

HEALTH CARE AND EMERGENCIES

The Board of Education 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.

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

The Superintendent or designee shall require 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.

Assistive Devices

Students who are required to temporarily use assistive devices at school such as casts, splints, canes, walkers, crutches, wheelchairs, etc. shall first present a letter from the prescribing doctor to the principal or Health Services designee that states the necessity for the student's use of the device, any restrictions and the length of time that the restrictions and devices will be necessary.

Automated External Defibrillators

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

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

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

Legal Reference: (see next page)

HEALTH CARE AND EMERGENCIES (continued)

Legal Reference:

EDUCATION CODE

32040-32044 *First aid equipment*

49300-49307 *School safety patrols*

49407 *Liability for treatment*

49408 *Emergency information*

49409 *Athletic events; physicians and surgeons; emergency medical care; immunity*

49470 *Medical and hospital services for athletic program*

49471 *Medical and hospital services not provided or available*

49472 *Medical and hospital services for pupils*

49474 *Ambulance services*

51202 *Instruction in personal and public health and safety*

CIVIL CODE

1714.21 *Defibrillators; CPR; immunity from civil liability*

FAMILY CODE

6550-6552 *Caregivers*

HEALTH AND SAFETY CODE

1797.196 *Automatic external defibrillators, immunity from civil liability*

CODE OF REGULATIONS, TITLE 8

5193 *California Bloodborne Pathogens Standard*

Management Resources:

WEB SITES

American Heart Association: <http://www.americanheart.org>

American Red Cross: <http://www.redcross.org>

California Department of Health Services: <http://www.dhs.ca.gov>

HEALTH CARE AND EMERGENCIES

Emergency Contact Information

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

1. Home address and telephone number
2. Parent/guardian's business address and telephone number
3. Parent/guardian's cell phone number and e-mail address, if applicable
4. Name, address, and telephone number of a relative or friend to whom the student may be released and who is authorized by the parent/guardian to care for the student in cases of emergency or when the parent/guardian cannot be reached
5. Local physician to call in case of emergency

Consent by Caregiver

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

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

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

1. School employees annually receive a brochure, with contents and style approved by the American Heart Association or American Red Cross, that describes the proper use of an AED
2. The American Heart Association or American Red Cross brochure or similar information is posted next to every AED
3. School employees are annually notified of the location of all AED units on school grounds

HEALTH CARE AND EMERGENCIES (continued)

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

Regulation
approved:

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Santa Monica, California

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS

The Board of Education recognizes that some students may need to take medication prescribed by a physician during the school day in order to be able to attend school. The Superintendent or designee shall develop processes for the administration of medication to such students by school personnel.

Prescribed medication may be administered by the school nurse or other designated school personnel only when the Superintendent or designee has received written statements from both a student's physician and parent/guardian. (Education Code 49423; 5 CCR 600)

School staff who administer medication, including epinephrine auto-injections, to students shall receive training from qualified medical personnel on how such medication should be administered as well as training in the proper documentation and storage of the medication.

Staff authorized to administer the medication shall do so in accordance with administrative regulations and shall be afforded appropriate liability protection.

If the parent/guardian so chooses, he/she may administer the medication to his/her child. In addition, the parent/guardian may designate another individual who is not a school employee to administer the medication to the student.

Self-Administration and Monitoring

Upon written request by the parent/guardian and with the approval of the student's physician, a student with a medical condition that requires frequent treatment, monitoring, or testing may be allowed to self-administer, self-monitor, and/or self-test. The student shall observe universal precautions in the handling of blood and other bodily fluids.

Legal Reference: (see next page)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

Legal Reference:

EDUCATION CODE

48980 *Notification at beginning of term*

49407 *Liability for treatment*

49408 *Emergency information*

49414 *Emergency epinephrine auto-injectors*

49414.5 *Providing school personnel with voluntary emergency training*

49423 *Administration of prescribed medication for student*

49423.1 *Inhaled asthma medication, conditions upon which pupil may carry and self-administer medication*

49423.5 *Specialized health care services*

49426 *School nurses*

49480 *Continuing medication regimen; notice*

BUSINESS AND PROFESSIONS CODE

2700-2837 *Nursing, especially:*

2726 *Authority not conferred*

2727 *Exceptions in general*

CODE OF REGULATIONS, TITLE 5

600-611 *Administering medication to students*

Management Resources:

NATIONAL DIABETES EDUCATION PROGRAM PUBLICATIONS

Helping the Student with Diabetes Succeed: A Guide for School Personnel, June, 2003

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS

Training Standards for the Administration of Epinephrine Auto-Injectors, December, 2004

WEB SITES

American Diabetes Association: <http://www.diabetes.org>

California Department of Education, Health Services and School Nursing:

<http://www.cde.ca.gov/ls/he/hn>

Department of Health and Human Services, National Institutes of Health, National Heart, Lung and Blood Institute, asthma information: <http://www.nhlbi.nih.gov/health/public/lung/index.htm#asthma>

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS

Definitions

Other designated school personnel may include any individual employed by the district who has consented to administer the medication or otherwise assist the student, and who may legally administer the medication. (5 CCR 601)

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)

Notifications to Parents/Guardians

At the beginning of each school year, the Superintendent or designee shall notify parents/guardians that students who need to take prescribed medication during the school day may be assisted by a school nurse or designated school personnel or allowed to self-administer certain medication as long as the district receives written statements from the student's physician and parent/guardian in accordance with law, Board policy and administrative regulation. (Education Code 48980, 49423)

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.

Parent/Guardian Responsibilities

Before a designated employee administers or assists in the administration of any prescribed medication to any student or any student is allowed to carry and self-administer prescription auto-injectable epinephrine or prescription inhaled asthma medication during school hours, the district shall have a written statement from the student's physician and a written statement from the student's parent/guardian. (Education Code 49423, 49423.1; 5 CCR 600)

The physician's written statement shall clearly: (Education Code 49423, 49423.1; 5 CCR 602)

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

1. Identify the student
2. Identify the medication
3. Specify the method, amount and time schedules by which the medication is to be taken
4. Contain the name, address, telephone number and signature of the physician
5. If a parent/guardian has requested that his/her child be allowed to self-administer prescription auto-injectable epinephrine or prescription inhaled asthma medication, confirm that the student is able to self-administer the medication

The parent/guardian's written statement shall:

1. Identify the student
2. Grant permission for the authorized district representative to communicate directly with the student's physician, as may be necessary, regarding the physician'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 or otherwise assist the student in the administration of medication
4. Contain an acknowledgment that the parent/guardian understands his/her responsibilities to enable district employees to administer or otherwise assist the student in the administration of medication including, but not limited to, the parent/guardian's responsibility to provide a written statement from the physician and 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
5. Contain an acknowledgment that the parent/guardian may terminate consent for such administration at any time

If a parent/guardian has requested that his/her child be allowed to carry and self-administer prescription auto-injectable epinephrine or prescription inhaled asthma medication, the parent/guardian's written statement shall also: (Education Code 49423, 49423.1)

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

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

The parent/guardian shall annually provide the Superintendent or designee a new written statement from himself/herself and the student's physician. In addition, the parent/guardian shall provide a new physician statement if the medication, dosage, frequency of administration or reason for administration changes. (Education Code 49423, 49423.1)

Parents/guardians shall provide medications in a properly labeled, original container along with the physician's instructions. For prescribed medication, the container shall bear the name and telephone number of the pharmacy, the student's identification, name and phone number of the physician, and physician's instructions. Medications that are not in their original container shall not be accepted or administered. Medications shall be delivered to the school by the parent/guardian, unless the Superintendent or designee authorizes another method of delivery.

The parent/guardian of a student on a continuing medication regimen for a nonepisodic condition shall inform the school nurse or other designated certificated employee of the medication being taken, the current dosage and the name of the supervising physician.

A parent/guardian may designate an individual who is not an employee of the district to administer medication to his/her child as long as the individual is clearly identified, willing to accept the designation, permitted to be on the school site, and any limitations on the individual's authority are clearly established. The parent/guardian shall provide a written statement designating the individual and containing the information required above.

