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 accidents and injuries to students 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.

"Do Not Resuscitate" 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 except under the specific written direction of the Superintendent or designee. The Superintendent or designee may only direct a staff member to follow a "do not resuscitate" order if he/she has received a written parent/guardian authorization, with an authorized health care provider statement, and an order of an appropriate court.

The Superintendent or designee shall ensure that parents/guardians who have submitted a "do not resuscitate" order are informed of this policy.

Automated External Defibrillators

The Board authorizes the Superintendent or designee to place automated external defibrillators (AEDs) at designated school sites for use by school employees in an emergency.

The Superintendent or designee shall develop guidelines for employees regarding these devices and shall ensure that employees receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. 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 that an AED will be present or will be used in the case of an emergency, or that a trained employee will be present and/or able to use an AED in an emergency, or 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
49417 Automated external defibrillators
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 Automated external defibrillators, immunity from civil liability
1797.200 Emergency medical services agency
1799.102 Personal liability immunity
CODE OF REGULATIONS, TITLE 8
5193 California Bloodborne Pathogens Standard
CODE OF REGULATIONS, TITLE 22
100031-100042 Automated external defibrillators

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

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HEALTH CARE AND EMERGENCIES

Emergency Contact Information

In order to facilitate contact in case of an emergency or accident, the principal or designee shall annually request that parents/guardians provide the following information:

1. Home address and telephone number

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

3. Parent/guardian's cell phone number and email address, if applicable

4. Name, address, and telephone number of an alternative contact person 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. 5142 - Safety)

In addition, parents/guardians shall be encouraged to notify the school whenever their emergency contact information changes.

Notification/Consent for Medical Treatment

Whenever a student requires emergency or urgent medical treatment while at school or a school-sponsored activity, the principal or designee shall contact the parent/guardian or other person identified on the emergency contact form in order to obtain consent for the medical treatment.

A person who has filed with the district a completed caregiver's authorization affidavit pursuant to Family Code 6550-6552 shall have the right to consent to or refuse school-related medical care on behalf of the minor student. The caregiver's authorization shall be invalid if the district receives notice that the minor student is no longer living with the caregiver or if the Superintendent or designee has actual knowledge of facts contrary to those stated on the affidavit. (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 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

HEALTH CARE AND EMERGENCIES (continued)

When an automated external defibrillator (AED) is placed in a district school, the Superintendent or designee shall notify an agent of the local emergency medical services agency of the existence, location, and type of AED acquired. (Health and Safety Code 1797.196, 1797.200)

The Superintendent or designee shall ensure that any AED placed at a district school is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer. (Health and Safety Code 1797.196)

The Superintendent or designee shall develop a written plan which describes the procedures to be followed in the event of a medical emergency, including an emergency that may involve the use of an AED. These procedures should include, but not be limited to, requirements for immediate notification of the 911 emergency telephone number in the event of an emergency that may involve the use of an AED.

(cf. 0450 - Comprehensive Safety Plan)

The principal of any district school with an AED shall annually provide information to school employees that describes: (Health and Safety Code 1797.196)

1. Sudden cardiac arrest

2. The school's emergency response plan

3. The proper use of an AED

Instructions on how to use the AED, in no less than 14-point type, shall be posted next to every AED. In addition, school employees shall be notified annually of the location of all AED units on campus. (Health and Safety Code 1797.196)

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

Each AED shall be checked for readiness at least biannually and after each use. In addition, the Superintendent or designee shall ensure that an inspection is made of all AEDs at least every 90 days for potential issues related to operability of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the AED. The Superintendent or designee shall maintain records of these checks. (Health and Safety Code 1797.196)

(cf. 3580 - District Records)

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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 be able 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. 5141.24 - Specialized Health Care Services)
(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 parents/guardians to administer medication to their child at school, designate other individuals to do so on their behalf, and, with the student's authorized health care provider's approval, request the district's permission for the student 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)

The Superintendent or designee shall make epinephrine auto-injectors available at each school for providing emergency medical aid to any person suffering, or reasonably believed to be suffering, from an anaphylactic reaction. (Education Code 49414)

Because of the conflict between state and federal law regarding the legality of medicinal cannabis, the Board prohibits the administration of medicinal cannabis to students on school grounds by parents/guardians or school personnel.

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)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS (continued)

Administration of Medication by School Personnel

When allowed by law, medication prescribed to a student by an authorized health care provider may be administered by a school nurse or, when a school nurse or other medically licensed person is unavailable and the physician has authorized administration of medication by unlicensed personnel for a particular student, by other designated school personnel with appropriate training. School nurses and other designated school personnel shall administer medications to students in accordance with law, Board policy, administrative regulation, and, as applicable, the written statement provided by the student's parent/guardian and authorized health care provider. Such personnel 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)

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.

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

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.

Legal Reference:
EDUCATION CODE
48980 Notification at beginning of term
49407 Liability for treatment
49408 Emergency information
49414 Emergency epinephrine auto-injectors
49414.3 Emergency medical assistance; administration of medication for opioid overdose
49414.5 Providing school personnel with voluntary emergency training
49422-49427 Employment of medical personnel, especially:
49423 Administration of prescribed medication for student
49423.1 Inhaled asthma medication
49480 Continuing medication regimen; notice

Legal Reference: continued on next page

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS (continued)

Legal Reference: continued

BUSINESS AND PROFESSIONS CODE
2700-2837 Nursing, especially:
2726 Authority not conferred
2727 Exceptions in general
3501 Definitions
4119.2 Acquisition of epinephrine auto-injectors
4119.8 Acquisition of naloxone hydrochloride or another opioid antagonist
HEALTH AND SAFETY CODE
11362.7-11362.85 Medicinal cannabis
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 21
812 Schedules of controlled substances
844 Penalties for possession of controlled substance
UNITED STATES CODE, TITLE 29
794 Rehabilitation Act of 1973, Section 504
COURT DECISIONS
American Nurses Association v. Torlakson, (2013) 57 Cal.4th 570

Management Resources:
AMERICAN DIABETES ASSOCIATION PUBLICATIONS
Training Standards for the Administration of Epinephrine Auto-Injectors, rev. 2015
Glucagon Training Standards for School Personnel: Providing Emergency Medical Assistance to Pupils with Diabetes, May 2006
Legal Advisory on Rights of Students with Diabetes in California's K-12 Public Schools, August 2007
Program Advisory on Medication Administration, 2005
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: 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

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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 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)

Epinephrine auto-injector means a disposable delivery device designed for the automatic injection of a premeasured dose of epinephrine into the human body to prevent or treat a life-threatening allergic reaction. (Education Code 49414)

Anaphylaxis means a potentially life-threatening hypersensitivity to a substance, which may result from an insect sting, food allergy, drug reaction, exercise, or other cause. Symptoms may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma. (Education Code 49414)

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

Opioid antagonist means naloxone hydrochloride or another drug approved by the federal Food and Drug Administration that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body and that has been approved for the treatment of an opioid overdose. (Education Code 49414.3)

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)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS (continued)

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.

When a student requires medication during the school day in order to participate in the educational program, the Superintendent or designee shall, as appropriate, inform the student's parents/guardians that the student may qualify for services or accommodations pursuant to the Individuals with Disabilities Education Act (20 USC 1400-1482) or Section 504 of the federal Rehabilitation Act of 1973 (29 USC 794).

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

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. Submitting the parent/guardian written statement and the authorized health care provider's written statement each school year as described in the sections "Parent/Guardian Statement" and "Health Care Provider Statement" below. 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, 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, and updating the information when needed. (Education Code 49480)

3. 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

4. Contain an acknowledgment that the parent/guardian understands the responsibilities 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 the right to 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 the student 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 the student, the parent/guardian's written statement shall clearly identify the individual and shall state:

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

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 prescribed medication during school hours, the authorized health care provider's written statement shall include:

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

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

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

4. If a parent/guardian has requested that the student be allowed to self-administer medication, confirmation that the student is able to self-administer the medication (Education Code 49414.5, 49423, 49423.1; 5 CCR 602)

5. For medication that is to be administered by unlicensed personnel, confirmation by the student's health care provider that the medication may safely and appropriately be administered by unlicensed personnel (Education Code 49423, 49423.1; 5 CCR 602)

6. 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

7. Possible side effects of the medication

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

For self-administration of inhaled asthma medication, the district shall accept a written statement from a physician or surgeon contracted with a health plan licensed pursuant to Health and Safety Code 1351.2. Such written statement shall be in English and Spanish, and shall include the name and contact information for the physician or surgeon. (Education Code 49423.1)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

District Responsibilities

The Superintendent or designee shall ensure that any unlicensed school personnel authorized to administer medication to a student receives appropriate training from the school nurse or other qualified medical personnel.

