



# School Safety Plan

Prevent, Prepare, Respond, Recover

Board-Approved: November 27, 2023

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## I. General Information

### A. Introduction

California Education Code Section 47605(b) (5) (F) requires that each charter school shall develop a School safety plan, which shall be reviewed and updated annually by March 1.

#### Purpose of the Plan

The purpose of the School Emergency Operations Plan (School EOP) is to provide information on how to respond to emergency incidents by outlining the responsibilities and duties of School and its employees. Customization of this plan to meet Schools needs and circumstances is important. Developing, maintaining, and exercising the plan empowers employees to act quickly and knowledgeably. The plan educates staff, faculty, students, and other key stakeholders on their roles and responsibilities before, during, and after an incident. This plan provides parents and other members of the community with assurances that School has established guidelines and procedures to respond to incidents/hazards in an effective way.

#### Scope of the Plan

The School EOP provides guidelines and procedures for dealing with existing and potential School incidents. The basic plan and the functional and hazard-specific annexes outline an organized, systematic method to mitigate, prevent, prepare for, respond to, and recover from incidents. The plan discusses the expectations of staff; roles and responsibilities; direction and control systems; internal and external communications; training and sustainability; authority and references as defined by local, state, and federal government mandates; common and specialized procedures; and specific hazard vulnerabilities and responses/recovery.

#### Coordination with Emergency First Responders

Various agencies and services are involved in responding to School incidents including emergency responders from Police Department, Fire Department, Emergency Management and

Preparedness, Department of Public Health and other community organizations. An important component of the School EOP is advanced planning with various federal, state, and/or local agencies and community service providers to aid in timely communication and response to an incident. Advance planning may or may not include written agreements to help coordinate services between the agencies and School. If mutual aid agreements are created, a copy should be maintained with other important documents related to this emergency management plan. Advanced planning should specify the type of communication and services provided by one agency to another.

## Situation Overview/Hazard Analysis Summary

### School Population

- General Population
- Students
- Teachers and specialists
- Administrators/Support Staff
- Tutors/Instructional Assistants

A master schedule of where classes, grade levels, and staff are located during the day is provided to each classroom and is available hard copy and/or electronic in main office.

School is committed to the safe evacuation and transport of students and staff with functional needs. The functional needs population includes, but is not limited to, students/staff with:

- Limited English proficiency,
- Blindness or visual disabilities,
- Cognitive or emotional disabilities,
- Deafness or hearing loss,
- Mobility/physical disabilities (permanent and temporary),
- Medically fragile health (including asthma and severe allergies).

Students and/or staff may require additional assistance if they are temporarily on crutches, wearing casts, etc.

Classrooms containing students and staff that require additional assistance during an incident will be noted by an asterisk next to the room number during the applicable class period(s) on the master schedule. The list of students and staff names with functional needs along with their schedules is available hard copy and/or electronic and location: in main office. A list of staff

members that have been trained and assigned to assist the functional needs population during drills, exercises, and incidents is also available hard copy and/or electronic and location: in main office.

### Building Information (Please see School Information Insert)

School is located on and includes one building, independent study instructions. All classes take place in main building. Map and/or floor plans of the buildings annotated with evacuation routes, shelter locations, fire alarm pull stations, fire hydrants, fire extinguishers, first aid kits, hazardous materials storage, and utility shutoffs is included as an addendum. All staff members are required to know these locations as well as how to operate the utility shutoffs.

### Hazard Analysis Summary

School is exposed to many hazards which have the potential for disrupting the School community, causing casualties, and damaging or destroying public or private property. Understanding that the Office of Emergency Management maintains an Emergency Operations Plan (EOP) to address hazards and incidents, the School EOP has been developed to fit into the larger School EOP in the event of a large-scale incident.

Table 1 briefly discusses high-priority hazards that School has identified through a hazards assessment of each School building and its surrounding area, conducted either by School officials or in conjunction with officials of the School Office of Emergency Management and the County's Emergency Operations Plan, local law enforcement, fire, and other community safety partners.

<u>HIGH-PRIORITY HAZARDS</u>
Fire - Fire and Evacuation drills are to be done twice a year minimum
Drop Cover and Hold drills/scenarios twice per year
Chemical Spill - Minimal Risk
Active Shooter - Minimal Risk
Bomb Threat - Minimal Risk
Intruder/Hostage - Minimal Risk
Explosion - Minimal Risk

Table 1-High Priority Hazards

## Planning Assumptions and Limitations

### Planning Assumptions

Planning assumptions allow for deviation from the plan if certain assumptions prove not to be true during operations. The following are standard assumptions. Additional assumptions may be needed depending on your School's circumstances:

- The School community will continue to be exposed and subject to hazards and incidents described in the Hazard Analysis Summary, as well as lesser hazards and others that may develop in the future.
- A major disaster could occur at any time and at any place. In many cases, dissemination of warning to the public and implementation of increased readiness measures may be possible; however, some emergency situations occur with little or no warning. A single site incident (e.g., fire, gas main breakage, acute communicable diseases outbreak) could occur at any time without warning and
- The employees of the School affected cannot and should not, wait for direction from local emergency response agencies. Action is required immediately to save lives and protect School property. Acute communicable diseases' infection control procedures according to the latest public health guidance will be implemented immediately. (See COVID-19 Infection Control Procedures on Section V).
- Following a major or catastrophic incident, the School may have to rely on its own resources to be self-sustaining for up to 72 hours.
- There may be several injuries of varying degrees of seriousness to faculty, staff, and/or students. Rapid and appropriate response will reduce the number and severity of injuries.

- Outside assistance from local fire, law enforcement and emergency managers will be available in most serious incidents. Because it takes time to request and dispatch external assistance, it is essential for the School to be prepared to carry out the initial incident response until responders arrive at the incident scene.
- Proper prevention and mitigation actions, such as creating a positive School environment and conducting fire and safety inspections, will prevent or reduce incident- related losses. Maintaining the School EOP and providing frequent opportunities for stakeholders (staff, students, parents, emergency responders, etc.) to exercise the plan through live drills and table-top exercises can improve the School's readiness to respond to incidents. A spirit of volunteerism among School employees, students and families will result in their providing assistance and support to incident management efforts.

## Planning Limitations

It is the policy of School that no guarantee is implied by this plan of a perfect incident management system. As personnel and resources may be overwhelmed, School can only endeavor to make every reasonable effort to manage the situation with the resources and information available at the time.

## B. CONCEPT OF OPERATIONS

The overall strategy of a School EOP is to execute effective and timely decisions and actions that prevent harm, protect lives and property, mitigate damages, restore order and aid recovery.

This plan is based upon the concept that the incident management functions that must be performed by the School generally parallel some routine day-to-day functions. To the extent possible, the same personnel and material resources used for day-to-day activities will be employed in responding to an incident in the School. Because personnel and equipment resources are limited, some routine functions that do not contribute directly to the incident may be suspended. The personnel, equipment and supplies that would typically be required for those routine functions will be redirected to accomplish assigned incident management tasks.

In addition, the incident may require coordinated operations with others. The key to successful operations is an organized command structure. It is important to understand that the School's



command of the incident and the School's incident management structure may change once official emergency responders arrive on the scene. Emergency responders are knowledgeable in the Incident Command System (ICS) and may be best equipped to command the response to a specific incident. If this is to occur, the School may transition command of the incident to a more qualified Incident Commander (IC). These concepts are more fully discussed below.

It is critical for School administration officials and all segments of the community emergency response system to work together in advance of an incident to develop a working relationship and understanding of how the School's initial response would transition into the overall response to a critical incident at the School.

## National Incident Management System

The National Incident Management System (NIMS) is a set of principles that provides a systematic, proactive approach guiding government agencies, nongovernmental organizations and the private sector to work seamlessly to prevent, protect against, respond to, recover from and mitigate the effects of incidents, regardless of cause, size, location, or complexity, to reduce the loss of life or property and harm to the environment. This system ensures that those involved in incident response/recovery understand their roles and have the tools they need to be effective.

School recognizes that staff and students will be first responders during an incident. Adopting NIMS enables staff and students to respond more effectively to an incident and enhances cooperation, coordination, and communication among School officials, first responders, and emergency managers. As part of its NIMS implementation, School participates in the local government's NIMS preparedness program to remain NIMS compliant and believes it is essential to ensure that response/recovery services are delivered to Schools in a timely and effective manner. NIMS compliance includes completing the following:

- Adopt the use of the Incident Command System (ICS). All staff and students who assume roles described in this plan will receive ICS-100 training.
- Complete NIMS awareness course IS-700 NIMS: An Introduction.
- Participate in local government's NIMS preparedness program and incorporate the School EOP into the Emergency Communication and Operation Center EOP.

- Train and exercise the plan. All staff and students are expected to participate in training and exercising the plan's procedures and hazard-specific incident plans. The School is charged with ensuring that the training and equipment necessary for an appropriate response/recovery operation are in place.

## Initial Response and Implementation of the Incident Command System (ICS)

In a major emergency or disaster, School may be damaged or need to be evacuated, people may be injured, and/or other incident management activities may need to be initiated. School personnel are usually first on the scene of an incident in a School setting. School officials and staff are expected to take charge and manage the incident until it is resolved or command is transferred to someone more qualified, usually an emergency responder agency with legal authority to assume responsibility. School personnel will seek guidance and direction from local officials and technical assistance from state and federal agencies where appropriate.

All activities necessary in managing an incident must be organized and coordinated to ensure the most efficient response. The Incident Command System (ICS) will be used to manage all incidents. Until non-School emergency responders arrive on-scene, the School Decision-Makers are responsible for activating the School EOP, including common and/or specialized procedures, as well as hazard-specific incident plans. The School Decision-Maker shall designate a School Incident Commander with authority to direct all incident activities. The designated School Incident Commander should be the person most qualified to manage the specific type of incident. Once an emergency responder agency with legal authority to assume responsibility arrives on scene, the School Incident Commander should transition command to that Incident Commander and move to serving within the incident command structure.

Again, it is critical that School officials and all segments of the community emergency response system work together in advance of an incident to develop a working relationship and understanding of how the School's initial response would transition into the overall response to a critical incident at the School.

## The National Terrorism Advisory System (NTAS)

NTAS replaces the color-CDED Homeland Security Advisory System. These alerts include a clear statement that there is an imminent threat or elevated threat. Using available information, the

alerts will provide a concise summary of the potential threat, information about the actions being taken to ensure public safety, and recommended steps that individuals, communities, businesses and government can take to prevent, mitigate, or respond to the threat.

#### Imminent Threat

Warns of a credible, specific, and impending terrorist threat against the United States.

#### Elevated Threat Alert

Warns of a credible terrorist threat against the United States. The managers, teachers or supervisors are the designated key personnel responsible for implementing the School Safety Plan.

### Organization and Assignment of Responsibilities

#### Manager of School Operations

The manager of School operations may serve as the School Incident Commander or delegate that authority to a qualified individual. While the principal retains the overall responsibility for the safety of students and staff, delegating certain duties to manage the incident may allow the principal to focus on policy-level activities and interfacing with other agencies and parents. The principal shall coordinate between the Area Superintendent and the School Incident Commander.

#### Principal or School Incident Commander

The School Incident Commander will establish an Incident Command Post (ICP) and provide an assessment of the situation to the principal/designee or other officials, identify resources required, and direct the on-scene incident management activities. The Incident Commander's responsibilities include:

- Assuming overall direction of all incident management activities based on procedures outlined in the School EOP.
- Taking steps deemed necessary to ensure the safety of students, staff and other individuals.
- Determining whether to implement incident management protocols established in the School EOP (e.g., Evacuation, Shelter inside as described more fully in

emergency procedures).

- Arranging for transfer of students, staff and other individuals when safety is threatened by a disaster.
- Working with and ensuring communication with emergency services personnel
- Keeping the principal and other officials informed of the situation.

## Teachers

Teachers shall be responsible for the supervision of students and shall remain with students until directed otherwise.

Responsibilities include:

- Supervising students under their charge.
- Taking steps to ensure the safety of students, staff and other individuals in the implementation of incident management protocols established in the School EOP.
- Directing students in their charge to inside or outside assembly areas, in accordance with signals, warning, written notification or intercom orders according to incident management procedures established in the School EOP.
- Taking attendance when class relocates to an outside or inside assembly area or evacuates to another location.
- Reporting missing students to the Incident Commander.
- Executing assignments as directed by the Incident Commander.
- Obtaining first-aid services for injured students from the School nurse or person trained in first-aid. Arrange for first-aid for those unable to be moved. School staff will be trained and certified in first-aid and CPR.

## Tutors / Instructional Assistants

- Responsibilities include assisting teachers as directed.

## Counselors, Social Workers, and Psychologists

Counselors, social workers and psychologists provide assistance with the overall direction of the incident management procedures at the site. Responsibilities may include:

- Taking steps to ensure the safety of students, staff and other individuals in the implementation of incident management protocols established in the School EOP.
- Rendering first-aid if necessary.
- Assisting in the transfer of students, staff and other individuals when their safety is threatened by a disaster.
- Executing assignments as directed by the Incident Commander. Assisting with crisis intervention and recovery processes.

## Students

- Cooperating during emergency drills and exercises and during an incident.
- Learning to be responsible for themselves and others in an incident.
- Understanding the importance of not being a bystander by reporting situations of concern.
- Developing an awareness of natural, technological, and human-caused hazards and associated prevention, preparedness and mitigation measures.
- Taking an active part in School incident response/recovery activities, as age appropriate.

## Parents/Guardians

- Encouraging and supporting School safety, violence prevention and incident preparedness programs within the School.
- Participating in volunteer service projects for promoting School incident preparedness.

- Providing the School with requested information concerning the incident, early and late dismissals, and other related release information.
- Practicing incident management preparedness in the home to reinforce School training and ensure family safety.
- Understanding their roles during a School emergency.
- Other Staff (e.g., Itinerant Staff, Substitute Teachers)

Responsibilities include reporting to the Incident Commander for assignments, if requested to do so.

### Incident Command System

A School's command system can be used to manage emergency incidents or non-emergency events such as graduations, athletic events, or celebrations. The system is flexible to meet the School's needs. See Figure 1 on next page. Staff are assigned to serve within the ICS based on their expertise and training and the needs of the incident. Roles should be pre-assigned based on training and qualification. The School ICS is organized into the following functional areas:

#### School Incident Commander

Directs tactical on-scene operations until/unless a coordinated incident command system (ICS) is established with local authorities. In complex incidents, a Policy/Coordination Group may be convened at the School. The role of the Policy/Coordination Group is to:

- Support the on-scene Incident Commander.
- Provide policy and strategic guidance.
- Help ensure that adequate resources are available.
- Identify and resolve issues common to all organizations.
- Keep elected officials and other executives informed of the situation and decisions.

- Provide factual information, both internally and externally. See Part V of this plan on Communications for additional information related to role/responsibility of an information officer.
- **School** Principal/designee and/or School Incident Commander will keep the Policy/Coordination Group informed.

## Operations Section

When activated, the Operations Section coordinates all tactical operations including implementation of response/recovery activities according to procedures and protocols established by **School** in an incident action plan. Procedures and protocols will address care of students, first-aid, crisis intervention, search and rescue, site security, damage assessment, evacuations and the release of students to parents.

Specific responsibilities include:

- Analyzing School staffing to develop a Family Reunification Plan, and implementation. Monitoring site utilities (i.e., electric, gas, water, heat/ventilation/air conditioning) and shutting them off only if danger exists or if directed by the Incident Commander and assisting in securing facility.
- Establishing medical triage with staff trained in first-aid and CPR, providing and overseeing care given to injured persons, distributing supplies and requesting additional supplies.
- Providing and accessing psychological first-aid services for those in need and accessing local/regional providers for ongoing crisis counseling for students, staff and parents.
- Coordinating the rationed distribution of food and water, establishing secondary toilet facilities in the event of water or plumbing failure and requesting needed supplies.
- Documenting all activities.

## Planning Section

When activated, the Planning Section is responsible for collecting, evaluating and disseminating information needed to measure the size, scope and seriousness of an incident and planning appropriate incident management activities. Duties may include:

- Assisting the Incident Commander in the collection and evaluation of information about an incident as it develops, assisting with ongoing planning efforts and maintaining the incident time log.
- Documenting all activities.

#### Logistics Section

When activated, the Logistics Section supports incident management operations by securing and providing needed personnel, equipment, facilities, resources and services required for incident resolution; coordinating personnel; assembling and deploying volunteer teams; and facilitating communication among incident responders. This function may involve a major role in an extended incident. Additional responsibilities include:

- Establishing and maintaining School and classroom first-aid kits, coordinating access to and distribution of supplies during an incident and monitoring inventory of supplies and equipment.
- Documenting all activities

#### Finance/Administration Section

When activated, the Finance/Administration Section oversees all financial activities including purchasing necessary materials, tracking incident costs, arranging contracts for services, timekeeping for emergency responders, submitting documentation for reimbursement and recovering School records following an incident. Additional duties may include:

- Assuming responsibility for overall documentation and recordkeeping activities; when possible, photographing or videotaping damage to property.
- Developing a system to monitor and track expenses and financial losses and secure all records.
- School and School management offices may assume responsibility for these functions and perform these duties off-site.



## Source and Use of Resources

School will use its own resources and equipment to respond to incidents until emergency or other incident response personnel arrive. Parent volunteers and community members have been trained to assist, if called upon, and are available after an incident occurs. The following organizations or agencies have agreed to be responsible for providing additional resources or assistance:

- First-aid kit and sanitation supplies will be provided by: School
- Food/water supplies will be provided by: School
- Security will be provided by: School

## C. COMMUNICATION

Communication between School, Law Enforcement and Emergency Responders is a critical part of incident management. This section outlines School communications plan and supports its mission to provide clear, effective internal and external communication between the School, staff, students, parents, emergency responders, the community and media. School utilizes the Communication Platform/Capabilities described in the beginning of the School EOP to contact and maintain communications with law enforcement and other emergency responders during an incident. The School Incident Commander will transfer command to the appropriate emergency responder who arrives on the scene to assume management of the incident, including coordination of internal and external communications. The Incident Commander will use the communication platform and/or other means described in the School EOP to notify the principal/designee of the School's status/needs. School and emergency responders will coordinate the release of information to ensure that information is consistent, accurate and timely.

### Internal Communications

School has identified a School spokesperson or public information officer who will be responsible to:

- Help create the policies and plans for communicating emergency information internally and to the public.
- Follow the communications policies and procedures established by School
- Help establish alternative means to provide information in the event of a failure of

power, phone or other lines of communication.

- Develop materials for use in media briefings.
- Act as the contact for emergency responders and assist in coordination of media communications

#### Communication Between School Officials and Staff Members

School personnel will be notified when an incident occurs and kept informed as additional information becomes available and as plans for management of the incident evolve. The following practices will be utilized to disseminate information internally when appropriate:

- Telephone List: A list of telephone numbers of all staff members and local emergency providers.
- Text-Messaging System/E-mail System: A text-messaging or e-mail system is available to provide those who are registered to receive messages with updates during an incident.
- End-of-Day Faculty Meeting: As appropriate, updated information and a review of the day's events will be presented at the end-of-day meeting. Staff will also have the opportunity to address any misinformation or rumors.

#### External Communications

School officials must communicate with the larger School community on how incidents will be addressed on a regular basis. However, once an incident does occur, parents, media and the community at large will require clear and concise messages from School about the incident, what is being done and the safety of the children and staff.

#### Communication with Parents

Before an incident occurs, School will:

- Develop a relationship with parents so that they trust and know how to access

alerts and incident information.

- Inform parents about the School's EOP, its purpose, and its objectives, although detailed response tactics should not be shared if they will impede the safe response to an incident.
- Information will be included in School communications, i.e. School newsletter, presentation delivered at Back- to-School event, etc...
- Identify parents who are willing to volunteer in case of an incident and include them in preparation efforts and training.
- Be prepared with translation services for non-English-speaking families and students with limited English proficiency.

In the event of an incident, School will:

- Disseminate information through various means such as via text messages, e-mail, radio announcements, one-call, etc., to inform parents about what is known to have happened.
- Implement a plan to manage phone calls and parents who arrive at School.
- Describe how the School is handling the situation.
- Provide information regarding possible reactions of their children and ways to talk with them.
- Provide a phone number, Web site address, or recorded hotline where parents can receive updated incident information.
- Inform parents and students when and where School will resume.

After an incident, School administrators will schedule and attend an open question-and answer meeting for parents as soon as possible. Counseling services will be provided by School.

#### Communication with the Media

In the event of an incident, the School Incident Commander or the emergency responder Incident Commander (in the event command has been transferred), will coordinate with the School public information officer and/or participate in a joint information effort to:

- Establish a media site and reception area away from the School and any established Incident Command Post.
- Provide only information that has been approved to be released by the Incident Commander in charge of the scene.
- All School employees are to refer all requests for information and questions to the designated Public Information Officer.

## Communication Tools

Some common internal and external communication tools that School uses the following:

- Standard telephone: School has designated a School telephone number as a recorded “hotline” for parents to call for information during incidents. The goal is to keep other telephone lines free for communication with emergency responders and others.
- Cellular telephones: These phones may be the only tool working when electric service is out; they are useful to School personnel on the way to or from a site.
- Intercom systems: The intercom system includes teacher-initiated communication with the office using a handset rather than a wall-mounted speaker.
- Bullhorns and megaphones: A battery-powered bullhorn to address students and staff who are assembling outside the School. Procedures governing storage and use will help ensure readiness for use.
- Two-way radio: Two-way radios provide a reliable method of communication between rooms and buildings at a single site. All staff will be trained to understand how to operate the two-way radio.
- Computers: A wireless laptop computer may be used for communication both within the School and to other sites. Email may be a useful tool for updating information for staff, other Schools in an affected area and administration. An assigned staff member(s) will post information such as School evacuation, closure or relocation on the home page of the School Web site.

- Fax machines: Possible uses include off-site access to receive and send critical information concerning students and staff members, their locations, and needed telephone numbers, including but not limited to, medical information, release forms and authorizations.
- Alarm systems: Bells or buzzers are in place to signal incidents – for example, fire, lockdown, or special alert (with instructions to follow). All School staff, students, and volunteers will be trained on what the sounds mean and how to respond to them.
- Whistles: Whistles should be provided to staff in order to signal a need for immediate attention or assistance.

## D. Recovery After an Incident

After the safety and status of staff and students have been assured and emergency conditions have abated, following an incident, staff, teachers and School officials will assemble to support the restoration of the School's educational programs. Defining mission-critical operations and staffing this effort is the starting point for the recovery process. Collecting and disseminating information will also facilitate the recovery process.

School designates appropriate personnel and collaborates with external resources to work in teams to accomplish the following:

- Conduct a comprehensive assessment of the physical and operational recovery needs. Assess physical security, data access and all other critical services (e.g., plumbing, electrical).
- Examine critical information technology assets and personnel resources and determine the impact on the School operations for each asset and resource that is unavailable or damaged.

- Document damaged facilities, lost equipment and resources and special personnel expenses that will be required for insurance claims and requests for state and federal assistance.
- Identify recordkeeping requirements and sources of financial aid for state and federal disaster assistance.
- Provide detailed facilities data to the School office so that it can estimate temporary space reallocation needs and strategies.

Arrange for ongoing status reports during the recovery activities to:

- Estimate when the educational program can be fully operational; and
- Identify special facility, equipment and personnel issues or resources that will facilitate the resumption of classes.
- Educate School personnel, students and parents on available crisis counseling services.
- Establish absentee policies for teachers/students after an incident.
- Establish an agreement with mental health organizations to provide counseling to students and their families after an incident.
- Develop alternative teaching methods for students unable to return immediately to classes: correspondence classes, videoconferencing, tutoring, etc.
- Create a plan for conducting classes when facilities are damaged (e.g., alternative sites, half-day sessions, portable classrooms).
- Get stakeholder input on prevention and mitigation measures that can be incorporated into short-term and long-term recovery plans.

## E. Administration, Finance and Logistics

### Agreements and Contracts

If School resources prove to be inadequate during an incident, School will request assistance from local emergency services, other agencies and the School community in accordance with existing mutual aid agreements and contracts. Such assistance includes equipment, supplies and/or personnel. All agreements entered into by authorized School officials should be in writing. All

pre-negotiated agreements and contracts are hard copy and/or electronic and location: in main office.

## Recordkeeping

### Administrative Controls

School is responsible for establishing the administrative controls necessary to manage the expenditure of funds and to provide reasonable accountability and justification for expenditures made to support incident management operations. These administrative controls will be done in accordance with established local fiscal policies and standard cost accounting procedures.

### Activity Logs

Staff assigned within the School ICS will maintain accurate logs recording key incident management activities, including:

- Activation or deactivation of incident policies, procedures and resources.
- Significant changes in the incident situation.
- Major commitments of resources or requests for additional resources from external sources.
- Issuance of protective action recommendations to the staff and students.
- Evacuations.
- Casualties.
- Containment or termination of the incident.

### Incident Costs

School ICS Finance and Administration staff are responsible for maintaining records summarizing the use of personnel, equipment and supplies to obtain an estimate of annual incident response costs that can be used in preparing future School budgets. The detailed records of costs for incident management and operations include:

- Equipment operations costs.
- Costs for leased or rented equipment.
- Costs for contract services to support incident management operations.
- Costs of specialized supplies expended for incident management operations.

- Personnel costs, especially overtime costs

These records may be used to recover costs from the responsible party or insurers, or as a basis for requesting financial assistance for certain allowable response and recovery costs from the state and/or federal government.

#### Preservation of Records

In order to continue normal School operations following an incident, vital records must be protected. These include legal documents and student files as well as property and tax records. The principal causes of damage to records are fire and water. Essential records should be protected and are maintained hard copy and/or electronic and location: in main office.

#### Plan Development Maintenance and Distribution

##### Approval and Dissemination of the Plan

In developing the emergency management plan for each School, the administrator must involve community law enforcement, fire, and safety officials, parents of students who are assigned to the building and teachers and nonteaching employees who are assigned to the building. The emergency management plan should clearly identify the latest revision date and the signature of individuals involved in its creation and/or revision.

##### Record of Distribution

Copies of the School safety and floor plans will be distributed to emergency organizations with a role in responding to an incident. A record of distribution will be kept as proof that organizations have acknowledged their receipt, review and/or acceptance of the plan. School administrators will record the title and name of the person receiving the plan, the agency to which the receiver belongs, the date of delivery and the number of copies delivered. This record is kept in hard copy and/or electronic in the main office and/or by the administration.

School Safety Planning documents should not be shared with those who do not have a need to know the details of the plan unless all sensitive, security-related information has been properly redacted. Copies of the plan may be made available to the public and media without the sensitive information at the discretion of the School Board.



## Review and Updates to the Plan

In order to remain in compliance, the administrator shall update the comprehensive emergency management plan at least once every year by March 1, and the floor plans whenever a major modification to the building requires changes in the procedures outlined in the plan. Each update or change to the plan will be tracked. The record of changes will include: the change number, the date of the change and the name of the person who made the change.

To ensure timely updates to the School EOP, the administrator has established a schedule for an annual review of planning documents. The basic plan and its annexes will be reviewed at least once per year by School officials and others deemed appropriate by School administration.

The School EOP will be updated based upon changes in information; deficiencies identified during incident management activities and exercises; and when changes in threat hazards, resources and capabilities or School structure occur. Whenever the School EOP is updated, an updated copy shall be made available to first responders, as well as distributed in accordance with the guidelines stated above.

## Training and Exercising the Plan

School understands the importance of training, drills, and tabletop exercises in maintaining and planning for an incident. To ensure that School personnel and community emergency responders are aware of their duties and responsibilities under the School plan and the most current procedures, the following training, drill and exercise actions will occur. School officials will coordinate training efforts with guidance from the city.

Basic training and refresher training sessions will be conducted annually for School in coordination with local fire, law enforcement and emergency managers.

School EOP training includes:

- Hazard and incident awareness training for all staff members during their on-site monthly Professional Development Training.
- Orientation to the School EOP provided for all staff members during their on-site monthly Professional Development Training.
- First-aid and CPR for all staff every 2 years from Red Cross.

- Team training to address specific incident response or recovery activities such as Family Reunification.
- Two online FEMA courses: ICS 100 and IS-700. Both courses are available for free at FEMA's Emergency Management Institute:

<http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?cCDE=is-100.b>

<http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?cCDE=is-700.a>

Additional training will include drills and tabletop exercises. Drills will be conducted in compliance with state and local laws based upon the appropriate age group of students.

Records of the training provided including date(s), type of training, and participant roster will be maintained in hard copy and/or electronic in main office and/or by the administration. Approved parent volunteers and community members will also be incorporated into larger training efforts.

All School staff members are encouraged to develop personal and family emergency plans. Each family should anticipate that a staff member maybe required to remain at School following a catastrophic event.

## F. Parent-Pupil Reunification Procedures

### Step 1

Establish onsite incident command

The first step in staging for transport is establishing School Incident Command at the affected School. Integrating with Unified Command should be a priority.

### Priorities

Student and staff safety and wellbeing, Student and staff locations and condition, Assemble affected School command staff, Integrate with Unified Command, establish Joint Information Center.

Objectives: Safe transport of students and staff to reunification site.

Strategy: The Standard Reunification Method

Tactics: Will be determined by the environment

### Step 2

## Classroom evacuation

Classrooms are individually evacuated to the Secure Assembly Area. During a Police Led Evacuation, students and staff will be asked to keep their hands visible.

If it is a Police Led Evacuation after a Lockdown, each room will be cleared by Law Enforcement personnel. This process may take up to several hours. Teacher should take attendance in the classroom, prior to evacuation.

## Students with disabilities

The Individuals with Disabilities Act mandates additional support for students with special education needs in a School setting. These supports would provide supervision and assistance to students with disabilities during emergency situations.

## Step 3

### Secure assembly area

At the Secured Assembly Area, teachers should stay with their students. If some teachers are unable to be at the Secured Assembly Area, doubling up classes with "Partner" teachers is appropriate.

## Step 4

### STUDENT AND STAFF TRANSPORT (if applicable)

Students and staff board the bus and are transported to the Reunification Site. Buses having audio video systems can be utilized for further accountability by having students face the camera and state their name.

### ASSEMBLY AREA

#### STUDENTS ENTER OUT OF PARENTAL VIEW

Students are transported to the Reunification Site and are then directed to the Student Assembly Area. Often this is a cafeteria or gymnasium. Upon arrival, students are verified against a master roster.

It is important that Students are not in view of their parents when entering the reunification site. Law Enforcement or Security are posted where students are located.

### GREETING AREA

#### PARENTS ARE MET HERE

As parents arrive, signage directs them to Parent Check-in Table. Greeters begin the process by asking parents to complete the Reunification Card.

Law Enforcement or Security Guards **are** posted where parents wait for reunification.

### Helpful Tip

As parents wait for reunification with their student, try to have them clustered rather than in a line.

Students may not always be recovered in the order parents line up.

## II. Emergency Procedures-Functional Annexes

### A. Schedule of Drills

School	
Fire Drill ( 2 per year)	Drop, Cover and Hold Drill
1st Semester: July to November	1st Semester: July to November
2nd Semester: December to June	2nd Semester: December to June
Shelter in Place Drills or Lockdown Drills	
1 <sup>st</sup> Semester July to November	“Release of Hazardous Material” (Shelter in Place Drill)
2 <sup>nd</sup> Semester December to June	“Potentially Dangerous Individual on or near the premises” (Lockdown Drill)

### B. Drop Cover and Hold

Inside the building

- Sound off the Warning or Alarm to begin the Drill
- Give the command “Drop – Cover and Hold”

Students and staff immediately drop under a desk or table and protect your head and neck. Hold onto the desk or table and be prepared to move with it. Hold this position until the ground stops shaking and it is safe to move. Evacuate the building in an orderly fashion.

#### Outside building

- Move away from buildings trees, fences, and power lines.
- Drop to your knees.
- Clasp both hands behind your neck, bury your face in your arms, and make your body as small as possible.

Follow instructions and stay away from buildings, trees and fences. Should a power line fall on a fence, it will be electrified and very dangerous.

Earthquakes strike without warning. The following actions, as time permits, will be accomplished:

#### Inside the building

- If inside a building at the time of an earthquake execute “Drop, Cover and Hold”. Utilize desk, table or other shelter or against an inside wall. If the shelter moves, hold on and stay under it.
- Avoid windows or other potential hazards.
- Remain silent so directions can be heard above the noise of the earthquake.
- Stay in position until the earthquake is over or until further instructions are given. Implement the “Building Evacuation” plan when the earthquake is over and tremors have subsided. During the building evacuation, special consideration should be given to the evacuation routes. Some might be blocked from debris. When leaving the building remember to take the roll books and any first aid supplies. Announce that NO ONE is to return to the building unless authorized.
- Staff and students shall assemble in the sites prearranged evacuation area. Remain there until re-entry to the buildings have been approved, or directed to move to another location, or released to go home.
- The “Incident Command System” and Command Post should be activated.
- If there are any injuries, a triage will be set up and first aid will be rendered as needed.

- Take roll and report any missing and/ or injured students or staff to the Site Administrator.
- Do not return to the buildings for any reason until authorized officials have declared the buildings safe.

#### Outside the building

If outside the building when an earthquake occurs:

- Stay away from all buildings, trees, electrical wires, or other hazards that may fall.
- Assume the “Drop and Cover” position until the quake is over.
- Evacuate campus with those leaving the buildings and wait for further instructions.

### C. Fire and Fire Drill Procedures

Fire Drill (Evacuations):

- All Faculty and Staff will supervise the movement of the students in their labs to the Evacuation Site along the routes that are posted in the rooms.
- Students and Staff are not allowed to move between buildings or use any interior doorways during a fire drill.
- The Site Administrator will call **911** and the Principal. The Site Administrator will assess the situation and use appropriate emergency procedures as he or she sees fit (fire extinguishers, triage center etc.).
- The Site Administrator or Principal will obtain a list of the students on campus.
- Students will be assembled at the evacuation site and each lab teacher will produce a list of the names of the students they are supervising. The site administrator will use these lists to take roll. The site administrator will immediately contact the homes of any students that are not accounted for.
- When the All Clear is announced, teachers will escort their students directly back to the classroom.

#### Fire on Campus

In the event a fire is detected on a School campus “Fire Alarm” should be activated immediately. The Alarm will automatically implement the sites “Fire Drill” procedure and the following will be accomplished:

- The Site Administrator or Principal will call 911.
- Evacuate all rooms and offices to a pre-determined area a safe distance from the fire.
- If there have been any injuries set up a triage and render first aid if necessary.
- Use fire extinguishers if appropriate. (Note: All staff should be familiar with the use and locations of fire extinguishers.)
- Keep access roads open for emergency vehicles.
- The Site Administrator will determine if an “Early Closure” should be implemented.
- Students and staff should NOT return to the School buildings until fire officials declare the area safe.
- Fire near a Campus

If there was a fire near a School Campus, the Site Administrator should:

- Determine whether the students and staff should leave the premises.
- Determine if the students need to be transported if an “Early Closure” is initiated. (This may also be directed by the Fire Department)
- Burning Clothes
- If a student or Staff member’s clothing was to catch on fire, the following procedures should be taken:
- Don’t allow them to run. (Stop, Drop and Roll)
- Smother the fire with a heavy fabric item such as a blanket, coat etc.

### III. Threat-Specific Emergency Procedures

#### A. Suicide Ideation

(Refer to Student Risk Identification Protocol for Details)

Suicidal student protocol overview

Initial contact

- As soon as information is disclosed, stay with the student or designate one or more other adults to stay with the student. Never leave the student alone. **\*Should the student inform you that they are in possession of lethal means (knife/blade, medication, gun, etc.), immediately contact 911, and then notify your**

**Administrative Team.**

- Regardless of the initial person of contact, the School Counselor, School Psychologist, and member of Administrative team should be immediately called (no emails). Neither parents nor other staff members need to be notified at this point.
- Release the student to the School Counselor, School Psychologist, or member of the Administrative Staff.
  - **\*Refer to Initial Contact form for detailed instruction\***
- ASSESSMENT
- The School Counselor, School Psychologist, Administrative Team member, or other designated staff will conduct the
- Suicide Risk Assessment Sheet survey.
- The individual administering the survey should contact the Psychiatric Mobile Response Team (PMRT) at
- 854-7771 with any questions or concerns regarding risk assessment.
- If there is suspected or confirmed parental abuse/neglect, contact Department of Child and Family Services (DCFS) at
- 540-4000. Do not contact the parent. Proceed as advised by DCFS, not according to protocol.

**\*Refer to Complete Suicide Risk Assessment Sheet\*****Action**

- Ask student if they are currently receiving mental health care or have received care in the past. If so, request permission to contact care provider.
- If student is low-risk: contact parents / guardian to inform them of situation. If parent / guardian is not able to pick-up student, request that someone be at the home when the student arrives. Supply parent / guardian with copy of Suicide Risk Assessment sheet and resource page.
- If student is medium-risk: contact parents / guardian to inform them of situation and request that they pick-up the student. Only release student into the custody of a parent / guardian or authorized individual. Supply parent / guardian with copy of Suicide Risk Assessment and resource sheet.
- If student is high-risk: Immediately contact PMRT. Proceed as directed by PMRT.



## Follow-up

- The attending staff will establish a plan for contact and support with the parent / guardian. Plans will vary and will be based on the risk level and need for support of the individual and family.
- Before the student returns to School, the parent /guardian, must speak with the documenting personnel and provide a discharge report (when applicable). This is critical as we rely upon the professional expertise of our community partners.
- Refer to Student Risk Identification Follow up Plan\*

## Training on Mental Health First Aid.

- Staff members are trained on Mental Health First Aid using the guidelines from <https://www.mentalhealthfirstaid.org/faq/>

## B. Active Shooter

Remain calm. Dial 911, if possible, to alert police to the active shooter's location. If you cannot speak, leave the line open and allow the dispatcher to listen. Quickly determine the most reasonable way to protect your own life.

### RUN – HIDE - FIGHT

RUN - If there is an accessible escape path and attempt to evacuate the premises.

- Have an escape route and plan in mind.
- Evacuate regardless of whether others agree to follow.
- Leave your belongings behind. Help others escape, if possible.
- Prevent individuals from entering an area where the active shooter may be.
- Keep your hands visible.
- Follow the instructions of any police officers.
- Do not attempt to move wounded people. Call 911 when you are safe.

HIDE - If evacuation is not possible find a place to hide where the active shooter is less likely to find you.

- Silence your cell phone. Turn off any source of noise (i.e., radios, televisions) Hide behind large items (i.e., cabinets, desks)
- Remain quiet.
- Your hiding place should be out of the active shooter's view.

- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Lock the door. Blockade the door with heavy furniture

**FIGHT!** - As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.

- Act as aggressively as possible against him/her.
- Throw items or improvise weapons.
- Commit to your actions!

## **HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES**

- Remain calm and follow officers' instructions.
- Put down any items in your hands.
- Immediately raise hands and spread fingers. Keep hands visible at all times.
- Avoid making quick movements toward officers.
- Avoid pointing, screaming and/or yelling.
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises.

### **Information to provide to law enforcement or 911 operators:**

- The location of the active shooter.
- Number of shooters, if more than one.
- Physical description of shooter/s.
- Number and type of weapons held by the shooter/s.
- Number of potential victims at the location

Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

## **A.L.I.C.E.**

The A.L.I.C.E. program is designed to give a person, or group of people, who may find themselves in a violent, life threatening situation, some mental and physical tools that could play a vital role in their survival. The program is designed so that anybody can employ the strategies. Young, old, male, female, it does not matter. One does not have to be police, or military trained in order to survive a violent encounter. They do need to have a frame of reference from which to draw, when

making life saving decisions under extreme pressure, much like preparing for a fire, tornado or earthquake.

**Alert** - notify authorities and those in harm's way of the danger at hand. It is important to be as clear and accurate with the information as possible. Remember to identify yourself, your location, the suspect information, type of weapon, direction of travel and a call back number. Don't hang up unless your safety is compromised, or you are directed to by the dispatcher.

**Lockdown** - or shelter in place. By locking down and barricading entry points, you are making yourself a hard target and creating a stronghold that nobody should be able to enter. Only police personnel may enter a locked down room.

**Inform** - give real-time updates. This can be accomplished with things such as video surveillance equipment or public address systems. Updates during a violent intruder incident allow you to make sound decisions about how to react and what steps, if any, to take next. They can also act as good distracters for the intruder.

**Counter** - the attacker as a last resort. There have been instances where victims did not have the ability to lockdown or get out because the violent incident occurred right next to them or they were in an area that was not securable. There is also the possibility of the intruder breaching a secured area. If this is the situation, then total commitment to countering the attacker is essential. Many objects can be used as distraction devices, spread out, turn out the lights and be ready to cause confusion for the intruder and make yourself a hard target.

**Evacuate** - or get out!! Your goal here is to put as much time and distance as possible between you and the attacker. Don't use the same rally point as with a fire or earthquake drill, you will want to move much further away from this danger zone. Remember, there are no guarantees in an active shooter/violent intruder situation, but just as in most other emergency situations the more you prepare, the better your chances of survival.

## C. Threatening Person Inside / Outside

Inside Building:

- Report threatening person to the security and the senior staff member.

