’s Active Lifestyle Challenge* (<http://www.presidentschallenge.org/challenge/active/getting-started.shtml>)
 - Goal: Kids and teens need to be active 60 minutes a day, at least 5 days a week for 6 out of 8 weeks OR count daily activity steps using a pedometer (girls’ goal 11,000; boys’ goal 13,000.
 - Advantages of starting the Presidents Active Lifestyle Challenge:
 - Commit to daily physical activity—and stick with it.
 - Set realistic goals to encourage fitness for a lifetime.
 - Track progress with free personal activity log which can be accessed online after creating an individual account or on a paper log. (http://www.presidentschallenge.org/tools-resources/docs/PALA_log.pdf)
- Provide healthy food in school lunches, cafeterias, vending machines, and at school functions

California schools have committed to:

- Increase the quality and quantity of instruction in physical education to provide more physical activity and enhance student achievement of California’s *Physical Education Model Content Standards* (<http://www.cde.ca.gov/be/st/ss/documents/pestandards.pdf>).
- Increase the quality and quantity of health education to promote healthful eating and physical activity.
- Ensure the availability of healthy foods and beverages served and sold at and by schools. (www.cde.ca.gov/ls/he/cd/recommendations.asp)

Nutrition for your Child: Ten Steps to a Healthy Weight

1 Limit time spent in sedentary activities, including television, videos, electronic games and computer play. Kids already spend a significant portion of their day sitting down during the school day.



2 Encourage your child to be involved in active play at least one hour a day. You will notice better behavior, too, when your child is allowed to "spend his energy."

3 Be an advocate for daily physical activity at school. Encourage school personnel to promote active play at recess and daily physical education classes, if possible. Kids who can release energy through activity perform better in the classroom.

4 Does your kitchen need an overhaul? Take a close look at pantry shelves, cupboards, the refrigerator and freezer. What are the first foods you see? Are you tempted by high calorie, low nutrition "snack" foods or are there plenty of nutritious choices? Can you look around your kitchen and easily find the ingredients for four or five healthful meals? After you do this visual inventory, make a list of staple ingredients needed to stock a healthful kitchen.

5 "Merchandise" healthy food choices. What you see is what you will eat. Set out a big bowl of fruit or cut-up veggies, display finger sandwiches and low-fat yogurt in a visible place in the refrigerator and stock the snack cupboard with whole-grain crackers, air-popped popcorn and pretzels.

6 Plan weekly menus. It may sound boring but putting a little thought and planning into mealtime generally yields big health (and economic) advantages.

7 Make better choices when eating out. Many of the major restaurant chains publish nutrition information about their menu items. Either ask for a nutrition brochure or access the information online. (In most cases, simply type in www.restaurantname.com and you will be directed to the restaurant's website).

8 Tempt hungry kids with healthy snacks. Kids often have extra large appetites after school, before bed or following sports practice. Be sure to set out nutritious "grab foods" such as cut-up veggies and fruit, baked tortilla chips with bean dip and salsa, or string cheese and whole-grain crackers.

9 Limit the amount of "liquid calories" available such as soda pop, fruit drinks and other sweetened beverages. Encourage kids to drink water, milk and 100% fruit juice as the beverages of choice.

10 Resist the temptation of making every activity an *eating* activity. Food is available virtually everywhere you go these days, whether it's a sporting event, movie or a trip to the gas station! Eat before you go or pack your own healthy snacks.

#1 Tip for Parents:
Kids are watching you! By role modeling positive nutrition and activity habits, you are sure to improve your family's health.



Nutrición para sus Hijos/hijas:

10 pasos para un peso saludable

1 Limite el tiempo que pasa en actividades sedentarias, incluyendo televisión, videos, juegos electrónicos y de computadora. Los niños ya pasan sentados una porción muy significativa durante el tiempo que están en la escuela.

2 Anime a sus hijos/as a involucrarse en juegos activos por lo menos de una hora al día. Podrá notar mejor comportamiento cuando les permita "gastar sus energías."

3 Sea promotor de las actividades físicas de la escuela. Anime al personal de la escuela a promover los juegos activos en el recreo y clases diarias de educación física, si es posible. Jovencitos que liberan energía a través de las actividades físicas se desempeñan mejor en el salón de clases.

4 ¿Necesita una cocina renovada? Tómele una mirada detallada a los estantes de la despensa, armarios, refrigerador y congelador. ¿Cuales son los primeros alimentos que mira? ¿Esta usted tentado por alimentos altos en calorías, meriendas bajas en nutrición o hay suficientes elecciones nutritivas? ¿Puede mirar alrededor de su cocina y encontrar fácilmente ingredientes para cuatro o cinco comidas saludables? Después de este inventario visual, haga una lista de ingredientes básicos que necesita tener en reserva para una cocina sana.

5 "Mercadería" elecciones de alimentos saludables. Lo que mira es lo que se comerá. Coloque un plato de frutas o vegetales recortados, exponga emparedados cortados en pedacitos fácil de comer y yogur bajo en grasa en un lugar visible del refrigerador y tenga en su despensa de meriendas galletas de grano entero palomitas de maíz panecillos tostados.

6 Planee menús semanales. Tal vez le suene aburrido pero poniendo un poco de mente y planificación en las comidas generalmente da paso a ventajas de salud y economía.

7 Haga mejor elecciones cuando coma afuera. Muchos de las cadenas de restaurantes publican la información nutritiva de sus menús. Podría preguntar por un folleto de nutrición o información por computadora. (En la mayoría de los casos, simplemente escriba [www.nombre delrestaurante.com](http://www.nombredelrestaurante.com) y será dirigido a la pagina del restaurante).

8 Tiente a los niños/as hambrientos con meriendas saludables. Los niños usualmente tienen un gran apetito después de la escuela, antes de acostarse o después de practicar deportes. Asegurase de tener disponible alimentos nutritivos que puedan tomar fácilmente como pedacitos de vegetales y frutas, tortillas o papas tostadas al horno con frijoles, salsa o quesos con galletas de grano entero.

9 Limite la cantidad de "líquidos calóricos" disponibles como sodas gaseosas, bebidas de frutas u otras bebidas endulzadas. Anímelos a elegir beber agua, leche y 100% jugos de frutas.

10 Resista la tentación de hacer todas las actividades una actividad de comer. ¡Los alimentos están virtualmente disponibles donde quiera que vayamos en estos días ya sea un evento deportivo, el cine o viaje a la gasolinera! Coma antes de salir o empaque su propia merienda saludable.

Consejo #1 para Padres: ¡Los Niños los están viendo! Kids are watching you! Solo por modelar nutrición positiva y actividades y hábitos activos, estará seguro que mejorar la salud de su familia.

SCHOOL



SAFETY

REPORTS

To facilitate safe and healthy schools, each school is required to report the following to the Director of Health and Safety, Office of Education, on a timely basis:

1. ***Disaster Planning Report*** – due **by the close of second week of school**
The school's Disaster Plan should be in place by the first day of school, and this report mailed as soon as possible after the start of the school year.
2. ***Report of the School Safety Committee*** – due the **last day of the first quarter**
(Responsibilities of committee: meet at least quarterly and record meeting minutes, review results of workplace inspections and incident reports to identify safety issues and determine incident causes, review alleged hazardous conditions and safety suggestions, and submit recommendations to management to resolve safety issues.)
3. ***Quarterly Safety Inspection Report*** – due **the last day of each quarter**
Mail copies of the yellow report form. Keep original copies in the school's *Safety File*. Use the *School Periodic Inspection List* or the *Self-Inspection for Schools* as a guideline when doing the inspections.
4. ***Staff Training Roster*** – due the **last day of each quarter**
 - Annual Bloodborne Pathogen and Safety Training reviews are state mandated and should be included in pre-week staff training.
 - For the remaining three quarters, safety information will be sent to the schools to be used as part of safety training. Videos are available through the Office of Education that also may be used to enhance safety training. **The most critical part of safety training is staff discussion of on-site safety issues.**
 - ALL paid staff are to receive this quarterly safety training.
5. ***Playground Safety Checklist*** – due the **last day of each quarter**
6. ***Periodic Cleaning Reports*** (only for schools containing asbestos) – due **monthly or quarterly as designated.**

Keep the **original** copies of all the above in the school's Safety File and **send copies** to SECC Office of Education.

SAFETY FILES

Every school is mandated by Cal/OSHA to maintain a Safety File that contains:

- A copy of the school's Injury and Illness Prevention Program (IPP)
- Safety Training logs or rosters (keep 3-4 years)
- Quarterly Safety Inspections (keep 3 years)
- Documentation of bloodborne pathogen training
- Records of work-related accidents and injuries
- Reports of hazards
- Corrections of unsafe or hazardous conditions
- Investigation of on-the-job accidents

INJURY AND ILLNESS PREVENTION PROGRAM

Office of Education, Southeastern California Conference of Seventh-day Adventists (OE-SECC)
11330 Pierce Street, Riverside, CA 92515

ASSIGNMENT OF RESPONSIBILITY (Title 8 California Code of Regulations §3203(a)(1))

OE-SECC's lead Injury and Illness Prevention Program (IIPP) administrator is:

Anita Bennie, Director of Health and Safety 11330 Pierce St., Riverside, CA 951-509-2320

The responsibilities of our IIPP Administrator(s) include:

- Preparing and updating our district's IIPP.
- Implementing the provisions in our IIPP.
- Making sure each site has a copy of our IIPP.
- Making sure hazards, injuries and accidents in each site are routinely investigated.
- Establishing procedures for employee reporting of workplace hazards, accidents, injuries and general safety concerns.

Each school in our Conference has selected a safety coordinator. A list of safety coordinators is maintained at the OE-SECC. School-site safety coordinators are responsible for implementing and maintaining this IIPP at their school sites and for answering employee questions about the district's IIPP. Each school-site safety coordinator has a copy of this IIPP.

The responsibilities of our school-site safety coordinators include:

- Conducting routine safety inspections.
- Participating in the mitigation of identified hazards.
- Communicating with employees about safety.
- Completing and submitting all required safety reports to OE-SECC.

The responsibilities of all school employees include:

- Reporting unsafe conditions, work practices or accidents to their supervisors or the school site safety coordinator immediately.
- Following safe work practices.
- Using appropriate personal protective equipment as instructed by their supervisors.

This IIPP applies to all schools in the Southeastern California Conference.

HAZARD ASSESSMENT / INSPECTION (Title 8 CCR §3203(a)(4))

Periodic inspections to identify and evaluate hazards in our schools sites will be performed by one or more of the following checked individuals:

- School-site safety coordinators at their school sites
- Our district's IIPP Administrator(s)
- Adventist Risk Management

Periodic inspections are always performed according to the following schedule:

- When we initially established our IIPP.
- Whenever new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace.
- Whenever new, previously unidentified hazards are recognized.
- Whenever occupational injuries and illnesses occur.
- Whenever workplace conditions warrant an inspection.
- When we hire and/or reassign permanent or intermittent employees to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
- Quarterly.

ACCIDENT/EXPOSURE INVESTIGATIONS (Title 8 CCR §3203(a)(5))

Investigations of workplace accidents, hazardous substance exposures and near accidents will be conducted by:

Anita Bennie, Director of Health and Safety

Tim Rawson, SECC Assoc. Treasurer, Director Risk Management

Our procedures for investigating workplace accidents and hazardous substance exposures include:

- Visiting the scene as soon as possible.
- Interviewing injured employees and witnesses.
- Determining the cause of the accident/exposure.
- Examining the workplace and the incident for underlying causes associated with the accident/exposure.
- Taking corrective action to prevent the accident/exposure from reoccurring.
- Recording the findings and actions taken.

HAZARD CORRECTION (Title 8 CCR §3203(a)(6))

Unsafe or unhealthy work conditions, practices or procedures will be corrected in a timely manner based on the severity of the hazards. Hazards will be corrected according to the following procedures:

- When observed or discovered; and
- When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed employees from the area except those necessary to correct the existing condition. Employees who are required to correct the hazardous condition will be provided with the necessary protection and training.

We have a plan/policy for addressing the following hazards we have identified in our schools:

- Slip and fall hazards and ladder safety
- Chemicals covered under Cal/OSHA's Hazard Communication standard, including pesticides, cleaning products, lab chemicals, etc.
- Lead paint
- Asbestos
- Ergonomic hazards
- Infectious diseases, including bloodborne and aerosol transmissible diseases
- Outdoor heat
- Violence
- Indoor air quality
- Power tools and machinery hazards, including electrical safety, lock-out tag-out of machinery, machine guarding, etc.

COMMUNICATION WITH EMPLOYEES ABOUT SAFETY (Title 8 CCR §3203(a)(3))

All supervisors are responsible for communicating with their employees about occupational safety and health in a form readily understandable by all employees. Our communication system encourages all employees to inform supervisors about workplace hazards without fear of reprisal.

Our communication system includes all of the following checked items:

- New employee orientation including a discussion of safety and health policies and procedures.
- Follow-through by supervisors to ensure effectiveness.
- Worksite-specific health and safety training.

- Regularly scheduled safety meetings. Our safety meetings are required to be held at least quarterly at each school.
- Each school site has its own Health and Safety Committee.
- Effective communication of safety and health concerns between employees and supervisors, including language translation where appropriate.
- Posted or distributed safety information.
- A system for employees to anonymously inform administration about workplace hazards. Our safety meetings are held more frequently as deemed necessary by the creation of hazards or occurrence of injuries and illnesses.
- Other methods we use to ensure communication with and involvement of employees include: emails sent to each employee regarding safety issues.

TRAINING AND INSTRUCTION (Title 8 CCR §3203(a)(7))

All employees, including supervisors, will have training and instruction on general and job-specific safety and health practices. Training and instruction is provided according the following schedule:

- When our IIPP was first established.
- To all new employees.
- To all employees given new job assignments for which training has not previously provided.
- Whenever new substances, processes, procedures, or equipment are introduced to the school and represent a new hazard.
- Whenever anyone is made aware of a new or previously unrecognized hazard.
- To supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.
- To all employees about the hazards specific to each employee's job assignment.