Designated Employee/District Responsibilities

The school nurse or other designated school personnel shall:

1. Administer or assist in administering the medication in accordance with the physician's written statement
2. Accept delivery of medication from the student's parent/guardian, including counting and recording the medication upon receipt
3. Maintain a list of students needing medication during the school day, including the type of medication, times and dosage, as well as a list of students who are authorized to self-administer medication
4. Maintain a medication log documenting the administration of medication including the student's name; name of medication the student is required to take; dose of medication; method by which the student is required to take the medication; time the medication is to be taken during the regular school day; date(s) on which the student is required to take the medication; physician's name and contact information; and a space for daily recording of medication administration

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS

(continued)

- The daily record shall contain the date, time, amount of medication administered, and signature of the individual administering the medication.
5. Maintain a medication record including the physician'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
 7. Coordinate the administration of medication during field trips and after-school activities
 8. Report any refusal of a student to take his/her medication to the parent/guardian
 9. Keep all medication to be administered by the district in a locked drawer or cabinet
 10. Communicate with the physician regarding the medication and its effects
 11. 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.
 12. By the end of the school year, ensure that unused, discontinued and outdated medication is returned to the student's parent/guardian where possible or, if the medication cannot be returned, is disposed of in accordance with state laws and local ordinances
 13. Anaphylactic Injections (EPI-Pen):

The Board recognizes that some students have allergies of such severity that they may require an emergency anaphylactic injection during the course of the school day. Parents/guardians who are aware of this foreseeable need may ask the district to provide such injections in accordance with administrative regulations.

School staff who may be required to administer anaphylactic injections shall receive training from qualified medical personnel. They will be authorized to administer the injections in accordance with administrative regulations and will be afforded appropriate liability protection.

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS
(continued)

14. Insulin:

The Board recognizes that in order to achieve the optimal control of blood sugar, the diabetic student may need to use insulin during the school day. Insulin may only be administered by a licensed nurse, the parent/guardian, the diabetic student or a trained parent or designee not employed by the district. Trained Diabetic Personnel can supervise the student who is competent to self-administer insulin. Written orders for insulin administration signed by the doctor and the parent/guardian must be submitted to the site prior to any administration of insulin to/by the student.

STUDENTS WITH INFECTIOUS DISEASES

General Principles

The Board of Education recognizes its dual responsibility to protect the health of students from risks posed by infectious diseases and to uphold the right of students to a free and appropriate education. The Board recognizes that prevention and education are the most effective means of limiting the spread of infectious diseases.

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

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

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

For purposes of this policy, infectious diseases shall include all those listed by the State Department of Health Services and the County Health Department.

The admission of a student with an infectious disease shall be determined by the Superintendent/Health Services designee in consultation with the student's parent/guardian, the student's physician and the County Health Department.

It shall be the responsibility of the District Health Services to institute and conduct a program of communicable disease control and prevention. This program shall include all district employees having regular contact with pupils and shall properly advise them of overt symptoms of communicable diseases.

Students with Infectious Diseases

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

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

INFECTIOUS DISEASES (continued)

parents/guardians to minimize the child's exposure to other diseases in the school setting. The Superintendent or designee shall ensure that student confidentiality rights are strictly observed in accordance with law.

Evaluating Students Who Are Infected With HIV

HIV is not spread by casual, everyday contact. Students who are infected with HIV shall attend the school and classroom to which they would be assigned if they were not infected. They are entitled to all rights, privileges, and services accorded to other students. Decisions about any changes in the education program of a student who is infected with HIV shall be made on a case-by-case basis, relying on the best available scientific evidence and medical advice.

A program of on-going education about HIV for students shall be conducted to ensure that all are informed in a consistent manner about the nature of HIV infection, including how it is and is not transmitted and how to prevent its spread.

Confidentiality

The people who shall know the identity of a student who is infected with HIV shall treat all information as highly confidential. No information shall be divulged, directly or indirectly, to any other individuals or groups. All related medical information and written documentation of discussions, telephone conversations, proceedings, and meetings shall be kept by the superintendent/designee in a locked file. Access to this file will be granted only to those persons who have the written consent of the infected student's parent or guardian. To further protect confidentiality, names will not be used in documents except when this is essential. Any document containing the name, or any other information that would reveal the identity of the infected person, will not be shared with any person, not even for the purposes of word processing or reproduction.

Legal Reference: (see next page)

INFECTIOUS DISEASES (continued)

Legal Reference:

EDUCATION CODE

48210-48216 *Persons excluded*

49073-49079 *Privacy of pupil records*

49403 *Cooperation in control of communicable disease and immunization of pupils*

49405 *Smallpox control*

49406 *Examination for tuberculosis (employees)*

49408 *Information of use in emergencies*

49602 *Confidentiality of student information*

51202 *Instruction in personal and public health and safety*

CALIFORNIA CONSTITUTION

Article 1, Section 1 Right to Privacy

CIVIL CODE

56-56.37 *Confidentiality of Medical Information Act*

1798-1798.76 *Information Practices Act*

HEALTH AND SAFETY CODE

120230 *Exclusion for communicable disease*

120325-120380 *Immunization against communicable diseases*

120875-120895 *AIDS information*

120975-121022 *Mandated blood testing and confidentiality to protect public health*

121475-121520 *Tuberculosis tests for pupils*

CODE OF REGULATIONS, TITLE 8

5193 *California bloodborne pathogens standard*

CODE OF REGULATIONS, TITLE 17

2500-2511 *Communicable disease reporting requirements*

UNITED STATES CODE, TITLE 20

1232g *Family Educational and Privacy Rights Act*

1400-1482 *Individuals with Disabilities Education Act*

Legal Reference continued: (see next page)

INFECTIOUS DISEASES (continued)

Legal Reference: (continued)

UNITED STATES CODE, TITLE 29

794 Section 504 of the Rehabilitation Act of 1973

CODE OF FEDERAL REGULATIONS, TITLE 45

164.500-164.534 Health Insurance Portability and Accountability Act (HIPAA)

COURT DECISIONS

Thomas v. Atascadero Unified School District, (1987) 662 F.Supp. 376

Management Resources:

CSBA PUBLICATIONS

Saving Lives: AIDS Issues for California Schools 1994, rev. 2006

Avian Influenza, Governance and Policy Services Fact Sheet, April 2006

WEB SITES

CSBA: <http://www.csba.org>

California Department of Education: <http://www.cde.ca.gov>

California Department of Health Services: <http://www.dhs.ca.gov>

Centers for Disease Control and Prevention: <http://www.cdc.gov>

Contra Costa County Office of Education, Pandemic Flu Resources:

http://www.cccoe.k12.ca.us/about/flu/resources_flu_action_kit

U.S. Government Pandemic Flu Information: <http://www.pandemicflu.gov>

ASTHMA MANAGEMENT**Identification of Students with Asthma**

When registering their child for school and annually thereafter, parents/guardians of all students shall be requested 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 severe asthma attacks. Parents/guardians shall provide authorization for the limited release of medical information related to their child's health records in order for the district to provide support services or to respond in an emergency. The principal or designee shall so notify the student's teacher(s), school nurse, coach(es), bus driver, and any other staff with responsibility for direct supervision of the student.

Plan for Individualized Asthma Management

The Superintendent or designee shall request the parents/guardians of each student identified with asthma to annually submit an asthma action plan developed by the student's health care provider in partnership with the student and his/her parents/guardians. The action plan shall include, but not be limited to, information regarding the student's symptoms and severity, asthma triggers, medications needed by the student, and authorization for disclosure of health information to the district. For students 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 504 accommodation plan or individualized education program (IEP), as appropriate.

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.

Students shall be encouraged to notify their teacher, coach, or other staff when they are experiencing symptoms and/or need to alter their physical activity level.

Upon request by the student or his/her parents/guardians, the Superintendent or designee may provide information about available medical resources, including school-based health services as appropriate.