- Call 911 if necessary, based on the actions of the threatening person.
- Keep classroom/students secure, move all students away from threatening person. Move them into a safe classroom, if able to do so, or move threatening person into another room. If person becomes violent, staff and security must use sufficient force to stop the person until police arrive.
- Senior staff member will meet police and direct them to location.
- File incident report as soon as possible with safety and security through the MYLO report page.

#### Outside Building:

- Immediately Lock front doors and move all staff and students to another area of the learning center out of view of the front doors. Report threatening person to the Site Administrator or senior staff.
- Call 911
- Assess measures for student safety. Follow Lockdown procedures as instructed. Leaders take control and give direction.
- Site Administrator will meet with police and give description and last location of threatening person. Do not lift lockdown unless safe to do so either at the direction of the police, Security Coordinator, or the senior staff member present.
- File incident report as soon as possible with safety and security through

#### D. Lockdown / Shelter Inside

**Warning:** Verbal announcement of a “Lock Down / Shelter Inside by the Site Administrator or designee.

##### Action:

- All classroom doors are to be locked by a staff member.
- All students inside of the rooms will lay flat on the floor and take cover under or behind any furniture in the rooms.
- Everyone is to stay away from all windows.
- NO ONE is to open the door for any reason.
- The lights in the classroom are to remain ON during the lockdown unless

otherwise instructed.

- Students will remain in the “lock down” action and all bells (including the Fire Alarm) will be ignored until the Site Administrator announces an “All Clear”.
- Students that are outside will be addressed in the “Active Shooter” section of this procedure guide.

## E. Person with A Weapon

Should a student or other person have a gun or other weapon in a backpack or on their person, but it is **not** visible and they are **not** exhibiting it in a threatening manner proceed with the instructions that follow. If the student or person is acting in a threatening manner with the weapon, refer to the Active Shooter section below.

Outside: Remain Calm. Notify the senior staff member in the learning center as quietly as you can about what you know. Do not panic and cause others to panic also. A cool head will get you through this.

- The senior staff member should call the security coordinator if possible, so that they can watch the person through the camera system, while working with them over the phone. Contact 911 in an area out of hearing of others. Be sure to give them the best description that you can of the person and the weapon if possible.
- Have the senior staff shadow the person to help keep an eye on them if possible. If the weapon is in a backpack and a staff member can separate the person from it without them becoming suspicious, have security take possession of the backpack, take it to a secure location, and wait for the police to arrive. If the weapon is in the person's waistband, then simply continue to act normally so as not to alert the person with the weapon that the police are on the way.
- When the police arrive, be sure that you immediately lock the doors to keep the person from coming inside to evade the police. Keep staff and students back until the police give you the all clear.
- File a report with safety and security through the MYLO page. Do not talk about this with anyone from the media, students, or other staff. A statement will be forthcoming from the media relations personnel.

Inside: Notify the senior staff member in the learning center as quietly as you can about what you know. Do not panic and cause others to panic also. A cool head will get you through this.

- The senior staff member should call the security coordinator if possible, so that they can watch the person through the camera system. Contact 911 in an area out of hearing of others. Be sure to give them the best description that you can of the person and the weapon if possible.
- Have the senior staff shadow the person to help keep an eye on them if possible. If the weapon is in a backpack and a staff member can separate the person from it without them becoming suspicious, have security take possession of the backpack, take it to a secure location, and wait for the police to arrive. If the weapon is in the person's waistband, then simply continue to act normally so as not to alert the person with the weapon that the police are on the way.
- When the police arrive, lead them to the student as calmly as possible. Do not shout and point. That will alarm everyone including the person with the weapon and could make matters worse. If possible, have security standing by beforehand near the person to assist if needed. When the police are apprehending the person, move students quickly and quietly away from them. There should be a sufficient number of staff available to do this rapidly.

## F. Hostage Situation / Barricaded Subject

A hostage situation is any situation in which a person or persons are forced to stay in one location by one or more individuals. Weapons are usually in the possession of the hostage takers and hostages are threatened with some degree of bodily harm should they not comply with the directives of the hostage taker. Certain demands are usually made of outside officials in return for the release of the hostages. All hostage situations are dangerous events. A hostage taker might be a terrorist, fleeing felon, disgruntled employee (past or present), emotionally disturbed person, parent, student or any citizen angry about some situation. The dynamics of a hostage situation vary greatly and no two incidents will be the same.

Plan of action:

Upon notification of a hostage situation at a School site the following procedure should be implemented:

- Call 911 immediately and notify the Principal or Site Administrator. The caller is to remain on the line with the 911 operator until the arrival of law enforcement personnel.
- The Site Administrator or Principal will assume command of the situation until Law Enforcement personnel arrive. All staff will work closely with the Site Administrator to ensure that this plan of action is safely achieved.
- Appropriate actions should be taken to isolate the hostage taker and the victims under his control. It is important that no additional individuals be exposed to the hostage taker.
- No School employee shall negotiate with or initiate any communications with the hostage taker. Let the experts do it.
- Evacuate the building to a prearranged location that is out of sight of the building. Ensure that the egress of students and staff is done in a manner that they do not go near the area controlled by the hostage taker to reduce the possibility of injury from gunfire. All persons should proceed to a pre-arranged location.
- Students are to remain under the supervision of School officials at all times.
- Upon the arrival of law enforcement, control of the scene will be relinquished to the responding agency. A site staff member, familiar with all aspects of the facility, should maintain contact with law enforcement and report to the command center when it is operational. It is important that items such as keys and detailed building plans be made available to the police upon their request
- The Site Administrator or Principal will, at the direction of the Area Superintendent, coordinate the evacuate students to another location or to their homes.
- The Public Information Officer and Law Enforcement will handle all press matters as well as the dissemination of information to students and parents at the scene.
- Upon the closure of the incident, the control of the School or building will be returned to the Center.

## G. Fights / Riots

### Instructor / Staff Procedures

- Assess seriousness of situation; determine need and secure nearest available assistance.
- STAY ON SCENE, take control and give specific directions to stop.
- Contact the Security guard, Principal and Administration and send responsible parties to main office.
- Document incident ASAP and get report to Administration.

### School Administrative Procedures

- Assess seriousness of the incident and determine the level of assistance needed (i.e. police, counselor).
- Identify parties involved.
- Determine medical assistance needed and involve counselor and nurse assistance if necessary.
- If blood is involved, utilize Blood borne Pathogens procedures notify School Nurse and Administration.
- Determine disciplinary consequences.
- Notify parents or legal guardian.
- Determine intervention and follow-up as necessary.
- Document incident and file report (i.e. for police, student file, etc).

## H. Bomb Threat

Bomb threat calls are sometimes made in order to disrupt the operations of daily business. We must treat each call as though it is real and in accordance with policy. When a Bomb Threat call is received, the person taking the call should:

- Remain calm.
- Immediately refer to the "Bomb threat Check List" and attempt to ask as many questions on the list as possible.



- Keep the caller on the line as long as possible. **Even if the caller hangs up on you; do not hang up the phone.**
- Notify Site Administrator immediately.
- Contact Administration who will contact the Sheriff's Department.

If it is determined by the Site Administrator or Principal that the threat is "Real"; they will:

- Notify the Area Superintendent and make the appropriate "Lock Down" announcement.
- All communication devices are to be turned OFF at once.

When directed, staff will search their work areas with the following guidelines:

- Listen for any unusual sounds. Conduct a visual search in a methodical manner (floor to hips, hips to head, and head to ceiling).
- If anything unusual is located, **DO NOT TOUCH OR HANDLE IT.** Immediately notify the Site Administrator.
- The Site Administrator, in conference with the Area Superintendent and Fire/Sheriff's Department, will determine if evacuation is necessary.
- Upon evacuation, leave all doors and windows open (If possible, and not time consuming).

For a Bomb Threat - DO NOT:

- Do not use two-way radios, cell phones, or pagers.
- Do not turn on or off the electricity (Lights, etc.).
- Do not sound any bells or alarms.

(SEE BOMB THREAT CHECKLIST ON NEXT PAGE)

## Bomb Threat / Checklist

REMEMBER - KEEP CALM - DON'T HANG UP

Exact time of call \_\_\_\_\_

Exact words of caller : \_\_\_\_\_

Questions to Ask:

When is the bomb going to explode \_\_\_\_\_

Where is the bomb? \_\_\_\_\_

What does it look like? \_\_\_\_\_

What kind of bomb is it? \_\_\_\_\_

What will cause it to explode?

Did you place the bomb? \_\_\_\_\_

Why? \_\_\_\_\_

Where are you calling from? \_\_\_\_\_

What is your address? \_\_\_\_\_

What is your name? \_\_\_\_\_

**Gender:** Male Female Age: Adult Teen Child

**Callers Voice (circle)**

Calm Disguised Nasal Angry Broken Stutter Slow Sincere Lisp Rapid Giggling

**Accent (Type):** Local Forgiven Coherent Deep Crying Squeaky Excited Stressed Loud Slurred Normal

**Language Used (circle):**

Foul Irrational Incoherent Taped Well-Spoken Message read by caller

**Background Noise(circle):**

Voices Street Traffic Trains Animals Children Babies People Office Machines Music/Television  
Restaurant Sounds Quiet Factory Machinery Other

Is the voice familiar? \_\_\_\_\_ Who did it sound like? \_\_\_\_\_

**Upon completion of contact DO NOT inform any co-workers of the threat.**

**Contact the Principal, Area Superintendent or the Safety & Security Managers Immediately!**

Person filling out this form: Name \_\_\_\_\_ Date \_\_\_\_\_

# I. Behavior Threat Assessment Management Program

(Refer to the separate BTAM Manual Document for complete details, forms and procedures)

Behavior Threat Assessment Management Program protocol overview

## Introduction

This guide outlines the Investigative Threat Assessment Procedure. In response to multiple school shootings during the 1990s, the U.S. law enforcement and education sectors, as advised by government authorities, proposed the utilization of behavioral threat assessments in schools (Fein et al., 2002; O'Toole, 2000). Behavioral threat assessment, also known as threat assessment, is a methodical approach to preventing violence, which seeks to differentiate between credible threats of violence, expressed through behavior or communication, and those that are not considered serious. Once the differentiation has been made, appropriate prevention measures are taken (Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002).

## Step 1- Initial Inquiry and Documentation

When a concern is brought to the attention of a site administrator, the administrator or their representative will assess the threat by conducting interviews with witnesses, documenting the exact content of the threat, and collecting information about the circumstances in which the threat was made. In most cases, the individual who made the threatening statement or behavior will be interviewed and given the chance to explain their intentions. The staff member conducting the inquiry will then fill out the Behavioral Incident Report.

## Step 2 – Determine Transitory or Active Threat

Once the staff member has gathered all relevant information regarding the threat, they will determine its credibility and seriousness. If it can be determined that the individual has no intention of carrying out the threat, and they provide a convincing explanation or apology, the threat is considered **TRANSITORY** and the assessment is concluded. Transitory threats do not require protective actions or security measures. If the staff member is unable to resolve the threat, or if they are unsure about its status, the decision-making process will consider the threat as an **ACTIVE** threat.

## Step 3 – Conducting The Threat Assessment

At Step 3, the Site Threat Assessment Team (STAT) responds to an **ACTIVE** threat. The STAT team completes a comprehensive threat assessment using the *Behavioral Threat Assessment Worksheet*. All active threat responses require protective action, which varies depending on the circumstances of the threat and how the threat might be carried out. At a minimum, if a specific person is identified as a target, the assessment team will complete the *Plan to Protect Targeted or Victimized Person* form. Protective action typically involves notifying the intended victim and his or her family. Protective action could also involve increased monitoring or supervision of the threatening subject. Depending on the nature and credibility of the threat, active threats are further classified as either Category 1 through Category 5 (see Behavioral Threat Assessment Worksheet). Unfounded threats are classified a Category 5. Threats involving a simple assault, or a fight, and are classified a Category 4 through Category 3 can resolved with administrative discipline and a behavior intervention plan. In contrast, a Category 1 or 2 subject typically involves a threat to kill or a threat to use a lethal weapon or inflict severe injury on someone, resulting in a mental health hold or arrest.

#### Step 4 – Managing A Serious Active Threat

For ACTIVE threats, the Site Threat Assessment Team (STAT) will respond and complete a comprehensive assessment using the Investigative Threat Assessment Worksheet. Protective action is required in all cases, and it may vary depending on the circumstances of the threat and the method in which it might be carried out. If a specific person has been identified as a target, the assessment team will fill out the Plan to Protect Targeted or Victimized Person form. This could involve notifying the intended victim and their family, increased monitoring or supervision of the threatening individual, and other measures. Threats are further classified into Categories 1 to 5 based on their nature and credibility (refer to the Investigative Threat Assessment Worksheet). Unfounded threats are classified as Category 5, and threats involving simple assaults or fights are classified as Category 4 to 3 and can be resolved through administrative discipline and behavior intervention plans. In contrast, Category 1 or 2 threats, which involve threats to kill or use lethal weapons to cause severe harm, result in a mental health hold or arrest.

#### **Additional Actions for Category 1 and 2 Threats**

For Category 1 and 2 threats, the STAT team will take three additional actions in addition to the protective actions taken in Step 3. Firstly, the individual will be screened for mental health services or counseling. This usually involves an interview with a mental health professional to determine the need for mental health services and understand the underlying conflict or problem. Secondly, a law enforcement investigation will be conducted to search for evidence of planning and preparation, determine if a crime has been committed, and assess any additional protective actions needed. Thirdly, the findings from the mental health assessment and law enforcement investigation will be integrated into a safety plan (Safety Management Form). For school-based threats involving juveniles, the individual might be suspended from school until the plan is formulated. The safety plan outlines the conditions under which the individual can return to school or change their placement. For adults in a workplace, they may be placed on administrative leave or terminated.

#### Step 5 – Implement a Safety Plan

In the final step, the STAT team will implement and monitor the safety plan formulated in Step 4. The team will maintain contact with the individual and make any necessary adjustments to the safety plan as needed.

The BTAM Manual, Forms and Procedures can be accessed at:

<https://dschs.sharepoint.com/sites/MYLO/ServicesSupport/Facilities/safety-and-security/Pages/default.aspx?RootFolder=%2Fsites%2FMYLO%2FServicesSupport%2FFacilities%2Fsafety%2Dand%2Dsecurity%2FDocuments%2FBehavioral%20Threat%20Assessment%20Files&FolderCTID=0x012000F475AF48DBD59E4AB189E5F26E0BFFB0&View=%7B3AEC2291%2D0DAC%2D48D4%2D87BB%2D9AA89C463DC7%7D>

## IV. Environmental Emergency Procedures

### A. Power Outage Procedures

Step One: Find out the estimated time that the power will be back by calling the local power company or checking their website.

Step Two: Site Admin or Principal will notify Area Superintendent of the situation.

Step Three: Assess the environment.

- Is there enough natural light to be able to see?
- Is temperature comfortable. (not too hot or cold)

If the Principal determines the environment is acceptable for students and staff can stay to work, then manual documentations of students 'work will be done and submitted to the teachers. If the environment is too dark and/or the temperature is too hot or too cold and with the ETA longer than 1 hour, the Principal will send staff members to a sister site to work on their folders etc., with a skeleton crew to stay at the School to notify scheduled students. School stays open with skeleton crew unless directed otherwise by Area Superintendent.

### B. Explosion

#### Threat of Explosion

In the event of a threat of explosion due to such things as leaking gas, the following actions should be taken:

- The Site Administrator or Principal will assess the situation, call 911.
- Prior to sounding the School "Fire Alarm" bell, notify the staff as to the proper evacuation route to take if different from the normal one. After the notification is made, sound the "Fire Alarm." This will automatically activate the "Building Evacuation Plan."
- The Site Administrator or Principal will direct further action as necessary.

#### Actual Explosion

In the event of an explosion the following will be accomplished:

- The Site Administrator or Principal will call 911.
- If the explosion occurred within a building, or threatens the building, the staff should immediately evacuate the building according to the "Building Evacuation Plan."

- If the explosion occurs while leaving the building, direct everyone to “Drop and Take Cover.”
- The Fire Alarm will be activated.
- Move to an area of safety as far from the hazard as possible and maintain control of the students.
- Render First Aid as needed
- Use the fire extinguishers if appropriate. (All staff members should be aware of the locations and use of fire extinguishers).
- The Site Administrator will direct further action as required.
- Students and staff should NOT return to the buildings until fire department officials declare the area safe.

## C. Gas Leak

### Instructor/Staff Procedures

- Evacuate area.
- Use fire drill evacuation procedures; do not pull fire alarm.
- Notify site administrator.
- Do not operate any electrical switches.

### School Administrative Procedures

- Call 911 for emergency personnel.
- Notify Gas Company.
- Notify staff of evacuation via the PA system, or door-to-door procedure
- Reoccupy building only when cleared by authorities.
- File incident report.

### Custodial Procedures

- Do not operate any electrical switches.
- Ventilate area via opening windows/doors.
- Shut off main gas lines.
- Assist Gas Company with locating the leak.
- Keep administration advised of situation.

## D. Chemical Spill / Hazardous Material Release

Chemical accidents / Hazardous materials spills could endanger the students and staff. When they occur the Site Administrator or Principal should be notified, and the magnitude of the accident will determine the need to:

- Notify Site Administrator, Principal and Fire/ Law Enforcement.
- Implement “Building Evacuation.”
- Evacuate the site if necessary.
- Move upwind from the accident and maintain control of the students at a safe distance from the accident.
- The Site Administrator or principal will direct other actions as required.
- Refer to the MSDS safety sheets (if available) for additional action.
- Render first aid as necessary.
- Students and staff should NOT return to the site until the Fire Department officials declare the area safe.

If the chemical accident occurs in the community and a site could be affected, the Site Administrator and the Area Superintendent will be notified as to the course of action to be taken by emergency personnel and will execute the appropriate procedures.

## V. Health & Safety Programs

### A. COVID-19 Infection Control Plan

COVID-19 Infection Control (Plan for Resuming In-Person Instruction)

### V. Guiding Principles

The health and safety of students and staff is our top priority when making the decision to resume in-person instruction in our learning centers. We are working in collaboration with our county health officials in making the decision when to safely resume in-person instruction. This document is rooted in the [scientific evidence](#) available to date and supports twin goals: **safe** and **successful** in-person instruction. School sites will follow guidelines provided by the Centers for Disease Control (CDC), California Department of Public Health (CDPH) and California Department of Education (CDE) which can be found at the links below:

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html>

CDPH: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2023-24-School-Year.aspx>

CDE: <https://www.cde.ca.gov/ls/he/hn/strongertogether.asp>

California Department of Industrial Relations, *Cal/OSHA and Statewide Industry Guidance on COVID-19; Guidance on Requirements to Protect Workers from Coronavirus*, July 2020. See: <https://www.dir.ca.gov/DOSH/Coronavirus/Covid-19-NE-Reg-FAQs.html#outbreaks>.

## Authority

California affirms the authority of local health departments and local educational agencies to maintain or establish additional guidance, including required actions, for K-12 school settings in their respective jurisdictions. When making a determination of whether additional measures are warranted to mitigate in-school transmission of COVID-19, CDPH recommends local health and education officials confer and review this guidance, [relevant local considerations](#), and [CDC guidance](#).

Governmental and non-governmental entities at all levels have issued guidance and directives relating to the safe reopening of schools for in-person instruction. Schools may comply with guidance from other federal, state, local, and nongovernmental sources, to the extent those guidelines are not weaker than or inconsistent with state and local public health directives.

State Technical Assistance resources available for schools and for LHDs to support safe and successful in-person instruction, available on the Safe Schools for All Hub.

Regularly review updated guidance from state agencies, including CDPH and California Department of Education. The California Department of Public Health (CDPH) issued [Consolidated Schools Guidance \(“CDPH Guidance”\)](#) effective July 1, 2022, for in-person instruction for schools. This guide is meant to augment the CDPH Guidance, not replace it. Given the evolving nature of the COVID-19 epidemic, we expect that this document will need to be updated in the future.

## GENERAL MEASURES

Our plan adheres to the [CDPH Guidance](#), [CAL-OSHA Non-Emergency Regulations](#) and includes the following components:

- Posted this Covid-19 Safety Plans on school’s website
- Promoting healthy hygiene practices
- Best Practices for cleaning, disinfecting and ventilation
- Optional plans for physical distancing inside and outside the classroom
- Employee and staff education, including training on how to wear PPE/face coverings, checking for signs and symptoms, and cleaning and disinfecting procedures.
- Family education, including a family communication plan
- Optional Screening procedures for staff, students and visitors



- Surveillance for monitoring for attendance, verifying absences and notifying county health officials.
- CDC [community level indicators](#) of COVID-19 and their trajectory;
- [COVID-19 vaccination coverage](#) in the community and among students, teachers, and staff;
- local COVID-19 outbreaks or transmission patterns;
- indoor air quality at relevant facilities;
- availability and accessibility of resources, including masks and tests;

We continue to communicate with local and state authorities to determine current disease levels and control measures in each community. We regularly review and refer to relevant county variance documentation. We consult with a county health officer and/or a designated staff member, who is best positioned to monitor and provide advice on local conditions. A directory can be found [here](#).

## PROMOTING HEALTHY HYGIENE PRACTICES

Following are best practices the school shall follow, compiled from various experts and in alignment with the CDPH Guidance in [COVID-19 Industry Guidance: Schools and School-Based Programs](#).

### Hygiene

- Teach and reinforce [handwashing](#), avoid contact with one's eyes, nose, and mouth, and covering coughs and sneezes.
- Develop schedules for routine handwashing before and after eating, after being outside, and before and after using the restroom. Students and staff should wash their hands frequently throughout the day, including before and after eating; after coughing or sneezing; after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.
- Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application. Soap products marketed as "antimicrobial" are not necessary or recommended.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings and hand sanitizers (with at least 60 percent ethyl alcohol) for staff and students who can safely use hand sanitizer.
- Minimize the sharing of supplies and equipment among staff and students to the extent feasible. When items must be shared, clean and disinfect items between uses.
- Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.
- Isopropyl hand sanitizers are more toxic when ingested or absorbed in skin.
- Do not use hand sanitizers that may contain methanol, which can be hazardous when ingested or absorbed.
- Children under age 9 should only use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.

### Optional Procedures of Physical Distancing

- CDPH recommends focusing on the other mitigation strategies provided in this guidance instead of implementing minimum physical distancing requirements for routine classroom instruction.
- If practicable, ensure staff maintain physical distancing from each other, which is critical to reducing transmission between adults.
- If determined necessary by Principal to accommodate more students who need in-person instruction in a classroom, recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g. masking strong recommendations, vaccination or public health policies based on [CDC community levels of COVID-19 infection](#)) are implemented. This is consistent with [CDC K-12 School Guidance](#)
- Post signage in high-visibility areas to remind students and staff these and other prevention measures.

#### Facemasks:

Masks, particularly [high-quality and well-fitting masks](#) (PDF), remain highly effective, inexpensive, and dynamic tools to protect oneself and mitigate transmission of COVID-19 and other respiratory pathogens.

- When the COVID-19 Community Level is medium or high, facilities must maintain or reinstate universal masking requirements for all staff and residents, regardless if there are no outbreaks within the facility.
- This allows us to continue protecting our most vulnerable populations and the workforce that delivers critical services in these settings.
- Businesses and venue operators, including K-12 school and childcare settings, must allow any individual to wear a mask if they desire to.
- School may continue to require or reinstate required masking at schools and during school activities, along with other appropriate COVID-19 safety protections for their school community based on local, and regional COVID-19 cases, outbreaks and situations needing immediate infection control procedures.
- Persons, who has medical condition, as confirmed by school district health team and therapists, must be allowed to wear a mask or a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits and requires it.
- Mask policies apply on school buses and any vehicle affiliated with the LEA used to transport students, staff, or teachers to and/or from a school site.
- No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a school, unless wearing a mask would pose a safety hazard (e.g., watersports).
- Schools must develop and implement local protocols to provide a mask to students who inadvertently fail to bring a face covering to school and desire to use one.

CDC COVID-19 Community Level	CDPH recommended actions
Low	<b>Everyone:</b> People can wear a mask based on personal preference, informed by their own personal level of risk.

<p><b>There is lower community spread and impact on healthcare system of COVID-19</b></p>	<p><b>Vulnerable people*:</b> Consider wearing a mask in crowded indoor public places. Ensure your mask provides the best <a href="#">fit and filtration</a> (respirators like N95s, KN95s and KN94s are best). If you are a vulnerable person* or live with a vulnerable person*, consider taking additional precautions.</p>
<p><b>Medium</b> There is medium community spread and impact on healthcare system of COVID-19</p>	<p><b>Everyone:</b></p> <ul style="list-style-type: none"> <li>Consider wearing a mask in indoor public places. Ensure your mask provides the best <a href="#">fit and filtration</a> (respirators like N95, KN95 and KN94 are best).</li> </ul> <p><b>Vulnerable people*:</b></p> <ul style="list-style-type: none"> <li>Wearing a mask is recommended in crowded indoor public places. Ensure your mask provides the best <a href="#">fit and filtration</a> (respirators like N95s, KN95s and KN94s are best).</li> </ul> <p>If you have household or social contact with a vulnerable person*, wearing a mask is recommended when indoors with them</p>
<p><b>High</b> There is high community spread and impact on healthcare system of COVID-19</p>	<p><b>Everyone:</b></p> <ul style="list-style-type: none"> <li>Wearing a mask is recommended in indoor public places. Ensure your mask provides the best <a href="#">fit and filtration</a> (respirators like N95, KN95 and KN94 are best).</li> </ul> <p><b>Vulnerable people*:</b></p> <ul style="list-style-type: none"> <li>Wearing a mask is strongly recommended in indoor public places. Ensure your mask provides the best <a href="#">fit and filtration</a> (respirators like N95s, KN95s and KN94s are best).</li> </ul> <p>If you have household or social contact with a vulnerable person*, wearing a mask is recommended when indoors with them.</p>

# BEST PRACTICES ON CLEANING, DISINFECTION AND VENTILATION

Follow CDC and CDPH guidelines found below:

[Cleaning and Disinfecting Your Facility](#)

“Cleaning” involves water and soap or a detergent, does not use disinfecting agents, and significantly decreases germs on surfaces and decreases infectious risks. “Disinfection” kills germs on surfaces using specific agents (see below for those approved for use). If a case has been identified, the spaces where the case spent a large proportion of their time (e.g., classroom, or administrator’s office if an administrator) should be disinfected. Frequent disinfection can pose a health risk to children and students due to the strong chemicals often used and so is not recommended in the school setting unless a case has been identified.

- The use of drinking fountains may resume following a maintenance service checking for hazards before returning units in service after a period of inactivity. Hazards include Legionella (the cause of Legionnaires’ disease), mold, and lead and copper contamination.

CDC: <https://www.cdc.gov/nceh/ehs/water/legionella/building-water-system.html>

EPA: Lead and copper rule : [https://www.epa.gov/sites/default/files/2019-10/documents/lcr101\\_factsheet\\_10.9.19.final\\_.2.pdf](https://www.epa.gov/sites/default/files/2019-10/documents/lcr101_factsheet_10.9.19.final_.2.pdf)

- Janitorial and other school staff shall clean and or disinfect according to CDPH guidance frequently touched surfaces before and after use within school at least daily and, as practicable, frequently throughout the day.
- Frequently touched surfaces in the school include, but are not limited to:
  - Light switches
  - Door handles
  - Sink handles
  - Bathroom surfaces
  - Tables
  - Student desks
  - Chairs
  - Shared pens, pencils, finger scanner, bar code reader or stylus at front desk
  - Phones
  - Keyboards and Mouse
  - Shared Copy Machines
- When choosing disinfection products after an in-school COVID-19 case has been identified (see “What to do if there is a case of COVID-19 in a School”), use those approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved list “N”](#) and follow product instructions.

- Establish a cleaning and disinfecting schedule to avoid both under- and over-use of cleaning products.
- Ensure safe and correct application of disinfectant and keep products away from students.
- Ensure proper ventilation during cleaning and disinfecting. During the school day, introduce fresh outdoor air as much as possible.
- In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19](#) list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.
- For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).
- If a facility has had a sick person with COVID-19 within the last 24 hours, clean AND disinfect the spaces occupied by that person during that time.
- Drinking fountains may be open and used by students and staff. Routine cleaning is recommended

## OPTIONAL PROCEDURES FOR PHYSICAL DISTANCING INSIDE AND OUTSIDE THE CLASSROOM

### CLASSROOM SPACE

- Each school may determine the number of students and staff in a classroom based on the classroom size (square footage) while maximizing space between all individuals.
- If determined necessary by Principal to accommodate more students who need in-person instruction in a classroom, recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g. masking strong recommendations, vaccination or public health policies based on [CDC community levels of COVID-19 infection](#)) are implemented. This is consistent with [CDC K-12 School Guidance](#)
- To the extent possible, keep students in the same space and in cohorts and stable groups as small and consistent as practicable, keeping the same students and teacher or staff with each group to the greatest extent practicable and minimize the mixing of student groups throughout the day.
- Implement procedures for turning in assignments to minimize contact.
- Limit nonessential visitors, volunteers and activities involving other groups at the same time.
- Limit communal activities where practicable. Alternatively, stagger use, properly space occupants and disinfect in between uses.
- Consider use of non-classroom space for instruction, including regular use of outdoor space, weather permitting.

## ARRIVAL AND DEPARTURE

- Minimize close contact between students, staff, families and the broader community at arrival and departure through the following methods:
- Designate routes for entry and exit, using as many entrances and exits as can be supervised appropriately to decrease crowding at entry and exit points.
- It is recommended for some situations(COVID-19 exposures) to Instruct drivers to remain in their vehicles, to the extent possible, when dropping off or picking up students. When in-person drop-off or pick-up is needed, only a single parent or caregiver may enter the facility to pick up or drop off the child and must wear a face mask.
- It is recommended to place markings on the ground to facilitate physical distancing of six feet or more at all school entry and exit points.

## LIMIT SHARING

- Keep each student's belongings separated, and ensure they are taken home each day to be cleaned.
- Provide adequate supplies to minimize sharing of high-touch materials (pens, art supplies, equipment, etc.) when possible or clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books and other games or learning aids as much as practicable.

## NON-CLASSROOM SETTINGS

- Limit nonessential visitors, volunteers and activities involving other groups at the same time. School tours are considered a non-essential activity and increase the risk of in-school transmission. L
- Restrooms: Stagger use by students one at a time for single occupancy bathrooms. R
- Physical Education: Participants in youth and adult sports should wear face coverings when participating in the activity, even with heavy exertion as tolerated, both indoors and outdoors. P
- School athletic activities and sports should follow the [CDPH Outdoor and Indoor Youth and Adult Recreational Guidance](#). Note that risk of infection transmission increases for indoor activities; indoor sports are higher risk than outdoor sports due to reduced ventilation. And transmission risk increases with greater exertion levels; greater exertion increases the rate of breathing and the quantity of air that is inhaled and exhaled with every breath. For example, consider part-day instruction outside, maintaining physical distancing. S
- Hallways: Minimize congregating through hallways. For example, establish one-way walking/passage areas.
- Consider use of non-classroom space for instruction, including regular use of outdoor space, weather permitting.
- Limit communal activities. Alternatively, stagger use, properly space occupants and clean in between uses.

- Minimize congregate movement through hallways as much as practicable. For example, establish more ways to enter and exit a campus, create staggered passing times when necessary or when students cannot stay in one room and use visual reminders on the floor that students can follow to enable physical distancing while passing and waiting in line. In addition, schools can consider eliminating the use of lockers, which can become congregating areas.

## FOOD SERVICES

- Follow all requirements issued by the County Department of Environmental Health to prevent transmission of COVID-19 in food facilities.
- Avoid sharing of foods and utensils and buffet or family-style meals.
- Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as classrooms or the gymnasium can help facilitate distancing. Arrange for eating outdoors as much as feasible.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as classrooms or the gymnasium can help facilitate distancing. Arrange for eating outdoors as much as feasible.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals

## SCHOOL EVENTS

The recommendations in this guidance apply to all extracurricular activities that are operated or supervised by schools, and all activities that occur on a school site, whether or not they occur during school hours, including, but not limited to, sports, band, chorus, and clubs.

- Field trips, and other gatherings will be permitted only to the extent allowed by local and state public health authorities.
- Attendance at school events shall be limited to students and staff and volunteers or those participating in the event only (no non-essential visitors).
- Masks are optional indoors at all times for teachers, referees, officials, coaches, and other support staff
- Masks are optional for all spectators and observers.
- Maximize the number of school events that can be held virtually or outside.
- Outdoor singing and band practice are permitted, provided that precautions such as physical distancing and mask wearing are implemented to the maximum extent possible. School officials, staff, parents, and students should be aware of the increased likelihood for transmission from exhaled aerosols during singing and band practice, and physical distancing beyond 6 feet is strongly recommended for any of these activities.
- Individuals using instruments indoors that cannot be played with a mask (e.g., wind instruments) may perform if bell coverings are used when playing wind instruments AND a minimum of 3 feet of physical distancing is maintained between participants. Modified masking may be considered in addition to, but not in place of, bell covers. If bell covers are

not used, it is strongly recommended that individuals undergo screening testing at least once weekly. An FDA-approved antigen test, PCR test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status.

- Activities may be performed outdoors without masks. (Check your local county for stricter standards). Indoor mask use remains a critical layer in protecting against COVID-19 infection and transmission, including during sports, music, and related activities.

Accordingly:

- Masks are strongly recommended indoors at all times when participants are not actively practicing, conditioning, competing, or performing. Masks are also required indoors while on the sidelines, in team meetings, and within locker rooms and weight rooms.
- When actively practicing, conditioning, or competing in indoor sports, masks are strongly recommended by participants even during heavy exertion, as practicable. If masks are not worn due to heavy exertion, it is strongly recommended that individuals undergo screening testing at least once weekly. An FDA-approved antigen test, PCR test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status.

## TRAIN ALL STAFF AND EDUCATE FAMILIES

Training for all staff via internal Learn 4 Life network is provided on the following topics:

- How Covid-19 is spread and the importance of not coming to work if a staff member or if someone in the member's household has been diagnosed with COVID-19 or displays symptoms.
- COVID-19-specific symptom identification and when to seek medical attention
- [Proper use, removal and washing of face coverings](#)
- [Cleaning and disinfecting](#) procedures
- Resuming in-person instruction guidelines
- COVID-19 plan and procedures to follow when a child or adult becomes sick at school
- Printed educational materials will be provided on-site or mailed out to families on the following safety topics:
  - [Proper use, removal and washing of face coverings](#)
  - Physical distancing guidelines and their importance
  - Screening practices and the importance of not coming to the facility if any member of the family has been diagnosed with COVID-19 or displays symptoms.
  - COVID-19-specific symptom identification and when to seek medical attention

## Ventilation recommendations

- Ensure sufficient ventilation in all school classrooms and shared workspaces per American Society of Heating, Refrigerating, and Air- Conditioning Engineers (ASHRAE) [guidance](#) on ventilation.
- Contact a mechanical engineer, heating, ventilation, and air conditioning (HVAC) design professional, or mechanical contractor in order to evaluate your ventilation system in regards to the ASHRAE guidance.
- If opening windows poses a safety or health risk (e.g., by allowing pollen in or exacerbating asthma symptoms) to persons in the facility, consider alternatives. For example, maximize central air filtration for HVAC systems by using filters with a minimum efficiency reporting value (MERV) of at least 13.



- MERV 13 or greater filtration is efficient at capturing airborne viruses and should be the target minimum level of filtration. If the air handling system cannot function with such a high level of filtration, increase the filtration in the equipment to the maximum allowable for the system.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in classrooms, offices and other spaces.
- If not able to properly ventilate indoor instructional spaces, outdoor instruction is preferred (use caution in poor air quality conditions).
- Ventilation considerations are also important on school buses; use open windows as much as possible to improve airflow.
- Specific practices to avoid:
  - Classrooms or buses with no ventilation.
  - Classrooms or buses with increased airflow across occupants (e.g., air conditioners or fans blowing into the classroom or overhead fans creating air currents across occupants).

## CHECK FOR SIGNS AND SYMPTOMS

Health screenings refer to optional symptom screening, temperature screening or both. The CDC acknowledges that "fever and symptom screening have proven to be relatively ineffective in identifying all infected individuals." This is because people with COVID-19 can infect others before they become ill (pre-symptomatic transmission), never become ill but can still infect others (asymptomatic transmission), or fever may not appear. L4L may require the following:

- Post signs at all entrances instructing students, staff and visitors not to enter campus if they have any COVID-19 symptoms.
- Require staff and students who are sick or who have recently had close contact with a person with COVID-19 to stay home.
- Follow recommended symptoms screening and other procedures (e.g. Titan Screening App) for all staff and students entering the facility.
- Conduct visual wellness checks of all students and take students' temperature with a no-touch thermometer. (Per recommendation by each site administrator based on current COVID-19 cases in school and community.)
- Ask all individuals about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. See chart for all screening questions. A person who answers "Yes" to any one of these questions must not be allowed to enter the school facility unless the individual has been determined qualified to shorten isolation and quarantine procedures.

## COVID-19 Screening Questionnaire (Titan HST App)

Q1. Are you going into the school or workplace today?

Q2. Have you been diagnosed with Covid-19 or had a test confirming you have the virus in the last five (5) days?

Q3. Do you live in the same household with, or, had “close contact”, someone who in the past 10 days has been in isolation for COVID-19 or had test confirming they have the virus?

Q4. If yes to question 3, have you passed all the CDC and CDPH requirements needed to shorten your isolation and quarantine period after the 5th day from exposure? (Negative Test, No Fever (last 24 hours), Symptoms Receded)

Q5. Have you had any or more of these symptoms today or within the past 24 hours?

- Fever
  - Cough
  - Shortness of breath/trouble breathing
  - Chills
  - Night Sweats
  - Sore throat
  - Muscle/body aches
  - Loss of taste or smell
  - Headache
  - Confusion
  - Vomiting
  - Diarrhea
- 
- Document/track incidents of possible exposure and follow the procedures noted in the Response to Suspected or Confirmed Cases and Close Contacts section, below.
  - Notification of local health officials, staff and families shall ensure confidentiality, as required under HIPPA, FERPA and state law related to privacy of educational records. (Information concerning confidentiality can be found [here](#).)
  - If a student is exhibiting symptoms of COVID-19, staff shall communicate with the parent/guardian and refer to the student’s health history form and/or emergency card to identify if the student has any underlying medical conditions.
  - Monitor staff and students throughout the day for signs of illness; send home students and staff with a fever of 100.4 degrees or higher, cough or other COVID-19 symptoms.
  - A digital notification system via email or text maybe used to ask staff and students COVID-19 symptoms screening question as a reminder of the importance of not coming to the learning center when feeling sick.
  - Policies should not penalize students for missing class.

## PLAN FOR WHEN A STAFF MEMBER, STUDENT OR VISITOR BECOMES SICK

- Staff and students should self-monitor throughout the day for signs of illness; staff should observe students for signs or symptoms of illness to support students who are less able to self-monitor or less likely to self- report.
- Any students or staff exhibiting symptoms shall immediately be isolated in a temporary room or area until they can be transported home or to a healthcare facility. The attending staff member should wear the proper PPE such as a surgical mask, protective gown and gloves when close interaction with a sick student or staff is necessary.

- Any students or staff exhibiting 1 or more symptoms should be required to wait in the previously identified isolation area until they can be transported home or to a healthcare facility, as soon as practicable.
- If a student is exhibiting 1 or more symptoms of COVID-19, staff should communicate with the parent/caregiver and refer to the student's health history form and/or emergency card.
- The room or area shall be disinfected after the student or staff has been transported home or to a healthcare facility.
- Establish procedures to arrange for safe transport home or to a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms:
  - Fever
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Repeated shaking with chills
  - Muscle pain
  - Headache
  - Sore throat
  - New loss of taste or smell
  - For serious injury or illness, call 911 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face.
- Close off areas used by any sick person and do not allow anyone to enter that area before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you clean and disinfect. If waiting 24 hours is not feasible, wait as long as possible.
- Require sick staff members and students not to return until they have met CDC criteria to discontinue home isolation, including two days with no fever, symptoms have improved and 5 days have passed since symptoms first appeared.

## Return to School After Exclusion for Symptoms at Home or in School

- Ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law.
- Testing of symptomatic students and staff can be conducted through local health care delivery systems or other testing resources, as fits the context of the local health jurisdiction. Advise staff members and students with symptoms of COVID-19 infection not to return for in-person instruction until they have met [CDPH criteria](#) to discontinue home isolation for those with symptoms:
  - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
  - Other symptoms have improved; and
  - They have a negative test for SARS-CoV-2, OR a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis (e.g., Streptococcal pharyngitis, Coxsackie virus), OR at least 5 days have passed since symptom onset.

## COVID-19 TESTING AND REPORTING

- Instruct students and staff to contact their medical provider and follow CDC guidelines on quarantine and isolation procedures. Instruct them to get tested as soon as possible after they develop one or more COVID-19 symptoms, or if one of their household members or non-household close contacts has tested positive for COVID-19.
- Test results will be collected in a secured digital database system (MYLO) for evaluation, tracking and notifications. Internal contact tracing procedures included in this plan will be followed.
- Rapid Antigen tests are allowed and available for free( while supply last) in school for students and staff.