This training will include (but is not limited to):

- An explanation of our IIPP, emergency action plan, fire prevention plan, measures for reporting any unsafe conditions, work practices, injuries and any additional instructions that are needed.
- The availability of toilet, hand-washing, and drinking water facilities.
- Provisions for medical services and first aid, including emergency procedures.
- Proper housekeeping, such as keeping stairways and aisles clear, keeping work areas neat and orderly, and promptly cleaning up spills.
- Prohibiting horseplay, scuffling, or other acts that adversely influence safety.
- Proper storage to prevent:
 - stacking goods in an unstable manner
 - storing materials and goods against doors, exits, or extinguishing equipment and electrical panels.

Where applicable, our training may also include:

- The prevention of musculoskeletal disorders, including proper lifting techniques.
- The use of appropriate clothing, including gloves, footwear, and personal protective equipment.
- Information about chemical hazards to which employees could be exposed and other hazard communication program information.
- Proper food and beverage storage to prevent them from becoming contaminated.
- On any other topics that would augment the safety of our employees.

In addition, we provide specific instructions to all employees regarding hazards unique to their job assignment, to the extent that such information was not already covered in other trainings.

EMPLOYEE COMPLIANCE WITH SAFETY PROCEDURES (Title 8 CCR §3203(a)(2))

Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Supervisors and lead personnel are expected to enforce the rules fairly and uniformly.

All OE-SECC employees, including supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all employees comply with these practices includes the following practices:

- Informing employees of the provisions of our IIPP.
- Evaluating the safety performance of all employees.
- Providing training to employees whose safety performance is deficient.

RECORDKEEPING AND DOCUMENTATION (Title 8 CCR 3203(b))

Although school districts are not required to keep records or documentation of the elements of an IIPP, except the written program itself, OE-SECC maintains the following records to help us more efficiently and effectively implement our IIPP:

- Records of scheduled and periodic inspections (to identify unsafe conditions and work practices, including the names of the person(s) conducting the inspection, the unsafe conditions and the work practices that have been identified, as well as the action(s) taken to correct the identified unsafe conditions and work practices. These records are maintained for at least one (1) year.
- Documentation of our safety and health training.

The master copy of this IIPP can be found at:

Office of Education, Southeastern California Conference of Seventh-day Adventists
11330 Pierce St., Riverside, CA 92515

Other copies of the IIPP can be found at:

- Calexico Mission School, 601 First St., Calexico 92231
- Desert Adventist School, 74200 Country Club Drive, Palm Desert, CA 92260
- El Cajon SDA Christian School, 1640 E. Madison, El Cajon, CA 92019
- Escondido Adventist Academy, 1301 Deodar Road, Escondido, CA 92026
- Hemet Adventist Christian School, 26312 Hemet St., Hemet, CA 92544
- Laguna Niguel Junior Academy, 29702 Kensington Drive, Laguna Niguel, CA 92677
- La Sierra Academy, 4900 Golden Ave., Riverside, CA 92505
- Loma Linda Academy, 10656 Anderson St., Loma Linda, CA 92354
- Mentone Adventist Team School, 1230 Olivine Ave., Mentone, CA 92359
- Mesa Grande Academy, 975 S. Fremont, Calimesa, CA 92320
- Needles SDA School, 1405 Lillyhill Rd., Needles, CA 92363
- Oceanside Adventist Elementary School, 1943 California St., Oceanside, CA 92054
- Orangewood Academy, 13732 Clinton St., Garden Grove, CA 92843
- Redlands Adventist Academy, 130 Tennessee St., Redlands, CA 92373
- San Antonio Christian School, 1722 8th St., Ontario, CA 91764
- San Diego Academy, 2800 E. 4th St., National City, CA 91950
- Valley Adventist Christian School, 12649 Indian Ave., Moreno Valley, CA 92553
- Victor Valley SDA School, 17137 Crestview, Victorville, CA 92392
- West Fullerton Christian School, 2353 W. Valencia Drive, Fullerton, CA 92833
- Yucca Valley Adventist Team School, 8035 Church St., Yucca Valley, CA 92284
- Azure Hills Children's Center, 22633 Barton Road, Grand Terrace, CA 92313
- Children's Discovery Center, 4850 Jurupa Ave., Riverside, CA 92504
- Loma Linda Children's Center, 25228 Shepardson Dr., Loma Linda, CA 92354
- Sunrise Christian Pre-School, 13732 Clinton St., Garden Grove, CA 92843

Annual Report of School Disaster Plan

School _____

Our disaster plan was reviewed on _____
month date year

The plan includes the following:

Hazard Identification

- Determination of which natural and technological disasters are possible in school's area
- Assessment of structures and possible hazards
- Inventory of items that require attention

Hazard Mitigation (*actions taken to reduce or eliminate risk to life and property*)

- Hazard mitigation prioritized by degree of life safety, cost, frequency of potential hazard, and potential number of people involved
- Hazards corrected as far as possible
- Plans made to remove additional hazards

Education and Training

- Policy and procedures for education and training of staff, volunteers, parents, and children
- Documentation of planned trainings and disaster drills

Organization and Assignment of Responsibilities

- Organizational chart of disaster response teams (e.g. search and rescue, first aid, supplies & equipment, safety & security, utilities, communications, student and staff accounting, child care) led by Incident Commander (principal)
- Description of responsibilities of, and skills and supplies needed for, each disaster response team

Emergency Contacts

- Essential emergency phone numbers (both local and outside the area)
- Contact information for students and families OR description of where this information can be found
- Contact information for staff and volunteers
- Authorizations for emergency treatment

Emergency Supplies

- A list including locations of general emergency supplies and classroom emergency kits kept at each site
- Policy for replenishing and rotating supplies

Maps

- Maps of evacuation and fire exit routes
- General facility maps which include locations of emergency supplies, fire extinguishers, utility controls and shutoffs, meeting points

Evacuation Policies and Procedures

- Evacuation policies and procedures

Sheltering in Place

- Sheltering in place policies and procedures

First Aid Information

- List of who is trained in first aid and CPR
- Inventory and location of first aid supplies

Reuniting Children with Parent and Caregivers

- Policies and procedures for reuniting children and parents/guardians
- Copy of information authorizing to whom the child can be released
- Attendance forms
- Student release forms
- Location of primary and back-up pick-up points

Signature _____ Date _____

Principal or Chairman of Disaster Planning Committee

REPORT FROM THE SCHOOL SAFETY COMMITTEE

Complete and send to the Office of Education, Southeastern California Conference of
Seventh-day Adventists; P O Box 8050, Riverside CA 92515.

The deadline for this form is: last day of 1st Qtr.

Date: _____

1. Name of School: _____

Name of School Safety Committee Chairman: _____

Members of the School Safety Committee: _____

Frequency of planned Committee Meetings: _____

II. List corrective measures recommended to prevent repetition of the types of accidents that occurred in the previous school year. _____

List corrective measures implemented since previous report _____

III. The following areas have been inspected:

- | | |
|--|--|
| <p>_____ Cooling/heating systems</p> <p>_____ Construction activities</p> <p>_____ Electrical system - cover plates are on all wall plugs & switches</p> <p>_____ Fences/gates are in good condition</p> <p>_____ Gym floor/equipment is in undamaged condition</p> <p>_____ Industrial Arts power equipment is grounded, has guards in place and is used with adult supervision</p> <p>_____ Classrooms</p> | <p>_____ Shower/locker facilities</p> <p>_____ Traffic pattern (loading/unloading students) is planned with safety in mind</p> <p>_____ Vehicles are kept in repair and driver qualifications are renewed.</p> <p>_____ Walking surfaces (carpets/blacktop) are even</p> <p>_____ Lighting is adequate</p> <p>_____ Electrical Appliances are not within arms reach of plumbing</p> <p>_____ Windows</p> |
|--|--|

_____ Drapes and Curtains have been treated with fire retardant

_____ Playground equipment has been inspected

_____ Broken parts have been repaired

_____ Metal trash containers with lids

_____ Fire extinguishers have been serviced within 12 months

_____ Fire alarms are operational

_____ Disaster and fire escape routes are posted

_____ Disaster and emergency information is posted

_____ Regular fire and disaster drills are held

_____ Restrooms

_____ Liquid or powdered soap available at all times

_____ Plumbing fixtures are maintained

_____ Closets and storage rooms are kept neat and organized

_____ First aid supplies are adequate

_____ A first aid supply reserve is maintained for use in a disaster

IV. Safety awareness is promoted for staff and students each year _____

V. _____ Dates of Safety Committee Reports to the School Board _____

_____ The Home and School Organization has been made aware of the activities of the Safety Committee. This was done on _____ by _____
date method

Signature of the Chairperson or Secretary of the Safety Committee

STAFF TRAINING ROSTER

School: _____

Date: _____

Supervisor of Training (signature)

1st 2nd 3rd 4th Quarter
(Please circle one of the above)

Topics or Subjects Covered _____

	<i>Staff List</i> (Please Print or Type Names)	<i>Staff Signature</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
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11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

PLAYGROUND SAFETY CHECKLIST

Required checklist is to be completed by the school principal, playground aide, day care teacher or the custodian.

School: _____ Checked by: _____ Date: _____

Check:

YES NO (if no, explain. Use note portion or the back of this sheet)

SURFACING:

- 1. _____ Does the equipment have adequate protective surfacing under and around it (12-14" sand, crushed wood or equivalent protection)?
- 2. _____ Is the loose-fill surfacing material free of foreign objects or debris?
- 3. _____ Is the loose-fill surfacing material loose and un-compacted and of sufficient depth in heavy use areas such as under swings or at slide exits?

GENERAL HAZARDS

- 4. _____ Is all equipment free of sharp points, or dangerous corners or edges?
- 5. _____ Are all pipe ends covered with undamaged protective caps or plugs?
- 6. _____ Are all hazardous protrusions and projections, such as bars or bolts, removed?
- 7. _____ Are all potential clothing entanglement hazards removed or repaired (e.g. open S-hooks or protruding bolts)?
- 8. _____ Have you insured that there are no pinch, crush, or shearing points or any exposed moving parts?
- 9. _____ Have you checked for trip hazards, such as exposed footings and anchoring devices, and rocks, roots, or any other environmental obstacles in the play area?

DETERIORATION OF THE EQUIPMENT

- 10. _____ Is all equipment free of rust, rot, cracks or splinters, especially where it comes in contact with the ground?
- 11. _____ Are all components on the playground equipment unbroken and in good condition (e.g. handrails, guardrails, protective barriers, steps or rungs on ladders)?
- 12. _____ Are all fences, benches, and signs on the playground in an undamaged condition?
- 13. _____ Is all equipment securely anchored?

SECURITY OF HARDWARE

- 14. _____ Are all fastening devices and connections, such as S-hooks and chains, secure and in good condition?
- 15. _____ Are moving components, such as swing hangers, swing rings or nets, unworn and safe?

DRAINAGE

- 16. _____ Does the entire play area have satisfactory drainage, especially in heavy use areas such as under swings and slide areas?

GENERAL UPKEEP OF PLAYGROUNDS

- 17. _____ Is the entire playground free from miscellaneous debris or litter such as branches, cans, glass, animal waste, etc.?

ACTIONS TAKEN ON HAZARDS APPARENT FROM THIS INSPECTION:

- _____ repair the problem
- _____ barricade/close area
- _____ notify supervisor
- _____ none: no hazardous conditions found

NOTES: (continue on back side of this form)

PLAYGROUND SAFETY

Playground inspections should be done:

- Daily:** Do a visual walk-around inspection at the beginning of each school day to verify that play equipment has not been abused during off-school hours.
- Weekly:** Complete checklist and keep at school.
- Quarterly:** Complete checklist and send a copy to SECC Director of Health and Safety.
- Annually:** A complete playground inspection will be done by the SECC Director of Health and Safety, a Certified Playground Safety Inspector.

Inspections should be documented in writing for your own safety.

Supervision Guidelines for Playgrounds

1. Ratio of children to adults: Recommendation is that the same ratio be applied outside as is used in the indoor classroom.
2. Training for adults should include:
 - Philosophy of supervision such as facilitator, direct teaching or command
 - Conflict resolution skills for adults and children
 - Inspection for basic aspects of playground safety
 - Maintenance such as putting ground cover back in place
 - Rules—should be minimal but consistently enforced
 - Training children to use equipment
3. Plan procedures to use when a child is injured

More detailed information can be found at:

<http://www.cpsc.gov/cpscpub/pubs/325.pdf> (*Handbook for Public Playground Safety*)

Playground Supervisors should:

Be alert and attentive—

- Move throughout the play areas. Avoid staying on the perimeter of the playground.
- Don't use playground time for socializing with other adults or for doing paperwork.
- Be observant for the "secret" places where children hide.
- Realize that a child can wander into a hazardous situation in less than one minute.
- Use direct eye contact to help prevent inappropriate behavior.

Evaluate hazards—

- Watch for foreign objects such as rocks, glass, or animal waste.
- Note any protruding nuts or bolts, broken parts or other equipment problems.
- Correct minor problems themselves, e.g. picking up trash.
- Report more serious problems such as broken equipment, to appropriate personnel. **DO NOT ALLOW CHILDREN TO PLAY ON BROKEN OR DEFECTIVE EQUIPMENT.**
- Children should not wear loose clothing, hoods, drawstrings, etc., that might catch on the equipment.

Observe and intervene—

- Keep an eye out for inappropriate behavior and give a verbal warning as needed
- Respond immediately if there is a fight or other dangerous behavior.

Be prepared—

- Be familiar with emergency procedures, and know the location of first-aid kits.
- Protect yourself from contact with blood or other potentially infectious material by using personal protective equipment and frequently washing your hands.

SAFETY RULES FOR SCHOOL STAFF

ALL PERSONS SHALL FOLLOW THESE SAFE PRACTICE RULES, REPORT UNSAFE SITUATIONS AND ACTIVELY SUPPORT THE MAINTENANCE OF A SAFE WORKPLACE.

BACK SAFETY

- Lift objects correctly, using your leg muscles not your back. Lift straight up without twisting.
- Check your work area for ergonomic safety, providing for the least strain on any single body part.