Emergency Response

In case of emergency, staff shall call 911 and administer quick-relief medication as authorized in the student's asthma action plan, accommodation plan, or IEP. Staff shall also continue to supervise the student and contact his/her parent/guardian or other person identified as an emergency contact.

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.

Professional Development

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. The professional development shall be provided by a school nurse or other qualified health professional or educator who has received related training.

Environmental Assessment

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

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

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: (see next page)

ASTHMA MANAGEMENT (continued)

Management Resources:

CSBA PUBLICATIONS

Asthma Management in the Schools, Policy Brief, March 2008

CALIFORNIA DEPARTMENT OF HEALTH SERVICES 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. 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>

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

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

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 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)

SPECIALIZED HEALTH CARE SERVICES (continued)

Legal Reference:

EDUCATION CODE

44267 *Services credential with specialization in health*
44267.5 *Services credential with specialization in health for school nurse*
49423 *Administration of prescribed medication for student*
49423.5 *Specialized physical health care services*
49426 *School nurses*
56000-56606 *Special education programs, especially:*
56345 *Individualized education program contents*

BUSINESS AND PROFESSIONS CODE

2700-2837 *Nursing, especially:*
2726 *Authority not conferred*
2727 *Exceptions in general*

CODE OF REGULATIONS, TITLE 5

3051.12 *Health and nursing services*

UNITED STATES CODE, TITLE 20

1232g *Family Educational Rights and Privacy Act of 1974*
1400-1482 *Individuals with Disabilities Education Act*

CODE OF FEDERAL REGULATIONS, TITLE 34

300.1-300.818 *Individuals with Disabilities Education Act, especially:*
300.34 *Related services*

COURT DECISIONS

Cedar Rapids Community School District v. Garret F., (1999) 526 U.S. 66
Clovis Unified School District v. Office of Administrative Hearings, (1990) 903 F.2d 635
Taylor v. Honig, (1990) 910 F.2d 627

Management Resources:

WEB SITES

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

AVAILABILITY OF CONDOMS

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

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

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

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

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

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

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

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

Legal Reference: (see next page)

AVAILABILITY OF CONDOMS (continued)

Legal Reference:

EDUCATION CODE

49062 *Records; establishment, maintenance and destruction*

49069 *Absolute right to access*

49422 *Supervision of health and physical development of pupils*

51934 *AIDS prevention instruction*

FAMILY CODE

6925 *Prevention or treatment of pregnancy*

HEALTH AND SAFETY CODE

121255 *Further findings and declarations*

PENAL CODE

261.5 *Unlawful sexual intercourse with female under age 18*

286 *Sodomy*

288 *Lewd or lascivious acts with child under age 14*

288a *Oral copulation*

UNITED STATES CODE, TITLE 20

7906 *Prohibition against use of federal funds for contraceptive distribution*

COURT DECISIONS

People v. Beeman (1984) 35 Cal. 3d 547, 561

Management Resources:

WEB SITES

CDE: <http://www.cde.ca.gov>

California Healthy Kids Resource Center: <http://www.hkresources.org>

California Department of Health Services: <http://www.dhs.ca.gov>

Centers for Disease Control and Prevention: <http://www.cdc.gov>

National Association of State Boards of Education: <http://www.nasbe.org>

TUBERCULOSIS TESTING

The Board of Education recognizes that tuberculosis poses a public health threat. Treatment of active cases of this disease is the most effective means of controlling its spread.

The number of tuberculosis cases in our county is on the rise. The County Public Health Officer therefore requires tuberculosis testing, and follow-up if appropriate, before students enter school.

The Superintendent or designee may require a tuberculosis skin test when qualified medical personnel reasonably suspect that a student has active tuberculosis. If there is an outbreak of tuberculosis at any school, the Superintendent or designee may require all students at the school to undergo tuberculosis skin tests.

Students known to have had a positive tuberculosis skin test shall be excluded from school until they provide evidence of a follow-up x-ray and appropriate medical care or are no longer suspected of having active tuberculosis.

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

Legal Reference:

EDUCATION CODE

49450 Rules to insure proper care and secrecy

49451 Parent's refusal to consent

HEALTH AND SAFETY CODE

120230 Exclusion of persons from school

120875 Providing information to school districts on AIDS, AIDS-related conditions and Hepatitis B

120880 Information to employees of school district

121475-121520 Tuberculosis tests for pupils

TUBERCULOSIS TESTING

The following protocol shall be followed for any student who has a positive TB skin test:

1. The parent/guardian must provide the school with the results of a chest x-ray before the student enters class. If no x-ray has been done, the parent/guardian shall be given a TB follow-up form to take to his/her personal physician or to the county public health office. The student must then obtain a chest x-ray and bring proof that the film was taken for school entry.
2. If the TB form is not returned with x-ray results within two weeks, the Superintendent or designee shall contact the student and family for information about the x-ray report.
3. If the student is found to have active infectious tuberculosis on chest x-ray and sputum tests, the student shall not be admitted to school until a physician's note is presented, showing that the student is free of communicable tuberculosis. (Health and Safety Code 121485, 121495)
4. If the x-ray is negative and the student admitted, the Superintendent or designee may contact the student and family again in four to six weeks to determine that they have followed through with a medical appointment for the INH preventive medication program, if indicated.

FOOD ALLERGIES/SPECIAL DIETARY NEEDS

The Board of Education 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.

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.

Students with serious dietary needs that qualify as a disability under Section 504 of the federal Rehabilitation Act or the Individuals with Disabilities Education Act shall be provided reasonable accommodation or services, as appropriate, in accordance with his/her accommodation plan or individualized education program.

Students shall not be excluded from school activities based solely on their food allergy.

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 concealed needle that is designed for emergency administration of epinephrine to persons suffering a potentially fatal reaction to anaphylaxis. (Education Code 49414)

Notification by Parent/Guardian

If their child has a known food allergy, the parents/guardians shall notify the Superintendent or designee, in writing, and provide written medical documentation, signed by a physician, that describes the nature of the student's condition, instructions, and necessary medications. If the food allergy 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.

Prevention

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.

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (continued)

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)

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)

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.

FOOD ALLERGIES/SPECIAL DIETARY NEEDS (continued)

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.

6. Supervision of Students

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 and on the playground whenever students known to have a food allergy are on school grounds.

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.

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.

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

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

HEALTH EXAMINATIONS

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

In addition to verifying that students have complied with legal requirements for health examinations and immunizations before enrolling in school, the district shall administer tests for vision, hearing and scoliosis as required by law.

All students who participate as cheerleaders, song leaders, or athletes in organized competitive sports shall first undergo and file with the district a current medical examination. 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.

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 available only in accordance with law.

Reports to the Board regarding the number of students found to have physical problems and the effort made to correct them shall in no way reveal the identity of students.

To be admitted to the Santa Monica-Malibu Unified School District, children must be fully immunized in accordance with law. Children shall be excluded from school or exempted from immunization requirements only as allowed by law.

Transfer Students

To enroll in the Santa Monica-Malibu Unified School District, all transfer students must present a written immunization record which shows at least the month and year of each immunization. The student shall receive all required immunizations currently due before he/she is admitted to school.

Legal Reference: (see next page)

HEALTH EXAMINATIONS (continued)

Legal Reference:

EDUCATION CODE

44871-44879 *Employment qualifications*

49400-49413 *General powers-school boards (re pupil health)*

49422 *Supervision of health and physical development*

49450-49457 *Physical examinations (of pupils)*

49460-49466 *Development of standardized health assessments*

HEALTH AND SAFETY CODE

120325-120380 *Immunization against communicable diseases*

121475-121520 *Tuberculosis tests for pupils*

CODE OF REGULATIONS, TITLE 5

590-596 *Vision screening*

3027 *Hearing and vision screening for special education*

3028 *Audiological screening*

HEALTH EXAMINATIONS

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 Services (DHS) 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)

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)

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.