### Positive test results:

- Student or employee that tests positive must be excluded from school for at least five(5) days isolation can end after day 5 if symptoms are not present or fever have resolved for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. . If fever is present, isolation should continue until fever resolves. If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until day 10. Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. After ending isolation, persons may remove their mask sooner than Day 10 with two sequential negative tests one day apart.
- Require that parents/guardians and staff notify school administration immediately if the student or staff tested positive for COVID-19, or if one of their household members or non-household close contacts tested positive for COVID-19.
- Upon receiving notification, that staff or a student has tested positive for COVID-19 or has been in close contact, with a COVID-19 case, follow steps in the Reporting Data Collection and Internal Contact Tracing Process below.

### Negative test results:

- Symptomatic students or staff who test negative for COVID-19 shall remain home at 5 days from symptoms onset and at least 24 hours after resolution of fever without fever reducing medicine and improvement in other symptoms.
- Employees on LOA (Leave of Absence) will be required to submit medical release from their doctor or from a public health officer to LLAC's HR/LOA and Safety department. A negative COVID-19 test results may be accepted in lieu of a medical note.

## MAINTAIN HEALTHY OPERATIONS

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- The Area Superintendent will designate a staff liaison, develop, and distribute contact information to all staff to ensure staff know who they are and how to contact them.
- Instruct staff and families of students to self-report symptoms and possible exposure to COVID-19 to their direct supervisor and teacher, respectively, while maintaining confidentiality as required by FERPA and state law related to privacy of educational records. Additional guidance can be found [here](#).
- Local health departments will be consulted if routine testing of staff and students are required according to current public health and OSHA guidance.

- Consult with CDPH K-12 School Testing Guidance if LEA is considering routine testing.

## CONSIDERATIONS FOR PARTIAL OR TOTAL CLOSURES DUE TO OUTBREAKS

When a student, teacher, or staff member tests positive for COVID-19 and had exposure, with close contact, others at the school, implement the following steps:

- In consultation with the local public health department, the Area Superintendent (or designee) may decide whether school closure is warranted, including the length of time necessary, based on the risk level within the specific community as determined by the local public health officer and CDPH.
- When either a school or LHD is aware that an outbreak may be underway, the LHD should investigate, in collaboration with the school, to determine whether these cases had a common exposure at school (e.g., a common class or staff member, bus ride, or other common exposures outside of school).
- CDPH defines a school outbreak as 3 or more confirmed or probable cases of staff or students occurring within a 7-day period who are epidemiologically-linked in the school, are from different households and are not contacts of each other in any other investigation cases (e.g., transmission likely occurred in the school setting).
- The classroom or office where the patient was placed will typically need to close temporarily as students or staff isolate. Arrange for cleaning and disinfection of classrooms or other areas where cases or symptomatic students or staff members spend significant time.
- Communication plans for school closure shall include a phone call and one written form of communication to students, parents, teachers, staff and the community.
- Provide information for staff regarding labor laws, disability insurance, paid family leave and unemployment insurance.
- Maintain regular communications with the local public health department.
- Check State and local orders and health department notices daily for transmissions in the area or closures and adjust operations accordingly.
- Include decisions from results of established internal contact tracing procedures.  
(see Reporting Data Collection and Contact Tracing Process section, below)
- Notify the school community if the school is to be closed for 14 days due to widespread and/or ongoing transmission of SARS-CoV2 at the school or in the general community, and repeat recommendations for prevention and control measures (see sample notification #3 in Appendix 2).
- Implement online/distance teaching and learning during school closure.
- Arrange for cleaning and disinfection of entire school before reopening in the case of closure.  
Schools may typically reopen after 14 days and if the following have occurred:
- Cleaning and disinfection
- Public health investigation

- Consultation with the LHD

## Response to Suspected or Confirmed Cases and Close Contacts

### INITIAL REPORT OF CASE

1. Infection case is reported to LLAC's HR and Safety department via case tracking form on safety and security page on MYLO ([here](#)) or email to HRSafety@llac.org.
  2. Staff members are instructed not to disclose the identity of the infection case to other staff members. This information, however, may be shared with LLAC's HR and Safety department and the public health officials as it is considered a health or safety emergency.
  3. The staff member who receives the initial report is to report to the Area Superintendent, and the Area Superintendent (or designee) shall initiate the Data Collection and Internal Contact Tracing Process below.
- REPORTING - DATA COLLECTION AND INTERNAL CONTACT TRACING PROCESS

The following steps shall be followed to identify the scope of risk by tracing when the infected student/staff member was last in the center/building:

1. When did the potential exposure occur (date and time)?
  - a. Were they in prolonged, unprotected and close contact with others? The CDC defines "close contact" as "someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated."
    - i. Yes (higher level of risk) proceed to step b.
    - ii. No (lower level of risk) proceed to step 2 for possible removal of individual from notification list.
  - b. Identify all individuals with close/prolonged contact and create a list. Confirm with video footage review if available. Then proceed to step 2.
2. LLAC's HR and Safety department will collaborate and review all information to determine who should be on the possibly exposed notification list.
3. Other information that will be needed are: Date of onset of symptoms, Date of Covid-19 test of the confirmed source and the close contact, date of onset of symptoms of the source of COVID-19 and the close contact.
4. Once LLAC's HR and Safety department has a list of possibly exposed employees/students, the Area Superintendent (or designee) or the direct supervisor of the employee must send out the appropriate notification letters to all staff members and to those who had "close contact with the suspected or confirmed case within 24 hours of receipt of information. Area superintendent or designee will also contact the local county public health department with the assistance of LLAC's HR and Safety department to report the confirmed case.

## EMPLOYEE COMMUNICATION

The Area Superintendent (or designee) shall send out the appropriate email notification to all staff members within 24 hours of receiving information of a confirmed case or “[qualifying individual](#)” in their centers. A separate email tailored for the individuals on the close contact list will be sent. The standard COVID-19 notification letters are located on [MYLO](#) and in the appendix in both English and Spanish language.

## STUDENT COMMUNICATION –

The Area Superintendent (or designee) will contact the students and parents by phone and email or mail within 24 hours of confirmation of the COVID-19 case to inform them of potential exposure and follow the steps below:

1. Stay home only if symptomatic and wear a well-fitting mask when with other for at least [10 days](#), except to get medical care. [[See options to shorten quarantine below](#)]
2. Contact your medical provider if symptoms start. Get tested.
3. If symptomatic . Separate yourself from other people and pets in your home.
4. Monitor your symptoms and follow instructions from your medical provider and local health authorities.
5. If Rapid Test result on the 3<sup>rd</sup> or 5<sup>th</sup> day is negative and symptoms has improved ( no fever) then student and staff may return to school or work. Students and staff do not need to provide medical clearances or negative COVID-19 test results from their healthcare provider if the 10-day quarantine or isolation period has been completed and is symptoms-free for 24 hours without the assistance of any medications.
6. Provide the [10 things you can do to manage your COVID-19 symptoms at home](#) document from CDC.

Definition of a confirmed case or “[qualifying individual](#)”

“Qualifying individual” means any person who has any of the following:

1. A laboratory-confirmed case of covid-19, as defined by the state department of public health.
2. A positive covid-19 diagnosis from a licensed health care provider.
3. A covid-19-related order to isolate provided by a public health official.
4. An individual who died due to covid-19, in the determination of a county public health department or per inclusion in the covid-19 statistics of a county.

## Duration of isolation and quarantine

- [Isolation](#) separates sick people with a contagious disease from people who are not sick. 5 Days Isolation can end after day 5 if symptoms are not present or are resolving. If fever is present, isolation should continue until fever resolves. If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10.
- [Quarantine](#) separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. Individuals regardless of their vaccination status can refrain from quarantine following a known exposure if

asymptomatic. Test within 3-5 days after last exposure. wear a well-fitting mask around others for a total of 10 day

## Recommendations for Students exposed to COVID-19:

Schools may consider permitting asymptomatic exposed students, regardless of their COVID-19 vaccination status or location of exposure, to continue to take part in all aspects of K-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19. It is recommended that exposed students wear a well-fitting mask indoors around others for at least 10 days following the date of last exposure, if not already doing so.

- Exposed students, regardless of COVID-19 vaccination status, should get tested for COVID-19 with at least one diagnostic test (e.g., an FDA-authorized antigen diagnostic test, PCR diagnostic test, or pooled PCR test) obtained within 3-5 days after last exposure, unless they had COVID-19 within the last 90 days.
- Exposed students who had COVID-19 within the last 90 days do not need to be tested after exposure but should monitor for symptoms. If symptoms develop, they should isolate and get tested with an antigen test.
- If the exposed student has [symptoms consistent with COVID-19](#), they should stay home, get tested and follow the guidance in Section #4 above.
- If the exposed student tests positive for COVID-19, follow the guidance for isolation

For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*<sup>1</sup> and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. Notify all close contacts at the school and instruct them to follow [CDPH COVID-19 Quarantine Guidance](#) . (or follow LHO orders, if relevant and/or more stringent).

A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.

**[Table 1: Persons Who Should Isolate](#)**

<a href="#">Persons Who Test Positive for COVID-19</a>	<a href="#">Recommended Actions</a>
<b><u>Everyone, regardless of vaccination status, previous infection or lack of symptoms.</u></b>	<ul style="list-style-type: none"><li>• <b><u>Stay home (PDF) for at least 5 days after start of symptoms (or after date of first positive test if no symptoms).</u></b></li><li>• <b><u>Isolation can end after day 5 if symptoms are not present or are resolving and a diagnostic specimen* collected on Day 5 or later tests negative.</u></b></li></ul>



	<ul style="list-style-type: none"> <li>• <u>If unable to test, choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 10 if fever-free for 24 hours without the use of fever-reducing medications.</u></li> <li>• <u>If fever is present, isolation should be continued until 24 hours after fever resolves.</u></li> <li>• <u>If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10.</u></li> <li>• <u>Per CDPH masking guidance, infected persons should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings (see masking section below for additional information).</u></li> </ul> <p>-</p> <p><u>*Antigen test preferred.</u></p>
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Table 2: Close Contacts - General Public  
(No Quarantine)

<u>Asymptomatic Persons</u> <u>Who are Exposed to</u> <u>Someone with COVID-19</u> <u>(No Quarantine)</u>	<u>Recommended Actions</u>
<p><u>Everyone, regardless of vaccination status.</u></p> <p><u>Persons infected within the prior 90 days do not need to be tested, quarantined, or excluded from work unless symptoms develop.</u></p>	<ul style="list-style-type: none"> <li>• <u>Test within 3-5 days after last exposure.</u></li> <li>• <u>Per CDPH masking guidance, close contacts should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings and when near those at higher risk for severe COVID-19 disease (see</u></li> </ul>

	<p><u>masking section below for additional information).</u></p> <ul style="list-style-type: none"> <li>• <u>Strongly encouraged to get vaccinated or boosted.</u></li> <li>• <u>If symptoms develop, test and stay home (see earlier section on symptomatic persons), AND</u></li> <li>• <u>If test result is positive, follow isolation recommendations above (Table 1).</u></li> </ul>
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In some workplaces, employers are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements

Any FDA-approved antigen diagnostic test, PCR diagnostic test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status. For individuals who have been recently infected (within the past 90 days), antigen testing is strongly recommended as PCR results may remain persistently positive and not be indicative of a new active infection. Repeat antigen testing and/or confirmatory molecular testing should be considered in individuals who receive a negative result with an antigen test but have symptoms specific for COVID-19 (such as loss of taste and smell).

- Exposed students who participate in testing may continue to take part in all aspects of K-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19. They should test as recommended, report positive test results to the school, and follow other components of this guidance, including wearing mask as directed.

Exposed students who develop symptoms should see Section 4 of the CDPH K-12 Guidance.

Exposed students who receive a positive test result should isolate in accordance with of the K-12 Guidance.

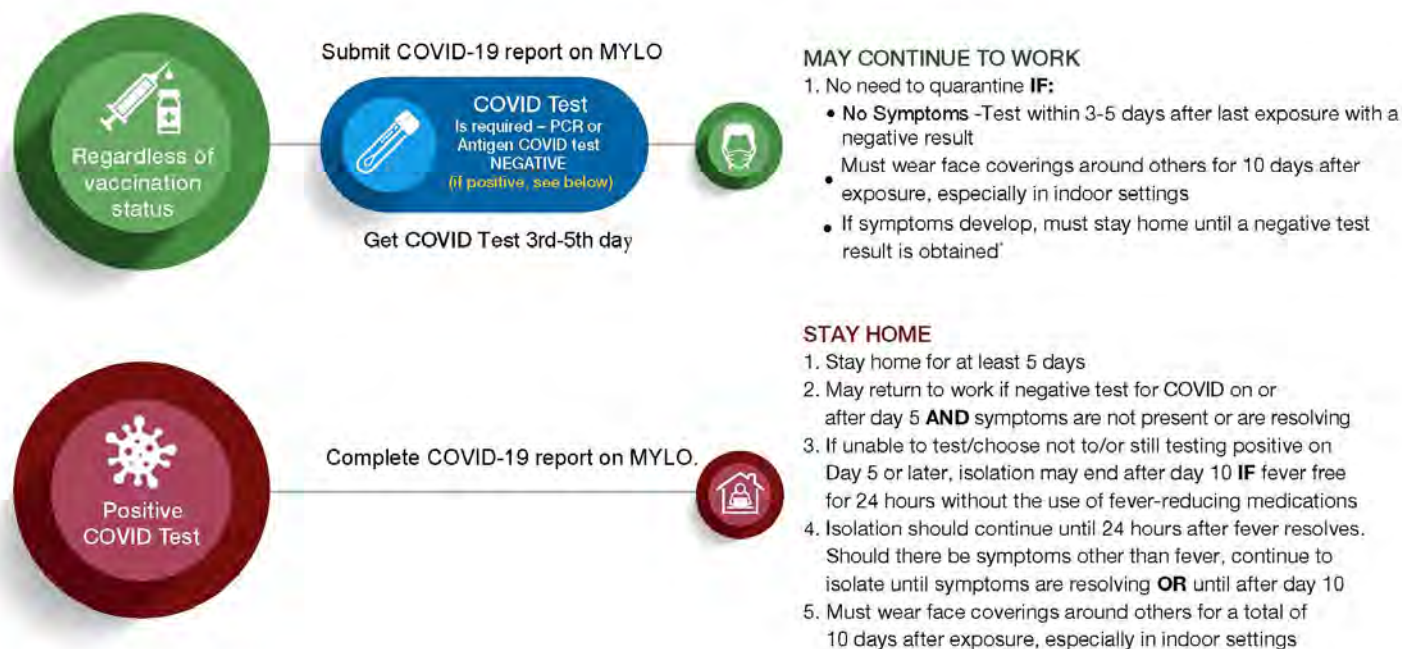
- CDC continues to endorse quarantine for 10 days and recognizes that any quarantine shorter than 10 days balances reduced burden against a small possibility of spreading the virus. CDC will continue to evaluate new information and update recommendations as needed. See [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#) for guidance on options to reduce quarantine.

The following recommendations apply to non-healthcare settings. For related information for healthcare settings, visit [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

## EMPLOYEE COVID-19 FLOWCHART

# L4L (CA only) Employee Return to Work Following Exposure to COVID

Updated April 2022



## \*If you have COVID-19 symptoms, regardless of vaccination status or previous infection:

1. Self-isolate and test as soon as possible. For symptomatic persons who have tested positive in the previous 90 days, using an antigen test is preferred
2. Remain in isolation while waiting for results. If unable or unwilling to test, must continue isolation for 10 days after symptom onset
3. Consider continuing self-isolation and retesting in 1-2 days if testing negative with an antigen test, particularly if tested during the first 1-2 days of symptoms

## Return to Work



### COVID Symptoms

Fever > 100.4 F  
Loss of taste or smell  
Difficulty Breathing  
New Onset Cough  
Congestion/Runny Nose  
Nausea/Vomiting/Diarrhea  
Sore Throat  
Headache  
Fatigue/Muscle or Body Aches



Someone with COVID-19 is defined as anyone with laboratory-confirmed or a clinically compatible illness.

COVID exposure includes within 6 feet regardless of proper mask use (on either person) for greater than 15 cumulative minutes in a 24-hour period.

"Close Contact": The CDPH defines "Close Contact" as "Someone sharing the same indoor airspace, e.g., home, clinic waiting room, airplane etc., for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (laboratory-confirmed or a clinical diagnosis) infectious period

### If you test **POSITIVE** for COVID:

As a reminder, you are not eligible to get the COVID-19 vaccine while you are infected with COVID.

You will need to notify your supervisor and complete the COVID exposure workplace documentation where applicable.

You will be off work:

- At least 24 hours from improved symptoms and no fever without fever-reducing medication AND at least 5 days have passed since symptoms first appeared
- May return to work if negative test is taken on or after day 5 from symptom onset (day 6) **\*\*ANTIGEN TEST PREFERRED\*\***
- Routine surveillance testing is not required for staff who have had a lab-confirmed case of COVID-19 in the last 90 days.

If you develop worsening symptoms, do not delay and consult your primary care physician (PCP) or emergency department for care.

**Contact supervisor or [LeaveofAbsence@llac.org](mailto:LeaveofAbsence@llac.org) for time off options if needed.**

### If you test **NEGATIVE** for COVID:

If you are exposed and develop symptoms, we consider you a probable case and we expect 10 days of isolation regardless of results.

For continuing illness, you should consult your PCP. You will need to coordinate with your PCP and your supervisor to address your continuing symptoms and when you will be able to return to work.

When you return to work, you will need to meet the following:

- At least 1 day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications.
- Improvement of symptoms (e.g., cough, shortness of breath); secretions can be properly maintained, and you feel capable of returning to work.
- Continue wearing a properly fitting mask for 10 days.

**TIP: If you have symptoms get tested right away. If you were exposed and don't have symptoms, it is best to wait 5-7 days after last exposure to be tested.**

*This care pathway was designed to assist school personnel and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified healthcare provider, including school nurses. This guidance is based on current evidence and the best data at the time of publication. Updates are provided to reflect changes in knowledge about the impact of the disease on children and adolescents (01-10-2022).*

*Contents are based on current CDC guidance. Template Source Design: adapted from Orange County Public Health January 10, 2022*



# SCHOOL ISOLATION FLOW CHART

**Have you tested positive  
for COVID-19?**

**no**

**You do not need to  
isolate**

**yes**

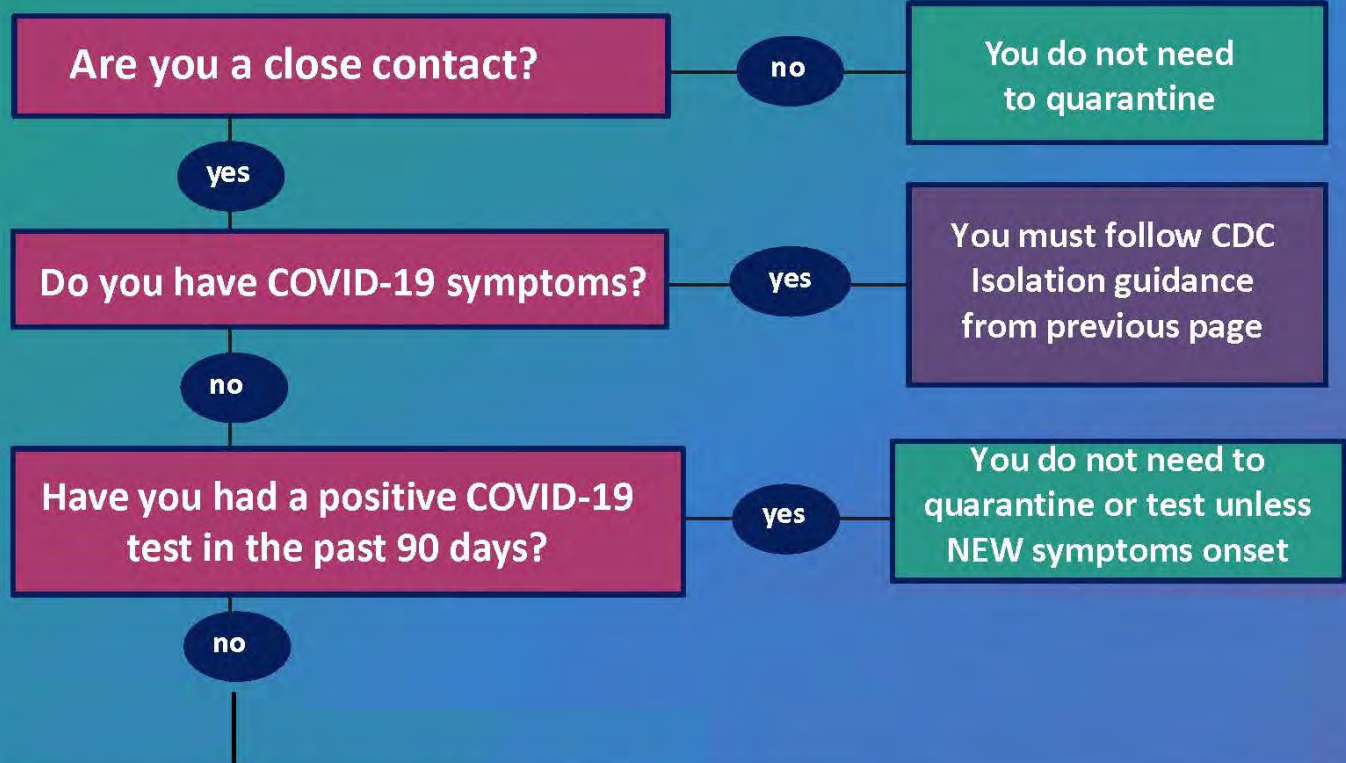
- Stay home for at least 5 days, regardless of vaccination status, previous infection, or lack of symptoms.
- Isolation can end after Day 5 if symptoms are not present or are resolving and a diagnostic specimen\* collected on Day 5 or later tests negative.
- If unable to test or choosing not to test, or test positive after Day 5, and symptoms are not present or are resolving, isolation can end after Day 10.
- If fever is present, isolation should be continued until fever resolves.
- If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after Day 10.
- Wear a well-fitting medical grade mask around others for a total of 10 days, especially in indoor settings; children should wear a well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire. See CDC guidance on masks for more information.
- Tell your close contacts that they have been exposed and need to follow instructions for close contacts at CDC website.
- See CDC guidance for full isolation instructions for people with COVID-19.

**Note:** If you have symptoms, Day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. If you do not have symptoms, Day 0 is the day your positive test was taken. Day 1 is the first full day after your positive test was taken.

**\*Antigen test preferred.**

Contents based on CDC guidance. Template Design from LA County Department of Public Health

# INDIVIDUAL CONTACT TRACING SCHOOL QUARANTINE FLOW CHART



## You must quarantine Only if Symptomatic

You may end your quarantine after either:

- Ten (10) full days from your last known contact. Activities resume on Day 11.

OR

students with an exposure may remain in school and participate in school activities if they meet the criteria below:

- They do not have symptoms.
- Wear a mask in school for 10 days and test negative on or around Days 3-5. If testing resources are available, testing twice is recommended, preferably immediately after exposure notification and again on or around Day 5.
- They wear a well-fitting mask at all times at school, indoors and outdoors, except when eating or drinking.
- They monitor for symptoms for 10 days. If they have symptoms, they must follow isolation guidance and test immediately.

Contents based on CDPH guidance. Template Design from LA County Department of Public Health



## DISTANCE/REMOTE LEARNING FOR MEDICALLY FRAGILE STUDENTS

Regardless of on-site School conditions, distance/remote learning shall be made available for the following students:

- Students who are medically fragile or would be put at risk by in-person instruction, or who are isolating or quarantining because of exposure to COVID-19.
- Students who live in a household with anybody who is medically fragile.

Families requesting distance learning due to medical fragility must contact the Principal to discuss options regarding request.

## COHORTING GUIDANCE

Learning centers will continue to provide critical educational service for students with disabilities and English learners, access to internet and devices for distance learning, and in-person support for at-risk and high-need students. Current Cohorting guidance clarifies the conditions that must be met to offer in-person services for small groups of students if a School is otherwise unable to reopen under state public health directives.

In-person targeted, specialized support and services in stable cohorts is permissible when the School is able to satisfy all of the conditions detailed in the Cohorting Guidance, including:

- Limiting cohort size
- Restricting cohort mixing
- Maintaining proper physical distancing, masking, cleaning and other safety measures

The determination is made at the LEA- and School-level based on the needs of students. The LEA and School for receiving targeted supports and services should prioritize students with disabilities. In addition, English learners, students at higher risk of further learning loss or not participating in distance learning, students at risk of abuse or neglect, foster youth and students experiencing homelessness may also be prioritized.

Specialized services are determined by LEAs and include but are not limited to occupational therapy services, speech and language services, and other medical services, behavioral services, educational support services as part of a targeted intervention strategy or assessments, such as those related to English learner status, individualized educational programs and other required assessments.



## CDC's Know Your COVID-19 Community Level

COVID-19 Community Levels are a new tool to help communities decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area. Take precautions to protect yourself and others from COVID-19 based on the COVID-19 Community Level in your area.

### What Prevention Steps Should You Take Based on Your COVID-19 Community Level?

Low	Medium	High
<ul style="list-style-type: none"><li>Stay <a href="#">up to date</a> with COVID-19 vaccines</li><li><a href="#">Get tested</a> if you have symptoms</li></ul>	<ul style="list-style-type: none"><li>If you are <a href="#">at high risk for severe illness</a>, talk to your healthcare provider about whether you need to wear a mask and take other precautions</li><li>Stay <a href="#">up to date</a> with COVID-19 vaccines</li><li><a href="#">Get tested</a> if you have symptoms</li></ul>	<ul style="list-style-type: none"><li>Wear a <a href="#">mask</a> indoors in public</li><li>Stay <a href="#">up to date</a> with COVID-19 vaccines</li><li><a href="#">Get tested</a> if you have symptoms</li><li>Additional precautions may be needed for people <a href="#">at high risk for severe illness</a></li></ul>

People may choose to mask at any time. People with [symptoms, a positive test, or exposure](#) to someone with COVID-19 should wear a mask. Masks are required on [public transportation](#) and may be required in other places by local or state authorities.

## Vaccines for K-12 School

CDPH strongly recommends that all persons eligible to receive COVID-19 vaccines receive them at the first opportunity. COVID-19 vaccination is recommended for everyone aged 12 years and older in the United States for the prevention of coronavirus disease 2019 (COVID-19) according to the CDC.

In addition to vaccines required for School entry, CDPH strongly recommends that all students and staff be immunized each autumn against influenza unless contraindicated by personal medical conditions, to help:

- Protect the School community.
- Reduce demands on health care facilities.
- Decrease illnesses that cannot be readily distinguished from COVID-19 and would therefore trigger extensive measures from the School and public health authorities.

Because vaccine implementation for Schools is rapidly evolving, we are providing a separate vaccine guidance document that will be available on the Safe Schools for All Hub [here](#).

## Promoting Vaccination

### **Staying Up to Date on Vaccinations:**

Vaccinations prevent illness by working with the body's natural defenses to help safely develop immunity to disease. Not only do vaccinations provide individual-level protection, but high vaccination coverage reduces the burden of disease in schools and communities and may help protect individuals who are not vaccinated or those who may not develop a strong immune response from vaccination.

### **Recommended Actions:**

- California strongly recommends that all eligible individuals [get vaccinated against COVID-19](#) and [remain up-to-date](#) to protect oneself and reduce transmission of the virus.
- Additionally, children have fallen behind on receiving other vaccines over the course of pandemic, placing them and their communities at increased risk of falling ill from other vaccine-preventable illnesses. Schools should review statutory requirements for vaccination requirements for entry into K-12 schools. Visit [Shots for School](#) for information.

# Transportation

Physically distancing students can be a particular challenge on transportation vans and buses and other vehicles that transport groups of students to school. However, there are several options to consider to promote safety and increase the distance among students and between students and the driver on school buses:

- Consider Implementing COVID-19 testing 24 hours prior to the trip using Rapid Antigen test kits. Proof or a picture of negative test required with attestation of the name, date and time of the test performed allows the student and staff to join the trip.
- Opening windows, weather permitting, to increase circulation of outdoor air, as long as doing so does not pose a safety or health risk (e.g., risk of falling).
- Maintaining consistent, correct use of masks by adults and children while on a school bus and at arrival/departure points (e.g., bus stops), according to current community transmission levels guidance.  
Individuals who cannot safely wear a mask (consult Principal or site administrator for these exemptions).
- Bus or Van drivers should be provided with extra masks to make available in case a student who would like to wear a mask and does not have one.
- Optional seating arrangement- one student per row, alternating window and aisle seating, skipping rows when possible. (Alternating seating maybe waived if community transmission levels is in low or green level or have a negative COVID-19 [viral test](#) within 1-3 days of travel date).
- Seating members of the same household next to each other. (Optional)
- Assigning each rider to a designated seat that is the same every day, to promote clear expectations and assist contact tracing, when needed.
- Using seat assignments that load the vehicle from the rear forward (and unload from the front backward) to help reduce student contact.
- If a school system provides transportation for students with disabilities as part of their IEP or 504 plan, including medically fragile children, considering the reservation of specific seats that would not be used for other students during the day and would be subject to special precautions for cleaning. Alternatively, the student's IEP or 504 team could discuss arranging for separate transportation for those students who require this type of transportation.
- Installing signage with visual cues on the school bus to encourage optional physical distancing protocols and to communicate this information to students with vision or reading disabilities.
- Developing a communication plan to encourage students and parents to maintain Optional physical distance at bus stops and avoid congregating in groups while waiting for the bus.

- Encouraging families to drive their children to school, or field trip's location if possible, to reduce the number of students on the vehicle.

### Families and Staff are required to Check for Symptoms at Home before transportation.

School staff should check educators, staff, and students should stay home when they are experiencing any COVID-10 like symptoms and seek medical attention. Educators, staff, and students who have symptoms or who live with someone who has developed symptoms should stay home and consult with a healthcare provider for testing and care as directed and should not be allowed to travel unless seeking medical care.

- Fever or chills
- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Shortness of breath or difficulty breathing (for students with asthma or other respiratory conditions, a change from their baseline breathing)
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. Travel organizers should include posting signs on the entrances to buildings or vehicles and providing periodic mobile or other communications to families with reminders to check. Students and staff will need to quarantine or isolate if exposed to COVID-19, if they have a confirmed case of COVID-19, or if they live with someone who has COVID-19. Schools should plan for what to do if a student becomes sick at School or reports a new COVID-19 diagnosis.

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## Appendix 1: Resources

### SCHOOL RESOURCE LINKS

- [Safe Schools for All Hub](#)
- [Testing Guidance](#)

## Appendix 2: Sample Notifications

### SCHOOL EXPOSURE TO A CASE OF COVID-19 NOTIFICATION

#### **Sample Notification Letter to Parents/Guardians of Students Exposed to COVID-19 in School**

**[Date]**

Dear Parent/Guardian:

**[INSERT School Name]** considers the health and well-being of our students and staff a priority. We have been alerted that your child may have been exposed to an individual diagnosed with COVID-19. We are following public health recommendations to ensure that the person with COVID-19 follows instructions for isolation and remains away from others until they can safely return to school. The individual with COVID-19 was in school while infectious on **[Date]**.

What does this mean for you and your child?

- **Your child may remain in school unless they develop symptoms or test positive for COVID-19.** Being exposed to somebody with COVID-19 does not necessarily mean that your child will become infected. In fact, scientific research, and experience from around the country – including from California during this school year – demonstrate that schools remain among the safest places for children to be.
- **Your child should get tested for COVID-19:**  
**[INSERT DATES, within 3-5 days after the last date that the individual with COVID-19 was in school], UNLESS your child had COVID-19 within the past 90 days (3 months).** If your child starts to feel sick or show [symptoms](#), they should get tested right away, even if they had COVID-19 before.  
You may get tested at **[INSERT local school or community testing resources]** or by [clicking here to find a testing site near you](#). Over-the-counter (at-home) tests may also be used.
- **If your child develops [symptoms of COVID-19](#) or tests positive for COVID-19, please ensure they [isolate](#) at home immediately and notify us right away at **[INSERT school contact information]**.** When you notify us, we can take additional steps to keep our school community safe.



- **Your child must continue to wear a mask** indoors in the school and community per school, local, and state requirements. Follow school policies to protect against COVID-19. [High-quality masks](#) with the best fit and filtration will provide the best protection for your child and the school community.
- **If you haven't done so yet, your child should get vaccinated against COVID-19.** If your child is 12 years of age or older, a booster dose is recommended five months after the second dose. Vaccinations against COVID-19 remain the best way to protect against the spread of this virus and against severe disease. [Make an appointment to get vaccinated](#) or contact your child's doctor or healthcare provider to learn more.

We will continue to provide you with regular updates as needed. Note that infections diagnosed in students and school staff are not necessarily the result of exposure at school when safety protocols are followed at school, and COVID-19 transmission remains much more likely to occur outside of school settings.

We encourage you to contact us with questions and concerns. Please call us at **[INSERT Number]**, email us at **[INSERT Email]**, or visit our website **[INSERT School Website]** for updates.

Please be assured that we are committed to facilitating an optimal learning experience ensuring the safety of our students and staff.

Sincerely,

**[INSERT Name, Title, and Contact information]**

### **SPANISH VERSION**

**[Date]**

Estimado padre/tutor:

**[INSERT School Name]** considera como una prioridad la salud y el bienestar de nuestros estudiantes y personal. Hemos sido alertados que su hijo(a) puede haber estado expuesto a un individuo diagnosticado con COVID-19. Estamos siguiendo las recomendaciones de salud pública para asegurarnos de que la persona con COVID-19 siga las instrucciones de aislamiento y se mantenga alejada de los demás hasta que pueda regresar sin riesgo a la escuela. El individuo con COVID-19 estuvo en la escuela mientras estaba contagioso en **[Date]**.

¿Qué significa esto para usted y para su hijo(a)?

- **Su hijo(a) puede permanecer en la escuela a menos que desarrolle síntomas o tenga una prueba positiva de COVID-19.** El estar expuesto a una persona con COVID-19 no quiere decir necesariamente que su hijo(a) estará infectado(a). De hecho, las investigaciones científicas y las experiencias a lo largo del país – incluyendo a California durante este año escolar – demuestran que las escuelas continúan siendo uno de los lugares más seguros para los niños.
- **Su hijo/a debe realizarse la prueba de COVID-19**  
**[INSERT DATES, within 3-5 days after the last date that the individual with COVID-19 was in school], A MENOS** que su hijo/a haya tenido COVID-19 en los últimos 90 días (tres



meses). Si su hijo/a comienza a sentirse enfermo o a presentar [síntomas](#), debe realizarse la prueba de inmediato, aunque ya haya tenido COVID-19.

Puede realizarse una prueba en [\[INSERT local school or community testing resources\]](#) o [haga clic aquí para encontrar el centro de prueba más cercano](#). También puede utilizar pruebas de venta libre (en el hogar).

- **Si su hijo(a) desarrolla [síntomas de COVID-19](#) o tiene una prueba positiva de COVID-19, por favor asegúrese de que se [aísle](#) en casa de inmediato y avísenos enseguida al [\[INSERT school contact information\]](#).** Cuando nos avise, podremos tomar pasos adicionales para mantener segura nuestra comunidad.
- **Su hijo(a) debe continuar usando una mascarilla** adentro de la escuela y en la comunidad, según los requisitos de la escuela, locales y estatales. Seguir las normas de la escuela para protegernos contra el COVID-19. [Las mascarillas de alta calidad](#) con mejor ajuste y filtración proporcionarán la mejor protección para su hijo(a) y la comunidad escolar.
- **Si todavía no lo ha hecho, su hijo(a) debe vacunarse contra el COVID-19.** Si su hijo(a) tiene 12 años o más de edad, se recomienda una vacuna de refuerzo cinco meses después de la segunda dosis. Las vacunas contra el COVID-19 continúan siendo la mejor manera de protegerse contra la propagación de este virus y contra la enfermedad grave. [Haga una cita para vacunarse](#) o contacte al doctor de su hijo(a) o a su proveedor de salud para aprender más.

Continuaremos proporcionándoles con actualizaciones según sea necesario. Sepa que las infecciones diagnosticadas en estudiantes y personal escolar no son necesariamente el resultado de haber estado expuesto en la escuela cuando se siguen los protocolos de seguridad en la escuela, y la transmisión del COVID-19 sigue sucediendo más probablemente fuera de la escuela.

Le exhortamos a contactarnos si tiene preguntas o preocupaciones. Por favor llámenos al [\[INSERT Number\]](#), escríbanos un correo electrónico al [\[INSERT Email\]](#), o visítenos en nuestra página web [\[INSERT School Website\]](#) para actualizaciones.

Por favor siéntase seguro de que estamos comprometidos a facilitar una experiencia de aprendizaje óptima al proteger la seguridad de nuestros estudiantes y personal.

Sinceramente,

[\[INSERT Name, Title, and Contact information\]](#)

# SCHOOL CLOSURE NOTIFICATION DUE TO COVID-19 OUTBREAK

TK-12 SCHOOL NAME/LETTERHEAD

From School Principal (or Designee) Date

Dear Parents/Guardians, Teachers, and Staff Members,

We are informing you that we are closing our school, starting on [DATE] due to the ongoing COVID-19 outbreak and likely continuing transmission at our school. In consultation with the [LOCAL HEALTH OFFICER], we have been advised that the school should be closed for 14 days to prevent further transmission of COVID-19 and to clean and disinfect the school before reopening on [DATE].

During school closure, the school will switch to online teaching to continue our classes; please see attached information sheet on how students can sign in to continue their schoolwork online. The [LOCAL HEALTH DEPARTMENT] will also continue to follow-up with cases and contacts during school closure to ensure isolation and quarantine and testing. If upon school reopening, your child is feeling ill or having a fever or symptoms of COVID-19, even if symptoms are very minor, please do not send your child to school and consider getting your ill child tested for COVID-19. If your child is well without any symptoms, please remind your child before going back to school to use their face covering, stay at least 6 feet from other people, and wash their hands often with soap and water for 20 seconds. School staff should call in sick and stay home if having symptoms of COVID-19 and consider getting tested.

Symptoms of COVID-19 may appear 2-14 days after exposure to the virus and include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Ensuring the health and safety of our students, teachers, and staff members is of the utmost importance to us. If you have any questions or concerns, please contact [CONTACT NAME] at XXX-XXX-XXXX.

Sincerely,

# Appendix 3: Public Health Directive

## REPORTING DETAILS OF POSITIVE CASES

### Reporting COVID-19 disease to local health authorities:

Notifying local health authorities of the disease burden in schools can expedite deployment of additional strategies and resources to manage illness and contain transmission and outbreaks.

#### Required Actions:

- a. K-12 schools should refer to California Code of Regulations (CCR) Title 17, [§2500](#) and [§2508](#) for reporting requirements. Note that 17 CCR §2500 has been temporarily modified by the [State Public Health Officer Order of February 10th, 2022](#).
- b. As workplaces, schools are subject to COVID-19 workplace outbreak reporting requirements stipulated in [AB 685](#) and [Cal/OSHA Emergency Temporary Standards](#).

#### Managing Students Diagnosed with COVID-19:

Prompt management of students with COVID-19 can prevent further spread and, in some cases, allow for early treatment.

#### Recommended Action:

- a. Students diagnosed with COVID-19 should follow recommendations listed in [Table 1 \(Persons with COVID-19\)](#) of CDPH's guidance for the general public, including staying home for at least 5 days and wearing a well-fitting mask around others for a total of 10 days, especially in indoor settings.

#### Managing Students Exposed to COVID-19:

Prompt notification to students and families regarding exposure to infectious diseases, including COVID-19, can allow for rapid testing, early treatment, and prevention of further spread.

#### Recommended Actions:

- a. It is recommended that families notify schools if their child has COVID-19 and was on school grounds during their [infectious period](#), and that schools in turn notify students who spent more than a cumulative total of 15 minutes (within a 24-hour time period) in a shared indoor airspace (e.g., classroom) with someone with COVID-19 during their infectious period.
- b. In lieu of individual exposure notifications, schools should consider providing a general notification to the entire school community during times of elevated [community transmission](#) of COVID-19. This communication can alert all to the increased potential of being exposed to COVID-19 due to a rise in cases among school and community members, and remind all to monitor for symptoms and get tested.
- c. All students with known exposure to persons with COVID-19 should follow recommendations listed in [Table 2 \(Asymptomatic Persons Who are Exposed to Someone with COVID-19\)](#) of CDPH's guidance for the general public. If they remain without symptoms, students may continue to take part in all aspects of

K-12 schooling including sports and extracurricular activities. As recommended in [Table 2](#), they should wear a well-fitting mask around others for a total of 10 days and get tested 3-5 days after last exposure.

## Managing COVID-19 Outbreaks:

CDPH will continue to support local health and education officials in managing [suspected or confirmed outbreaks](#) of COVID-19.

### Recommended Actions:

- a. Broad disruptions to in-person learning, such as temporary school or classroom closures, due to COVID-19 should remain a last resort and considered only after all available resources have been exhausted, and only after conferring with local health officials.
- b. Local public health officials are encouraged to [contact CDPH](#) to learn more about consultation, testing and vaccination resources to support management of COVID-19 outbreaks.