ELECTRICAL SAFETY

- Be aware of and report immediately for repair:
 - Overloaded circuits (do not reset breakers without finding a cause for outage)
 - Power cords that are frayed, cut, spliced, deteriorated or damaged in any way
 - Missing grounding plugs
 - Overuse of extension cords (they are not to be used as a substitute for permanent wiring)
 - Extension cords that run under carpeting, are tacked to the walls, or attached in series
 - Missing ground-fault circuit interrupters (GFCIs)
 - Broken outlet covers
 - Two-outlet receptacles with more than two plugs
- Electrical appliances and surge protectors must be plugged directly into a wall outlet, not into an extension cord.
- Do not remove, displace, damage, or destroy any safety device, safeguard, notice or warning, including protective covers on power equipment and electrical outlets.

FIRE SAFETY

- Keep area free of clutter and debris.
- Keep paper products, supplies flammable liquids and hazardous substances in labeled containers and stored appropriately.
- Keep emergency exits and aisles unobstructed.
- Fire extinguishers should be wall-mounted; employees should know where they are as well as when and how to use them.
- Electrical heating devices should be set on tile, metal, or other non-flammable surfaces.
- Burning of decorative candles is not permitted.

HAZARD COMMUNICATION

- Read chemical labels carefully and follow their directions properly.
- Material Safety Data Sheets (MSDSs) provide the following important information on chemicals and should not be ignored:
 - Substance hazards and how to control them
 - Health hazards
 - Exposure limits
 - Compatibility with other chemicals
 - Conditions to avoid
 - Personal protective equipment needed to handle the chemical

SLIPS, TRIPS and FALLS

- Keep walkways and stairwells clean and free of clutter.
- Close all file drawers when not in use; open only one drawer at a time.
- Reroute loose cables or cords running across walkways or attach them flat against baseboards, walls, or floors.
- Only stepstools or ladders are to be used to reach overhead storage; do not use chairs, boxes, buckets, or shelves as ladders.
- Clean up all spills immediately to keep floors dry.
- Cut loose carpet threads and tack or tape down carpet that doesn't lie flat.

COMMON JOB HAZARDS AND SAFETY TIPS FOR TEACHERS AND STAFF

SLIP AND FALL HAZARDS

The most common accidents in schools are slips, trips, and falls. These injuries can be caused by slippery or uneven walking surfaces. Here are some tips to prevent slips and falls:

- If you need to reach high places, never stand on a chair or desk. Use a ladder or footstool, or ask someone for help.
- Keep classrooms free of clutter.
- Make sure shelves and storage racks are stable and secured.
- Wear shoes with non-skid soles.
- Use and be aware of caution signs for maintenance and construction projects.

ERGONOMIC HAZARDS

These are caused by poor job design that results in sprains, strains, and other wear and tear on the body. Ergonomic hazard include: lifting heavy objects, bending to help students, staying on your feet for long periods of time, or moving students with physical disabilities.

- When you work on a computer:
 - Position the chair and desk so that your knees and forearms are at 90° angles, with wrists straight and feet flat on the floor or on a footrest.
 - The top of your screen should be at or just below eye level, and 16-22" away.
- Avoid using chairs or other furniture designed for children.
- Ask for help when lifting heavy objects or moving equipment.

INFECTIOUS DISEASES

You could be exposed to many different viruses and bacteria, such as the common cold, flu, HIV, and Hepatitis. Remember that some diseases common in children are more dangerous to adults.

- Wash your hands frequently, and encourage your students to do the same.
- Teach students to cover their mouths with their arm when they cough or sneeze.
- Stay home if you're sick!
- If you commonly provide first aid to students, you may need a Hepatitis B vaccine.
- If you come in contact with blood or other bodily fluids
 - Wear disposable gloves
 - Wash your hands with soap and water
 - Disinfect any equipment or work areas that are affected.

VIOLENCE AND AGGRESSIVE STUDENT BEHAVIOR

Teachers and school staff have some of the highest rates of workplace assault.

- Report to maintenance staff any locks and alarms that are not working.
- Set up a communication system if you're working alone at night or when school is out. Use a buddy system. Notify administrators if you are working late.

- Put your personal belongings in a secure place.
- Make sure the school requires parents and visitors to sign in at the main office.
- Work with the school to develop and implement safety procedures and training programs.

STRESS

High stakes exams, overcrowded classrooms, disruptive students, angry parents, and budget cuts can all cause stress. Ignoring stress can result in health symptoms that can lead to hypertension or heart disease.

- Make a list of what is causing stress at work and think about ways to reduce these problems. Start by selecting one or two issues to work on so you don't feel overwhelmed.
- Talk to co-workers and friends about your issues.
- Find some time to relax each day. Having 20 minutes or so of quiet time helps relieve stress.
- Try to get some regular exercise.
- Eat a well-balanced diet.

POOR INDOOR AIR QUALITY

Poor air quality can contribute to respiratory problems and voice disorders. A lack of fresh air, poor ventilation, molds, and bacteria can all reduce air quality in schools. Portables or relocatable buildings made with pressed wood may release formaldehyde.

- Open doors and windows to get fresh air.
- Verify that the heating, ventilation and air conditioning (HVAC) system is working. The HVAC system should be inspected annually.
- Report water leaks or signs of dampness right away.

CHEMICALS

Many types of chemicals are used in the classroom, such as cleaning products, pesticides, and in older buildings, asbestos in flooring or ceiling tiles.

- Find out what types of chemicals are present in the school.
- If you use chemicals in your class:
 - Use the least toxic chemical you can.
 - Make sure all chemicals are labeled. If you put chemicals into a different container, label the new container.
 - Obtain a Material Data Safety Sheet (MSDS) for each product.
 - Ventilate your classroom.
- Call maintenance if there is a possibility of lead or asbestos exposure. Lead can be found in painted surfaces and can be disturbed during repairs. Asbestos could be found in spray-on insulation, ceiling tiles, flooring or pipe insulation and is only a hazard if it is disturbed.
- To reduce the need for pesticides, make sure classrooms are cleaned well after eating or drinking, and have any cracks and crevices in the classroom repaired.
- Be familiar with the emergency plan in case of a chemical accident.
- If you teach vocational education programs, you may need additional training on chemical, machinery, electrical, noise and fire hazards.

CLASSROOM FIRE SAFETY REGULATIONS

An appropriately decorated classroom is an integral asset of the learning experience. It is, however, essential that the following fire safety regulations be followed in order to provide a safe learning environment for all students. (These regulations are minimum standards. The local fire inspector may require additional or more stringent regulations.)

- No more than 20% of wall space (exclusive of window and door openings) may be covered with flammable material (any material that ignites easily and will burn rapidly). If the flammable decorations on the wall exceed 20% of the wall area then all decorative material must be made from a nonflammable material, or be treated and maintained in a flame-retardant condition.
- All fabric used as classroom decoration must be non-fire rated or treated with fire-retardant. This includes curtains, furnishings, draping, etc.
- Documentation of fire-retardant treatment is to be maintained at your school for the lifetime of the item treated.
- Nothing flammable may be on, or within 3 feet of, exit doors, electrical panels, light fixtures, fire sprinklers or heaters. All electrical panels must be unobstructed and easily accessible.
- There must be a 24" clearance from the ceiling free of any flammable materials (18" if overhead sprinklers).
- Exits must be clearly marked and kept free of all obstructions. Every student must have a clear, unobstructed path (minimum 3 feet) that allows for quick egress in an emergency.
- Extension cords may not be used as permanent wiring. They are not to be affixed to structures, extended through walls, ceilings, floors, under doors, or under floor coverings, and not be subject to environmental damaging or physical impact. Surge protectors should be plugged directly into a wall outlet, not into an extension cord or another surge protector.
- Open flames are prohibited except in supervised science and technology labs with acceptable ventilation approved for open flame or with appropriate exhaust hoods.
- Classroom (student) use of any device having the potential to produce heat (hot plates, coffeepots, hot pots, toaster, toaster ovens, irons, hot glue guns, soldering irons, wood burners,) must be for instructional purposes only and must be used in an area clear of any combustible materials with a 40 BC fire extinguisher and a fire blanket available. The equipment must have a direct electrical connection to an electrical outlet without the use of an extension cord, and be plugged in only while in use.
- Live Christmas trees used in schools must be professionally flameproofed. Only U.L.-listed tree lights may be used; no lights should be attached to aluminum or vinyl trees with metallic frames. Flammable decorations may not be used on or near lighted trees, wreaths, or garlands.
- 20 square feet of usable room space should be allowed for each student.
- Rooms normally occupied by preschool, kindergarten, or first grade pupils must be located on ground level.
- The exit door from the classroom is required to lead directly to the exit access corridor, not through a closet or other room.
- Exit doors must open outward with a lever, knob, or handle capable of being operated with just one hand without requiring a tight grasp. Do not install locks, padlocks hasps, bars or chains that restrict exit in any way. Deadbolts must automatically unlock when you turn the knob. Double or single key deadbolts must never be used on classroom doors.

(California Code of Regulations, Title 19, California Building Code, California Fire Code, California Health and Safety Code, National Fire Protection Association 101, Life Safety Code)

ADDITIONAL SAFETY RULES FOR CUSTODIAL AND MAINTENANCE WORKERS

LADDERS

- Ladders are to be ascended and descended facing the rungs.
- Stepladders must be fully opened; never use in partially opened position.
- Metal ladders should not be used when work involves contact with electrical circuits e.g. replacing light bulbs.
- Ladders should be located close enough to the work to require a minimum of sideways leaning.
- The top two steps of ladders are not to be used to stand on.
- Extreme care should be taken to avoid contact with electrical wire when moving and positioning ladders.
- Rung ladders are to be long enough to extend two feet above the level at which the worker steps off the ladder.
- Two workers are to be used to move and site extension ladders rated over twenty feet in length.
- Minors under age 16 may not do work requiring the use of ladders or scaffolds.

EQUIPMENT

- Only authorized school employees (check Cal/OSHA regulations for teen age restrictions) may operate machinery or electric tools.
- Machinery shall not be serviced, adjusted, or repaired while in operation.
- Power is to be shut off at the circuit breaker and the circuit breaker locked, if possible, before working on electric wiring.
- Loose clothing, dangling ties, long hair, or other sources of entanglement shall not be worn around moving machinery.
- All power equipment is to be operated with a three-prong grounded power cord and in conformity with manufacturer's instructions.
- Any type of guard or tool rests should be kept in place. Goggles or a face shield should be worn whenever recommended by the machine or tool manufacturer.
- Table saws and radial saws are to be operated with blade guards in place. A pusher is to be used to feed stock through the table saw blade.
- Powered portable handsaws are to be operated with the blade guard in place at all times.
- Portable power tools are not to be raised or lowered by means of the power cord.

VEHICLES

- Only authorized school employees (no one under age 18) are to operate any school vehicles.
- Motor vehicles are not to be left unattended with the engine running.
- Work is not to be done under vehicles supported by jacks or chain hoists unless protective blocking is in place to prevent injury should they fail.
- Tractors, bulldozers, front-end loaders, etc., shall have roll bars in place when being operated.

MISCELLANEOUS

- Asbestos-containing material should only be handled by personnel certified to do so.
- Only appropriate tools shall be used for any job.
- Tools with insulated handles shall be used when working on electric wiring.
- Extension bars are not to be used on wrench handles.
- Extreme care should be exercised when entering any confined space such as an underground vault or pipe tunnel kept sealed most of the time. Asphyxiation can occur without warning due to reduced oxygen in the air.
- Great care is to be taken when working on flat roofs having large skylights with low curbs.
- Sound-attenuating ear muffs or ear plugs are to be used when working in environments where the noise level requires one to shout to be heard.

DISASTER PREPAREDNESS

DRILLS

➤ Drills should be effectively conducted within the first two weeks of the school year, then as follows:

Fire Drills – Elementary: at least once each month; Intermediate: at least once each quarter
Secondary: at least once each semester

“Every public, private, or parochial school building having an occupant capacity of 50 or more pupils or students or more than one classroom shall be provided with a dependable and operative fire alarm system. Every person and public officer managing, controlling, or in charge of any public, private, or parochial school shall cause the fire alarm signal to be sounded not less than once every calendar month and shall conduct a fire drill at least once every calendar month at the elementary level and at least four times every school year at the intermediate levels. A fire drill shall be held at the secondary level not less than twice every school year.” *California Education Code Section 32001*

Earthquake Drills – Elementary and Intermediate: at least once each quarter;
Secondary: at least once each semester

If indoors:

1. Drop: Take cover under a nearby desk or table, dropping to your knees, and face away from the window.
2. Cover: Cover your eyes by leaning your face against your arms
3. Hold: Hold on to the table or desk legs and be prepared to move with it.
4. When the “shaking” stops, determine if it is safe to leave the building, then proceed to the predetermined meeting place in an orderly fashion.
5. Take roll and await further instructions.

If outdoors: Get into an open area away from trees, building, walls and power lines.

Lockdown Drills – should be practiced at least **once each semester**.

- Students should report to the **nearest** classroom.
- Stay away from all doors and windows and move students to interior walls and drop.
- Close all windows, lock your doors, and do not leave for any reason.
- Cover all room and door windows.
- Shut off lights.
- BE QUIET!
- Wait for further instructions.
- Before and after drill, evaluate it using: “Review Your Lockdown Plan”

Shelter in Place – should be practiced at least **once each school year**

1. Students are to be cleared from the halls immediately and report to assigned classrooms.
2. Close and tape all windows and doors and seal the gap between bottom of the door and floor.
3. Take attendance. Report missing students using voice mail if available.
4. Do not allow anyone to leave the classroom. (Emergency bathroom use only with the buddy system.)
5. Stay away from all doors and windows.
6. Telephone use in the classroom is for emergencies only.
7. Wait for further instructions.

Reverse Evacuation – should be practiced at least **once each school year**

(for emergencies requiring shelter that occur during recess or PE class)

1. Move students/staff inside as quickly as possible.
2. Report to homeroom.
3. Take attendance. Report missing students using voice mail if available.
4. Wait for further instructions.

SCHOOL'S RECORD OF DRILLS

Name of School: _____ Year: _____

Fire Drills

Month	Date	Time of Day	Evacuation Time	Person Responsible
August				
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				

Fire drills are to be conducted and recorded at least once a month for elementary, quarterly for intermediate, and twice a year for secondary. All students, staff and visitors are required to leave the facility during the drill.