The school nurse or other designated school personnel shall:

1. Administer or assist in administering medication 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 medication, 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)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

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

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. In the event of a medical emergency requiring administration of medication, provide immediate medical assistance, directly observe the student following the administration of medication, contact the student's parent/guardian, and determine whether the student should return to class, rest in the school office, or receive further medical assistance

14. 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

Emergency Epinephrine Auto-Injectors

The Superintendent or designee shall provide epinephrine auto-injectors to school nurses or other employees who have volunteered to administer them in an emergency and have received training. The school nurse, or a volunteer employee when a school nurse or physician is unavailable, may administer an epinephrine auto-injector to provide emergency medical aid to any person suffering, or reasonably believed to be suffering, from potentially life-threatening symptoms of anaphylaxis at school or a school activity. (Education Code 49414)

At least once per school year, the Superintendent or designee shall distribute to all staff a notice requesting volunteers to be trained to administer an epinephrine auto-injector and describing the training that the volunteer will receive. (Education Code 49414)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

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

The principal or designee at each school may designate one or more volunteers to receive initial and annual refresher training, which shall be provided by a school nurse or other qualified person designated by a physician and surgeon authorized pursuant to Education Code 49414 and shall be based on the standards developed by the Superintendent of Public Instruction (SPI). Written materials covering the required topics for training shall be retained by the school for reference. (Education Code 49414)

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

A school nurse or other qualified supervisor of health, or a district administrator if the district does not have a qualified supervisor of health, shall obtain a prescription for epinephrine auto-injectors for each school from an authorized physician and surgeon. Such prescription may be filled by local or mail order pharmacies or epinephrine auto-injector manufacturers. Elementary schools shall, at a minimum, be provided one adult (regular) and one junior epinephrine auto-injector. Secondary schools shall be provided at least one adult (regular) epinephrine auto-injector, unless there are any students at the school who require a junior epinephrine auto-injector. (Education Code 49414)

If an epinephrine auto-injector is used, the school nurse or other qualified supervisor of health shall restock the epinephrine auto-injector as soon as reasonably possible, but no later than two weeks after it is used. In addition, epinephrine auto-injectors shall be restocked before their expiration date. (Education Code 49414)

Information regarding defense and indemnification provided by the district for any and all civil liability for volunteers administering epinephrine auto-injectors shall be provided to each volunteer and retained in the employee's personnel file. (Education Code 49414)

(cf. 4112.6/4212.6/4312.6 - Personnel Files)

A school may accept gifts, grants, and donations from any source for the support of the school in carrying out the requirements of Education Code 49414, including, but not limited to, the acceptance of epinephrine auto-injectors from a manufacturer or wholesaler. (Education Code 49414)

(cf. 3290 - Gifts, Grants and Bequests)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

The Superintendent or designee shall maintain records regarding the acquisition and disposition of epinephrine auto-injectors for a period of three years from the date the records were created. (Business and Professions Code 4119.2)

(cf. 3580 - District Records)

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INFECTIOUS DISEASES

The Board of Trustees desires to protect students from risks posed by exposure to infectious diseases while providing a high-quality education for all students. The Superintendent or designee shall collaborate with local and state health officials to develop and regularly update a comprehensive plan for disease prevention that promotes preventative measures, mitigation, education, communication, and training of students and staff. All measures to limit the spread of infectious diseases shall be nondiscriminatory and ensure that equity is promoted.

(cf. 0400 - Comprehensive Plans)
(cf. 0410 - Nondiscrimination in District Programs and Activities)
(cf. 0415 - Equity)
(cf. 0450 - Comprehensive Safety Plan)
(cf. 1312.3 - Uniform Complaint Procedures)
(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)
(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)
(cf. 5145.3 - Nondiscrimination/Harassment)
(cf. 6020 - Parent Involvement)

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

The district's comprehensive health education program shall provide age-appropriate information about the nature and symptoms of communicable diseases, their transmission, and how to help prevent the spread of contagious diseases.

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

If the local health officer notifies the district of an outbreak of a communicable disease, or the imminent and proximate threat of a communicable disease outbreak or epidemic that threatens the public's health, the district shall take any action that the health officer deems necessary to control the spread of the disease. The district shall comply with all applicable state and federal privacy laws in regard to any such information received from the local health officer. (Health and Safety Code 120175.5)

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)

INFECTIOUS DISEASES (continued)

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)

Students with Infectious Diseases

The Superintendent or designee shall exclude students from on-campus instruction 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 exposure to other diseases in the school setting. If necessary, the Superintendent or designee shall inform the local health official of any potential outbreak. The Superintendent or designee shall ensure that student confidentiality and privacy 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
49060-49069.7 Student records
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 Student emergency information
49602 Counseling and confidentiality of student information
51202 Instruction in personal and public health and safety
CIVIL CODE
56-56.37 Confidentiality of Medical Information Act
1798-1798.78 Information Practices Act
HEALTH AND SAFETY CODE
120175.5 Local health officers and communicable diseases
120230 Exclusion for communicable disease
120325-120380 Immunization against communicable diseases
120875-120895 AIDS information
120975-121023 Mandated blood testing and confidentiality to protect public health
121475-121520 Tuberculosis tests for students

INFECTIOUS DISEASES (continued)

CALIFORNIA CONSTITUTION
Article 1, Section 1 Right to Privacy
CODE OF REGULATIONS, TITLE 8
5193 Bloodborne pathogens
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 Privacy of individually identifiable health information
COURT DECISIONS
Thomas v. Atascadero Unified School District, (1986) 662 F.Supp. 376

Management Resources:
CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Science Safety Handbook for California Public Schools, 2014
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLICATIONS
School District (K-12) Pandemic Influenza Planning Checklist
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

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INFECTIOUS DISEASES

Prevention and Mitigation Plan

The Superintendent or designee shall work with state and local health officials to develop and regularly update a plan to prevent and mitigate the spread of infectious diseases. Components of the plan may include, but are not necessarily limited to:

1. A communication strategy for informing students, parents/guardians, staff, and the community about the disease(s), including symptoms, complications, transmission, and current recommendations from state and local departments of public health

2. Protocols for assessing when campus closures are necessary and when campus(es) may reopen

3. Alternative means of instruction, schedules, and attendance, including the provision of instruction to students with disabilities, English learners, and foster or homeless youth, in the event of campus closures or partial closures

(cf. 5113 - Absences and Excuses)
(cf. 5113.1 - Chronic Absence and Truancy)
(cf. 6111 - School Calendar)
(cf. 6112 - School Day)
(cf. 6157 - Distance Learning)
(cf. 6158 - Independent Study)
(cf. 6159 - Individualized Education Program)
(cf. 6164.5 - Student Success Teams)
(cf. 6173 - Education for Homeless Youth)
(cf. 6173.1 - Education for Foster Youth)
(cf. 6181 - Alternative Schools/Programs of Choice)
(cf. 6183 - Home and Hospital Instruction)

4. Guidelines regarding preventative measures such as social distancing, personal protective equipment, temperature checks, and/or any other health screening allowed by law

5. Protocols regarding the acquisition and provision of personal protective equipment and other supplies

6. Procedures for the cancellation or alteration of extracurricular activities and field trips

(cf. 6145 - Extracurricular and Cocurricular Activities)
(cf. 6145.2 - Athletic Competition)
(cf. 6153 - School-Sponsored Trips)

7. Protocols for transportation of students using district vehicles

(cf. 3540 - Transportation)
(cf. 3543 - Transportation Safety and Emergencies)

INFECTIOUS DISEASES (continued)

8. Information on effective hygiene practices

9. Provisions for continuing free and reduced-price meal services

(cf. 3550 - Food Service/Child Nutrition Program)
(cf. 3553 - Free and Reduced Price Meals)

10. Processes for protecting students who are at higher risk from the disease

11. Programs that enhance a positive school climate and foster the emotional well-being of all students

(cf. 5141.5 - Mental Health)
(cf. 5141.52 - Suicide Prevention)
(cf. 6164.2 - Guidance/Counseling Services)

12. Guidelines for cleaning and sanitization of district facilities and equipment

(cf. 3510 - Green School Operations)
(cf. 3514.1 - Hazardous Substances)

13. Protocols for visitors and outside groups that utilize district facilities

14. Staff training

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)

INFECTIOUS DISEASES (continued)

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. For finger punctures, students shall use individual sterile lancets that have engineered sharps injury protection 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. 5022 - Student and Family Privacy Rights)
(cf. 6142.1 - Sexual Health and HIV/AIDS Prevention Instruction)
(cf. 6142.8 - Comprehensive Health Education)
(cf. 6142.93 - Science Instruction)

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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)

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 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

SPECIALIZED HEALTH CARE SERVICES (continued)

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

TUBERCULOSIS TESTING

Any student who is reasonably suspected of having active tuberculosis shall be excluded from attendance at a district school until the student provides evidence of a certificate showing that the student is free of communicable tuberculosis. (Health and Safety Code 121485, 121495, 121505)

(cf. 5112.2 - Exclusions from Attendance)

