HEALTH CARE AND EMERGENCIES

The Board of Trustees recognizes the importance of taking appropriate action whenever an emergency threatens the safety, health, or welfare of a student at school or during school-sponsored activities.

(cf. 0450 - Comprehensive Safety Plan)
(cf. 3516 - Emergencies and Disaster Preparedness Plan)
(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)
(cf. 5141.22 - Infectious Diseases)
(cf. 5142 - Safety)

The Superintendent or designee shall develop procedures to ensure that first aid and/or medical attention is provided as quickly as possible when student accidents and injuries occur and that parents/guardians are notified as appropriate.

(cf. 3530 - Risk Management/Insurance)
(cf. 5143 - Insurance)
(cf. 6145.2 - Athletic Competition)

The Superintendent or designee shall ask parents/guardians to provide emergency contact information in order to facilitate communication in the event of an accident or illness.

District staff shall appropriately report and document student accidents.

Resuscitation Orders

The Board believes that staff members should not be placed in the position of determining whether or not to follow any parental or medical "do not resuscitate" orders. Staff shall not accept or follow any such orders unless they have been informed by the Superintendent or designee that the request to accept such an order has been submitted to the Superintendent or designee, signed by the parent/guardian, and supported by a written statement from the student's physician and an order from an appropriate court.

The Superintendent or designee shall ensure that all parents/guardians are informed of this policy.

Automated External Defibrillators

The Board authorizes the placement of automated external defibrillators (AEDs) at designated school sites for use by designated personnel who have volunteered to receive training in the use of AEDs.

The Superintendent or designee shall develop guidelines for employees regarding the use of these devices and shall ensure that employees receive training on their proper use and handling. The guidelines shall also specify the placement, security, and maintenance of the AED.

HEALTH CARE AND EMERGENCIES (continued)

The authorization of AEDs in district schools shall not be deemed to create a guarantee or obligation to use the AED in the case of an emergency nor any expectation that an AED or trained employee will be present and/or able to use an AED in an emergency or any expectation that the AED will operate properly.

Legal Reference:

EDUCATION CODE
32040-32044 First aid equipment
49300-49307 School safety patrols
49407 Liability for treatment
49408 Emergency information
49409 Athletic events; physicians and surgeons; emergency medical care; immunity
49470 Medical and hospital services for athletic program
49471 Medical and hospital services not provided or available
49472 Medical and hospital services for pupils
49474 Ambulance services
51202 Instruction in personal and public health and safety
CIVIL CODE
1714.21 Defibrillators; CPR; immunity from civil liability
FAMILY CODE
6550-6552 Caregivers
HEALTH AND SAFETY CODE
1797.196 Automatic external defibrillators, immunity from civil liability
CODE OF REGULATIONS, TITLE 8
5193 California Bloodborne Pathogens Standard

Management Resources:

WEB SITES
American Heart Association: http://www.americanheart.org
American Red Cross: http://www.redcross.org
California Department of Health Care Services: http://www.dhcs.ca.gov

HEALTH CARE AND EMERGENCIES

Emergency Contact Information

In order to facilitate contact in case of an emergency or accident, parents/guardians shall furnish the principal or designee with the information specified below:

1. Home address and telephone number

2. Parent/guardian's business address and telephone number

3. Parent/guardian's cell phone number and e-mail address, if applicable

4. Name, address, and telephone number of a relative or friend to whom the student may be released and who is authorized by the parent/guardian to care for the student in cases of emergency or when the parent/guardian cannot be reached

5. Local physician to call in case of emergency

(cf. 5021 - Noncustodial Parents)
(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)
(cf. 5142 - Safety)

Consent by Caregiver

Any person 18 years of age and older who files with the district a completed caregiver's authorization affidavit for a minor district student shall have the right to consent to or refuse school-related medical care on behalf of the student. The caregiver's authorization shall be invalid if the district receives notice from the caregiver that the minor student is no longer living with the caregiver. (Family Code 6550)

(cf. 5111.1 - District Residency)

The caregiver's consent to medical care shall be superseded by any contravening decision of the parent/guardian or other person having legal custody of the student, provided that this contravening decision does not jeopardize the student's life, health, or safety. (Family Code 6550)

Automated External Defibrillators

When an automated external defibrillator (AED) is placed in the school, the principal or designee shall ensure that: (Health and Safety Code 1797.196)

1. School employees annually receive a brochure, with contents and style approved by the American Heart Association or American Red Cross, that describes the proper use of an AED

HEALTH CARE AND EMERGENCIES (continued)

2. The American Heart Association or American Red Cross brochure or similar information is posted next to every AED

3. School employees are annually notified of the location of all AED units on school grounds

The principal shall designate the trained employees who shall be available to respond to an emergency that may involve the use of an AED during the hours of classroom instruction or when a school-sponsored activity is occurring on school grounds. (Health and Safety Code 1797.196)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS

The Board of Trustees believes that regular school attendance is critical to student learning and that students who need to take medication prescribed or ordered for them by their authorized health care providers should have an opportunity to participate in the educational program.

(cf. 5113 - Absences and Excuses)
(cf. 5113.1 - Chronic Absence and Truancy)

Any medication prescribed for a student with a disability who is qualified to receive services under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act of 1973 shall be administered in accordance with the student's individualized education program or Section 504 services plan as applicable.

(cf. 6159 - Individualized Education Program)
(cf. 6164.6 - Identification and Education Under Section 504)

For the administration of medication to other students during school or school-related activities, the Superintendent or designee shall develop protocols which shall include options for allowing a parent/guardian to administer medication to his/her child at school, designate other individuals to do so on his/her behalf, and, with the child's authorized health care provider's approval, request the district's permission for his/her child to self-administer a medication or self-monitor and/or self-test for a medical condition. Such processes shall be implemented in a manner that preserves campus security, minimizes instructional interruptions, and promotes student safety and privacy.

(cf. 1250 - Visitors/Outsiders)
(cf. 5141 - Health Care and Emergencies)
(cf. 5141.22 - Infectious Diseases)
(cf. 5141.23 - Asthma Management)
(cf. 5141.27 - Food Allergies/Special Dietary Needs)
(cf. 6116 - Classroom Interruptions)

In addition, the Superintendent or designee shall collaborate with city and county emergency responders, including local public health administrators, to design procedures or measures for addressing an emergency such as a public disaster or epidemic.

(cf. 3516 - Emergencies and Disaster Preparedness Plan)

Administration of Medication by School Personnel

Any medication prescribed by an authorized health care provider, including, but not limited to, emergency antiseizure medication for a student who suffers epileptic seizures, auto-injectable epinephrine, insulin, or glucagon, may be administered by the school nurse or other designated school personnel only when the Superintendent or designee has received written statements from both the student's parent/guardian and authorized health care provider. (Education Code 49414.7, 49423; 5 CCR 600)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS (continued)

When medically unlicensed school personnel are authorized by law to administer any medication to students, such as emergency antiseizure medication, auto-injectable epinephrine, insulin, or glucagon, the Superintendent or designee shall ensure that school personnel designated to administer any medication receive appropriate training and, as necessary, retraining from qualified medical personnel before any medication is administered. At a minimum, the training shall cover how and when such medication should be administered, the recognition of symptoms and treatment, emergency follow-up procedures, and the proper documentation and storage of medication. Such trained, unlicensed designated school personnel shall be supervised by, and provided with immediate communication access to, a school nurse, physician, or other appropriate individual. (Education Code 49414, 49414.5, 49414.7, 49423, 49423.1)

The Superintendent or designee shall maintain documentation of the training and ongoing supervision, as well as annual written verification of competency of other designated school personnel.

(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)

School nurses and other designated school personnel shall administer medications to students in accordance with law, Board policy, and administrative regulation and shall be afforded appropriate liability protection.

(cf. 3530 - Risk Management/Insurance)
(cf. 4119.42/4219.42/4319.42 - Exposure Control Plan for Bloodborne Pathogens)
(cf. 4119.43/4219.43/4319.43 - Universal Precautions)

Legal Reference: (see next page)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

Legal Reference:
EDUCATION CODE
48980 Notification at beginning of term
49407 Liability for treatment
49408 Emergency information
49414 Emergency epinephrine auto-injectors
49414.5 Providing school personnel with voluntary emergency training
49414.7 Emergency medical assistance: administration of epilepsy medication
49422-49427 Employment of medical personnel, especially:
49423 Administration of prescribed medication for student
49423.1 Inhaled asthma medication
49480 Continuing medication regimen; notice
BUSINESS AND PROFESSIONS CODE
2700-2837 Nursing, especially:
2726 Authority not conferred
2727 Exceptions in general
3501 Definitions
CODE OF REGULATIONS, TITLE 5
600-611 Administering medication to students
620-627 Administration of emergency antiseizure medication by trained volunteer nonmedical school personnel
UNITED STATES CODE, TITLE 20
1232g Family Educational Rights and Privacy Act of 1974
1400-1482 Individuals with Disabilities Education Act
UNITED STATES CODE, TITLE 29
794 Rehabilitation Act of 1973, Section 504
COURT DECISIONS
American Nurses Association v. Torlakson, (2013) 57 Cal.App.4th 570

Management Resources:
CSBA PUBLICATIONS
Pandemic Influenza, Fact Sheet, September 2007
AMERICAN DIABETES ASSOCIATION PUBLICATIONS
Glucagon Training Standards for School Personnel: Providing Emergency Medical Assistance to Pupils with Diabetes, May 2006
CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Legal Advisory on Rights of Students with Diabetes in California's K-12 Public Schools, August 2007
Training Standards for the Administration of Epinephrine Auto-Injectors, December 2004
NATIONAL DIABETES EDUCATION PROGRAM PUBLICATIONS
Helping the Student with Diabetes Succeed: A Guide for School Personnel, June 2003
WEB SITES
CSBA: http://www.csba.org
American Diabetes Association: http://www.diabetes.org
California Department of Education, Health Services and School Nursing: http://www.cde.ca.gov/ls/he/hn
National Diabetes Education Program: http://www.ndep.nih.gov
U.S. Department of Health and Human Services, National Institutes of Health, Blood Institute, asthma information: http://www.nhlbi.nih.gov/health/public/lung/index.htm#asthma

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS

Definitions

Authorized health care provider means an individual who is licensed by the State of California to prescribe or order medication, including, but not limited to, a physician or physician assistant. (Education Code 49423; 5 CCR 601)

Other designated school personnel means any individual employed by the district, including a nonmedical school employee, who has volunteered or consented to administer the medication or otherwise assist the student and who may legally administer the medication to the student or assist the student in the administration of the medication. (5 CCR 601, 621)

Medication may include not only a substance dispensed in the United States by prescription, but also a substance that does not require a prescription, such as over-the-counter remedies, nutritional supplements, and herbal remedies. (5 CCR 601)

Emergency medical assistance for a student suffering an epileptic seizure means the administration of an emergency antiseizure medication such as diazepam rectal gel and other emergency medications approved by the federal Food and Drug Administration for patients suffering from epileptic seizures. (Education Code 49414.7; 5 CCR 621)

Notifications to Parents/Guardians

At the beginning of each school year, the Superintendent or designee shall notify parents/guardians of the options available to students who need to take prescribed medication during the school day and the rights and responsibilities of parents/guardians regarding those options. (Education Code 49480)

(cf. 5145.6 - Parental Notifications)

In addition, the Superintendent or designee shall inform the parents/guardians of any student on a continuing medication regimen for a nonepisodic condition of the following requirements: (Education Code 49480)

1. The parent/guardian is required to inform the school nurse or other designated employee of the medication being taken, the current dosage, and the name of the supervising physician.

2. With the parent/guardian's consent, the school nurse or other designated employee may communicate with the student's physician regarding the medication and its effects and may counsel school personnel regarding the possible effects of the medication on the student's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose.

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

Parent/Guardian Responsibilities

The responsibilities of the parent/guardian of any student who may need medication during the school day shall include, but are not limited to:

1. Each school year, providing parent/guardian and authorized health care provider written statements as described in the sections "Parent/Guardian Statement" and "Health Care Provider Statement" below. In addition, the parent/guardian shall provide a new authorized health care provider's statement if the medication, dosage, frequency of administration, or reason for administration changes. (Education Code 49414.5, 49414.7, 49423, 49423.1; 5 CCR 600, 626)

2. If the student is on a continuing medication regimen for a nonepisodic condition, informing the school nurse or other designated certificated employee of the medication being taken, the current dosage, and the name of the supervising physician. (Education Code 49480)

3. If the student suffers from epilepsy, notifying the principal or designee whenever the student has had an emergency antiseizure medication administered to him/her within the past four hours on a school day. (Education Code 49414.7)

4. Providing medications in properly labeled, original containers along with the authorized health care provider's instructions. For prescribed or ordered medication, the container also shall bear the name and telephone number of the pharmacy, the student's identification, and the name and phone number of the authorized health care provider. (5 CCR 606)

Parent/Guardian Statement

When district employees are to administer medication to a student, the parent/guardian's written statement shall:

1. Identify the student

2. Grant permission for an authorized district representative to communicate directly with the student's authorized health care provider and pharmacist, as may be necessary, regarding the health care provider's written statement or any other questions that may arise with regard to the medication

3. Contain an acknowledgment that the parent/guardian understands how district employees will administer the medication or otherwise assist the student in its administration

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

4. Contain an acknowledgment that the parent/guardian understands his/her responsibilities to enable district employees to administer or otherwise assist the student in the administration of medication, including, but not limited to, the parent/guardian's responsibility to provide a written statement from the authorized health care provider, to ensure that the medication is delivered to the school in a proper container by an individual legally authorized to be in possession of the medication, and to provide all necessary supplies and equipment

5. Contain an acknowledgment that the parent/guardian understands that he/she may terminate the consent for the administration of the medication or for otherwise assisting the student in the administration of medication at any time

In addition to the requirements in items #1-5 above, if a parent/guardian has requested that his/her child be allowed to carry and self-administer prescription auto-injectable epinephrine or prescription inhaled asthma medication, the parent/guardian's written statement shall: (Education Code 49423, 49423.1)

1. Consent to the self-administration

2. Release the district and school personnel from civil liability if the student suffers an adverse reaction as a result of self-administering the medication

In addition to the requirements in items #1-5 above, if a parent/guardian wishes to designate an individual who is not an employee of the district to administer medication to his/her child, the parent/guardian's written statement shall clearly identify the individual and shall state:

1. The individual's willingness to accept the designation

2. That the individual is permitted to be on the school site

3. Any limitations on the individual's authority

Health Care Provider Statement

When any district employee is to administer prescribed medication to a student, or when a student is to be allowed to carry and self-administer auto-injectable epinephrine or prescribed diabetes or asthma medication during school hours, the authorized health care provider's written statement shall include:

1. Clear identification of the student (Education Code 49414.7, 49423, 49423.1; 5 CCR 602, 626)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

2. The name of the medication (Education Code 49414.7, 49423, 49423.1; 5 CCR 602, 626)

3. The method, amount, and time schedules by which the medication is to be taken (Education Code 49414.7, 49423, 49423.1; 5 CCR 602, 626)

4. If a parent/guardian has requested that his/her child be allowed to self-administer medication, confirmation that the student is able to self-administer the medication (Education Code 49423, 49423.1; 5 CCR 602)

(cf. 5141.23 - Asthma Management)
(cf. 5141.27 - Food Allergies/Special Dietary Needs)

5. For medication that is to be administered on an as-needed basis, the specific symptoms that would necessitate administration of the medication, allowable frequency for administration, and indications for referral for medical evaluation

6. Possible side effects of the medication

7. Name, address, telephone number, and signature of the student's authorized health care provider

When authorizing a district employee to administer emergency antiseizure medication to a student, the authorized health care provider's written statement shall also include the following: (Education Code 49414.7; 5 CCR 626)

1. Detailed seizure symptoms, including frequency, type, or length of seizures that identify when the administration of the medication becomes necessary

2. Any potential adverse responses by the student and recommended mitigation actions, including when to call emergency services

3. A protocol for observing the student after a seizure, including, but not limited to, whether he/she should rest in the school office or return to his/her class and the length of time he/she should be under direct observation

4. A statement that following a seizure, a school administrator or other staff member shall contact the school nurse and the student's parent/guardian to continue the observation plan

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

District Responsibilities

The school nurse or other designated school personnel shall:

1. Administer or assist in administering medications in accordance with the authorized health care provider's written statement

2. Accept delivery of medications from parents/guardians and count and record them upon receipt

3. Maintain a list of students needing medication during the school day, including those authorized to self-administer medications, and note on the list the type of medication and the times and dosage to be administered

4. Maintain for each student a medication log which may:

   a. Specify the student's name, medication, dose, method of administration, time of administration during the regular school day, date(s) on which the student is required to take the medication, and the authorized health care provider's name and contact information

   b. Contain space for daily recording of the date, time, and amount of medication administered, and the signature of the individual administering the medication

5. Maintain for each student a medication record which may include the authorized health care provider's written statement, the parent/guardian's written statement, the medication log, and any other written documentation related to the administration of medication to the student

6. Ensure that student confidentiality is appropriately maintained

(cf. 5125 - Student Records)

7. Coordinate and, as appropriate, ensure the administration of medication during field trips and other school-related activities

(cf. 5148.2 - Before/After School Programs)
(cf. 6145.2 - Athletic Competition)
(cf. 6153 - School-Sponsored Trips)

8. Report to a student's parent/guardian and the site administrator any refusal by the student to take his/her medication

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS (continued)

9. Keep all medication to be administered by the district in a locked drawer or cabinet

10. As needed, communicate with a student's authorized health care provider and/or pharmacist regarding the medication and its effects

11. Counsel other designated school personnel regarding the possible effects of a medication on a student's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose

12. Ensure that any unused, discontinued, or outdated medication is returned to the student's parent/guardian at the end of the school year or, if the medication cannot be returned, dispose of it in accordance with state laws and local ordinances

13. Provide immediate medical assistance if needed and report to the site administrator, the student's parent/guardian, and, if necessary, the student's authorized health care provider any instance when a medication is not administered properly, including administration of the wrong medication or failure to administer the medication in accordance with authorized health care provider's written statement

Additional Requirements for Management of Epileptic Seizures

In addition to applicable provisions in the sections above, the Superintendent or designee shall make arrangements for assisting students with epilepsy who may suffer a seizure at school. Such arrangements shall include the following: (Education Code 49414.7; 5 CCR 620-627)

1. Whenever a parent/guardian requests that a nonmedical district employee be trained to provide emergency medical assistance to his/her child, notification to the parent/guardian that the child may qualify for services or accommodations pursuant to 20 USC 1400-1482, the Individuals with Disabilities Education Act (IDEA), or 29 USC 794, Section 504 of the federal Rehabilitation Act of 1973 (Section 504).

(cf. 6164.4 - Identification and Evaluation of Individuals for Special Education)
(cf. 6164.6 - Identification and Education Under Section 504)

The Superintendent or designee shall assist the parent/guardian to explore that option and shall encourage him/her to adopt the option if the student is determined to be eligible for such service or accommodation.

2. The creation of an individualized health plan, seizure action plan, or other appropriate health plan designed to acknowledge and prepare for the student's health care needs in school, if his/her parent/guardian refuses to have him/her assessed for services or accommodations under IDEA or Section 504.

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS (continued)

(cf. 6159 - Individualized Education Program)

3. The distribution of an electronic notice to school staff no more than twice per school year, for each student whose parent/guardian has requested provision of emergency medical assistance pursuant to Education Code 49414.7. The notice shall be in bold print and, in accordance with Education Code 49414.7, shall contain a description of the request for a volunteer school employee, the training that such volunteer school employee will receive, the voluntary nature of the program, and the timelines for the volunteer school employee to rescind his/her offer.