Lockdown Drills

Semester	Date	Comments
1st		
2nd		

Earthquake Drills

Quarter	Date	Time of Day	Evacuation Time	Person Responsible
First Quarter				
Second Quarter				
Third Quarter				
Fourth Quarter				

Earthquake drills are to be conducted and recorded at least quarterly.

For school use only.

REVIEW YOUR LOCKDOWN PLAN

- Is information about your emergency plan included in your handbook—not merely saying that you have a plan? Have parents been **adequately** informed of your emergency plan for lockdowns? Do they know that you will keep them informed? Do they know it endangers lives to try to come on campus during a lockdown? Do they know they will be informed when it **is** safe to come to the campus? Do they know your procedure for signing out students during/after an emergency? Do they know where, how and when students will be released?

- Has contact been made with law enforcement this school year to make sure you're on the same page with lockdown procedures?

- Does local law enforcement have keys or access to your school keys and school map without having to get them from the school office?

- Are ALL staff—including yard supervisors, custodians, maintenance workers, teachers' aides, contract teachers, afterschool supervisors, etc.—trained to know what to do in a lockdown?

- If you use a mechanical warning (siren, etc.) to signify a lockdown, can everyone identify it as a drill or the real thing? How do you follow up with more information? – Computers? Phones? Text messages?

- When giving verbal "Lockdown" signal, **avoid using code words and phrases**: Be specific e.g. "This is a drill; this is only a drill – Lockdown, lockdown, lockdown. Intruder on campus (*or in neighborhood*). This is only a drill."

- Under what circumstances can someone other than the principal initiate a lockdown?

- How will access to the school be closed? How will people wanting to enter the campus know that a lockdown (drill) is taking place?

- Do teachers know to assume that it is an imminent danger lockdown until notified otherwise?
-
-

- How have you made plans to take attendance and account for all students?
-
-

- Consider what to do with students who are out of classrooms, either at P.E., lunch, hallways, library or coming or going from school. Where will they go and how will they be accounted for?
-
-

- Where will visitors on campus go?
-
-

- How will the parent notification system be used?
-
-

- What preparations have been made for the sudden need to use the restroom that occurs with the increase of adrenalin?
-
-

- What provision has been made for emergency food and water to be available in each classroom?
-
-

- Remind teachers that if the danger is on campus, doors should be locked and **not** opened during the lockdown until the door is unlocked by a school administrator or law enforcement officer.
-
-

- Assess communication devices in classrooms. When the school is in a lockdown mode, teachers can inventory communication devices in the room, including cell phones, computers, etc. The school may wish to develop a policy limiting student use of these devices during a lockdown.
-
-

- Do doors have peep-holes (in elementary classrooms low enough where you could see a child standing next to a door) where you can see out without being seen?
-
-

- What is your procedure for release of students when lockdowns extend into afterschool hours?
-
-

- What did you learn from debriefing after a lockdown drill or an actual event? (Identify and summarize your goals for improvement)

Intentionally blank?

CLASSROOM FIRST AID KITS

Classroom First Aid Kits contain supplies regularly used in the classroom throughout the year and for use in the event of any incident, emergency, earthquake, disaster, or other crisis. The recommended supplies and methods for use are listed below. At the time of any disaster/crisis, teachers who are able to evacuate to an Assembly Area will bring these kits.

Classroom First Aid Kit Supplies

Needed Supplies	Amount	How Used
Storage Container (Such as plastic lidded container, Ziplock baggies, or small fanny pack or backpack). Note: Fanny pack/backpacks are easy to carry at time of disaster/crisis.	1	Store first aid supplies Ziploc bags can be used to organize kit contents, keep supplies clean, and store liquid soap, etc. separately. Note: If same container is used for both Classroom and disaster/crisis use, supplies must be replenished regularly to maintain emergency preparedness.
Gauze pads, non sterile (3 x 3 or 4 x 4)	50	Cover wounds, apply pressure for control of bleeding, and clean minor wounds
Roller Gauze, 4" wide	1	Secure gauze pads over wounds
Adhesive tape, 1"wide	1	Secure gauze pads or bandages over wound
Scissors	1 pair	Cut roller gauze
Anti-bacterial soap, in 4 oz. (Approx.) container	1	Clean wounds
Band-Aids, Regular size, 1" x 3"	20	Cover minor wounds
Band-Aids, Large size, 2" x 4"	10	Cover minor wounds
Latex gloves (100/box)	Medium – 20 Large - 20	Protect from blood and body fluids
For Teachers Trained in Triage Only Triage tags made of red and yellow laminated construction paper (4"x5") with 24"ties attached.	10 of each color	Label victims during triage Red = Immediate Yellow = Delayed

Access more information at

<http://www.orangeusd.org/scs/pdf/Part%206%20-%20FIRST%20AID%20AND%20SUPPLIES.pdf>

EMERGENCY PLANNING FOR AMERICA'S SCHOOLS

The U.S. Department of Education is working with school safety experts from around the United States to make available to schools a model emergency response and crisis management plan. For more information, visit www.ed.gov/emergencyplan/.

Emergency Plans:

If you don't have a school crisis plan in partnership with public safety agencies, including law enforcement and fire, health, mental health, and local emergency preparedness agencies, then develop one. Ensure that it addresses traditional crises and emergencies such as fires, school shootings and accidents, as well as biological, radiological, chemical, and other terrorist activities.

If you do have a crisis plan, review it. Ensure that it addresses issues related to terrorism, such as biological, radiological, and chemical attacks.

Train, practice, and drill. Documents on a shelf don't work in a crisis.

Each school crisis plan should address four major areas: prevention/mitigation, preparedness, response, and recovery. Actions that schools should take under each of these areas include:

Prevention/Mitigation:

- Conduct an assessment of each school building. Identify those factors that put the building, students, and staff at greater risk, such as proximity to train tracks that regularly transport hazardous materials or facilities that produce highly toxic material or propane gas tanks, and develop a plan for reducing the risk. This can include plans to evacuate students away from these areas in times of crisis and to reposition propane tanks or other hazardous materials away from school buildings.
- Work with businesses and factories in close proximity to the school to ensure that the school's crisis plan is coordinated with their crisis plans.
- Ensure a process is in place for controlling access and egress to the school. Require all persons who do not have authority to be in the school to sign in.
- Review traffic patterns, and where possible, keep cars, buses, and trucks away from school buildings.
- Review landscaping, and ensure buildings are not obscured by overgrowth of bushes or shrubs where contraband can be placed or persons can hide.

Preparedness:

- Have site plans for each school facility readily available and ensure they are shared with first responders and agencies responsible for emergency preparedness.
- Ensure there are multiple evacuation routes and rallying points. Your first or second evacuation site options may be blocked or unavailable at the time of the crisis.
- Practice responding to crisis on a regular basis.

- Ensure a process is established for communicating during a crisis.
- Inspect equipment to ensure it operates during crisis situations.
- Have a plan for discharging students. Remember that during a crisis many parents and guardians may not be able to get to the school to pick up their child. Make sure every student has a secondary contact person and contact information readily available.
- Have a plan for communicating information to parents and for quelling rumors. Cultivate relationships with the media ahead of time, and identify a public information officer to communicate with the media and the community during a crisis.
- Work with law enforcement officials and emergency preparedness agencies on a strategy for sharing key parts of the school crisis plans.

Response:

- Develop a command structure for responding to a crisis. The roles and responsibilities for educators, law enforcement and fire officials, and other first responders in responding to different types of crisis need to be developed, reviewed, and approved.

Recovery:

- Return to the business of teaching and learning as soon as safely possible.
- Identify and approve a team of credentialed mental health workers to provide mental health services to faculty and students after a crisis. Understand that recovery takes place over time and that the services of this team may be needed over an extended time period.
- Ensure the team is adequately trained.
- The plan needs to include notification of parents on actions that the school intends to take to help students recover from the crisis.

www.ed.gov/emergencyplan/

Source: U.S. Department of Education, March 2003

PARENT NOTIFICATION SYSTEM

The Office of Education expects that each school will be subscribed to a parent notification system that enables the school to communicate quickly to all school families with just one phone call or electronic transmission from the school. This service should provide unlimited phone, e-mail and text notifications to be used not only for emergencies, but also could be used to notify parents of daily absences, tardy reminders, fee notices, deficiencies, field trips and community outreach.

Office of Education Southeastern California Conference
Student Release Team – Emergency Sign-Out Sheet

School _____ Date of Incident _____ Released by _____

Record the following information for each student released. Do not release the student unless all information is complete.

Student's Name	Person Released to: Check that it matches consent	Destination – Include addresses, phone numbers, comments	Time
	<input type="checkbox"/> Verified by _____		
	<input type="checkbox"/> Verified by _____		
	<input type="checkbox"/> Verified by _____		
	<input type="checkbox"/> Verified by _____		
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	<input type="checkbox"/> Verified by _____		

RECOMMENDED EMERGENCY SUPPLIES FOR SCHOOLS

Refer to http://www.redcross.org/museum/prepare_org/children/schoolsupplies.htm#classkits for additional information.

What to store: Begin with an analysis of the hazards of the area. Is emergency assistance close at hand or would you have to wait for help if the entire community has been impacted? Remember that any school in the country could be locked down due to an intruder or gunfire in the area, so all schools should be prepared to have their students stuck inside the building for many hours. Similarly, all schools face the potential of a hazardous materials spill nearby, requiring the school to shelter-in-place with doors and windows closed and heating systems off. Adjust the supplies for extreme heat or cold temperatures.

Budget: Adjust the list, prioritizing for limited budget and storage space, if necessary. Develop a plan to phase in the supplies. Contact local service clubs and vendors for assistance.

How much to store: Make some planning assumptions. Do most of your students' families live nearby or do some of them commute long distances? Some schools could be cut off for days if a bridge or the main highway is blocked. If you determine that most of your students could be picked up in most emergencies within a day, then begin by stocking supplies for one day. Some schools plan that half their student body will be picked up by parents within one day, half the remainder within a day, and the remainder within another day so accordingly stock supplies for 100% for day one, 50% for day two and 25% for day three. Remember to factor in the number of staff and other adults who may be on campus.

Storage: Determine where to store emergency supplies. Every classroom should have some supplies and there should be a cache of supplies for the whole school. Many schools in California threatened by earthquakes use outdoor storage installed near the emergency assembly area, anticipating the possibility of having to care for students outside the buildings. Schools with limited budgets and/or temperature extremes may opt to store their supplies in various caches throughout the school's facility, primarily in locked closets or classrooms. Many schools stock supplies in new trash barrels on wheels. Do not store water in the barrels because it may leak and destroy everything else. Make sure that there are keys to ensure access to the supplies during an emergency, including access by programs such as day care and after-school events. Plan an annual inventory, replacing water and other items with limited shelf life as necessary.

Classroom kit:

- Leather work gloves
- Latex gloves, 6 pair
- Safety goggles, 1 pair
- Small first aid kit
- Pressure dressings: 3
- Crow bar
- Space blankets : 3
- Tarp or ground cover
- Student accounting forms, blank
- Student emergency cards
- Buddy classroom list
- Pens and paper
- Whistle
- Student activities
- Duct tape, 2 rolls (for sealing doors and windows)
- Scissors
- Suitable container for supplies (5-gallon bucket or backpack)
- Drinking water and cups – stored separately – or bottled water
- Toilet supplies (large bucket, used as container for supplies and toilet when needed with 100 plastic bags, toilet paper, and hand washing supplies)
- Portable radio, batteries or other communication system
- Flashlight, batteries

Supplies for the Whole School: Water, First Aid, Sanitation, Tools, Food

- **Water:**
 - ½ gallon per person per day times three days, with small paper cups
- **First Aid:**
 - Compresses: 4x4" (2 per student), 8x10" (3 per student)
 - Elastic bandage: 2" (12 per campus), 4" (12 per campus)
 - Triangular bandage: 24 per campus
 - Cardboard splints: 24 each of sm., med., and lg.
 - Butterfly bandages: 50 per campus
 - Water in small, sealed containers: 100 (for flushing wounds, etc.)
 - Hydrogen peroxide: 10 pints per campus
 - Bleach: 1 small bottle
 - Plastic basket or wire basket stretchers or backboards: 1.5 per 100 students
 - Scissors, paramedic: 4 per campus
 - Tweezers: 3 assorted per campus
 - Triage tags: 10 per 100 students
 - Oval eye patch: 50 per campus
 - Tape: 1" cloth (50 rolls per campus), 2" cloth: (24 per campus)
 - Dust masks: 25 per 100 students
 - Disposable blanket: 10 per 100 students
 - First aid books: 2 standard and 2 advanced per campus
 - Space blankets: 1 per student and staff
 - Heavy duty rubber gloves: 4 pair
- **Sanitation supplies:** (if not supplied in the classroom kits)
 - 1 toilet kit per 100 students/staff, to include: 1 portable toilet, privacy shelter, 20 rolls toilet paper, 300 wet wipes (additional soap and water is recommended), 300 plastic bags with ties, 10 large plastic trash bags
- **Tools** per campus:
 - 3 rolls barrier tape 3" x 1000"
 - Pry bar, pick ax, sledge hammer, shovel, pliers, bolt cutters, hammer, screwdrivers, utility knife, broom, utility shut-off wrench (1 per utility)
- **Other supplies:**
 - 3'x 6' folding tables, 3-4
 - Chairs, 12-16
 - Identification vests for staff, preferable color-coded per school plan
 - Clipboards with emergency job descriptions
 - Office supplies: pens, paper, etc.
 - Signs for Student Request and Release with alphabetical dividers for Request Gate
 - Copies of all necessary forms
 - Cable to connect car battery for emergency power
- **Food:**

The bulk of stored food should be easy to serve, non-perishable, and not need refrigeration or heating after opening. Food is generally considered a low priority item, except for those with diabetes and certain other specific medical conditions. One method used by schools is to purchase food at the beginning of the school year and donate it to charity at the end of the year. A supply of granola bars, Power Bars, or similar food which is easy to distribute, may be helpful.