In lieu of the certification, the parent/guardian may submit a waiver on a form developed by DHS 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)

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)

HEALTH EXAMINATIONS (continued)

Oral Health Assessment for Grades K-1

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

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

1. An explanation of the administrative requirements of the law
2. Information on the importance of primary teeth
3. Information on the importance of oral health to overall health and to learning
4. A toll-free telephone number to request an application for Healthy Families, Medi-Cal, or other government-subsidized health insurance programs
5. Contact information for county public health departments
6. A statement of privacy applicable under state and federal laws and regulations

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

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

1. Completion of an assessment poses an undue financial burden on the parent/guardian.
2. The parent/guardian lacks access to a licensed dentist or other dental health professional.
3. The parent/guardian does not consent to an assessment.

HEALTH EXAMINATIONS (continued)

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

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

Regulation
approved:

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Santa Monica, California

IMMUNIZATIONS

To be admitted to the district, children must be fully immunized in accordance with law. Children shall be excluded from school or exempted from immunization requirements only as allowed by law.

Transfer Students

To enroll in the district, all transfer students must present a written immunization record which shows at least the month and year of each immunization. The student shall receive all required immunizations currently due before he/she is admitted to school.

Legal Reference:

EDUCATION CODE

46010 Total days of attendance

48216 Immunization

48980 Required notification of rights

49403 Cooperation in control of communicable disease and immunizations

HEALTH AND SAFETY CODE

120325-120380 Immunization against communicable disease especially:

120335 Immunization requirement for admission

120440 Disclosure of immunization information

CODE OF REGULATIONS, TITLE 17

6000-6075 School attendance immunization requirements

Management Resources:

DEPARTMENT OF HEALTH SERVICES

Commonly Asked Questions About the New School Immunization Requirements, March 1999

WEB SITES

CDE: <http://www.cde.ca.gov>

California Department of Health Services: <http://www.dhs.ca.gov>

Centers for Disease Control and Prevention: <http://www.cdc.gov>

IMMUNIZATIONS

The Superintendent or designee shall not unconditionally admit any student to a district school or child care and development program unless that student has presented documentation of full immunization. (Health and Safety Code 120335)

At the beginning of the school year, the Superintendent or designee shall notify parents/guardians of the rights of students and parents/guardians relating to immunizations under Education Code 49403. (Education Code 48980)

Immunizations for Grades K-12

Students entering the district in grades kindergarten through 12 shall have received the following immunizations: (Health and Safety Code 120335; 17 CCR 6020)

1. Measles, mumps and rubella (MMR) vaccine
 - a. Students entering at the kindergarten level shall have received two doses on or after the first birthday, except one dose may be a measles-only vaccine.
 - b. Mumps vaccine shall not be required for students age seven or older.
 - c. Students entering or advancing to seventh grade shall be required to have a second dose of measles-containing vaccine if they have not previously obtained a second dose.
2. Diphtheria, tetanus and pertussis (whooping cough) vaccine (DTP or DTaP)
 - a. Five doses shall be required for students ages four through six. However, four doses shall meet the requirement if at least one dose was given on or after the fourth birthday.
 - b. Four doses shall be required for students age seven or older. However, three doses shall meet the requirement if at least one dose was given on or after the second birthday.
 - c. Pertussis immunization shall not be required for students age seven or older.
 - d. A tetanus and diphtheria (Td) shot is recommended but not required for seventh-grade students who have not had a booster within the past five years.
3. Poliomyelitis (polio) vaccine

IMMUNIZATIONS (continued)

Four doses shall be required at any age. However, three doses shall meet the requirement for ages four through six if at least one dose was given on or after the fourth birthday, and three doses shall meet the requirement for ages seven to seventeen if at least one dose was given on or after the second birthday.

4. Hepatitis B vaccine

- a. Three doses shall be required for entry into kindergarten.

Students admitted at the kindergarten level or below before August 1, 1997, shall be exempt from this requirement.

- b. Students shall not be unconditionally admitted or advanced to seventh grade unless they have been fully immunized against hepatitis B. A student who has previously had three doses of hepatitis B vaccine at any age before seventh grade shall not be required to receive any additional shots.

5. Varicella (chickenpox) vaccine

Any student admitted at the kindergarten level or above before July 1, 2001, shall be exempt from this requirement for school entry.

Students who skipped kindergarten shall meet immunization requirements for hepatitis B and a second measles dose prior to entering first grade.

Students transferring into the district at a grade other than kindergarten or seventh grade shall be exempt from the requirement for a second measles dose or hepatitis B immunization.

Immunizations Below Kindergarten Level

Children younger than age four years, six months shall have received haemophilus influenza type b (Hib meningitis) vaccine. (Health and Safety Code 120335)

Other immunization requirements for children below kindergarten level depend on the child's age as specified in 17 CCR 6020.

Exemptions

Exemption from immunization requirements is allowed when: (Health and Safety Code 120365, 120370, 120375; 17 CCR 6051)

1. The student's parent/guardian states in writing that immunization is contrary to his/her beliefs.

IMMUNIZATIONS (continued)

2. The student's parent/guardian provides a written statement by a licensed physician that the physical condition or medical circumstances of the student are such that immunization is unsafe or is permanently not indicated.

However, if there is good cause to believe that the student has been exposed to one of the communicable diseases listed above, the student may be temporarily excluded from school until the local health officer is satisfied that the student is no longer at risk of developing the disease. (Health and Safety Code 120365)

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 until the student presents a letter or affidavit of exemption from his/her parent/guardian or physician.

Before a 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 in which to supply evidence of proper immunization or an appropriate letter of exemption. This notice shall refer the parent/guardian to the child's usual source of medical care. (Education Code 48216; 17 CCR 6040)

If no usual source of medical care exists, the parent/guardian shall be referred to the county health department. (Education Code 48216)

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

Conditional Enrollment

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

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

IMMUNIZATIONS (continued)

2. He/she has a temporary exemption from immunization for medical reasons

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

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

Records

The Superintendent or designee shall record each new entrant's immunizations in the 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)

HEALTH SCREENING FOR SCHOOL ENTRY

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 Services (DHS) 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)

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)

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.

In lieu of the certification, the parent/guardian may submit a waiver on a form developed by DHS 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)

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)

HEALTH SCREENING FOR SCHOOL ENTRY (continued)

Oral Health Assessment for Grades K-1

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

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

1. An explanation of the administrative requirements of the law
2. Information on the importance of primary teeth
3. Information on the importance of oral health to overall health and to learning
4. A toll-free telephone number to request an application for Healthy Families, Medi-Cal, or other government-subsidized health insurance programs
5. Contact information for county public health departments
6. A statement of privacy applicable under state and federal laws and regulations

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

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

1. Completion of an assessment poses an undue financial burden on the parent/guardian.
2. The parent/guardian lacks access to a licensed dentist or other dental health professional.
3. The parent/guardian does not consent to an assessment.

HEALTH SCREENING FOR SCHOOL ENTRY (continued)

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

The report shall also be provided to the Board of Education. 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 *Pupil records*

49452.8 *Oral health assessment*

HEALTH AND SAFETY CODE

104395 *Child Health and Disability Prevention Program expansion*

124025-124110 *Child Health and Disability Prevention Program, especially:*

124085 *Certificate documenting health screening and evaluation services; waiver by parent/guardian*

124100 *Distribution of program information to parents/guardians of kindergarten children*

124105 *Exclusions and exemption; legislative intent of notification contents*

CODE OF REGULATIONS, TITLE 5

432 *Student records*

CODE OF REGULATIONS, TITLE 17

6800-6874 *Child Health and Disability Prevention Program*

Management Resources:

CSBA PUBLICATIONS

Promoting Oral Health for California's Students: New Roles, New Opportunities for Schools,

Governance and Policy Services, Policy Brief, February 2007

DEPARTMENT OF HEALTH SERVICES PUBLICATIONS

CHDP School Handbook: School Entry Health Examination Requirements, rev. January 2006

WEB SITES

CSBA: <http://www.csba.org>

California Department of Education, Health Services: <http://www.cde.ca.gov/ls/he/hn>

California Dental Association: <http://www.cda.org>

California Department of Health Services, Child Health and Disability Prevention Program:

<http://www.dhs.ca.gov/pcfh/cms/chdp>

California Healthy Kids Resource Center: <http://www.californiahealthykids.org>

HEAD LICE

Because head lice are common and are easily spread, the Superintendent or designee shall send information about the treatment and control of head lice to parents/guardians as needed to prevent the spread of infestations. As part of the health curriculum, teachers shall stress the importance of preventive measures.