   If no employee volunteers to administer emergency antiseizure medication to a student, the Superintendent or designee shall again notify the student's parent/guardian of the option to have the student assessed for services and accommodations under IDEA or Section 504.

4. An assurance that any employee who volunteers to administer an emergency antiseizure medication shall receive from a licensed health care professional the training specified in 5 CCR 623 before administering such medication.

   When a trained employee has not administered an emergency antiseizure medication to a student within two years after completing the training and a student who may need the administration of an emergency antiseizure medication is enrolled in the school, the employee shall be retrained in order to retain the ability to administer an emergency antiseizure medication.

5. An assurance that any training provided for district employees who volunteer to administer emergency antiseizure medication to students shall include, but is not limited to:

   a. Recognition and treatment of different types of seizures

   b. Administration of an emergency antiseizure medication

   c. Basic emergency follow-up procedures, including, but not limited to, a requirement for the principal or designee to call the emergency 911 telephone number and to contact the student's parent/guardian, but not necessarily to transport the student to an emergency room

   d. Techniques and procedures to ensure student privacy

(cf. 5022 - Student and Family Privacy Rights)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

6. A process for notifying the credentialed school nurse, or the Superintendent or designee as applicable, whenever an employee administers an emergency antiseizure medication to a student at a school site.

7. Supervision of volunteer school employees by a licensed health care professional, in accordance with 5 CCR 627.

INFECTIOUS DISEASES

The Board of Trustees desires to protect students from risks posed by exposure to infectious diseases while providing an appropriate education for all students. The Board recognizes that prevention and education are the most effective means of limiting the spread of infectious diseases.

Infectious Disease Prevention

The Superintendent or designee shall collaborate with parents/guardians and local health agencies and organizations to develop a comprehensive approach to disease prevention that promotes preventative measures and education of students and staff.

(cf. 1020 - Youth Services)
(cf. 3516 - Emergencies and Disaster Preparedness Plan)
(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)
(cf. 5141.26 - Tuberculosis Testing)
(cf. 5141.3 - Health Examinations)
(cf. 5141.31 - Immunizations)
(cf. 5141.32 - Health Screening for School Entry)
(cf. 5141.6 - School Health Services)

The Superintendent or designee shall regularly review resources available from health experts to ensure that district programs are based on the most up-to-date information.

The Superintendent or designee shall ensure that the district's comprehensive health education program provides information about the prevention of infectious diseases, including the nature of bloodborne pathogens and their transmission, as well as information to help prevent the spread of contagious diseases, such as a pandemic influenza. He/she shall also ensure that each school has sufficient infection prevention supplies that are easily accessible to staff.

(cf. 6142.1 - Sexual Health and HIV/AIDS Prevention Instruction)
(cf. 6142.8 - Comprehensive Health Education)

Universal Precautions

Students and staff shall observe universal precautions in order to prevent exposure to bloodborne pathogens and to prevent the spread of infectious diseases.

(cf. 4119.42/4219.42/4319.42 - Exposure Control Plan for Bloodborne Pathogens)
(cf. 4119.43/4219.43/4319.43 - Universal Precautions)

The Superintendent or designee shall inform students of the precautions to be used in cases of exposure to blood or other body fluids through injury, accident, or classroom instruction.

(cf. 5141 - Health Care and Emergencies)
(cf. 6145.2 - Athletic Competition)

INFECTIOUS DISEASES (continued)

Students with Infectious Diseases

The Superintendent or designee shall exclude students only in accordance with law, Board policy, and administrative regulation. Because bloodborne pathogens such as hepatitis B virus, hepatitis C virus, and human immunodeficiency virus (HIV) are not casually transmitted, the presence of infectious conditions of this type is not, by itself, sufficient reason to exclude students from attending school.

(cf. 5112.2 - Exclusions from Attendance)
(cf. 6164.6 - Identification and Education Under Section 504)

Parents/guardians are encouraged to inform the Superintendent or designee if their child has an infectious disease so that school staff may work cooperatively with the student's parents/guardians to minimize the child's exposure to other diseases in the school setting. The Superintendent or designee shall ensure that student confidentiality rights are strictly observed in accordance with law.

(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information)
(cf. 5022 - Student and Family Privacy Rights)
(cf. 5125 - Student Records)

Legal Reference:

EDUCATION CODE
48210-48216 Persons excluded
49073-49079 Privacy of pupil records
49403 Cooperation in control of communicable disease and immunization of pupils
49405 Smallpox control
49406 Examination for tuberculosis (employees)
49408 Information of use in emergencies
49602 Confidentiality of student information
51202 Instruction in personal and public health and safety
CALIFORNIA CONSTITUTION
Article 1, Section 1 Right to Privacy
CIVIL CODE
56-56.37 Confidentiality of Medical Information Act
1798-1798.76 Information Practices Act
HEALTH AND SAFETY CODE
120230 Exclusion for communicable disease
120325-120380 Immunization against communicable diseases
120875-120895 AIDS information
120975-121022 Mandated blood testing and confidentiality to protect public health
121475-121520 Tuberculosis tests for pupils

Legal Reference continued: (see next page)

INFECTIOUS DISEASES (continued)

Legal Reference: (continued)
CODE OF REGULATIONS, TITLE 8
5193 California bloodborne pathogens standard
CODE OF REGULATIONS, TITLE 17
2500-2511 Communicable disease reporting requirements
UNITED STATES CODE, TITLE 20
1232g Family Educational and Privacy Rights Act
1400-1482 Individuals with Disabilities Education Act
UNITED STATES CODE, TITLE 29
794 Section 504 of the Rehabilitation Act of 1973
CODE OF FEDERAL REGULATIONS, TITLE 45
164.500-164.534 Health Insurance Portability and Accountability Act (HIPAA)
COURT DECISIONS
Thomas v. Atascadero Unified School District, (1987) 662 F.Supp. 376

Management Resources:
CSBA PUBLICATIONS
Saving Lives: AIDS Issues for California Schools 1994, rev. 2006
Avian Influenza, Governance and Policy Services Fact Sheet, April 2006
WEB SITES
CSBA: http://www.csba.org
California Department of Education: http://www.cde.ca.gov
California Department of Public Health: http://www.cdph.ca.gov
Centers for Disease Control and Prevention: http://www.cdc.gov
Contra Costa County Office of Education, Pandemic Flu Resources: http://www.cccoe.k12.ca.us/about/flu/resources_flu_action_kit
U.S. Government Pandemic Flu Information: http://www.pandemicflu.gov

INFECTIOUS DISEASES

The Superintendent or designee shall immediately report to the local health officer the presence or suspected presence of any communicable disease. (17 CCR 2508)

Universal Precautions in the Classroom

Before students work with blood, blood products, or other body fluids, the teacher shall explain the potentially hazardous nature of blood and body fluids in the transmission of various agents from one person to another and the specific procedures and safety precautions to be used in the lesson.

The following precautions shall be used when students are working with blood or other body fluids:

1. Before and after exposure to blood or other body fluids, students shall wash their hands with soap and water and cover any existing cut, wound, or open sore with a sterile dressing.

2. Students shall wear gloves or other personal protective equipment as appropriate.

(cf. 5142 - Safety)

3. Blood typing or similar experiments may be conducted by teacher demonstrations. When being performed individually, students shall work with their own blood or use prepackaged ABO/Rh blood cell kits that have vials of blood previously tested for transmissible agents.

    a. Students shall use individual sterile lancets for finger punctures and shall not reuse them.

    b. Before the finger is punctured, it shall be wiped with a piece of cotton that has been immersed in alcohol.

    c. If bleeding persists after the finger is punctured, the student shall apply a sterile bandage using moderate pressure.

4. Lancets and any other materials contaminated with blood or body fluids shall be discarded into a solution consisting of one part bleach to 10 parts water (1:10), made fresh daily.

5. At the end of the class, surfaces shall be wiped with alcohol or a solution of one part bleach to 10 parts water.

(cf. 4119.42/4219.42/4319.42 - Exposure Control Plan for Bloodborne Pathogens)
(cf. 4119.43/4219.43/4319.43 - Universal Precautions)
(cf. 6142.1 - Sexual Health and HIV/AIDS Prevention Instruction)
(cf. 6142.8 - Comprehensive Health Education)
(cf. 6142.93 - Science Instruction)

Regulation approved: **SAN LEANDRO UNIFIED SCHOOL DISTRICT**
San Leandro, California

ASTHMA MANAGEMENT

The Board of Trustees desires to provide support systems for students with asthma in order to reduce school absences, help ensure that such students receive appropriate intervention if symptoms occur at school, and enable them to participate in the educational program and school activities to the extent possible.

(cf. 0410 - Nondiscrimination in District Programs and Activities)
(cf. 6142.7 - Physical Education and Activity)
(cf. 6145 - Extracurricular and Cocurricular Activities)
(cf. 6145.2 - Athletic Competition)

The Superintendent or designee shall involve school nurses, other health professionals, school administrators, and health educators in the development of strategies to help provide a healthy and safe school environment for students with asthma. He/she may also involve school health councils or committees and other interested persons to ensure that the district's strategies are coordinated with other school health programs and practices.

(cf. 1220 - Citizen Advisory Committees)
(cf. 5030 - Student Wellness)

District strategies shall include, but not be limited to, procedures for identifying and addressing individual student needs, providing effective professional development on asthma symptoms and staff responsibilities, and identifying and reducing environmental factors at schools that may trigger and/or worsen asthma symptoms.

(cf. 3513.3 - Tobacco-Free Schools)
(cf. 3514 - Environmental Safety)
(cf. 3514.2 - Integrated Pest Management)
(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)
(cf. 5141 - Health Care and Emergencies)
(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)
(cf. 5141.24 - Specialized Health Care Services)
(cf. 5141.27 - Food Allergies/Special Dietary Needs)
(cf. 5141.3 - Health Examinations)
(cf. 5141.6 - School Health Services)
(cf. 6142.8 - Comprehensive Health Education)
(cf. 6159 - Individualized Education Program)
(cf. 6163.2 - Animals at School)
(cf. 6164.6 - Identification and Education Under Section 504)

Legal Reference: (see next page)

ASTHMA MANAGEMENT (continued)

Legal Reference:

EDUCATION CODE
49407 Liability for treatment
49408 Emergency information
49414.5 Providing school personnel with voluntary emergency training
49423-49423.1 Administration of prescribed medication for student
49423.5 Specialized health care services
49426 School nurses
49480 Continuing medication regimen; notice
51880-51921 Comprehensive health education
CODE OF REGULATIONS, TITLE 5
600-611 Administering medication to students
UNITED STATES CODE, TITLE 20
1232g Family Educational Rights and Privacy Act of 1974
1400-1482 Individuals with Disabilities Education Act
UNITED STATES CODE, TITLE 29
794 Rehabilitation Act of 1973, Section 504
UNITED STATES CODE, TITLE 42
280g Children's asthma treatment grant program

Management Resources:

CSBA PUBLICATIONS
Indoor Air Quality: Governing Board Actions for Creating Healthy School Environments, Policy Brief, July 2008
Asthma Management in the Schools, Policy Brief, March 2008
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PUBLICATIONS
Asthma Action Plan for Schools and Families, January 2007
Guidelines for the Management of Asthma in California Schools, April 2004
CENTERS FOR DISEASE CONTROL AND PREVENTION PUBLICATIONS
Managing Asthma in Schools — What Have We Learned?, August 2006
U.S. DEPARTMENT OF EDUCATION PUBLICATIONS
Joint Guidance on the Application of FERPA and HIPAA to Student Health Records, November 2008
U.S. ENVIRONMENTAL PROTECTION AGENCY PUBLICATIONS
Indoor Air Quality Tools for Schools
WEB SITES
CSBA: http://www.csba.org
American Lung Association: http://www.lungusa.org
American School Health Association: http://www.ashaweb.org
California Asthma Public Health Initiative: http://caasthma.org
California Department of Public Health: http://www.cdph.ca.gov
California School Nurses Organization: http://www.csno.org
Centers for Disease Control and Prevention: http://www.cdc.gov/asthma
National Heart, Lung, and Blood Institute: http://www.nhlbi.nih.gov/health/public/lung/index.htm#asthma
U.S. Environmental Protection Agency (EPA): http://www.epa.gov/asthma

ASTHMA MANAGEMENT

Identification of Students with Asthma

The Superintendent or designee shall, upon a student's registration for school and annually thereafter, request parents/guardians to notify the principal or designee, in writing, if their child has been diagnosed with asthma, has recently experienced symptoms or has a history of asthma, and/or is at risk for potentially severe asthma attacks. The request also shall encourage parents/guardians to provide such notification at any time during the school year that their child is so diagnosed.

The Superintendent or designee shall keep a student's medical information in a secure location and maintain the confidentiality of student health records in accordance with law governing student records. A copy of a student's health record shall be provided to the school nurse, if any. In addition, pertinent information from the health record shall be released to other employees whose responsibilities require that they have access to such information in order to provide support services or to respond in an emergency, such as a student's teacher(s), coach(es), bus driver, and any other staff with responsibility for direct supervision of the student.

(cf. 5125 - Student Records)
(cf. 5148 - Child Care and Development)
(cf. 5148.2 - Before/After School Programs)
(cf. 5148.3 - Preschool/Early Childhood Education)

Individualized Asthma Management

When a student has been diagnosed with asthma or when such a student registers for school, the Superintendent or designee shall request that the parent/guardian submit an asthma action plan. This plan shall be developed by the student's health care provider, in partnership with the student and his/her parents/guardians, and shall include, but not be limited to, information regarding the student's symptoms and severity, asthma triggers, necessary medications, and the parent/guardian's authorization for the health care provider's disclosure of health information to the district. The Superintendent or designee shall request that the parents/guardians submit an updated plan each school year or whenever there are changes in the student's health condition or treatment.

When a student with asthma has been identified as disabled pursuant to Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act, necessary accommodations and services shall be identified as part of the student's Section 504 services plan or individualized education program (IEP), as appropriate.

(cf. 5141.24 - Specialized Health Care Services)
(cf. 6159 - Individualized Education Program)
(cf. 6164.6 - Identification and Education Under Section 504)

ASTHMA MANAGEMENT (continued)

Any student who needs to take prescribed medication during the school day may be assisted by a school nurse or designated school personnel or allowed to carry and self-administer inhaled asthma medication provided that the district receives written statements from the student's physician and parent/guardian in accordance with Education Code 49423.1 and BP/AR 5141.21 - Administering Medication and Monitoring Health Conditions. Parents/guardians shall be requested to provide quick relief medication to be administered in accordance with the student's asthma action plan.

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

Students shall be encouraged to notify their teacher, physical education teacher, coach, or other staff when they are experiencing difficulty breathing and/or need to alter their physical activity level. A student experiencing symptoms shall be encouraged to use his/her quick relief medication. The student shall be supervised on school grounds by a responsible adult until he/she is no longer experiencing symptoms and/or his/her parent/guardian has been contacted.

(cf. 6142.7 - Physical Education and Activity)
(cf. 6145 - Extracurricular and Cocurricular Activities)
(cf. 6145.2 - Athletic Competition)

In case of emergency, staff shall call 911 and assist the student in the administration of quick relief medication as authorized in the student's asthma action plan, Section 504 services plan, or IEP. Staff shall contact the student's parent/guardian or other person identified as an emergency contact and shall supervise the student until his/her care has been assumed by a health professional, parent/guardian, or designated emergency contact.

(cf. 5141 - Health Care and Emergencies)
(cf. 5142 - Safety)

Education and Support Services

Asthma management and support systems shall be coordinated by a school nurse, other qualified health professional, or educator who has received appropriate training.

Staff shall be provided professional development which includes information about symptoms and common triggers of asthma, ways to reduce acute symptoms, and emergency response procedures. This professional development may be provided by an outside consultant or organization, a school nurse, other qualified health professional, or educator who has received appropriate training.

(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)

ASTHMA MANAGEMENT (continued)

The Superintendent or designee shall provide each school site with information regarding emergency management of asthma to post in easily accessible locations.

A school nurse or other qualified personnel may provide education to students with asthma using approved curriculum. Upon request by a student or his/her parents/guardians, the Superintendent or designee may provide information about available medical resources, including school-based health services as appropriate.

(cf. 5141.3 - Health Examinations)
(cf. 5141.6 - School Health Services)

Environmental Assessment

The Superintendent or designee may periodically conduct an environmental assessment to identify and reduce the presence of common asthma triggers, including, but not limited to, pesticides, chemical pollutants, mold, and animal and dust mite allergens, in the school environment.

(cf. 3513.3 - Tobacco-Free Schools)
(cf. 3514 - Environmental Safety)
(cf. 3514.2 - Integrated Pest Management)
(cf. 3517 - Facilities Inspection)
(cf. 3530 - Risk Management/Insurance)
(cf. 6163.2 - Animals at School)

The Superintendent or designee shall communicate with each school principal when local health advisories are issued for high ozone days or poor outdoor air quality so that outdoor physical activities may be curtailed as necessary.

SPECIALIZED HEALTH CARE SERVICES

Definitions

Specialized physical health services means those health services prescribed by the student's licensed physician requiring medically related training for the individual who performs the services and which are necessary during the school day to enable the student to attend school. These services include catheterization, gastric tube feeding, suctioning, or other services that require medically related training. (Education Code 49423.5; 5 CCR 3051.12)

Qualified means the ability to demonstrate competence in cardio-pulmonary resuscitation, current knowledge of community emergency medical resources, and skill in the use of equipment and performance of techniques necessary to provide specialized physical health care services for individuals with disabilities. In addition, for designated school personnel, *qualified* means trained in the procedures to a level of competence and safety which meets the objectives of the training as provided by the school nurse, public health nurse, licensed physician, or other programs which provide the training. (Education Code 49423.5; 5 CCR 3051.12)

Training means preparation in the appropriate delivery and skillful performance of specialized physical health care services. (5 CCR 3051.12)

Supervision means review, observation, and/or instruction of a designated school person's performance and of physical health care services, but does not necessarily require the immediate presence of the supervisor at all times. (5 CCR 3051.12)

Provision of Services

A student with disabilities who requires specialized health care services during the school day, as identified in his/her individualized education program (IEP), may be assisted by any of the following individuals: (Education Code 49423.5, 56345)

1. Qualified persons who possess an appropriate credential pursuant to Education Code 44267 (service credential with specialization in health), Education Code 44267.5 (service credential with specialization in health for school nurse), or a valid certificate of public health nursing issued by the Board of Registered Nursing

2. Qualified designated school personnel trained in the administration of specialized physical health care if they perform those services under the supervision of a credentialed school nurse, public health nurse, or licensed physician and the services are determined by the credentialed school nurse or licensed physician, in consultation with the physician treating the student, to meet all of the following criteria:

    a. Constitute routine care for the student

    b. Pose little potential harm for the student

SPECIALIZED HEALTH CARE SERVICES (continued)

c. Are performed with predictable outcomes, as defined in the student's IEP

d. Do not require a nursing assessment, interpretation, or decision making by the designated school personnel

(cf. 6159 - Individualized Education Program)

Specialized health care or other services that require medically related training shall be provided pursuant to Education Code 49423. (Education Code 49423.5)

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

Schools shall provide appropriate accommodations for safety and necessary physical care services. The student's personal privacy and dignity shall be assured. (5 CCR 3051.12)

A qualified school nurse, public health nurse, or licensed physician responsible for supervising the physical health care of students with disabilities in the school setting shall: (5 CCR 3051.12)

1. Coordinate the health care services to the students with disabilities on the school site

2. Consult with appropriate personnel regarding management of health care services for students with disabilities

3. Make appropriate referrals and maintain communication with health agencies providing care to students with disabilities

4. Maintain or review licensed physician and parent/guardian requests and daily documentation records

The licensed physician of a student with disabilities who is required to receive physical health care services shall provide a written statement detailing the procedure and time schedule by which such procedures are to be given. In addition, the student's parent/guardian shall provide a written statement indicating his/her desire that the district assist the student in the matters set forth in the physician's statement and granting consent for the delivery of such services. (5 CCR 3051.12)

For each student with disabilities, the district shall maintain the physician and parent/guardian statements, as well as the specific standardized procedures to be used if the

SPECIALIZED HEALTH CARE SERVICES (continued)

services are provided. The district shall also maintain daily documentation of specific services provided and shall include the signatures of the personnel who performed the procedure. This documentation shall be maintained in accordance with the requirements for confidentiality of student records and shall be classified as mandatory interim student records. (5 CCR 3051.12)

(cf. 5125 - Student Records)

Legal Reference:

EDUCATION CODE
44267 Services credential with specialization in health
44267.5 Services credential with specialization in health for school nurse
49423 Administration of prescribed medication for student
49423.5 Specialized physical health care services
49426 School nurses
56000-56606 Special education programs, especially:
56345 Individualized education program contents
BUSINESS AND PROFESSIONS CODE
2700-2837 Nursing, especially:
2726 Authority not conferred
2727 Exceptions in general
CODE OF REGULATIONS, TITLE 5
3051.12 Health and nursing services
UNITED STATES CODE, TITLE 20
1232g Family Educational Rights and Privacy Act of 1974
1400-1482 Individuals with Disabilities Education Act
CODE OF FEDERAL REGULATIONS, TITLE 34
300.1-300.818 Individuals with Disabilities Education Act, especially:
300.34 Related services
COURT DECISIONS
Cedar Rapids Community School District v. Garret F., (1999) 526 U.S. 66
Clovis Unified School District v. Office of Administrative Hearings, (1990) 903 F.2d 635
Taylor v. Honig, (1990) 910 F.2d 627

Management Resources:

WEB SITES
California Department of Education, Health Services and School Nursing: http://www.cde.ca.gov/ls/he/hn
California School Nurses Organization: http://www.csno.org

AVAILABILITY OF CONDOMS

The Board of Trustees strongly encourages students to abstain from sexual activity. However, the Board also believes it has a responsibility to take steps to prevent pregnancy among minors, Human Immunodeficiency Virus (HIV) infection and Acquired Immune Deficiency Syndrome (AIDS), and other sexually transmitted diseases among students who do not abstain from sexual activity.