Schools are authorized under the Family Educational Rights and Privacy Act (FERPA) to disclose personally identifiable information without parental consent to local health departments regarding COVID-19 testing and cases. (20 USC § 1232g(b)(1)(I).) In response to the COVID-19 pandemic, California has been under a State of Emergency since March 4, 2020. California continues to see the dire effects of this pandemic through limited ICU capacities and new cases and deaths each day. The COVID-19 pandemic poses an extreme threat to the health and safety of all Californians. Even with protocols in place to mitigate the transmission of COVID-19, the presence of an individual who has tested positive of COVID-19 on a K-12 public or private school campus is an emergency that poses a risk to health or safety of students and employees present on the campus. Reporting to the local health officer the presence of a positive case of COVID-19 in an individual who is or has been present on a K-12 public or private school campus is necessary to protect the health and safety of students and employees present on the campus. California law (17 C.C.R. section 2508) also requires anyone in charge of a K-12 public or private school kindergarten to report at once to the local health officer the presence or suspected presence of any of the communicable disease, which includes COVID-19.

Accordingly:

Effective immediately, every local educational agency (school district, county office of education, and charter school) and private school in California shall notify its local health officer of any known case of COVID-19 among any student or employee who was present on a K-12 public or private school campus within the 10 days preceding a positive test for COVID-19. Specifically, the local educational agency or private school shall report the following information:

- The full name, address, telephone number, and date of birth of the individual who tested positive;
- The date the individual tested positive, the school(s) at which the individual was present on-site within the 10 days preceding the positive test, and the date the individual was last on-site at any relevant school(s); and
- The full name, address, and telephone number of the person making the report.

This information shall be reported to the local health officer by telephone within twenty-four hours from the time an individual within the local educational agency or private school is first made aware of a new case.

This reporting shall continue until this directive is modified or rescinded.

Information reported to the local health officer pursuant to this directive shall not be disclosed except to (1) the California Department of Public Health; (2) to the extent deemed necessary by the local health officer for an investigation to determine the source of infection and to prevent the spread of COVID-19, including with health officers in other jurisdictions as necessary to monitor, investigate, prevent, and/or control the spread of COVID-19; (3) if required by state or federal law; or (4) with the written consent of the individual to whom the information pertains or the legal representative of the individual.

This reporting does not replace or supersede any other statutory or regulatory requirements that require reporting of COVID-19 cases and/or outbreaks to other entities or institutions, such as Cal/OSHA.

## B. EMERGENCY HEALTH PLAN

### DIABETES

Diabetes is a chronic condition in which the body does not make or properly use insulin that is required to convert carbohydrates, like sugars and grains, into energy.

**Always notify the parent/guardian immediately!**

Health Goals:

- Student will recognize and communicate signs of illness to adults and will receive appropriate intervention to promote return to health.
- Student will participate in School activities, with accommodations as needed, to the fullest extent possible.

Signs of illness	Interventions
<p>Signs of low blood sugar</p> <ul style="list-style-type: none"><li>• Shakiness, dizziness</li><li>• Weakness, fatigue and sleepiness</li><li>• Sweating and pale</li><li>• Change in behavior, personality or concentration signifying a change in the level of alertness</li><li>• Poor coordination<ul style="list-style-type: none"><li>• Slurred speech</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Remain calm and assist to drink juice, soda or take glucose tablets</li><li>• <u>Do not</u> wait to test blood glucose levels; go ahead with assisting the victim to drink a <u>sugared fluid</u> or to eat glucose tablets</li><li>• <u>Do not</u> stop the Insulin Pump (if student is wearing one);</li><li>• <u>Do not</u> disconnect the tube or needle into the abdomen and</li><li>• <u>Do not</u> turn it off.</li></ul>

<p>Signs of severely <u>LOW</u> blood sugar</p> <ul style="list-style-type: none"> <li>• Unable to swallow saliva or food</li> <li>• Excessive drooling</li> <li>• Combative behavior</li> <li>• Unable to accept assistance <ul style="list-style-type: none"> <li>• Unconscious or unresponsive</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If unable to swallow, do not offer fluids</li> <li>• Call 911</li> <li>• Give emergency glucagon injection if available and if you have been trained</li> <li>• Keep student on side as they may vomit after the injection.</li> <li>• Watch for victim to regain consciousness within 10 – 15 minutes, watching breathing; victim may vomit <ul style="list-style-type: none"> <li>• Contact parents and provide information to paramedics</li> </ul> </li> </ul>
<p>Signs of extremely <u>HIGH</u> blood sugar</p> <ul style="list-style-type: none"> <li>• Frequent thirst and urination</li> <li>• Blurred vision</li> <li>• Fatigue</li> <li>• Abdominal pain</li> </ul> <p>Numbness in arms and legs</p>	<ul style="list-style-type: none"> <li>• Give water up to 16 ounces if student will tolerate</li> <li>• Contact parents and send the student home</li> <li>• If victim has vomited, is very weak, or has a change in alertness, call 911</li> </ul>

- Do NOT put fluids or food in the mouth, cheeks or gums if unable to swallow, drooling excessively or unconscious, UNLESS it is the tube of glucose gel into the cheek pocket
- Student may have glucose gel with them. Otherwise, honey may be squeezed between cheek & gums and massaged into cheek tissue.

Call 9-1-1 when

- Unable or unwilling to accept assistance (irritable or combative)
- Decreased alertness, increased confusion, or is unresponsive
- Unable to swallow saliva or fluids, or is drooling
- Seizure activity

- Glucagon injection administered, (or a tube of glucose gel (or honey) if a glucagon injection was not available), even if he / she is alert now because the effects of glucagon or glucose gel lasts ONLY about 15 minutes; Person will need to be monitored for at least 24 hours due to the dramatic fluctuation of glucose levels, especially after a glucagon injection

## RESPIRATORY CONDITIONS

Chronic respiratory conditions cause difficulty in breathing and are generally unrelated to viral or bacterial infection or an allergic reaction. During an episode of breathing problems, the lungs and airways temporarily lose their elastic quality, spasm to irritations, and become clogged with mucus. Asthma episodes, commonly referred to as attacks, are the most common breathing problem. Other conditions may include cystic fibrosis, lung disease, heart disease, smoking, bronchitis, etc.

**Always notify the parent/guardian immediately!**

### Health Goals

- Student will recognize and communicate signs of illness to adults and will receive appropriate intervention to promote return to health.
- Student will participate in School activities, with accommodations as needed, to the fullest extent possible.



Signs of illness	Interventions
<ul style="list-style-type: none"> <li>• Unexplained or persistent cough</li> <li>• Wheezing or whistling sound in chest</li> <li>• Complaints of chest tightness</li> <li>• Shortness of breath / breathing harder and faster</li> <li>• Able to do some but not all usual activities – walking, talking, eating</li> <li>• Speaks in short phrases</li> </ul>	<ul style="list-style-type: none"> <li>• Stop the student's activity and stay calm</li> <li>• Remove any trigger if possible (dust, mold, odors, pets, pollen, smoke, exercise, changes in weather, etc.)</li> <li>• Use a quick-relief inhaler (albuterol, levalbuterol, pirbuterol), as ordered &amp; if the student has it</li> <li>• Encourage sitting upright to expand lungs</li> </ul>
<ul style="list-style-type: none"> <li>• Restless and irritable</li> <li>• Difficult or painful breathing</li> <li>• Lips or fingernails are gray or blue</li> <li>• Nostrils open wide to get in more air</li> <li>• Skin is sucked in around the neck and ribs during breaths</li> <li>• Student does not respond normally, is less alert or drowsy / sleepy</li> </ul>	<ul style="list-style-type: none"> <li>• Assist the student to remain calm, slowing down and controlling breathing efforts</li> <li>• Give sips of warm water to help relax spasms in lung airways</li> <li>• Do not leave the student alone</li> <li>• Contact the parent or guardian</li> <li>• If no inhaler available, or no improvement in breathing in 15 minutes after first inhaler dose, contact 911</li> <li>• SEE below for further information on calling 911</li> </ul>

Call 911 when:

- Difficulty breathing with skin sucked in around the neck and ribs during breaths
- Stooped body posture with struggling or gasping for breath
- Difficulty talking due to shortness of breath, unrelieved with medication

- Lips or fingernails are gray or blue
- Does not respond normally, is less alert, confused, or drowsy / sleepy
- If no inhaler available, or no improvement in breathing in 15 minutes after first inhaler dose.
- Breathing stops, student is unresponsive or unconscious

Signs of Seizures	Interventions
<ul style="list-style-type: none"> <li>• Abrupt onset</li> <li>• Momentary lapse of awareness</li> </ul>	<ul style="list-style-type: none"> <li>• Protect student away from dangerous areas or objects</li> </ul>
<ul style="list-style-type: none"> <li>• Abrupt loss of consciousness for some types of seizures</li> <li>• Blank staring spells</li> <li>• Random activity (chewing / picking)</li> <li>• Stiffness, jerking, and / or falling</li> <li>• Non-convulsive seizures usually last a few seconds to one minute and are followed by rapid return to normal function and awareness without a need to rest</li> <li>• Convulsive seizures typically last 1-5 minutes</li> <li>• Remain calm and clear the area</li> <li>• Allow the seizure to run its course</li> <li>• Provide for privacy</li> </ul>	<ul style="list-style-type: none"> <li>• If student is buckled in wheelchair, do not remove them until the seizure is over</li> <li>• If student is in walker, pacer, gait trainer, carefully remove straps and buckles, and move to a safe place (because this is not a secure device like a wheelchair and cannot fully support an unconscious person)</li> <li>• Keep the airway clear (turn student to the side as vomiting may occur)</li> <li>• Protect the head (place jacket, pillow or blanket under head)</li> <li>• Time the length of the seizure</li> <li>• Stay with the student until seizure stops <ul style="list-style-type: none"> <li>- assess for breathing/circulation</li> <li>- start rescue breathing/full CPR if indicated &amp; while waiting for paramedics</li> </ul> </li> <li>• Document on the Seizure Record</li> </ul>

## SEIZURES

In order to understand seizures, it is necessary to recognize that all seizures are caused by a sudden change in the way the brain sends signals. Seizures cause a momentary disruption of senses (staring spells) to short periods of unconsciousness (convulsions). Epilepsy is the term frequently used to describe a chronic seizure condition.

### ALWAYS CALL 911 FOR SEIZURE WITH LOSS OF CONSCIOUSNESS

Severe allergic reaction, also known as anaphylaxis or an anaphylactic reaction usually occurs within 5-10 minutes but delayed reactions can occur for up to 4 hours after exposure to the allergen. Epinephrine is used to temporarily stop the body's reaction to the offending or allergic substance. Therefore, we DO NOT WAIT TO PROVIDE TREATMENT. **Always notify the parent/guardian immediately!**

#### Severe Allergic Reaction (Allergens)

<u>Foods</u>	wheat, nuts, eggs, milk, fish, tropical fruits (avocado, bananas, kiwi, papayas), seeds
<u>Stinging or biting insects</u>	bees, wasps, ants
<u>Medications</u>	antibiotics, nonsteroidal anti-inflammatory drugs (aspirin, ibuprofen)
<u>Chemicals</u>	fertilizer, hazardous materials
<u>Latex</u>	rubber gloves, balloons, tape, band aids, erasers

There are several different types and brands of emergency epinephrine auto-injectors available. Staff trained to administer emergency epinephrine should be familiar with the different devices, and receive device-specific training, as well as individualized training, for those persons with physician orders.

Signs and Symptoms	Interventions
<ul style="list-style-type: none"><li>Person reports the <u>bite</u> or <u>sting</u> or exposure to <u>allergic substance</u> (ate or breathed something)</li><li>Mouth – swelling of the lips (feeling tight or heavy), tongue and/or mouth, unusual taste, complaints of mouth or tongue itching, having</li></ul>	<ul style="list-style-type: none"><li>Remain calm and reassure student</li><li>Stay with the student and do not move them because increased circulation of venom or chemical may intensify symptoms</li><li>Monitor airway and breathing</li></ul>

<p>bumps, or feeling “funny”</p> <ul style="list-style-type: none"> <li>• Skin – itching or burning, hives, rash, flushed, pale, swelling of face or local area</li> <li>• Stomach – nausea, vomiting, stomach cramps, diarrhea</li> <li>• Throat (life threatening) – itching or tightening of throat, difficulty swallowing, hoarse voice, hacking or repetitive cough</li> <li>• Lung (life threatening) – short of breath, wheezing, chest tightness, flared nostrils, not being able to “catch a breath”</li> <li>• Heart (life threatening) – weak, rapid pulse (near or over 100), low blood pressure, blue lips or nail beds, dizziness, fainting, general weakness</li> <li>• Other – apprehension/ anxiety, red/itchy/watery eyes, nasal congestion, excessive sneezing, feeling like there is something in the ear or eyes</li> </ul>	<ul style="list-style-type: none"> <li>• Get the epinephrine injection. (Student may be carrying this in their backpack, although most are not)</li> <li>• Prepare to administer *List of trained staff is posted next to the EpiPen container near the First Aid area at your site*</li> <li>• Give epinephrine injection immediately according to device specific training)</li> <li>• Under 66 lbs., use 0.15 mg dose</li> <li>• 66 lbs. or more, use 0.30 mg dose</li> <li>• Massage injection area for 10 seconds</li> <li>• CALL 911, if not already contacted</li> <li>• Notify parent or guardian and administrator</li> <li>• Continue to monitor breathing and maintain an open airway.</li> <li>• Perform rescue breathing, if needed</li> <li>• If symptoms continue or re-occur and the paramedics have not arrived after 15 minutes, use a new epinephrine auto-injector to inject the victim a second time since the effect may be wearing off after this short time</li> <li>• Student may feel their heart pounding after the epinephrine and deeper breathing; this is a normal reaction</li> </ul>
<p>Always call 911 when student has received an epinephrine injection</p>	<ul style="list-style-type: none"> <li>• If student was stung, remove the stinger AFTER giving the injection &amp; do not push, pinch, or squeeze the area since it may cause more venom to be released; apply ice pack to site if available.</li> </ul>

## C. Injury and Illness Prevention Program

### Management Policy Statement

It is the School policy that every employee and student are entitled to a safe and healthful place in which to work. To this end, every reasonable effort will be made in the interest of Accident Prevention, Fire Protection, Health Preservation and Employee/Student Security.

We at School have a basic responsibility to make the safety of our employees and students our primary concern. We will be counting on you to do your part in making our program an effective one.

The successful operation of School will not only depend on education and service, but also how safely each job is performed. There is no job so important - or any service so urgent - that we cannot take time to work safely. We consider the safety of our personnel and students to be of prime importance, and I expect your full cooperation in making our program effective.

#### Identification of Plan Administrators

The following persons are responsible for implementing the accident prevention plan for School

\*

<u>NAME</u>	<u>TITLE</u>
<u>Tres Simi</u>	<u>V.P Strategic Communications and Facilities</u>
<u>Chad Gray</u>	<u>Chief Human Resources Officer</u>
<u>Nicole Perkins</u>	<u>V.P., RISK and Benefits Department</u>
<u>Grace Sanchez</u>	<u>Senior Director People's Services</u>
<u>Soliman Villapando Jr.</u>	<u>Director Safety and Security</u>

The above officers, managers, or supervisors are the designated key personnel responsible for implementing the School's Injury and Illness Prevention Program.

SUPERVISORS

Revision 11/2/20

Our supervisors are the foundation of the safety program. Their responsibilities are to:

- Provide complete safety training to employees before assignment of duties.
- Consistently and fairly enforce all School safety rules.
- Investigate injuries to determine cause, and then take action to prevent repetition.
- See that all injuries, no matter how minor, are treated immediately and referred to the HR department to ensure prompt reporting to the insurance carrier.
- Inspect work areas often to detect unsafe conditions and work practices. Utilize School Safety Inspection checklists as required.

## Employees

Employee responsibilities for safety require that they:

- Adhere to all safety rules and regulations.
- Wear appropriate safety equipment as required.
- Maintain equipment in good condition, with all safety guards in place when in operation.
- Report all injuries, no matter how minor, immediately to a supervisor.
- Encourage co-workers to work safely.
- Report unsafe acts and conditions to the supervisor.

## Code of Safe Practices

For the protection and safety of all employees, School has established the following rules designed to prevent accidents and injuries. It is imperative that all employees become thoroughly familiar with these safety rules. Failure to comply with safety rules or procedures, or failure to wear the appropriate safety equipment, will result in disciplinary action up to and including termination.

1. Report all unsafe conditions and equipment to your supervisor or safety coordinator.

2. Report all incidents, injuries and illnesses to your supervisor or safety coordinator immediately.
3. Means of egress shall be kept unblocked, well-lighted and unlocked during work hours.
4. In the event of fire, sound alarm and evacuate.
5. Upon hearing fire alarm, stop work and proceed to the nearest clear exit. Gather at the designated location.
6. Only trained workers may attempt to respond to a fire or other emergency.
7. Exit doors must comply with fire safety regulations during business hours.
8. Stairways should be kept clear of items that can be tripped over and all areas under stairways that are egress routes should not be used to store combustibles.
9. Materials and equipment will not be stored against doors or exits, fire ladders or fire extinguisher stations.
10. Aisles must be kept clear at all times.
11. Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.
12. All spills shall be wiped up promptly.
13. Files and supplies should be stored in such a manner as to preclude damage to the supplies or injury to personnel when they are moved. Heaviest items should be stored closest to the floor and lightweight items stored above.
14. All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
15. Never stack material precariously on top of lockers, file cabinets or other high places.
16. Never leave desk or cabinet drawers open that present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.
17. Do not open more than one upper drawer at a time, particularly the top two drawers on tall file cabinets.
18. Always use the proper lifting technique. Never attempt to lift or push an object which is too heavy. You must contact your supervisor when help is needed to move a heavy object.

19. When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.
20. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
21. Individual heaters at work areas should be kept clear of combustible materials such as drapes or waste from waste baskets. Newer heaters which are equipped with tip-over switches should be used.
22. Appliances such as coffee pots and microwaves should be kept in working order and inspected for signs of wear, heat or fraying of cords.
23. Fans used in work areas should be guarded. Guards must not allow fingers to be inserted through the mesh. Newer fans are equipped with proper guards.
24. Equipment such as scissors, staplers, etc., should be used for their intended purposes only and should not be misused as hammers, pry bars, screwdrivers, etc. Misuse can cause damage to the equipment and possible injury to the user.
25. Cleaning supplies should be stored away from edible items on kitchen shelves.
26. Cleaning solvents and flammable liquids should be stored in appropriate containers.
27. Solutions that may be poisonous or not intended for consumption should be kept in well-labeled containers.
28. Anyone known to be under the influence of intoxicating liquor or drugs, shall not be allowed on the job while in that condition.
29. Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees are prohibited.
30. Do not stack material in an unstable manner.
31. Report exposed wiring and cords that are frayed or have deteriorated insulation so that they can be repaired promptly.
32. Never use a metal ladder where it could come in contact with energized parts of equipment, fixtures or circuit conductors.
33. Maintain sufficient access and working space around all electrical equipment to permit ready and safe operations and maintenance.



34. Do not use any portable electrical tools and equipment that are not grounded or double insulated.
35. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
36. Inspect motorized vehicles and other mechanized equipment daily or prior to use.
37. Shut off engine, set brakes and block wheels prior to loading or unloading vehicles.
38. Inspect pallets and their loads for integrity and stability before loading or moving.
39. Do not use compressed air for cleaning off clothing.
40. Do not store compressed gas cylinders in areas which are exposed to heat sources, electric arcs or high temperature lines.
41. Wear hearing protection in all areas identified as having high noise exposure.
42. Goggles or face shields must be worn when grinding.
43. Do not use any faulty or worn hand tools.
44. Guard floor openings by a cover, guardrail, or equivalent.
45. Do not enter into a confined space unless tests for toxic substances, explosive concentrations, and oxygen deficiency have been taken.
46. Always keep flammable or toxic chemicals in closed containers when not in use.
47. Do not eat in areas where hazardous chemicals are present.
48. When working with a computer monitor, have all pieces of furniture adjusted, positioned and arranged to minimize strain on all parts of the body.
49. Wear proper footwear and clothing at all times.
50. When operating machinery, do not wear loose clothing, jewelry or a hairstyle that poses a danger of catching such items in moving machinery.
51. Wear eye protection when performing any task that may produce flying particles.
52. Operate machinery with all guards in place. Tampering with safety devices is cause for immediate disciplinary action.
53. Do not operate any machine for which you have not been trained.
54. Before cleaning, adjusting or servicing any machinery, turn off machinery, break the electric circuit at the power source (including lockout), and place warning tags at the

power source and all intermediate controls in the electric circuit. All maintenance personnel must have their own individual padlocks to ensure that power remains off until all work has been completed.

55. Immediately report any defects in materials, machinery, tools, and equipment to a supervisor.
56. Do not leave tools, materials or other objects on the floor that might cause others to trip and fall.
57. Do not block exits, fire doors, aisles, fire extinguishers, gas meters, electrical panels or traffic lanes.
58. Always use proper lifting techniques. Stand with your feet slightly apart, assume a squatting position with knees bent and tuck your chin. Tilt head forward, grasp the load with both hands and gradually push up with your legs, keeping your back straight and avoiding any abrupt movement.
59. Do not distract others while working. When approaching a machine operator for any purpose, do so from the front or the side in a way that the operator will see you coming and will not be surprised. If conversation is necessary, first ask the operator to turn off the machinery.
60. Do not leave oil, wax, water, or any other material on the floor where you or others may slip. Clean up spills immediately or cordon off the area and report the spill to your supervisor.
61. When handling hazardous materials, follow prescribed safety procedures precisely and use required safety equipment. When using secondary containers filled by others, make sure that they are conspicuously and correctly labeled with their contents and hazards.
62. Use cut resistant gloves when handling materials with sharp or jagged edges that may result in lacerations.
63. Unnecessary and excessive haste is the cause of many accidents. Exercise caution at all times. WALK, DO NOT RUN!
64. Do not use hot production equipment or materials to cook or heat food.
65. Immediately report all work-related injuries and accidents to your supervisor, no matter how minor the injury.

66. Avoid risk of rupture, internal injury or back injury in attempting to lift or push excessive loads. If an object is too heavy to move without strain - ASK FOR HELP.
67. Follow all COVID-19 infection control procedures in this safety plan.

**Compliance with these Codes of Safe Practices is Mandatory.**

## DISCIPLINARY PROCEDURES

Employees who fail to comply with safety rules will be subject to disciplinary action up to and including termination. Supervisors will apply the following established disciplinary procedures:

- **Verbal counseling**, as result of the first safety violation must be documented in the employee's personnel file.
- **Written warning** describing in appropriate detail, both the nature of the employee's safety offense and necessary corrective action will be personally delivered to the employee by his/her immediate supervisor. A copy of the written warning will be maintained in the employee's personnel file.
- **Suspension** without pay will be imposed for an employee's third safety violation or, as a separate disciplinary action for a serious violation.
- **Termination** of employment will occur upon any documented safety violation committed by an employee following a suspension without pay in the circumstances described in section 3) above.

Supervisors will be demoted or terminated after three (3) documented instances of disciplinary actions. Supervisors are subject to disciplinary action for the following reasons:

- Repeated safety rule violation by their department employees.
- Failure to provide adequate training before job assignment.
- Failure to report accidents and provide medical attention to employees injured at work.
- Failure to control unsafe conditions or work practices.

- Failure to maintain good housekeeping standards and cleanliness in their departments.

## SAFETY TRAINING

All workers, including managers and supervisors, will receive training and instruction on general and job-specific safety and health practices. Training and instruction for the Injury and Illness Prevention Program (IIPP) will be provided:

- When the IIPP is first established.
- To all new workers, except for construction workers who are provided training through a construction industry occupational safety and health training program approved by Federal or State OSHA. Acknowledgement and Receipt form will be used to document this training. (See page 72)
- To all workers given new job assignments for which training has not previously provided.
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
- Whenever the employer is made aware of a new or previously unrecognized hazard.
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
- To all workers with respect to hazards specific to each employee's job assignment.
- During new-hire orientation for new employees

General workplace safety and health practices include, but are not limited to, the following:

- Implementation and maintenance of the IIP Program.
- Emergency action and fire prevention plan.
- Provisions for medical services and first aid including emergency procedures.
- Providing guidance to employees regarding protection of the muscular-skeletal system, including proper lifting techniques.
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
- Prohibiting horseplay, scuffling, or other acts that tend to adversely affect workplace safety.
- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.

We train our workers about the following training subjects (when applicable):

1. The School's Code of Safe Practices.
2. Safe practices for operating work equipment.
3. Good housekeeping, fire prevention, safe practices for operating any office and construction equipment.
4. Safe procedures for cleaning and adjusting of equipment, and machinery.
5. Safe access to working areas.
6. Protection from falls.
7. Electrical hazards
8. Proper use of powered tools.
9. Guarding of belts and pulleys, gears and sprockets, and conveyor nip points.
10. Machine, machine parts, and prime mover guarding.
11. Lock-out/tag-out procedures.
12. Material, stock, or merchandise handling.
13. Chainsaw and other power tool operation.
14. Fall protection from elevated locations.

15. Use of elevated platforms, including condors (boom lifts), and scissor lifts.
16. Driver safety.
17. Slips, falls, and back injuries.
18. Ergonomic hazards, including proper lifting techniques and working on ladders or in a stooped posture for prolonged periods at one time.
19. Use of personal protective equipment.
20. Respiratory equipment.
21. Hazardous chemical exposures.
22. Hazard communication.
23. Physical hazards, such as heat/cold stress, noise.
24. Blood borne pathogens and other biological hazards.
25. Proper reporting of hazards and accidents to supervisors.
26. Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
27. Laboratory safety.
28. Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated
29. COVID-19 prevention procedures detailed in the Covid-19 Infection Control Plan in this safety plan.

## Employee Suggestions/ Communications

It is School policy to maintain open communication between management and employees on matters pertaining to safety.

Employee participation is important and essential to the safety program. Employees should feel free to:

- Express safety concerns or suggestions during safety meetings
- Individually speak with their supervisor

- The safety suggestion form will allow employees to remain anonymous if they desire; however, this will make it difficult to provide special recognition if the suggestion is put to action.
- All safety suggestions will be given serious consideration, and each will receive a response.
- All COVID-19 required communications and notifications by the state and local public health and OSHA are stated in the COVID-19 Infection Control Plan on section V.

In turn, the School will provide current safety news and activities, safety reading materials, signs, posters, and a bulletin board for easy access by all. Also, regular safety meetings will be held so that all employees have an opportunity to receive safety training and voice personal opinions regarding safety.

A Digital [Employee Safety Suggestion form](#) is also available on [MYLO](#)

# Employee Safety Suggestion Form

We are currently working on an anonymous web-based Safety Suggestion Drop-Box; until that project is completed, we are providing all employees with this "Safety Suggestion Form" which can be scanned and e-mailed directly to our Learn4Life Safety Coordinator.

Please write as much detail as possible to help us pinpoint the safety issue/s in your specific location.

**Scan and e-mail this form using one of the networked copiers in any of the Learn4Life locations to: [SVillapando@learn4life.org](mailto:SVillapando@learn4life.org)**

**This form is to be used by employees who wish to report a safety suggestion or report unsafe work conditions or practices.**

Description of unsafe condition or practice: \_\_\_\_\_

Address of the location where the safety issue was observed: \_\_\_\_\_

Cause or contributing factor: \_\_\_\_\_

Employee's suggestion for improving safety: \_\_\_\_\_

Has this been reported to the Principal, Site Administrator or Safety Designee of the location?  
YES \_\_\_ NO \_\_\_

Employee Name (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

**Including your name in this form will enable the Safety Coordinator to give you the added benefit of a status report and update about your safety suggestion.**

*No employee will be retaliated against for reporting conditions or making suggestions. None of our employees are required to work at a job that is unsafe or unhealthful. Your cooperation in detecting hazards would be greatly appreciated.*

Any questions, please ask your principal or call

Soliman Villapando Jr, Safety Coordinator ph: **661-418-1539** e: [SVillapando@learn4life.org](mailto:SVillapando@learn4life.org)



## INSPECTIONS

The purpose of workplace inspections is to locate potential hazards that can adversely affect safety and health. They are an essential and effective part of hazard control when used for fact-finding, not faultfinding.

### Daily Inspections

All personnel are responsible for continuous, day to day inspections of their immediate workspace for actual and potential hazards observed during the course of performing their assigned duties.

Unsafe or unhealthy work conditions and practices will be corrected in a timely manner, according to the following procedures:

- Imminent hazards will be corrected immediately when observed or discovered.
- If an imminent hazard cannot be immediately corrected without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition will be provided with the necessary protection or an outside vendor will be brought in to mitigate the issue.
- Periodic Inspections

Periodic planned inspections are performed according to the following schedule:

- When we initially established our IIP Program;
- When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;
- When new, previously unidentified hazards are recognized;

- When occupational injuries and illnesses occur; and
- Whenever workplace conditions warrant an inspection.

Periodic planned inspections will be made by members of the safety committee, or other designated individuals, utilizing the Safety Inspection Checklist report form (See Pages 62-64). A written report will be prepared following each inspection and reviewed by the safety committee (or designated management representative). Any potential hazards detected will be eliminated on a timely basis, as determined by severity. Assignments, target dates for completion, and actual completion dates will be documented in the minutes of the safety committee.

### Safety Designees and Safety Meetings

Our School safety designees will be comprised of members (supervisors and/or employees) of the various departments, and management. They will meet on a monthly basis, and review the following:

- Minutes of the previous meeting.
- Unfinished business of the previous meeting including corrective actions authorized during the previous meeting.
- Safety Inspection Checklist.
- Discussion of accidents and corrective action taken.
- Accident trends.
- New and outstanding recommendations submitted by outside agencies (insurance carrier, fire department, Cal/OSHA, etc.)
- New business.

All meetings will be documented. Group safety meetings - supervisors will be responsible for holding department safety meetings on a regular basis. Employee attendance and discussion topics will be documented.

## Accident Investigations and Reports

Supervisory personnel will be primarily responsible for investigating all accidents in their areas of responsibility. Accidents involving serious injury, fire or extensive property damage will be investigated jointly by the responsible supervisor, the direct manager, and the human resources manager.

The primary goal of the accident investigation process is the prevention of future similar accidents using knowledge derived from the investigation. Additionally, the investigation will be used to prepare reports required by Federal and State laws as well as the workers' compensation insurance carrier. These reports are critical in assessing the School's liability and the supervisor's accountability under the law.

Procedures for investigating workplace accidents and hazardous substance exposures include:

- Interviewing injured workers and witnesses
- Examining the workplace for factors associated with the accident/exposure
- Determining the cause of the accident/exposure
- Taking corrective action to prevent the accident/exposure from reoccurring
- Recording the findings and actions taken

A [Digital Accident and Incident report form](#) is also available on [MYLO](#).

## ACCIDENT INVESTIGATION REPORT

Name of Injured \_\_\_\_\_

Address/Location of Accident:

\_\_\_\_\_

Witnesses:

Name of Witness \_\_\_\_\_

Describe activity at time of accident. (Attached any relevant pictures):

\_\_\_\_\_

Describe any unsafe behavior:

\_\_\_\_\_

Describe any unsafe conditions:

\_\_\_\_\_

Were other employees injured/involved in the accident?

\_\_\_\_\_

If employee was injured doing normal work activities, why did injury occur in this case?

\_\_\_\_\_

What corrective action is needed to prevent similar injuries?

\_\_\_\_\_

Has this corrective action been taken?

\_\_\_\_\_

If not, when will it be taken?

\_\_\_\_\_

Supervisor/Investigator signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING ACCIDENT INVESTIGATIONS

Conducting a thorough accident investigation promptly after an injury occurs can be the first step toward preventing future worker injuries. The benefits that can be derived from this process are frequently overlooked by employers. Investigations can lead to safer working conditions, restore the sense of security of employees, increase productivity, and save money for the School.

The primary goal of an accident investigation is to identify the underlying cause of the injury. This underlying cause, often referred to the “root cause of injury,” is not always easily identified. An investigator may need to look at a series of causes and effects reaching back to the first event on the chain of events leading up to the injury.

The following guidelines are provided for conducting an accident investigation.

- The immediate supervisor of the injured employee should perform the investigation.
- The investigation should begin immediately after the injured employee has received on-site medical assistance or has been transported to medical facilities.
- Evidence (including tools and equipment) should be preserved so their condition can be determined.
- Witnesses should be identified and detailed documented interviews conducted.
- Photographs of equipment and conditions around the accident area should be taken.
- Training records of the injured and anyone else involved in the accident should be reviewed
- A written report should be prepared when all of the facts have been reviewed.

The investigation should ask the questions: Who, What, Where, and When, but the most important question is Why the injury occurred. Oftentimes the injured employee may have

performed the same task repeatedly without getting injured. It is important to know why the injury occurred this time. The answer to the Why question may indicate something was done differently, and this can often be the “root cause” of the injury.

### **Additional Resources**

To assist employers and workers in conducting effective incident investigations, and to develop corrective action plans, the following resources can help:

- OSHA Fact Sheet. [Root Cause: The Importance of Root Cause Analysis During Incident Investigation](#). (2016). This fact sheet provides guidance for identifying root causes of incidents and/or near misses in order to prevent their recurrence.

### **Recordkeeping**

The School will maintain the following records for the Injury and Illness Prevention Program (IIPP):

#### **RECORDS OF INJURIES AND ILLNESSES REPORTED TO OSHA\* (only if there are fatalities for Partially Exempted SIC Codes 82-Educational Services)**

- Each fatality, injury or illness that is work-related will be recorded on OSHA Form 300 according to its instructions.
- An Injury and Illness Incident Report will be prepared (OSHA Form 301 or its equivalent).
- Annually review and certify the OSHA Form 300.
- Annually post the Summary of Work-Related Injuries and Illnesses (Form 300A) in a conspicuous place where employees can see it, no later than February 1 and keep it posted until April 30.
- OSHA records will be maintained in by employer for five (5) years.
- All COVID-19 reported cases are digitally stored on a secured internal database on [MYLO](#)

Copies of OSHA forms may be obtained at <http://www.osha.gov> or from the OSHA publications office. Direct access to the

### Records of Workplace Hazards

Records of all imminent or potential hazards observed in the workplace, whether detected by an employee or by the safety committee during planned periodic inspections, will be recorded on hazard assessment and correction forms. The records will include the name(s) and job titles of the person(s) that detected an actual or potential hazard or the safety committee members conducting the inspection, full descriptions of the unsafe conditions and/or work practices that have been identified, and the action(s) taken to correct the identified unsafe conditions and work practices.

### Safety and Health Training Records

1. Documentation of safety and health training, including the worker's names, the training date, type(s) of training, and training providers are recorded on the training record.
2. Inspection records and training documentation will be maintained for five years except for training records of employees who have worked for less than one year which are provided to the employee upon termination of employment.

A Digital [Anonymous Safety Report](#) form is also available on [MYLO](#)

### REPORT OF HAZARD FORM

LOCATION \_\_\_\_\_ DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

SUBMITTED  
BY \_\_\_\_\_

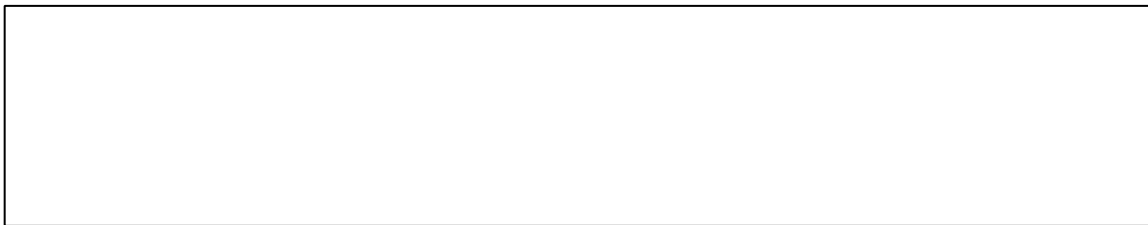
LOCATION OF UNSAFE CONDITION (Describe in Detail):

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If necessary, Draw a Diagram in the Following Box



Recommendations to Correct this Condition: \_\_\_\_\_

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Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

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(SAFETY DEPARTMENT USE ONLY)

Recommended Corrective Action:

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Estimated Cost: \_\_\_\_\_ Approved by: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

SAFETY INSPECTION CHECK LIST

Inspection Conducted by: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ Address: \_\_\_\_\_ Charter: \_\_\_\_\_

YES	NO	Parking Lot
		Any Ice or Black Ice Present? (during seasons with freezing temperatures)
		Do you notice any broken sprinkler heads?
		Are the parking lot lights working properly? (timers are set to turn on and off correctly?)
		Do you notice any homeless people loitering around the site? (if yes, please call local law enforcement to report)
		Other Observations - suspicious activities? (Please indicate below):
YES	NO	Entrance Area
		Is the site free of evidence of continuing pest infestation? (if no, has pest control or property management been contacted?)
		Are Rugs flat and dry at all times?
		Do you observe any tripping hazards?



		Are electrical outlets in good condition? (no cracks, missing pieces or burn marks)
		Are lights and switches in good working condition?
		Do you notice any Graffiti?
		Do you detect any unusual odors (LPG, burning smell, cigarette / vaping smoke)
		IdentiMetrics System working? Are the students using it?
		Do you observe the security guard/s performing their duties according to their post orders? (if guards are assigned) are they screening people for COVID-19 Symptoms before entry according to the Infection Control Plan?
		Are all required COVID-19 postings, signs, sanitizers and PPE present?
YES	NO	Instructional Areas
		Any broken furniture? (Desks, Chairs, Tables)
		Do you observe any tripping hazards? (Extension cords, phone chargers, laptop cables, etc.)
		Are exit doors accessible and properly marked?
		Are bookshelves and filing cabinets earthquake braced?
		Do you observe filing cabinets being left open/or two or more file drawers open at the same time?
		Do you detect any unusual odors? (smoke, LPG, burnt smell)

		Are lights, switches and outlet covers in good condition?
		Are Fire exit doors and hallways free of obstructions? (there should be at least 36-48 inches clearance)
		Are all required COVID-19 postings, signs, sanitizers and PPE present?
YES	NO	Storage and Break Rooms
		Do you see observe any tripping hazards (do the walkways have at least 36-48 inches clearance?)
		Are the shelves stocked safely and neatly?
		Are lights, switches, electrical outlets are in good working condition?
		Is the refrigerator clean and free of outdated and spoiled food?
		Are the floors always kept free of wet spills and debris?
		Is there a non-slip floor matt?
		Are trash cans clean and always emptied out when full?

		Are toasters and microwaves clean and in good working order?
		Are storage racks in good condition and earthquake braced?
Are all required COVID-19 postings, signs, sanitizers and PPE present?		
Yes	NO	Bathrooms
		Are all restrooms available for use?
		Are all restrooms adequately stocked (toilet paper, soap, and paper towels); and maintained in sanitary condition?
		Are there any broken fixtures or leaks?
		Are there any Graffiti?
		Are floors kept dry and free of debris?
		Do you observe any tripping and slipping hazards?
Are all required COVID-19 postings, signs, sanitizers and PPE present?		
YES	NO	General Condition
		Are employees practicing safety & security rules and procedures? (refer to Code of Safe Practices)
		Are Emergency Procedures and School Safety Plans current and readily available?
		Are non-smoking / non-vaping / no alcohol / no drugs / no weapons policies being enforced?
		Are the dress codes for both employees and students being enforced?
		Are all "employees and students" wearing Identification badges in a visible manner?
		Are the workplace's clean and in order?
		Are staff trained on and using safe lifting techniques? (If no, contact Safety for training materials & videos)
		Do all heaters have a working tip over switch?
		Are space heaters kept at least three feet away from any combustible items, such as paper, furniture, draperies, etc.?
		Are all electric space heaters plugged directly into the wall?
		Is the AED in good standby mode (green light flashing)
		Are the Electro pads and/or the AED battery expired?
		Is the AED cabinet alarm working? (Initial the tag for the month)

	Are required evacuation maps properly displayed? (If no, please request from Safety)
	Are EpiPens clear and colorless and not expired?
	Is first aid cabinet properly stocked? (order empty items from staples using the item # on the empty box)
	Is emergency lighting available and in good working order?
	Are all fire extinguishers in good standby order? (check if pressure gauge at green zone and initial the tag for the month)
	Are aisles towards the emergency exits doors free of obstructions? (36-48" clearance)
	Has maintenance request been placed for necessary repairs? (broken windows, carpet condition, graffiti, etc.)
YES	Threat Assessment Meeting of Counselors, Psychologists, Principal/s, AP/s and LCC/s
	Threat assessment meetings about dangerous students are held periodically
	Are there any cases that need to be forwarded to Safety & Security and Law Enforcements? (Fill comments below for more details)
	Are all required COVID-19 postings, signs, sanitizers and PPE present?

General Comments & Recommendations:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYEE SAFETY ORIENTATION CHECKLIST

EMPLOYEE \_\_\_\_\_

SUPERVISOR/TRAINER \_\_\_\_\_

The following is an outline only. If you observe other conditions that should be covered in the new employee safety orientation, add them to this form and report them to the Safety Committee Member in your area. Return this checklist to the Personnel Office upon completion.