The Board of Education recognizes that responsibility for the treatment of head lice rests with the home. When lice or untreated nits are found, the student shall be sent home as soon as possible with proper parental notification.

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

Legal Reference:

EDUCATION CODE

48210-48216 Persons excluded

49451 Physical examinations: parent's refusal to consent

Management Resources:

AMERICAN ACADEMY OF PEDIATRICS

Lice, Nits, and School Policy, Official Journal of the American Academy of Pediatrics, May 2001

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Guidelines for Parents on Control of Head Lice, 2006

CALIFORNIA SCHOOL NURSES ORGANIZATION

Position Statement: Pediculosis Management, 2005

WEB SITES

California Department of Health Services, Infectious Diseases Branch:

<http://www.dhs.ca.gov/ps/dcdc/disb/disbindex.htm>

California School Nurses Organization: <http://www.scno.org>

Centers for Disease Control and Prevention, Parasitic Disease Information, Head Lice:

<http://www.cdc.gov/ncidod/dpd/parasites/lice>

CHILD ABUSE PREVENTION AND REPORTING

Child Abuse Prevention

The Board of Education recognizes the district's responsibility to educate administrators, staff and students about the dangers of child abuse so that they will acquire the skills and techniques needed to identify unsafe situations and to react appropriately and promptly. The Board also recognizes the district's responsibility to provide and maintain a safe physical environment that will minimize unsafe situations for children.

The district's instructional program shall include age-appropriate and culturally and linguistically sensitive child abuse prevention curriculum. This curriculum shall explain students' right to live free of abuse, inform them of available support resources, and teach them how to obtain help and disclose incidents of abuse. The curriculum also shall include training in self-protection techniques. Students who are new to the district will receive an orientation which will include this curriculum.

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

Child Abuse Reporting

The Board recognizes that child abuse has severe consequences and that the district has a responsibility to protect students by facilitating the prompt reporting of known and suspected incidents of child abuse. With concern for the total well-being of each student, the Board directs the employees of the district to report known or suspected incidences of child abuse in accordance with state law and administrative regulations. District employees shall cooperate with the child protective agencies responsible for reporting, investigating and prosecuting cases of child abuse. The Superintendent or designee shall establish procedures for the identification and reporting of such incidents in accordance with law.

Employees who are mandated reporters, as defined by law and administrative regulation, are obligated to report all known, suspected, or alleged incidents of child abuse and neglect.

Mandated reporters shall not investigate any suspected incidents but rather shall cooperate with agencies responsible for investigating and prosecuting cases of child abuse and neglect.

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

By no later than October 31st of each year, the Superintendent shall inform the public via an Information Item in the Board of Education agenda the numbers of child abuse reports and the number involving district employees for the previous school year. The Superintendent shall also inform the public that the training for all mandated reporters has been provided.

CHILD ABUSE PREVENTION AND REPORTING (continued)

In the event that training is not provided to mandated reporters, the Superintendent shall report to the California Department of Education and the public the reasons that such training has not been provided.

Legal Reference:

EDUCATION CODE

32280-32288 *Comprehensive school safety plans*
33308.1 *Guidelines on procedure for filing child abuse complaints*
44690-44691 *Staff development in the detection of child abuse and neglect*
44807 *Duty concerning conduct of students*
48906 *Notification when student released to peace officer*
48987 *Dissemination of reporting guidelines to parents*
49001 *Prohibition of corporal punishment*
51220.5 *Parenting skills education*

PENAL CODE

152.3 *Duty to report murder, rape, or lewd or lascivious act*
273a *Willful cruelty or unjustifiable punishment of child; endangering life or health*
288 *Definition of lewd or lascivious act requiring reporting*
11164-11174.4 *Child Abuse and Neglect Reporting Act*

WELFARE AND INSTITUTIONS CODE

15630-15637 *Dependent adult abuse reporting*

CODE OF REGULATIONS, TITLE 5

4650 *Filing complaints with CDE, special education students*

Management Resources:

CDE LEGAL ADVISORIES

0514.93 *Guidelines for parents to report suspected child abuse*

WEB SITES

California Attorney General's Office, Crime and Violence Prevention Center: <http://safestate.org>

California Department of Education, Safe Schools: <http://www.cde.ca.gov/lr/ss>

California Department of Social Services, Children and Family Services Division:

<http://www.childsworld.ca.gov>

U.S. Department of Health and Human Services, National Clearinghouse on Child Abuse and Neglect Information: <http://nccanch.acf.hhs.gov>

CHILD ABUSE PREVENTION AND REPORTING

Definitions

Child abuse or neglect includes the following:

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
3. Neglect of a child as defined in Penal Code 11165.2
4. Willful harming or injuring of a child or the endangering of the person or health of a child as defined in Penal Code 11165.3
5. Unlawful corporal punishment or injury as defined in Penal Code 11165.4

Child abuse or neglect does not include:

1. A mutual affray between minors (Penal Code 11165.6)
2. An injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his/her employment (Penal Code 11165.6)
3. An injury resulting from the exercise by a teacher, assistant principal, principal, or other certificated employee of the same degree of physical control over a student that a parent/guardian would be privileged to exercise, not exceeding the amount of physical control reasonably necessary to maintain order, protect property, protect the health and safety of students, or maintain proper and appropriate conditions conducive to learning (Education Code 44807)
4. An injury caused by a school employee's use of force that is reasonable and necessary to quell a disturbance threatening physical injury to persons or damage to property, to protect himself/herself, or to obtain weapons or other dangerous objects within the control of the student (Education Code 49001)
5. Physical pain or discomfort caused by athletic competition or other such recreational activity voluntarily engaged in by the student (Education Code 49001)

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; administrators and employees of a licensed day care facility; Head Start teachers; district police or security officers; licensed nurses or health care providers; and administrators, presenters, and counselors of a child abuse prevention program (Penal Code 1165.7)

CHILD ABUSE PREVENTION AND REPORTING (continued)

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. (Penal Code 11166)

Reportable Offenses

A mandated reporter shall make a report using the procedures provided 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)

Any person shall notify a peace officer if he/she 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, where the victim is a child under age 14. (Penal Code 152.3, 288)

Responsibility for Reporting

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

When two or more mandated reporters jointly have initial reported knowledge of a known or suspected instance of child abuse or neglect, each reporter must file a report or they must file the report jointly. If filing jointly, all mandated reporters must have their name on the form. (Penal Code 11166)

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)

CHILD ABUSE PREVENTION AND REPORTING (continued)

Reporting Procedures

1. Initial Telephone Report

Within 24 hours of 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 11166) When possible, the telephone call should be made before the end of the school day during which the information was obtained.

LA County Child Protection Hot Line 24 hours
800-540-4000

Or

Santa Monica Police Department
33 Olympic Drive, Santa Monica, CA 90401
Attn: Youth Services Division
310-458-8491 (24 hours)
310-393-5051 (fax)

Or

Malibu LA County Sheriff's Department (310-456-6652, ext. 235)

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)

Mandated reporters may obtain copies of the Department of Justice form from either the district or the appropriate agency.