(cf. 5146 - Married/Pregnant/Parenting Students)
(cf. 6142.1 - Sexual Health and HIV/AIDS Prevention Instruction)

Condoms, when properly used, can reduce the incidence of pregnancy and transmission of HIV/AIDS and other sexually transmitted diseases. The Board therefore finds it appropriate for condoms to be available to male and female students at high schools.

Condoms shall be available to individual high school students at locations designated by the Superintendent or designee. Related information shall be provided at the same locations, and a licensed health care professional shall be available to counsel students.

Condoms shall be provided in their original packaging, along with the manufacturer's instructions. Students shall receive additional information as appropriate and necessary regarding the proper use of condoms and their effectiveness.

Students shall be advised not to engage in unlawful sexual activity and shall receive information explaining that Penal Code 261.5 prohibits a male of any age from having sexual intercourse with a female under 18 to whom he is not married.

Verbal and/or written information shall be available to students obtaining condoms which stresses that abstinence is the only 100% effective method of preventing pregnancy and sexually transmitted diseases and which does not condone or in any way encourage sexual activity among or with minors.

The Superintendent or designee may provide addresses and telephone numbers of resources that provide further information and counseling regarding HIV testing, AIDS and other sexually transmitted diseases, and pregnancy prevention.

(cf. 1020 - Youth Services)

The Superintendent or designee shall notify parents/guardians of Board policy regarding the availability of condoms and shall seek parent/guardian involvement in developing plans for implementing this policy.

Legal Reference: (see next page)

AVAILABILITY OF CONDOMS (continued)

Legal Reference:

EDUCATION CODE
49062 Records; establishment, maintenance and destruction
49069 Absolute right to access
49422 Supervision of health and physical development of pupils
51934 AIDS prevention instruction
FAMILY CODE
6925 Prevention or treatment of pregnancy
HEALTH AND SAFETY CODE
121255 Further findings and declarations
PENAL CODE
261.5 Unlawful sexual intercourse with female under age 18
286 Sodomy
288 Lewd or lascivious acts with child under age 14
288a Oral copulation
UNITED STATES CODE, TITLE 20
7906 Prohibition against use of federal funds for contraceptive distribution
COURT DECISIONS
People v. Beeman (1984) 35 Cal. 3d 547, 561

Management Resources:

WEB SITES
CDE: http://www.cde.ca.gov
California Healthy Kids Resource Center: http://www.hkresources.org
California Department of Health Services: http://www.dhs.ca.gov
Centers for Disease Control and Prevention: http://www.cdc.gov
National Association of State Boards of Education: http://www.nasbe.org

TUBERCULOSIS TESTING

Any student with active tuberculosis shall be excluded from attendance at a district school in accordance with AR 5112.2 - Exclusions from Attendance.

(cf. 5112.2 - Exclusions from Attendance)

Students shall be screened or tested for tuberculosis under the following circumstances:

1. As part of the comprehensive health screening required for school entry, parents/guardians shall provide evidence within 90 days after their child's entry into first grade that their child has been screened for risk of tuberculosis within the preceding 18 months. (Health and Safety Code 124040, 124085)

(cf. 5141.32 - Health Screening for School Entry)

2. Whenever ordered by the local health officer, students seeking admission for the first time to a district school at any grade level shall submit to tuberculosis testing. Any student subject to the order shall be admitted to school as follows:

   a. The Superintendent or designee shall unconditionally admit the student if he/she, prior to admission, submits a certificate, signed by any public or private medical provider, indicating that he/she has completed an approved tuberculosis examination and is free from active tuberculosis. (Health and Safety Code 121485, 121490, 121500; 22 CCR 41305, 41311, 41313)

(cf. 5141.3 - Health Examinations)
(cf. 5141.6 - School Health Services)
(cf. 5148 - Child Care and Development)
(cf. 5148.3 - Preschool/Early Childhood Education)

   A student shall not be required to obtain the certificate if his/her parent/guardian or custodian provides the Superintendent or designee with an affidavit stating that the required examination is contrary to his/her beliefs. If there is probable cause to believe that such a student has active tuberculosis, he/she may be excluded from school until the Superintendent or designee is satisfied that he/she is not afflicted. (Health and Safety Code 121505)

   b. A student who has not submitted the certificate may be conditionally admitted provided that he/she receives an approved tuberculin skin test within 10 school days after admission. A student who had a positive skin test and has not subsequently obtained a chest x-ray may be conditionally admitted if he/she receives a chest x-ray within 20 school days after admission. Any student who fails to provide the certificate within those time periods shall be prohibited from further attendance until he/she provides the certificate. (Health and Safety Code 121495; 22 CCR 41315, 41327)

TUBERCULOSIS TESTING (continued)

c. Whenever the local health officer so orders, a student may be required to complete an additional examination and provide another certificate indicating that he/she is free of communicable tuberculosis. (Health and Safety Code 121485)

d. At the discretion of the local health officer, the district may admit a student without a certificate if he/she is undergoing or has already undergone preventive treatment for tuberculosis infection or treatment for tuberculosis disease. (22 CCR 41319)

3. Whenever the Superintendent or designee suspects that a student who has not been examined for tuberculosis either has the disease or has been exposed, he/she shall immediately report by telephone to the local health officer. When required by the local health officer, the district shall exclude the student from school until he/she is certified to be free of communicable tuberculosis. (22 CCR 41329)

The Superintendent or designee shall maintain a record of any student's tuberculosis examination as part of the student's mandatory permanent student record. (22 CCR 41323)

(cf. 5125 - Student Records)

The Superintendent or designee shall annually file a report with the local health department on the results of tuberculosis examinations for all individuals required to complete such examinations in accordance with item #2 above, including, but not necessarily limited to, the number of individuals unconditionally and conditionally admitted and the number of individuals exempted on the basis of their personal beliefs. (22 CCR 41325)

All district staff shall receive information on how tuberculosis is spread and how it can be prevented and treated.

(cf. 4112.4/4212.4/4312.4 - Health Examinations)
(cf. 4119.43/4219.43/4319.43 - Universal Precautions)
(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)
(cf. 5141.22 - Infectious Diseases)

Legal Reference: (see next page)

TUBERCULOSIS TESTING (continued)

Legal Reference:

EDUCATION CODE
48213 Prior parent notification of exclusion; exemption
49451 Parent's refusal to consent to health examination
HEALTH AND SAFETY CODE
120230 Exclusion of persons from school when residence is in isolation or quarantine
121365 Duties of local health officer re: tuberculosis control
121475-121520 Tuberculosis tests for students
124025-124110 Child Health and Disability Prevention Program
CODE OF REGULATIONS, TITLE 5
202 Exclusion of students with contagious disease
432 Student records
3030 Eligibility for special education; tuberculosis that adversely affects educational performance
CODE OF REGULATIONS, TITLE 22
41301-41329 Tuberculosis tests for students

Management Resources:

WEB SITES
American Lung Association: http://www.lungusa.org
California Department of Public Health, Tuberculosis Control: http://www.cdph.ca.gov/programs/tb
Centers for Disease Control and Prevention, Tuberculosis: http://www.cdc.gov/tb
Health Officers Association of California: http://www.calhealthofficers.org

FOOD ALLERGIES/SPECIAL DIETARY NEEDS

The Board of Trustees desires to prevent students' exposure to foods to which they are allergic or intolerant and to provide for prompt and appropriate treatment in the event that a severe allergic reaction occurs at school.

The Superintendent or designee shall develop guidelines for the care of food-allergic students. Such guidelines shall include, but are not limited to, strategies for identifying students at risk for allergic reactions, avoidance measures, education of staff regarding typical symptoms, and actions to be taken in the event of a severe allergic reaction.

(cf. 3550 - Food Service/Child Nutrition Program)
(cf. 3552 - Summer Meal Program)
(cf. 3554 - Other Food Sales)
(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)
(cf. 5030 - Student Wellness)
(cf. 5141 - Health Care and Emergencies)
(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

Parents/guardians shall be responsible for notifying the Superintendent or designee, in writing, regarding any food allergies or other special dietary needs of their child in accordance with administrative regulation.

(cf. 5125 - Student Records)

When a student's food allergy or food intolerance substantially limits one or more major life activities, his/her parents/guardians shall be informed of the district's obligation to evaluate the student to determine if he/she requires accommodations pursuant to Section 504 of the federal Rehabilitation Act. The student shall be evaluated in accordance with law and the procedures specified in AR 6164.6 - Identification and Education Under Section 504. If that process results in the development of a Section 504 plan, the district shall provide the accommodations and/or aids and services identified in the plan.

(cf. 6145 - Extracurricular and Cocurricular Activities)
(cf. 6164.6 - Identification and Education Under Section 504)

If a student's diet restrictions and needed services are addressed in an individualized education program (IEP), the Superintendent or designee shall ensure compliance with the IEP including any necessary food substitutions.

(cf. 6159 - Individualized Education Program)

Students shall not be excluded from school activities nor otherwise discriminated against, harassed, intimidated, or bullied because of their food allergy.

(cf. 0410 - Nondiscrimination in District Programs and Activities)
(cf. 5131.2 - Bullying)
(cf. 5145.3 - Nondiscrimination/Harassment)

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (continued)

Any complaint of alleged noncompliance with this policy shall be addressed through appropriate district complaint procedures.

(cf. 1312.3 - Uniform Complaint Procedures)
(cf. 3555 - Nutrition Program Compliance)

The district's food services program may, but is not required to, accommodate individual student preferences or diets that are not supported by a statement from the student's health care provider.

Legal Reference: (see next page)

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (continued)

Legal Reference:

EDUCATION CODE
234.1 Prohibition against discrimination, harassment, intimidation, and bullying
49407 Liability for treatment
49408 Emergency information
49414 Emergency epinephrine auto-injectors
49423 Administration of prescribed medication for student
CODE OF REGULATIONS, TITLE 5
600-611 Administering medication to students
15562 Reimbursement for meals, substitutions
UNITED STATES CODE, TITLE 20
1232g Family Educational Rights and Privacy Act of 1974
1400-1482 Individuals with Disabilities Education Act
UNITED STATES CODE, TITLE 29
701-795a Rehabilitation Act, including:
794 Rehabilitation Act of 1973, Section 504
UNITED STATES CODE, TITLE 42
1751-1769h National School Lunch Program
1771-1791 Child nutrition, especially:
1773 School Breakfast Program
12101-12213 Americans with Disabilities Act
CODE OF FEDERAL REGULATIONS, TITLE 7
210.1-210.31 National School Lunch Program
220.1-220.21 National School Breakfast Program
225.16 Meal programs, individual substitutions

Management Resources:

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Training Standards for the Administration of Epinephrine Auto-Injectors, December 2004
FOOD ALLERGY RESEARCH AND EDUCATION PUBLICATIONS
School Guidelines for Managing Students with Food Allergies
NATIONAL SCHOOL BOARDS ASSOCIATION PUBLICATIONS
Legal and Practical Issues Relating to Accommodating Students with Peanut Allergies, Inquiry and Analysis, April 2009
U.S. DEPARTMENT OF AGRICULTURE PUBLICATIONS
Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff, 2001
U.S. DEPARTMENT OF EDUCATION OFFICE FOR CIVIL RIGHTS PUBLICATIONS
Dear Colleague Letter and Questions and Answers on ADA Amendments Act of 2008 for Students with Disabilities Attending Public Elementary and Secondary Schools, January 2012
WEB SITES
California Department of Education, Health Services: http://www.cde.ca.gov/ls/he/hn
Food Allergy Research and Education: http://www.foodallergy.org
National School Boards Association: http://www.nsba.org
U.S. Department of Agriculture: http://www.fns.usda.gov
U.S. Department of Education, Office for Civil Rights: http://www2.ed.gov/about/offices/list/ocr

FOOD ALLERGIES/SPECIAL DIETARY NEEDS

Definitions

Special dietary needs include food intolerances, allergies, and other medical needs that may require avoidance of specific foods.

Food allergies are abnormal responses of the body's immune system to certain foods or ingredients.

Anaphylaxis is a potentially life-threatening hypersensitivity to a substance and may be caused by a food allergy. Symptoms may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma. (Education Code 49414)

Epinephrine auto-injector is a disposable drug delivery system with a spring-activated concealed needle that is designed for emergency administration of epinephrine to persons suffering a potentially fatal reaction to anaphylaxis. (Education Code 49414)

Notification by Parent/Guardian

The parents/guardians of any student who has a known food allergy or other special dietary need shall notify the Superintendent or designee, in writing, and provide written medical documentation, signed by the student's health care provider, that describes the nature of the student's condition, instructions, and necessary medications. If the student's condition requires food substitutions or modifications in school meals, the written statement shall also describe the specific foods to be restricted and the foods that should be substituted.

Health Plan

Upon receiving notice of a student's food allergy or other special dietary need, the Superintendent or designee shall ensure that a written health plan is developed, in consultation with the student's parents/guardians and health provider, to manage the student's needs while at school or at a school-sponsored activity. The plan shall seek to minimize the student's risk of exposure to the allergen and address actions to be taken if exposure occurs. As appropriate, the plan may include specific food prohibitions and substitutions, an identification of common school rooms where the student may be exposed, staff responsibilities, information and training to be provided to staff, accommodations and services to facilitate the student's participation in the educational program, and medical/emergency protocols.

When a student with a food allergy or other special dietary need has been identified as disabled pursuant to Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act, necessary accommodations and services shall be identified as part of the student's Section 504 services plan or individualized education program, as appropriate.

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (continued)

(cf. 5141.24 - Specialized Health Care Services)
(cf. 6159 - Individualized Education Program)
(cf. 6164.6 - Identification and Education Under Section 504)

Prevention Strategies

To minimize students' exposure to foods to which they are allergic, the Superintendent or designee shall, at a minimum, implement the following preventive measures:

1. Notification to District Staff

When notified by the parent/guardian that a student has a food allergy, the Superintendent or designee shall inform the student's principal, teacher(s), bus driver, school nurse, coach, and/or any other personnel responsible for supervising the student.

The principal or designee shall notify substitute staff of the identity of any students with known food allergies and the school's response plan.

(cf. 5125 - Student Records)

2. Food Services

The district's food services program shall make food substitutions in breakfasts, lunches, and after-school snacks when students are considered to have a disability under Section 504 that restricts their diet and when a health care provider has signed a statement of need that includes recommended alternate foods. (7 CFR 210.10, 220.8)

(cf. 3550 - Food Service/Child Nutrition Program)
(cf. 3552 - Summer Meal Program)
(cf. 3554 - Other Food Sales)
(cf. 5030 - Student Wellness)
(cf. 5148.2 - Before/After School Programs)

Substitutions may be made on a case-by-case basis for students who do not have a disability under Section 504 but who cannot consume the regular breakfast, lunch, or after-school snack because of medical or other special dietary needs, when supported by a statement of need signed by a health care provider. (7 CFR 210.10, 220.8, 225.16)

The district's food services staff shall check food labels or specifications to ensure that foods do not contain traces of substances to which the student is allergic.

Under no circumstances shall food services staff prescribe nutritional requirements or revise a diet order prescribed by a health care provider.

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (continued)

Food substitutions shall not result in any additional cost to the student.

3. Class Parties/School Activities

Without identifying the student, the principal or teacher may notify parents/guardians of other students in the class that a student is allergic to a specific food and may request that certain foods not be provided at class parties or other school events.

Whenever the ingredients in any food served at class parties or other school activities are unknown, the student shall be encouraged to avoid the food.

4. Sanitation and Cleaning

To avoid spreading allergens, cafeteria tables and classroom surfaces shall be cleaned with fresh cloth or disposable paper towels utilizing cleaning products known to effectively remove food proteins, excluding waterless cleaners or instant hand sanitizers that do not involve a wet-wash step. Cross-contact from a sponge or cloth used to clean allergen-containing tabletops shall be avoided.

Staff shall use and promote hand-washing using soap and water before and after food handling.

Students shall be notified that exchanging meals or utensils is prohibited.

5. Professional Development

Schoolwide professional development shall be provided to appropriate staff on the identification and management of food allergies, including avoidance measures, typical symptoms, the proper use of epinephrine auto-injectors, documentation and storage of medication, and emergency drills.

(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)

6. Supervision of Students

When available, staff who are trained and knowledgeable about symptoms of anaphylaxis and actions to take in an emergency shall provide supervision in the classroom and cafeteria, on the playground, and on field trips or other school activities whenever students known to have a food allergy are present.

(cf. 6153 - School-Sponsored Trips)

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (continued)

7. Health Education

The district's health education curriculum may include instruction on food allergies in order to assist food-allergic students in taking responsibility for monitoring their diet and to teach other students about the dangers of sharing foods or utensils with others.

(cf. 6142.8 - Comprehensive Health Education)

Emergency Response

Epinephrine auto-injectors or other medicine provided for use in the event of an anaphylactic shock reaction shall be stored and used in accordance with law and BP/AR 5141.21 - Administering Medication and Monitoring Health Conditions.

(cf. 4119.43 - Universal Precautions)
(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

In addition, staff shall call 911 and seek immediate medical attention for a student experiencing an anaphylactic shock reaction.

(cf. 5141 - Health Care and Emergencies)

As soon as possible, school staff shall contact the student's parents/guardians or other person identified as an emergency contact.