STUDENT SAFETY

EYE PROTECTIVE DEVICES

All California schools, including private schools, are required to equip schools with eye protective devices (industrial quality which meet national standards) for the use of all students, teachers, and visitors when participating in courses including, but not limited to, vocational or industrial arts shops or laboratories, chemistry, physics, or combined chemistry-physics laboratories, at any time at which the individual is engaged in, or observing, an activity or the use of hazardous substances likely to cause injury to the eyes. It shall be the duty of the principals, teachers, or instructors charged with the supervision of any class in which any such course is conducted to require eye protective devices to be worn.

Hazardous substances likely to cause physical injury to the eyes include materials which are flammable, toxic, corrosive to living tissues, irritating, strongly sensitizing, radioactive, or which generate pressure through heat, decomposition, or other means.

(California Education Code Section 32030-32034)

GUIDELINES FOR THE USE OF ART AND CRAFT MATERIALS

EXPOSURE OCCURS BY THREE ROUTES:

- 2) Inhalation of dusts, powders, vapors, gases, and aerosols can cause direct damage to the lungs from silica or asbestos present in dry earth clays. Organ damage may occur following inhalation of solvent vapors and subsequent absorption into the bloodstream.
- 3) Ingestion of hazardous substances can occur by eating and drinking food that has been contaminated or more directly through oral contact with hands or tools used in art projects. This route of exposure is an important concern since children tend to experiment and put things in their mouths.
- 4) Skin contact with hazardous materials may result in local or internal effects. Caustic substances or solvents may cause local skin damage. Certain solvents can also pass through the skin into the bloodstream, resulting in damage to other organs.

WAYS TO LIMIT EXPOSURE

- 1) Store art and craft supplies safely and make sure they are properly labeled.
- 2) Keep dust to a minimum by damp mopping rather than sweeping.
- 3) Thoroughly cleanup after use of art and craft materials.
- 4) Students should refrain from eating or drinking while engaged in art projects and should wash hands thoroughly when finished.
- 5) Ensure proper ventilation in the classroom.
- 6) Premix dry materials with water before class.
- 7) Properly dispose of any art material that is in an unlabeled container.

PURCHASING SAFE PRODUCTS FOR GRADES K-6

- Avoid:** **Products that may generate an inhalation hazard**
 e.g. clay in dry form, powdered paints, glazes, pigments, wheat
 past, and aerosols (spray paint and fixatives)
- Substitute:** Wet or liquid non-aerosol products
- Avoid:** **Hazardous solvent-based products**
 e.g. rubber cement and its thinner, turpentine and other paint
 thinners, solvent-based markers
- Substitute:** Water-based glues, paints, and markers

Avoid: **Materials that contain lead or other heavy metals**

e.g. some paints, glazes, and enamels

Substitute: Products that do not contain heavy metals

Avoid: **Cold water dyes or commercial dyes**

Substitute: Vegetable dyes

Avoid: **Instant papier-mâché which may contain asbestos fibers or lead or other metals from pigments in colored printing inks**

Substitute: Papier-mâché made from black and white newspaper and library or white paste (or flour and water paste)

Some art and craft projects involve processes that are inappropriate for young children. Some examples are airbrushing, enameling, soldering and using a glue-gun. Instructors are encouraged to avoid projects that would involve these processes.

Check the list, "Art and Craft Materials Which Cannot Be Purchased for Use in Kindergarten and Grades One Through Six" <http://www.oehha.org/education/art/artguide.html>

CLASSROOM PETS

The *SPCA* recommends that schools establish the following, or similar, school policy and regulations regarding animals in the classroom:

Policy: The board believes that animals kept in schools should be for instructional purposes only.

Regulations:

1. The principal shall approve all animals that are brought into the school for instructional purposes.
1. Animals shall be housed in suitable, sanitary, self-contained enclosures appropriate to the size of the animal.
2. Teachers will be responsible for ensuring enclosures are kept in a sanitary condition.
3. Animals shall not be allowed to roam freely in the school.
4. Prior to introducing any animals into the classroom, teachers shall be certain that:
 - a. Students and school personnel are not allergic to their presence.
 - b. The animals are free from any diseases or parasites.
 - c. The animals will present no physical danger to students.
 - d. Students will be instructed in the proper care and handling of the animal.
5. Staff shall not bring their own household pets into schools except for instructional purposes.

More complete information is available at <http://www.sPCA.bc.ca/youth/teacher/classroom-animals>

Caution: The Centers for Disease Control (CDC) states that:

- Children aged less than 5 years should avoid contact with reptiles and amphibians and any items that have been in contact with reptiles and amphibians because of increased risk for Salmonella infection because their immune systems are still developing.
- Reptiles and amphibians should not be allowed in childcare centers.
- Persons always should wash their hands thoroughly with soap and water after handling reptiles and amphibians or their cages.
- Food and drink should not be allowed in animal-contact areas.
- Children under 5 years old should not touch baby chicks and ducklings. These baby birds can pass Salmonella bacteria to children and make them very sick.

More complete information available at: <http://www.cdc.gov/healthypets>

CHEMICAL SAFETY

MATERIAL SAFETY DATA SHEETS (MSDSs)

Material Safety Data Sheets contain a variety of information related to the hazards of a chemical product and how to work with that product safely. Virtually every chemical product in existence has an MSDS and manufacturers and distributors must provide you with a copy upon request. State law requires that MSDSs in the workplace be managed as follows:

- Every chemical product in the schools must have an MSDS on file in the work area where the product is used.
- MSDSs must be immediately accessible at all times to all persons working with or around the products in question.
- MSDSs must be retained for a period of 30 years even if the chemical is no longer in use in the workplace.

LABELING

Proper chemical safety requires that all chemical products have an identifying label that communicates the primary hazards of the product. The labeling system most often used is the Hazardous Material Information System (HMIS). Every container in the workplace holding any type of chemical product must have an HMIS label or manufacturer label attached.

HOUSEKEEPING AND STORAGE

Every chemical should have a specific storage location identified with signage and should be segregated by type of hazard. Chemicals should be transported in sealed containers and returned to their proper storage location immediately after use. All spills should be cleaned up immediately by individuals familiar with the hazards of the chemical.

What Should Be Known

1. The hazardous characteristics of the chemicals being worked with or around
2. The proper types of protective equipment to use
3. Where MSDSs are located in the work area
4. How to read an MSDS
5. How the HMIS labeling system works (colors and numbers)
6. Where to get HMIS labels
7. Where the chemicals in the work area should be kept
8. What types of containers the chemicals worked with should be kept in

COMMON INCOMPATIBLES

CHEMICAL (HAZARD)

Acetone (flammable)
Ammonia (corrosive)
Chlorine bleach (oxidizer)
Cyanide compounds (toxic)
Hydrogen peroxide (oxidizer)
Oxygen (oxidizer)
Pesticides (toxic)
Propane (flammable)

KEEP OUT OF CONTACT WITH:

Sulfuric acid, nitric acid, chlorine bleach
Chlorine bleach
Ammonia, flammable liquids, oil, and grease
Acids
Copper metal, flammable liquids, oil, and grease
Propane, flammable liquids, oil, and grease
Acids
Oxygen, and chlorine bleach

BULLYING PREVENTION

SECC BULLYING PREVENTION POLICY

- **GOAL**

The goal of each school is to provide an environment that is healthy, safe, respectful, accepting, and emotionally and spiritually nurturing, where being treated with dignity and respect is a mutual expectation of both staff and students.

- **SCHOOLS WILL DEVELOP A POLICY**

- Each school will develop and follow a bullying prevention policy dedicated to providing the above described environment.
- The school's policy will apply to any act that takes place on school grounds, at any school-sponsored activity, or on any electronic device used on campus. The school will reserve the right to apply the policy to any off-campus activities or communication that cause or threaten to cause a substantial and material disruption at school or interference with the rights of students to be secure.

- **SCHOOL POLICIES WILL INCLUDE THE FOLLOWING CONCEPTS:**

DEFINITION OF BULLYING:

- Bullying is an act of repeated aggressive behavior carried out in order to intentionally hurt another person, physically or mentally. Bullying is characterized by an individual behaving in a certain way to gain power over another person.
- Bullying may be *physical* (hitting, kicking, spitting, pushing), *verbal* (taunting, malicious teasing, name calling, threatening), or *psychological* (spreading rumors, manipulating social relationships, or promoting social exclusion, extortion, or intimidation), and includes verbal or written communication, either hard copy or electronic.

PREVENTION OF BULLYING

- The policy will include a provision for staff development training in bullying prevention that will cultivate acceptance, understanding, and respect in all students and staff. Teachers should be directed to discuss the school's policy with all students and incorporate the concepts of the policy into learning in age-appropriate ways.

REACTION TO BULLYING

- Observed bullying incidents will initiate immediate staff intervention.
- Both bystanders and bully targets will be encouraged to immediately report incidents of bullying to appropriate staff. Students can rely on staff to promptly investigate each complaint of bullying in a discrete and thorough manner.
- Bullying victims and their parents will be kept apprised of follow-up related to any bullying report.

DISCIPLINE OF BULLYING

- Each school will develop its own protocol for disciplinary action of bullying, up to and including expulsion.

SUGGESTED ACTION STEPS TO PREVENT BULLYING

• FOR SCHOOL ADMINISTRATORS:

- Assess the awareness and the scope of the bullying problem at your school through student, parent and staff surveys.
- Closely supervise children on the playgrounds and in classrooms, hallways, restrooms, cafeterias and other areas where bullying occurs in your school.
- Conduct schoolwide assemblies and teacher/staff inservice training to raise awareness regarding the problem of bullying and to communicate no tolerance for such behavior.
- Post and publicize clear behavior standards, including rules against bullying for all students. Consistently and fairly enforce such standards.
- Encourage parents to take part in the educational process and in volunteering to assist in school activities and projects.
- Establish a confidential reporting system that allows children to report victimization and that records the details of bullying incidents.
- Ensure that your school has all legally required policies and grievance procedures for sexual discrimination. Make these procedures known to parents and students.
- Receive and listen receptively to parents who report bullying. Establish procedures whereby such reports are investigated and resolved expeditiously at the school level in order to avoid perpetuating bullying.
- Provide schoolwide and classroom activities that are designed to build self-esteem by spotlighting special talents, hobbies, interests and abilities of all students and that foster mutual understanding of and appreciation for differences in others.

• FOR CLASSROOM TEACHERS:

- Provide students with opportunities to talk about bullying and enlist their support in defining bullying as unacceptable behavior.
- Involve students in establishing classroom rules against bullying. Such rules may include a commitment from the teacher to not “look the other way” when incidents involving bullying occur.
- Provide classroom activities and discussions related to bullying and violence, including the harm that they cause and strategies to reduce them.
- Develop a classroom action plan to ensure that students know what to do when they observe a bully/victim confrontation.
- Teach cooperation by assigning projects that require collaboration. Such cooperation teaches students how to compromise and how to assert without demanding.
- Take care to vary grouping of participants and to monitor the treatment of participants in each group.
- Take immediate action when bullying is observed. All teachers and school staff must let children know that they care and will not allow anyone to be mistreated. By taking immediate action and dealing directly with the bully, adults support both the victim and the witnesses.
- Confront bullies in private. Challenging a bully in front of his/her peers may actually enhance his/her status and lead to further aggression.
- Notify the parents of both victims and bullies when a confrontation occurs, and seek to resolve the problem expeditiously at school.
- Refer both victims and aggressors to counseling whenever appropriate.
- Provide protection for bullying victims, whenever necessary. Such protection may include creating a buddy system whereby students have a particular friend or older buddy on whom they can depend and with whom they share class schedule information and plans for the school day.
- Listen receptively to parents who report bullying and investigate reported circumstances so that immediate and appropriate school action may be taken.
- Avoid attempts to mediate a bullying situation. The difference in power between victims and bullies may cause victims to feel further victimized by the process or believe that they are somehow at fault.

(Preventing Bullying: A Manual for Schools and Communities, Department of Education, Washington, D.C.)

FOOD SERVICE

Schools serving unpackaged food to students more than three days out of ninety must follow county and state regulations for certification of food handlers and licensing of food facilities.

Local and State regulations require all food workers to be trained in Food Safety. Food handlers must obtain a County required Food Handler Certificate (except in Orange County). Additionally, State Law requires a Food Safety Certificate holder in each food facility.

Food Safety Certification is required for all food establishments at which unpackaged foods are prepared, handled, or served. Schools and churches are only exempt from being considered a "food facility" if they give or sell food at "occasional events" which is defined as "an event that occurs not more than three days in any 90-day period."

"No food prepared or stored in a private home shall be used, stored, served, offered for sale, sold, or given away in a food facility." *CURFFL 114015*

Contact your local County Department of Environmental Health, Food and Housing Division to obtain additional information on licensing.

MISCELLANEOUS

- Private school buildings are subject to an annual inspection through the State Fire Marshall's office. *California Health and Safety Code 13146.3*
- Private schools entirely enclosed (except for building walls) by fences or walls must maintain gates of sufficient size to permit the entrance of ambulances, police equipment, and firefighting apparatus. Locking devices must be designed to permit ready entrance by chain or bolt cutting devices. *California Education Code 32020*
- Private schools are required to equip the school with a first aid kit to accompany pupils whenever they are taken on school-sponsored field trips. *California Education Code 32040* When field trips are taken into areas commonly known to be infested by poisonous snakes, the first aid kit must contain medically accepted snakebite remedies. The field trip must be accompanied by an agent of the school who has completed a course in first aid certified by the American Red Cross which emphasizes the treatment of snakebites. *California Education Code 32043*
- Persons in charge of private schools may not allow any cup or glass to be used in common for drinking purposes. *California Health and Safety Code 3700*
- Private schools are required to provide instruction in school bus emergency procedures and passenger safety for students transported in a school bus or school pupil activity bus. The instruction must be given at least once a year to all transported pupils pre-K through grade 8. In addition, safety instruction must be given prior to departures on a school activity trip including instruction on the location of emergency exits and location and use of emergency equipment. A record must be maintained by the school for one year documenting the details of the instruction. *California Education Code 39831.5*

AIR QUALITY

The Air Quality Index (AQI) tells you how clean the air is and whether it will affect health. The Environmental Protection Agency (EPA), state, and local agencies work together to report current and forecast conditions for ozone and particle pollution. AIRNow forecasts next-day air quality. It is recommended that one of these two websites be checked regularly for present and forecast air quality conditions in order to determine appropriate activity level for students:

<http://www.epa.gov/airnow>

Air Quality	Air Quality Index	Protect Your Health
Good	0-50	No health impacts are expected when air quality is in this range.
Moderate	51-100	Unusually sensitive people should consider limiting prolonged outdoor exertion.
Unhealthy for Sensitive Groups	101-150	Active children and adults, and people with respiratory disease, such as asthma, should limit prolonged outdoor exertion.
Unhealthy	151-200	Active children and adults, and people with respiratory disease, such as asthma, should avoid prolonged outdoor exertion; everyone else, especially children, should limit prolonged outdoor exertion.
Very Unhealthy (Alert)	201-300	Active children and adults, and people with respiratory disease, such as asthma, should avoid all outdoor exertion; everyone else, especially children, should limit outdoor exertion.