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

1. When required by the local health department as part of the comprehensive health screening required for school entry, parents/guardians shall, within 90 days after their child's entry into first grade, provide certification evidencing that their child has been screened for risk of tuberculosis within the preceding 18 months. Such certification shall be on a form approved by the California Department of Health Care Services. (Health and Safety Code 124040, 124085, 124105)

In lieu of the certificate, parents/guardians may submit a signed waiver indicating that they do not want or are unable to obtain the health screening and evaluation services for their child and, if applicable, the reasons that they are unable to obtain the services. (Health and Safety Code 124085)

(cf. 5141.32 - Health Screening for School Entry)

2. Whenever ordered by the local health officer for the preservation and protection of public health, students seeking admission for the first time to a district school at any grade level shall submit to tuberculosis testing. Students who are subject to the health officer's order shall be admitted to school as follows:

    a. The Superintendent or designee shall unconditionally admit any student who, prior to admission, submits a certificate signed by any public or private medical provider indicating that the student 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)

The Superintendent or designee shall exempt a student from the requirement to submit a certificate if the student's parent/guardian, or the student if an emancipated minor, provides an affidavit stating that the required examination is contrary to one's personal beliefs. If there is probable cause to believe that such a student has active tuberculosis, the student may be

excluded from school until the Superintendent or designee is satisfied that the student is not afflicted. (Health and Safety Code 121505)

b. A student who has not submitted the certificate or personal beliefs affidavit may be admitted on condition that the student receives an approved tuberculin skin test within 10 school days after admission. A student who has had a positive skin test and has not subsequently obtained a chest x-ray may be admitted on condition that the student 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 the certificate is provided. (Health and Safety Code 121495; 22 CCR 41315, 41327)

c. Whenever the local health officer so orders, a student may be required to complete an additional examination and provide another certificate indicating that the student 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 the student 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, the Superintendent or designee 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 the student 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 new district students required to complete such examinations in accordance with item #2 above, including, but not necessarily limited to, the number of students unconditionally and conditionally admitted and the number of students 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.

TUBERCULOSIS TESTING (continued)

(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:

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:

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PUBLICATIONS
CHDP School Handbook: School Entry Health Examination Requirements, rev. January 2006
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PUBLICATIONS
California Immunization Handbook: Pre-Kindergarten (Child-Care) and School Immunization Requirements, 10th Edition, July 2019
WEB SITES
American Lung Association: http://www.lungusa.org
California Department of Health Care Services: http://www.dhcs.ca.gov
California Department of Public Health, Tuberculosis Control: http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx
Centers for Disease Control and Prevention, Tuberculosis: http://www.cdc.gov/tb
Health Officers Association of California: http://www.calhealthofficers.org

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FOOD ALLERGIES/SPECIAL DIETARY NEEDS

The Board of Trustees desires to prevent exposure of students to foods to which they are allergic 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 not be limited to, strategies for identifying students at risk for allergic reactions, avoidance measures and other means to manage allergies, 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 based solely on their food allergy.

(cf. 0410 - Nondiscrimination in District Programs and Activities)

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
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
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 AND ANAPHYLAXIS NETWORK (FAAN) PUBLICATIONS
School Guidelines for Managing Students with Food Allergies
U.S. DEPARTMENT OF AGRICULTURE PUBLICATIONS
Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff, Fall 2001
WEB SITES
American Dietetic Association: http://www.eatright.org
American School Food Service Association: http://www.asfsa.org
California Department of Education, Health Services and School Nursing: http://www.cde.ca.gov/ls/he/hn
Food Allergy and Anaphylaxis Network: http://www.foodallergy.org
International Food Information Council: http://ific.org
National School Boards Association, School Health Programs: http://www.nsba.org
U.S. Department of Agriculture: http://www.fns.usda.gov

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)

In severe cases, anaphylaxis may result in lowered blood pressure, loss of consciousness, or even death. Symptoms typically appear immediately after exposure to a certain food or substance but in rare cases may occur after a few hours.

Epinephrine auto-injector is a disposable drug delivery system with a spring-activated needle that is designed for emergency administration of epinephrine to provide rapid, convenient first aide for 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.

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (continued)

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.

(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, substitute teacher, and/or any other personnel responsible for supervising the student.

   The principal or designee shall notify substitute staff 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 of the federal Rehabilitation Act of 1973 that restricts their diet and when a physician 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 recognized medical authority. (7 CFR 210.10, 220.8, 225.16)

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (continued)

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 physician.

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 the food 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 a fresh cloth or disposable paper towels and 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)

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.

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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

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. 5022 - Student and Family Privacy Rights)
(cf. 5141.32 - Health Screening for School Entry)
(cf. 5141.6 - School Health Services)
(cf. 5145.6 - Parental Notifications)

A parent/guardian may annually file with the principal a written statement 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 Tests

Each student's vision shall be appraised, by the school nurse or other personnel authorized under Education Code 49452, during the kindergarten year or upon first enrollment or entry in a district elementary school and subsequently in grades 2, 5, and 8. However, a student who is tested upon first enrollment or entry in the district in grade 4 or 7 shall not be required to be appraised in the next immediate year. (Education Code 49455)

The vision appraisal shall include tests for visual acuity, including near vision. Male students shall also be tested once for color vision in grade 1 or later and the results of the appraisal shall be entered in the student's health record. (Education Code 49455)

(cf. 5125 - Student Records)

Appraisal of a student's vision may be waived under either of the following conditions: (Education Code 49455)

1. The student's parent/guardian requests a waiver and presents a certificate from a physician/surgeon, physician assistant, or optometrist showing the results of an examination of the student's vision, including visual acuity and, in male students, color vision.

2. The student's parents/guardians file with the principal a written statement that they adhere to the faith or teachings of any well-recognized religious sect, denomination, or organization and, in accordance with its creed, tenets, or principles depend for healing upon prayer in the practice of their religion.

HEALTH EXAMINATIONS (continued)

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. The report 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)

In addition to the vision appraisals described above, the school nurse and/or classroom teacher shall continually and regularly observe students' eyes, appearance, behavior, visual performance, and perception that may indicate vision difficulties. (Education Code 49455)

Hearing Tests

The Superintendent or designee shall provide for the administration of hearing tests to district students by personnel authorized to conduct such testing pursuant to Education Code 49452 and 49454 and in accordance with the procedures specified in 17 CCR 2951.

Each student shall be given a hearing screening test at the following times: (17 CCR 2951)

1. Kindergarten or grade 1

2. Grade 2

3. Grade 5

4. Grade 8

5. Grade 10 or 11

6. Upon first entry into the California public school system

Each student enrolled in a special education program, other than those enrolled because of a hearing problem, shall be given a hearing test when enrolled in the program and every third year thereafter. Hearing tests may be given more frequently as needed, based on the individualized education program team's evaluation of the student. (17 CCR 2951)

(cf. 6159 - Individualized Education Program)

A follow-up hearing threshold test shall be administered to any student who fails to respond to any of the required frequencies in the screening test or is otherwise determined to need further evaluation. (17 CCR 2951)

HEALTH EXAMINATIONS (continued)

The Superintendent or designee shall provide written notification of test results to the parents/guardians of any student who fails the hearing tests. When the test results fall within the levels specified in 17 CCR 2951 or there is evidence of pathology, such as an infection of the outer ear, chronic drainage, or a chronic earache, the notification shall include a recommendation that a further medical and audiological evaluation be obtained. (17 CCR 2951)

The dates and results of all screening tests and copies of threshold tests shall be included in the student's health records. (17 CCR 2951)

The principal or designee shall prepare an annual report of the school hearing testing program, using forms provided by the Department of Health Services, with copies to the Superintendent and the County Superintendent of Schools. (17 CCR 2951)

Scoliosis Screening

Each female student in grade 7 and each male student in grade 8 shall be screened for scoliosis. (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)

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IMMUNIZATIONS

To protect the health of all students and staff and to curtail the spread of infectious diseases, the Governing Board 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 or, after July 1, 2016, enrolling in or advancing to grade 7 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)

Each transfer student shall be requested to present his/her immunization record, if possible, upon registration at a district school.