When a student with a known allergy will be off school grounds, such as on a field trip, he/she shall be accompanied by a kit containing at least two doses of epinephrine, other medications as noted by the student's health care provider, and, as appropriate, the student's individualized food allergy plan.

HEALTH EXAMINATIONS

The Board of Trustees recognizes that periodic health examinations of students may lead to early detection and treatment of conditions that impact learning. Health examinations also may help in determining whether special adaptations of the school program are necessary.

The Superintendent or designee shall verify that students have complied with legal requirements for a comprehensive health screening, an oral health assessment, and immunizations at school entry. In addition, the district shall administer tests for vision, hearing, and scoliosis as required by law.

(cf. 5141.26 - Tuberculosis Testing)
(cf. 5141.31 - Immunizations)
(cf. 5141.32 - Health Screening for School Entry)
(cf. 5141.6 - School Health Services)

All students who participate as cheerleaders, song leaders, or athletes in organized competitive sports shall first undergo a medical examination and submit documentation of medical clearance to the district. Upon sustaining an injury or serious illness, a student may be required to have another examination before participating further. This requirement does not apply to participants in occasional play day or field day activities.

(cf. 5143 - Insurance)
(cf. 6145.2 - Athletic Competition)

The Superintendent or designee shall ensure that staff employed to examine students exercise proper care of each student and that examination results are kept confidential. Records related to these examinations shall be maintained and released only in accordance with law.

(cf. 5125 - Student Records)

Legal Reference: (see next page)

HEALTH EXAMINATIONS (continued)

Legal Reference:

EDUCATION CODE
44871-44879 Employment qualifications
48980 Parental notifications
49400-49414.5 Student health, general powers of school boards
49422 Supervision of health and physical development
49450-49458 Physical examinations (of students)
49460-49466 Development of standardized health assessments
HEALTH AND SAFETY CODE
120325-120380 Immunization against communicable diseases
121475-121520 Tuberculosis tests for students
124025-124110 Child Health and Disability Prevention Program
CODE OF REGULATIONS, TITLE 5
590-596 Vision screening
3027 Hearing and vision screening for special education
3028 Audiological screening
UNITED STATES CODE, TITLE 20
1232g Family Educational Rights and Privacy Act
1232h Protection of student rights

Management Resources:

CSBA PUBLICATIONS
Expanding Access to School Health Services: Policy Considerations for Governing Boards, November 2008
Promoting Oral Health for California's Students: New Roles, New Opportunities for Schools, November 2008
CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Standards for Scoliosis Screening in California Public Schools, 2007
A Guide for Vision Testing in California Public Schools, 2005
U.S. DEPARTMENT OF EDUCATION PUBLICATIONS
Joint Guidance on the Application of FERPA and HIPAA to Student Health Records, November 2008
WEB SITES
CSBA: http://www.csba.org
California Department of Education, Health Services/School Nursing: http://www.cde.ca.gov/ls/he/hn
California Department of Education, Type 2 Diabetes Information: http://www.cde.ca.gov/ls/he/hn/type2diabetes.asp
U.S. Department of Education: http://www.ed.gov

HEALTH EXAMINATIONS

Cautionary Notice 2013-14: AB 110 (Ch. 20, Statutes of 2013) amended Government Code 17581.5 to relieve districts from the obligation, until July 1, 2014, to perform any activities that are deemed to be reimbursable state mandates under that section. As a result, certain provisions of the following policy or administrative regulation that reflect those requirements may be suspended.

The principal at each school shall notify parents/guardians of the rights of students and parents/guardians related to health examinations. (Education Code 48980; 20 USC 1232h)

(cf. 5141.32 - Health Screening for School Entry)
(cf. 5145.6 - Parental Notifications)

A parent/guardian may annually file a written statement with the principal withholding consent to the physical examination of his/her child. Any such student shall be exempt from any physical examination but shall be subject to exclusion from attendance when contagious or infectious disease is reasonably suspected. (Education Code 49451; 20 USC 1232h)

(cf. 5112.2 - Exclusions from Attendance)
(cf. 5141.22 - Infectious Diseases)
(cf. 5141.26 - Tuberculosis Testing)

Vision and Hearing Tests

Students shall have their vision and hearing tested by qualified personnel authorized by the district. (Education Code 49452, 49454)

(cf. 5141.6 - School Health Services)

All students shall be tested for visual acuity when they first enroll in elementary school and at least every three years thereafter until they complete grade 8. Gross external observation of the student's eyes, visual performance, and perception shall be made by the school nurse and the classroom teacher. (Education Code 49455)

For male students, color vision shall be tested one time, after the student reaches grade 1. Results of the test shall be entered into the student's health record. (Education Code 49455)

Evaluation of a student's vision may be waived at the parent/guardian's request if the parent/guardian presents a certificate from an authorized health care provider specifying the results of an examination of the student's vision, including visual acuity, and, in male students, color vision. (Education Code 49455)

Visual defects or any other defects found as a result of the vision examination shall be reported to the parent/guardian with a request that remedial action be taken to correct or cure the defect. The report of a visual defect, if made in writing, shall be made on a form prescribed by the Superintendent of Public Instruction. (Education Code 49456)

HEALTH EXAMINATIONS (continued)

Such reports shall not include a referral to any private practitioner. However, the student may be referred to a public clinic or diagnostic and treatment center operated by a public hospital or by the state, county, or city department of public health. (Education Code 49456)

Scoliosis Screening

Each female student in grade 7 and each male student in grade 8 shall be screened for scoliosis. This screening shall comply with California Department of Education (CDE) standards and shall be performed by qualified personnel as specified in law. (Education Code 49452.5)

Persons performing the screening shall not solicit, encourage, or advise treatment of the student for scoliosis or any other condition discovered in the course of the screening. (Education Code 49452.5)

The parent/guardian of any student suspected of having scoliosis shall receive a notice which includes an explanation of scoliosis and describes the significance of treatment at an early age. This notice shall also describe the public services available for treatment and include a referral to appropriate community resources. (Education Code 49452.5)

Type 2 Diabetes Information

Because type 2 diabetes in children is a preventable and treatable disease, parents/guardians are encouraged to have their child screened by an authorized health care practitioner for risk factors of the disease, including excess weight, and to request tests of their child's blood glucose to determine if he/she has diabetes or pre-diabetes.

(cf. 5030 - Student Wellness)

The Superintendent or designee shall provide parents/guardians of incoming students in grade 7 with an information sheet developed by the CDE regarding type 2 diabetes, which includes a description of the disease and its risk factors and warning signs, a recommendation that students displaying or possibly suffering from risk factors or warning signs associated with type 2 diabetes be screened for the disease, a description of the different types of diabetes screening tests available, and a description of treatments and prevention methods. The information sheet may be provided with the parental notifications required pursuant to Education Code 48980. (Education Code 49452.7)

The Superintendent or designee may provide information to parents/guardians regarding public or private sources from which they may receive diabetes screening and education services for free or at reduced costs.

IMMUNIZATIONS

To protect the health of all students and staff and to curtail the spread of infectious diseases, the Board of Trustees shall cooperate with state and local public health agencies to encourage and facilitate immunization of all district students against preventable diseases.

(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)
(cf. 5141.22 - Infectious Diseases)
(cf. 5141.26 - Tuberculosis Testing)
(cf. 6142.8 - Comprehensive Health Education)

Each student enrolling for the first time in a district elementary or secondary school, preschool, or child care and development program shall present an immunization record from any authorized private or public health care provider certifying that he/she has received all required immunizations in accordance with law. Students shall be excluded from school or exempted from immunization requirements only as allowed by law.

(cf. 5112.1 - Exemptions from Attendance)
(cf. 5112.2 - Exclusions from Attendance)
(cf. 5141.32 - Health Screening for School Entry)
(cf. 5148 - Child Care and Development)
(cf. 5148.3 - Preschool/Early Childhood Education)

Except to the extent otherwise authorized by law, each transfer student shall present evidence of immunization before he/she is admitted to school. Such evidence may include the child's personal immunization record from his/her authorized health care provider or his/her cumulative file from his/her previous school.

The Superintendent or designee may arrange for an authorized health care provider to administer immunizations at school to any student whose parent/guardian has consented in writing. At the beginning of the school year, parents/guardians shall be notified of their right to provide consent for the administration of an immunization to their child at school. (Education Code 49403)

(cf. 5141.3 - Health Examinations)
(cf. 5141.6 - School Health Services)
(cf. 5145.6 - Parental Notifications)

Legal Reference: (see next page)

IMMUNIZATIONS (continued)

Legal Reference:

EDUCATION CODE
44871 Qualifications of supervisor of health
46010 Total days of attendance
48216 Immunization
48853.5 Immediate enrollment of foster youth
48980 Required notification of rights
49403 Cooperation in control of communicable disease and immunizations
49426 Duties of school nurses
49701 Flexibility in enrollment of children of military families
HEALTH AND SAFETY CODE
120325-120380 Immunization against communicable disease, especially:
120335 Immunization requirement for admission
120395 Information about meningococcal disease, including recommendation for vaccination
120440 Disclosure of immunization information
CODE OF REGULATIONS, TITLE 5
430 Student records
CODE OF REGULATIONS, TITLE 17
6000-6075 School attendance immunization requirements
UNITED STATES CODE, TITLE 20
1232g Family Educational Rights and Privacy Act
UNITED STATES CODE, TITLE 42
11432 Immediate enrollment of homeless children
CODE OF FEDERAL REGULATIONS, TITLE 34
99.1-99.67 Family Educational Rights and Privacy

Management Resources:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
California Immunization Handbook for Schools and Child Care Programs, July 2003
Guide to Immunizations Required for School Entry
Guide to the Requirements of the California School Immunization Law for Parents of Children in or Entering School or Child Care
U.S. DEPARTMENT OF EDUCATION GUIDANCE
Family Educational Rights and Privacy Act (FERPA) and H1N1, October 2009
WEB SITES
California Department of Education: http://www.cde.ca.gov
California Department of Public Health, Immunization Branch: http://www.cdph.ca.gov/programs/immunize
Centers for Disease Control and Prevention: http://www.cdc.gov
U.S. Department of Education: http://www.ed.gov

IMMUNIZATIONS

Required Immunizations

The Superintendent or designee shall provide parents/guardians, upon school registration, a written notice summarizing the state's immunization requirements.

The Superintendent or designee shall not unconditionally admit any student to a district elementary or secondary school, preschool, or child care and development program nor advance a student to specified grade levels unless the student has presented documentation of full immunization, in accordance with the age/grade and dose required by the California Department of Public Health (CDPH), against the following diseases: (Health and Safety Code 120335; 17 CCR 6020)

1. Measles, mumps, and rubella (MMR)

2. Diphtheria, tetanus, and pertussis (whooping cough) (DTP, DTaP, or Tdap)

3. Poliomyelitis (polio)

4. Hepatitis B

5. Varicella (chickenpox)

6. Haemophilus influenza type b (Hib meningitis)

7. Any other disease designated by the CDPH

(cf. 5141.22 - Infectious Diseases)
(cf. 5148 - Child Care and Development)
(cf. 5148.3 - Preschool/Early Childhood Education)

The student's immunization record shall be provided by the student's health care provider or from the student's previous school immunization record. The record must show the date that each dose was administered.

Exemptions

Exemption from immunization requirements shall be granted under either of the following circumstances: (Health and Safety Code 120365, 120370; 17 CCR 6051)

1. The student's parent/guardian provides a written statement by a licensed physician that, due to the physical condition or medical circumstances of the student, one or more immunizations are considered unsafe or are permanently not indicated. The

IMMUNIZATIONS (continued)

physician's statement shall indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization. In such circumstances, the student shall be exempted from one or more vaccines to the extent indicated by the physician's statement.

2. The student's parent/guardian provides a letter or affidavit documenting which immunizations required by Health and Safety Code 120355 have been given and which immunizations have not been given on the basis that they are contrary to the parent/guardian's beliefs.

(cf. 6141.2 - Recognition of Religious Beliefs and Customs)

When immunization(s) are contrary to the parent/guardian's personal beliefs but there is good cause to believe that the student has been exposed to one of the communicable diseases listed in Health and Safety Code 120325, the student may be temporarily excluded from school until the local public health officer is satisfied that the student is no longer at risk of developing the disease.

On or after January 1, 2014, the parent/guardian shall also submit a form prescribed by the CDPH which includes a signed attestation by a health care practitioner that indicates he/she has provided the parent/guardian with information regarding the benefits and risks of the immunization and the health risks of the communicable diseases listed in Health and Safety Code 120335 to the person and the community. The parent/guardian shall sign a statement indicating that he/she has received this information. Neither the health care practitioner nor the parent/guardian shall sign these statements more than six months prior to the date that the student is subject to the immunization requirement. In lieu of the original form, the district shall accept a photocopy of the signed form or a letter by a health care practitioner that includes all information and attestations included on the form.

Exclusions Due to Lack of Immunizations

Any student without the required evidence of immunization may be excluded from school until the immunization is obtained or an exemption is granted in accordance with the section "Exemptions" above.

(cf. 5112.2 - Exclusions from Attendance)
(cf. 6183 - Home and Hospital Instruction)

Before an already admitted student is excluded from school attendance because of lack of immunization, the Superintendent or designee shall notify the parent/guardian that he/she has 10 school days to supply evidence of proper immunization or an appropriate exemption. (Education Code 48216; 17 CCR 6040)

IMMUNIZATIONS (continued)

This notice shall refer the parent/guardian to the student's usual source of medical care or, if the student has no usual source of medical care, then to the county health department or school immunization program, if any. (Education Code 48216)

(cf. 5141.6 - School Health Services)

The Superintendent or designee shall exclude from further attendance any already admitted student who fails to obtain the required immunization within 10 school days following the parent/guardian's receipt of the notice specified above, unless the student is exempt from immunization for medical reasons or personal beliefs. The student shall remain excluded from school until he/she provides written evidence that he/she has received a dose of each required vaccine due at that time. The student shall also be reported to the attendance supervisor or principal. (17 CCR 6055)

Conditional Enrollment

The Superintendent or designee may conditionally admit a student with documentation from an authorized health care provider that: (Health and Safety Code 120340; 17 CCR 6000, 6035)

1. The student has received some but not all required immunizations and is not due for any vaccine dose at the time of admission.

2. The student has a temporary exemption from immunization for medical reasons.

The Superintendent or designee shall notify the student's parents/guardians of the date by which the student must complete all the remaining doses when they become due as specified in 17 CCR 6035.

The Superintendent or designee shall review the immunization record of each student admitted conditionally every 30 days until that student has received all the required immunizations. If the student does not receive the required immunizations within the specified time limits, he/she shall be excluded from further attendance until the immunizations are received. (Health and Safety Code 120375; 17 CCR 6070)

Records

The Superintendent or designee shall record each new entrant's immunizations in the California School Immunization Record and retain it as part of the student's mandatory permanent student record. District staff shall maintain the confidentiality of immunization records and may disclose such information to state and local health departments only in accordance with law. (Health and Safety Code 120375, 120440; 17 CCR 6070)

(cf. 5125 - Student Records)

HEALTH SCREENING FOR SCHOOL ENTRY

Cautionary Notice: AB 97 (Ch. 47, Statutes of 2013) repealed Education Code 42605, which provided temporary flexibility for specified "Tier 3" categorical programs, and instead redirects the funding for those categorical programs into the Local Control Funding Formula (LCFF) (Education Code 42238.01-42251). The supplemental and concentration grant portions of the LCFF may be used for any schoolwide or districtwide educational purpose in accordance with state regulations to be adopted by January 31, 2014, with a goal of increasing or improving services for English learners, foster youth, and students eligible for free and reduced-price meals. Certain requirements related to Tier 3 categorical program(s) in the following policy or regulation are no longer applicable.

Comprehensive Health Screening for Grades K-1

The parent/guardian of a student in kindergarten or first grade shall submit to the Superintendent or designee a certification form developed by the California Department of Health Care Services (DHCS) and signed by the student's health examiner certifying that the student has completed a comprehensive health screening within 18 months prior to entry into first grade or within 90 days thereafter. (Health and Safety Code 124040, 124085)

(cf. 5111 - Admission)
(cf. 5141.3 - Health Examinations)

The Superintendent or designee shall notify parents/guardians of all kindergarten students of the requirement to obtain a health screening and of the availability of the Child Health and Disability Prevention (CHDP) program established pursuant to Health and Safety Code 124025-124110 to assist eligible low-income families in obtaining the health screening. (Health and Safety Code 124100)

(cf. 5145.6 - Parental Notifications)

The notice and certification form shall be included with the notification of immunization requirements provided to parents/guardians prior to their child's enrollment in kindergarten and shall encourage completion of the health screening simultaneously with immunizations. The notice shall also be provided to the parent/guardian of any student who is enrolling in first grade without having attended kindergarten in the district.

(cf. 5141.31 - Immunizations)

In lieu of the certification, the parent/guardian may submit a waiver on a form developed by DHCS indicating that he/she does not want or is unable to obtain a health screening. If the waiver indicates that the parent/guardian was unable to obtain the services, the reasons should be included in the waiver. (Health and Safety Code 124085)

The waiver form shall be provided to a parent/guardian upon request.

HEALTH SCREENING FOR SCHOOL ENTRY (continued)

The completed certification form or the waiver shall be maintained in the student's health file or cumulative record. (5 CCR 432)

(cf. 5125 - Student Records)

During the first 90 days of the school year, the Superintendent or designee may contact any parent/guardian of a first-grade student who has not provided either the certification form or the waiver to ensure that the parent/guardian understands the health screening requirement and, if appropriate, his/her possible eligibility for the CHDP program.

The Superintendent or designee shall exclude from school, for not more than five school days, any first-grade student who does not present evidence of a health screening or a waiver on or before the 90th day after entering first grade. The exclusion shall begin on the 91st day after the student's entrance into the first grade, or if school is not in session, then on the next succeeding school day. (Health and Safety Code 124105)

The Superintendent or designee may exempt a student from exclusion when his/her parents/guardians have been contacted at least twice between the first day and the 90th day after the student's enrollment in first grade and the parents/guardians refuse to provide either a certification form or a waiver. (Health and Safety Code 124105)

(cf. 5112.2 - Exclusions from Attendance)

Oral Health Assessment for Grades K-1

No later than May 31 of the relevant school year, the parent/guardian of a kindergarten student, or first-grade student who was not previously enrolled in kindergarten in a public school, shall certify that the student has received an oral health assessment. The oral health assessment shall have been performed by a licensed dentist or other authorized dental health professional no earlier than 12 months prior to the date of the student's initial enrollment. The parent/guardian shall submit to the Superintendent or designee a California Department of Education standardized form which has been completed and signed by the dental health professional. (Education Code 49452.8)

The Superintendent or designee shall notify parents/guardians of the oral health assessment requirement. The notification shall, at a minimum, consist of a letter that includes all of the following: (Education Code 49452.8)

1. An explanation of the administrative requirements of the law

2. Information on the importance of primary teeth

HEALTH SCREENING FOR SCHOOL ENTRY (continued)

3. Information on the importance of oral health to overall health and to learning

4. A toll-free telephone number to request an application for Healthy Families, Medi-Cal, or other government-subsidized health insurance programs

5. Contact information for county public health departments

6. A statement of privacy applicable under state and federal laws and regulations

The notification and certification form shall be provided to parents/guardians when they register their child for school.

The student may be excused from complying with the oral health assessment if his/her parent/guardian indicates on the standardized form that it could not be completed for any of the following reasons: (Education Code 49452.8)

1. Completion of an assessment poses an undue financial burden on the parent/guardian.

2. The parent/guardian lacks access to a licensed dentist or other dental health professional.

3. The parent/guardian does not consent to an assessment.

Students who are not assessed, or for whom the parents/guardians fail to return the standardized form, shall not be excluded from school attendance.