#### CLOTHING AND DRESS

### Footwear

- Discuss safety rules in detail. Show employee some examples of acceptable shoes.

### Personal Clothing

- Discuss danger of being poorly clothed for position.
- Discuss jewelry, loose fitting clothes, shorts or other clothing that is inappropriate for the job.
- Discuss hazard of hair length around equipment.

Safety Articles Issue Glasses, ear protectors, respirators and protective clothing where applicable.

- Give instructions for use and cleaning. Discuss enforcement of rule.

## MATERIAL HANDLING

Lifting in general - discuss some common sense tips for lifting safety such as;

- Take a realistic look at an object you have never lifted before...can you safely lift it? How?
- See if there is a label to tell you how heavy it is or how to lift it (give some examples where available).
- See how others are handling the object.
- Give it a test tug or lift before trying to fully lift and/or carry it.
- Don't be a hero!!! Use material handling equipment or ask for help where necessary.
- Lifting techniques - physically demonstrate to the employee the correct way to lift, push, pull, or move every item that the employee will handle that is different enough to be covered separately. Use the "watch-me, now-you-do-it" approach and reinforce the importance of:

### Foot position

- place feet as far apart as shoulders for balance and get as close as possible to the object rather than stretching.

### Back position

- keep your back straight...bend the knees and squat to pick up the object...do not bend over to reach it.

### Chin position

- concentrate on keeping your chin tucked in close to your chest. It helps to keep your spine straight and stops you from reaching out away from your body.

### Palm position

- whenever possible, use the entire hand and palm to grip the object rather than merely the fingers.

### Body position

- stay squarely above your feet when lifting. Do not lean left, right, or to the front or rear.

### Arm position

- keep your arms tucked in as close as possible to your body and to the object being lifted.

### Storage handling

- Go over items that are sharp, fragile, caustic, slippery, etc., or that may provide other special lifting, moving or handling problems.
- Identify which items must be handled with gloves or other protective devices.

### Material storage

- Show where materials, pallets, etc., may not be placed or stored...respect yellow lines...do not encroach into aisles, workstations, doorways, area in front of electrical panels, etc.

### Physical survey

#### Equipment

- Take a walk showing new employees where the fire extinguishers, alarms, hoses, and any other firefighting equipment are stored. Explain how and when to use the fire equipment. Stress that employees must not block, cover or tamper with any of the equipment.

#### Emergency exit

- show the employee where all emergency exits are for each area and when they are to be used and what to do once outside.

Smoking      physically show the employee where the smoking and no-smoking areas are and how cigarette butts are to be handled.

#### Flammables

- Physically identify and show employee all flammable materials he/she could possibly be handling, how to handle them, where they are stored and how they are disposed of. Include handling of rags.

#### Site cleanliness

- Show how scrap and trash are handled, and where trash and scrap containers are kept.
- Go over each employee's housekeeping responsibilities in detail.

## HAZARDOUS SUBSTANCES/MATERIALS

Introduce the employee to all hazardous materials and/or substances and demonstrate how to and how not to handle, use, and store each. Test each employee.

## EQUIPMENT

- Go through, in detail, the proper handling and complete operation of every piece of equipment the employee might reasonably be expected to use. After you have demonstrated its use, make sure the employee can perform all operations safely and properly. Document each piece of equipment below. Include things like knives, ladders, forklifts, hand tools, power tools, mounted equipment, etc.

LIST ALL EQUIPMENT COVERED \_\_\_\_\_

## ACCIDENTS AND UNSAFE CONDITIONS

- Discuss the importance of accident prevention and reporting. Describe in detail the steps to be taken and by whom, in case of an accident. Show all employees the form(s) used by supervisors and by the employees. Discuss reporting of suspected unsafe workplace conditions or practices.

## REVIEW SAFETY RULES

- While walking around the work area to show and demonstrate each of the items outlined, go over each of the individual safety rules that the above outline does not cover. Stress that we enforce the safety rules diligently and strictly. Refer to the Rules and Regulations of Personal Conduct that provide for discipline up to and including discharge for violations of safety rules or safe practices.

All of the Training/Orientation represented in this outline was completed on:

\_\_\_\_\_  
Signature of Trainer

\_\_\_\_\_  
Signature of Trainee

\_\_\_\_\_  
Date

# Safety Meeting Record

Safety Training must be provided for employees in the performance of their duties.  
Use this form to document any employee meetings and training.

TOPIC:

DATE:

NAMES OF ATTENDEES:

[illegible]

## Employee Safety Suggestion / Hazard Report

This form is to be used by employees who wish to report a safety suggestion or report an unsafe work condition or practice.

Description of Unsafe Condition or Practice:

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Cause or Contributing Factor:

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Employee's Suggestion for Improving Safety:

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Has this been reported to the Area Supervisor? YES\_\_\_\_\_ NO\_\_\_\_\_

Employee Name (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

No employee will be retaliated against for reporting conditions or making suggestions. None of our employees are required to work at a job that is unsafe or unhealthful. Your cooperation in detecting hazards would be greatly appreciated.



A Digital Incident Submission form is also available on [MYLO](#).

## INCIDENT REPORT FORM

LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

SUBMITTED

BY \_\_\_\_\_

Describe in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL NOTES:

\_\_\_\_\_

\_\_\_\_\_

Reporter's Name and Contact information: \_\_\_\_\_

Witness' name and contact information: \_\_\_\_\_

Reporter's Signature \_\_\_\_\_ Witness' Signature \_\_\_\_\_

\_\_\_\_\_

### (OFFICIAL USE ONLY)

Recommended Corrective Action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name

# Acknowledgement and receipt of Injury and Illness Prevention Program and Code of Safety Practices

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- A copy and explanation of the Injury and Illness Prevention Program (IIPP) and Code of Safe Practices contained within.
- An explanation of our IIPP and how to obtain a copy.
- An explanation of methods to recognize Safety Hazards and other activities that may involve exposure to accidents and injuries.
- An explanation of the School's Codes of Safe Practices and its purpose of promoting and enforcing the rules for safe working environment.
- The option to ask my direct supervisor for help and ask any questions about the Injury and Illness Prevention Program.

I acknowledge and understand all the above:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Injury and Illness Prevention Program (IIPP) is a basic written workplace safety program. [Title 8 of the California Code of Regulations \(T8CCR\) section 3203](#), requires every employer to develop and implement an effective IIPP. An effective IIPP improves the safety and health in your workplace and reduces costs by good management and employee involvement.

## D. Heat Illness Prevention Program

Heat-related illness is generally explained as a feeling of being overheated when the temperature rises. It usually begins slowly and lasts for a long time, but it may also occur quickly and be a serious illness. It can be prevented or managed by maintaining the balance of body fluids during warm weather which means drinking plenty of water and fluids to prevent the dehydration and loss of body fluid through sweating and breathing, which is more pronounced in warm weather. The Heat Illness Prevention Program is documented in its own document. The information listed here is a summary version.

**Always notify the parent/guardian immediately!**

### Health Goals

- Student will recognize and communicate signs of illness to adults, and will receive appropriate intervention to promote return to health.
- Student will participate in School activities, with accommodations as needed, to the fullest extent possible.

### Heat Exhaustion

- Typically occurs during hot and humid days in people who have not adjusted to the heat.
- When environmental temperature is high, the body will cool itself by sweating and evaporation. This process is likely to be ineffective when there is intense physical activity and dehydration.
- If he/she is not sweating, there is a risk of shock, heat stroke, and possibly death.

Signs of illness	Interventions
<ul style="list-style-type: none"><li>• Heavy sweating</li><li>• Fatigue, weakness, muscle cramping</li><li>• Cold, pale, and clammy skin</li><li>• Fast and weak pulse (near or over 100 beats per minute)</li><li>• Nausea and vomiting</li><li>• Fainting</li><li>• Increased breathing (near or over 30 breaths per minute)</li></ul>	<ul style="list-style-type: none"><li>• Stop all activity, get to a shady area, and start cooling measures immediately</li><li>• Lie down and loosen or remove heavy or restrictive clothing, especially around the neck, chest, and groin</li><li>• Apply cool, wet cloths, fan or spray with cool mist</li><li>• Transport to a cool (but not cold) office</li><li>• Sip room temperature water (about ½ cup every 15 minutes), but ONLY if fully awake and alert (cold fluids will cause stomach cramping)</li></ul>

Call 911 when

- Body temperature is high
- Decreased alertness, increased confusion, or loss of consciousness
- Unable to drink fluids or vomiting occurs
- Had or is having a seizure, even if there is a history of seizure activity
- Ever been diagnosed with heart or blood pressure problems, or other known medical conditions

Tips for Preventing Heat-Related Illness

Stay Cool

- **Wear Appropriate Clothing:** Choose lightweight, light-colored, loose-fitting clothing.

Stay Hydrated

- **Drink Plenty of Fluids:** Drink more fluids, regardless of how active you are. Don't wait until you're thirsty to drink.
- **Warning:** If your doctor limits the amount you drink or has you on water pills, ask how much you should drink while the weather is hot.
- **Stay away from very sugary or alcoholic drinks**—these actually cause you to lose more body fluid. Also avoid very cold drinks, because they can cause stomach cramps.
- **Replace Salt and Minerals:** Heavy sweating removes salt and minerals from the body that need to be replaced. A sports drink can replace the salt and minerals you lose in sweat.
- If you are on a low-salt diet, have diabetes, high blood pressure, or other chronic conditions, talk with your doctor before drinking a sports beverage or taking salt tablets

## Appendix 2: Information and External References

[Title 8 California Code of Regulations, General Industry Safety Orders - §3395](#)

Heat Illness Prevention: What you need to know

<https://www.dir.ca.gov/dosh/HIP.pdf>

Heat Illness Prevention Enforcement Q&A

<http://www.dir.ca.gov/DOSH/heatIllnessQA.html>

Protect Yourself from Heat Illness

[http://www.dir.ca.gov/dosh/dosh\\_publications/HeatIllnessEmployeeEngSpan.pdf](http://www.dir.ca.gov/dosh/dosh_publications/HeatIllnessEmployeeEngSpan.pdf)

To check weather forecasts, use - The National Weather Service (NOAA)

<http://www.weather.gov/>

For Heat Safety Resources & Heat Index Chart

[http://www.nws.noaa.gov/om/heat/heat\\_index.shtml](http://www.nws.noaa.gov/om/heat/heat_index.shtml)

Tips for Preventing Heat Illnesses

<https://www.cdc.gov/disasters/extremeheat/heattips.html>

## E. Administration of Epinephrine Auto-Injectors

### INTRODUCTION

This document provides model training standards for the administration of epinephrine auto-injectors in accordance with Education Code (EC) Section 49414.. Based on a number of incidents of anaphylaxis in California Schools, legislation was enacted in 2001 authorizing the State Superintendent of Public Instruction to develop minimum standards of training for School personnel in the administration of epinephrine auto-injectors. These standards are intended to provide guidelines for training School personnel who have volunteered for training. They are not mandates or requirements for local agencies. These standards were obtained from the agencies and organizations listed in EC Section 49414(e)(1) and represent the standard of care determined by those health and medical experts in this field. It is estimated that severe allergies affect nearly 40 million Americans in all age groups and put those individuals at risk of death from anaphylaxis. Anaphylaxis is a potentially life-threatening severe allergic reaction to a substance. Epinephrine is a drug that can be successfully utilized to counteract anaphylaxis.

### Training Standards

It is recommended that all School personnel responsible for the storage and emergency use of an epinephrine auto injector be trained annually, that the training be conducted by a physician or School nurse, and that the training include the following information.

#### Techniques for recognizing symptoms of anaphylaxis.

The signs and symptoms of anaphylaxis usually appear rapidly, within seconds or minutes, after an exposure to an allergen, although in some cases the reaction can be delayed for up to one to three hours depending on the substance causing the reaction. The California Emergency Medical Services Authority (EMSA) definition of ANAPHYLAXIS IS "ANY RESPIRATORY SYSTEM INVOLVEMENT, DIFFICULTY BREATHING, AUDIBLE WHEEZING, OR DIFFICULTY SWALLOWING."

Common symptoms, according to the American Academy of Allergy, Asthma and Immunology's (AAAAI) Position Statement 34, may include:

- Hives
- Itching (of any part of the body)
- Swelling (of any body parts)
- Red, watery eyes
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice
- Coughing
- Wheezing
- Throat tightness or closing
- Difficulty swallowing
- Difficulty breathing
- Sense of doom
- Dizziness
- Fainting or loss of consciousness
- Change of color

Some individuals have an anaphylactic reaction, and the symptoms go away only to return a few hours later. This is called a bi-phasic reaction. Often the symptoms of the bi-phasic reaction occur in the respiratory system and take the individual by surprise. Therefore, according to the AAAAI, after a serious reaction "observation in a hospital setting is necessary for at least four hours after initial symptoms subside because delayed and prolonged reactions may occur even after proper initial treatment." Once anaphylaxis has begun, the treatment of choice is an immediate intramuscular injection of epinephrine, which is effective for 10 to 15 minutes (according to the manufacturer of epinephrine auto-injectors, Dey Labs), followed by emergency medical attention.

Common causes of anaphylaxis include:

- Food
- Insect stings
- Medication (e.g. antibiotics, aspirin, and non-steroidal anti-inflammatory drugs)
- Latex

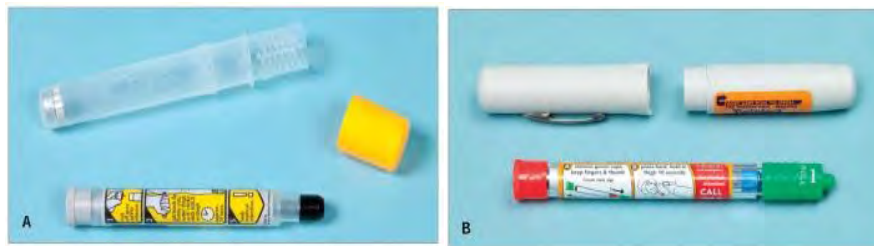
Less common causes of anaphylaxis include:

- Food-dependent exercise induced anaphylaxis (rare — occurs when an individual eats a specific food and exercises within three to four hours after eating)
- Idiopathic anaphylaxis (Unknown cause)

Severe allergic reactions may be at times unavoidable because foods may contain unknown or unreported allergy producing ingredients, insects range widely, latex can be found almost anywhere, and some individuals do not know that they are severely allergic to one or more allergens.

### Standards and procedures for the storage and emergency use of epinephrine auto-injectors.

An epinephrine auto-injector is a disposable drug delivery system that contains the proper dose of epinephrine and is used to treat anaphylaxis. It is supplied as a spring-loaded syringe that can be easily transported. The disposable system is designed to treat a single anaphylactic episode and must be properly discarded (in compliance with applicable state and federal laws) after its use. It is generally recommended that two epinephrine auto-injectors be kept on-hand as back-up. The following information on the emergency use of an epinephrine auto-injector is based on the manufacturer's instructions and represents the consensus of the consulting agencies and organizations as listed in EC Section 380.1179(e)(1).



**FIGURE 11-2, A-B** A, An Epi-Pen® is preloaded with a single dose of the drug epinephrine. B, A Twinject® is preloaded with a double dose of epinephrine.

### Steps in the Emergency Use of an Epinephrine Auto-Injector (EpiPen):

- Determine if anaphylaxis is suspected. Anaphylaxis usually, but not always, occurs right after exposure to an allergen. Frequently anaphylaxis occurs in individuals who have a history of a previous reaction. If there is uncertainty about

the diagnosis, but there is a reasonable probability that it is anaphylaxis, then treat as anaphylaxis.

- If anaphylaxis symptoms occur, call 911 or activate the emergency medical system (EMS). Stay with the victim.
- Have others notify the paramedics, School nurse, parents and School administrator immediately.
- Have the victim sit down. Reassure the victim and avoid moving him or her. Calming reduces the distribution of the allergen in the body.

Prepare to administer EpiPen.

- For students in second grade or below, or if less than 66 lbs., use White label EpiPen Jr (0.15 mg)
- For adults and students in third grade or above, or if more than 66 lbs., use Yellow label EpiPen (0.3 mg) The EpiPen acts immediately; however, the effects last only 10—15 minutes. Make sure someone has called 911.

EpiPen Administration Procedure:

- Grasp the EpiPen and form a fist around the unit. With the other hand, pull off the GRAY Safety Cap.

### EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- For Twinject, pull of Green end cap then Red end cap.

### Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- Hold the black tip near the outer thigh. Never put thumb, fingers, or hand over the black tip. (If an accidental injection occurs, go immediately to the nearest hospital emergency room.)
- Swing and jab the black tip firmly into the OUTER BARE THIGH so that the auto-injector is perpendicular (at a 90° angle) to the thigh. You will hear a click. (The EpiPen can be injected through the victim's clothing, if necessary.)





- Hold the EpiPen firmly in place for 10 seconds, and then remove it from the thigh. (After the injection, the victim may feel his or her heart pounding. This is a normal reaction.)
- Remove the EpiPen and massage the injection area for several seconds.



Check the black tip:

- If the needle is exposed, the dose has been delivered
- If the needle is not exposed, repeat steps b through e

Dispose of the EpiPen in a "sharps" container or give the expended EpiPen to the paramedics.



- Call 911, if not previously called.
- If the anaphylactic reaction is due to an insect sting, remove the stinger as soon as possible after administering the EpiPen. Remove stinger quickly by scraping with a fingernail, plastic card or piece of cardboard. Apply an ice pack to sting area. Do NOT push, pinch, or squeeze, or further imbed the stinger into the skin because such action may cause more venom to be injected into the victim.
- Observe the victim for signs of shock. Cover the victim with a blanket, as necessary, to maintain body temperature and help to prevent shock.
- Monitor the victim's airway and breathing. Begin CPR immediately if the victim stops breathing.
- Take the victim's vital signs (if trained to do so) and record them. Duplicate the emergency card for the paramedics. When paramedics arrive tell them the time EpiPen was administered and the dose administered. If EpiPen has not been disposed of in a sharp's container, give the expended EpiPen to the paramedics.
- If symptoms continue and paramedics do not arrive, use a new EpiPen and re-inject 15 to 20 minutes after initial injection. Continue to monitor the victim's airway and breathing.
- Follow-up medical care should be obtained at the emergency room or from the victim's physician. A second delayed reaction may occur up to 6 hours after the initial anaphylaxis.
- Document the incident and complete the accident/incident report. Include in the documentation the date and time EpiPen was administered, the victim's response, and additional pertinent information. Send a copy of the report to the School nurse.

## Storage:

According to the manufacturer, epinephrine auto-injectors should be stored at room temperature until the marked expiration date, at which time the unit must be replaced. Auto-injectors should not be refrigerated as this could cause the device to malfunction. Auto-injectors should not be exposed to extreme heat, such as in the glove compartment or trunk of a car during the summer and they should not be exposed to direct sunlight. Heat and light shorten the life of the product and can cause the epinephrine to degrade. To be effective, the solution in the autoinjector should be clear and colorless. If the solution is brown, replace the unit immediately.

## Emergency follow-up procedures, including calling the emergency 911 phone number and contacting, if possible, the pupil's parent and physician.

When it is determined, based on the symptoms that an anaphylactic reaction is occurring, it is important to act quickly. Administer epinephrine via an epinephrine auto-injector and have an assistant call 911 and request emergency response. Then contact the School nurse, School administrator, pupil's parent and physician and inform them of the actions taken. Stay with the pupil until the paramedics arrive.

Even after epinephrine has been administered, emergency medical care should be obtained immediately because severely allergic individuals who have experienced anaphylaxis may need emergency respiratory or cardiac care, or even to be resuscitated if they stop breathing altogether. At the very least, these individuals will need professional care to determine whether additional epinephrine, steroids, antihistamines, or other treatment is required. Follow-up diagnosis and care by medical professionals after the administration of epinephrine is important for recovery. A delayed or secondary reaction may occur. Therefore, the individual needs to remain under medical supervision for at least four hours after an episode of anaphylaxis.

Instruction and certification in cardiopulmonary resuscitation (CPR).

Any School personnel volunteering to be trained to administer epinephrine auto-injectors are required by EC section 380.1179(e)(2)(D) to receive instruction and maintain current certification in cardiopulmonary resuscitation from a recognized provider such as the American Red Cross or the American Heart Association.

Written materials.

Ed Code section 380.1179 requires Schools retain the following written materials for reference:

- EC section 380.1179
- Training Standards for the Administration of Epinephrine Auto-Injectors
- Training logs or documentation of training in the administration of epinephrine auto-injectors and cardiopulmonary resuscitation

It is the School's responsibility to prepare or obtain these materials and provide them as part of the training.

## Education Code Section 380.1179

Sec. 1179.

(1) If the conditions prescribed in subsection (2) are met, notwithstanding any School or School district policy to the contrary, a pupil of a public School or nonpublic School may possess and use 1 or more of the following at School, on School-sponsored transportation, or at any activity, event, or program sponsored by or in which the pupil's School is participating:

- a) A metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms or for use before exercise to prevent the onset of asthmatic symptoms.
- b) An epinephrine auto-injector or epinephrine inhaler to treat anaphylaxis.

(2) Subsection (1) applies to a pupil if all of the following conditions are met:

- a) The pupil has written approval to possess and use the inhaler or epinephrine auto-injector as described in subsection (1) from the pupil's physician or other health care provider authorized by law to prescribe an inhaler or epinephrine auto-injector and, if the pupil is a minor, from the pupil's parent or legal guardian.
- b) The principal or other chief administrator of the pupil's School has received a copy of each written approval required under subdivision (a) for the pupil.
- c) There is on file at the pupil's School a written emergency care plan that contains specific instructions for the pupil's needs, that is prepared by a physician licensed in this state in collaboration with the pupil and the pupil's parent or legal guardian, and that is updated as necessary for changing circumstances.

(3) Notwithstanding any School or School district policy to the contrary, a pupil of a public School or nonpublic School may possess and use a United States Food and Drug Administration approved, over-the-counter topical substance at School, on School-sponsored transportation, or at any activity, event, or program sponsored by or in which the pupil's School is participating if all of the following conditions are met:

- a) If the pupil is a minor, the pupil has written approval to possess and use the United States Food and Drug Administration approved, over-the-counter topical substance from the pupil's parent or legal guardian.
- b) The principal or other chief administrator of the pupil's School has received a copy of the written approval required under subdivision (a), if any, for the pupil.

(4) A School district, nonpublic School, member of a School board, director or officer of a nonpublic School, or employee of a School district or nonpublic School is not liable for damages in a civil action for injury, death, or loss to person or property allegedly arising from a pupil being prohibited by an employee of the School or School district from using a United States Food and Drug Administration approved, over-

the-counter topical substance, an inhaler, or an epinephrine auto-injector because of the employee's reasonable belief formed after a reasonable and ordinary inquiry that the conditions prescribed in subsection (2) or (3), as applicable, had not been satisfied. A School district, nonpublic School, member of a School board, director or officer of a nonpublic School, or employee of a School district or nonpublic School is not liable for damages in a civil action for injury, death, or loss to person or property allegedly arising from a pupil being permitted by an employee of the School or School district to use or possess a United States Food and Drug Administration approved, over-the-counter topical substance, an inhaler, or an epinephrine auto-injector because of the employee's reasonable belief formed after a reasonable and ordinary inquiry that the conditions prescribed in subsection (2) or (3), as applicable, had been satisfied. This subsection does not eliminate, limit, or reduce any other immunity or defense that a School district, nonpublic School, member of a School board, director or officer of a nonpublic School, or employee of a School district or nonpublic School may have under section 1178 or other state law.

(5) As part of its general powers, a School district may request a pupil's parent or legal guardian to provide an extra inhaler or epinephrine auto-injector to designated School personnel for use in case of emergency. A parent or legal guardian is not required to provide an extra inhaler or epinephrine auto-injector to School personnel.

(6) A principal or other chief administrator who is aware that a pupil is in possession of a United States Food and Drug Administration approved, over-the-counter topical substance, an inhaler, or an epinephrine auto-injector pursuant to this section shall notify each of the pupil's classroom teachers of that fact and of the provisions of this section.

(7) As used in this section and in section 1179a:

- a) "School board" includes a School board, intermediate School board, or the board of directors of a public School academy.
- b) "School district" includes a School district, intermediate School district, or public School academy.
- c) "United States Food and Drug Administration approved, over-the-counter topical substance" includes, but is not limited to, sunscreen, antimicrobial or antifungal products, external analgesics including lidocaine, psoriasis or eczema topical treatments, or any other topical product with a therapeutic effect.

## Resources and Bibliography

- American Academy of Allergy, Asthma and Immunology (AAAAI)
- American Academy of Pediatrics (AAP)
- California Department of Education (CDE)
- California Department of Public Health (CDPH)
- California Medical Association (CMA)
- California School Nurses Organization (CSNO)
- Emergency Medical Systems Authority (EMSA)
- Food Allergy and Anaphylaxis Network (FAAN)
- California Department of Education (<http://www.cde.ca.gov/ls/he/hn/epiadmin.asp>)

- [http://www.legislature.mi.gov/\(S\(1bznrasdofln0zwstdatr00d\)\)/mileg.aspx?page=GetObject&objectname=mcl-380-1179](http://www.legislature.mi.gov/(S(1bznrasdofln0zwstdatr00d))/mileg.aspx?page=GetObject&objectname=mcl-380-1179)
- Red Cross Training Manual 2012

## Acknowledgements

In compliance with the authorizing statute, the following individuals and agencies contributed to the development and review of the training standards: Rob Bachmann, RN, Orange County Department of Education Ronald P. Bangasser, MD, California Medical Association Cathy Bray, RN, Riverside County Office of Education Linda Davis Alldritt, RN, California Department of Education Molly Gaylord, RN, Santa Clara County Office of Education Ruby Hennessey, RN, California School Nurses Organization George Monteverdi, MD, FAAP,

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## APPENDIX. FOOD ALLERGY ACTION PLAN

Student's Name: \_\_\_\_\_ D.O. B: \_\_\_\_\_ Teacher: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes \_\_\_ No \_\_\_ \*Higher risk for severe reaction

To be  
determined  
by  
physician  
authorizing  
treatment

### STEP 1: TREATMENT

<u>Symptoms:</u>	<u>Give Checked Medication**:</u>
------------------	-----------------------------------

If a food allergen has been ingested, but no symptoms: EpiPen Antihistamine

Mouth Itching, tingling, or swelling of lips, tongue, mouth	EpiPen	Antihistamine
Skin Hives, itchy rash, swelling of the face or extremities	EpiPen	Antihistamine
Gut Nausea, abdominal cramps, vomiting, diarrhea	EpiPen	Antihistamine
Throat Tightening of throat, hoarseness, hacking cough	EpiPen	Antihistamine
Lung Shortness of breath, repetitive coughing, wheezing	EpiPen	Antihistamine
Heart Thready pulse, low blood pressure, fainting, pale,	EpiPen	Antihistamine
Other	EpiPen	Antihistamine
If reaction is progressing (several of the above areas affected)	EpiPen	Antihistamine

The severity of symptoms can quickly change. Potentially life-threatening.

## DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr.  
(see labels for instructions)

Antihistamine: give \_\_\_\_\_

Medication/dose/route \_\_\_\_\_

Other: \_\_\_\_\_

## STEP 2: EMERGENCY CALLS

Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.

Dr. \_\_\_\_\_ at \_\_\_\_\_

Emergency contacts:

Name/Relationship

Phone Number(s)

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

Doctors Signature (Required)

\_\_\_\_\_ Date \_\_\_\_\_

### TRAINED STAFF MEMBERS

1. \_\_\_\_\_ Room \_\_\_\_\_

2. \_\_\_\_\_ Room \_\_\_\_\_

3. \_\_\_\_\_ Room \_\_\_\_\_

### RECEIPT OF EPINEPHRINE AUTO-INJECTORS AND ACKNOWLEDGEMENT OF THE RESPONSIBILITIES OF THE SITE'S ADMINISTRATOR.

- Overseeing the placement and maintenance of Epinephrine auto-injectors;
- Identifying and selection of volunteer employees as well as coordination of initial and refresher training in Epinephrine auto-injectors training;
- Providing volunteer employees review materials for recognizing symptoms of Anaphylaxis, emergency use of Epinephrine auto-injectors and emergency follow-up procedures, including calling 911 and contacting if possible, the pupil's parent and physician.
- Verifying expiration dates, inspecting the clarity/quality of the Epinephrine solution and documenting incident reports properly;
- Replacing expired Epinephrine auto-injectors and replacing them after an incident;
- Overseeing of Epinephrine auto-injectors trained personnel associated with the program;
- Receipt of "Administration of Epinephrine Auto-Injectors" program and the Red Cross' guide to "Anaphylaxis and Epinephrine Auto-Injectors" and "Assisting with an Epinephrine Auto-Injector" materials;
- Receipt of Epinephrine Auto Injectors; \_\_\_\_ (regular 2-packs) \_\_\_\_ (Junior 2-packs) for \_\_\_\_\_.
- Notifying all personnel of the location of the "Administration of Epinephrine auto-injectors Program.

I acknowledge and understand all of the above:

\_\_\_\_\_  
Print Site's Administrator's

\_\_\_\_\_  
Site's Administrator's Signature

\_\_\_\_\_  
Date



## BIBLIOGRAPHY

### Work Cited

Safer Schools California, SaferSchools.California.gov. N.D. "Guide for Developing and Submitting Floor Plans". Web. 16, March 2015.

Safer Schools California, SaferSchools.California.gov. N.D. "Guide for Developing High Quality Plans". Web. 16, March 2015.

Safer Schools California, SaferSchools.California.gov. N.D. "Model School Site Plans". Web. 16, March 2015.

Safer Schools California, SaferSchools.California.gov. N.D. "Sample Emergency Contact Sheet". Web. 16, March 2015.

Safer Schools California, SaferSchools.California.gov. N.D. "School Safety Plans" Web.16, March 2015. California.gov. N.D. "School Safety Plans". Web.16, March 2015.

[http://www.legislature.mi.gov/\(S\(1bznrasdofln0zwstdatr00d\)\)/mileg.aspx?page=GetObject&objectname=mcl-380-1179](http://www.legislature.mi.gov/(S(1bznrasdofln0zwstdatr00d))/mileg.aspx?page=GetObject&objectname=mcl-380-1179)

## F. NALOXONE ADMINISTRATION - Policies and Procedures

### Purpose and Scope

To establish guidelines and regulations governing the utilization of naloxone nasal spray administered by [Charter School Name]. The objective is to treat opioid overdoses and get those overdosed transported to an emergency department to reduce the number of fatal overdoses.

It is the policy of the Charter School is to ensure that designated staff are trained in the use of naloxone. The designated staff shall be the **Program Administrator** (area superintendent designee). The **Program Administrator** shall be responsible for the overall administration, evaluation, maintenance and equipment of the program. Duties shall include, but not necessarily be limited to, the following:

- (a) Ensuring an adequate supply of appropriate naloxone nasal spray is available
- (b) Coordinating and overseeing training
- (c) Assuring the maintenance of training, inspection and other program records.
- (d) Conducting periodic evaluations to ensure that the program is being implemented accordingly. Evaluations should include consultation with the employees who use naloxone nasal spray, their supervisors, job task assignment and a review of program records.

This policy has been reviewed and approved by the Charter School Board of Directors and shall be updated as necessary.

## Background and Definitions

California Senate Bill (SB) 833 (Chapter 30, Statutes of 2016) added Part 6.2, Section 1179.80 to the California Health & Safety Code to require the California Department of Public Health (CDPH) to establish the Naloxone Grant Program. The goal of the program was to reduce the number of fatal overdoses in California from opioid drugs, including prescription opioids and heroin, by increasing access to the life-saving drug naloxone. The California Legislature allocated a one-time appropriation of \$3 million from the General Fund in the Budget Act of 2016 to support this program through June 30, 2019.

**Drug overdose** (poisoning) is the leading cause of unintentional injury death in the United States, causing more deaths than motor vehicle crashes. Opioids – both prescription painkillers and heroin – are responsible for most of those deaths. The number of Californians affected by prescription and non-prescription opioid misuse and overdose is substantial, with rates varying significantly across counties, and even within counties.

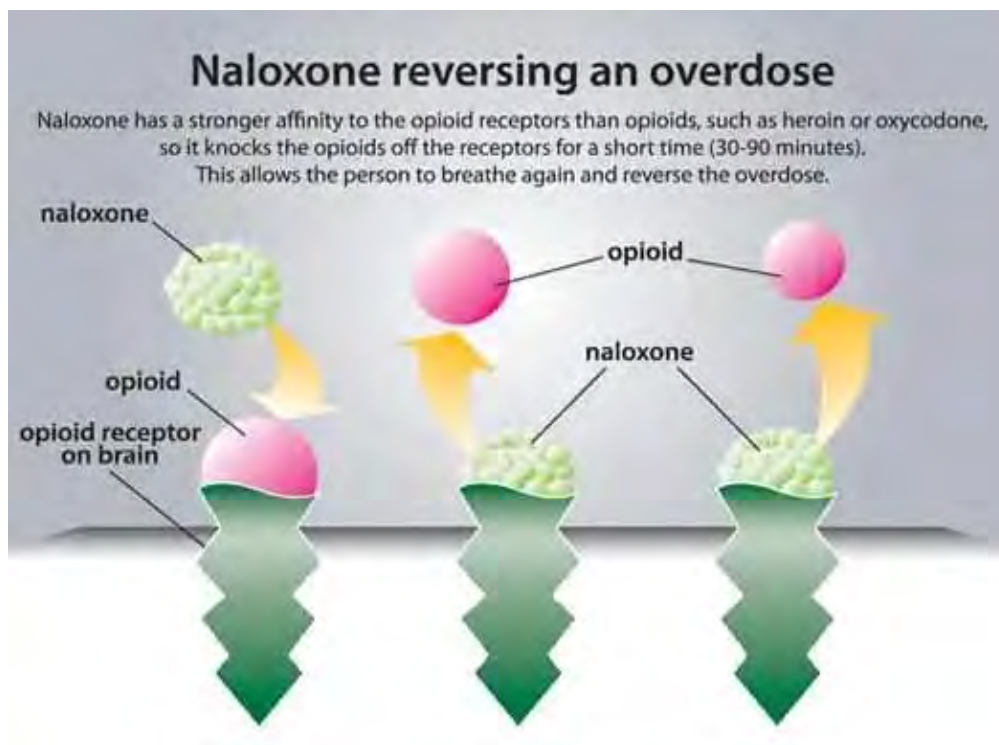
**Naloxone** is a medication that works almost immediately to reverse opiate overdose. Naloxone is currently a prescription drug, but is not a controlled substance. It has few known adverse effects, no potential for abuse, and can be rapidly administered through intramuscular injection or nasal spray. While most professional first responders and emergency departments are equipped with naloxone, emergency service providers may not arrive in time to revive overdose victims. Trained and equipped bystanders such as friends, family and other non-health care providers (lay people) and drug users themselves can effectively respond and reverse an opioid overdose. Given the success of bystander naloxone programs, the CDC and the World Health Organization have recommended expanding the availability of naloxone to lay people.

The Naloxone Grant Program further strengthened California's public health response to opioid-related overdoses by making naloxone more readily available at a critical time when it was more difficult for many to obtain. To further facilitate the distribution and use of naloxone, and specifically address concerns about not having a written order from a physician, CDPH issued a statewide standing order signed by the State Public Health Officer and created a training video on how to administer the drug in an overdose situation.

The California Department of Health Care Services now distributes, by request, no cost naloxone product utilizing funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>4</sup> Efforts to sustain a high level of naloxone available at the community level will result in more lives saved, and increased opportunities for individuals to seek treatment for opioid dependency.

## How Naloxone Works

The brain has many receptors for opioids. An overdose occurs when too much of any opioid fits into too many receptors slowing then stopping the breathing. Naloxone has a stronger affinity to the opioid receptors than many opioids (like heroin, OxyContin® or Percocet®) so it knocks the opioids off the receptors for a short time. This allows a person to breathe again and reverses the overdose.



Naloxone may be injected in a muscle, vein or under the skin, or sprayed into the nose. Naloxone that is injected comes in a lower concentration (0.4mg/1ml) than naloxone that is sprayed up the nose (1mg/1ml). It is a temporary drug wears off in 30-90 minutes.

## Laws and Regulations

### California Education Code Section 49414.3.

(a) School districts, county offices of education, and charter schools may provide emergency naloxone hydrochloride or another opioid antagonist to school nurses or trained personnel who have volunteered pursuant to subdivision (d), and school nurses or trained personnel may use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

Laws are currently in place that support making naloxone more readily available. For example, [California Civil Code Section 1714.22 \(Statutes of 2013, Chapter 707, Sec. 1\) \(PDF\)](#) eliminates civil and criminal liability for: 1) licensed health care providers that prescribe naloxone and issue standing orders for the distribution of naloxone, and 2) individuals that administer naloxone to someone suspected of experiencing an overdose after receiving it along with required training. This law took effect on January 1, 2014.

- [Drug Overdose Treatment Liability Bill](#)
- [Good Samaritan Law Handout \(PDF\)](#)
- [Good Samaritan Bill](#)

## How to Get Naloxone

The California Department of Health Care Services (DHCS) is providing free naloxone to organizations and entities eligible to administer or distribute naloxone through the California Public Health standing order, and to individuals with a valid prescription. Naloxone (Narcan) can also be obtained directly from a pharmacy or the manufacturer (Adapt Pharma), or from local organizations that have a naloxone distribution system in place (e.g., harm reduction services).

### Naloxone Distribution Project

DHCS created the Naloxone Distribution Project (NDP) to combat opioid overdose-related deaths throughout California. The NDP aims to address the opioid crisis by reducing opioid overdose deaths through the provision of free naloxone. All NDP applicants must submit a prescription or standing order for naloxone. The Charter School is required to submit the following materials for application approval:

- Completed NDP application
- A copy of a naloxone standing order or physician's prescription.
- A copy of a valid and active business license, FEIN number or tax-exempt letter.
- Distribution plan (for orders over 48 units)

Number of overdose reversals reported with naloxone received through NDP (for subsequent applications)

The Charter School will maintain detailed distribution logs and reversal-reporting documentation – DHCS may require review of this additional information prior to approving subsequent applications. The Charter School shall also provide its policies and procedures for storage, adequate staffing, details of distribution plans and reversal reporting.

### Naloxone Statewide Standing Order

The California State Public Health Officer has issued a statewide standing order to help reduce morbidity and mortality associated with opioid overdose by facilitating the distribution and administration of naloxone in California, available here: [Naloxone Statewide Standing Order](#). The purpose of this standing order is to help reduce morbidity and mortality associated with opioid overdose by facilitating the distribution and administration of naloxone. The standing order authorizes the following:

- A. Non-prescribing entities to distribute naloxone to individuals at risk of opioid overdose, their family members and friends, or other persons in a position to assist during an opioid-related overdose, who have completed an opioid overdose prevention and treatment-training program.
- B. The administration of naloxone received from the entity using this standing order to assist a person experiencing or reasonably suspected of experiencing an opioid overdose, by a family member, friend, or other person who has received Opioid overdose prevention and treatment training from an opioid overdose prevention and treatment-training program.

C. "Non-prescribing entities" means organizations that do not employ or contract with a medical provider that has a license to prescribe and can issue a standing order and provide oversight for the distribution and administration of naloxone.

A non-prescribing entity must apply for this standing order with the California Department of Public Health and agree to the terms and conditions specified.

D. "Opioid overdose prevention and treatment training program" means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following:

1. The causes of an opiate overdose.
2. Mouth to mouth resuscitation.
3. How to contact appropriate emergency medical services.
4. How to administer an opioid antagonist.

Additionally, the training program should include how to recognize an opioid overdose. An example of an "overdose prevention and treatment training program" that is registered with or operated by a state or local health jurisdiction includes, but is not limited to:

[Administering Naloxone - CDPH training video](#)

## Naloxone Training

The Charter School **Program Administrator** (area superintendent designee) and designated staff shall be trained with the specified type/dose of naloxone nasal spray that they will be required to use. The training shall be of sufficient content and duration to ensure that the user is competent in handling and using the specified naloxone nasal spray.

### Required Certification

- The Charter School utilizes the American Red Cross to provide an interactive virtual training for administering naloxone. Staff can request the training sessions by submitting a training request on [MYLO](#). For any questions about training requests email [Training@LLAC.org](mailto:Training@LLAC.org).
- American Red Cross provides a certificate of training completion. Employees shall forward the copy of the certificate of completion of the course to the training department to maintain the file and track when the renewal of the certification is due. The following topics are covered under the American Red Cross Training:
  - *What are Opioids*
  - *Signs and Symptoms of Opioid Overdose*
  - *Emergency Action Steps*
  - *Naloxone*
  - *Nasal Atomizer*
  - *Narcan Nasal Spray*
  - *EVZIO*
  - *Responding to Opioid overdose at Home*
  - *Responding Opioid overdose at Work*

- *Responding Opioid overdose in the Community*

An integral part of a naloxone distribution program is ensuring those who will potentially be administering the drug know how to use it. Listed below are a number of additional resources:

[Overdose Education and Naloxone Distribution \(webinar recording\)](#)

Audience: This webinar is appropriate for any staff who will be responsible for educating laypersons about opioid overdose and distributing naloxone in their community. The webinar covers the basic information needed to train laypersons and distribute naloxone in California including the following: history and context of Overdose Education and Naloxone Distribution (OEND), understanding opioid overdose, risk factors, prevention strategies, understanding overdose response and naloxone administration, and engaging persons who use drugs and other laypeople in OEND.