(cf. 6173 - Education for Homeless Children)
(cf. 6173.1 - Education for Foster Youth)
(cf. 6173.2 - Education of Children of Military Families)

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
51745-51749.6 Independent study
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

Legal Reference: continued next page

IMMUNIZATIONS (continued)

Legal References: Continued

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 Child Care Programs and Schools, August 2015
Guide to Immunizations Required for Child Care
Guide to Immunizations Required for School Entry
Parents' Guide to Immunizations Required for Child Care
Parents' Guide to Immunizations Required for School Entry
EDUCATION AUDIT APPEALS PANEL PUBLICATIONS
Guide for Annual Audits of Local Education Agencies and State Compliance Reporting, July 2015
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
California Department of Public Health, Shots for Schools: http://shotsforschools.org
Centers for Disease Control and Prevention: http://www.cdc.gov
Education Audit Appeals Panel: http://www.eaap.ca.gov
U.S. Department of Education: http://www.ed.gov

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IMMUNIZATIONS

Required Immunizations

The Superintendent or designee shall not unconditionally admit any student to a district elementary or secondary school, preschool, or child care and development program for the first time nor, after July 1, 2016, admit or advance any student to grade 7 unless the student has been fully immunized. The student shall present 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)
(cf. 6170.1 - Transitional Kindergarten)

However, full immunization against hepatitis B shall not be a condition by which the Superintendent or designee shall admit or advance any student to grade 7. (Health and Safety Code 120335)

A student who qualifies for an individualized education program (IEP), unless otherwise exempt, shall be fully immunized in accordance with Health and Safety Code 120335 and this regulation. However, the district shall continue to implement the student's IEP and shall not prohibit the student from accessing any special education and related service required by his/her IEP regardless of whether the student is fully immunized. (Health and Safety Code 120335)

(cf. 6159 - Individualized Education Program)

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 at least the month and year for each dose, except that the day, month, and year must be shown for the

IMMUNIZATIONS (continued)

MMR doses given during the month of the first birthday and for the Tdap dose given during the month of the seventh birthday. (17 CCR 6070)

Exemptions

Exemption from one or more immunization requirements shall be granted under any of the following circumstances:

1. The parent/guardian files with the district a written statement by a licensed physician to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe. The statement shall indicate the specific nature and probable duration of the medical condition or circumstances, including, but not limited to, family medical history, for which the physician does not recommend immunization. (Health and Safety Code 120370; 17 CCR 6051)

2. The student's parent/guardian files with the district, before January 1, 2016, a letter or written affidavit stating that an immunization is contrary to his/her personal beliefs, in which case the student shall be exempted from the immunization until he/she enrolls in the next applicable grade span requiring immunization (birth to preschool, grades K-6, grades 7-12). (Health and Safety Code 120335)

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

When a student transfers to a different school within the district or transfers into the district from another school district in California, his/her personal beliefs exemption filed before January 1, 2016, shall remain in effect until the next applicable grade span. A student transferring from a school outside the district shall present a copy of the personal beliefs exemption upon enrollment. When a student transfers into the district from outside California and presents a personal beliefs exemption issued by another state or country prior to January 1, 2016, the Superintendent or designee may consult with legal counsel regarding the applicable immunization requirements.

3. The student is enrolled in an independent study program pursuant to Education Code 51745-51749.6 and does not receive classroom-based instruction.

(cf. 6158 - Independent Study)

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)

IMMUNIZATIONS (continued)

1. The student has not received all the immunizations required for his/her age group, but has commenced receiving doses of all required vaccines and is not due for any other doses at the time of admission.

2. The student has a temporary exemption from immunization for medical reasons pursuant to item #1 in the section "Exemptions" above.

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

(cf. 5145.6 - Parental Notifications)

In addition, a transfer student may be conditionally admitted for up to 30 school days while his/her immunization records are being transferred from the previous school. If such documentation is not presented within 30 days, the student shall be excluded from school until the required immunizations have been administered. (17 CCR 6070)

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)

The Superintendent or designee shall immediately enroll homeless students, foster youth, and students of military families even if their immunization records are missing or unavailable at the time of enrollment. School or district staff shall work with the student's prior school to obtain the student's immunization records or shall ensure that he/she is properly immunized. (Education Code 48853.5, 49701; Health and Safety Code 120341; 42 USC 11432)

(cf. 6173 - Education for Homeless Children)
(cf. 6173.1 - Education for Foster Youth)
(cf. 6173.2 - Education of Children of Military Families)

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. This

IMMUNIZATIONS (continued)

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; 17 CCR 6040)

(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. 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)

Exclusion Due to Exposure to Disease

If the district has good cause to believe that a student has been exposed to a disease listed in the section "Required Immunizations" above and his/her documentation of immunization does not show proof of immunization against that disease, that student may be temporarily excluded from the school until the local health officer informs the district in writing that he/she is satisfied that the student is no longer at risk of developing or transmitting the disease. (Health and Safety Code 120370)

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)

The district shall also retain in the mandatory student record any physician or health officer statement, personal beliefs letter or affidavit, reason for conditional enrollment, or any other documentation related to the student's immunization record or exemptions.

Audits

If an audit reveals deficiencies in the district's reporting procedures, the Superintendent or designee shall present the Board with a plan to remedy such deficiencies.

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IMMUNIZATIONS (continued)

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HEALTH SCREENING FOR SCHOOL ENTRY

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)
(cf. 6173 - Education for Homeless Children)
(cf. 6173.1 - Education for Foster Youth)
(cf. 6173.2 - Education of Children of Military Families)
(cf. 6173.3 - Education for Juvenile Court School Students)

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.

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 school year, the parent/guardian of any kindergarten student or of any first-grade student who was not previously enrolled 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. (Education Code 49452.8)

The Superintendent or designee shall notify parents/guardians of students in grades K-1 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

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 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, along with a copy of the certification form developed by the California Department of Education, shall be provided to parents/guardians when they register their child for school.

HEALTH SCREENING FOR SCHOOL ENTRY (continued)

Following completion of the assessment, the parent/guardian shall submit to the Superintendent or designee a completed certification form which has been signed by the dental health professional.

A parent/guardian may be excused from complying with the oral health assessment requirements if he/she indicates on the certification form that the assessment 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.

If the district hosts a free oral health assessment event at which licensed dentists or other licensed dental health professionals perform school site assessments of students enrolled in the school, any student who has not had an oral health assessment shall be given an assessment unless his/her parent/guardian has indicated on the certification form that he/she does not consent to the student receiving an assessment. However, a student shall not receive dental treatment of any kind without his/her parent/guardian's informed consent for the treatment. (Education Code 49452.8)

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

By July 1 of each year, the Superintendent or designee shall report data on oral health assessments to the state dental director and/or the county office of education in accordance with Education Code 49452.8.

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

Legal Reference:

EDUCATION CODE
48985 Notice to parents in language other than English
49060-49079 Student 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

HEALTH SCREENING FOR SCHOOL ENTRY (continued)

Legal Reference: continued

CODE OF REGULATIONS, TITLE 17
6800-6874 Child Health and Disability Prevention Program

Management Resources:
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PUBLICATIONS
Child Health & Disability Prevention (CHDP) Program: Oral Health Educational Resources for Children and Teens (6-20 years), rev. July 2013
CHDP School Handbook: School Entry Health Examination Requirements, rev. January 2006
WEB SITES
CSBA: http://www.csba.org
California Dental Association: http://www.cda.org
California Department of Education, Health Services: http://www.cde.ca.gov/ls/he/hn
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.ccrcca.org/resources/family-resource-directory/item/california-healthy-kids-resource-center

(3/05 3/07) 7/18

Board Policy

Students BP 5141.33(a)

HEAD LICE

The Governing Board recognizes that head lice infestations among students require treatment but do not pose a risk of transmitting 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/guardians of preschool and elementary students regarding routine screening, symptoms, accurate diagnosis, and proper treatment of head lice infestations. The Superintendent or designee also may provide related information to school staff.

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

School employees shall report all suspected cases of head lice to the school nurse or designee as soon as possible.

If a student is found with active, adult head lice, he/she shall be allowed to stay in school until the end of the school day. The parent/guardian of any such student shall be given information about the treatment of head lice and encouraged to begin treatment of the student immediately and to check all members of the family. The parent/guardian also shall be informed that the student shall be checked upon return to school the next day and allowed to remain in school if no active head lice are detected.

Upon the student's return to school, the school nurse or designee shall check the student for active head lice. If it is determined that the student remains infected with head lice, the school nurse or designee shall contact the student's parent/guardian to discuss treatment. As needed, he/she may provide additional resources and/or referral to the local health department, health care providers, or other agencies.

(cf. 5141.3 - Health Examinations)
(cf. 5141.6 - School Health Services)
(cf. 1020 - Youth Services)
(cf. 5113 - Absences and Excuses)
(cf. 5113.1 - Chronic Absence and Truancy)

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/guardians of students in that class or school and provide them with information about the detection and treatment of head lice.

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

(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information)

HEAD LICE (continued)

(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

CHILD ABUSE PREVENTION AND REPORTING

The Board of Trustees is committed to supporting the safety and well-being of district students and desires to facilitate the prevention of and response to child abuse and neglect. The Superintendent or designee shall develop and implement strategies for preventing, recognizing, and promptly reporting known or suspected child abuse and neglect.

The Superintendent or designee may provide a student who is a victim of abuse with school-based mental health services or other support services and/or may refer the student to resources available within the community as needed.

(cf. 1020 - Youth Services)
(cf. 5141.6 - School Health Services)
(cf. 6164.2 - Guidance/Counseling Services)

Child Abuse Prevention

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, include instruction in the skills and techniques needed to identify unsafe situations and react appropriately and promptly, inform students of available support resources, and teach students how to obtain help and disclose incidents of abuse.