By December 31 of each year, the Superintendent or designee shall report data on oral health assessments to the county office of education in accordance with Education Code 49452.8.

The report shall also be provided to the Board of Trustees. The identity of any student shall not be included in the report.

Legal Reference: (see next page)

HEALTH SCREENING FOR SCHOOL ENTRY (continued)

Legal Reference:

EDUCATION CODE
48985 Notice to parents in language other than English
49060-49079 Pupil records
49452.8 Oral health assessment
HEALTH AND SAFETY CODE
104395 Child Health and Disability Prevention Program expansion
124025-124110 Child Health and Disability Prevention Program, especially:
124085 Certificate documenting health screening and evaluation services; waiver by parent/guardian
124100 Distribution of program information to parents/guardians of kindergarten children
124105 Exclusions and exemption; legislative intent of notification contents
CODE OF REGULATIONS, TITLE 5
432 Student records
CODE OF REGULATIONS, TITLE 17
6800-6874 Child Health and Disability Prevention Program

Management Resources:

CSBA PUBLICATIONS
Promoting Oral Health for California's Students: New Roles, New Opportunities for Schools, Governance and Policy Services, Policy Brief, February 2007
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PUBLICATIONS
CHDP School Handbook: School Entry Health Examination Requirements, rev. January 2006
WEB SITES
CSBA: http://www.csba.org
California Department of Education, Health Services: http://www.cde.ca.gov/ls/he/hn
California Dental Association: http://www.cda.org
California Department of Health Care Services, Child Health and Disability Prevention Program: http://www.dhcs.ca.gov/services/chdp
California Healthy Kids Resource Center: http://www.californiahealthykids.org

HEAD LICE

The San Leandro Unified School District's Board of Trustees is committed to maximizing students' academic performance and physical well-being in a healthy and safe environment. The Board of Trustees recognizes that head lice infestations among students require treatment but do not pose a health hazard, are not a sign of uncleanliness, and are not responsible for the spread of disease.

The Superintendent or designee shall encourage early detection and treatment in a manner that minimizes disruption to the educational program and reduces student absences. The Superintendent or designee may distribute information to parents/legal guardians of preschool and elementary students regarding routine screening, symptoms, accurate diagnosis, and proper treatment of head lice infestations.

(cf. 5113 – Absences and Excuses)

The Superintendent or designee will provide related information and training to school staff. School employees shall report all suspected cases of head lice to the site designee, principal or school nurse as soon as possible.

(cf. 5141.3 – Health Examinations)
(cf. 4131 – Staff Development)

The Board recognizes that responsibility for the treatment of head lice rests with parent or legal guardian. When a student is found with live (active or crawling) head lice, the student shall be allowed to remain at school until the end of the day. The parent/legal guardian of any such student shall be notified that day, provided with information about treatment, encouraged to begin treatment and to check all family members immediately. If the parent/legal guardian does not follow through with the proper treatment, the student with lice will be excluded from school until treatment has been completed.

The parent/ legal guardian shall be informed that the student will be checked upon return to school the next day and allowed to remain in school if no active (crawling) head lice are detected. If active lice are detected, the student will not be allowed to return until there is no remaining evidence. If nits are found, the student can remain in school but the site designee or school nurse shall re-inspect the student within 7-10 school days.

(cf. 5141.3 - Health Examinations)
(cf. 5141. 6 – School Health Services)
(cf. 5112.2 - Exclusions from Attendance)

If a student is found consistently infested with head lice, he/she may be referred to the Coordination of Services Team or COST at the school site, or the school nurse to determine the best approach for identifying and resolving problems contributing to the continued infestations.

(cf. 1020 -Youth services)
(cf. 5113 - Absences and Chronic Truancy)

HEAD LICE

When it is determined that one or more students in a class or school are infested with head lice, the principal or designee may, at his/her discretion, notify parents/ legal guardians of students in that class or school and provide them with information about the detection and treatment of head lice.

Staff shall make every effort to maintain the privacy of students identified as having head lice and excluded for treatment.

(cf. 4119.23/4219.23/4319.23 – Unauthorized Release of Confidential/Privileged Information)
(cf. 5125 – Student Records)

Legal Reference:
EDUCATION CODE
48320-48325 School attendance review boards
49451 Physical examinations: parent's refusal to consent

Management Resources:
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PUBLICATIONS
Guidelines on Head Lice Prevention and Control for School Districts and Child Care Facilities, rev. March 2012
A Parent's Guide to Head Lice, 2008
CALIFORNIA SCHOOL NURSES ORGANIZATION
Pediculosis Management, Position Statement, rev. 2011
WEB SITES
American Academy of Pediatrics: http://www.aap.org
California Department of Public Health: http://www.cdph.ca.gov
California School Nurses Organization: http://www.csno.org
Centers for Disease Control and Prevention, Parasitic Disease Information, Head Lice: http://www.cdc.gov/parasites/lice/head

HEAD LICE

School employees shall follow the steps below when head lice are detected on students:

1. School employees shall report all suspected cases of head lice in the least intrusive/embarrassing manner to the school nurse or site designee as soon as possible.

2. The site designee or school nurse may examine the student and any siblings of affected students or members of the same household.

3. If active (crawling) lice are found, the student shall be allowed to remain until the end of the school day.

4. The parents/legal guardians must be informed by phone, email, or note and provided information about recommended treatment procedures, ways to check the hair, and other resources of information.

5. If nits are found, the student can remain at school but need to be re-inspected within 7-10 school days. If infestation continues, the student will be excluded from school until no active lice are detected.

6. If there are two or more students affected in any one classroom, all students in the class may be examined.

7. The school nurse or site designee will notify parents/legal guardians in the affected classroom to encourage them to check their children and to treat if appropriate, and or examine other students most likely to have had direct head to head contact with the affected student. Information about head lice shall be sent home to all parents/legal guardians in the class.

8. Students identified with chronic cases of lice infestation shall be referred to the Coordination of Services Team or COST for resources and support.

9. Excluded students may return to school when they bring a note from the parent/legal guardian indicating the treatment used and when reexamination by the nurse or site designee shows that all lice have been removed.

Staff shall maintain the privacy of students identified as having head lice.

CHILD ABUSE PREVENTION AND REPORTING

Child Abuse Prevention

The Board of Trustees recognizes the district's responsibility to educate students about the dangers of child abuse so that they will acquire the skills and techniques needed to identify unsafe situations and to react appropriately and promptly.

The district's instructional program shall include age-appropriate and culturally sensitive child abuse prevention curriculum. This curriculum shall explain students' right to live free of abuse, inform them of available support resources, and teach them how to obtain help and disclose incidents of abuse. The curriculum also shall include training in self-protection techniques.

(cf. 6143 - Courses of Study)

The Superintendent or designee shall seek to incorporate community resources into the district's child abuse prevention programs. To the extent feasible, the Superintendent or designee shall use these community resources to provide parents/guardians with instruction in parenting skills and child abuse prevention.

(cf. 1020 - Youth Services)

Child Abuse Reporting

The Board recognizes that child abuse has severe consequences and that the district has a responsibility to protect students by facilitating the prompt reporting of known and suspected incidents of child abuse. The Superintendent or designee shall establish procedures for the identification and reporting of such incidents in accordance with law.

(cf. 0450 - Comprehensive Safety Plan)

Employees who are mandated reporters, as defined by law and administrative regulation, are obligated to report all known or suspected incidents of child abuse and neglect. Mandated reporters shall not investigate any suspected incidents but rather shall cooperate with agencies responsible for investigating and prosecuting cases of child abuse and neglect.

The Superintendent or designee shall provide training regarding the reporting duties of mandated reporters.

In the event that training is not provided to mandated reporters, the Superintendent or designee shall report to the California Department of Education the reasons that such training is not provided. (Penal Code 11165.7)

Legal Reference: (see next page)

CHILD ABUSE PREVENTION AND REPORTING (continued)

Legal Reference:

EDUCATION CODE
32280-32288 Comprehensive school safety plans
33308.1 Guidelines on procedure for filing child abuse complaints
44690-44691 Staff development in the detection of child abuse and neglect
44807 Duty concerning conduct of students
48906 Notification when student released to peace officer
48987 Dissemination of reporting guidelines to parents
49001 Prohibition of corporal punishment
51220.5 Parenting skills education
PENAL CODE
152.3 Duty to report murder, rape, or lewd or lascivious act
273a Willful cruelty or unjustifiable punishment of child; endangering life or health
288 Definition of lewd or lascivious act requiring reporting
11164-11174.4 Child Abuse and Neglect Reporting Act
WELFARE AND INSTITUTIONS CODE
15630-15637 Dependent adult abuse reporting
CODE OF REGULATIONS, TITLE 5
4650 Filing complaints with CDE, special education students

Management Resources:

CDE LEGAL ADVISORIES
0514.93 Guidelines for parents to report suspected child abuse
WEB SITES
California Attorney General's Office, Crime and Violence Prevention Center: http://safestate.org
California Department of Education, Safe Schools: http://www.cde.ca.gov/ls/ss
California Department of Social Services, Children and Family Services Division: http://www.childsworld.ca.gov
U.S. Department of Health and Human Services, National Clearinghouse on Child Abuse and Neglect Information: http://nccanch.acf.hhs.gov

CHILD ABUSE PREVENTION AND REPORTING

Definitions

Child abuse or neglect includes the following: (Penal Code 11165.5, 11165.6)

1. A physical injury or death inflicted by other than accidental means on a child by another person

2. Sexual abuse of a child, including sexual assault or sexual exploitation, as defined in Penal Code 11165.1

3. Neglect of a child as defined in Penal Code 11165.2

4. Willful harming or injuring of a child or the endangering of the person or health of a child as defined in Penal Code 11165.3

5. Unlawful corporal punishment or injury as defined in Penal Code 11165.4

Child abuse or neglect does not include:

1. A mutual affray between minors (Penal Code 11165.6)

2. An injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his/her employment (Penal Code 11165.6)

(cf. 3515.3 - District Police/Security Department)

3. An injury resulting from the exercise by a teacher, vice principal, principal, or other certificated employee of the same degree of physical control over a student that a parent/guardian would be privileged to exercise, not exceeding the amount of physical control reasonably necessary to maintain order, protect property, protect the health and safety of students, or maintain proper and appropriate conditions conducive to learning (Education Code 44807)

4. An injury caused by a school employee's use of force that is reasonable and necessary to quell a disturbance threatening physical injury to persons or damage to property, to protect himself/herself, or to obtain weapons or other dangerous objects within the control of the student (Education Code 49001)

(cf. 5144 - Discipline)

5. Physical pain or discomfort caused by athletic competition or other such recreational activity voluntarily engaged in by the student (Education Code 49001)

CHILD ABUSE PREVENTION AND REPORTING (continued)

Mandated reporters include, but are not limited to, teachers; instructional aides; teacher's aides or assistants; classified employees; certificated student personnel employees; administrative officers or supervisors of child attendance; administrators and employees of a licensed day care facility; Head Start teachers; district police or security officers; licensed nurses or health care providers; and administrators, presenters, and counselors of a child abuse prevention program. (Penal Code 11165.7)

Reasonable suspicion means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his/her training and experience, to suspect child abuse or neglect. However, *reasonable suspicion* does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect. (Penal Code 11166)

Reportable Offenses

A mandated reporter shall make a report using the procedures provided below whenever, in his/her professional capacity or within the scope of his/her employment, he/she has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. (Penal Code 11166)

Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, based on evidence of severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, may make a report to the appropriate agency. (Penal Code 11166.05, 11167)

Any district employee who reasonably believes that he/she has observed the commission of a murder, rape, or lewd or lascivious act by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury against a victim who is a child under age 14 shall notify a peace officer. (Penal Code 152.3, 288)

Responsibility for Reporting

The reporting duties of mandated reporters are individual and cannot be delegated to another person. (Penal Code 11166)

When two or more mandated reporters jointly have knowledge of a known or suspected instance of child abuse or neglect, the report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report. (Penal Code 11166)

CHILD ABUSE PREVENTION AND REPORTING (continued)

No supervisor or administrator shall impede or inhibit a mandated reporter from making a report. (Penal Code 11166)

Any person not identified as a mandated reporter who has knowledge of or observes a child whom he/she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to the appropriate agency. (Penal Code 11166)

Reporting Procedures

1. Initial Telephone Report

   Immediately or as soon as practicable after knowing or observing suspected child abuse or neglect, a mandated reporter shall make an initial report by telephone to any police department (excluding a school district police/security department), sheriff's department, county probation department if designated by the county to receive such reports, or county welfare department. (Penal Code 11165.9, 11166)

   Child Preventive Services
   24085 Amador Street
   Hayward, CA 94544
   (510) 259-1800

   San Leandro Police
   901 East 14th Street
   San Leandro, CA 94577
   (510) 577-3201

   When the initial telephone report is made, the mandated reporter shall note the name of the official contacted, the date and time contacted, and any instructions or advice received.

2. Written Report

   Within 36 hours of knowing or observing the information concerning the incident, the mandated reporter shall then prepare and either send, fax, or electronically submit to the appropriate agency a written follow-up report, which includes a completed Department of Justice form (SS 8572). (Penal Code 11166, 11168)

   The Department of Justice form may be obtained from the district office or other appropriate agencies, such as the county probation or welfare department or the police or sheriff's department.

   Reports of suspected child abuse or neglect shall include, if known: (Penal Code 11167)

CHILD ABUSE PREVENTION AND REPORTING (continued)

a. The name, business address, and telephone number of the person making the report and the capacity that makes the person a mandated reporter

b. The child's name and address, present location, and, where applicable, school, grade, and class

c. The names, addresses, and telephone numbers of the child's parents/guardians

d. The name, address, telephone number, and other relevant personal information about the person who might have abused or neglected the child

e. The information that gave rise to the reasonable suspicion of child abuse or neglect and the source(s) of that information

The mandated reporter shall make a report even if some of this information is not known or is uncertain to him/her. (Penal Code 11167)

The mandated reporter may give to an investigator from an agency investigating the case, including a licensing agency, any information relevant to an incident of child abuse or neglect or to a report made for serious emotional damage pursuant to Penal Code 11166.05. (Penal Code 11167)

3. Internal Reporting

The mandated reporter shall not be required to disclose his/her identity to his/her supervisor, the principal, or the Superintendent or designee. (Penal Code 11166)

However, employees reporting child abuse or neglect to an appropriate agency are encouraged, but not required, to notify the principal as soon as possible after the initial telephone report to the appropriate agency. When so notified, the principal shall inform the Superintendent or designee.

The principal so notified shall provide the mandated reporter with any assistance necessary to ensure that reporting procedures are carried out in accordance with law, Board policy, and administrative regulation. At the mandated reporter's request, the principal may assist in completing and filing the necessary forms.

Reporting the information to an employer, supervisor, principal, school counselor, co-worker, or other person shall not be a substitute for making a mandated report to the appropriate agency. (Penal Code 11166)

CHILD ABUSE PREVENTION AND REPORTING (continued)

Training

Training of mandated reporters shall include identification and mandated reporting of child abuse and neglect. (Penal Code 11165.7)

Training shall also include guidance in the appropriate discipline of students, physical contact with students, and maintenance of ethical relationships with students to avoid actions that may be misinterpreted as child abuse.

(cf. 4119.21/4219.21/4319.21 - Professional Standards)
(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)
(cf. 5145.7 - Sexual Harassment)

Victim Interviews by Social Services

Whenever a representative from the Department of Social Services or another government agency investigating suspected child abuse or neglect deems it necessary, a suspected victim may be interviewed during school hours, on school premises, concerning a report of suspected child abuse or neglect that occurred within the child's home or out-of-home care facility. The child shall be given the choice of being interviewed in private or in the presence of any adult school employee or volunteer aide selected by the child. (Penal Code 11174.3)

A staff member or volunteer aide selected by a child may decline to be present at the interview. If the selected person accepts, the principal or designee shall inform him/her of the following requirements: (Penal Code 11174.3)

1. The purpose of the selected person's presence at the interview is to lend support to the child and enable him/her to be as comfortable as possible.

2. The selected person shall not participate in the interview.

3. The selected person shall not discuss the facts or circumstances of the case with the child.

4. The selected person is subject to the confidentiality requirements of the Child Abuse and Neglect Reporting Act, a violation of which is punishable as specified in Penal Code 11167.5.

If a staff member agrees to be present, the interview shall be held at a time during school hours when it does not involve an expense to the school. (Penal Code 11174.3)

CHILD ABUSE PREVENTION AND REPORTING (continued)

Release of Child to Peace Officer

When a child is released to a peace officer and taken into custody as a victim of suspected child abuse or neglect, the Superintendent or designee and/or principal shall not notify the parent/guardian, but rather shall provide the peace officer with the address and telephone number of the child's parent/guardian. It is the responsibility of the peace officer or agent to notify the parent/guardian of the situation. (Education Code 48906)

(cf. 5145.11 - Questioning and Apprehension by Law Enforcement)

Parent/Guardian Complaints

Upon request, the Superintendent or designee shall provide parents/guardians with a copy of this administrative regulation which contains procedures for reporting suspected child abuse occurring at a school site to appropriate agencies. For parents/guardians whose primary language is not English, such procedures shall be in their primary language and, when communicating orally regarding those procedures, an interpreter shall be provided.

To file a complaint against a district employee or other person suspected of child abuse or neglect at a school site, parents/guardians may file a report by telephone, in person, or in writing with any appropriate agency identified above under "Reporting Procedures." If a parent/guardian makes a complaint about an employee to any other employee, the employee receiving the information shall notify the parent/guardian of procedures for filing a complaint with the appropriate agency. The employee also is obligated pursuant to Penal Code 11166 to file a report himself/herself using the procedures described above for mandated reporters.

(cf. 1312.1 - Complaints Concerning District Employees)

In addition, if the child is enrolled in special education, a separate complaint may be filed with the California Department of Education pursuant to 5 CCR 4650.

(cf. 1312.3 - Uniform Complaint Procedures)

Notifications

The Superintendent or designee shall provide to all new employees who are mandated reporters a statement that informs them of their status as mandated reporters, their reporting obligations under Penal Code 11166, and their confidentiality rights under Penal Code 11167. The district also shall provide these new employees with a copy of Penal Code 11165.7, 11166, and 11167. (Penal Code 11165.7, 11166.5)

CHILD ABUSE PREVENTION AND REPORTING (continued)

Before beginning employment, any person who will be a mandated reporter by virtue of his/her position shall sign a statement indicating that he/she has knowledge of the reporting obligations under Penal Code 11166 and will comply with those provisions. The signed statement shall be retained by the Superintendent or designee. (Penal Code 11166.5)

(cf. 4112.9/4212.9/4312.9 - Employee Notifications)

Employees who work with dependent adults shall be notified of legal responsibilities and reporting procedures pursuant to Welfare and Institutions Code 15630-15637.

The Superintendent or designee also shall notify all employees that:

1. A mandated reporter who reports a known or suspected instance of child abuse or neglect shall not be held civilly or criminally liable for making a report and this immunity shall apply even if the mandated reporter acquired the knowledge or reasonable suspicion of child abuse or neglect outside of his/her professional capacity or outside the scope of his/her employment. Any other person making a report shall not incur civil or criminal liability unless it can be proven that he/she knowingly made a false report or made a report with reckless disregard of the truth or falsity of the report. (Penal Code 11172)

2. If a mandated reporter fails to report an incident of known or reasonably suspected child abuse or neglect, he/she may be guilty of a crime punishable by a fine and/or imprisonment. (Penal Code 11166)

3. No employee shall be subject to any sanction by the district for making a report. (Penal Code 11166)

SCHOOL HEALTH SERVICES

The Board of Trustees recognizes that good physical and mental health is critical to a student's ability to learn and believes that all students should have access to comprehensive health services. The district may provide access to health services at or near district schools through the establishment of a school health center and/or mobile van(s) that serve multiple campuses.