[Implementing Naloxone Distribution Systems \(webinar recording\)](#)

Audience: This webinar is appropriate for program managers and others responsible for the implementation of naloxone distribution systems/OEND in any capacity in their community. The webinar contains information on the implementation of OEND systems in California.

- [Administering Naloxone – Training Video \(YouTube\)](#)
- [Get Naloxone Now](#)
- [Get Naloxone Now Training Video](#)
- [How to Use Naloxone Spray Trifold \(PDF\)](#)
- [How to Use Naloxone Spray \(editable\)](#)
- [Overdose Prevention and Naloxone Manual](#)
- [Overdose Prevention Trifold \(editable\)](#)
- [Opioid Safety and How to Use Naloxone Trifold](#)
- [Harm Reduction Coalition Materials](#)
- [Naloxone Administration for Opioid Overdose \(YouTube\)](#)
- [Naloxone Implementation \(webinar recording\)](#)

## **Naloxone Use**

The following is a brief overview of naloxone use procedures from CDPH. The American Red Cross training provides more comprehensive procedures for administering naloxone.

When using the naloxone nasal spray, staff will maintain universal precautions against blood borne pathogens. Staff must first perform a basic client assessment to determine unresponsiveness, absence of breathing and or pulse and perform CPR/First Aid as required (if trained). Staff should conduct a quick survey of the area and/or discussion with those accompanying the client to check for evidence of drug use. If staff determine the client is likely suffering a medical emergency because of an opiate over-dose, staff will call or ask another staff member to call 911 immediately and report that the client is in a potential overdose state.

Staff shall follow the procedures below to administer naloxone nasal spray:



**Administration of naloxone nasal spray:** Administer naloxone nasal spray to patient suspected of an opioid exposure with respiratory depression or unresponsiveness as follows:

1. Remove naloxone nasal spray from box by peeling back the tab with the circle to open the spray.
2. Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
3. Tilt the head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into either nostril until your fingers are against the bottom of the person's nose.
4. Press the plunger firmly to give the dose of naloxone nasal spray.
5. Remain with individual until he or she is under the care of a medical professional, such as a paramedic, emergency medical technician, physician, or nurse. Rescue breathing (one breath every 5 seconds) or CPR should be given if trained/comfortable while waiting for emergency medical assistance.
6. Administer additional doses of naloxone nasal spray using a new nasal spray with each dose, if exposed patient does not respond or responds and then relapses into respiratory depression, additional doses of naloxone nasal spray may be given every 2 to 3 minutes until emergency medical assistance arrives.

Do not administer naloxone nasal spray to a patient with known hypersensitivity to naloxone.

After EMS arrival, staff will inform responding EMS/paramedics that they have administered naloxone nasal spray and the number of doses used.

### Monitoring | Storage

Naloxone is a medication and as such must be monitored. The naloxone must be stored in a climate-controlled area and in a location where access to the medication can be controlled.

**Program Administrator** (area superintendent designee) is responsible for issuing the naloxone nasal spray kits to a secured and easily accessible location by all trained staff. Principal or site administrators will log naloxone nasal spray kits received and issued so that all naloxone nasal spray kits are accounted for. Any missing kits will also be logged as missing in the log. The **Program Administrator** on a monthly basis shall review the log.

### Maintenance | Replacement

An inspection of the naloxone nasal spray kit shall be the responsibility of the same safety designee personnel who is responsible for doing the monthly safety checklist. Included in the same checklist is the checking out the naloxone nasal spray kit. Staff members shall inspect the kit at the time they check it out. The naloxone nasal spray kit will be kept in the same secured, climate-controlled area wherein the Epipens, AED and Glucose tablets are stored. This is imperative since extreme temperature changes may affect the effectiveness and integrity of the medication.

The **Program Administrator** (area superintendent designee) will conduct an inspection of the naloxone nasal spray kits on the first workday of each month and collect the prior month's naloxone nasal spray kit log for auditing purposes. The **Program Administrator** (area superintendent designee) will also perform a monthly audit of these forms to ensure compliance.

Missing or damaged naloxone nasal spray kits will be reported as missing or damaged to the **Program Administrator** (area superintendent designee). The **Program Administrator** (area superintendent designee) will re-issue new kits as needed or as supply allows.

### Documentation | Naloxone Report

Upon completing the naloxone administration and briefing of events to the responding medical staff, the staff will complete an "Incident Report" on MYLO – the incident report will contain event and people (victim, witness, etc.) information. Staff shall include the naloxone usage in the report. The short narrative should include a description of any evidence of drug use (drugs, paraphernalia, etc.) observed at the scene.

Entities participating in the program agree to maintain and report information regarding the number of reversals that occurred using the naloxone to [Naloxone@dhcs.ca.gov](mailto:Naloxone@dhcs.ca.gov). Entities that are re-applying for the program are required to submit information about overdose reversals using naloxone received through the project. The Charter School shall use the forms below when reporting incidents of naloxone use and reversals.

## Naloxone Administration Report Form

School Name: _____	Date: ____ / ____ / ____	Time of Incident: _____
Address location of incident: _____		
Reporting Employee-Name & Title: _____		
Name of Patient Naloxone was Administered: _____		
Gender of Subject: _____	Age of Subject: _____	
Signs of Overdose present: (check all that apply) <input type="checkbox"/> Unresponsive <input type="checkbox"/> Breathing Slowly <input type="checkbox"/> Not Breathing <input type="checkbox"/> Blue Lips <input type="checkbox"/> Slow Pulse <input type="checkbox"/> Other _____		
Overdosed on what drugs? (check all that apply) <input type="checkbox"/> Heroin <input type="checkbox"/> Alcohol <input type="checkbox"/> Methadone <input type="checkbox"/> Benzos/Barbiturates <input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Suboxone <input type="checkbox"/> Any other opioid <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____		
Subject's Response: <input type="checkbox"/> Responsive & Alert <input type="checkbox"/> Responsive & Sedated <input type="checkbox"/> No Response		
Disposition: <input type="checkbox"/> Transferred to Hospital	Name of Ambulance Service _____	
Comments: _____		
Attach this form with submitted Incident Report on MYLO or email to <a href="mailto:HRSafety@LLAC.org">HRSafety@LLAC.org</a>		



## Opioid Overdose Prevention Naloxone Inventory Log

**Directions:**

This log should be kept with the opioid overdose kit stored in the site's AED cabinet. When a new Kit is received the information below should be recorded on this log. The designated personnel receiving the Kit will sign the record. Administration of naloxone or disposal of an expired naloxone vial, including lot number and time/date of use or disposal, will also be recorded in the log.

Date Placed	Location Placed	Lot #	Expiration Date	Unit Used/ Disposed on Date	Signature

Resources available at Department of Health Care Services' website at [www.dhcs.ca.gov](http://www.dhcs.ca.gov) 5/2022

## References and Cited Sources:

[https://www.dhcs.ca.gov/individuals/Pages/Naloxone\\_Distribution\\_Project.aspx](https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx)

<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/PrescriptionDrugOverdoseProgram.aspx>

<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/NaloxoneGrantProgram.aspx#>

[https://www.cdp.ca.gov/programs/ccdphp/dcdic/sacb/pages/the\\_risks\\_are\\_real\\_public\\_education\\_campaign.aspx/](https://www.cdp.ca.gov/programs/ccdphp/dcdic/sacb/pages/the_risks_are_real_public_education_campaign.aspx/) "Your Pain is Real. So Are The Risks." - Prescription Opioid Public Education Campaign

[https://cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH Document Library/Prescription Drug Overdose Program/ Injury Data Brief: Counting Opioid Overdose Deaths Among American Indians Using Different Definitions \(PDF\)](https://cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH_Document_Library/Prescription_Drug_Overdose_Program/_Injury_Data_Brief:_Counting_Opioid_Overdose_Deaths_Among_American_Indians_Using_Different_Definitions_(PDF))

[Injury Data Brief: Patterns of Opioid-Related Overdose Deaths in California, 2011-2017 \(PDF\)](#)

[Chronic Pain Poster \(PDF\)](#)

[Opioids + Pregnancy](#)

[Opioid Prescribers Resource Sheet \(PDF\)](#)

<https://harmreduction.org/issues/overdose-prevention/developing-overdose-prevention-and-naloxone-projects/>

## G. AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PLAN

### Policy

The following plan has been developed to establish appropriate procedures for the placement and use of Automated External Defibrillators (AED). An Automated External Defibrillator is a medical device that is used to recognize the presence or absence of ventricular fibrillation (when electrical activity becomes disordered) and rapid ventricular tachycardia (extremely rapid heartbeat), and is able to determine, without intervention by an operator, whether defibrillation (an electrical shock to the heart) should be performed. The AED must only be used on victims who are unconscious and not breathing normally. The AED shall be used in combination with Cardiopulmonary Resuscitation (CPR) in instances of sudden cardiac arrest. AED equipped with Pediatric AED pads can deliver lower levels of energy considered

appropriate for children and infants up to 8 years of age or weighing less than 55 pounds (American Red Cross p. 47).

## Authority and Responsibility

School will be responsible for:

- Designating an AED Coordinator;
- Purchasing, installing and maintaining AED's;
- Coordinating training for employees;
- Coordinating with local resource hospital;
- Maintaining records of maintenance and testing
- Developing a site-specific medical emergency plan; and
- Retaining copies of all AED training records as well as equipment maintenance and testing logs which shall be available for review during annual inspections.

AED Coordinator shall be responsible for:

- Overseeing the placement and maintenance of AED equipment;
- Identifying trained or authorized users, selecting employees and selection of volunteer employees as well as coordination of initial and refresher training in CPR, AED usage and Blood borne Pathogens training;
- Supplying all AED information to local resource hospital;
- Verifying maintenance records and testing are being conducted and documented regularly;
- Developing a site-specific medical emergency plan;
- Replacing deteriorating, missing or used support equipment;
- Managing day-to-day operations;
- Overseeing training of personnel associated with the program;
- Placing AED back in service after use; and

- Training personnel on the location of AEDs and site's Emergency Action Plan.

## Maintenance and Testing Policy

Maintenance and testing of all AED units shall be conducted in accordance with the manufacturer's specifications. Records of maintenance and testing shall be maintained for each AED unit and shall be reviewed annually by Facilities and Safety personnel during the building inspection. Each trained user shall be given a copy of the manufacturer's maintenance and testing requirements. A copy of the requirements shall also be kept with the AED and in a central location of the facility.

After using an AED, follow the manufacturer's instructions prior to placing the AED back into service.

### Check that the Active Status Indicator is flashing green.

The Active Status Indicator ("ASI") is located in the upper corner of the AED and indicates the operational readiness state of the unit. It will periodically flash green to indicate a fully functional condition. If it is flashing red or not flashing at all, the AED needs attention. If the ASI is not flashing at all, the most likely cause is that the ASI 9V battery needs to be replaced. Once the battery has been replaced with a fresh battery, the ASI should once again flash green. If it does not, the battery pack may be defective. In that event, the battery pack should be replaced. If the ASI is flashing red, turn the unit on, the voice prompt will indicate the nature of the problem.

### Check the condition of the AED and accessories.

Inspect the device for dirt and contamination, especially in the connector socket and around the battery pack opening. Inspect the device visually for damage. Look for cracks or other signs of damage on the case, especially near the connector socket and joints. If any cracks or other signs of damage are visible, remove the AED from service and contact an authorized service center.

### Check expiration date on battery pack.

The expiration date can be found on the white label near the right side of the battery pack. It is important to replace your battery pack if the date has expired. The 9V lithium battery inside the battery pack should be replaced once a year or when the unit indicates "low battery" or "replace battery" and flashes the Active Status Indicator red. The 9V can be accessed by removing the 9V battery compartment cover on the battery pack.

# AED MONTHLY TEST CHECKLIST

## AED Monthly Operation and Status Check *Environmental Health and Safety*

Instructions: Weekly check the battery status indicator, verify all support equipment (2 pairs of disposable gloves, towels, safety razor, 2 barrier devices, extra electrode pads, a pair of scissors, biohazard disposal bag, AED incident report form and a pen) is present and in good condition sign and date to verify all items have been checked. Indicate any missing or damaged equipment in the Comments section. If the battery is no longer working, please replace IMMEDIATELY with the backup battery and purchase a replacement battery within 30 days.

Date	Battery Status Indicator Flashing?		Supplies in good condition	List of Missing or Damaged Supplies	Comments or Corrective Actions	Inspected by
	Yes	No				

Taken out of Service? Date: \_\_\_\_\_ Returned to Service Date: \_\_\_\_\_

Month: \_\_\_\_\_

# AED MEDICAL EMERGENCY PLAN

## Purpose

To establish an action plan for responding to a medical emergency and to ensure the proper procedures are followed in the event of a medical emergency within School.

## Safety Coordinator:

Soliman Villapando Jr. (Director, Safety and Security) is responsible for making sure this emergency action plan is kept up to date, practices, and reviewed periodically.

The Safety Coordinator can be reach at: (661) 418-1539; 177 Holston Dr. Lancaster CA 93535.

## Emergency Phone Numbers:

Paramedics- 911

Police-911

## Facility Contacts:

### Designated Emergency Medical Responders

The following employees will be trained in the use of CPR/AED. It is the goal to have at a minimum one (1) trained responder available during business hours.

Principal,

Site Administrator,

Teacher,

Coach,

Staff member

## Resource Hospital:

Loca Hospital Coordinator

## Examples of a Medical Emergency

- Unconsciousness
- Seizure
- Chest Pain and/or Heart Attack
- Stroke
- Choking
- Trouble Breathing
- Major Injury - Slip or Fall
- Drowning

## Notification of an Emergency

For all Medical Emergencies; CALL 911. Contact personnel in charge of dealing with Emergencies to inform them of the situation. The following information shall be given to the Emergency Services personnel:

- Location of medical emergency;
- Nature of emergency;
- Gender and approximate age of victim;
- Victim's responsiveness;
- CPR status; and
- AED status.

## Emergency Procedures

An AED is used to treat victims who experience sudden cardiac arrest. The AED shall only be applied to victims who are unconscious and not breathing normally. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected the AED will charge to the appropriate energy level and advise the operator to deliver a shock. An AED shall be used in conjunction with CPR in cases of sudden cardiac arrest, in accordance with accepted protocols, including those developed by the American Red Cross and American Heart Association.

Use of the AED and CPR shall continue as appropriate during the course of emergency care, until the patient resumes pulse and respiration, and/or local emergency medical services (EMS) arrive at the scene, and assume responsibility for emergency care of the patient

AED equipped with Pediatric AED pads can deliver lower levels of energy considered appropriate for children and infants up to 8 years of age or weighing less than 55 pounds (American Red Cross p. 47).

Personnel not qualified or assigned to provide first aid assistance are expressly instructed not to provide any medical treatment. General assistance to the victim, when conscious, is permissible and advised. The medical emergency shall be assessed by responding personnel, who will evaluate the situation, and the course of action to be taken.

Remain with the individual until emergency services arrive to care for the individual. Before applying the AED, responders will assess for unresponsiveness, check for breathing, pulse and signs of circulation. Additionally, responders must assess the area for additional hazards (e.g. electrical, physical, etc.) to

determine if the victim needs to be moved to a safer location prior to using the AED. If the victim is not breathing or no pulse is detected, they shall begin CPR. Upon arrival of AED, responders will stop CPR and utilize the AED. Only trained responders shall, administer first aid, CPR or utilize the AED. Allow the emergency services personnel to administer all care to the individual upon arrival.

## Rescue Breathing

- Start by rolling the victim onto his/her back, if necessary.
- Make sure the airway is open and check for and remove any obvious obstructions in the mouth (gum, dentures, vomitus, or other fluids).
- Position your ear over the person's nose and mouth, to check for breathing for 3-5 seconds.
- Using a barrier device, form a tight seal around the victim's mouth and nose and exhale for 1-1.5 seconds, which should be enough to make the victim's chest rise.
- Pause between rescue breaths to inhale.
- Then look, listen, and feel for chest movements or the sound of escaping air. If you don't detect breathing, re-check the carotid pulse for 5-10 seconds. If the victim still isn't breathing, but does have a pulse, resume rescue breathing.
- If there is no pulse, begin CPR.

## CPR Procedure

- Assess airway, perform a head tilt chin lift to open airway
- Assess breathing, look, listen and feel for breathing for 5-10 seconds, if breathing is absent, use barrier device in AED kit and deliver two slow breaths, watching for the chest to rise
- Check for pulse and/or signs of circulation, if no signs of circulation are present, begin chest compressions at the rate of 100 per minute

## AED Procedures

- When AED arrives, place near the head of the victim on the same side as rescuer, if possible.
- Open case and turn unit on.
- Apply gloves.
- Bare and prepare chest (dry wet skin with towel or clothing and shave if necessary).
- Make sure the victim is not in contact with water or any metal objects.
- If necklaces or other body jewelry is in the way or within 1 inch of pad placement, remove the jewelry before AED use.
- If the person has any type of drug skin patch on the chest, remove the patch with a gloved hand and clean the area.
- If implantable defibrillator or pacemaker is present on the victim, place pad at least one



inch away from device.

- Follow visual and verbal prompts given by the AED.
- Apply electrode pads, always working on the upper right chest just below the collar bone and left side of the victim's chest two to three inches below the armpit.
- Clear the area and plug in connector.
- Allow unit to analyze the heart rhythm.
- If shock is indicated call "CLEAR" make sure no one is touching the victim and press the "Shock indicator" button.

## Reporting Procedures

When an AED is used, the user shall report to the resource hospital the following information:

- Date and time of incident;
- Name of the care provider;
- Time that paramedics were called;
- Initial heart rhythm;
- Number of times patient was defibrillated;
- Name of AED user;
- Final heart rhythm when emergency services arrived; and
- Whether the patient has a pulse and if they are breathing when emergency services arrived.
- Once the victim is in the care of Emergency Medical Services, the AED unit shall be immediately secured and taken out of service, by the AED Coordinator, in the event the AED Coordinator is not on the scene, the following shall be completed before placing the AED back into service:
  - Data card shall be removed and a new one installed. (optional feature)
  - Remove and disinfect AED, restock with two sets of pads, two batteries, towel, razor, and gloves, biohazard waste bag, and two barrier devices before placing back in service.
  - Immediately inform HR department of the incident.

## Training Provider:

- American Red Cross

## Resource Hospital - Registration

The AEDs at Athletic Training Facility have been registered with the Pre-Hospital Coordinator. A copy of the manufacturer's guidelines for training and maintenance and copies of the training certificates for trained AED users have been provided to the hospital.

# Incident Report Form

Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_

Member's name \_\_\_\_\_ Member number \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Location of accident \_\_\_\_\_

Staff attending \_\_\_\_\_

\_\_\_\_\_

Witnesses (nonstaff) \_\_\_\_\_

\_\_\_\_\_

Details of accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken by staff \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff reporting \_\_\_\_\_ Date \_\_\_\_\_

Department head's signature \_\_\_\_\_ Date \_\_\_\_\_

## G. BLOODBORNE PATHOGEN PROGRAM

### POLICY

School is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood borne Pathogens." The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control
- Universal precautions
- Engineering and work practice controls
- Personal protective equipment
- Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

### PROGRAM ADMINISTRATION

School is responsible for implementation of the ECP. Human Resources will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

School will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. School will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

School will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

School will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives

## EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

Job Title	Department/Location
Teachers	
Staff	
Athletic Coaches	
School Nurses	

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

NOTE: Part-time, temporary, contract and per diem employees are covered by the blood borne pathogens standard. The ECP should describe how the standard will be met for these employees.

## METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions: All employees will utilize universal precautions.

**Exposure Control Plan:** Employees covered by the blood borne pathogens standard receive an explanation of this ECP. All employees can review this plan at any time during their work shifts by contacting HR department (If requested, will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

**Engineering Controls and Work Practices** Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below:

- Sharps disposal containers are inspected and maintained or replaced by (a bio-hazard waste disposal vendor) whenever necessary to prevent overfilling.
- This facility identifies the need for changes in engineering controls and work practices through Review of OSHA records, employee interviews, committee activities, etc.
- We evaluate new procedures and new products regularly by reviewing the process and considering new products and procedures.

## Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by [School](#). The types of PPE available to employees are as follows:

- Gloves
- Splash goggle
- Face shields
- Masks

PPE is located in the FIRST AID location and may be obtained through the Athletic Supervisor.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in (Biohazard Containers for storage, laundering, decontamination, or disposal.)
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

## Housekeeping:

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available if needed. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

## Laundry:

The following contaminated articles will be laundered by this School: (optional for Athletic Center)

Laundering will be performed by Janitorial Services

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (red bags marked with the biohazard symbol)
- Wear the following PPE when handling and/or sorting contaminated laundry: (gloves, goggles, mask).

## Labels:

The following labeling methods are used in this facility:

Equipment to be Labeled Label Type

- Specimens, contaminated laundry, (red bag, biohazard label)
- Waste (red container, biohazard label)

Site Supervisor is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify (Name of responsible person or department) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

## HEPATITIS B VACCINATION

School will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at School's Human Resources.

Vaccination will be provided by School occupational medical provider.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

## POST-EXPOSURE EVALUATION AND FOLLOW-UP

**Should an exposure incident occur, contact School Human Resources at the following number (661) 272-1225. An immediate confidential medical evaluation and follow-up will be conducted by School medical provider.** Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status



- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

## ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

School Human Resources ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood borne pathogens standard.

School Human Resources ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

School Human Resources provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

## PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Site Administrator or senior staff member will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (O.R., E.R., patient room, etc.)
- Procedure being performed when the incident occurred
- Employee's training

The Site Administrator will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log. If revisions to this ECP are necessary, the Site administrator will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

## EMPLOYEE TRAINING

All employees who have occupational exposure to blood borne pathogens receive initial and annual training conducted by Site administrator.

All employees who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA blood borne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, & PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session.

## RECORDKEEPING

- Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at 177 Holston Dr. Lancaster Ca 93535 The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to School Human Resources Department.

## Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020,

"Access to Employee Exposure and Medical Records." Human Resource Department is responsible for maintaining required medical records. These confidential records are kept in Human resources (Admin Lancaster, Ca.) for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to HR department.

## OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).

## Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

## HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: \_\_\_\_\_

Employee Name

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Cited Sources

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Tharrett, Stephen. ACSM's Health/Fitness Facility Standards and Guidelines 4<sup>th</sup> Edition. 2012. American College of Sports

Medicine. Dallas, TX. Print.

University of Chicago. "AED Emergency Plan". 21. January 2014.Web.

University of Connecticut. "Sample Athletic Emergency Plan". Korey Stringer Institute.21. January 2014.

[Bloodborne Pathogens](#). OSHA, (December 17, 2001). Assists trainers conducting OSHA 10-hour general industry outreach training for workers. Since workers are the target audience, the material emphasizes hazard identification, avoidance, and control - not standards.

[Training Resources](#). OSHA. Contains training and reference materials related to bloodborne pathogens. [Bloodborne Pathogens](#)

[CDC Learning Connection](#). Centers for Disease Control and Prevention (CDC). Browse for distance learning courses and resources.

[Record Summary of the Request for Information on Occupational Exposure to Bloodborne Pathogens due to Percutaneous Injury](#). (May 1999). Summarizes nearly 400 comments from health care facilities, workers and others who responded to OSHA's request for information on engineering and work practice controls used to eliminate or minimize the risk of occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

[OSHA Offices by State](#). Each Regional Office has a Bloodborne Pathogens Coordinator available to

[Compliance Assistance Specialists \(CASs\)](#). Provides general information about OSHA standards and compliance assistance resources.

[Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards](#). Publication 3186, (2003). Includes a model exposure control plan to meet the requirements of the OSHA bloodborne pathogens standard and a model hazard communication plan to meet the requirements of the hazard communication standard.

Acknowledgement and receipt of responsibilities and AED  
unit by the Site's AED Coordinator:

- ☐ Overseeing the placement and maintenance of AED equipment;
- ☐ Identifying trained or authorized users, selecting employees and selection of volunteer employees as well as coordination of initial and refresher training in CPR, AED usage and Blood borne Pathogens training;
- ☐ Supplying all AED information to local resource hospital;
- ☐ Verifying Weekly maintenance records and testing are being conducted and documented regularly;
- ☐ Developing a site-specific AED emergency plan;
- ☐ Replacing deteriorating, missing or used support equipment;
- ☐ Managing day-to-day operations;
- ☐ Overseeing of CPR/AED trained personnel associated with the program;
- ☐ Placing AED back in service after use; and
- ☐ Training personnel on the location of AEDs and site's Emergency Action Plan.

I acknowledge and understand all of the above:

---

Print Site's AED Coordinator's Name

---

Site's AED Coordinator's Signature

---

Date

## Acknowledgement and receipt of Blood borne Pathogen Program, First Aid Kit (Smart Compliance) and procedures.

- ☐ A copy and explanation of the OSHA blood borne pathogen standard
- ☐ An explanation of our ECP and how to obtain a copy
- ☐ An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- ☐ An explanation of the use and limitations of engineering controls, work practices, and PPE
- ☐ An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- ☐ An explanation of the basis for PPE selection
- ☐ Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- ☐ Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- ☐ An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- ☐ Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- ☐ An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- ☐ Receipt of a Biohazard waste receptacle and replaceable bags.
- ☐ Receipt of Smart Compliance First Aid Kit bags.
- ☐ An understanding that depleted supplies in the First Aid Kit can be ordered through Staples.
- ☐ An understanding of contacting the Safety Coordinator for any questions about the Program.

I acknowledge and understand all of the above:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## H. Ergonomics Program

The School is subject to Cal/OSHA ergonomics standards for minimizing workplace repetitive motion

### WHAT IS ERGONOMICS?



You may already understand the concept of ergonomics. In simple terms, it means improving the fit between your body and an activity. Adjusting a workstation so a small person can better reach materials or machinery is one example of using ergonomic principles. The result is increased comfort and efficiency. But ergonomics isn't just job-related. By applying ergonomic principles, you can make any task—done anywhere—less taxing on your body.

If you share a workstation, you may need to adjust equipment and materials to meet your needs before you can start work. Mark individual settings, such as chair heights, to make this daily process quicker and easier.

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injuries. The Organization will make necessary adjustments to reduce exposure to ergonomic hazards through modifications to equipment and processes and employee training. The Organization encourages safe and proper work procedures and requires all employees to follow safety instructions and guidelines. The Organization believes that reduction of ergonomic risk is instrumental to maintaining an environment of personal safety and well-being and is essential to our business. We intend to provide appropriate resources to create a risk-free environment. If you have any questions about ergonomics, please contact the Safety Director or People Services Department.

## Record of Instruction of Workers

Employees have been made aware of the risks for violence identified at this site and have been trained in the appropriate actions as defined in the procedures of this program.

Employees have been instructed on how to fill out the report form whenever a violent incident occurs.

The following is a list of employees who have received training on workplace violence prevention procedures See safety meetings sign-in sheet

Printed name	Signature	Date



## I. Procedures for Preventing Violence in the Workplace

### Travelling to and from work

#### Arrival at your parking spot

- Park in well-lit areas. Avoid alleys, wooded areas, and tunnels. Use caution in underground lots – stay in open, lit areas near exits. As you enter the parking lot, keep the vehicle locked and the windows rolled up.
- Ensure the vehicle is locked and the windows are up while it is unattended.

#### Walking to your place of business

- Proceed directly and quickly to your building. Walk with your head erect, look alert, and scan your route.
- Use the main entrance as much as possible – avoid rear or secluded entrances.

#### Leaving Work

- Prepare yourself to leave the store or office with everything you need, such as keys to lock doors, the key to open your vehicle, and a whistle or other personal alarm.
- Use the main entrance as much as possible – avoid rear or secluded exits.
- Proceed directly and quickly to your vehicle. Walk with your head erect, look alert, and scan your route.
- If you must walk to your vehicle alone, have a co-worker watch you from a window, if possible, and wave to him or her on the way to your vehicle

#### “Check Person” procedure.

Avoid working alone or afterhours whenever possible. If such situations are unavoidable, the “check person” procedure should be implemented.

- Inform another staff member or the dispatch person of your security provider of the time, location and duration of your stay. Provide a phone number (2 if possible) which they can call to find out that you are alright.

- A periodic phone call (e.g. every 5, 10 or 15 minutes) will be placed to you (the employee) to check if he or she is alright.
- If the location is equipped with video monitoring system, the security vendor will be able to verify visual presence of the employee in that location.
- Procedure will repeat until the employee has confirmed his or her departure from the location.

### Dealing with upset parents/guardians and students.

It is almost inevitable that you will have to deal with an irate parent, guardian and student at some point.

- Focus on the emotions first. Remain calm and try to calm the other person.
- Avoid escalating the situation. Find ways to help the irate person save face.
- Listen carefully and try to put yourself in their shoes, so you can better understand how to solve the problem.
- If you cannot calm the person, ask for help from your supervisor or principal.
- Remember to be always in the clear view of the security cameras, witnesses or fellow staff members.

## Policy Statement – Prevention of Violence in the Workplace

The School management recognizes the potential for violent acts or threats directed against staff by persons other than School employees. Every effort has been made to identify the sources of such action, and procedures have been developed to eliminate or minimize the risks to staff.

The School management will ensure that all staff members are aware of the hazards and are trained in the appropriate actions to take for protection from acts or threats of violence. Workers must follow the procedures implemented for their protection, and immediately report all incidents of violence.

### Enforcement

There are currently no specific OSHA standards for workplace violence.

However, under the General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health Act of 1970, employers are required to provide their employees with a place of employment that is “free from recognized hazards that are causing or are likely to cause death or serious physical harm.” The courts have interpreted OSHA's general duty clause to mean that an employer has a legal obligation to provide a workplace free of conditions or activities that either the employer or industry recognizes as hazardous and that cause, or are likely to cause, death or serious physical harm to employees when there is a feasible method to abate the hazard. OSHA has developed Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence, which provides guidance and

procedures to be followed when conducting inspections and issuing citations related to the occupational exposure to workplace violence.

An employee that has experienced acts of workplace violence, or becomes aware of threats, intimidation, or other indicators showing that the potential for violence in the workplace exists, would be on notice of the risk of workplace violence and should implement a workplace violence prevention program combined with engineering controls, administrative controls, and training.

# Violent Incident Report Form

Employee who has been victims of violence at work should complete this report as soon as possible.

## Identifying information

Name	Job title
Shift	Department or section
Location	<input type="checkbox"/> Parking lot <input type="checkbox"/> Lobby <input type="checkbox"/> Locker room <input type="checkbox"/> Counter or reception area  <input type="checkbox"/> Other (please specify)
Type of assault  <input type="checkbox"/> Verbal <input type="checkbox"/> Threatened <input type="checkbox"/> Struck <input type="checkbox"/> Bitten <input type="checkbox"/> Pushed <input type="checkbox"/> Kicked <input type="checkbox"/> Scratched <input type="checkbox"/> Other (please specify)	
Medical attention or first aid obtained?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Advised of right to consult doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Security and Safety contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reported to supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police called? <input type="checkbox"/> Yes <input type="checkbox"/> No
Action taken:	

## Assailant

<input type="checkbox"/> Customer <input type="checkbox"/> Patient <input type="checkbox"/> Delivery person <input type="checkbox"/> Ex-employee <input type="checkbox"/> Resident <input type="checkbox"/> Student			
<input type="checkbox"/> Visitor <input type="checkbox"/> Other (please specify)			
Description: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Age	Complexion	Height	Weight
Name (if known)			

## Incident and injury information

Date of incident	Time a.m. / p.m.
------------------	------------------

## Other information

Was the assailant involved in any previous violent incidents with staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any measures in place to prevent a similar incident?  <input type="checkbox"/> No <input type="checkbox"/> Yes
Additional information.

SEX		Age	Height	Weight	R A C E
<input type="checkbox"/> Male  <input type="checkbox"/> Female					
HAIR (color and style)					
<b>Facial Appearance</b>  <div> <div>Skin or hair color</div> <div>Hair style</div> <div>Wrinkles</div> <div>Hair texture</div> <div>Shape of eyebrow</div> <div>Ear size and shape</div> <div>Size and shape of eye</div> <div>Cheeks (full or sunken)</div> <div>Mouth and lips</div> <div>Shape of nose</div> <div>Mustache or beard</div> <div>Neck and Adams apple</div> </div>		Write below specific facial details that you definitely remember.			
		What did the suspect say?			
		Describe any tool or weapon seen.			
<b>Vehicle</b>					
Color		Make	Model	License number	
Body style			Damage or rust		
Antenna		Bumper sticker		Wheel covers	

General Appearance	
EYES (glasses)	COAT / HAT (color and type)
Complexion	SHIRT/Blouse
JEWELERY	PANTS/SKIRT
SCARS/MARKS	SHOES
TATTOOS	TIE
Direction of Travel	

## Definition of Incidents

### Assault

The intentional use of physical injury, (impairment of physical condition or substantial pain) to another person, with or without a weapon or dangerous instrument.

### Criminal Mischief

Intentional or reckless damaging of the property of another person without permission.

### Disorderly Conduct

Intentionally causing public inconvenience, annoyance or alarm or recklessly creating a risk thereof by fighting (without injury) or violent, numinous (mysterious) or threatening behavior or making unreasonable noise, shouting abuse, misbehaving, disturbing an assembly or meeting or persons or creating hazardous conditions by an act which serves no legitimate purpose.

## Harassment

Intentionally striking, shoving or kicking another or subjecting another person to physical contact or threatening to do the same (without physical injury). ALSO, using abusive or obscene language or following a person in/about a public place, or engaging in a course of conduct which alarms or seriously annoys another person.

## Larceny

Wrongful taking, depriving or withholding property from another (no force involved). Victim may or may not be present.

## Menacing

Intentionally places or attempts to place another person in fear of imminent serious physical injury.

## Reckless Endangerment

Subjecting individuals to danger by recklessly engaging in conduct which creates substantial risk of serious physical

injury.

## Robbery

Forcible stealing of another person's property by use of threat or immediate physical force. Victim is present and aware of theft.

## Sex Offense

Public Lewdness:	Exposure of sexual organs to others.
Sexual Abuse:	Subjecting another to sexual contact without consent.
Sodomy:	A deviant sexual act committed as in rape.
Rape:	Sexual intercourse without consent.



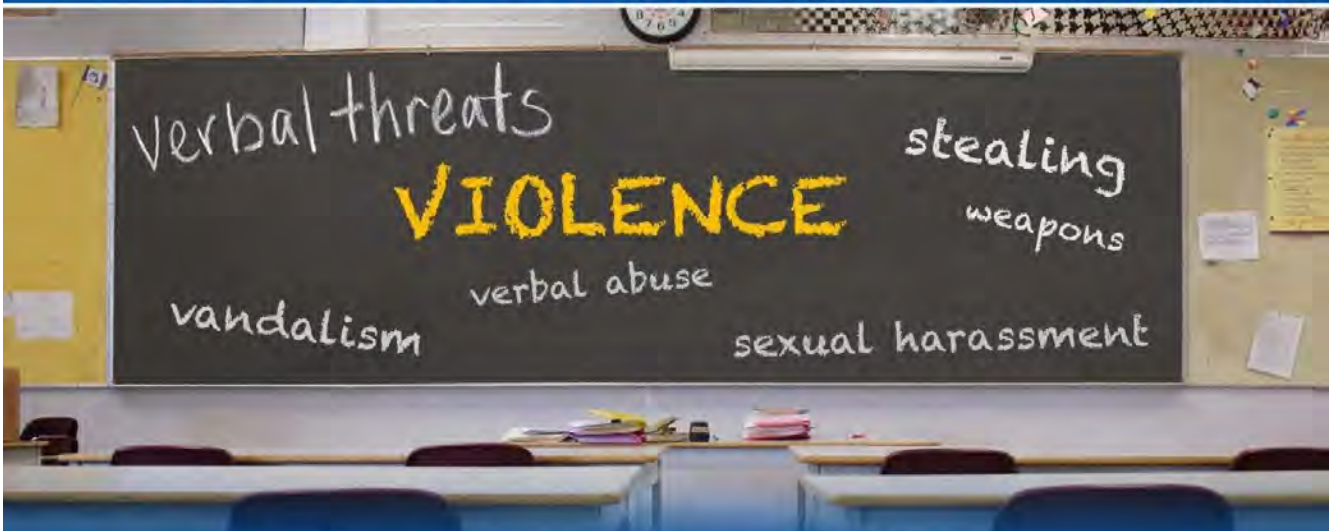
## Training & Other Resources

[Workplace Violence](#). OSHA. Contains links to a variety of training and reference materials, including presentations, publications, and handouts.

[Workplace Violence Prevention for Nurses](#). Centers Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH) Course No. WB1865-NIOSH Pub. No. 2013-155. Online course that provides training to healthcare workers on how to recognize the elements of a workplace violence prevention program and develop skills for preventing and responding to workplace violence.

[Violence Prevention Program - Online](#). Oregon OSHA Online Course. Provides information about methods to recognize, evaluate and respond to risk factors related to workplace violence.

# Violence is *not* Part of the Job



**Report violence to your principal or supervisor.**

To learn more go to [www.OSHA.gov](http://www.OSHA.gov)

## WHAT IS WORKPLACE VIOLENCE?

Occupational Safety and Health Administration defines Workplace violence as "violence or the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide".

Our Charter Schools have a zero-tolerance policy towards workplace violence against or by their employees.

## HOW CAN THE EMPLOYEES PROTECT THEMSELVES?

Nothing can guarantee that an employee will not become a victim of workplace violence but these steps, however, can help reduce the odds:

- Learn how to recognize, avoid and diffuse potentially violent situations. Immediately notify your Principal or Administrator of any violent situations.
- Alert Principals or Administrators of any concerns about safety or security and report all incidents immediately in writing.
- Avoid travelling into unfamiliar locations or situations whenever possible and use the "check person" procedure if that is unavoidable.
- Avoid working alone or staying after hours whenever possible and use the "check person" procedure if that is not possible.

**If you have any questions, please contact:**

**Soliman Villapando**  
Safety Manager  
(661) 418-1539

**Shawn Dunn**  
Security Coordinator  
(661) 429-8331



## "CHECK PERSON" PROCEDURE

Avoid working alone or after hours whenever possible. If such situations are unavoidable, the "check person" procedure should be implemented.

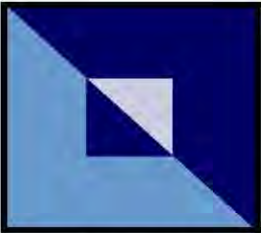
1. Inform another staff member or the dispatch person of your security provider \* the exact time, location and duration of your stay. Provide a phone number (two phone numbers if possible) which they can call to find out that you are alright.
2. A pre-determined periodic phone call (e.g. every 5, 10, 15 minutes) will be placed to you (the employee) to check if you are alright.
3. If the location or school is equipped with video monitoring system, the security provider\* may be able to verify and monitor visual presence in that location.
4. Procedure will repeat until you (the employee) has confirmed your departure from the location safely.

*\*some locations may not have regular security guards posted but they could provide the "check person" service along with the employee notifying a co-worker.*

The Security Coordinator's number is (661) 429-8331

## VI. State Mandated Reporting, Policies & Training

### A. Mandated Reporter Training



**CALIFORNIA MANDATED REPORTING  
EASY STEPS...**

**WHAT MUST BE REPORTED and HOW TO REPORT!**

**What Must be Reported:**  
Any of the below acts involving anyone under the age of 18:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

The mandated reporter must only have ***reasonable suspicion*** that a child has been mistreated; no evidence or proof is required prior to making a report.  
The case will be further investigated by law enforcement and/or child welfare services.

**How to Report:**  
**By Phone:** Immediately, or as soon as possible, make a telephone report to child welfare services and/or to a Police or Sheriff's department.

1. Child Welfare Services phone # \_\_\_\_\_
2. Police Department phone # \_\_\_\_\_
3. Sheriff's Department phone # \_\_\_\_\_

**In Writing:** Within 36 hours, a written report must be sent, faxed or submitted electronically. The written report should be completed on a state form called the 8572, which can be downloaded at [http://ag.ca.gov/childabuse/pdf/ss\\_8572.pdf](http://ag.ca.gov/childabuse/pdf/ss_8572.pdf)

**Other information:**

- Safeguards for Mandated Reporters:
  - The Child Abuse and Neglect Reporting Act (CANRA) states that the name of the mandated reporter is strictly confidential, although it is provided to investigative parties working on the case.
  - As long as a report is filed in good faith, a mandated reporter cannot be held liable in civil or criminal court.
- Failure to report:
  - Failure to report concerns of child abuse or neglect is considered a misdemeanor and is punishable in California by six months in jail and/or up to a \$1,000 fine.
- For the complete law and a list of mandated reporters refer to California Penal Codes 11164-11174.3.

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This document and Mandated Reporting information can be found at [www.mandatedreporter.ca.com](http://www.mandatedreporter.ca.com)

## B. Child Abuse Reporting Guidelines

Information for School personnel and those who work in our children's Schools to be able to identify signs of suspected cases of child abuse and/or child neglect and to have the tools to know how to make a report to the proper authorities.