(cf. 6142.8 - Comprehensive Health Education)
(cf. 6143 - Courses of Study)

The district's program also may include age-appropriate curriculum in sexual abuse and sexual assault awareness and prevention. Upon written request of a student's parent/guardian, the student shall be excused from taking such instruction. (Education Code 51900.6)

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

Child Abuse Reporting

The Superintendent or designee shall establish procedures for the identification and reporting of known and suspected child abuse and neglect in accordance with law.

(cf. 4119.21/4219.21/4319.21 - Professional Standards)
(cf. 5145.7 - Sexual Harassment)

Procedures for reporting child abuse shall be included in the district and/or school comprehensive safety plan. (Education Code 32282)

(cf. 0450 - Comprehensive Safety Plan)

CHILD ABUSE PREVENTION AND REPORTING (continued)

District 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.

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

Legal Reference:

EDUCATION CODE
32280-32288 Comprehensive school safety plans
33195 Heritage schools, mandated reporters
33308.1 Guidelines on procedure for filing child abuse complaints
44252 Teacher credentialing
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
51900.6 Sexual abuse and sexual assault awareness and prevention
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
11164-11174.3 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
UNITED STATES CODE, TITLE 42
11434a McKinney-Vento Homeless Assistance Act; definitions
COURT DECISIONS
Camreta v. Greene (2011) 131 S.Ct. 2020

Management Resources: (next page)

CHILD ABUSE PREVENTION AND REPORTING (continued)

Management Resources:

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve
Health Framework for California Public Schools, Kindergarten Through Grade Twelve
WEB SITES
California Attorney General's Office, Suspected Child Abuse Report Form: http://www.ag.ca.gov/childabuse/pdf/ss_8572.pdf
California Department of Education, Safe Schools: http://www.cde.ca.gov/ls/ss/ap
California Department of Social Services, Children and Family Services Division: http://www.childsworld.ca.gov
U.S. Department of Health and Human Services, Child Welfare Information Gateway: https://www.childwelfare.gov/can

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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

(cf. 4119.21/4219.21/4319.21 - Professional Standards)
(cf. 5145.7 - Sexual Harassment)

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 a student (Education Code 49001)

(cf. 5131.7 - Weapons and Dangerous Instruments)
(cf. 5144 - Discipline)
(cf. 6159.4 - Behavioral Interventions for Special Education Students)

CHILD ABUSE PREVENTION AND REPORTING (continued)

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

(cf. 6142.7 - Physical Education and Activity)
(cf. 6145.2 - Athletic Competition)

6. Homelessness or classification as an unaccompanied minor (Penal Code 11165.15)

Mandated reporters include, but are not limited to, teachers; instructional aides; teacher's aides or assistants; classified employees; certificated pupil personnel employees; administrative officers or supervisors of child attendance; athletic coaches, administrators, and directors; administrators and employees of a licensed child 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)

CHILD ABUSE PREVENTION AND REPORTING (continued)

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 Code11166)

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)

(cf. 1240 - Volunteer Assistance)

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)

Butte County Child Protective Services
78 Table Mountain Blvd.
Oroville, CA 95965
800-400-0902

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.

CHILD ABUSE PREVENTION AND REPORTING (continued)

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

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

Within the first six weeks of each school year, the Superintendent or designee shall provide training on mandated reporting requirements to district employees and persons working on their behalf who are mandated reporters. Any school personnel hired during the school year shall receive such training within the first six weeks of employment. (Education Code 44691; Penal Code 11165.7)

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

The Superintendent or designee shall use the online training module provided by the California Department of Social Services. (Education Code 44691)

The training shall include, but not necessarily be limited to, training in identification and reporting of child abuse and neglect. In addition, the training shall include information that failure to report an incident of known or reasonably suspected child abuse or neglect as required by law is a misdemeanor punishable by imprisonment and/or a fine as specified. (Education Code 44691; Penal Code 11165.7)

The Superintendent or designee shall obtain and retain proof of each mandated reporter's completion of the training. (Education Code 44691)

In addition, at least once every three years, school personnel may receive training in the prevention of child abuse, including sexual abuse, on school grounds, by school personnel, or in school-sponsored programs. (Education Code 44691)

Victim Interviews by Social Services

Whenever the Department of Social Services or another government agency is investigating suspected child abuse or neglect that occurred within the child's home or out-of-home care facility, the student may be interviewed by an agency representative during school hours, on school premises. The Superintendent or designee shall give the student the choice of being interviewed in private or in the presence of any adult school employee or volunteer aide selected by the student. (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 Code11174.3)

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.

CHILD ABUSE PREVENTION AND REPORTING (continued)

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)

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. (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 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)

CHILD ABUSE PREVENTION AND REPORTING (continued)

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)

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

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 11166and will comply with those provisions. The signed statement shall be retained by the Superintendent or designee. (Penal Code 11166.5)

Employees who work with dependent adults shall be notified of legal responsibilities and reporting procedures pursuant to Welfare and Institutions Code 15630-15637.
(11/10 12/14) 5/16

MENTAL HEALTH

The Board of Trustees recognizes that students' emotional well-being and mental health contribute to their ability to perform to their full academic and personal potential. The Superintendent or designee shall develop strategies and services to build students' resiliency skills, help students cope with life challenges, and reduce the stigma associated with mental illness.

The Superintendent or designee shall consult and collaborate with school-employed mental health professionals, the county mental health department, psychologists and other health professionals, social workers, and/or community organizations to strengthen local mental health services and develop and implement an integrated plan to support student mental health.

(cf. 1220 - Citizen Advisory Committees)
(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)

To the extent possible, the district shall focus on preventive strategies which increase students' connectedness to school, create a support network of peers and trusted adults, and provide techniques for conflict resolution. The district shall investigate and resolve any complaint of bullying, intimidation, harassment, or discrimination in accordance with law and district policy.

(cf. 0410 - Nondiscrimination in District Programs and Activities)
(cf. 1312.3 - Uniform Complaint Procedures)
(cf. 5131.2 - Bullying)
(cf. 5137 - Positive School Climate)
(cf. 5145.3 - Nondiscrimination/Harassment)
(cf. 5145.7 - Sexual Harassment)

The district shall provide instruction to students that promotes their healthy mental, emotional, and social development. Health education courses shall be aligned with the state content standards and curriculum framework and shall include, but not be limited to, instruction related to identifying signs of depression and self-destructive behaviors, developing coping skills, and identifying resources that may provide assistance.

(cf. 6142.8 - Comprehensive Health Education)

The Superintendent or designee shall provide school staff with information and training to recognize the early signs of an emerging mental health condition, identify risk factors and warning signs of suicidal intent, respond to students who have been impacted by traumatic stress, and link students with effective services and supports. Such information may also be provided to parents/guardians and families.

(cf. 1312.1 - Complaints Concerning District Employees)
(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)

MENTAL HEALTH (continued)

(cf. 4331 - Staff Development)
(cf. 5141.52 - Suicide Prevention)

The Superintendent or designee shall develop a protocol for identifying and assessing students who may be suffering from an anxiety disorder, depression, eating disorder, or other severe or disabling mental illness. The Superintendent or designee may establish districtwide or school-site crisis intervention team(s) to respond to mental health concerns in the school setting.

A school counselor, school psychologist, or school social worker may provide mental health counseling to students in accordance with the specialization(s) authorized on the individual's credential. As needed, students and their parents/guardians may be provided referrals to mental health services in the community and/or to mental health services at or near district schools.

(cf. 5141.6 - School Health Services)
(cf. 6164.2 - Guidance/Counseling Services)

If a student has an emotional or mental illness that limits a major life activity, has a record of such impairment, or is regarded as having such impairment, or may need special education and related services, the student shall be referred for an evaluation for purposes of determining whether any educational or related services are required in accordance with Section 504 of the Rehabilitation Act or the federal Individuals with Disabilities Education Act, as applicable. (Education Code 56301-56302; 29 USC 794; 28 CFR 35.108)

(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 explore potential funding sources for district programs and services that support student's mental health. In accordance with local plans and priorities, the district may apply to the county for grants for prevention and early intervention activities that are designed to prevent mental illness from becoming severe and disabling and to improve timely access for underserved populations.