AQMD advises school officials to avoid vigorous outdoor activities, like running, soccer, football, etc., when unhealthy air quality conditions are forecast. If a health advisory occurs during the day, teachers, coaches, and others should take immediate steps to reduce children's exposure to air pollution, substituting indoor activities for more strenuous outdoor exercise. Teachers should discuss air pollution and its effects on our health and make the air quality forecast a part of the class routine.

POISONOUS & SAFE PLANTS

Guidelines:

1. Teach young children never to put leaves, stems, bark, seeds, nuts, or berries from any plant into their mouths.
2. Keep poisonous houseplants out of reach of young children. Store bulbs and seeds out of sight and out of reach.
3. Learn to identify the poisonous plants in your schoolyard. It is important that you know the names of all the plants in the schoolyard in case of an emergency. No one can accurately identify your plants from a telephone description. If you do not know the name of a plant, have it identified at the nearest landscape and gardening center in your area before you have an urgent need to know.
4. Do not assume a plant is not poisonous because birds or other wildlife eat it.
5. Any plant may cause unexpected reactions in certain individuals. Always check with the Poison Control Center or your physician if a plant has been ingested. Never allow children to eat any part of an unknown plant or mushroom.

The following websites can provide information on plants that are considered TOXIC (poisonous, possibly dangerous):

<http://www.calpoison.com/public/plants-toxic.html>

http://agcgie-horticulture.tamu.edu/lawn_garden/poison/poison.html

MICROWAVE GUIDELINES

Each school should develop a policy regarding the use of microwave ovens in schools. Consideration should be given to liability, as well as to when, where, how and who may use them. The following should be taken into account when making this policy.

Some recommended General Safety Guidelines:

- Use microwave only for **reheating** food at school, not for “cooking”
- Set **time limit per student** (some schools have 1 minute, others no more than 2)
- Limit microwave use to students junior high level and above
- Instruct all students about the proper use of the microwave
- Post general rules next to the microwave
- Keep the microwave away from wet surfaces
- Keep air vents of the microwave clear
- Keep flammable materials away from the microwave
- Although there is no risk of leaked radiation in a microwave, **NEVER** use a damaged microwave.
- Provide oven mitts next to the microwave for the removal of hot foods
- Keep metal products (including tin foil and twist ties) out of the microwave
- Keep paper bags out of the microwave, they may cause a fire
- Keep sealed containers out of the microwave, remove lids first
- Puncture plastic pouches and plastic wrap covering before heating to reduce the risk of a vapor pressure build up and prevent steam burns
- When opening bags or lifting plastic film, face the opening away from you
- Heating water alone is not recommended
- Only use the microwave for food items
- Only turn on the microwave when something is in it, never when it is empty
- Keep microwave oven clean, since a dirty oven will cook more slowly and unevenly and food residue can ignite and start a fire
- **Don't add an extension cord to the oven's own cord.** Microwave ovens should use a separate 110-volt grounded circuit. Don't connect other appliances to the same circuit
- Fire extinguishers should be available where cooking is done.
- If a fire should start inside the oven, leave the door closed, disconnect the power cord if safe to do so, and call 911.

Specific Guidelines:

Recommended Foods

Leftovers
Hot Sandwiches
Leftover pizza, pizza pops
Pizza bread, burritos/soft tacos
Pancakes/waffles

Containers and Wraps

DO USE:

Cookware that is specially manufactured for use in microwave ovens
Microwave plastic wraps, wax paper,
Cooking bags, parchment paper, wax paper
White microwave-safe paper towels

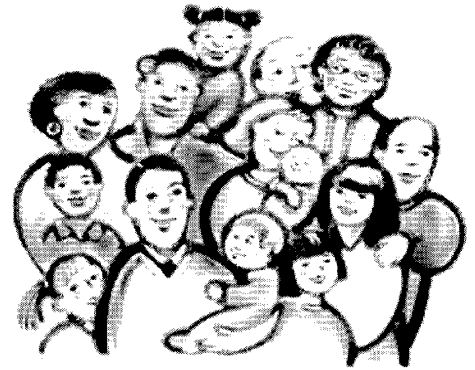
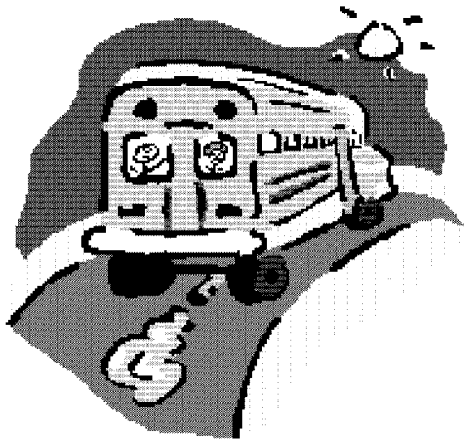
Unacceptable Foods

Microwaveable Popcorn
Instant noodles
Liquids i.e. soups, hot chocolate
Fried foods
Whole eggs

DO NOT USE:

Plastic storage containers such as margarine tubs, take-out containers, whipped topping bowls, and other one-time use containers
Thin plastic storage bags, brown paper or plastic grocery bags, newspapers or aluminum foil

VOLUNTEERS



FIELD TRIPS

GUIDELINES FOR A SUCCESSFUL FIELD TRIP

Careful planning will result in a smooth-running, valuable field trip. One priority must be the safety of the students. The following list suggests more steps than most teachers will need. It may be possible to skip some of the steps, taking into account the type of trip and age of the students.

Before the field trip:

1. Obtain permission from your administrator for the field trip (See sample *Field Trip Request* forms).
2. Request commercial or school buses for the proposed date; confirm availability **or** arrange for parents to drive cars; insure that **all** drivers have completed and had approved the form *Transportation Information – Volunteer Cars*.
3. Visit field trip site:
 - a. Note mileage, time and route
 - b. Meet with personnel at the site to develop a goal for the visit
 - c. Locate points of interest, bathrooms, drinking fountains, parking and central meeting places.
4. Write a letter to the contact person at the field trip site confirming the date, time, entrance fees, and any special arrangements that have been made verbally.
5. After completing #'s 1-4 above, announce the field trip to students and parents.
6. Include pre-visit activities in curriculum.
7. Send home *Parent Permission and Emergency Consent to Treatment* forms. Verify that all forms are returned with complete information at least 2-3 days before the trip.
8. Recruit adults to accompany children on trip; verify that each is an approved volunteer.
9. Arrange groups, ideally with not more than 4 elementary students per adult
10. Consider using name tags for adults and students.
11. Arrange for care at the school site of any children who have not returned consent forms.

The day of the trip before leaving school:

1. Review and give written summary of the following with adult chaperones:
 - a. the plans and objectives for the day
 - b. discipline guidelines
 - c. procedures to follow in the event a child becomes hurt or separated from the group
 - d. teacher's cell phone number (for emergency use in the event of an accident or getting lost)
2. Give chaperones:
 - a. An envelope containing, "Parent Permission & Emergency Consent to Treatment" forms for each student
 - b. List of students they will be responsible for
 - c. School name tags
 - d. Copy of marked map with written directions
3. Remind students to use the restroom before departure.
4. Have prayer.
5. **State law requires that a First Aid kit be taken on every school field trip.**

At the field trip site:

1. Count all chaperones and confirm that each adult has his/her complete group of children.
2. Inform chaperones of any meeting places and times. Review additional site information based on teacher's pre-visit.
3. At the end of field trip, re-count all adults, confirming the presence of all students before boarding the bus or leaving for cars.

Upon return to school, insure that students are fully supervised until picked up by parent or authorized adult.

TRANSPORTATION SAFETY

School Buses

With certain exceptions, motor vehicles carrying school pupils at or below the 12th grade level to or from a private school or private school activities are subject to State Board of Education maintenance regulations and drivers must have a California school bus or School Pupil Activity bus driver certificate. (*California Education Code, Sections 39830 et. seq.; Vehicle Code, Section 2807.2*)

On field trips and school outings, students may be transported on a certified school pupil activity bus (S.P.A.B.) which is driven by a certified S.P.A.B. driver. These buses are operated by a common carrier, or by and under the exclusive jurisdiction of a publicly owned or operated transit system, or by a passenger charter-party carrier, used under a contractual agreement between a school and carrier to transport school pupils at or below the 12th grade. The driver of such a bus is subject to the regulations adopted by the California Highway Patrol governing school bus drivers. (See *California Education Code 89830.1* for details.) The driver of a S.P.A.B. must have a class B "P" endorsement drivers' license from the DMV and a certificate issued from the California Highway Patrol.

Instruction in School Bus Safety

Prior to departure on a school activity trip, all pupils riding on a school bus or school pupil activity bus shall receive safety instruction which includes, but is not limited to, location of emergency exits, and location and use of emergency equipment. Instruction also may include responsibilities of passengers seated next to an emergency exit. (*California Education Code Section 39831.5*)

Vans

No more than **nine** passengers (plus the driver) may be transported in any vehicle for school transportation that is not a certified S.P.A.B. vehicle regardless of the size of the vehicle. Extra seats of a 12-passenger van may be **permanently** removed and the seating modified so that the vehicle only has the capability of carrying the **nine** passengers.

Any school district and any owner or operator of a private school that provides transportation for pupils that owns, leases, or otherwise has possession or control of a 15-passenger van*, may not, on or after January 1, 2005, authorize the operation of that van for the purpose of transporting passengers unless the person driving or otherwise operating that van has both of the following:

- 1) A valid class B driver's license
- 2) An endorsement for operating a passenger transportation vehicle

*For purposes of this section, a "15-passenger van" means any van manufactured to accommodate 15 passengers, including the driver, regardless of whether that van has been altered to accommodate fewer than 15 passengers. (*California Education Code 39800.5*)

Private Cars

Follow all *Vehicle Usage Guidelines* outlined by Adventist Risk Management.

Additionally:

- At no time should students be transported in the bed of an open truck.
- Students **must** wear seat belts in all vans and private cars.

FIELD TRIP/OUTING PLANNER

Class/Organization _____ **Number of Attendees** _____
 (3rd Grade, Pathfinders, English Dept., etc.)

Outing/Destination _____
 (Museum, Sea World, Zoo, Yosemite National Park, London, etc.)

Planned Activities _____

(List all planned activities: Museum Study, Concert, Camping, Day Hike, Rock Climbing, Bicycling, etc.)

TRANSPORTATION	✓ ONE OR MORE			NOTES
Public Transportation				
Rental Vehicle				
School/Church Vehicle				
Private (Personal) Auto <i>(Not recommended)</i>				
NOTE: A NO response may indicate a need for additional safety/risk management measures.	YES	NO	N/A	
Qualified Drivers (Good driving record/current MVR, Age 21+, valid and current license per type of vehicle, etc. See NAD Working Policy — P50 26)				
Vehicle(s) -- Safe Well-Maintained Condition				
Tires -- Proper Size and Rating				
Meet Safe, Legal Tread Wear Limits				
Vehicle Properly Insured				
• Special Vehicle Insurance Coverage (Mexico)				
Fire Extinguisher				
Emergency Road Kit (Reflectors, etc.)				
First Aid Kit				
Seat Belts Required				
Seating and Load Capacity Adhered To				
Transportation in the Back of Open Vehicles <i>Prohibited</i> (Pickup Trucks, Flat Beds, etc.)				
Follow-up Vehicles Provided (Bike and Walkathons, etc.)				
ADMINISTRATIVE				
Permission Slips				
Medical Release Forms (Available for all children under 18)				
Volunteer Forms Signed/Filed (Child Abuse)				
Activity/Site Approval by Proper Authorities (State, County, City, Fire Marshal, Park Service, etc.)				
Requirements by Proper Authorities Met				
Certificates of Insurance Obtained as Needed				
Accident Medical Insurance				
• Miscellaneous Accident				
• Volunteer Labor Construction (as needed)				
• Short Term Travel (If outside U.S. and Canada)				
Travelers Advisory Checked				

	YES	NO	N/A	NOTES
<i>SUPERVISION</i>				
Adequate Number of Supervisors* (Minimum of two required — Additional supervision based on risk)				Number Required _____
Supervision Qualified for Activity				
First Aid Trained Staff				
Current CPR and Lifeguard Certification				
<i>EMERGENCY PLANNING</i>				
(NOTE: In many regions, <i>weather</i> conditions can change dramatically in a short period of time — clear and warm to blizzard, cool to extreme heat. Check weather advisories and always plan for any potential weather extremes for the area visited.)				
Emergency/Disaster Plan Prepared				
Cellular Phone				
Portable Two-way Radios				
Citizen Band and/or Marine Radio				
AM/FM or Weather Band Radio				
Additional Clothing Requirements				
Shelter Requirements				
Emergency Water				
Emergency Food				
Wool or Space Blankets				
Clothing and Equipment Lists Distributed				
<i>ACTIVITY SAFETY</i>				
Safety Equipment Available for All Participants (Life Jackets, Safety Harnesses, Helmets, Knee and Elbow Pads, etc.)				
Safety Equipment Required for All Participants				
Safety Equipment Checked Prior to Trip				
Safety Equipment Inspected Before Each Use				
All Work Projects Adhere to OSHA and International Standards (Strongest Shall Be Used)				
All Child Labor Laws Observed				
<i>ADDITIONAL NOTES AND COMMENTS:</i>				

* See supervision attachment pertaining to examples of supervision requirements for various activities.