These guidelines are issued by the California Department of Education (COE), in conjunction with the California Department of Social Services, to help all persons, particularly those persons who work in our children's Schools, to be able to identify signs of suspected cases of child abuse and/or child neglect and to have the tools to know how to make a report to the proper authorities. These guidelines are issued in conjunction with an extensive training module, specifically aimed at training School employees and educators on their obligations as mandated reporters of child abuse, which can be located online at [California Child Abuse Mandated Reporter Training](#)

### Identification of Child Abuse and Neglect

Child abuse is more than bruises or broken bones. While physical abuse often leaves visible scars, not all child abuse is as obvious, but can do just as much harm. It is important that individuals working with and around children be able to know what constitutes child abuse or child neglect and know how to identify potential signs.

### Child Abuse and/or Child Neglect Can Be Any of the Following:

A physical injury inflicted on a child by another person other than by accidental means. The sexual abuse, assault, or exploitation of a child.

The negligent treatment or maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. This is whether the harm or threatened harm is from acts or omissions on the part of the responsible person.

The willful harming or endangerment of the person or health of a child, any cruel or inhumane corporal punishment or any injury resulting in a traumatic condition.

One does not have to be physically present or witness the abuse to identify suspected cases of abuse, or even have definite proof that a child may be subject to child abuse or neglect. Rather, the law requires that a person have a "reasonable suspicion" that a child has been the subject of child abuse or neglect. Under the law, this means that it is reasonable for a person to entertain a suspicion of child abuse or

neglect, based upon facts that could cause a reasonable person, in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect.

Red flags for abuse and neglect are often identified by observing a child's behavior at School, recognizing physical signs, and observations of dynamics during routine interactions with certain adults.

While the following signs are not proof that a child is the subject of abuse or neglect, they should prompt one to look further.

### Warning Signs of Emotional Abuse in Children

Excessively withdrawn, fearful, or anxious about doing something wrong.

Shows extremes in behavior (extremely compliant or extremely demanding; extremely passive or extremely aggressive).

Doesn't seem to be attached to the parent or caregiver.

Acts either inappropriately adult-like (taking care of other children) or inappropriately infantile (rocking, thumb-sucking, throwing tantrums).

### Warning Signs of Physical Abuse in Children

Frequent injuries or unexplained bruises, welts, or cuts.

Is always watchful and "on alert" as if waiting for something bad to happen. Injuries appear to have a pattern such as marks from a hand or belt.

Shies away from touch, flinches at sudden movements, or seems afraid to go home. Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days.

### Warning Signs of Neglect in Children

Clothes are ill-fitting, filthy, or inappropriate for the weather.

Hygiene is consistently bad (unbathed, matted and unwashed hair, noticeable body odor). Untreated illnesses and physical injuries.

Is frequently unsupervised or left alone or allowed to play in unsafe situations and environments. Is frequently late or missing from School.

### Warning Signs of Sexual Abuse in Children

Trouble walking or sitting.

Displays knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behavior.

Makes strong efforts to avoid a specific person, without an obvious reason.

Doesn't want to change clothes in front of others or participate in physical activities.

A sexually transmitted disease (STD) or pregnancy, especially under the age of fourteen. Runs away from home.



## Reporting Child Abuse or Neglect

Community members have an important role in protecting children from abuse and neglect. While not mandated by law to do so, if child abuse or neglect is suspected, a report should be filed with qualified and experienced agencies that will investigate the situation. Examples of these agencies are listed below. Parents and guardians of pupils have the right to file a complaint against anyone they suspect has engaged in abuse or neglect of a child. Community members do not need to provide their name when making a report of child abuse or neglect. Telephone numbers for each county's emergency response for child abuse reporting are located at [California Emergency Response Child Abuse Reporting Telephone Numbers](#).<sup>13</sup> (PDF).

School volunteers, while not mandated reporters, should also be encouraged to report any suspected cases of abuse and neglect. Additionally, School volunteers are highly encouraged by the law to have training in the identification and reporting of child abuse and neglect. The training offered online to mandated reporters, is equally available to School volunteers.

## Obligations of Mandated Reporters

A list of persons whose profession qualifies them as "mandated reporters" of child abuse or neglect is found in California Penal Code Section 11165.7. The list is extensive and continues to grow. It includes all School/district employees, administrators, and athletic coaches. All persons hired into positions included on the list of mandated reporters are required, upon employment, to be provided with a statement, informing them that they are a mandated reporter and their obligations to report suspected cases of abuse and neglect pursuant to California Penal Code Section 11166.5.

All persons who are mandated reporters are required, by law, to report all known or suspected cases of child abuse or neglect. It is not the job of the mandated reporter to determine whether the allegations are valid. If child abuse or neglect is reasonably suspected or if a pupil shares information with a mandated reporter leading him/her to believe abuse or neglect has taken place, the report must be made. No supervisor or administrator can impede or inhibit a report or subject the reporting person to any sanction.

To make a report, an employee must contact an appropriate local law enforcement or county child welfare agency, listed below. This legal obligation is not satisfied by making a report of the incident to a supervisor or to the School. An appropriate law enforcement agency may be one of the following:

A Police or Sheriff's Department (not including a School district police department or School security department). A County Probation Department, if designated by the county to receive child abuse reports. A County Welfare Department/County Child Protective Services.

The report should be made immediately over the telephone and should be followed up in writing. The law enforcement agency has special forms for this purpose that they will ask you to complete. If a report cannot be made immediately over the telephone, then an initial report may be made via e-mail or fax. A report may also be filed at the same time with your School district or county office of education (COE). School districts and COEs, however, do not investigate child abuse allegations, nor do they attempt to contact the person suspected of child abuse or neglect.

School districts and COEs may have additional policies adopted at the local level relating to the duties of mandated reporters. School staff should consult with their district to determine if there are additional steps that must be taken. These policies do not take the place of reporting to an appropriate local law enforcement or county child welfare agency.

## New Required Training for School Employees

Effective January 1, 2015, Assembly Bill 1432 (D-Gatto) requires all local educational agencies (LEAs) to train all employees each year on what they need to know in order to identify and report suspected cases of child abuse and neglect. "All employees" includes anybody working on the LEA's behalf, such as teachers, teacher's aides, classified employees, and any other employees whose duties bring them into direct contact and supervision of students. LEAs must also develop a process to provide proof that employees received training. An online training module has been developed specially for educators and is located at [California Child Abuse Mandated Reporter Training](#). Alternative training methods may be used but, if an LEA uses training other than the online training module, the LEA must report that fact to the COE and inform the COE of the training that was used. A form for this purpose is available at [Reporting Form for LEAs Who Use Alternative Training For Mandatory Reporting \(DOC\)](#).

## Rights to Confidentiality and Immunity

Mandated reporters are required to give their names when making a report. However, the reporter's identity is kept confidential. Reports of suspected child abuse are also confidential. Mandated reporters have immunity from state criminal or civil liability for reporting as required. This is true even if the mandated reporter acquired the knowledge, or suspicion of the abuse or neglect, outside his/her professional capacity or scope of employment.

## Consequences of Failing to Report

A person who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail and/or up to a \$1,000 fine (California Penal Code Section 11166[c]).

## After the Report is Made

The local law enforcement agency is required to investigate all reports. Cases may also be investigated by Child Welfare Services when allegations involve abuse or neglect within families.

## Child Protective Services

The Child Protective Services (CPS) is the major organization to intervene in child abuse and neglect cases in California. Existing law provides for services to abused and neglected children and their families. More information can be found at Child Protective Services.

Questions: Nancy Zarenda | [nzarenda@cde.ca.gov](mailto:nzarenda@cde.ca.gov) | 916-445-8441

### AB 1432 Requires School Districts to Provide Annual Employee Training in Child Abuse Reporting

On September 29, 2014, Governor Brown signed Assembly Bill 1432. This new law, effective January 1, 2015, requires all Schools districts, county offices of education, charter Schools, state special Schools and Department of Education diagnostic centers to provide annual training to their employees in child abuse detections and mandatory reporting obligations under the Child Abuse and Neglect Reporting Act ("CANRA")

Dear Employee,

To be in compliance with California State law, you are required to complete the training designated for A.B.1432. The training is web based through the California Department of Social Services (CDSS) and will take approximately 90 minutes to complete. The training is a priority and your attendance is required. At the conclusion of the training, there is a Final Test required to pass to receive a Certificate of Completion. You are responsible for submitting your certificate to the Training and Development Department for credit. Please submit your certificate no later than two weeks from today's date to [Training@learn4life.org](mailto:Training@learn4life.org).

During this training, you will learn:

- What the law requires of you as a mandated reporter
- How to spot indicators of possible child abuse or neglect
- How to talk to children about suspected abuse
- How to make a report
- What happens after a report is filed

Special issues related to child abuse reporting in the School environment.

The link for the training is:

<http://educators.mandatedreporterca.com/default.htm>



## C. Title IX, Harassment, Intimidation, Discrimination, and Bullying Policy and Dress Code Policy

### Campus Public Agency Use Policy

#### TITLE IX, HARASSMENT, INTIMIDATION, DISCRIMINATION, AND BULLYING POLICY

Discrimination, sexual harassment, harassment, intimidation, and bullying are all disruptive behaviors, which interfere with students' ability to learn and negatively affect student engagement, diminish School safety, and contribute to a hostile School environment. As such, the Charter School prohibits any acts of discrimination, sexual harassment, harassment, intimidation, and bullying altogether. This policy is inclusive of instances that occur on any area of the School campus, at School-sponsored events and activities, regardless of location, through School-owned technology, and through other electronic means.

As used in this policy, discrimination, sexual harassment, harassment, intimidation, and bullying are described as the intentional conduct, including verbal, physical, written communication or cyber-bullying, including cyber sexual bullying, based on the actual or perceived characteristics of disability, pregnancy, gender, gender identity, gender expression, nationality, ancestry, race or ethnicity, immigration status, religion, religious affiliation, sexual orientation, childbirth or related medical conditions, marital status, age, or association with a person or group with one or more of these actual or perceived characteristics or any other basis protected by federal, state, local law, ordinance or regulation. In addition, bullying encompasses any conduct described in the definitions set forth in this Policy. Hereafter, such actions are referred to as "misconduct prohibited by this Policy."

To the extent possible, the Charter School will make reasonable efforts to prevent students from being discriminated against, harassed, intimidated, and/or bullied, and will take action to investigate, respond, address and report on such behaviors in a timely manner. Charter School staff that witness acts of misconduct prohibited by this Policy will take immediate steps to intervene when safe to do so.

Moreover, the Charter School will not condone or tolerate misconduct prohibited by this Policy by any employee, independent contractor or other person with which the Charter School does business, or any other individual, student, or volunteer. This policy applies to all employee, student, or volunteer actions and relationships, regardless of position or gender. The Charter School will promptly and thoroughly investigate any complaint of such misconduct prohibited by this Policy and take appropriate corrective action, if warranted.

Title IX, Harassment, Intimidation, Discrimination and Bullying Coordinator ("Coordinator"):

## Definitions

### Prohibited Unlawful Harassment

- Verbal conduct such as epithets, derogatory jokes or comments or slurs
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement or interfering with School because of sex, race or any other protected basis
- Retaliation for reporting or threatening to report harassment
- Deferential or preferential treatment based on any of the protected classes above

### Prohibited Unlawful Harassment under Title IX

Title IX (20 U.S.C. § 1681 et. seq; 34 C.F.R. § 106.1 et. seq) and California state law prohibit harassment on the basis of sex. In accordance with these existing laws, discrimination on the basis of sex in education institutions is prohibited. All persons, regardless of sex, are afforded equal rights and opportunities and freedom from unlawful discrimination in education programs or activities conducted by the Charter School.

The Charter School is committed to providing an educational environment free of sexual harassment and considers such harassment to be a major offense, which may result in disciplinary action.

Sexual harassment consists of sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature when: (a) Submission to the conduct is explicitly or implicitly made a term or a condition of an individual's education, academic status, or progress; (b) submission to, or rejection of, the conduct by the individual is used as the basis of educational or academic decisions affecting the individual; (c) the conduct has the purpose or effect of having a negative impact upon the individual's academic performance, or of creating an intimidating, hostile, or offensive educational environment; and/or (d) submission to, or rejection of, the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs, or activities available at or through the educational institution.

It is also unlawful to retaliate in any way against an individual who has articulated a good faith concern about sexual harassment against him/her or against another individual.

Sexual harassment may include, but is not limited to:

- Physical assaults of a sexual nature, such as:
  - Rape, sexual battery, molestation or attempts to commit these assaults and
  - Intentional physical conduct that is sexual in nature, such as touching, pinching, patting, grabbing, brushing against another's body, or poking another's body
- Unwanted sexual advances, propositions or other sexual comments, such as:
  - Sexually oriented gestures, notices, remarks, jokes, or comments about a person's sexuality or sexual experience
  - Preferential treatment or promises of preferential treatment to an individual for submitting to sexual conduct, including soliciting or attempting to solicit any individual to engage in sexual activity for compensation or reward or deferential treatment for rejecting sexual conduct
  - Subjecting or threats of subjecting a student to unwelcome sexual attention or conduct or intentionally making the student's academic performance more difficult because of the student's sex
- Sexual or discriminatory displays or publications anywhere in the educational environment, such as:
  - Displaying pictures, cartoons, posters, calendars, graffiti, objections, promotional materials, reading materials, or other materials that are sexually suggestive, sexually demeaning or pornographic or bringing or possessing any such material to read, display or view in the educational environment
  - Reading publicly or otherwise publicizing in the educational environment materials that are in any way sexually revealing, sexually suggestive, sexually demeaning or pornographic, and
  - Displaying signs or other materials purporting to segregate an individual by sex in an area of the educational environment (other than restrooms or similar rooms)

The illustrations of harassment and sexual harassment above are not to be construed as an all-inclusive list of prohibited acts under this Policy.

#### Prohibited Bullying

Bullying is defined as any severe or pervasive physical or verbal act or conduct, including communications made in writing or by means of an electronic act. Bullying includes one or more acts committed by a student group or group of students that may constitute as sexual harassment, hate violence, or creates an intimidating and/or hostile educational environment, directed toward one or more students that has or can be reasonably predicted to have the effect of one or more of the following:

1. Placing a reasonable pupil\* or pupils in fear of harm to that pupil's or those pupils' person or property.
2. Causing a reasonable pupil to experience a substantially detrimental effect on his or her physical or mental health.
3. Causing a reasonable pupil to experience a substantial interference with his or her academic performance.
4. Causing a reasonable pupil to experience a substantial interference with his or her ability to participate in or benefit from the services, activities, or privileges provided by the Charter School

\* "Reasonable Pupil" is defined as a pupil, including, but not limited to, an exceptional needs pupil, who exercises care, skill and judgment in conduct for a person of his or her age, or for a person of his or her age with his or her exceptional needs.

Cyberbullying is an electronic act that includes the transmission of harassing communication, direct threats, or other harmful texts, sounds, or images on the Internet, social media, or other technologies using a telephone, computer, or any wireless communication device. Cyberbullying also includes breaking into another person's electronic account and assuming that person's identity in order to damage that person's reputation.

Electronic act means the creation and transmission originated on or off the School site, by means of an electronic device, including, but not limited to, a telephone, wireless telephone, or other wireless communication device, computer, or pager, of a communication, including, but not limited to, any of the following:

1. A message, text, sound, video, or image.
2. A post on a social network Internet Web site including, but not limited to:
  - a. Posting to or creating a burn page. A "burn page" means an Internet Web site created for the purpose of having one or more of the effects as listed in the definition of "bullying," above
  - b. Creating a credible impersonation of another actual pupil for the purpose of having one or more of the effects listed in the definition of "bullying," above. "Credible impersonation" means to knowingly and without consent impersonate a pupil for the purpose of bullying the pupil and such that another pupil would reasonably believe, or has reasonably believed, that the pupil was or is the pupil who was impersonated
  - c. Creating a false profile for the purpose of having one or more of the effects listed in the definition of "bullying," above. "False profile" means a profile of a fictitious pupil or a profile

using the likeness or attributes of an actual pupil other than the pupil who created the false profile.

3. An act of “Cyber sexual bullying” including, but not limited to:
  - a. The dissemination of, or the solicitation or incitement to disseminate, a photograph or other visual recording by a pupil to another pupil or to School personnel by means of an electronic act that has or can be reasonably predicted to have one or more of the effects described in definition of “bullying,” above. A photograph or other visual recording, as described above, shall include the depiction of a nude, seminude, or sexually explicit photograph or other visual recording of a minor where the minor is identifiable from the photograph, visual recording, or other electronic act.
  - b. “Cyber sexual bullying” does not include a depiction, portrayal, or image that has any serious literary, artistic, educational, political, or scientific value or that involves athletic events or School-sanctioned activities.
4. Notwithstanding the definitions of “bullying” and “electronic act” above, an electronic act shall not constitute pervasive conduct solely on the basis that it has been transmitted on the Internet or is currently posted on the Internet

## Grievance Procedures

### 1. Reporting

All staff are expected to provide appropriate supervision to enforce standards of conduct and, if they observe or become aware of misconduct prohibited by this Policy, to intervene as soon as it is safe to do so, call for assistance, and report such incidents. The Board requires staff to follow the procedures in this policy for reporting alleged acts of misconduct prohibited by this Policy.

Any student who believes they have been subject to misconduct prohibited by this Policy or has witnessed such prohibited misconduct is encouraged to immediately report such misconduct to the Coordinator listed herein.

Complaints regarding such misconduct may also be made to the U.S. Department of Education, Office for Civil Rights.

While submission of a written report is not required, the reporting party is encouraged to submit a written report to the Coordinator. Oral reports shall also be considered official reports. Reports may be made anonymously, but formal disciplinary action cannot be based solely on an anonymous report.

Students are expected to report all incidents of misconduct prohibited by this Policy or other verbal, or physical abuses. Any student who feels she/he is a target of such behavior should immediately contact a teacher, counselor, the Principal, Coordinator, a staff person or a family member so that she/he can get assistance in resolving the issue in a manner that is consistent with this Policy.

The Charter School acknowledges and respects every individual's right to privacy. All reports shall be investigated in a manner that protects the confidentiality of the parties and the integrity of the process. This includes keeping the identity of the reporter confidential, as appropriate, except to the extent necessary to carry out the investigation and/or to resolve the issue, as determined by the Coordinator or administrative designee on a case-by-case basis.

The Charter School prohibits any form of retaliation against any reporter in the reporting process, including but not limited to a reporter's filing of a complaint or the reporting of instances of misconduct prohibited by this Policy. Such participation shall not in any way affect the status, grades, or work assignments of the reporter.

All supervisors of staff will receive sexual harassment training within six (6) months of their assumption of a supervisory position and will receive further training once every two (2) years thereafter. All staff will receive sexual harassment training and/or instruction concerning sexual harassment as required by law.

## 2. Investigation

Upon receipt of a report of misconduct prohibited by this Policy from a student, staff member, parent, volunteer, visitor or affiliate of the Charter School, the Coordinator or administrative designee will promptly initiate an investigation. In most cases, a thorough investigation will take no more than seven (7) School days. If the Coordinator, or administrative designee determines that an investigation will take longer than seven (7) School days, he or she will inform the complainant and any other relevant parties and provide an approximate date when the investigation will be complete.

At the conclusion of the investigation, the Coordinator or administrative designee will meet with the complainant and, to the extent possible with respect to confidentiality laws, provide the complainant with information about the investigation, including any actions necessary to resolve the incident/situation. However, in no case may the Coordinator or administrative designee reveal confidential information related to other students or employees, including the type and extent of discipline issued against such students or employees.

All records related to any investigation of complaints under this Policy are maintained in a secure location.

### 3. Consequences

Students or employees who engage in misconduct prohibited by this Policy will be subject to disciplinary action.

### 4. Uniform Complaint Procedures

When harassment or bullying is based upon one of the protected characteristics set forth in this Policy, a complainant may also fill out a Uniform Complaint Procedures (“UCP”) complaint form at any time during the process, consistent with the procedures laid out in this Handbook.

### 5. Right of Appeal

Should the Complainant find the Coordinator’s resolution unsatisfactory, he/she may, within five (5) School days, file an appeal with the Designated Appeals Committee. In such cases, at least three (3) certificated School employees who are unfamiliar with the case and who have been previously designated and trained for this purpose shall be assembled to conduct a confidential review of the Complainant’s appeal and render a final decision.

(TITLE IX, HARASSMENT, INTIMIDATION, DISCRIMINATION & BULLYING  
COMPLAINT FORM ON NEXT PAGE)

TITLE IX, HARASSMENT, INTIMIDATION, DISCRIMINATION & BULLYING COMPLAINT FORM

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Name of Person(s) you have a complaint against: \_\_\_\_\_

List any witnesses that were present: \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Please describe the events or conduct that are the basis of your complaint by providing as much factual detail as possible (i.e. specific statements; what, if any, physical contact was involved; any verbal statements; what did you do to avoid the situation, etc.) (Attach additional pages, if needed):

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I hereby authorize the Charter School to disclose the information I have provided as it finds necessary in pursuing its investigation. I hereby certify that the information I have provided in this complaint is true and correct and complete to the best of my knowledge and belief. I further understand providing false information in this regard could result in disciplinary action up to and including termination.

\_\_\_\_\_  
Signature of Complainant

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

To be completed by the Charter School:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Follow up Meeting with Complainant held on: \_\_\_\_\_



## Dress Code Policy

Dress that is considered gang related, vulgar or that mocks others based on race, gender, religion, color, or national origin may be prohibited.

## Campus Public Agency Use Policy

Public Agencies, including the American Red Cross, can use the School buildings and grounds for mass care and welfare shelters during disasters or other designated emergencies affecting the public health and welfare. School shall cooperate with the organization making such a request in order to meet the needs of the community during designated emergency.

## D. Suspension and Expulsion Policy and Procedure

This Pupil Suspension and Expulsion Policy has been established in order to promote learning and protect the safety and well-being of all students at the Charter School. In creating this policy, the Charter School has reviewed Education Code Section 48900 et seq. which describes the non-charter Schools' list of offenses and procedures to establish its list of offenses and procedures for suspensions and expulsions. The language that follows closely mirrors the language of Education Code Section 48900 et seq. The Charter School is committed to annual review of policies and procedures surrounding suspensions and expulsions and, as necessary, modification of the lists of offenses for which students are subject to suspension or expulsion.

When the Policy is violated, it may be necessary to suspend or expel a student from regular classroom instruction. This policy shall serve as the Charter School's policy and procedures for student suspension and expulsion and it may be amended from time to time without the need to amend the charter so long as the amendments comport with legal requirements. Charter School staff shall enforce disciplinary rules and procedures fairly and consistently among all students. This Policy and its Procedures will be printed and distributed as part of the Student Handbook and will clearly describe discipline expectations.

Corporal punishment shall not be used as a disciplinary measure against any student. Corporal punishment includes the willful infliction of or willfully causing the infliction of physical pain on a student. For purposes of the Policy, corporal punishment does not include an employee's use of force that is reasonable and necessary to protect the employee, students, staff or other persons or to prevent damage to School property.

The Charter School administration shall ensure that students and their parents/guardians are notified in writing upon enrollment of all discipline policies and procedures. For new students, this requirement can be fulfilled by providing parents and students with the approved Parent Student Handbook for Charter School at the time of enrollment. For continuing students, they will be provided with a copy of the Charter School's rules related to discipline, suspension and expulsion at the beginning of the School year.

Suspended or expelled students shall be excluded from all School and School-related activities unless otherwise agreed during the period of suspension or expulsion.

A student identified as an individual with disabilities or for whom the Charter School has a basis of knowledge of a suspected disability pursuant to the Individuals with Disabilities Education Improvement Act of 2004 ("IDEA") or who is qualified for services under Section 504 of the Rehabilitation Act of 1973 ("Section 504") is subject to the same grounds for suspension and expulsion and is accorded the same due process procedures applicable to general education students except when federal and state law mandates additional or different procedures. The Charter School will follow all applicable federal and state laws including but not limited to the California Education Code, when imposing any form of discipline on a student identified as an individual with disabilities or for whom the Charter School has a basis of knowledge of a suspected disability or who is otherwise qualified for such services or protections in according due process to such students.

No student shall be involuntarily removed by the Charter School for any reason unless the parent or guardian of the student has been provided written notice of intent to remove the student no less than five Schooldays before the effective date of the action. The written notice shall be in the native language of the student or the student's parent or guardian or, if the student is a foster child or youth or a homeless child or youth, the student's educational rights holder, and shall inform him or her of the right to initiate the procedures specified below for suspensions, before the effective date of the action. If the student's parent, guardian, or educational rights holder initiates the procedures specified below for suspensions, the student shall remain enrolled and shall not be removed until the Charter School issues a final decision. As used herein, "involuntarily removed" includes disenrolled, dismissed, transferred, or terminated, but does not include suspensions or expulsions pursuant to the suspension and expulsion procedures described below.

#### A. Grounds for Suspension and Expulsion of Students

A student may be suspended or expelled for prohibited misconduct if the act is related to School activity or School attendance occurring at any time including but not limited to: a) while on School grounds; b) while going to or coming from School; c) during the lunch period, whether on or off the School campus; d) during, going to, or coming from a School-sponsored activity.

## B. Enumerated Offenses

1. Discretionary Suspension Offenses. Students may be suspended for any of the following acts when it is determined the pupil:
  - a) Used language, gesture or action that is crude, indecent, and obscene or that directly or indirectly contributes to sexual harassment.
  - a) Caused, attempted to cause, or threatened to cause physical injury to another person.
  - b) Willfully used force or violence upon the person of another, except self-defense.
  - c) Unlawfully possessed, used, sold or otherwise furnished, or was under the influence of any controlled substance, as defined in Health and Safety Code Sections 11053-11058, alcoholic beverage, or intoxicant of any kind.
  - d) Unlawfully offered, arranged, or negotiated to sell any controlled substance as defined in Health and Safety Code Sections 11053-11058, alcoholic beverage or intoxicant of any kind, and then sold, delivered or otherwise furnished to any person another liquid substance or material and represented same as controlled substance, alcoholic beverage or intoxicant.
  - e) Committed or attempted to commit robbery or extortion.
  - f) Caused or attempted to cause damage to School property or private property, which includes but is not limited to, electronic files and databases.
  - g) Stole or attempted to steal School property or private property, which includes but is not limited to, electronic files and databases.
  - h) Possessed or used tobacco or products containing tobacco or nicotine products, including but not limited to cigars, cigarettes, miniature cigars, clove cigarettes, smokeless tobacco, snuff, chew packets and betel. This section does not prohibit the use of his or her own prescription products by a pupil.
  - i) Committed an obscene act or engaged in habitual profanity or vulgarity.

- j) Unlawfully possessed or unlawfully offered, arranged, or negotiated to sell any drug paraphernalia, as defined in Health and Safety Code Section 11014.5.
- k) Disrupted School activities or otherwise willfully defied the valid authority of supervisors, teachers, administrators, other School officials, or other School personnel engaged in the performance of their duties.
- l) Knowingly received stolen School property or private property, which includes but is not limited to, electronic files and databases.
- m) Possessed an imitation firearm, i.e.: a replica of a firearm that is so substantially similar in physical properties to an existing firearm as to lead a reasonable person to conclude that the replica is a firearm.
- n) Committed or attempted to commit a sexual assault as defined in Penal Code Sections 261, 266c, 286, 288, 288a or 289, or committed a sexual battery as defined in Penal Code Section 243.4.
- o) Harassed, threatened, or intimidated a student who is a complaining witness or witness in a School disciplinary proceeding for the purpose of preventing that student from being a witness and/or retaliating against that student for being a witness.
- p) Unlawfully offered, arranged to sell, negotiated to sell, or sold the prescription drug Soma.
- q) Engaged in, or attempted to engage in, hazing. For the purposes of this subdivision, “hazing” means a method of initiation or preinitiation into a pupil organization or body, whether or not the organization or body is officially recognized by an educational institution, which is likely to cause serious bodily injury or personal degradation or disgrace resulting in physical or mental harm to a former, current, or prospective pupil. For purposes of this section, “hazing” does not include athletic events or School-sanctioned events.
- r) Made terroristic threats against School officials and/or School property, which includes but is not limited to, electronic files and databases. For purposes of this section, “terroristic threat” shall include any statement, whether written or oral, by a person who willfully threatens to commit a crime which will result in death, great bodily injury to another person, or property damage in excess of one thousand dollars (\$1,000), with the specific intent that

the statement is to be taken as a threat, even if there is no intent of actually carrying it out, which, on its face and under the circumstances in which it is made, is so unequivocal, unconditional, immediate, and specific as to convey to the person threatened, a gravity of purpose and an immediate prospect of execution of the threat, and thereby causes that person reasonably to be in sustained fear for his or her own safety or for his or her immediate family's safety, or for the protection of School property, which includes but is not limited to, electronic files and databases, or the personal property of the person threatened or his or her immediate family.

- s) Committed sexual harassment, as defined in Education Code Section 212.5. For the purposes of this section, the conduct described in Section 212.5 must be considered by a reasonable person of the same gender as the victim to be sufficiently severe or pervasive to have a negative impact upon the individual's academic performance or to create an intimidating, hostile, or offensive educational environment. This section shall apply to pupils in any of grades 4 to 12, inclusive.
- t) Caused, attempted to cause, threatened to cause or participated in an act of hate violence, as defined in subdivision (e) of Section 233 of the Education Code. This section shall apply to pupils in any of grades 4 to 12, inclusive.
- u) Intentionally harassed, threatened or intimidated School personnel or volunteers and/or a student or group of students to the extent of having the actual and reasonably expected effect of materially disrupting class work, creating substantial disorder and invading the rights of either School personnel or volunteers and/or student(s) by creating an intimidating or hostile educational environment. This section shall apply to pupils in any of grades 4 to 12, inclusive.
- v) Engaged in an act of bullying, including, but not limited to, bullying committed by means of an electronic act, directed specifically toward a pupil or School personnel.
  - 1) "Bullying" means any severe or pervasive physical or verbal act or conduct, including communications made in writing or by means of an electronic act, and including one or more acts committed by a student or group of students which would be deemed hate violence or harassment, threats, or intimidation, which are directed toward one or more students that has or can be reasonably predicted to have the effect of one or more of the following:
    - i. Placing a reasonable student (defined as a student, including, but is not limited to, a student with exceptional needs, who exercises average care, skill, and

judgment in conduct for a person of his or her age, or for a person of his or her age with exceptional needs) or students in fear of harm to that student's or those students' person or property.

- ii. Causing a reasonable student to experience a substantially detrimental effect on his or her physical or mental health.
- iii. Causing a reasonable student to experience substantial interference with his or her academic performance.
- iv. Causing a reasonable student to experience substantial interference with his or her ability to participate in or benefit from the services, activities, or privileges provided by the Charter School.

2) "Electronic Act" means the creation or transmission originated on or off the School site, by means of an electronic device, including, but not limited to, a telephone, wireless telephone, or other wireless communication device, computer, or pager, of a communication, including, but not limited to, any of the following:

- i. A message, text, sound, video, or image.
- ii. A post on a social network Internet Web site including, but not limited to:
  - (a) Posting to or creating a burn page. A "burn page" means an Internet Web site created for the purpose of having one or more of the effects as listed in subparagraph (1) above.
  - (b) Creating a credible impersonation of another actual pupil for the purpose of having one or more of the effects listed in subparagraph (1) above. "Credible impersonation" means to knowingly and without consent impersonate a pupil for the purpose of bullying the pupil and such that another pupil would reasonably believe, or has reasonably believed, that the pupil was or is the pupil who was impersonated.
  - (c) Creating a false profile for the purpose of having one or more of the effects listed in subparagraph (1) above. "False profile" means a profile of a fictitious pupil or a profile using the likeness or attributes of an actual pupil other than the pupil who created the false profile.
- iii. An act of cyber sexual bullying.
  - (a) For purposes of this clause, "cyber sexual bullying" means the dissemination of, or the solicitation or incitement to disseminate, a photograph or other visual recording by a pupil to another pupil or to School personnel by means of an electronic act that has or can be reasonably predicted to have one or more of the effects described in subparagraphs (i) to (iv), inclusive, of paragraph (1). A photograph or other visual recording, as described above, shall include the depiction of a nude,

semi-nude, or sexually explicit photograph or other visual recording of a minor where the minor is identifiable from the photograph, visual recording, or other electronic act.

- (b) For purposes of this clause, “cyber sexual bullying” does not include a depiction, portrayal, or image that has any serious literary, artistic, educational, political, or scientific value or that involves athletic events or School-sanctioned activities.

- 3) Notwithstanding subparagraphs (1) and (2) above, an electronic act shall not constitute pervasive conduct solely on the basis that it has been transmitted on the Internet or is currently posted on the Internet.

A pupil who aids or abets, as defined in Section 31 of the Penal Code, the infliction or attempted infliction of physical injury to another person may be subject to suspension, but not expulsion, except that a pupil who has been adjudged by a juvenile court to have committed, as an aider and abettor, a crime of physical violence in which the victim suffered great bodily injury or serious bodily injury shall be subject to discipline pursuant to subdivision (1)(a)-(b).

Engaged in an act of vandalism pursuant to Education Code Section 48900.

Demonstrated excessive physical affection on campus. This includes kissing, embracing or inappropriate touching.

- 2. Non-Discretionary Suspension Offenses: Students must be suspended and recommended for expulsion for any of the following acts when it is determined the pupil:
  - a) Possessed, sold, or otherwise furnished a firearm, knife, explosive, or other dangerous object, unless, in the case of possession of an object of this type, the pupil had obtained written permission to possess the item from a certificated School employee, which is concurred in by the principal or the designee of the principal.
- 3. Discretionary Expellable Offenses: Students may be recommended for expulsion for any of the following acts when it is determined the pupil:
  - a) Used language, gesture or action that is crude, indecent, and obscene or that directly or indirectly contributes to sexual harassment.
  - b) Caused, attempted to cause, or threatened to cause physical injury to another person.

- c) Willfully used force or violence upon the person of another, except self-defense.
- d) Unlawfully possessed, used, sold or otherwise furnished, or was under the influence of any controlled substance, as defined in Health and Safety Code Sections 11053-11058, alcoholic beverage, or intoxicant of any kind.
- e) Unlawfully offered, arranged, or negotiated to sell any controlled substance as defined in Health and Safety Code Sections 11053-11058, alcoholic beverage or intoxicant of any kind, and then sold, delivered or otherwise furnished to any person another liquid substance or material and represented same as controlled substance, alcoholic beverage or intoxicant.
- f) Committed or attempted to commit robbery or extortion.
- g) Caused or attempted to cause damage to School property or private property, which includes but is not limited to, electronic files and databases.
- h) Stole or attempted to steal School property or private property, which includes but is not limited to, electronic files and databases.
- i) Possessed or used tobacco or products containing tobacco or nicotine products, including but not limited to cigars, cigarettes, miniature cigars, clove cigarettes, smokeless tobacco, snuff, chew packets and betel. This section does not prohibit the use of his or her own prescription products by a pupil.
- j) Committed an obscene act or engaged in habitual profanity or vulgarity.
- k) Unlawfully possessed or unlawfully offered, arranged, or negotiated to sell any drug paraphernalia, as defined in Health and Safety Code Section 11014.5.
- l) Disrupted School activities or otherwise willfully defied the valid authority of supervisors, teachers, administrators, other School officials, or other School personnel engaged in the performance of their duties.
- m) Knowingly received stolen School property or private property, which includes but is not limited to, electronic files and databases.



- n) Possessed an imitation firearm, i.e.: a replica of a firearm that is so substantially similar in physical properties to an existing firearm as to lead a reasonable person to conclude that the replica is a firearm.
- o) Committed or attempted to commit a sexual assault as defined in Penal Code Sections 261, 266c, 286, 288, 288a or 289, or committed a sexual battery as defined in Penal Code Section 243.4.
- p) Harassed, threatened, or intimidated a student who is a complaining witness or witness in a School disciplinary proceeding for the purpose of preventing that student from being a witness and/or retaliating against that student for being a witness.
- q) Unlawfully offered, arranged to sell, negotiated to sell, or sold the prescription drug Soma.
- r) Engaged in or attempted to engage in hazing. For the purposes of this subdivision, “hazing” means a method of initiation or preinitiation into a pupil organization or body, whether or not the organization or body is officially recognized by an educational institution, which is likely to cause serious bodily injury or personal degradation or disgrace resulting in physical or mental harm to a former, current, or prospective pupil. For purposes of this section, “hazing” does not include athletic events or School-sanctioned events.
- s) Made terroristic threats against School officials and/or School property, which includes but is not limited to, electronic files and databases. For purposes of this section, “terroristic threat” shall include any statement, whether written or oral, by a person who willfully threatens to commit a crime which will result in death, great bodily injury to another person, or property damage in excess of one thousand dollars (\$1,000), with the specific intent that the statement is to be taken as a threat, even if there is no intent of actually carrying it out, which, on its face and under the circumstances in which it is made, is so unequivocal, unconditional, immediate, and specific as to convey to the person threatened, a gravity of purpose and an immediate prospect of execution of the threat, and thereby causes that person reasonably to be in sustained fear for his or her own safety or for his or her immediate family’s safety, or for the protection of School property, which includes but is not limited to, electronic files and databases, or the personal property of the person threatened or his or her immediate family.

- t) Committed sexual harassment, as defined in Education Code Section 212.5. For the purposes of this section, the conduct described in Section 212.5 must be considered by a reasonable person of the same gender as the victim to be sufficiently severe or pervasive to have a negative impact upon the individual's academic performance or to create an intimidating, hostile, or offensive educational environment. This section shall apply to pupils in any of grades 4 to 12, inclusive.
  - u) Caused, attempted to cause, threatened to cause or participated in an act of hate violence, as defined in subdivision (e) of Section 233 of the Education Code. This section shall apply to pupils in any of grades 4 to 12, inclusive.
  - v) Intentionally harassed, threatened or intimidated School personnel or volunteers and/or a student or group of students to the extent of having the actual and reasonably expected effect of materially disrupting class work, creating substantial disorder and invading the rights of either School personnel or volunteers and/or student(s) by creating an intimidating or hostile educational environment. This section shall apply to pupils in any of grades 4 to 12, inclusive.
  - w) Engaged in an act of bullying, including, but not limited to, bullying committed by means of an electronic act.
- 1) "Bullying" means any severe or pervasive physical or verbal act or conduct, including communications made in writing or by means of an electronic act, and including one or more acts committed by a student or group of students which would be deemed hate violence or harassment, threats, or intimidation, which are directed toward one or more students that has or can be reasonably predicted to have the effect of one or more of the following:
- i. Placing a reasonable student (defined as a student, including, but is not limited to, a student with exceptional needs, who exercises average care, skill, and judgment in conduct for a person of his or her age, or for a person of his or her age with exceptional needs) or students in fear of harm to that student's or those students' person or property.
  - ii. Causing a reasonable student to experience a substantially detrimental effect on his or her physical or mental health.
  - iii. Causing a reasonable student to experience substantial interference with his or her academic performance.

- iv. Causing a reasonable student to experience substantial interference with his or her ability to participate in or benefit from the services, activities, or privileges provided by the Charter School.

2) “Electronic Act” means the creation or transmission originated on or off the School site, by means of an electronic device, including, but not limited to, a telephone, wireless telephone, or other wireless communication device, computer, or pager, of a communication, including, but not limited to, any of the following:

- i. A message, text, sound, video, or image.
- ii. A post on a social network Internet Web site including, but not limited to:
  - (a) Posting to or creating a burn page. A “burn page” means an Internet Web site created for the purpose of having one or more of the effects as listed in subparagraph (1) above.
  - (b) Creating a credible impersonation of another actual pupil for the purpose of having one or more of the effects listed in subparagraph (1) above. “Credible impersonation” means to knowingly and without consent impersonate a pupil for the purpose of bullying the pupil and such that another pupil would reasonably believe, or has reasonably believed, that the pupil was or is the pupil who was impersonated.
  - (c) Creating a false profile for the purpose of having one or more of the effects listed in subparagraph (1) above. “False profile” means a profile of a fictitious pupil or a profile using the likeness or attributes of an actual pupil other than the pupil who created the false profile.
- iii. An act of cyber sexual bullying.
  - (a) For purposes of this clause, “cyber sexual bullying” means the dissemination of, or the solicitation or incitement to disseminate, a photograph or other visual recording by a pupil to another pupil or to School personnel by means of an electronic act that has or can be reasonably predicted to have one or more of the effects described in subparagraphs (i) to (iv), inclusive, of paragraph (1). A photograph or other visual recording, as described above, shall include the depiction of a nude, semi-nude, or sexually explicit photograph or other visual recording of a minor where the minor is identifiable from the photograph, visual recording, or other electronic act.
  - (b) For purposes of this clause, “cyber sexual bullying” does not include a depiction, portrayal, or image that has any serious literary, artistic, educational, political, or scientific value or that involves athletic events or School-sanctioned activities.

3. Notwithstanding subparagraphs (1) and (2) above, an electronic act shall not constitute pervasive conduct solely on the basis that it has been transmitted on the Internet or is currently posted on the Internet.