MENTAL HEALTH (continued)

Legal Reference:

EDUCATION CODE
215-216 Student suicide prevention
234.6 Posting suicide prevention policy on web site
32280-32289.5 Comprehensive safety plan
49060-49079 Student records
49600 Responsibilities of school counselors
49602 Confidentiality of student information
49604 Suicide prevention training for school counselors
56171 Duty to identify and assess children in private schools who need special education services
56300-56385 Identification, referral, and assessment for special education
WELFARE AND INSTITUTIONS CODE
5698 Emotionally disturbed youth; legislative intent
5840-5840.8 Prevention and early intervention programs
5850-5886 Children's Mental Health Services Act
UNITED STATES CODE, TITLE 20
1400-1482 Individuals with Disabilities Education Act
UNITED STATES CODE, TITLE 29
794 Rehabilitation Act of 1973, Section 504
CODE OF FEDERAL REGULATIONS, TITLE 28
35.101-35.190 Nondiscrimination on the basis of disability
CODE OF FEDERAL REGULATIONS, TITLE 34
34 CFR 300.1-300.818 Individuals with Disabilities Education Act

Management Resources:

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve, 2008
Health Framework for California Public Schools, Kindergarten Through Grade Twelve, 2019
CENTERS FOR DISEASE CONTROL AND PREVENTION PUBLICATIONS
School Connectedness: Strategies for Increasing Protective Factors Among Youth, 2009
NATIONAL CHILD TRAUMATIC STRESS NETWORK PUBLICATIONS
Child Trauma Toolkit for Educators, 2008
WEB SITES
American Association of Suicidology: http://www.suicidology.org
American Foundation for Suicide Prevention: http://afsp.org
American Psychological Association: http://www.apa.org
American School Counselor Association: http://www.schoolcounselor.org
California Department of Education, Mental Health: http://www.cde.ca.gov/ls/cg/mh
California Department of Health Care Services, Mental Health Services: http://www.dhcs.ca.gov/services/MH
Centers for Disease Control and Prevention, Mental Health: http://www.cdc.gov/mentalhealth
National Association of School Psychologists: http://www.nasponline.org
National Child Traumatic Stress Network: http://www.nctsn.org
National Council for Behavioral Health, Mental Health First Aid: http://www.mentalhealthfirstaid.org
National Institute for Mental Health: http://www.nimh.nih.gov
Suicide Prevention Lifeline: http://suicidepreventionlifeline.org
Suicide Prevention Resource Center: http://www.sprc.org/about-suicide
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov

SUICIDE PREVENTION

The Board of Trustees recognizes that suicide is a leading cause of death among youth and that school personnel who regularly interact with students are often in a position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. In an effort to reduce suicidal behavior and its impact on students and families, the Superintendent or designee shall develop measures and strategies for suicide prevention, intervention, and postvention.

In developing policy and strategies for suicide prevention and intervention, the Superintendent or designee shall consult with school and community stakeholders such as administrators, other staff, parents/guardians, and students; school-employed mental health professionals such as school counselors, school psychologists, school social workers, and school nurses; suicide prevention experts such as local health agencies, mental health professionals, and community organizations; law enforcement; and, in developing policy for grades K-6, the county mental health plan. (Education Code 215)

(cf. 1220 - Citizen Advisory Committees)
(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)

The Board shall ensure that measures and strategies for students in grades K-6 are age appropriate and delivered and discussed in a manner that is sensitive to the needs of young students. (Education Code 215)

Measures and strategies for suicide prevention, intervention, and postvention shall include, but are not limited to:

1. Staff development on suicide awareness and prevention for teachers, school counselors, and other district employees who interact with students, as described in the accompanying administrative regulation

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

2. Instruction to students in problem-solving and coping skills to promote students' mental, emotional, and social health and well-being, as well as instruction in recognizing and appropriately responding to warning signs of suicidal intent in others

(cf. 6142.8 - Comprehensive Health Education)

3. Methods for promoting a positive school climate that enhances students' feelings of connectedness with the school and that is characterized by caring staff and harmonious interrelationships among students

(cf. 5131 - Conduct)
(cf. 5131.2 - Bullying)
(cf. 5137 - Positive School Climate)

SUICIDE PREVENTION (continued)

(cf. 5145.3 - Nondiscrimination/Harassment)
(cf. 5145.7 - Sexual Harassment)
(cf. 5145.9 - Hate-Motivated Behavior)

4. The provision of information to parents/guardians regarding risk factors and warning signs of suicide, the severity of the suicide problem among youth, the district's suicide prevention curriculum, basic steps for helping suicidal youth, and/or school and community resources that can help youth in crisis

5. Encouragement for students to notify appropriate school personnel or other adults when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions

6. Crisis intervention procedures for addressing suicide threats or attempts

7. Counseling and other postvention strategies for helping students, staff, and others cope in the aftermath of a student's suicide

As appropriate, these measures and strategies shall specifically address the needs of students who are at high risk of suicide, including, but not limited to, students who are bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning. (Education Code 215)

If a referral is made for mental health or related services for a student in grade K-6 who is a Medi-Cal beneficiary, the Superintendent or designee shall coordinate and consult with the county mental health plan. (Education Code 215)

(cf. 5141.6 - School Health Services)

District employees shall act only within the authorization and scope of their credential or license. Nothing in this policy shall be construed as authorizing or encouraging district employees to diagnose or treat mental illness unless they are specifically licensed and employed to do so. (Education Code 215)

The Board shall review, and update as necessary, this policy at least every five years. (Education Code 215)

The Superintendent or designee shall post this policy on the district's web site, in a prominent location and in a manner that is easily accessible to parents/guardians and students. (Education Code 234.6)

SUICIDE PREVENTION (continued)

Legal Reference:

EDUCATION CODE
215 Student suicide prevention policies
215.5 Suicide prevention hotline contact information on student identification cards
216 Suicide prevention online training programs
234.6 Posting suicide prevention policy on web site
32280-32289.5 Comprehensive safety plan
49060-49079 Student records
49602 Confidentiality of student information
49604 Suicide prevention training for school counselors
GOVERNMENT CODE
810-996.6 Government Claims Act
PENAL CODE
11164-11174.3 Child Abuse and Neglect Reporting Act
WELFARE AND INSTITUTIONS CODE
5698 Emotionally disturbed youth; legislative intent
5850-5886 Children's Mental Health Services Act
COURT DECISIONS
Corales v. Bennett (Ontario-Montclair School District), (2009) 567 F.3d 554

Management Resources:

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve, 2008
Health Framework for California Public Schools, Kindergarten Through Grade Twelve, 2019
CENTERS FOR DISEASE CONTROL AND PREVENTION PUBLICATIONS
School Connectedness: Strategies for Increasing Protective Factors Among Youth, 2009
NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS PUBLICATIONS
Preventing Suicide: Guidelines for Administrators and Crisis Teams, 2015
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLICATIONS
National Strategy for Suicide Prevention: Goals and Objectives for Action, rev. 2012
Preventing Suicide: A Toolkit for High Schools, 2012
WEB SITES
American Association of Suicidology: http://www.suicidology.org
American Foundation for Suicide Prevention: http://afsp.org
American Psychological Association: http://www.apa.org
American School Counselor Association: http://www.schoolcounselor.org
California Department of Education, Mental Health: http://www.cde.ca.gov/ls/cg/mh
California Department of Health Care Services, Mental Health Services: http://www.dhcs.ca.gov/services/MH
Centers for Disease Control and Prevention, Mental Health: http://www.cdc.gov/mentalhealth
National Association of School Psychologists: http://www.nasponline.org
National Institute for Mental Health: http://www.nimh.nih.gov
Suicide Prevention Resource Center: http://www.sprc.org/about-suicideSuicide Prevention Lifeline: http://suicidepreventionlifeline.org
Trevor Project: http://thetrevorproject.org
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov

SUICIDE PREVENTION

Staff Development

Suicide prevention training shall be provided to teachers, counselors, and other district employees who interact with students. The training shall be offered under the direction of a district counselor/psychologist and/or in cooperation with one or more community mental health agencies.

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

Materials for training shall include how to identify appropriate mental health services at the school site and within the community, and when and how to refer youth and their families to those services. Materials also may include programs that can be completed through self-review of suitable suicide prevention materials. (Education Code 215)

Staff development shall include research and information related to the following topics:

1. The higher risk of suicide among certain groups, including, but not limited to, students who are impacted by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning

2. Individual risk factors such as previous suicide attempt(s) or self-harm, history of depression or mental illness, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, impulsivity, and other factors

(cf. 5131.6 - Alcohol and Other Drugs)

3. Warning signs that may indicate depression, emotional distress, or suicidal intentions, such as changes in students' personality or behavior and verbalizations of hopelessness or suicidal intent

4. Protective factors that may help to decrease a student's suicide risk, such as resiliency, problem-solving ability, access to mental health care, and positive connections to family, peers, school, and community

5. Instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health

6. School and community resources and services, including resources and services that meet the specific needs of high-risk groups

SUICIDE PREVENTION (continued)

(cf. 5141.6 - School Health Services)
(cf. 6164.2 - Guidance/Counseling Services)

7. Appropriate ways to interact with a student who is demonstrating emotional distress or is suicidal and procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide, including, but not limited to, appropriate protocols for monitoring the student while the immediate referral of the student to medical or mental health services is being processed

8. District procedures for responding after a suicide has occurred

Instruction

The district's comprehensive health education program shall promote the healthy mental, emotional, and social development of students and shall be aligned with the state content standards and curriculum framework. Suicide prevention instruction shall be incorporated into the health education curriculum in an age appropriate manner and shall be designed to help students:

1. Identify and analyze signs of depression and self-destructive behaviors in oneself and others and understand how feelings of depression, loss, isolation, inadequacy, and anxiety can lead to thoughts of suicide

2. Develop coping and resiliency skills and self-esteem

3. Learn to listen, be honest, share feelings, and get help when communicating with friends who show signs of suicidal intent

4. Identify trusted adults, school resources, and/or community crisis intervention resources where youth can get help and recognize that there is no stigma associated with seeking services for mental health, substance abuse, and/or suicide prevention

(cf. 5131.6 - Alcohol and Other Drugs)
(cf. 5141.6 - School Health Services)
(cf. 6142.8 - Comprehensive Health Education)
(cf. 6164.2 - Guidance/Counseling Services)

Student Identification Cards

Student identification cards for students in grades 7-12 shall include the National Suicide Prevention Lifeline telephone number and may also include the Crisis Text Line and/or a local suicide prevention hotline telephone number. (Education Code 215.5)

SUICIDE PREVENTION (continued)

Intervention

Students shall be encouraged to notify a teacher, principal, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

Every statement regarding suicidal intent shall be taken seriously. Whenever a staff member suspects or has knowledge of a student's suicidal intentions based on the student's verbalizations or act of self-harm, the staff member shall promptly notify the principal or school counselor, who shall implement district intervention protocols as appropriate.

Although any personal information that a student discloses to a school counselor shall generally not be revealed, released, referenced, or discussed with third parties, the counselor may report to the principal or student's parents/guardians when there is reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student or others within the school community. In addition, the counselor may disclose information of a personal nature to psychotherapists, other health care providers, or the school nurse for the sole purpose of referring the student for treatment. (Education Code 49602)

(cf. 5141 - Health Care and Emergencies)

Whenever schools establish a peer counseling system to provide support for students, peer counselors shall receive training that includes identification of the warning signs of suicidal behavior and referral of a suicidal student to appropriate adults.

(cf. 5138 - Conflict Resolution/Peer Mediation)

When a suicide attempt or threat is reported, the principal or designee shall ensure student safety by taking the following actions:

1. Immediately securing medical treatment and/or mental health services as necessary

2. Notifying law enforcement and/or other emergency assistance if a suicidal act is being actively threatened

3. Keeping the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene

4. Removing other students from the immediate area as soon as possible

(cf. 0450 - Comprehensive Safety Plan)
(cf. 5141 - Health Care and Emergencies)

SUICIDE PREVENTION (continued)

The principal or designee shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.

(cf. 5125 - Student Records)

The Superintendent or designee shall follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, the Superintendent or designee may meet with the parent/guardian to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow-up care is still not provided, the Superintendent or designee shall consider whether it is necessary, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

(cf. 5141.4 - Child Abuse Prevention and Reporting)

For any student returning to school after a mental health crisis, the principal or designee and/or school counselor may meet with the parents/guardians and, if appropriate, with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school and determine the need for ongoing support.

Postvention

In the event that a student dies by suicide, the Superintendent or designee shall communicate with the student's parents/guardians to offer condolences, assistance, and resources. In accordance with the laws governing confidentiality of student record information, the Superintendent or designee shall consult with the parents/guardians regarding facts that may be divulged to other students, parents/guardians, and staff.

The Superintendent or designee shall implement procedures to address students' and staff's grief and to minimize the risk of imitative suicide or suicide contagion. The Superintendent or designee shall provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. Students significantly affected by suicide death and those at risk of imitative behavior should be identified and closely monitored. School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

Any response to media inquiries shall be handled by the district-designated spokesperson who shall not divulge confidential information. The district's response shall not sensationalize suicide and shall focus on the district's postvention plan and available resources.

(cf. 1112- Media Relations)

SUICIDE PREVENTION (continued)

After any suicide or attempted suicide by a student, the Superintendent or designee shall provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

(3/17 12/18) 3/20

SCHOOL HEALTH SERVICES

BOARD RESOLUTION ON STUDENT HEALTH AND LEARNING

WHEREAS, the Board of Trustees of the Biggs 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 _____ 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

SAFETY

The Board of Trustees recognizes the importance of providing a safe school environment that is conducive to learning and promotes student safety and well-being. Appropriate measures shall be implemented to minimize the risk of harm to students, including, but not limited to, protocols for maintaining safe conditions on school grounds, promoting safe use of school facilities and equipment, and guiding student participation in 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. 3515 - Campus Security)
(cf. 3515.21 - Unmanned Aircraft Systems (Drones))
(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. 6145.2 - Athletic Competition)
(cf. 6163.2 - Animals at School)
(cf. 7111- Evaluating Existing Buildings)

School staff shall be responsible for the proper supervision of students at all times when students are subject to district rules, including, but not limited to, during school hours, school-sponsored activities, before and after-school programs, morning drop-off and afternoon pick-up, and while students are using district transportation.

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

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

Student Identification Cards and Safety Information

Student identification cards of students in grades 7-12 shall have printed on them safety information, including the following: (Education Code 215.5, 217)

SAFETY (continued)

1. The National Suicide Prevention Lifeline telephone number and, at the district's discretion, the Crisis Text Line and/or a local suicide prevention hotline telephone number

(cf. 5141.52 - Suicide Prevention)

2. The National Domestic Violence Hotline

(cf. 5141.4 - Child Abuse Prevention and Reporting)

Legal Reference:

EDUCATION CODE
8482-8484.65 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
116046 Issuance of best practices guidelines for K-12 pool safety
PENAL CODE
245.6 Hazing
PUBLIC RESOURCES CODE
5411 Purchase of equipment usable by persons with disabilities
VEHICLE CODE
21100 Rules and regulations; crossing guards
21201 Rules for operation of bicycle on roadway
21212 Use of helmets
42200 Fines and forfeitures, disposition by cities
42201 Fines and forfeitures, disposition by counties

Legal Reference: continued next page

Legal Reference: continued

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
14030 Standards for development of plans for the design and construction of school facilities
14103 Bus driver; authority over pupils
COURT DECISIONS
J.H. v. Los Angeles Unified School District, (2010) 183 Cal.App.4th 123
Lane v. City of Sacramento, (2010) 183 Cal. App. 4th. 1337
Wiener v. Southcoast Childcare Centers, (2004) 32 Cal.4th 1138
Kahn v. East Side Union High School District, (2003) 31 Cal.4th 990
Knight v. Jewett, (1992) 3 Cal.4th 296, 313
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, 2017
CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Science Safety Handbook for California Public Schools, 2014
U.S. CONSUMER PRODUCT SAFETY COMMISSION PUBLICATIONS
Public Playground Safety Handbook, 2010
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

(11/02 7/06) 10/19

SAFETY

Each principal or designee shall establish emergency procedures, rules for student conduct, and rules for the safe and appropriate use of school facilities, equipment, and materials, consistent with law, Board policy, and administrative regulation. The rules shall be communicated to students, distributed to parents/guardians, and 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 who is one of the following:

1. The student's custodial parent/guardian

(cf. 5021 - Noncustodial Parents)

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

(cf. 3516 - Emergencies and Disaster Preparedness Plan)

3. 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)
(cf. 5145.13 - Response to Immigration Enforcement)

4. An adult 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 that 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)

SAFETY (continued)

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

(cf. 1250 - Visitors/Outsiders)
(cf. 3530 - Risk Management/Insurance)

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

1. 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

2. 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

At any school where playground supervision is not otherwise provided, the principal or designee shall 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)

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 prevent problems and resolve conflicts among students. 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)

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. The Superintendent or designee shall have a playground safety inspector certified by the National Playground Safety Institute conduct an initial inspection to aid compliance with applicable safety standards. (Health and Safety Code 115725)

SAFETY (continued)

Activities with Safety Risks

Due to 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. Scuba diving
3. Skateboarding or use of scooters
4. In-line or roller skating or use of skate shoes
5. Sailing, boating, or water skiing
6. Cross-country or downhill skiing
7. Motorcycling
8. Target shooting
9. Horseback riding
10. Rodeo
11. Archery
12. Mountain bicycling
13. Rock climbing
14. Rocketeering
15. Surfing
16. 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, or wear in-line or roller skates, upon a street, bikeway, or any other public bicycle path or trail shall wear a properly fitted and fastened bicycle helmet.

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.

Students in a laboratory shall be under the supervision of a certificated employee. Students shall be taught laboratory safety, and safety guidelines and procedures shall be posted in science classrooms. Students shall receive continual reminders about general and specific hazards.
Hazardous materials shall be properly used, stored, and disposed of in accordance with law and the district's chemical hygiene plan.

(cf. 3514.1 - Hazardous Substances)

Bloodborne pathogens shall be handled in accordance with the district's exposure control plan.