The Board and the Superintendent or designee shall collaborate with local and state agencies and health care providers to assess the health needs of students in district schools and the community. Based on the results of this needs assessment and the availability of resources, the Superintendent or designee shall recommend for Board approval the types of health services to be provided by the district.

(cf. 5131.6 - Alcohol and Other Drugs)
(cf. 5131.61 - Drug Testing)
(cf. 5131.62 - Tobacco)
(cf. 5131.63 - Steroids)
(cf. 5141 - Health Care and Emergencies)
(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)
(cf. 5141.22 - Infectious Diseases)
(cf. 5141.23 - Asthma Management)
(cf. 5141.24 - Specialized Health Care Services)
(cf. 5141.25 - Availability of Condoms)
(cf. 5141.26 - Tuberculosis Testing)
(cf. 5141.3 - Health Examinations)
(cf. 5141.31 - Immunizations)
(cf. 5141.32 - Health Screening for School Entry)
(cf. 5141.33 - Head Lice)
(cf. 5141.4 - Child Abuse Prevention and Reporting)
(cf. 5141.52 - Suicide Prevention)
(cf. 6145.2 - Athletic Competition)
(cf. 6159 - Individualized Education Program)
(cf. 6164.6 - Identification and Education Under Section 504)

Board approval shall be required for any proposed use of district resources and facilities to support school health services. The Superintendent or designee shall identify funding opportunities available through grant programs, private foundations, and partnerships with local agencies and organizations.

(cf. 1260 - Educational Foundation)
(cf. 1330.1 - Joint Use Agreement)
(cf. 3100 - Budget)
(cf. 7000 - Facilities Master Plan)

The Board may prioritize school health services to schools with the greatest need, including schools with medically underserved populations, a high percentage of low-income and uninsured children and youth, large numbers of English learners, Academic Performance Index rankings in deciles 1-3, and/or a shortage of health professionals in the community.

SCHOOL HEALTH SERVICES (continued)

School health services shall be provided or supervised by a licensed health care professional. The Board may employ or contract with health care professionals or partner with community health centers to provide the services under the terms of a written contract or memorandum of understanding.

(cf. 1020 - Youth Services)
(cf. 3312 - Contracts)

If a school nurse is employed by the school or district, he/she shall be involved in planning and implementing the school health services as appropriate.

The Superintendent or designee shall coordinate the provision of school health services with other student wellness initiatives, including health education, nutrition and physical fitness programs, and other activities designed to create a healthy school environment. The Superintendent or designee shall encourage joint planning and regular communications among health services staff, district administrators, teachers, counselors, other staff, and parents/guardians.

(cf. 3550 - Food Service/Child Nutrition Program)
(cf. 5030 - Student Wellness)
(cf. 6142.7 - Physical Education and Activity)
(cf. 6142.8 - Comprehensive Health Education)
(cf. 6164.2 - Counseling/Guidance Services)

Consent and Confidentiality

The Superintendent or designee shall obtain written parent/guardian consent prior to providing services to a student, except when the student is authorized to consent to the service pursuant to Family Code 6920-6929, Health and Safety Code 124260, or other applicable law.

The Superintendent or designee shall maintain the confidentiality of student health records in accordance with law.

(cf. 5125 - Student Records)

Payment/Reimbursement for Services

The Board desires that costs not be a barrier to student access to services. Services may be provided free of charge or on a sliding scale in accordance with law.

(cf. 5143 - Insurance)

The district shall serve as a Medi-Cal provider to the extent feasible, comply with all related legal requirements, and seek reimbursement of costs to the extent allowed by law.

SCHOOL HEALTH SERVICES (continued)

To further encourage student access to health care services, the Superintendent or designee shall develop and implement outreach strategies to increase enrollment of eligible students from low- to moderate-income families in affordable, comprehensive state or federal health coverage programs and local health initiatives. Such strategies may include, but not be limited to, providing information about the Medi-Cal program on the application for free and reduced-price meals in accordance with law and providing students and parents/guardians with information about the low-cost Healthy Families insurance program.

(cf. 3553 - Free and Reduced Price Meals)

Program Evaluation

In order to continuously improve school health services, the Board shall evaluate the effectiveness of such services and the extent to which they continue to meet student needs.

The Superintendent or designee shall provide the Board with periodic reports that may include, but not necessarily be limited to, rates of participation in school health services; changes in student outcomes such as school attendance or achievement; feedback from staff and participants regarding program accessibility and operations, including accessibility to low-income and linguistically and culturally diverse students and families; and program costs and revenues.

(cf. 0500 - Accountability)

Legal Reference: (see next page)

SCHOOL HEALTH SERVICES (continued)

Legal Reference:

EDUCATION CODE
8800-8807 Healthy Start support services for children
49073-49079 Privacy of student records
49423.5 Specialized physical health care services
49557.2-49558 Eligibility for free and reduced-price meals; sharing information with Medi-Cal
FAMILY CODE
6920-6929 Consent by minor for medical treatment
GOVERNMENT CODE
95020 Individualized family service plan
HEALTH AND SAFETY CODE
104830-104865 School-based application of fluoride or other tooth decay-inhibiting agent
121020 HIV/AIDS testing and treatment; parental consent for minor under age 12
123110 Minor's right to access health records
123115 Limitation on parent/guardian access to minor's health records
123800-123995 California Children's Services Act
124025-124110 Child Health and Disability Prevention Program
124172-124174.6 Public School Health Center Support Program
124260 Mental health services; consent by minors age 12 and older
130300-130317 Health Insurance Portability and Accountability Act (HIPAA)
WELFARE AND INSTITUTIONS CODE
14059.5 Definition of "medically necessary"
14100.2 Confidentiality of Medi-Cal information
14115 Medi-Cal claims process
14124.90 Third-party health coverage
14132.06 Covered benefits; health services provided by local educational agencies
14132.47 Administrative claiming process and targeted case management
CODE OF REGULATIONS, TITLE 10
2699.6500-2699.6905 Healthy Families Program
CODE OF REGULATIONS, TITLE 17
2951 Testing standards for hearing tests
6800-6874 Child Health and Disability Prevention Program
CODE OF REGULATIONS, TITLE 22
51009 Confidentiality
51050-51192 Definitions of Medi-Cal providers and services
51200 Requirements for providers
51231.2 Wheelchair van requirements
51270 Local educational agency provider; conditions for participation
51304 Limitations on specified benefits
51309 Psychology, physical therapy, occupational therapy, speech pathology, audiological services
51323 Medical transportation services
51351 Targeted case management services
51360 Local educational agency; types of services
51491 Local educational agency eligibility for payment
51535.5 Reimbursement to local educational agency providers
UNITED STATES CODE, TITLE 20
1232g Family Educational Rights and Privacy Act (FERPA)

Legal Reference continued: (see next page)

SCHOOL HEALTH SERVICES (continued)

Legal Reference: (continued)
UNITED STATES CODE, TITLE 42
1320c-9 Prohibition against disclosure of records
1397aa-1397jj State Children's Health Insurance Program
CODE OF FEDERAL REGULATIONS, TITLE 42
431.300 Use and disclosure of information on Medicaid applicants and recipients
CODE OF FEDERAL REGULATIONS, TITLE 45
164.500-164.534 Health Insurance Portability and Accountability Act (HIPAA)

Management Resources:
CSBA PUBLICATIONS
Expanding Access to School Health Services: Policy Considerations for Governing Boards, Policy Brief, November 2008
Promoting Oral Health for California's Student: New Role, New Opportunities for Schools, Policy Brief, November 2008
Providing School Health Services in California: Perceptions, Challenges and Needs of District Leadership Teams, 2008
CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Health Framework for California Public Schools, Kindergarten Through Grade Twelve, 2003
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PUBLICATIONS
LEA Medi-Cal Provider Manual
California School-Based Medi-Cal Administrative Activities Manual
DEPARTMENT OF HEALTH SERVICES POLICY LETTERS
00-06 Managed Care Plan Relationships with Local Education Agency Providers, December 11, 2000
NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE PUBLICATIONS
A Guidebook for Evaluating School-Based Health Centers
NATIONAL CENTER FOR YOUTH LAW PUBLICATIONS
Minor Consent, Confidentiality, an Child Abuse Reporting in California, October 2006
WEB SITES
CSBA: http://www.csba.org
CSBA, PractiCal Program: http://www.csba.org/Services/Services/DistrictServices/PractiCal.aspx
California County Superintendents Educational Services Association: http://www.ccsesa.org
California Department of Education, Health Services and School Nursing: http://www.cde.ca.gov/ls/he/hn
California Department of Health Care Services: http://www.dhcs.ca.gov
California Department of Public Health: http://www.cdph.ca.gov
California School Health Centers Association: http://www.schoolhealthcenters.org
California School Nurses Organization: http://www.csno.org
Center for Health and Health Care in Schools: http://www.healthinschools.org
Centers for Disease Control and Prevention, School Health Policies and Programs (SHPPS) Study: http://www.cdc.gov/HealthyYouth/shpps
Centers for Medicare and Medicaid Services: http://www.cms.hhs.gov
Healthy Families Program: http://www.healthyfamilies.ca.gov
National Assembly on School-Based Health Care: http://www.nasbhc.org
National Center for Youth Law: http://www.youthlaw.org

SCHOOL HEALTH SERVICES

Types of Health Services

In accordance with student and community needs and available resources, school health services offered by the district may include, but are not limited to:

1. Physical examinations, immunizations, and other preventive medical services

(cf. 5141.26 - Tuberculosis Testing)
(cf. 5141.3 - Health Examinations)
(cf. 5141.31 - Immunizations)
(cf. 5141.32 - Health Screening for School Entry)

2. First aid and administration of medications

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

3. Diagnosis and treatment of minor injuries and acute medical conditions

4. Management of chronic medical conditions

(cf. 5141.23 - Asthma Management)

5. Basic laboratory tests

6. Referral to and follow-up for specialty care

7. Emergency response procedures

(cf. 5141 - Health Care and Emergencies)

8. Nutrition services

(cf. 3550 - Food Service/Child Nutrition Program)
(cf. 5030 - Student Wellness)

9. Oral health services that may include preventive services, basic restorative services, and referral to specialty services

   The Superintendent or designee shall notify all parents/guardians of the opportunity pursuant to Health and Safety Code 104830-104865 for their child to receive the topical application of fluoride, including fluoride varnish, or other decay-inhibiting agent to the teeth during the school year. This notification may be returned by the parent/guardian to consent to the treatment or to indicate that the student shall not receive treatment because he/she has received the treatment from a dentist or the treatment is not desired. (Health and Safety Code 104830, 104850, 104855)

(cf. 5145.6 - Parental Notifications)

SCHOOL HEALTH SERVICES (continued)

10. Mental health services, which may include assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs

(cf. 1020 - Youth Services)
(cf. 5141.52 - Suicide Prevention)
(cf. 6164.2 - Counseling/Guidance Services)

11. Substance abuse prevention and intervention services

(cf. 5131.6 - Alcohol and Other Drugs)
(cf. 5131.62 - Tobacco)
(cf. 5131.63 - Steroids)

12. Reproductive health services

(cf. 5141.25 - Availability of Condoms)

13. Screening of students to identify the need for physical, mental, and oral health services

14. Referrals and linkage to services not offered on-site

15. Public health and disease surveillance

16. Individual and family health education

17. School or districtwide health promotion

Medi-Cal Billing

In order to provide services as a Medi-Cal provider, the district shall enter into and maintain a contract with the California Department of Health Care Services (DHCS). (Welfare and Institutions Code 14132.06; 22 CCR 51051, 51270)

The Superintendent or designee shall ensure that all practitioners employed by or under contract with the district possess the appropriate license, certification, registration, or credential and provide only those services that are within their scope of practice. (22 CCR 51190.3, 51270, 51491)

The Superintendent or designee shall submit a claim for Medi-Cal reimbursement whenever the district provides a covered preventive, diagnostic, therapeutic, or rehabilitative service

SCHOOL HEALTH SERVICES (continued)

specified in 22 CCR 51190.4 or 51360 to a Medi-Cal-eligible student under age 22 and/or a member of his/her family. (Welfare and Institutions Code 14132.06; 22 CCR 51096, 51098, 51190.1, 51190.4, 51309, 51360, 51535.5)

(cf. 5141.24 - Specialized Health Care Services)
(cf. 6159 - Individualized Education Program)

The district shall maintain records and supporting documentation including, but not limited to, records of the type and extent of services provided to a Medi-Cal beneficiary in accordance with law. (22 CCR 51270, 51476)

(cf. 3580 - District Records)
(cf. 5125 - Student Records)

The Superintendent or designee shall submit an annual report to DHCS identifying participants in the community collaborative, containing a financial summary including reinvestment expenditures, and describing service priorities for the future. (22 CCR 51270)

Any federal funds received by the district as reimbursement for the costs of services under the Medi-Cal billing option shall be reinvested in services for students and their families as specified in Education Code 8804(g). The Superintendent or designee shall consult with a local school-linked services collaborative group, such as that defined in Education Code 8806, regarding decisions on reinvestment of federal funds. (22 CCR 51270)

Medi-Cal Administrative Activities

Designated school staff shall document, on a time survey form, the amount of time spent on activities identified by DHCS which are related to the administration of the Medi-Cal program. Such activities include, but are not be limited to, outreach, referral of health and mental health services, translation services, facilitation of applications, scheduling and arranging emergency and medical transportation of eligible individuals, contracting for services, program planning and policy development, claims administration, and general administration.

The Superintendent or designee shall, on a quarterly basis, submit an invoice to the local educational consortium or local governmental agency through which the district has contracted to receive reimbursement.

Staff responsible for completing the time survey shall annually participate in training regarding eligible activities and the time survey methodology, and shall receive additional training whenever there are changes or updates in administrative claiming categories and activities. New or reassigned staff shall receive training before beginning their duties completing time surveys.

SCHOOL HEALTH SERVICES (continued)

The Superintendent or designee shall maintain an audit file containing original time survey documentation and other records specified by DHCS. Such documentation shall be kept for three years after the end of the quarter in which expenditures were incurred or, if an audit is in progress, until the completion of the audit.

SCHOOL HEALTH SERVICES

BOARD RESOLUTION ON STUDENT HEALTH AND LEARNING

WHEREAS, the Board of Trustees of the San Leandro Unified School District recognizes that good health is a prerequisite to optimal learning and that absenteeism among students is clearly associated with school failure; and

WHEREAS, health is defined in a broad sense as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity; and

WHEREAS, health services are an important element of a comprehensive approach to promoting health and preventing disease and disability in children and youth; and

WHEREAS, access to regular medical care is improved through health insurance, inasmuch as children without health insurance are less likely to have a family doctor, receive timely preventive care, and receive medical treatment; and

WHEREAS, nearly one in five of California's children has no health care coverage, and nearly one in five children without health care coverage do not receive necessary medical treatment for a chronic illness that was serious enough to keep the child from functioning in school; and

WHEREAS, families have a variety of options for health care coverage, including but not limited to California's low-cost Healthy Families program, no-cost Medi-Cal for Children program and local county health initiatives such as Healthy Kids, which provide comprehensive health, dental and vision care coverage to low-income, uninsured children under 19 years of age who represent the state's most vulnerable population; and

WHEREAS, after one year of coverage in the Healthy Families program, California children in the poorest health significantly improved their health, missed less school and improved their school performance; and

WHEREAS, schools can help students achieve academic success by participating in efforts that promote good health and have already demonstrated their commitment to students' health through the institution of such programs as Healthy Start and after-school programs, early care and education programs, school-based/school-linked health services, child nutrition services, school readiness, counseling services, and immunization programs; and

WHEREAS, children's access to health care services requires collaboration with local agencies and community-based organizations so that, through the shared responsibility and collective action of schools, local agencies and/or community-based organizations, we can ensure positive outcomes for our children and youth;

SCHOOL HEALTH SERVICES (continued)

NOW THEREFORE BE IT RESOLVED that the Board of the San Leandro School District will work to improve children's health, thereby improving their academic performance, by helping to ensure that all children have health insurance coverage. To this end, the district will participate in outreach and enrollment efforts related to California's low-cost Healthy Families Program, no-cost Medi-Cal for Children, and other affordable health programs including local county health initiatives such as Healthy Kids. This will help assure optimal learning for every child by addressing children's health problems and maximizing school attendance.

PASSED AND ADOPTED THIS _____ day of _____, _____ at a regular meeting, by the following vote:

AYES:_____ NOES:_____ ABSENT:_____

Attest:

_____ _____

Secretary President

SUN SAFETY

The Board of Trustees recognizes that overexposure to ultraviolet (UV) radiation from the sun and artificial sources such as sunlamps and tanning beds is linked to the development of skin cancer, eye damage, premature aging, and a weakened immune system and that children are particularly vulnerable to the effects of overexposure. The Board desires to support the prevention of excessive UV radiation exposure by students and to assist students in developing sun-safe habits to use throughout their lives.

The Superintendent or designee shall establish a developmentally appropriate prevention/intervention program for grades K-12 to prevent student overexposure to UV radiation. He/she may coordinate sun safety and UV radiation education and policy efforts with the California Department of Public Health, the local health department, and other local agencies and/or community organizations. He/she shall involve students, parents/guardians, and the community in support of such school-based programs.

(cf. 1020 - Youth Services)
(cf. 5141.6 - School Health Services)

The Superintendent or designee shall incorporate sun safety elements into the curriculum in order to increase students' understanding of the health risks associated with overexposure to UV radiation from the sun or artificial sources and to encourage students to engage in preventive practices.

(cf. 6142.8 - Comprehensive Health Education)

Students shall be encouraged to take reasonable measures to protect their skin and eyes from overexposure to the sun while on campus, while attending school-sponsored activities, or while under the supervision and control of district employees.

(cf. 6142.7 - Physical Education and Activity)
(cf. 6153 - School-Sponsored Trips)

To encourage and assist students to avoid overexposure to the sun when they are outdoors:

1. Students shall be allowed to wear sun-protective clothing, including, but not limited to, hats. (Education Code 35183.5)

(cf. 5132 - Dress and Grooming)

2. Students shall be allowed to wear UV-protective sunglasses outdoors.

3. Students shall be allowed to use sunscreen during the school day without a physician's note or prescription. (Education Code 35183.5)

SUN SAFETY (continued)

Those students using sunscreen shall be encouraged to apply sunscreen at least 15-20 minutes prior to any outdoor activity that will require prolonged exposure to the sun. School personnel shall not be required to assist students in applying sunscreen.

4. Students shall be allowed to use UV-protective lip balm.

The Superintendent or designee shall evaluate the adequacy of shaded and/or indoor areas for recreation at each school and shall consider the provision of sufficient shaded areas in plans for new construction or modernization of facilities.

(cf. 7000 - Facilities Master Plan)

The Superintendent or designee may monitor the UV Index and modify outdoor school activities with regard to the risk of harm associated with the Index level.

Staff shall be encouraged to model recommended sun-safe behaviors, such as avoiding excessive sun exposure, using sunscreen, and wearing hats and other sun-protective clothing.

The Superintendent or designee shall inform school staff and parents/guardians of the district's sun safety measures and shall encourage parents/guardians to provide sunscreen, lip balm, hats, and other sun-protective clothing for their children to use at school. The Superintendent or designee also may provide information to parents/guardians about the risks of overexposure to UV radiation and preventive measures they may take to protect their children during nonschool hours.