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

CHILD ABUSE PREVENTION AND REPORTING (continued)

- a. The name, business address, and telephone number of the person making the report and the capacity that makes the person a mandated reporter
- b. The child's name and address, present location and, where applicable, school, grade, and class
- c. The names, addresses, and telephone numbers of the child's parents/guardians
- d. The information that gave rise to the reasonable suspicion of child abuse or neglect and the source(s) of that information
- e. The name, address, telephone number, and other relevant personal information about the person(s) who might have abused or neglected the child

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)

Information relevant to the incident of child abuse or neglect may also be given to an investigator from an agency that is investigating the case. (Penal Code 11167)

3. Internal Reporting

- a. Internal Reporting of Alleged Child Abuse Regarding Non-district employees

Employees reporting child abuse or neglect to an appropriate agency are required, to notify the principal or designee immediately after the initial telephone report to the appropriate agency.

The Superintendent or designee 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.

After completion of the written follow-up report, which includes a completed Department of Justice form (SS 8572), and after providing that form to the appropriate agency, the mandated reporter shall provide that form to the school nurse or designee. The mandated reporter shall not be required to disclose his/her identity and may remove his/her name from the form. (Penal Code 11166)

CHILD ABUSE PREVENTION AND REPORTING (continued)

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)

b. Internal Reporting of Alleged Child Abuse Regarding district employees or volunteers

Employees reporting child abuse or neglect allegations against an district employee or volunteer to an appropriate agency are required to notify the Superintendent or designee immediately after the initial telephone report to the appropriate agency. When so notified, the Superintendent or designee shall inform the Superintendent or designee with the Confidential Incident Report Form.

The Superintendent or designee 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.

After completion of the written follow-up report, which includes a completed Department of Justice form (SS 8572), and after providing that form to the appropriate agency, the mandated reporter shall provide that form to the principal or designee. The mandated reporter shall not be required to disclose his/her identity to the principal and may remove his/her name from the form. (Penal Code 11166)

The principal or designee shall attach the follow-up report to the Confidential Incident Report Form, which shall be provided to the Superintendent or designee.

The Superintendent or designee shall maintain a record of all reported cases of suspected child abuse regarding employees to enable the district to monitor, address and prevent repetitive child abuse in its schools. All complaints and allegations of child abuse shall be kept confidential except as necessary to carry out the investigation or take other subsequent necessary action.

No student shall not be required or asked to meet with the employee or volunteer who has allegedly abused that student. If the employee or volunteer suspected of sexual misconduct is a district employee or volunteer, then during the course of the investigation, he/she shall discontinue contact with students.

CHILD ABUSE PREVENTION AND REPORTING (continued)

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)

Training

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

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

Victim Interviews

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

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

1. The purpose of the selected person's presence at the interview is to lend support to the child and enable him/her to be as comfortable as possible.
2. The selected person shall not participate in the interview.
3. The selected person shall not discuss the facts or circumstances of the case with the child.
4. The selected person is subject to the confidentiality requirements of the Child Abuse and Neglect Reporting Act, a violation of which is punishable as specified in Penal Code 11167.5.

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

CHILD ABUSE PREVENTION AND REPORTING (continued)

Release of Child to Peace Officer

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

Peace officers shall be asked to sign an appropriate release or acceptance of responsibility form.

Parent/Guardian Complaints Regarding Suspected Child Abuse

Upon request, the Superintendent or designee shall provide parents/guardians with a copy of the district's administrative regulation that describes how to report suspected child abuse occurring at a school site to appropriate agencies. For parents/guardians whose primary language is other than 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.

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.

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, of their reporting obligations under Penal Code 11166, and of their confidentiality rights under Penal Code 11167. The district shall also provide these new employees with a copy of Penal Code 11165.7, 11166, and 11167. (Penal Code 11165.7, 11166.5)

Before beginning employment, employees shall sign the statement indicating that they have knowledge of the reporting obligations under Penal Code 11166 and that they will comply with those provisions. The signed statements shall be retained by the Superintendent or designee. (Penal Code 11166.5)

CHILD ABUSE PREVENTION AND REPORTING (continued)

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

The Superintendent or designee shall also notify all employees that:

1. A mandated reporter who reports a known or suspected instance of child abuse or neglect shall not be held civilly or criminally liable for making a report and this immunity shall apply even if the mandated reporter acquired the knowledge or reasonable suspicion of child abuse or neglect outside of his/her professional capacity or outside the scope of his/her employment. Any other person making a report shall not incur civil or criminal liability unless it can be proven that he/she knowingly made a false report or made a report with reckless disregard of the truth or falsity of the report. (Penal Code 11172)
2. If a mandated reporter fails to report an incident of known or reasonably suspected child abuse or neglect, he/she may be guilty of a crime punishable by a fine and/or imprisonment. (Penal Code 11166)
3. No employee shall be subject to any sanction by the district for making a report. (Penal Code 11166)

CHILD ABUSE PREVENTION AND REPORTING

Form SS 8572 is available in PDF by selecting the PDF link:
<http://www.smmusd.org/pdfs/formss8572.pdf>

Or you may request a form be sent you by contacting the District Office at 310-450-8338

You may complete the SUSPECTED CHILD ABUSE REPORT required of Mandated Child Abuse Reporters on line (form SS 8572 per PC11166) and print the completed form locally by going to:

http://ag.ca.gov/childabuse/pdf/ss_8572.pdf

For more information on Child Protection Program Forms go to:
<http://ag.ca.gov/childabuse/forms.php>

SUICIDE PREVENTION

The Board of Education recognizes that suicide is a major cause of death among youth and that all suicide threats must be taken seriously. The Superintendent or designee shall establish procedures to be followed when a suicide attempt, threat or disclosure is reported. The district shall also provide staff with education that helps them recognize the warning signs of severe emotional distress and take preventive measures to help potentially suicidal students.

Suicide prevention training for certificated staff shall be designed to help staff recognize sudden changes in students' appearance, personality or behavior which may indicate suicidal intentions, help students of all ages develop a positive self-image and a realistic attitude towards potential accomplishments, identify helpful community resources, and follow procedures established by the Superintendent or designee for intervening when a student attempts, threatens or discloses the desire to commit suicide. The training shall be offered under the direction of a trained district counselor/psychologist or in cooperation with one or more community mental health agencies.

Staff shall promptly report suicidal threats or statements to the principal or mental health counselor, who shall promptly report the threats or statements to the student's parents/guardians. These statements shall otherwise be kept confidential.

Legal Reference:

EDUCATION CODE

49602 Confidentiality of student information

49604 Suicide prevention training for school counselors

WELFARE AND INSTITUTIONS CODE

5698 Emotionally disturbed youth; legislative intent

Management Resources:

CDE PUBLICATIONS

Suicide Prevention Program for California Schools, 1987

Health Framework for California Public Schools, 1994

SUICIDE PREVENTION

Crisis Intervention Procedures

District procedures to be followed when a suicide attempt, threat or disclosure is reported shall:

1. Ensure the student's short-term physical safety by one of the following, as appropriate:
 - a. Assess level of risk and consult with administrator and/or mental health professional
 - b. Securing immediate medical treatment if a suicide attempt has occurred
 - c. Securing police and/or other emergency assistance if a suicidal act is being actively threatened
 - d. When a suicidal act is less actively threatened but is a serious possibility, keeping the student under continuous adult supervision until the parent/guardian can be contacted and has the opportunity to intervene and supervise
 - e. If an unsuccessful suicide attempt has been reported or threatened, monitoring the student's actions until the parent/guardian can be contacted and has the opportunity to intervene
 - f. Staff will document intervention on health card
2. Designate specific individuals to be promptly contacted, including:
 - a. The school counselor, psychologist, nurse and/or principal
 - b. The student's parent/guardian
 - c. As necessary, local police or counseling agencies
3. Set forth one or more plans by which the school can transfer responsibility for the student's welfare to the parent/guardian and/or the appropriate support agent or agency
4. Provide for the timely follow-up by designated school staff regarding the parent/guardian and student's contact with an appropriate support agent or agency
5. Conduct re-entry meeting to discuss student status and need for supports

SCHOOL HEALTH SERVICES

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

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

The Board may employ or contract with health care professionals or partner with community health centers to provide the services under the terms of a written contract or memorandum of understanding.