(cf. 4119.42/4219.42/4319.42 - Exposure Control Plan for Bloodborne Pathogens)
(cf. 5141.22 - Infectious Diseases)

The district's emergency plan, emergency contact numbers, and first aid supplies shall be readily accessible.

Parents/guardians shall be made aware of the kinds of laboratory activities that will be conducted during the school year.

Hearing Protection

The Superintendent or designee shall monitor students' exposure to excessive noise in classrooms and provide protection as necessary. The Superintendent or designee may also 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)

SAFETY (continued)

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.

(7/06 7/07) 10/19

IDENTIFICATION AND REPORTING OF MISSING CHILDREN

District personnel, including but not limited to teachers, administrators, school aides, school playground workers and school bus drivers, are encouraged to report missing children to a law enforcement agency in a timely manner in order to provide those children a necessary level of protection.

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
CODE OF REGULATIONS, TITLE 5
640-641 Student fingerprinting program

Management Resources:

WEB SITES
Department of Justice/Attorney General's Office: http://www.caag.state.ca.us/app

IDENTIFICATION AND REPORTING OF MISSING CHILDREN

Notices About Missing Children

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

Elementary school principals are urged to review missing children's pictures whenever a new student enrolls or transfers into the school. (Education Code 49068.5)

(cf. 5111 - Admission)

If a school receives notice from a law enforcement agency that a child enrolled in that school has been reported missing, the principal or designee shall place a notice that the child has been reported missing on the front of the child's school record. 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 authorities who informed the school of the missing child's status. (Education Code 49068.6)

(cf. 5125 - Student Records)

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 Experience Education)

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.

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)

INSURANCE (continued)

(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)D
(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)

Board Policy

Students BP 5144(a)

DISCIPLINE

The Board of Trustees is committed to providing a safe, supportive, and positive school environment which is conducive to student learning and achievement and desires 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, provision of appropriate intervention and support, and parent/guardian involvement can minimize the need for disciplinary measures that exclude students from instruction as a means for correcting student misbehavior.

(cf. 5113.1 - Chronic Absence and Truancy)
(cf. 5131 - Conduct)
(cf. 5131.1 - Bus Conduct)
(cf. 5131.2 - Bullying)
(cf. 5137 - Positive School Climate)
(cf. 5145.9 - Hate-Motivated Behavior)
(cf. 6020 - Parent Involvement)

The Superintendent or designee shall develop effective, age-appropriate strategies for maintaining a positive school climate and correcting student misbehavior at district schools. The strategies shall focus on providing students with needed supports; communicating clear, appropriate, and consistent expectations and consequences for student conduct; and ensuring equity and continuous improvement in the implementation of district discipline policies and practices.

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

In addition, the Superintendent or designee's strategies for correcting student misconduct shall reflect the Board's preference for the use of positive interventions and alternative disciplinary measures over exclusionary discipline measures.

Disciplinary measures that may result in loss of instructional time or cause students to be disengaged from school, such as detention, suspension, and expulsion, shall be imposed only when required or permitted by law or when other means of correction have been documented to have failed. (Education Code 48900.5)

(cf. 5020 - Parent Rights and Responsibilities)
(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. 6164.5 - Student Success Teams)

School personnel and volunteers shall not allow any disciplinary action taken against a student to result in the denial or delay of a school meal. (Education Code 49557.5)

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(cf. 3550 - Food Service/Child Nutrition Program)
(cf. 3551 - Food Service Operations/Cafeteria Fund)
(cf. 3553 - Free and Reduced Price Meals)

Seclusion and behavioral restraint are prohibited as a means of discipline and shall not be used to correct student behavior except as permitted pursuant to Education Code 49005.4 and in accordance with district regulations. (Education Code 49005.2)

(cf. 5131.41 - Use of Seclusion and Restraint)

The Superintendent or designee shall create a model discipline matrix that lists violations and the consequences for each as allowed by law.

The administrative staff at each school may develop disciplinary rules to meet the school's particular needs consistent with law, Board policy, and district regulations. The Board, at an open meeting, shall review the approved school discipline rules for consistency with Board policy and state law. Site-level disciplinary rules shall be included in the district's comprehensive safety plan. (Education Code 32282, 35291.5)

(cf. 0450 - Comprehensive Safety Plan)
(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, well-being, and opportunity to learn.

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. 0415 - Equity)
(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 the skills needed to effectively and equitably implement the disciplinary strategies adopted for district schools, including, but not limited to, knowledge of school and classroom management skills and their consistent application, effective accountability and positive intervention techniques, and the tools to form strong, cooperative relationships with parents/guardians.

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

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District goals for improving school climate, based on suspension and expulsion rates, surveys of students, staff, and parents/guardians regarding their sense of school safety and connectedness to the school community, and other local measures, shall be included in the district's local control and accountability plan, as required by law.

(cf. 0460 - Local Control and Accountability Plan)
(cf. 3100 - Budget)

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

Legal Reference:

EDUCATION CODE
32280-32289 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
49005-49006.4 Seclusion and restraint
49330-49335 Injurious objects
49550-49564.5 Meals for needy students
52060-52077 Local control and accountability plan
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
UNITED STATES CODE, TITLE 20
1400-1482 Individuals with Disabilities Education Act
UNITED STATES CODE, TITLE 29
794 Section 504 of the Rehabilitation Act of 1973
UNITED STATES CODE, TITLE 42
1751-1769j School Lunch Program
1773 School Breakfast Program

Management Resources:

CSBA PUBLICATIONS
Recent Legislation on Discipline: AB 240, Fact Sheet, March 2015
The Case for Reducing Out-of-School Suspensions and Expulsions, Fact Sheet, April 2014
Providing a Safe, Nondiscriminatory School Environment for Transgender and Gender-Nonconforming Students, Policy Brief, February 2014
Safe Schools: Strategies for Governing Boards to Ensure Student Success, 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
U.S. DEPARTMENT OF EDUCATION, OFFICE FOR CIVIL RIGHTS PUBLICATIONS
Dear Colleague Letter on the Nondiscriminatory Administration of School Discipline, January 2014

Management Resources: continued

<u>WEB SITES</u>
CSBA: http://www.csba.org
California Department of Education: http://www.cde.ca.gov
Public Counsel: http://www.fixschooldiscipline.org
U.S. Department of Education, Office for Civil Rights: http://www.ed.gov/about/offices/list/ocr

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Administrative Regulation

Students AR 5144(a)

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Site-Level Rules

Site-level rules shall be consistent with state law and Board policies and administrative regulations. 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 junior high and high schools, students enrolled in the school

Annually, site-level discipline rules shall be reviewed and, if necessary, updated to align with any changes in state law, district discipline policies and regulations, and/or goals for school safety and climate as specified in the district's local control and accountability plan. A copy of the rules shall be filed with the Superintendent or designee for inclusion in the comprehensive safety plan.

(cf. 0450 - Comprehensive Safety Plan)
(cf. 0460 - Local Control and Accountability Plan)

School rules shall be communicated to students clearly and in an age-appropriate manner.

It shall be the duty of each employee of the school to enforce the school rules on student discipline. (Education Code 35291.5)

Disciplinary Strategies

To the extent possible, staff shall use disciplinary strategies that keep students in school and participating in the instructional program. Except when students' presence causes a danger to themselves or others or they commit a single act of a grave nature or an offense for which suspension or expulsion is required by law, suspension or expulsion shall be used only when other means of correction have failed to bring about proper conduct. Disciplinary strategies may include, but are not limited to:

DISCIPLINE (continued)

1. Discussion or conference between school staff and the student and 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 team, guidance team, resource panel, or other intervention-related team to assess the behavior and develop and implement an individual plan to address the behavior in partnership with the student and parents/guardians

(cf. 6164.5 - Student Success Teams)

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. Participation in a social and emotional learning program that teaches students the ability to understand and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations capably

9. Participation in a program that is sensitive to the traumas experienced by students, focuses on students' behavioral health needs, and addresses those needs in a proactive manner

10. 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)

DISCIPLINE (continued)

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

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

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

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

(cf. 6145 - Extracurricular/Cocurricular Activities)

15. 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)

16. 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))

When, by law or district policy, other means of correction are required to be implemented before a student could be suspended or expelled, any other means of correction implemented shall be documented and retained in the student's records. (Education Code 48900.5)

(cf. 5125 - Student Records)

Recess Restriction

Teachers may restrict a student's recess time only when they believe that this action is the most effective way to bring about improved behavior. When recess restriction involves the withholding of physical activity from a student, teachers 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. The student's teacher shall inform the principal of any recess restrictions imposed.

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

Detention After School

Students may be detained for disciplinary reasons for up to one hour after the close of the maximum school day, or until the departure of the school bus to which they have been assigned if applicable. (5 CCR 307, 353)

The student shall not be detained unless the principal or designee notifies the parent/guardian.

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 require a student to perform community 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, community or 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 the 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 disciplinary rules to transfer students at the time of their enrollment in the district.

DISCIPLINE (continued)

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