Legal Reference: (see next page)

SUN SAFETY (continued)

Legal Reference:
EDUCATION CODE
35183.5 Sun protection
51210 Courses of study, grades 1-6
51220 Courses of study, grades 7-12
51890-51891 Comprehensive health education programs

Management Resources:
CSBA GOVERNANCE AND POLICY SERVICES BRIEFS
Sun Safety in Schools, July 2006
CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Health Framework for California Public Schools: Kindergarten Through Grade Twelve, 2003
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PUBLICATIONS
School Systems: The Importance of Promoting and Providing Sun Protection, 2006
California Early Childhood Sun Protection Curriculum, rev. April 1999
CALIFORNIA STATE PTA RESOLUTIONS
Sun Safety: Skin Cancer Prevention Measures at School, May 1, 2005
CENTERS FOR DISEASE CONTROL PUBLICATIONS
Guidelines for School Programs to Prevent Skin Cancer, April 26, 2002
NATIONAL ASSOCIATION OF STATE BOARDS OF EDUCATION
Fit, Healthy and Ready to Learn: Part II: Policies to Promote Sun Safety and Prevent Skin Cancer, 2002
WORLD HEALTH ORGANIZATION PUBLICATIONS
Sun Protection and Schools: How to Make a Difference, 2003
Sun Protection: A Primary Teaching Resource, 2003
WEB SITES
American Association for Health Education: http://www.aahperd.org/aahe
American Cancer Society: http://www.cancer.org
American School Health Association: http://www.ashaweb.org
California Department of Education, Health Services: http://www.cde.ca.gov/ls/he
California Department of Public Health, Skin Cancer Prevention Program: http://www.cdph.ca.gov/programs/SkinCancer
California State PTA: http://www.capta.org
Centers for Disease Control and Prevention: http://www.cdc.gov
National Association of State Boards of Education: http://www.nasbe.org
National Council on Skin Cancer Prevention: http://www.skincancerprevention.org
National Safety Council, Environmental Health Center: http://www.nsc.org/ehc/sunsafe.htm
Sun Safety for Kids: http://www.sunsafetyforkids.org
U.S. Consumer Product Safety Commission: http://www.cpsc.gov
U.S. Environmental Protection Agency, Sunwise Program: http://www.epa.gov/sunwise
UV Index: http://www.epa.gov/sunwise/uvindex.html
World Health Organization: http://www.who.int

SAFETY

The Board of Trustees recognizes the importance of providing a safe school environment that is conducive to learning and helps ensure student safety and the prevention of student injury. The Superintendent or designee shall implement appropriate practices to minimize the risk of harm to students, including, but not limited to, practices relative to school facilities and equipment, the outdoor environment, educational programs, and school-sponsored activities.

(cf. 0450 - Comprehensive Safety Plan)
(cf. 3320 - Claims and Actions Against the District)
(cf. 3514 - Environmental Safety)
(cf. 3514.1 - Hazardous Substances)
(cf. 3514.2 - Integrated Pest Management)
(cf. 3516 - Emergencies and Disaster Preparedness Plan)
(cf. 3530 - Risk Management/Insurance)
(cf. 3542 - School Bus Drivers)
(cf. 3543 - Transportation Safety and Emergencies)
(cf. 4119.42/4219.42/4319.42 - Exposure Control Plan for Bloodborne Pathogens)
(cf. 4119.43/4219.43/4319.43 - Universal Precautions)
(cf. 5131 - Conduct)
(cf. 5131.1 - Bus Conduct)
(cf. 5141 - Health Care and Emergencies)
(cf. 5141.22 - Infectious Diseases)
(cf. 5142.1 - Identification and Reporting of Missing Children)
(cf. 5143 - Insurance)
(cf. 5144 - Discipline)
(cf. 5144.1 - Suspension and Expulsion/Due Process)
(cf. 6145.2 - Athletic Competition)
(cf. 6161.3 - Toxic Art Supplies)
(cf. 6163.2 - Animals at School)
(cf. 7111- Evaluating Existing Buildings)

Staff shall be responsible for the proper supervision of students during school hours, during school-sponsored activities, and while students are using district transportation to and from school.

The Superintendent or designee shall ensure that students receive appropriate instruction on topics related to safety, as well as injury and disease prevention.

(cf. 5141.7 - Sun Safety)
(cf. 6142.8 - Comprehensive Health Education)

Crossing Guards/Safety Patrol

To assist students in safely crossing streets adjacent to or near school sites, the Board may employ crossing guards and/or establish a safety patrol at any district school. The Superintendent or designee shall periodically examine traffic patterns within school attendance areas in order to identify locations where crossing assistance may be needed.

Legal Reference: (see next page)

SAFETY (continued)

Legal Reference:

EDUCATION CODE
8482-8484.6 After School Education and Safety Program
17280-17317 Building approvals (Field Act)
17365-17374 Fitness of school facilities for occupancy
32001 Fire alarms and drills
32020 School gates; entrances for emergency vehicles
32030-32034 Eye safety
32040 First aid equipment
32225-32226 Two-way communication devices in classrooms
32240-32245 Lead-free schools
32250-32254 CDE school safety and security resources unit
32280-32289 Safety plans
44807 Duty of teachers concerning conduct of students
44808 Exemption from liability when students are not on school property
44808.5 Permission for students to leave school grounds; notice (high school)
45450-45451 Crossing guards
48900 Hazing
49300-49307 School safety patrol
49330-49335 Injurious objects
49341 Hazardous materials in school science laboratories
51202 Instruction in personal and public health and safety
GOVERNMENT CODE
810-996.6 California Tort Claims Act
HEALTH AND SAFETY CODE
115725-115735 Playground safety
115775-115800 Wooden playground equipment
115810-115816 Playground safety and recycling grants
PENAL CODE
245.6 Hazing
PUBLIC RESOURCES CODE
5411 Purchase of equipment usable by physically disabled persons
VEHICLE CODE
21100 Rules and regulations; crossing guards
21212 Use of helmets
42200 Fines and forfeitures, disposition by cities
42201 Fines and forfeitures, disposition by counties
CODE OF REGULATIONS, TITLE 5
202 Exclusion of students with a contagious disease
570-576 School safety patrols
5531 Supervision of social activities
5552 Playground supervision
5570 When school shall be open and teachers present
14103 Bus driver; authority over pupils

Legal Reference continued: (see next page)

SAFETY (continued)

Legal Reference: (continued)

COURT DECISIONS
Wiener v. Southcoast Childcare Centers, (2004) 32 Cal.4th 1138
Kahn v. East Side Union High School District, (2003) 31 Cal.4th 990
Hoyem v. Manhattan Beach City School District, (1978) 22 Cal. 3d 508
Dailey v. Los Angeles Unified School District, (1970) 2 Cal 3d 741

Management Resources:

AMERICAN SOCIETY FOR TESTING AND MATERIALS
F 1487-05, Standard Consumer Safety Performance Specification for Playground Equipment for Public Use, 2005
U.S. CONSUMER PRODUCT SAFETY COMMISSION PUBLICATIONS
Handbook for Public Playground Safety, Pub. No. 325, 1994, rev. 1997
WEB SITES
American Society for Testing and Materials: http://www.astm.org
California Department of Education, Safe Schools Office: http://www.cde.ca.gov/ls/ss
California Department of Public Health: http://www.cdph.ca.gov
Centers for Disease Control and Prevention: http://www.cdc.gov
Environmental Protection Agency: http://www.epa.gov
U.S. Consumer Product Safety Commission: http://www.cpsc.gov
U.S. Department of Education, Safe Schools: http://www.ed.gov/about/offices/list/osers/osep/gtss.html

SAFETY

Each principal or designee shall establish school rules for the safe and appropriate use of school equipment and materials and for student conduct consistent with law, Board policy, and administrative regulation. Copies of the rules shall be distributed to parents/guardians and shall be readily available at the school at all times.

(cf. 0450 - Comprehensive Safety Plan)
(cf. 5131 - Conduct)
(cf. 5144 - Discipline)

Release of Students

Students shall be released during the school day only to the custody of an adult if:

1. The adult is the student's custodial parent/guardian.

(cf. 5021 - Noncustodial Parents)

2. The adult has been authorized on the student's emergency card as someone to whom the student may be released when the custodial parent/guardian cannot be reached, and the principal or designee verifies the adult's identity.

(cf. 3516 - Emergencies and Disaster Preparedness Plan)

3. The adult is an authorized law enforcement officer acting in accordance with law.

(cf. 5141.4 - Child Abuse Prevention and Reporting)
(cf. 5145.11 - Questioning and Apprehension by Law Enforcement)

4. The adult is taking the student to emergency medical care at the request of the principal or designee.

(cf. 5141 - Health Care and Emergencies)

Supervision of Students

Teachers shall be present at their respective rooms and shall open them to admit students not less than 30 minutes before the time when school starts. (5 CCR 5570)

Every teacher shall hold students accountable for their conduct on the way to and from school, on the playgrounds, and during recess. (Education Code 44807)

The principal or designee shall require all individuals supervising students to remain alert in spotting dangerous conditions, promptly report any such conditions to the principal or designee, and file a written report on such conditions as appropriate.

(cf. 3530 - Risk Management/Insurance)

SAFETY (continued)

In arranging for appropriate supervision on playgrounds, the principal or designee shall:

1. Where playground supervision is not otherwise provided, provide for certificated employees to supervise the conduct and safety, and direct the play, of students who are on school grounds before and after school and during recess and other intermissions (5 CCR 5552)

2. Clearly identify supervision zones on the playground and require all playground supervisors to remain outside at a location from which they can observe their entire zone of supervision

3. Consider the size of the playground area, the number of areas that are not immediately visible, and the age of the students to determine the ratio of playground supervisors to students

The Superintendent or designee shall ensure that teachers, teacher aides, playground supervisors, yard aides, and volunteers who supervise students receive training in safety practices and in supervisory techniques that will help them to forestall problems and resolve conflicts. Such training shall be documented and kept on file.

(cf. 1240 - Volunteer Assistance)
(cf. 3515.2 - Disruptions)
(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 5131.4 - Student Disturbances)
(cf. 5138 - Conflict Resolution/Peer Mediation)

Student Safety Patrols

School safety patrols shall be used only at those locations where the nature of traffic will permit their safe operation. The locations where school safety patrols are used should be determined jointly with the local law enforcement agency. (5 CCR 572)

A school safety patrol shall be composed of students of the school who are selected by the principal and shall serve only with written consent from their parent/guardian. Patrol members shall be at least 10 years old and at least in the fifth grade. (Education Code 49302; 5 CCR 571)

Patrol members shall be under the supervision and control of the principal or designee and shall receive training in proper procedures, including, but not limited to, the operations specified in 5 CCR 573-574. Whenever on duty, patrol members shall wear the standard uniform required by 5 CCR 576.

SAFETY (continued)

Playground Safety

Any new playground or any replacement of equipment or modification of components inside an existing playground shall conform to standards set forth by the American Society for Testing and Materials and the guidelines set forth by the U.S. Consumer Product Safety Commission. (Health and Safety Code 115725)

Any playground installed between January 1, 1994, and December 31, 1999, shall conform to these standards not later than 15 years after the date of installation. (Health and Safety Code 115725)

Activities with Safety Risks

Because of concerns about the risk to student safety, the principal or designee shall not permit the following activities on campus or during school-sponsored events unless the activity is properly supervised, students wear protective gear as appropriate, and each participant has insurance coverage:

1. Trampolining

2. Skateboarding or use of scooters

3. In-line or roller skating or use of skate shoes

4. Motorcycling

5. Target shooting

6. Other activities determined by the principal to have a high risk to student safety

(cf. 5143 - Insurance)
(cf. 6145 - Extracurricular and Cocurricular Activities)
(cf. 6153 - School-Sponsored Trips)

Students who operate or ride as a passenger on a bicycle, nonmotorized scooter, or skateboard upon a street, bikeway, or any other public bicycle path or trail shall wear a properly fitted and fastened bicycle helmet that meets the standards of law. Students also shall be required to wear such helmets while wearing in-line or roller skates. (Vehicle Code 21212)

SAFETY (continued)

Laboratory Safety

The principal of each school offering laboratory work shall develop procedures for laboratory safety and designate a trained certificated employee to implement and regularly review these procedures.

Hearing Protection

The Superintendent or designee shall monitor students' exposure to excessive noise in classrooms and provide protection as necessary. The Superintendent or designee also may provide hearing conservation education to teach students ways to protect their hearing.

Eye Safety Devices

The Superintendent or designee shall provide schools with eye safety devices for use whenever students, teachers, or visitors are engaged in or observing an activity or using hazardous substances likely to cause injury to the eyes. Eye safety devices may be sold to students for an amount not to exceed their actual cost to the district. (Education Code 32030, 32031, 32033)

(cf. 3260 - Fees and Charges)

Protection Against Insect Bites

To help protect students against insect bites or stings that may spread disease or cause allergic reactions, students shall be allowed to apply insect repellent provided by their parents/guardians, under the supervision of school personnel, and in accordance with the manufacturer's directions, when engaging in outdoor activities.

IDENTIFICATION AND REPORTING OF MISSING CHILDREN

Notices of Missing Children

Every school shall post in an appropriate area the monthly poster on missing children provided by the Department of Justice (DOJ). For elementary schools, the poster shall be posted in an area restricted to adults. (Education Code 38139; Penal Code 14208)

Whenever a new student enrolls or transfers into an elementary school in the district, the principal or designee is encouraged to review the missing person bulletins provided by the DOJ to determine if the student resembles a child listed as missing. (Education Code 49068.5)

(cf. 5111 - Admission)

School staff are also encouraged to monitor "Amber Alerts" issued by law enforcement agencies in serious, time-critical child abduction cases.

If a law enforcement agency notifies the district that a child enrolled in the district has been reported missing, the principal or designee of the school in which the child is enrolled shall place a notice on the front of the child's school record indicating that he/she has been reported missing. If a school receives a record inquiry or request from any person or entity regarding a missing child about whom the school has been notified, the principal or designee shall immediately notify the law enforcement agency that informed the school of the missing child's status. (Education Code 49068.6)

(cf. 5125 - Student Records)

Reporting Missing Children

Any district employee who recognizes a child who has been reported missing through a DOJ notice, an Amber Alert, or other means shall immediately notify law enforcement using the hotline telephone number listed.

In the event that a district employee witnesses a child abduction, he/she shall immediately contact law enforcement and provide the agency with information on the location of the abduction and a description of the victim, the suspect, and any vehicle involved. He/she shall also notify the Superintendent or designee who shall implement steps, as needed, to ensure the safety of other students.

(cf. 0450 - Comprehensive Safety Plan)
(cf. 5142 - Safety)

Fingerprinting Program

The district may offer a voluntary fingerprinting program for all entering kindergarten students and for all students newly enrolled in the district. The district may contract with any

IDENTIFICATION AND REPORTING OF MISSING CHILDREN (continued)

public or private agency, including any appropriate civic or community organization, and/or may seek to obtain private funding and volunteer assistance to perform the fingerprinting. (Education Code 32390; 5 CCR 640)

(cf. 1240 - Volunteer Assistance)
(cf. 3312 - Contracts)

Students shall not be fingerprinted without parent/guardian consent. At the time of students' enrollment in the district, the Superintendent or designee shall notify the parents/guardians of the availability of the voluntary fingerprinting program and ask them to declare, in writing, whether or not they want their child to participate. At the same time, the Superintendent or designee shall notify parents/guardians in writing that they may reverse their declaration on fingerprinting in writing at any time. (Education Code 32390)

(cf. 5145.6 - Parental Notifications)

Parents/guardians of students who consent to the fingerprinting shall be charged a fee calculated to reimburse the district only for actual costs associated with the program. (Education Code 32390)

(cf. 3260 - Fees and Charges)

Fingerprint services shall be provided in accordance with the standards specified in 5 CCR 641.

Any report or document containing a student's fingerprints shall be given to the parents/guardians. It may be given with the child's report card or any other document routinely mailed to parents/guardians, or may be given in person at any parent-teacher conference. No report or document containing a student's fingerprints shall be kept by the district or given to any other private or public entity. (Education Code 32390)

(cf. 5022 - Student and Family Privacy Rights)

Legal Reference: (see next page)

IDENTIFICATION AND REPORTING OF MISSING CHILDREN (continued)

Legal Reference:

EDUCATION CODE
32390 Voluntary program for fingerprinting students
38139 Posting of information about missing children
48980 Parental notification of district programs, rights and responsibilities
49068.5-49068.6 Missing children; transfers
49370 Legislative intent re: reporting of missing children
PENAL CODE
14200-14213 Violent crime information center
CODE OF REGULATIONS, TITLE 5
640-641 Student fingerprinting program

Management Resources:

WEB SITES
California Department of Justice, Missing Persons: http://oag.ca.gov/missing
California Highway Patrol, Amber Alert: http://www.chp.ca.gov/amber
National Center for Missing and Exploited Children: http://www.missingkids.com

SAFE ROUTES TO SCHOOL PROGRAM

The Board of Trustees recognizes that walking, bicycling, and other forms of active transport to school promote students' physical activity and reduce vehicle traffic and air pollution in the vicinity of schools. As part of the district's coordinated approach to supporting student wellness and safety and enhancing student learning, the Superintendent or designee shall develop and implement strategies to establish and promote safe routes to school program activities.

(cf. 0450 - Comprehensive Safety Plan)
(cf. 3510 - Green School Operations)
(cf. 3514 - Environmental Safety)
(cf. 5030 - Student Wellness)
(cf. 5142 - Safety)

The Superintendent or designee may identify a program coordinator or establish district and/or school site committees to oversee and coordinate related activities.

The Superintendent or designee may collaborate with local public works and public safety departments, transportation agencies, other city and county agencies, school staff, students, parents/guardians and parent organizations, health organizations, community organizations, and/or businesses in the development, implementation, and evaluation of strategies.

(cf. 1020 - Youth Services)
(cf. 1220 - Citizen Advisory Committees)
(cf. 1230 - School-Connected Organizations)
(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)
(cf. 1700 - Relations Between Private Industry and the Schools)
(cf. 6020 - Parent Involvement)

Strategies shall be based on the grade levels of the students and an assessment of the conditions and needs of each school and the surrounding neighborhoods.

The Superintendent or designee shall explore the availability of grant funds and other sources of funding to support related projects and activities.

(cf. 1260 - Educational Foundation)
(cf. 3100 - Budget)
(cf. 3290 - Gifts, Grants and Bequests)
(cf. 7110 - Facilities Master Plan)

The Superintendent or designee may periodically report to the Board on the implementation of program activities and progress toward program goals. Such reports may include, but not be limited to, levels of participation in promotional and educational activities, survey results of parent/guardian attitudes about allowing their child to walk or bicycle to school, tallies of

SAFE ROUTES TO SCHOOL PROGRAM (continued)

the numbers of students using various modes of travel to and from school and how these numbers have changed over time, records of student attendance and on-time arrival, and injury data within the school and/or district attendance boundaries.