Requested by _____ Date _____

Title _____

Approved by _____ Date _____

Title _____

NOTE: Safety elements included in this form are suggested as minimal considerations. Other additional measures will generally be required for every activity. The maintenance of safe premises, operations, activities and equipment are the legal responsibility of the insured. Adventist Risk Management assumes no responsibility for the management or control of the insured's premises, operations and activities or for the safety elements or procedures used by the insured. Liability on the part of Adventist Risk Management for loss is hereby disclaimed.

(Name of School)

FIELD TRIP REQUEST

TO BE COMPLETED NO LATER THAN SEVEN (7) DAYS BEFORE THE DATE OF THE TRIP

INFORMATION:

Date of visit _____ Day of week _____
Time of Departure _____ Time of return _____
Place of visit _____ Address _____
City, State, Zip _____ Phone _____
Classes attending _____ Number of students _____
Number of adults _____ Cost per child _____

COMMUNICATION WITH PARENTS:

Attached is a note to parents providing information and permission request.

POLICIES:

1. First aid kit must be carried. ***DO NOT TAKE "EARTHQUAKE KIT."***
2. Emergency treatment consent form must be carried.

PURPOSE:

- Educational: This trip is part of the instructional program in my class and appropriate educational activities are planned to be implemented before, during, and following this trip.
- Recreational: One school day per year is permitted (spring). If students will be swimming, please indicate the name of the lifeguard.
- _____

TRANSPORTATION:

Adult-child ratio according to Risk Management Seminar:

Activity	Adult/Child
High Risk Activity	1 to 4
Mild Risk Activity	1 to 12
Low Risk Activity	1 to 25

Private Autos

_____ **Each driver has an insurance form on file. Forms must be up-dated for each field trip.**

_____ **Each passenger will have a seatbelt to wear.**

School Bus

_____ Bus request has been approved.

Requesting Teacher

Date

Principal/Head Teacher

(Name of School)
FIELD TRIP
Parent Permission & Emergency Consent to Treatment

Name of Event: _____

Date of Event: _____

Time Leaving: _____

Time Returning: _____

Leaving From: _____

Returning To: _____

Transportation: _____

Sponsor: _____

Description of Event: (place(s), activities, supervision, other pertinent data)

Special Instructions:

✂-----

I give permission for _____ to attend the
(student's full name)
_____ on _____ 20_____
(Name of Event) (Date)

I give consent for necessary first aid or any emergency medical attention.

Date: _____ 20_____
Parent or Legal Guardian's Signature

On the day of the field trip I, _____, can be reached at
(Parent's Name)

Parent's Phone: (____) _____ - _____

Emergency Contact: _____
(Name) (Relationship to student)

Phone () _____ - _____

ANY SEVERE ALLERGIES? (circle one) YES NO . If YES, give details _____

(Remember to send any emergency medication needed for allergies or asthma e.g. Epipen, inhaler)

VEHICLE USAGE POLICY

Office of Education Southeastern California Conference

Adventist Risk Management does not recommend the use of privately owned autos on approved field trips and events. If privately owned vehicles are used, however, adhere to the following:

- *Drivers should understand that their auto insurance is “primary”.
(Refer to the *North American Division Working Policy*, section P 50 26 *Vehicle Insurance and* section X30 *Automobile Policy*.)
- All drivers must be at least 21 years old.
- Copies of both the Driver’s License and proof of auto insurance should be made by the school.
- Private vehicles must carry at least California’s required minimum insurance which is \$15,000/\$30,000/\$5,000. However, it is strongly recommended that private vehicles carry at least \$100,000/\$300,000/\$50,000 and preferably \$250,000/\$500,000/\$50,000.
- Do not allow a person with a poor driving record (at-fault accidents, moving violations) to operate a vehicle on behalf of the school.
- Drivers of privately owned vehicles should understand that their insurance is solely responsible for any damage to their car.
- If someone other than the owner will be driving the vehicle, obtain information on the owner’s insurance (company name, policy number, and policy term) and give this information to the person who will be driving the vehicle. The driver will need this information if an accident occurs. Also, prior agreement must be reached between the owner and driver specifying who will be responsible for any comprehensive or collision deductibles that might apply to damage done to the borrowed vehicle.
- Any private vehicle used for a field trip should be in good working order.

* Adventist Risk Management’s auto insurance provides coverage on an excess basis. It is available after the vehicle owner and driver have filed a claim with their insurance company, the primary insurer. The vehicle owner and driver must go to their insurance company first.

(Every insurance policy contains limits, conditions, and exclusions. Read the policy carefully, because it may not respond to all claims for damage.)

TRANSPORTATION INFORMATION FOR VOLUNTEER CARS

For the School Year 20__ to 20__

For Field Trips Involving Students of _____
(Name of School)

Today's Date _____

Auto Make _____ Model _____ Year _____

Registration Number (License Plate) _____

California Driver's License Number _____

Number of passenger seat belts _____ *(Any child under the age of 6 weighing less than 60 lbs. must be secured in a federally approved child passenger restraint system and ride in the back seat of a vehicle.)*

Insurance Company _____	Policy# _____
Insurance Agent _____	Phone# _____
Insurance Coverage:	
<input type="checkbox"/> \$15,000/\$30,000/\$5,000	California required minimum
<input type="checkbox"/> \$100,000/\$300,000/\$50,000	Recommended
<input type="checkbox"/> \$250,000/\$500,000/\$50,000	Strongly recommended
Insurance effective dates from _____ to _____ <i>(Attach copy of current coverage)</i>	

Driver _____

Car Owner's Signature _____ Date _____
(Owner's signature indicates approval and signifies that the above information is correct.)

Owner's Phone Number _____

Emergency contact:

(Name) (Relationship) (Phone #)

DATE	DESTINATION	TEACHER/GRADE LEVEL
_____	_____	_____
_____	_____	_____

The Office of Education, Southeastern California Conference of Seventh-day Adventists, believes it is imperative that those working with children have meaningful guidelines for conduct in order to protect both themselves and those under their care. We want others to feel comfortable and confident with your involvement with our students as a school volunteer.

School Volunteer Commitment

I recognize that working with children and youth is not only a privilege, but also a serious responsibility that must be approached with utmost care.

Therefore:

- I will** . . .cooperate with the school by being a volunteer who is caring, kind, firm, and always thoroughly professional.
- I will** . . .model Christian behavior and language.
- I will** . . .respect the privacy and honor the confidentiality of students, families and staff.
- I will** . . . provide appropriate supervision at all times, never leaving unattended a student or group of students for whom I am responsible.
- I will** . . . affirm student's behavior with appropriate comments.
- I will** . . . follow the discipline guidelines given to volunteers, abstaining from corporal punishment and from any form of physical or verbal abuse or harassment.
- I will** . . .avoid all situations where I would be alone with one student.
- I will** . . .use responsible judgment if any physical contact is appropriate or necessary.
- I will** . . .always assist students in a room or area where I am easily visible to others.
- I will** . . . cooperate with the volunteer screening process as required by the school.

I, the undersigned, have read this document and agree to abide by the School Volunteer Commitment outlined above. I will be given a copy of this document and keep it for reference.

Name _____ School _____

Signature _____ Date _____

VOLUNTEER DEFINITIONS AND REQUIREMENTS

BASIC VOLUNTEERS

- Definition: Volunteers who assist with one-time events whose only interaction with the students is in the presence of an administrator or teacher
- Requirements:
 - Receive volunteer orientation (could be done as part of Back-to-School Night)
 - Sign the SECC Volunteer Commitment

FIELDTRIP VOLUNTEERS

- Definition: Volunteers who accompany students while on off-site
- Requirements:
 - Receive volunteer orientation
 - Sign the SECC Volunteer Commitment
 - Background check done as designated by the Office of Education.
 - If transporting students, must include DMV record

EXTENDED VOLUNTEERS

- Definition: Volunteers who have frequent or prolonged contact with students (e.g. coaches or parents who assist with students on a regular **daily or weekly** basis or **on overnight trips**)
- Requirements:
 - Receive volunteer orientation
 - Sign the SECC Volunteer Commitment
 - Background check done as designated by the Office of Education.
 - If driving, must include DMV record
 - Have on file with the school a certificate showing that within the last four years the person has been examined and has been found to be free of communicable tuberculosis. (*California Health and Safety Code 121540*)

ORIENTATION – Suggested Guidelines for School Administrators

- Our SDA schools are committed at all times to providing a **safe** environment in which students can grow mentally, spiritually, physically, and emotionally.
- Volunteers are an essential element of a successful school; we cannot buy what volunteers give to a school!
- Volunteers will be expected to conduct themselves at all times in accordance with Biblical principles.
- Review and explain the School Volunteer Commitment. Points of emphasis:
 - Always provide appropriate supervision of children; **never** leave children alone without supervision.
 - Whenever possible, a minimum of two adults should be present to supervise activities involving students.
 - Ideally, a witness should be present when dealing with a child one-on-one (alternatives: use open areas, leave door open, install windows in doors).
 - Explain appropriate/inappropriate physical contact with students.
 - Volunteers will not touch students in ways that “annoy or molest” them within the meaning of the California Penal Code or in ways that are reasonably offensive.
 - ask a student’s permission before physically touching him/her when responding to an injury or problem (especially if it is an area that would normally be covered by a T-shirt and/or shorts) and, if at all possible, only in the presence of another adult

- Discuss the school's discipline guidelines for volunteers:
 - recommend ways to maintain control
 - explain what is and is not appropriate.
 - Encourage volunteers to respect the confidential nature of anything they see or hear. Concerns should be shared only with the classroom teacher or principal at school. As far as volunteers go, what happens in the classroom, stays in the classroom.
 - The professional staff is responsible for everything that goes on at school including student instruction, safety and discipline. Volunteers work under the direction and guidance of paid staff, supplementing and supporting the program.
 - Volunteers should **not**:
 - Discipline students
 - Diagnose student needs
 - Evaluate achievement
 - Counsel students
 - Discuss student progress and concerns with parents
 - Have access to materials in students' permanent record files
- Explain the definitions and requirements of "Basic," "Fieldtrip," and "Extended" Volunteers.
 - Because our students are our priority, the right to be a volunteer can be rescinded at any time due to behavior that is in conflict with the *Volunteer Commitment*.

COMPREHENSIVE VOLUNTEER

CONFIDENTIAL

Background Check Authorization

Print Name: First Middle Last

Social Security Number: - - Date of Birth:

Current Address Since: Mo/Yr Street City State/ Zip

Previous Address From: Mo/Yr Street City State/ Zip

Alias (AKA): Last First Middle

California Driver's License Number:

CHECK ONE ONLY:

- \$7.00 Volunteer \$13.00 Volunteer Driver

The information contained in this application is correct to the best of my knowledge. I hereby authorize Southeastern California Conference and its designated agents and representatives to conduct a comprehensive review of my background verification of social security number, criminal history records from any criminal justice agency and driving records if needed.

Volunteer Signature Date

PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL

School: Assignment:

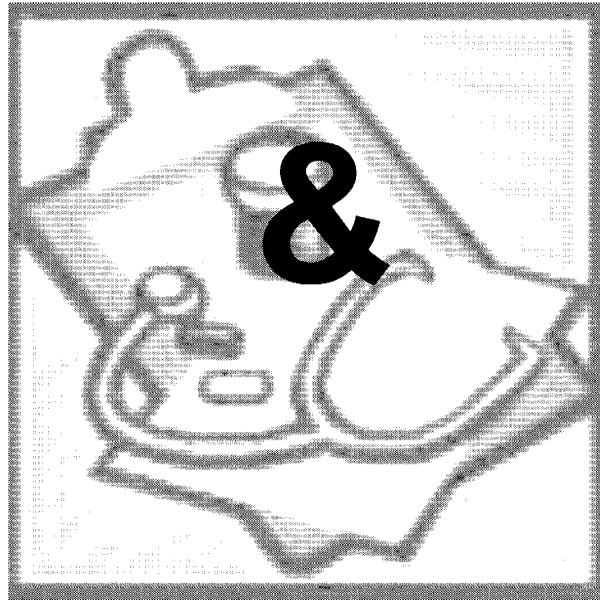
Principal or Designee Signature Date

Background Verification Report received on: Date

- Cleared Not Cleared

Timothy Rawson, Associate Treasurer

EMPLOYEE HEALTH



CRIMINAL RECORD CHECKS

HEALTH RECORDS

The Office of Education maintains health records for educational personnel. These records are confidential and are handled as such.

PHYSICAL EXAMINATIONS

Prior to initial employment, persons in certificated positions must provide verification of adequate physical and mental health to instruct and/or associate with children. A written report based upon an examination made within the preceding 12 months and signed by the physician is to be filed with the employing organization. Thereafter, a physical examination is required by the employing organization every four years. *PUC Education Code 3010*

In the event that your medical group or PCP will not cover pre-employment physicals, the Office of Education or your school will pay up to \$75. Schools requiring physicals for auxiliary personnel are responsible for the cost of such examinations. The cost of TB testing of auxiliary personnel is to be borne by the local school.

TB TEST REQUIREMENT FOR SCHOOL EMPLOYEES and VOLUNTEERS

"A person to whom the employer has made a conditional employment offer must submit written documentation that an examination for tuberculosis, completed within 60 days preceding date of employment, has determined that he/she is free from communicable tuberculosis before the conditional employment offer is confirmed." *PUC Education Code 3010 and 3706E* The tuberculosis examination shall consist of an approved intradermal (Mantoux) tuberculosis test that, if positive, shall be followed by an x-ray of the lungs. Tine or puncture tests are not acceptable.

"Thereafter those **employees who are skin test negative shall be required to undergo the foregoing examination at least once each four years or more often if directed by the school** upon recommendation of the local health officer for so long as the employee remains skin test negative. Once an employee has a documented positive skin test, the foregoing examination is no longer required and a referral shall be made within 30 days of completion of the examination to the local health officer to determine the need for follow-up care." *California Health and Safety Code 121525*

At the discretion of the Office of Education or the school administration, the foregoing shall not apply to employees who are employed for any period of time less than a school year whose functions do not require frequent or prolonged contact with pupils. However, if it is believed that the presence of the persons in and around the school premises would constitute a health hazard to the students, the tuberculosis examination should be required.

All volunteers in schools, unless their functions do not necessitate frequent or prolonged contact with pupils, shall also be required to have on file with the school a certificate showing that within the last four years the person has been examined and has been found to be free of communicable tuberculosis.