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

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

Consent and Confidentiality

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

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

Payment/Reimbursement for Services

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

The Superintendent or designee shall establish procedures for billing public and private insurance programs and other applicable programs for reimbursement of services as appropriate.

SCHOOL HEALTH SERVICES (continued)

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

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

Program Evaluation

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

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

Legal Reference: (see next page)

SCHOOL HEALTH SERVICES (continued)

Legal Reference:

EDUCATION CODE

8800-8807 *Healthy Start support services for children*

49073-49079 *Privacy of student records*

49423.5 *Specialized physical health care services*

49557.2-49558 *Eligibility for free and reduced-price meals; sharing information with Medi-Cal*

FAMILY CODE

6920-6929 *Consent by minor for medical treatment*

GOVERNMENT CODE

95020 *Individualized family service plan*

HEALTH AND SAFETY CODE

121020 *HIV/AIDS testing and treatment; parental consent for minor under age 12*

123110 *Minor's right to access health records*

123115 *Limitation on parent/guardian access to minor's health records*

123800-123995 *California Children's Services Act*

124025-124110 *Child Health and Disability Prevention Program*

124172-124174.5 *Public School Health Center Support Program*

130300-130317 *Health Insurance Portability and Accountability Act (HIPAA)*

WELFARE AND INSTITUTIONS CODE

14059.5 *Definition of "medically necessary"*

14100.2 *Confidentiality of Medi-Cal information*

14115 *Medi-Cal claims process*

14124.90 *Third-party health coverage*

14132.06 *Covered benefits; health services provided by local educational agencies*

14132.47 *Administrative claiming process and targeted case management*

CODE OF REGULATIONS, TITLE 10

2699.6500-2699.6905 *Healthy Families Program*

CODE OF REGULATIONS, TITLE 17

2951 *Testing standards for hearing tests*

6800-6874 *Child Health and Disability Prevention Program*

CODE OF REGULATIONS, TITLE 22

51009 *Confidentiality*

51050-51192 *Definitions of Medi-Cal providers and services*

51200 *Requirements for providers*

51231.2 *Wheelchair van requirements*

51270 *Local educational agency provider; conditions for participation*

51304 *Limitations on specified benefits*

51309 *Psychology, physical therapy, occupational therapy, speech pathology, audiological services*

51323 *Medical transportation services*

51351 *Targeted case management services*

51360 *Local educational agency; types of services*

51491 *Local educational agency eligibility for payment*

51535.5 *Reimbursement to local educational agency providers*

Legal Reference continued: (see next page)

SCHOOL HEALTH SERVICES (continued)

Legal Reference: (continued)

UNITED STATES CODE, TITLE 20

1232g *Family Educational and Privacy Rights Act (FERPA)*

UNITED STATES CODE, TITLE 42

1320c-9 *Prohibition against disclosure of records*

1397aa-1397jj *State Children's Health Insurance Program*

CODE OF FEDERAL REGULATIONS, TITLE 42

431.300 *Use and disclosure of information on Medicaid applicants and recipients*

CODE OF FEDERAL REGULATIONS, TITLE 45

164.500-164.534 *Health Insurance Portability and Accountability Act (HIPAA)*

Management Resources:

CSBA PUBLICATIONS

Expanding Access to School Health Services: Policy Considerations for Governing Boards, Policy Brief, November 2008

Promoting Oral Health for California's Student: New Role, New Opportunities for Schools, Policy Brief, November 2008

Providing School Health Services in California: Perceptions, Challenges and Needs of District Leadership Teams, 2008

DEPARTMENT OF HEALTH SERVICES PUBLICATIONS

LEA Medi-Cal Provider Manual

California School-Based Medi-Cal Administrative Activities Manual

DEPARTMENT OF HEALTH SERVICES POLICY LETTERS

00-06 *Managed Care Plan Relationships with Local Education Agency Providers*, December 11, 2000

NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE PUBLICATIONS

A Guidebook for Evaluating School-Based Health Centers

NATIONAL CENTER FOR YOUTH LAW PUBLICATIONS

Minor Consent, Confidentiality, and Child Abuse Reporting in California, October 2006

WEB SITES

CSBA: <http://www.csba.org>

CSBA, PractiCal Program: <http://www.csba.org/Services/Services/DistrictServices/PractiCal.aspx>

California County Superintendents Educational Services Association: <http://www.ccsesa.org>

California Department of Education, Health Services and School Nursing:

<http://www.cde.ca.gov/ls/he/hn>

California Department of Health Care Services: <http://www.dhcs.ca.gov>

California Department of Public Health: <http://www.cdph.ca.gov>

California School Health Centers Association: <http://www.schoolhealthcenters.org>

California School Nurses Organization: <http://www.csno.org>

Center for Health and Health Care in Schools: <http://www.healthinschools.org>

Centers for Disease Control and Prevention, School Health Policies and Programs (SHPPS) Study:

<http://www.cdc.gov/HealthyYouth/shpps>

Centers for Medicare and Medicaid Services: <http://www.cms.hhs.gov>

Healthy Families Program: <http://www.healthyfamilies.ca.gov>

National Assembly on School-Based Health Care: <http://www.nasbhc.org>

National Center for Youth Law: <http://www.youthlaw.org>

SCHOOL HEALTH SERVICES

Program Components

The district's school health services program shall meet, or have a plan to meet, the following requirements: (Health and Safety Code 124174.6)

1. Strive to provide a comprehensive set of services including medical, oral health, mental health, health education, and related services in response to community needs
2. Provide primary and other health care services, provided or supervised by a licensed professional, which may include all of the following:
 - a. Physical examinations, immunizations, and other preventive medical services
 - b. Diagnosis and treatment of minor injuries and acute medical conditions
 - c. Management of chronic medical conditions
 - d. Basic laboratory tests
 - e. Referrals to and follow-up for specialty care
 - f. Reproductive health services
 - g. Nutrition services
 - h. Mental health services, provided or supervised by an appropriately licensed mental health professional, which may include assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs

The Superintendent or designee shall collaborate with the county mental health department in planning and service delivery.
 - i. Oral health services that may include preventive services, basic restorative services, and referral to specialty services
3. Work in partnership with the school nurse, if one is employed by the school or district, to provide:
 - a. Individual and family health education
 - b. School or districtwide health promotion

SCHOOL HEALTH SERVICES (continued)

- c. First aid and administration of medications
 - d. Facilitation of student enrollment in health insurance programs
 - e. Screening of students to identify the need for physical, mental, and oral health services
 - f. Referral and linkage to services not offered on-site
 - g. Public health and disease surveillance
 - h. Emergency response procedures
4. Have a written contract or memorandum of understanding between the district and the health care provider or any other community provider that ensures coordination of services, confidentiality of health information consistent with applicable federal and state laws, and integration of services into the school environment
 5. Serve all students in the school regardless of ability to pay
 6. Be open during all normal school hours, except that services may be provided on a more limited basis if resources are not available or on a more expansive basis if dictated by community needs and resources are available
 7. Establish protocols for referring students to outside services when the school health center is closed
 8. Facilitate transportation between the school and the health center if the health center is not located on school or district property

Medi-Cal Billing

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

The Superintendent or designee shall submit a claim for Medi-Cal reimbursement whenever the district provides a covered preventive, diagnostic, therapeutic, or rehabilitative service specified in 22 CCR 51190.4 or 51360 to a Medi-Cal-eligible student under age 22 and/or a member of his/her family. (Welfare and Institutions Code 14132.06; 22 CCR 51096, 51098, 51190.1, 51190.4, 51309, 51360, 51535.5)

SCHOOL HEALTH SERVICES (continued)

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

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

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

Medi-Cal Administrative Activities

Designated school staff shall document, on a time survey form, the amount of time spent on activities identified by DHCS which are related to the administration of the Medi-Cal program. Such activities include, but are not be limited to:

1. Outreach
2. Referral of health and mental health services
3. Translation services
4. Facilitation of applications
5. Scheduling and arranging emergency and medical transportation of eligible individuals
6. Contracting for services
7. Program planning and policy development
8. Claims administration
9. General administration

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

SCHOOL HEALTH SERVICES (continued)

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

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

Regulation
approved:

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Santa Monica, California

Students

BP 5141.71

SEIZURE DISORDERS (EPILEPSY)

The policy of the district regarding seizure disorders (epilepsy) is as follows:

Students with seizure disorder must present a letter from their physician and parent/guardian to the school nurse or principal of shop equipment or playground apparatus.