(cf. 0500 - Accountability)

Legal Reference:

EDUCATION CODE
32283 Comprehensive safety plan
45450-45451 Crossing guards
GOVERNMENT CODE
65352.2 General planning; communication between cities, counties and school districts
STREETS AND HIGHWAYS CODE
2333.5 Safe routes to schools construction program
VEHICLE CODE
21200-21212 Operation of bicycles, especially:
21212 Helmet required for bicycle, nonmotorized scooter, skateboard, skates
21949-21971 Pedestrian rights and duties
UNITED STATES CODE, TITLE 23
148 Highway safety improvement program
UNITED STATES CODE, TITLE 42
1758b Local wellness policy

Management Resources:

CSBA PUBLICATIONS
Safe Routes to School: Program and Policy Strategies for School Districts, Policy Brief, August 2009
Building Collaboration: Tools and Ideas for Creating Active Living, Healthy Eating Communities, August 2009
NATIONAL CENTER FOR SAFE ROUTES TO SCHOOL PUBLICATIONS
Safe Routes to School Guide
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION PUBLICATIONS
Safe Routes to School Toolkit, 2002
SAFE ROUTES TO SCHOOL NATIONAL PARTNERSHIP PUBLICATIONS
Safe Routes to School 2009 Policy Report: Moving to the Future: Building on Early Achievements, March 2009
WEB SITES
CSBA: http://www.csba.org
California Center for Physical Activity: http://www.caphysicalactivity.org
California Department of Transportation, Safe Routes to School: http://www.dot.ca.gov/hq/LocalPrograms/saferoutes/saferoutes.htm
National Center for Safe Routes to School: http://www.saferoutesinfo.org
National Highway Traffic Safety Administration: http://www.nhtsa.gov
Safe Routes to School National Partnership: http://www.saferoutespartnership.org
U.S. Department of Transportation, Federal Highway Administration, Safe Routes to School: http://safety.fhwa.dot.gov/saferoutes

SAFE ROUTES TO SCHOOL PROGRAM

District strategies to improve student safety along routes to school and to promote walking, bicycling, and other forms of active transport to school by students may include:

1. Education activities that promote safety and awareness, such as:

    a. Instructing students about pedestrian, bicycle, and personal safety

    b. Instructing students about the health and environmental benefits of walking, bicycling, and other forms of active transport to school

(cf. 3510 - Green School Operations)
(cf. 5030 - Student Wellness)
(cf. 6142.7 - Physical Education and Activity)
(cf. 6142.8 - Comprehensive Health Education)

    c. Offering driver safety education to high school students, parents/guardians, and the community

2. Encouragement strategies designed to generate interest in active transport to school, such as:

    a. Organizing or facilitating "walking school buses" and/or "bicycle trains" whereby students walk or bike to school in groups escorted by parents/guardians or other volunteers as needed

    b. Organizing special events and activities, such as Walk or Bike to School Day, International Walk to School Month, or year-round competitions

    c. Publicizing the district's efforts in order to build support of parents/guardians and the community, including providing information about the district's safe routes to school program in parent/guardian communications and in any notifications about transportation options

(cf. 1112 - Media Relations)
(cf. 3540 - Transportation)
(cf. 3541 - Transportation Routes and Services)

3. Enforcement strategies to deter unsafe behaviors of drivers, pedestrians, and bicyclists, such as:

    a. Initiating or expanding crossing guard, student safety patrol, and/or parent/guardian safety patrol programs

(cf. 5142 - Safety)

SAFE ROUTES TO SCHOOL PROGRAM (continued)

b. Partnering with local law enforcement to help ensure that traffic laws are obeyed in the vicinity of schools and to implement appropriate measures such as placement of speed feedback monitors, ticketing, and/or driver safety campaigns

c. Monitoring to ensure that students who bicycle to school or who use skateboards, skates, or nonmotorized scooters wear helmets in accordance with Vehicle Code 21212

4. Engineering strategies that address the design, implementation, operation, and maintenance of traffic control devices or physical measures, such as:

a. Working with local government agencies, parents/guardians, school staff, and others as appropriate to gather data about environmental conditions and hazards along routes to school

(cf. 1020 - Youth Services)
(cf. 1220 - Citizen Advisory Committees)
(cf. 1230 - School-Connected Organizations)
(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)
(cf. 1700 - Relations Between Private Industry and the Schools)
(cf. 6020 - Parent Involvement)

b. Working with local government agencies to make operational and physical improvements that reduce or eliminate hazards, such as reducing motor vehicle traffic speeds in the area and establishing safer and fully accessible crosswalks, walkways, trails, and bikeways

c. Assessing the adequacy, accessibility, and safety of bicycle parking at schools and making modifications as needed, such as increasing the number of or relocating bicycle racks and/or equipment storage areas

(cf. 7111 - Evaluating Existing Buildings)

d. Considering safe routes to school when making decisions about siting and designing of new schools

(cf. 7110 - Facilities Master Plan)
(cf. 7150 - Site Selection and Development)

5. Evaluation to assess progress toward program goals, including:

a. Gathering and interpreting data based on indicators established by the Superintendent or designee and the Board of Trustees

SAFE ROUTES TO SCHOOL PROGRAM (continued)

b. Presenting data to the Board, program partners, and the public

c. Recommending program modifications as needed

INSURANCE

The Board of Trustees believes that all students should have health and accident insurance protection to ensure that they receive needed health care services in the event of illness or injury.

The Superintendent or designee shall provide information to students and their parents/guardians about available insurance against injuries occurring during school-related activities, which may include printed matter furnished by the insurer or membership corporation. Parents/guardians shall not be required to enroll their children in insurance programs offered by the district.

(cf. 3530 - Risk Management/Insurance)
(cf. 3540 - Transportation)
(cf. 3543 - Transportation Safety and Emergencies)
(cf. 5141 - Health Care and Emergencies)
(cf. 5141.6 - School Health Services)
(cf. 6142.7 - Physical Education and Activity)
(cf. 6178 - Career Technical Education)
(cf. 6178.1 - Work-Based Learning)

Athletic Teams

Each student participating on a school athletic team shall have insurance protection in the amounts specified in law and administrative regulation for medical and hospital expenses resulting from accidental bodily injury. (Education Code 32221)

(cf. 6145 - Extracurricular and Cocurricular Activities)
(cf. 6145.2 - Athletic Competition)

If a student does not have insurance protection or a reasonable equivalent of health benefits through other means, including, but not limited to, purchase by the student or his/her parent/guardian, the district shall offer a medical or hospital service or insurance program. (Education Code 32221)

The cost of the insurance protection shall be paid by the parent/guardian of an athletic team member or other persons on the student's behalf.

However, if the parent/guardian is financially unable to pay the costs, the costs shall be paid by the district and/or student body organization. (Education Code 32221)

(cf. 3260 - Fees and Charges)
(cf. 3452 - Student Activity Funds)

INSURANCE (continued)

Field Trips/Excursions

The district shall offer medical and/or hospital service or insurance protection for students injured while participating in any excursion or field trip under the jurisdiction of, sponsored by, or controlled by the district. (Education Code 35331)

(cf. 3541.1 - Transportation for School-Related Trips)
(cf. 6153 - School-Sponsored Trips)

Parents/guardians choosing to participate in the insurance program offered by the district shall pay the costs of the medical or hospital service or insurance protection.

Legal Reference:

EDUCATION CODE
10900-10914.5 Community recreation activities
32220-32224 Insurance for athletic teams
33353.5 Interscholastic federation; insurance program; nontransaction of insurance
35331 Insurance for field trips and excursions
48980 Parental notifications
48985 Notices to parents in language other than English
49470-49474 District medical services and insurance
51760 Insurance, work experience programs
52530 Insurance for healing arts program students
INSURANCE CODE
10493 Benefit and relief association
CODE OF REGULATIONS, TITLE 22
51050-51190.5 Definitions of Medi-Cal providers and services

Management Resources:

WEB SITES
CSBA, Medi-Cal Services Program: http://www.csba.org/ds/medi_cal.htm
California Department of Health Care Services: http://www.dhcs.ca.gov
California Department of Insurance: http://www.insurance.ca.gov
Centers for Medicare and Medicaid Services: http://www.cms.hhs.gov
Healthy Families Program: http://www.healthyfamilies.ca.gov
Medi-Cal: http://www.medi-cal.ca.gov

INSURANCE

Athletic Teams

"Members of a school athletic team" include: (Education Code 32220)

1. Members of any extramural athletic team engaged in athletic events on or outside school grounds

2. Members of school bands or orchestras, cheerleaders and their assistants, pompom girls, team managers and their assistants, and any student selected by the school or student body organization to directly assist in the conduct of the athletic event, including incidental activities, but only while such members are being transported by or under the sponsorship or arrangements of the district or the district's student body organization to or from a school or other place of instruction and the place at which the athletic event is being conducted

Insurance for members of school athletic teams shall provide coverage for injury arising while students are: (Education Code 32221)

1. Engaging in or preparing for an athletic event sponsored or arranged by the district or student body organization

2. Being transported by the school district, or under its sponsorship, to and from the school and place of the athletic event

(cf. 3530 - Risk Management/Insurance)
(cf. 3541.1 - Transportation for School-Related Trips)
(cf. 3543 - Transportation Safety and Emergencies)
(cf. 5141 - Health Care and Emergencies)
(cf. 5141.6 - School Health Services)
(cf. 6145 - Extracurricular and Cocurricular Activities)
(cf. 6145.2 - Athletic Competition)

Injuries arising while students are engaged in community recreational activities pursuant to Education Code 10900-10914.5 are excluded. (Education Code 32222)

The district shall offer for medical and hospital expenses resulting from accidental bodily injury a group or individual medical plan with accidental benefits of at least $200 for each occurrence and major medical coverage of at least $10,000, with no more than $100 deductible and no less than 80 percent payable for each occurrence. (Education Code 32221)

The district requires each student participating on a school athletic team to have insurance protection in the amount offered by the district. (Education Code 32221)

Prior to participating in athletic activities, each member of an athletic team shall provide proof of insurance coverage to the Superintendent or designee.

INSURANCE (continued)

Offers of insurance coverage sent to athletic team members shall include the following statement printed in boldface type of prominent size: (Education Code 32221.5)

> Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.
>
> Some students may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling _____(insert toll free telephone number).

The above statement shall also be included into any other letters or printed materials, in boldface type of prominent size, that contain the name and/or logo of the district and are sent to members of school athletic teams to inform them of the provisions of Education Code 32220-32224 or any other state law regarding the provision of insurance protection. (Education Code 32221.5)

(cf. 5145.6 - Parental Notifications)

DISCIPLINE

The Board of Trustees desires to provide a safe, supportive, and positive school environment conducive to student learning and to prepare students for responsible citizenship by fostering self-discipline and personal responsibility. The Board believes that high expectations for student behavior, use of effective school and classroom management strategies, and parent/guardian involvement can minimize the need for discipline.

The Superintendent or designee shall approve, for each school, a complement of effective, age-appropriate strategies for correcting student behavior. Such strategies may include, but are not limited to, conferences with students and their parents/guardians; use of study, guidance, or other intervention-related teams; enrollment in a program teaching prosocial behavior or anger management; and participation in a restorative justice program. Staff shall use preventative measures and positive conflict resolution techniques whenever possible. Disciplinary measures that may result in loss of instructional time or cause students to be disengaged from school, such as suspension and expulsion, shall be imposed only when required by law and when other means of correction have failed. (Education Code 48900.5)

(cf. 5020 - Parent Rights and Responsibilities)
(cf. 5137 - Positive School Climate)
(cf. 5138 - Conflict Resolution/Peer Mediation)
(cf. 5145.9 - Hate-Motivated Behavior)
(cf. 6020 - Parent Involvement)
(cf. 6164.5 - Student Success Teams)

Board policies and administrative regulations shall outline acceptable student conduct and provide the basis for sound disciplinary practices.

(cf. 5131 - Conduct)
(cf. 5131.1 - Bus Conduct)
(cf. 5131.2 - Bullying)

The administrative staff at each school may develop disciplinary rules to meet the school's particular needs. However, the rules shall be consistent with law, Board policy, and district regulations. The Board may review, at an open meeting, the approved school discipline rules for consistency with Board policy and state law. (Education Code 35291.5)

(cf. 9320 - Meetings and Notices)

At all times, the safety of students and staff and the maintenance of an orderly school environment shall be priorities in determining appropriate discipline. When misconduct occurs, staff shall attempt to identify the causes of the student's behavior and implement appropriate discipline. When choosing between different disciplinary strategies, staff shall consider the effect of each option on the student's health and opportunity to learn.

Persistently disruptive students may be assigned to alternative programs or removed from school in accordance with law, Board policy, and administrative regulation.

DISCIPLINE (continued)

(cf. 0450 - Comprehensive Safety Plan)
(cf. 3515 - Campus Security)
(cf. 3515.3 - District Police/Security Department)
(cf. 4158/4258/4358 - Employee Security)
(cf. 5136 - Gangs)
(cf. 5144.1 - Suspension and Expulsion/Due Process)
(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))
(cf. 6159.4 - Behavioral Interventions for Special Education Students)
(cf. 6184 - Continuation Education)
(cf. 6185 - Community Day School)

Staff shall enforce disciplinary rules fairly, consistently, and in accordance with the district's nondiscrimination policies.

(cf. 0410 - Nondiscrimination in District Programs and Activities)
(cf. 5145.3 - Nondiscrimination/Harassment)
(cf. 5145.7 - Sexual Harassment)

The Superintendent or designee shall provide professional development as necessary to assist staff in developing consistent classroom management skills, implementing effective disciplinary techniques, and establishing cooperative relationships with parents/guardians.

(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)

At the beginning of every school year, the Superintendent or designee shall report to the Board regarding disciplinary strategies used in each school in the immediately preceding school year and their effect on student learning in the school.

Corporal Punishment

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. (Education Code 49001)

However, corporal punishment does not include any pain or discomfort suffered by a student as a result of his/her voluntary participation in an athletic or other recreational competition or activity. In addition, an employee's use of force that is reasonable and necessary to protect himself/herself, students, staff, or other persons, to prevent damage to property, or to obtain possession of weapons or other dangerous objects within the control of the student is not corporal punishment. (Education Code 49001)

(cf. 4158/4258/4358 - Employee Security)
(cf. 5131.7 - Weapons and Dangerous Instruments)
(cf. 6145.2 - Athletic Competition)

DISCIPLINE (continued)

Legal Reference:

EDUCATION CODE
32280-32288 School safety plans
35146 Closed sessions
35291 Rules
35291.5-35291.7 School-adopted discipline rules
37223 Weekend classes
44807.5 Restriction from recess
48900-48926 Suspension and expulsion
48980-48985 Notification of parent/guardian
49000-49001 Prohibition of corporal punishment
49330-49335 Injurious objects
CIVIL CODE
1714.1 Parental liability for child's misconduct
CODE OF REGULATIONS, TITLE 5
307 Participation in school activities until departure of bus
353 Detention after school

Management Resources:

CSBA PUBLICATIONS
Safe Schools: Strategies for Governing Boards to Ensure Student Success, October 2011
Maximizing Opportunities for Physical Activity during the School Day, Fact Sheet, 2009
CALIFORNIA DEPARTMENT OF EDUCATION PROGRAM ADVISORIES
Classroom Management: A California Resource Guide for Teachers and Administrators of Elementary and Secondary Schools, 2000
STATE BOARD OF EDUCATION POLICIES
01-02 School Safety, Discipline, and Attendance, March 2001
WEB SITES
CSBA: http://www.csba.org
California Department of Education: http://www.cde.ca.gov
U.S. Department of Education: http://www.ed.gov

DISCIPLINE

Site-Level Rules

In developing site-level disciplinary rules, the principal or designee shall solicit the participation, views, and advice of one representative selected by each of the following groups: (Education Code 35291.5)

1. Parents/guardians
2. Teachers
3. School administrators
4. School security personnel, if any

(cf. 3515.3 - District Police/Security Department)

5. For middle and high schools, students enrolled in the school

Each school shall file a copy of its rules with the Superintendent or designee.

Each school shall review its site-level discipline rules at least every four years.

It shall be the duty of each employee of the school to enforce the school rules on student discipline. (Education Code 35291)

Disciplinary Strategies

To the extent possible, staff shall use disciplinary strategies that keep students in school and participating in the instructional program. Disciplinary strategies may include, but are not limited to:

1. Discussion or conference between school staff and the student and his/her parents/guardians

(cf. 5020 - Parent Rights and Responsibilities)
(cf. 6020 - Parent Involvement)

2. Referral of the student to the school counselor or other school support service personnel for case management and counseling

(cf. 5138 - Conflict Resolution/Peer Mediation)
(cf. 6164.2 - Guidance/Counseling Services)

3. Convening of a study, guidance, resource panel, or cost coordination of services team to assess the behavior and develop and implement an individual plan to address the behavior in partnership with the student and his/her parents/guardians

(cf. 6164.5 - Student Success Teams)

DISCIPLINE (continued)

4. When applicable, referral for a comprehensive psychosocial or psychoeducational assessment, including for purposes of creating an individualized education program or a Section 504 plan

(cf. 6159 - Individualized Education Program)
(cf. 6164.6 - Identification and Education under Section 504)

5. Enrollment in a program for teaching prosocial behavior or anger management

6. Participation in a restorative justice program

7. A positive behavior support approach with tiered interventions that occur during the school day on campus

8. After-school programs that address specific behavioral issues or expose students to positive activities and behaviors, including, but not limited to, those operated in collaboration with local parent and community groups

(cf. 5148.2 - Before/After School Programs)

9. Recess restriction as provided in the section below entitled "Recess Restriction"

10. Detention after school hours as provided in the section below entitled "Detention After School"

11. Community service as provided in the section below entitled "Community Service"

12. In accordance with Board policy and administrative regulation, restriction or disqualification from participation in extracurricular activities

(cf. 6145 - Extracurricular/Cocurricular Activities)

13. Reassignment to an alternative educational environment

(cf. 6158 - Independent Study)
(cf. 6181 - Alternative Schools/Programs of Choice)
(cf. 6184 - Continuation Education)
(cf. 6185 - Community Day School)

14. Suspension and expulsion in accordance with law, Board policy, and administrative regulation

(cf. 5144.1 - Suspension and Expulsion/Due Process)
(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))

DISCIPLINE (continued)

Recess Restriction

A teacher may restrict a student's recess time only when he/she believes that this action is the most effective way to bring about improved behavior. When recess restriction may involve the withholding of physical activity from a student, the teacher shall try other disciplinary measures before imposing the restriction. Recess restriction shall be subject to the following conditions:

1. The student shall be given adequate time to use the restroom and get a drink or eat lunch, as appropriate.

2. The student shall remain under a certificated employee's supervision during the period of restriction.

3. Teachers shall inform the principal of any recess restrictions they impose.

(cf. 5030 - Student Wellness)
(cf. 6142.7 - Physical Education and Activity)

Detention After School

Students may be detained for disciplinary reasons up to one hour after the close of the maximum school day. (5 CCR 353)

If a student will miss his/her school bus on account of being detained after school, or if the student is not transported by school bus, the principal or designee shall notify parents/guardians of the detention at least one day in advance so that alternative transportation arrangements may be made. The student shall not be detained unless the principal or designee notifies the parent/guardian.

In cases where the school bus departs more than one hour after the end of the school day, students may be detained until the bus departs. (5 CCR 307, 353)

Students shall remain under the supervision of a certificated employee during the period of detention.

Students may be offered the choice of serving their detention on Saturday rather than after school.

(cf. 6176 - Weekend/Saturday Classes)

Community Service

As part of or instead of disciplinary action, the Board, Superintendent, principal, or principal's designee may, at his/her discretion, require a student to perform community

DISCIPLINE (continued)

service during nonschool hours on school grounds, or, with written permission of the student's parent/guardian, off school grounds. Such service may include, but is not limited to, community or school outdoor beautification, campus betterment, and teacher, peer, or youth assistance programs. (Education Code 48900.6)

This community service option is not available for a student who has been suspended, pending expulsion, pursuant to Education Code 48915. However, if the recommended expulsion is not implemented or the expulsion itself is suspended, then a student may be required to perform community service for the resulting suspension. (Education Code 48900.6)

Notice to Parents/Guardians and Students

At the beginning of the school year, the Superintendent or designee shall notify parents/guardians, in writing, about the availability of district rules related to discipline. (Education Code 35291, 48980)

(cf. 5145.6 - Parental Notifications)

The Superintendent or designee shall also provide written notice of the rules related to discipline to transfer students at the time of their enrollment in the district.