A person who transfers his or her employment from another school or district shall be deemed to meet the requirement if the person can produce a certificate that shows that he or she was examined within the past four years and was found to be free of communicable tuberculosis, or if it is verified by the school previously employing him or her that it has a certificate on file.

Based on: *California Health and Safety Code 121525-121555 and California Education Code 49406*

CRIMINAL RECORD CHECKS

Employees

Applicants for employment in **any** position requiring contact with minor pupils must have a criminal record summary check. The results must be received **before** employment begins.

- Included are full-time, part-time, regular and seasonal employees.
- Only exception is: high school students working for their school.
- The school shall NOT employ anyone convicted of a violent or serious felony or who would be prohibited from employment by a public school district.
- The criminal record summary is confidential; no recipient shall disclose its content or provide copies of information.

Volunteers

BASIC VOLUNTEERS

- Definition: Volunteers who assist with one-time events whose only interaction with the students is in the presence of an administrator or teacher
- Requirements:
 - Receive volunteer orientation (could be done as part of Back-to-School Night)
 - Sign the SECC Volunteer Commitment

FIELDTRIP VOLUNTEERS

- Definition: Volunteers who accompany students while on off-site or overnight trips
- Requirements:
 - Receive volunteer orientation
 - Sign the SECC Volunteer Commitment
 - Background check done as designated by the Office of Education.
 - If transporting students, must include DMV record

EXTENDED VOLUNTEERS

- Definition: Volunteers who have frequent or prolonged contact with students (e.g. coaches or parents who assist with students on a regular basis)
- Requirements:
 - Receive volunteer orientation
 - Sign the SECC Volunteer Commitment
 - Background check done as designated by the Office of Education.
 - If driving, must include DMV record
 - Have on file with the school a certificate showing that within the last four years the person has been examined and has been found to be free of communicable tuberculosis. (*California Health and Safety Code 121540*)

Service Contractors

Except in emergency situations, employees of a service contractor who have more than limited contact with students shall do a criminal record summary. Services include janitorial, administrative, grounds, transportation, food service and others having student contact.

Fingerprinting is not required if the school determines the contractor will have limited contact with pupils. This determination is based on the totality of the circumstances including:

- The length of time the workers will be present
- Whether pupils will be in proximity of workers
- Whether the contractor will be working by himself or with others.

The contractor shall certify in writing to the school that no employee having student contact has been convicted of a violent or serious felony.

Construction/Repair Contractor

A school contracting with an entity for the construction or repair of a school facility where the employees of the contractor will have contact, other than limited contact, with pupils shall ensure the safety of the pupils by one or more of the following methods:

- Installation of a physical barrier at the worksite to limit contact with pupils
- Continual supervision and monitoring of all employees of the contractor by the contractor
- Surveillance of employees of the entity by school personnel.

The above based on California Education Code 33192-3 and 44237.

- **Contact the Office of Education if there is any question relating to the above policies and guidelines.**

**ESPECIALLY
FOR**



**CHILD
DEVELOPMENT
CENTERS**

STUDENT PHYSICAL EXAMINATIONS AND TB TESTS

Physical Exam

Prior to, or within 30 calendar days of attendance, a medical record of a physical examination must be submitted to the CDC. A record is considered current if performed within the previous 12 months of admittance to the current CDC program. Repeat examination is required only if the examination is more than one year old when there is a subsequent enrollment in a different facility.

TB Test

“Any child who attends a child care center is required to have a Mantoux skin test for tuberculosis (TB) **only** if the child's medical assessment indicates that the child has risk factors for TB. All children must be assessed for risk factors for TB as part of the medical examination. However, skin testing is required only if determined by a physician based on the child's risk factors for TB.” (*California Community Care Licensing Division*). The Physicians Report Day Care Center Form, LIC 701 has an area for the child's doctor or health care provider to indicate that the child has been screened for risk factors associated with TB. Risk factors are listed on the back side of the form.

The *Annual Immunization Report on Children Enrolled in Child Centers, Form DHX 8018 N*, must be completed and returned to the County Department of Health Services by **September 30**. Each center receives the form directly from their county.

PESTICIDE REGULATIONS FOR CHILDREN IN DAY CARE

Notification. Each child day care facility must provide annual written notification with specified information on pesticides to all staff and parents. The facility shall identify in this written notification all pesticide products it expects to apply in the coming year (except certain exempted products). The notice must also include DPR's IPM Web site, www.schoolipm.info.

Registry. Each child day care facility must provide the opportunity for interested staff and parents to register with the facility if they want to be notified about individual pesticide applications before they occur.

Warning signs. The child day care facility must post warning signs at each area where pesticides will be applied. These signs must be posted 24 hours before and 72 hours after applications and should be sufficient, in the facility's opinion, to restrict uninformed access to treated areas.

Recordkeeping. Each child day care facility must keep records of pesticide use at the facility for four years and make the records available to anyone who asks.

Pesticide prohibition. The use of certain pesticides is prohibited at school sites, including child day care facilities. For a list of those pesticides, go to www.schoolipm.info, click on “AB 405 List of Prohibited Pesticides.”

California Education Code sections 17610-17612

ANIMAL SAFETY TIPS

Infants and children less than 5 years old are more likely than most people to get diseases from animals. This is because young children often touch surfaces that may be contaminated with animal feces and young children like to put their hands in their mouths. Young children are less likely than others to thoroughly wash their hands.

Tips to protect infants and young children from getting sick while handling animals:

- Children younger than 5 years old should be supervised while interacting with animals.
- Children should not be allowed to kiss pets or to put their hands or other objects into their mouths after handling animals.
- Children's hands should be washed thoroughly with running water and soap after contact with animals.

CDC recommends that infants and children under 5 years old avoid contact with the following animals:

- Reptiles (lizards, snakes, and turtles)
- Amphibians (frogs, toads, newts, and salamanders)
- Baby chicks
- Ducklings

For more information access Centers for Disease Control at <http://www.cdc.gov/healthypets>

Child Care



REFERENCE

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

INSTRUCTIONS

To attend child care, children must have immunizations outlined below by age. Parents must present their child's Immunization Record as proof of immunization. Copy the full date of each shot onto the blue California School Immunization Record card and then determine if the child is up-to-date. Blue cards are available free from the Immunization Coordinator at your local health department. As the child care provider, it is your responsibility to follow up regularly until all shots are finished.

IMMUNIZATIONS (SHOTS) REQUIRED TO ATTEND CHILD CARE, BY AGE



Age When Enrolling	Immunizations (Shots) Required
2–3 months.....	1 each of Polio, DTaP, Hib, Hep B
4–5 months.....	2 each of Polio, DTaP, Hib, Hep B
6–14 months.....	3 DTaP 2 each of Polio, Hib, Hep B
15–17 months.....	3 each of Polio, DTaP 2 Hep B 1 MMR, on or after the first birthday ¹ 1 Hib on or after the first birthday ¹
18 months–5 years.....	3 Polio 4 DTaP 3 Hep B 1 MMR, on or after the first birthday ¹ 1 Hib on or after the first birthday ^{1,3} 1 Varicella (chickenpox) ²

Vaccines

DTaP: Diphtheria, tetanus, and pertussis combined vaccine. Record may show DT or DTP.

Hib: *Haemophilus influenzae* type b vaccine; required only for children up to age 4 years, 6 months.

MMR: Measles, mumps, and rubella combined vaccine.

Hep B: Hepatitis B vaccine.

Varicella: Chickenpox vaccine.

You may admit a child who is lacking one or more required vaccine doses if the dose(s) is not currently due **on the condition** that they receive the remaining dose(s) when due, according to the schedule above. You will need to review records to make sure this occurs. If the maximum time interval between doses has passed, the child cannot be admitted until the next immunization is obtained.

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the child care entry immunization requirement.

² If a child had chickenpox disease and this is indicated on the Immunization Record by the child's physician, they meet the requirement. Write "disease" in the chickenpox date box on the blue card.

³ Required only for children who have not reached the age of 4 years 6 months.

WHEN NEXT SHOTS ARE DUE

Polio #2	6–10 weeks after 1st dose
Polio #3	6 weeks–12 months after 2nd dose
DTP or DTaP #2, #3	4–8 weeks after previous dose
Hib #2	2–3 months after 1st dose
DTP or DTaP #4	6–12 months after 3rd dose
Hep B #2	1–2 months after 1st dose
Hep B #3	Under age 18 months: 2–12 months after 2nd dose and at least 4 months after 1st dose Age 18 months and older: 2–6 months after 2nd dose and at least 4 months after 1st dose

EXEMPTIONS

The law allows (a) parents/guardians to choose exemptions from immunization requirements based on their personal beliefs, and (b) physicians of children to choose medical exemptions from them. The law does not allow parents/guardians to choose an exemption simply because the "shot" record is lost or incomplete and it is too much trouble to get to a physician or clinic to correct the problem. The back of the blue California School Immunization Record has instructions and an affidavit to be signed by parents who want a personal beliefs exemption. An up-to-date list of children with exemptions should be maintained separately by the child care staff so that these children can be quickly identified and excluded from attendance if an outbreak occurs.

PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

Name of Child	Date of Birth
---------------	---------------

is being studied for readiness to enter

Name of Child Care Center/School

This Child Care Center/School provides a program which extends from

Start Time (AM / PM) (Circle one)	End Time (AM / PM) (Circle one)	Number of Days per Week
--------------------------------------	------------------------------------	-------------------------

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

Signature of Parent, Guardian, or Child's Authorized Representative	Today's Date
---	--------------

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:	
Hearing:	Allergies: medicine:
Vision:	insect stings:
Developmental:	food:
Language/Speech:	asthma:
other:	
Other (Include behavioral concerns):	
Comments/Explanations:	
MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:	

Immunization History: (Fill out or enclose California Immunization Record, PM-298)

Vaccines	Date Each Does was Given				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)					
DTP/DTaP/DTTd (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)					
MMR (MEASLES, MUMPS, AND RUBELLA)					
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)					
HEPATITIS B					
VARICELLA (CHICKENPOX)					

SCREENING OF TB RISK FACTORS (listing on reverse side)

<input type="checkbox"/> Risk factors not present; TB skin test not required.
<input type="checkbox"/> Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
<input type="checkbox"/> Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician:	Date of Physical Exam:
Address:	Date This Form Completed:
Telephone:	Signature:
<input type="checkbox"/> Physician (check one)	<input type="checkbox"/> Physician's Assistant
<input type="checkbox"/>	<input type="checkbox"/> Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD CARE CENTER PERSONNEL REQUIREMENTS

- All personnel shall be given on-the-job training in the areas listed below, or shall have related experience that demonstrates knowledge of and skill in those areas. Such training or experience shall be appropriate to the job assigned and shall be evidenced by safe and effective job performance.
 - 1) Principles of nutrition, food preparation and storage, and menu planning
 - 2) Housekeeping and sanitation principles, including universal health precautions
 - 3) Provision of child care and supervision, including communication
 - 4) Assistance with prescribed medications that are self-administered
 - 5) Recognition of early signs of illness and the need for professional assistance
 - 6) Availability of community services and resources.
- At least one staff member who is trained in pediatric cardiopulmonary resuscitation and pediatric first aid shall be present when children are at the child care center or offsite for center activities.
- **All personnel, including volunteers**, shall be in good health and shall be physically and mentally capable of performing assigned tasks.
 - Good physical health shall be verified by a health screening, including a test for tuberculosis, performed by or under the supervision of a physician not more than 60 days prior to employment or licensure.
 - All **personnel** shall have a health-screening report signed by the person performing the screening. This report shall indicate the following:
 - The person's physical qualifications to perform the duties to be assigned.
 - The presence of any health condition that would create a hazard to the person, children, or other staff members.
 - The good physical health of each **volunteer** who works in the center shall be verified by:
 - A statement signed by each volunteer affirming that he/she is in good health.
 - Results of a test for tuberculosis performed not more than one year prior to or seven days after initial presence in the center.
- Personnel that pose a threat to the health and safety of children shall be relieved of their duties.
- Personnel shall provide for the care and safety of children without physical or verbal abuse, exploitation or prejudice.

(Title 22 Division 12 Chapter 1 Article 6 Section 101216)

CRIMINAL RECORD

Complete information on Criminal Record Clearance for Child Care Centers can be found in *Title 22 Division 12 Chapter 1 Article 3 Section 10170*. The following are abstracts from that section.

- Prior to employment or initial presence in the child care center, all employees and volunteers subject to a criminal record review shall:
 - 1) Obtain a Department of Justice clearance or a criminal record exemption as required by law or Department regulations **or**
 - 2) Request a transfer of a criminal record clearance (specified in Section 101170f) **or**
 - 3) Request and be approved for a transfer of a criminal record exemption (specified in Section 101170r).

- “A volunteer providing time-limited specialized services, shall be exempt from the requirements of this subdivision if this person is directly supervised by the licensee or a facility employee with a criminal record clearance or exemption, the volunteer spends no more than 16 hours per week at the facility, and the volunteer is not left alone with children in care.”

DISASTER AND MASS CASUALTY PLAN

Each child care center shall have a disaster and mass casualty plan of action. The plan shall be in writing and shall be readily available. It should include:

- Designation of administrative authority and staff assignments
- Contingency plans for action during fires, floods and earthquakes, including but not limited to the following:
 - Fire safety plan
 - Means of exiting
 - Transportation arrangements
 - Relocation sites that are equipped to provide safe temporary accommodations for children
 - Supervision of children during evacuation or relocation, and contact after relocation to ensure that relocation has been completed as planned
 - Means of contacting local agencies, including but not limited to the fire department, law enforcement agencies, and civil defense and other disaster authorities.

Disaster drills shall be conducted at least every six months.

- Completion of such drills shall not require travel away from the child care center grounds or contact with local disaster agencies.
- The drills shall be documented. This documentation shall be kept in the child care center for at least one year.

(Title 22 Division 12 Chapter 1 Article 3 Section 101174)

FOR YOUR INFORMATION

Among the many available websites, www.childcareexchange.com contains a **free** daily electronic newsletter that highlights news stories, success stories, solutions, trend reports, and much more, all relating to child care. Each report is short and to the point.

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