A pupil who aids or abets, as defined in Section 31 of the Penal Code, the infliction or attempted infliction of physical injury to another person may be subject to suspension, but not expulsion, except that a pupil who has been adjudged by a juvenile court to have committed, as an aider and abettor, a crime of physical violence in which the victim suffered great bodily injury or serious bodily injury shall be subject to discipline pursuant to subdivision (3)(a)-(b).

Engaged in an act of vandalism pursuant to Education Code Section 48900.

Demonstrated excessive physical affection on campus. This includes kissing, embracing or inappropriate touching.

4. Non-Discretionary Expellable Offenses: Students must be recommended for expulsion for any of the following acts when it is determined pursuant to the procedures below that the pupil:

- a) Possessed, sold, or otherwise furnished a firearm, knife, explosive, or other dangerous object, unless, in the case of possession of an object of this type, the pupil had obtained written permission to possess the item from a certificated School employee, which is concurred in by the principal or the designee of the principal.

If it is determined by the Administrative Panel and/or Board of Directors that a student has brought a firearm or destructive device, as defined in Section 921 of Title 18 of the United States Code, on to campus or to have possessed a firearm or dangerous device on campus, the student shall be expelled for one year, pursuant to the Federal Gun Free Schools Act of 1994. In such instances, the pupil shall be provided due process rights of notice and a hearing as required in this policy.

The term "firearm" means (A) any weapon (including a starter gun) which will or is designed to or may readily be converted to expel a projectile by the action of an explosive; (B) the frame or receiver of any such weapon; (C) any firearm muffler or firearm silencer; or (D) any destructive device. Such term does not include an antique firearm.

The term "destructive device" means (A) any explosive, incendiary, or poison gas, including but not limited to: (i) bomb, (ii) grenade, (iii) rocket having a propellant charge of more than four ounces, (iv) missile having

an explosive or incendiary charge of more than one-quarter ounce, (v) mine, or (vi) device similar to any of the devices described in the preceding clauses.

### C. Suspension Procedure

Suspensions shall be initiated according to the following procedures:

#### 1. Conference

Suspension shall be preceded, if possible, by a conference conducted by the Superintendent, Principal or Designee with the student and his or her parent and, whenever practical, the teacher, supervisor or Charter School employee who referred the student to the Superintendent, Principal or Designee.

The conference may be omitted if the Superintendent, Principal or Designee determines that an emergency situation exists. An "emergency situation" involves a clear and present danger to the lives, safety or health of students or Charter School personnel. If a student is suspended without this conference, both the parent/guardian and student shall be notified of the student's right to return to School for the purpose of a conference.

At the conference, the pupil shall be informed of the reason for the disciplinary action and the evidence against him or her and shall be given the opportunity to present his or her version and evidence in his or her defense, in accordance with Education Code Section 47605(b)(5)(J)(i). This conference shall be held within two (2) School days, unless the pupil waives this right or is physically unable to attend for any reason including, but not limited to, incarceration or hospitalization. No penalties may be imposed on a pupil for failure of the pupil's parent or guardian to attend a conference with Charter School officials. Reinstatement of the suspended pupil shall not be contingent upon attendance by the pupil's parent or guardian at the conference.

#### 2. Notice to Parents/Guardians

At the time of the suspension, an administrator or designee shall make a reasonable effort to contact the parent/guardian by telephone or in person. Whenever a student is suspended, the parent/guardian shall be notified in writing of the suspension and the date of return following suspension. This notice shall state the specific offense committed by the student. In addition, the notice may also state the date and time when the student may return to School. If Charter School officials wish to ask the parent/guardian to confer regarding matters pertinent to the suspension, the notice may request that the parent/guardian respond to such requests without delay.

### 3. Suspension Time Limits/Recommendation for Expulsion

Suspensions, when not including a recommendation for expulsion, shall not exceed five (5) consecutive School days per suspension. Upon a recommendation of expulsion by the Superintendent, Principal or Designee, the pupil and the pupil's parent/guardian or representative will be invited to a conference to determine if the suspension for the pupil should be extended pending an expulsion hearing. In such instances when the Charter School has determined a suspension period shall be extended, such extension shall be made only after a conference is held with the pupil or the pupil's parents, unless the pupil and the pupil's parents fail to attend the conference.

This determination will be made by the Superintendent, Principal or Designee upon either of the following: 1) the pupil's presence will be disruptive to the education process; or 2) the pupil poses a threat or danger to others. Upon either determination, the pupil's suspension will be extended pending the results of an expulsion hearing.

#### D. Authority to Expel

As required by Education Code Section 47605(b)(5)(J)(ii), students recommended for expulsion are entitled to a hearing adjudicated by a neutral officer to determine whether the student should be expelled. The procedures herein provide for such a hearing and the notice of said hearing, as required by law.

A student may be expelled either by the neutral and impartial Charter School Board of Directors following a hearing before it or by the Charter School Board of Directors upon the recommendation of a neutral and impartial Administrative Panel, to be assigned by the Board of Directors as needed. The Administrative Panel shall consist of at least three members who are certificated and neither a teacher of the pupil nor a member of the Charter School Board of Directors. Each entity shall be presided over by a designated neutral hearing chairperson. The Administrative Panel may recommend expulsion of any student found to have committed an expellable offense, and the Board of Directors shall make the final determination.

#### E. Expulsion Procedures

Unless postponed for good cause, the hearing shall be held within thirty (30) School days after the Superintendent, Principal or Designee determines that the pupil has committed an expellable offense.

In the event an Administrative Panel hears the case, it will make a recommendation to the Board for a final decision whether to expel. The hearing shall be held in closed session (complying with all pupil confidentiality rules under FERPA) unless the pupil makes a written request for a public hearing in open session three (3) days prior to the date of the scheduled hearing.

Written notice of the hearing shall be forwarded to the student and the student's parent/guardian at least ten (10) calendar days before the date of the hearing. Upon mailing the notice, it shall be deemed served upon the pupil. The notice shall include:

1. The date and place of the expulsion hearing;
2. A statement of the specific facts, charges and offenses upon which the proposed expulsion is based;
3. A copy of the Charter School's disciplinary rules which relate to the alleged violation;
4. Notification of the student's or parent/guardian's obligation to provide information about the student's status at the Charter School to any other School district or School to which the student seeks enrollment;
5. The opportunity for the student and/or the student's parent/guardian to appear in person or to employ and be represented by counsel or a non-attorney advisor;
6. The right to inspect and obtain copies of all documents to be used at the hearing;
7. The opportunity to confront and question all witnesses who testify at the hearing;
8. The opportunity to question all evidence presented and to present oral and documentary evidence on the student's behalf including witnesses.

#### F. Special Procedures for Expulsion Hearings Involving Sexual Assault or Battery Offenses

The Charter School may, upon a finding of good cause, determine that the disclosure of either the identity of the witness or the testimony of that witness at the hearing, or both, would subject the witness to an unreasonable risk of psychological or physical harm. Upon this determination, the testimony of the witness may be presented at the hearing in the form of sworn declarations that shall be examined only by the Charter School or the hearing officer. Copies of these sworn declarations, edited to delete the name and identity of the witness, shall be made available to the pupil.

The complaining witness in any sexual assault or battery case must be provided with a copy of the applicable disciplinary rules and advised of his/her right to (a) receive five day notice of his/her scheduled testimony, (b) have up to two (2) adult support persons of his/her choosing present in the hearing at the time he/she testifies, which may include a parent, guardian, or legal counsel, and (c) elect to have the hearing closed while testifying.

The Charter School must also provide the victim a room separate from the hearing room for the complaining witness' use prior to and during breaks in testimony.

At the discretion of the entity conducting the expulsion hearing, the complaining witness shall be allowed periods of relief from examination and cross-examination during which he or she may leave the hearing room.

The entity conducting the expulsion hearing may also arrange the seating within the hearing room to facilitate a less intimidating environment for the complaining witness.

The entity conducting the expulsion hearing may also limit time for taking the testimony of the complaining witness to the hours he/she is normally in School, if there is no good cause to take the testimony during other hours.

Prior to a complaining witness testifying, the support persons must be admonished that the hearing is confidential. Nothing in the law precludes the entity presiding over the hearing from removing a support person whom the presiding person finds is disrupting the hearing. The entity conducting the hearing may permit any one of the support persons for the complaining witness to accompany him or her to the witness stand.

If one or both of the support persons is also a witness, the Charter School must present evidence that the witness' presence is both desired by the witness and will be helpful to the Charter School. The entity presiding over the hearing shall permit the witness to stay unless it is established that there is a substantial risk that the testimony of the complaining witness would be influenced by the support person, in which case the presiding official shall admonish the support person or persons not to prompt, sway, or influence the witness in any way. Nothing shall preclude the presiding officer from exercising his or her discretion to remove a person from the hearing whom he or she believes is prompting, swaying, or influencing the witness.

The testimony of the support person shall be presented before the testimony of the complaining witness and the complaining witness shall be excluded from the courtroom during that testimony.

Especially for charges involving sexual assault or battery, if the hearing is to be conducted in public at the request of the pupil being expelled, the complaining witness shall have the right to have his/her testimony heard in a closed session when testifying at a public meeting would threaten serious psychological harm to the complaining witness and there are no alternative procedures to avoid the threatened harm. The alternative procedures may include videotaped depositions or contemporaneous examination in another place communicated to the hearing room by means of closed-circuit television.

Evidence of specific instances of a complaining witness' prior sexual conduct is presumed inadmissible and shall not be heard absent a determination by the entity conducting the hearing that extraordinary



circumstances exist requiring the evidence be heard. Before such a determination regarding extraordinary circumstance can be made, the witness shall be provided notice and an opportunity to present opposition to the introduction of the evidence. In the hearing on the admissibility of the evidence, the complaining witness shall be entitled to be represented by a parent, legal counsel, or other support person. Reputation or opinion evidence regarding the sexual behavior of the complaining witness is not admissible for any purpose.

#### G. Record of Hearing

A record of the hearing shall be made and may be maintained by any means, including electronic recording, as long as a reasonably accurate and complete written transcription of the proceedings can be made.

#### H. Presentation of Evidence

While technical rules of evidence do not apply to expulsion hearings, evidence may be admitted and used as proof only if it is the kind of evidence on which reasonable persons can rely in the conduct of serious affairs. A recommendation by the Administrative Panel to expel must be supported by substantial evidence that the student committed an expellable offense. Findings of fact shall be based solely on the evidence at the hearing. While hearsay evidence is admissible, no decision to expel shall be based solely on hearsay. Sworn declarations may be admitted as testimony from witnesses of whom the Board or Administrative Panel determines that disclosure of their identity or testimony at the hearing may subject them to an unreasonable risk of physical or psychological harm.

If, due to a written request by the expelled pupil, the hearing is held at a public meeting, and the charge is committing or attempting to commit a sexual assault or committing a sexual battery as defined in Education Code Section 48900, a complaining witness shall have the right to have his or her testimony heard in a session closed to the public.

The decision of the Administrative Panel shall be in the form of written findings of fact and a written recommendation to the Board of Directors, which will make a final determination regarding the expulsion. The final decision by the Board of Directors shall be made within ten (10) School days following the conclusion of the hearing. However, if the Board does not meet on a weekly basis, its decision on whether to expel a student shall be made within 40 School days after the student is removed from his/her School of attendance. The decision of the Board of Directors is final.

If the Administrative Panel decides not to recommend expulsion, the pupil shall immediately be returned to his/her educational program.

#### I. Written Notice to Expel

The Principal or designee, following a decision of the Board of Directors to expel, shall send written notice of the decision to expel, including the Board of Directors' adopted findings of fact, to the student or parent/guardian. This notice shall also include the following: (a) Notice of the specific offense committed by the student; and (b) Notice of the student's or parent/guardian's obligation to inform any new district in which the student seeks to enroll of the student's status with the Charter School.

The Principal or designee shall send a copy of the written notice of the decision to expel to the authorizer. This notice shall include the following: (a) The student's name; and (b) The specific expellable offense committed by the student.

#### J. Disciplinary Records

The Charter School shall maintain records of all student suspensions and expulsions at the Charter School. Such records shall be made available to the authorizer upon request.

#### K. Right to Appeal

The student or parent/guardian is entitled to file an appeal of the Board's decision with the County Board of Education, except for stipulated expulsions. The appeal must be filed within 30 days of the Board's decision to expel, even if the expulsion action is suspended and the student is placed on probation.

#### L. Expelled Pupils/Alternative Education

Parents/guardians of pupils who are expelled shall be responsible for seeking alternative education programs including, but not limited to, programs within the County or their School district of residence. The Charter School shall work cooperatively with parents/guardians as requested by parents/guardians or by the School district of residence to assist with locating alternative placements during expulsion.

#### M. Rehabilitation Plans

Students who are expelled from the Charter School shall be given a rehabilitation plan upon expulsion as developed by the Board of Directors at the time of the expulsion order, which may include, but is not limited to, periodic review as well as assessment at the time of review for readmission. The rehabilitation plan should include a date not later than one year from the date of expulsion when the pupil may reapply to the Charter School for readmission.

## N. Readmission

The decision to readmit a pupil or to admit a previously expelled pupil from another School district or charter School shall be in the sole discretion of the Board of Directors following a meeting with the Superintendent, Principal or designee and the pupil and parent/guardian or representative to determine whether the pupil has successfully completed the rehabilitation plan and to determine whether the pupil poses a threat to others or will be disruptive to the School environment. The Superintendent, Principal or designee shall make a recommendation to the Board of Directors following the meeting regarding his or her determination. The Board shall then make a final decision regarding readmission during the closed session of a public meeting, reporting out any action taken during closed session consistent with the requirements of the Brown Act. The pupil's readmission is also contingent upon the Charter School's capacity at the time the student seeks readmission.

## O. Special Procedures for the Consideration of Suspension and Expulsion of Students with Disabilities

### 1. Notification of the Special Education Director

The Charter School shall immediately notify the Special Education Director and coordinate the procedures in this policy with the Special Education Director of the discipline of any student with a disability.

### 2. Services During Suspension

Students suspended for more than ten (10) School days in a School year shall continue to receive services so as to enable the student to continue to participate in the general education curriculum, although in another setting (which could constitute a change of placement and the student's IEP would reflect this change), and to progress toward meeting the goals set out in the child's IEP/504 Plan; and receive, as appropriate, a functional behavioral assessment and behavioral intervention services and modifications, that are designed to address the behavior violation so that it does not recur. These services may be provided in an interim alternative educational setting.

### 3. Procedural Safeguards/Manifestation Determination

Within ten (10) School days of a recommendation for expulsion or any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the Charter School, the parent, and relevant members of the IEP/504 Team shall review all relevant information in the student's file, including the child's IEP/504 Plan, any teacher observations, and any relevant information provided by the parents to determine:

- a. If the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability; or
- b. If the conduct in question was the direct result of the local educational agency's failure to implement the IEP/504 Plan.

If the Charter School, the parent, and relevant members of the IEP/504 Team determine that either of the above is applicable for the child, the conduct shall be determined to be a manifestation of the child's disability.

If the Charter School, the parent, and relevant members of the IEP/504 Team make the determination that the conduct was a manifestation of the child's disability, the IEP/504 Team shall:

- a. Conduct a functional behavioral assessment and implement a behavioral intervention plan for such child, provided that the Charter School had not conducted such assessment prior to such determination before the behavior that resulted in a change in placement;
- b. If a behavioral intervention plan has been developed, review the behavioral intervention plan if the child already has such a behavioral intervention plan, and modify it, as necessary, to address the behavior; and
- c. Return the child to the placement from which the child was removed, unless the parent and the Charter School agree to a change of placement as part of the modification of the behavioral intervention plan.

If the Charter School, the parent, and relevant members of the IEP/504 Team determine that the behavior was not a manifestation of the student's disability and that the conduct in question was not a direct result of the failure to implement the IEP/504 Plan, then the Charter School may apply the relevant disciplinary procedures to children with disabilities in the same manner and for the same duration as the procedures would be applied to students without disabilities.

#### 4. Due Process Appeals

The parent of a child with a disability who disagrees with any decision regarding placement, or the manifestation determination, or the Charter School believes that maintaining the current placement of the child is substantially likely to result in injury to the child or to others, may request an expedited administrative hearing through the Special Education Unit of the Office of Administrative Hearings or by utilizing the dispute provisions of the 504 Policy and Procedures.

When an appeal relating to the placement of the student or the manifestation determination has been requested by either the parent or the Charter School, the student shall remain in the interim alternative educational setting pending the decision of the hearing officer in accordance with state

and federal law, including 20 U.S.C. Section 1415(k), until the expiration of the forty-five (45) day time period provided for in an interim alternative educational setting, unless the parent and the Charter School agree otherwise.

In accordance with 20 U.S.C. Section 1415(k)(3), if a parent/guardian disagrees with any decision regarding placement, or the manifestation determination, or if the Charter School believes that maintaining the current placement of the child is substantially likely to result in injury to the child or to others, the parent/guardian or Charter School may request a hearing.

In such an appeal, a hearing officer may: (1) return a child with a disability to the placement from which the child was removed; or (2) order a change in placement of a child with a disability to an appropriate interim alternative educational setting for not more than 45 School days if the hearing officer determines that maintaining the current placement of such child is substantially likely to result in injury to the child or to others.

#### 5. Special Circumstances

Charter School personnel may consider any unique circumstances on a case-by-case basis when determining whether to order a change in placement for a child with a disability who violates a code of student conduct.

The Superintendent, Principal or designee may remove a student to an interim alternative educational setting for not more than forty-five (45) School days without regard to whether the behavior is determined to be a manifestation of the student's disability in cases where a student:

- a. Carries or possesses a weapon, as defined in 18 U.S.C. Section 930, to or at School, on School premises, or to or at a School function;
- b. Knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at School, on School premises, or at a School function; or
- c. Has inflicted serious bodily injury, as defined by 20 U.S.C. Section 1415(k)(7)(D), upon a person while at School, on School premises, or at a School function.

#### 6. Interim Alternative Educational Setting

The student's interim alternative educational setting shall be determined by the student's IEP/504 Team.

#### 7. Procedures for Students Not Yet Eligible for Special Education Services

A student who has not been identified as an individual with disabilities pursuant to IDEA and who has violated the Charter School's disciplinary procedures may assert the procedural safeguards granted under this administrative regulation only if the Charter School had knowledge that the student was disabled before the behavior occurred.

The Charter School shall be deemed to have knowledge that the student had a disability if one of the following conditions exists:

- a. The parent/guardian has expressed concern in writing, or orally if the parent/guardian does not know how to write or has a disability that prevents a written statement, to Charter School supervisory or administrative personnel, or to one of the child's teachers, that the student is in need of special education or related services.
- b. The parent has requested an evaluation of the child.
- c. The child's teacher, or other Charter School personnel, has expressed specific concerns about a pattern of behavior demonstrated by the child, directly to the director of special education or to other Charter School supervisory personnel.

If the Charter School knew or should have known the student had a disability under any of the three (3) circumstances described above, the student may assert any of the protections available to IDEA-eligible children with disabilities, including the right to stay-put.

If the Charter School had no basis for knowledge of the student's disability, it shall proceed with the proposed discipline. The Charter School shall conduct an expedited evaluation if requested by the parents; however, the student shall remain in the education placement determined by the Charter School pending the results of the evaluation.

The Charter School shall not be deemed to have knowledge that the student had a disability if the parent has not allowed an evaluation, refused services, or if the student has been evaluated and determined to not be eligible

## E. Procedures to Notify Teachers of Dangerous Pupils

### (Education Code Section 49079)

- (a) The Charter School administrator, i.e., the Area Superintendent, shall inform the teacher of each pupil who has engaged in, or is reasonably suspected to have engaged in, any of the acts described in any of the subdivisions of Education Code Section 48900, except subdivision (h), or in Section 48900.2, 48900.3, 48900.4, or 48900.7 that the pupil engaged in, or is reasonably suspected to have engaged in, those acts.
- (b) The Charter School administrator shall provide the information to the teacher based upon any records that the Charter School maintains in its ordinary course of business, or receives from a law enforcement agency, regarding a pupil described in this section.
- (c) A Charter School, or School officer or employee, is not civilly or criminally liable for providing information under this section unless it is proven that the information was false and that the School or School officer or employee knew or should have known that the information was false, or the information was provided with a reckless disregard for its truth or falsity.
- (d) An officer or employee of a Charter School who knowingly fails to provide information about a pupil who has engaged in, or who is reasonably suspected to have engaged in, the acts referred to in subdivision (a) is guilty of a misdemeanor, which is punishable by confinement in the county jail for a period not to exceed six months, or by a fine not to exceed one thousand dollars (\$1,000), or both.
- (e) Any information received by a teacher pursuant to this policy shall be received in confidence for the limited purpose for which it was provided and shall not be further disseminated by the teacher.

## **F. Service Animal Emotional Support Animal Policy**

The use of service animals is a permitted practice under the Americans with Disabilities Act. The School acknowledges this and allows the use of service or emotional support animals. A service animal is not a pet. The ADA requires public accommodations to modify their “no pets” policies to allow the use of a service animal by a person with a disability only.

### **1. Basic Guidelines**

- a. A Health Plan will be constructed to document the use of the service or emotional support animal. It may also be appropriate to include this in a student’s IEP or 504 plan. The Health Plan will specify whether this is a service or emotional support animal and which service the animal provides, i.e., retrieving items, warning of an oncoming seizure, etc.

- b. A copy of the Health Plan will be placed in the student's records and a copy will be provided to parent and/or student. Staff will be made aware of the accommodations for the use of a service/emotional support animal.

## 2. Student/Handler's Responsibility

- a. The student/handler is responsible for the care and supervision of his or her animal. The animal is expected to behave in an acceptable way. Uncontrolled barking, jumping on other people, or running away from the handler are examples of unacceptable behavior. The student/handler may be asked to remove the animal in these instances.
- b. The student/handler must maintain control of the animal. Maintaining control of the animal should occur with the use of a harness, leash, or other tether unless these devices interfere with the service animal's work or the student/handler's disability prevents use of these devices.
- c. The animal must be housebroken. School may charge student/parent/handler if a service/emotional support animal causes damage to School property.
- d. The animal should be vaccinated in accordance with state and local laws.

## 3. Areas Where Permitted

- a. The service animal will be permitted to accompany the individual with a disability to all areas of the facility where students/employees are normally allowed to go. An individual with a service animal will not be segregated from other students/employees.

## 4. Reaction/Response of Others

- a. Allergies and fear of dogs are not valid reasons for denying access or refusing service to people using service animals. When a person who has an animal allergy and a person who uses a service/emotional support animal must spend time in the same room or facility, they both should be accommodated by assigning them, if possible, to different locations within the room or different rooms in the facility.

## G. Water Testing for lead

To request water testing for lead, please contact the Safety Coordinator. Testing is done on an as needed basis.



## VII. Systems

### B. Titan HST-Emergency Notification System App

#### Lockdowns

To initiate a campus wide lockdown, select the Broadcast tab and select the lock icon in the top left corner of your screen.

- Select your campus
- Select the desired Lockdown notification recipients
- Press Update Lockdown Status

If 1 or more of your campuses is on lockdown, a red bar will appear & your broadcast tab will show a red badge with lock

**To Disengage Lockdown**

- Select the red lock icon
- Select the desired Disengage Lockdown notification recipients
- Press Update Lockdown Status

Send & Receive Alerts | Broadcast Messages | [Lockdown](#) | Community Safety Status | Emergency Docs

#### Population Safety Status

To view your population's safety status, select the Status tab in the bottom right side of your screen and then click the Send Status Request button at the top of your screen.

View your population by selecting the Active request.

Select one of your users.

Each blue pin will signify a safe user. Red pins signify an unsafe user. To call one of the users, select their pin.

To input your safety status, select the pules icon found at the top left corner of your screen.

To re-send a status request or end an existing request, slide the active request to the left and make your selection.

Send & Receive Alerts | Broadcast Messages | Lockdown | [Community Safety Status](#) | Emergency Docs

#### I'm an Administrator and Parent

Parents connected to their child's school will only receive broadcast notifications from their child's school.

You will continue to have full Admin functionality at the school at which you are an Admin and be able to send/receive all relevant types of communication.

**NOTE: In 24 hours, your staff will be notified about TITAN HST. They will be able to login and start using the system.**

View your campuses & role types by selecting the Me tab. Then select My Campuses.

Incoming broadcast notifications will list the site that they were sent from. Incoming alerts will list the name of the user.

#### Emergency Documentation

View your emergency plans by selecting the Me tab at the bottom right corner of your screen. Then select Emergency Materials.

**To Upload Emergency PDF's**

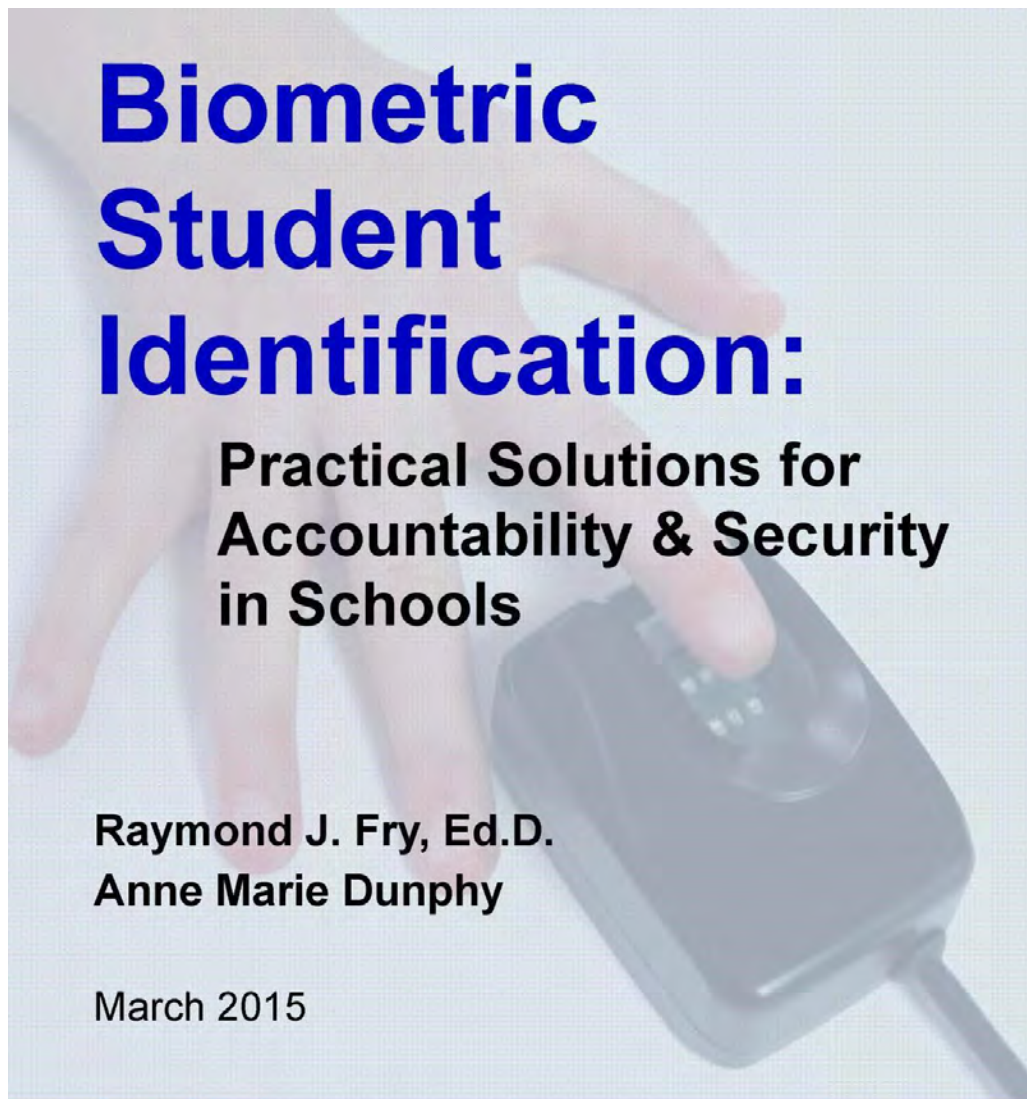
- Select the upload icon
- Choose a file or take a photo
- Press Submit in the top right corner of your screen

Select the desired campus

Select user groups that you'd like to have access to the document

Send & Receive Alerts | Broadcast Messages | Lockdown | Community Safety Status | [Emergency Docs](#)

C. Identimetrix System



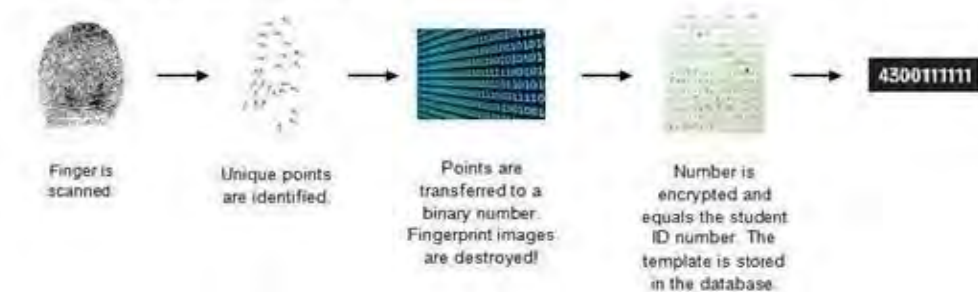
Believe it or not, biometrics is not a new technology. The ancient Egyptians used bodily characteristics to identify workers to make sure they didn't claim more provisions than they were entitled - just like governments today are using biometrics to reduce fraud. Chinese merchants in the fourteenth century used palm prints and foot prints to identify children. Fingerprint recognition is by far the most developed technology today. It's trusted, cost-effective and easy to use. All biometrics have their strengths and weaknesses. The key is finding the right technology for the right application.

## How does it work?

Fingerprint identification is the oldest method that has been successfully used in numerous applications. Each of our ten fingerprints is different from one another and from those of every other person. Even identical twins have unique fingerprints. That makes them ideal for personal identification. A fingerprint is made of a series of ridges and furrows on the surface of the finger. The uniqueness of a fingerprint is determined by the pattern of ridges and furrows as well as the minutiae points. Minutiae points are local ridge characteristics that occur when a ridge splits apart or a ridge ends.

There are several significant differences between finger printing law enforcement applications and finger scanning identification software. Finger printing captures rolled images of all ten fingers. Rolled images capture unique identifying points on the entire finger surface in order to collect the maximum number of unique identifying points. The purpose is to identify suspects based on fingerprint images directly taken from a crime scene or for other forensic identification purposes. Finger scanning uses flat images of only two fingers to create templates. Flat images reveal the center of the finger and require only a minimum of unique identifying points in order to make a match. The purpose is to identify a person already enrolled in a particular software.

Here's how finger scanning works:







*Biometric technology has become an accepted method of identification. Specifically, finger scanning biometric identification has proven to be a better, faster, safer and more cost-effective solution than other methods of identification such as swipe cards and PINs.*

*Finger scanning biometrics is providing the ideal solution for school administrators in their effort to identify students, provide accurate and auditable student records and provide a safer and more secure environment for students, teachers and staff.*

*The following discussion provides information for school administrators and policymakers who are evaluating biometric solutions for student identification and security.*

## Purpose

One of the many challenges facing schools today is accurately identifying students. The bottom line is that schools receive federal and state money based on accurate and auditable records. In addition, schools need to provide a safe and secure environment for everyone on campus. Now more than ever, accurate student identification is key to the efficient operation of a school.

Over the past few decades, schools have been implementing all kinds of new technologies to both enhance learning and improve operations. Smart boards, laptops and real-time Internet resources are just a part of a student's everyday experience. Schools world-wide have been implementing biometric finger scanning to streamline operations, increase teaching time and enhance security.

## A Biometrics Primer

When most people think of biometrics, they think about high security technology - a technology that the government uses for passports and border control, that banks use to combat identity theft, that police use to find criminals, that we see in the movies. But the high cost, high security, futuristic biometric technology, unthinkable in a school environment just a few years ago, is here - and it's practical and affordable and being used in schools all over the world.

Biometrics are automated methods of recognizing a person based on physiological or behavioral characteristics. They include facial recognition, fingerprint, hand geometry, handwriting, iris, vein and voice - anything that's a part of you.

When the student returns to be identified, the finger scanner again scans the finger. The computer software now compares the new template with the other templates in the database. When a matching template is found, the student is identified.

This identification and matching process takes about one second to complete. At no time is a fingerprint image ever stored and fingerprints cannot be recreated from the template.

## Why Biometrics in Schools?

Many areas in a school require identification. The most common kinds of identification currently in use are picture ID cards, PINs, and, of course, visual identification. Each of these methods creates its own issues and is a drain on the time and resources of IT departments.

Cards are regularly forgotten, lost, mutilated and shared; PINs are easily forgotten, swapped or stolen. Also, visual identification is a poor solution, especially with today's considerable security concerns and reporting issues. By using biometrics for identification, the problems and costs associated with the current methods of student identification can be avoided and new standards of accountability can be put into place.

## Practical Applications in Schools

Why would a school use biometrics? Quite simply, to improve efficiency, operations and security. A typical first installation in a school is in the cafeteria where accurate records are critical for reimbursement from the federal government's \$14 billion National School Lunch Program and School Breakfast Program. Schools can then use the same biometric database to identify students to other applications such as those used for attendance, in the nurse's office, in the library or media center and on the bus. Once biometrics is being used successfully in one part of a school, the idea is often embraced in other areas as well. Schools even use it for student identification at athletic events and dances to keep out students who don't belong.

**School Access:** A controlled environment is critical to a school's success. Access to the school must be permitted only to authorized persons. Students, teachers, staff and

"Why would a school use biometrics? Quite simply, to improve efficiency, operations and security."

## D. Digital Video Surveillance System

Prime DVR - DVST PRO1600

# PRIME PRO HD



## FULL HD LIVE DISPLAY

Prime DVR - DVST PRO1600  
CODE: DVST PRO1600

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**SPECIFICATION:**

Compression	H.264 (Main Profile)
Signal Format	NTSC or PAL (Auto Selected)
Video Input	Composite 16 BNC Inputs
Main Monitor Output	1 BNC / 1 VGA
Spot Output	1 BNC
Sequence	Yes
Max Recording Rate at CIF (FPS)	480 (NTSC) / 400 (PAL)
Max Recording Rate at H.D1 (FPS)	240 (NTSC) / 200 (PAL)
Max Recording Rate at Full D1 (FPS)	120 (NTSC) / 100 (PAL)
Video Stream	Dual
Audio Input	1 Inputs (RCA Jack)
Audio Output	1 Output (RCA Jack)
Ethernet	10 / 100Mbps Ethernet (RJ-45)
ATM / POS	Up to 4 Channels Over USB
Alarm Input	4 (TTL) Programmable as NO/NO
Alarm Output	4 (TTL) Programmable as NO/NO
USB Port	4 x USB2.0 (2 x Front Panel, 2 x Rear Panel)
Recording Qualities	Super / High / Standard
Network Transmission Quality	Standard 1,2,3,4 / High 1,2,3 / Super 1,2,3
Network Bandwidth Control	56kbps ~ Unlimited
Recording Modes	Continuous / Alarm / Motion / Emergency
Pre-Alarm Recording	Up to 3 Hours / User Programmable
Motion Detection	Yes (22 x 15)
Playback Speed	X1, X2, X4, X8, X16, X32, X64
Archive File Format	EXE (Video Clip) / JPEG (Still Image)
NTP Server	Yes
GMT Time Zone	Yes
Auto DST	Yes
Multi Language	English / Danish / Chinese (Traditional) / Japanese / Korean / Italian / Polish / Russian / Chinese (Simplified) / Thai / Turkish / Spanish / French / Czech / German / Persian / Portuguese / Croatian
Operating System	Embedded Linux
OS Firmware	Linux OS in Flash Memory

[http://www.ayscalalog.com/index.php?target=products&product\\_id=999](http://www.ayscalalog.com/index.php?target=products&product_id=999) [6/22/2015 10:38:28 AM]





VANDAL PROOF IR CAMERA - 620 TVL  
CODE: CCD-23VF

## FEATURES

Resolution	650 TV Line
Sensor	1/3 inch Sony Super HAD II CCD
Total Pixels	811(H) x 508(V) 410K pixels
Effective Pixels	768(H) x 494(V) 380K pixels
Scanning System	2:1 Interface
S/N (Y signal)	More than 50 dB (AGC Off)
Frequency	Horizontal : 15.734KHz / Vertical : 59.94Hz
Video Output	CVBS : 1.0 Vp-p Comp. 75Ω
Minimum Illumination	0 Lux (IR On)
White Balance	ATW / AWC / PUSH / MANUAL
Electronic shutter speed	Auto / Manual (1/60sec ~ 1/100,000sec)
O.S.D	Built-in
Backlight Compensation	Low / Middle / High / HLM / Off Selectable
Gain Control	Low / Middle / High / Off Selectable
3D DNR (3D digital noise reduction)	Low / Middle / High / Off Selectable
WDR (Long and Short exposure)	ON / OFF
SENS-UP	x2 ~ x256 / OFF
Day & Night	Auto / Color / B&W / CDS
Privacy	On / Off (5 zone)
Motion Detection	On / Off
Mirror	Mirror / v-Flip / Rotate / Off
SYNC	Internal / Auto
Operating Temp. / Humidity	-10°C ~ 60°C / 30%~80% RH
Storage Temp. / Humidity	-20°C ~ 80°C / 20%~90% RH
Power Source	DC 12V
Dimensions	5.7 (Ø) x 4.6 (H) / 2.6 lbs / Storm IR Case (IP68)



## VIII. Crisis Response and Communication Procedures.

### Death of a staff or student

#### Initial Contact

- ☐ Staff who receives notification of death of a student or staff informs Administrator

#### Convene Crisis Response Team

- ☐ Administrator makes Area Superintendent aware of death of student/staff
- ☐ Administrator or designee confirms death with students/ staff family

*"We understand students and parents are deeply concerned about what they might be hearing. We are gathering the facts, but can't share any information or details until we know the truth -- and want to respect the privacy of those involved. As soon as we have facts and the family's permission, we will communicate and answer questions. The best thing you can do to help the situation (or your classmate) is to remain patient, don't speculate or post unconfirmed information on social media. This will allow the school staff to move quickly and provide the help that's needed."*
- ☐ Area Superintendent or Designated Administrator to contact Communications
  - o Ann Abajian
  - o Roxana Janka
- ☐ Administrator and/or Regional POC convenes support team; staff who will coordinate crisis response, recovery and renewal
  - o Suggested Staff: School Counselor, School Psychologist, School Social Worker, Admin Designee
  - o Determine level of support/response (Site/regional/LLAC)
  - o Sample Holding Statement for staff/students

*"We understand students and parents are deeply concerned about what they might be hearing. We are gathering the facts, but can't share any information or details until we know the truth -- and want to respect the privacy of those involved. As soon as we have facts and the family's permission, we will communicate and answer questions. The best thing you can do to help the situation (or your classmate) is to remain patient, don't speculate or post unconfirmed information on social media. This will allow the school staff to move quickly and provide the help that's needed."*

#### Communication

- ☐ Communications department will guide all internal and external communication
- ☐ If someone other than the students family is requesting information please use Sample Holding Statement (see above)

#### Crisis Response Team Develops a Plan

- ☐ Share confirmed information: Staff member who was in touch with the victim's family shares the confirmed information with site CRT, including specifics of what info is to be shared further
- ☐ Complete Crisis Response Plan and assign roles
- ☐ Follow up with family

### **Special Considerations for School Safety and Privacy**

- ☐ Information about the incident should be kept confidential to ensure the safety of the entire school community and the privacy of those involved. Creating opportunities for staff and community to discuss impact of incident away from students to ensure we are considerate of retaliation or copyist events

### **Death by suicide**

- ☐ If suicide, use "died by suicide" or "lost their life to suicide" to avoid judgement
- ☐ Distribute broadly information about hotlines and support services.
- ☐ If members of the school community have previously disclosed a personal experience with death by suicide, consider connecting them with additional resources

### **Incident Report**

- ☐ Administrator to complete incident report

### **Debrief-Recovery**

- ☐ Following staff death: Administrator or Admin designee not personally impacted by death coordinates space for dialogue, processing and support (training for staff)
- ☐ Following student death: School Counselor, School Psychologist and/or School Social Work staff not personally impacted by death coordinates space for dialogue, processing and support
- ☐ Plan for follow up with staff/students as appropriate (ex 30, 60, 90 days)
- ☐ As a team, review and evaluation of the crisis plan at the conclusion of each incident. Consider all staff who provided support in responding to the death.
- ☐ The Crisis Management Team annually will evaluate the plan and its effectiveness and make modifications as needed.
- ☐ The Crisis Management Plan shall be reviewed annually with the full school staff. This is designed to identify and resolve crisis, restore equilibrium, and support productive responses

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### **Guiding Documents:**

1. [Guide for Developing High-quality School Emergency Operations Plans](#)  
U.S. Department of Education  
U.S. Department of Health and Human Services  
U.S. Department of Homeland Security  
U.S. Department of Justice  
Federal Bureau of Investigation  
Federal Emergency Management Agency 2013
2. [Guidelines for Responding to the death of a student or school staff](#)  
National Center for School Crisis and Bereavement
3. [Coping with the death of a student or staff member](#)  
US Department of Education