Policy
adopted:

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Santa Monica, California

SAFETY

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

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

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

Legal Reference:

EDUCATION CODE

- 8482-8484.6 After School Education and Safety Program
- 17280-17317 Building approvals (Field Act)
- 17365-17374 Fitness of school facilities for occupancy
- 32001 Fire alarms and drills
- 32020 School gates; entrances for emergency vehicles
- 32030-32034 Eye safety
- 32040 First aid equipment
- 32225-32226 Two-way communication devices in classrooms
- 32240-32245 Lead-free schools
- 32250-32254 CDE school safety and security resources unit
- 32280-32289 Safety plans
- 44807 Duty of teachers concerning conduct of students
- 44808 Exemption from liability when students are not on school property
- 44808.5 Permission for students to leave school grounds; notice (high school)
- 45450-45451 Crossing guards
- 48900 Hazing
- 49300-49307 School safety patrol
- 49330-49335 Injurious objects
- 49341 Hazardous materials in school science laboratories
- 51202 Instruction in personal and public health and safety

GOVERNMENT CODE

- 810-996.6 California Tort Claims Act

HEALTH AND SAFETY CODE

- 115725-115735 Playground safety
- 115775-115800 Wooden playground equipment
- 115810-115816 Playground safety and recycling grants

PENAL CODE

- 245.6 Hazing

PUBLIC RESOURCES CODE

- 5411 Purchase of equipment usable by physically disabled persons

SAFETY (continued)

Legal Reference: (continued)

VEHICLE CODE

21100 Rules and regulations; crossing guards

21212 Use of helmets

42200 Fines and forfeitures, disposition by cities

42201 Fines and forfeitures, disposition by counties

CODE OF REGULATIONS, TITLE 5

202 Exclusion of students with a contagious disease

570-576 School safety patrols

5531 Supervision of social activities

5552 Playground supervision

5570 When school shall be open and teachers present

14103 Bus driver; authority over pupils

COURT DECISIONS

Wiener v. Southcoast Childcare Centers, (2004) 32 Cal.4th 1138

Kahn v. East Side Union High School District, (2003) 31 Cal.4th 990

Hoyem v. Manhattan Beach City School District, (1978) 22 Cal. 3d 508

Dailey v. Los Angeles Unified School District, (1970) 2 Cal 3d 741

Management Resources:

AMERICAN SOCIETY FOR TESTING AND MATERIALS

F 1487-05, Standard Consumer Safety Performance Specification for Playground Equipment for Public Use, 2005

U.S. CONSUMER PRODUCT SAFETY COMMISSION PUBLICATIONS

Handbook for Public Playground Safety, Pub. No. 325, 1994, rev. 1997

WEB SITES

American Society for Testing and Materials: <http://www.astm.org>

California Department of Education, Safe Schools Office: <http://www.cde.ca.gov/lss>

California Department of Health Services: <http://www.dhs.ca.gov>

Centers for Disease Control and Prevention: <http://www.cdc.gov>

Environmental Protection Agency: <http://www.epa.gov>

U.S. Consumer Product Safety Commission: <http://www.cpsc.gov>

U.S. Department of Education, Safe Schools: <http://www.ed.gov/about/offices/list/osers/osep/gtss.html>

SAFETY

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

Release of Students

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

1. The adult is the student's custodial parent/guardian.
2. The adult has been authorized on the student's emergency card as someone to whom the student may be released when the custodial parent/guardian cannot be reached, and the principal or designee verifies the adult's identity.
3. The adult is an authorized law enforcement officer acting in accordance with law.
4. The adult is taking the student to emergency medical care at the request of the principal or designee.

Supervision of Students

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

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

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

1. Where playground supervision is not otherwise provided, provide for certificated employees to supervise the conduct and safety, and direct the play, of students who are on school grounds before and after school and during recess and other intermissions (5 CCR 5552)
2. Clearly identify supervision zones on the playground and require all playground supervisors to remain outside at a location from which they can observe their entire zone of supervision
3. Consider the size of the playground area, the number of areas that are not immediately visible, and the age of the students to determine the ratio of playground supervisors to students

SAFETY (continued)

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

Playground Safety

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

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

Activities with Safety Risks

Because of concerns about the risk to student safety, the principal or designee shall not permit the following activities on campus or during school-sponsored events or sponsored as a school field trip:

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. Snow trips
7. Motorcycling
8. Target shooting
9. Horseback riding
10. Rodeo
11. Other activities determined by the principal to have a high risk to student safety

SAFETY (continued)

12. Aircraft Events
13. All Terrain Vehicle (ATV) Riding
14. Animal Acts-Wild Animals
15. Animal Rides
16. Bicycling MX Racing
17. Bungee Jumping
18. Civil Light Aircraft Flight
19. Darts/Dart Games
20. Diving 15ft above water
21. Dunk Tanks
22. Equestrian Events-Jumping
23. Guns/Firearms-use of
24. Hang Gliding, Parachuting, Parasailing
25. Hot Air Balloon Rides
26. Jet Skiing
27. Paintball
28. Private Pool Parties
29. Pyrotechnical/Fireworks Operation
30. Rebounding Devices-Bounce Houses
31. Rock Climbing, Mountaineering
32. Scuba Diving
33. Sea Kayaking

SAFETY (continued)

34. Slam Dancing (Moshing, Stage Diving)
35. Snow Mobil Riding
36. Snow Skiing, Snow Boarding-Jumping
37. Surfing
38. Watercraft Transportation (except commercial craft of 26 or more operated by a qualified vendor with certificate of insurance)
39. White Water Rafting

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

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.

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)

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.

Regulation
approved:

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Santa Monica, California

INSURANCE

The Board of Education 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.

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)

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

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

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

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)

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: (see next page)

INSURANCE (continued)

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 Services, *Medical Care Services*: <http://www.dhs.ca.gov/mcs>

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

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 at least \$1,500 for all medical and hospital expenses. (Education Code 32221)

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

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

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

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

INSURANCE (continued)

Some students may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling _____(insert toll free telephone number).

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

Regulation
approved:

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Santa Monica, California

DISCIPLINE

The Board of Education desires to prepare students for responsible citizenship by fostering self-discipline and personal responsibility. The Board believes that high expectations for student behavior, effective classroom management and parent involvement can minimize the need for discipline. Staff shall use preventative measures and positive conflict resolution techniques whenever possible.

Board policies and regulations shall delineate acceptable student conduct and provide the basis for sound disciplinary practices. Each school shall develop disciplinary rules to meet the school's individual needs.

When misconduct occurs, staff shall implement appropriate discipline and attempt to identify and address the causes of the student's behavior. Continually disruptive students may be assigned to alternative programs or removed from school in accordance with law, Board policy and administrative regulation. At all times, the safety of students and staff and the maintenance of an orderly school environment shall be priorities in determining appropriate discipline.

Staff shall enforce disciplinary rules fairly, consistently and without discrimination.

The Superintendent or designee shall provide professional development as necessary to assist staff in developing classroom management skills and implementing effective disciplinary techniques.

Legal Reference: (see next page)

DISCIPLINE (continued)

Legal Reference:

CIVIL CODE

1714.1 Parental liability for child's misconduct

EDUCATION CODE

32280-32288 School safety plans

35146 Closed sessions

35291 Rules

35291.5-35291.7 School-adopted discipline rules

37223 Weekend classes

44807.5 Restriction from recess

48900-48926 Suspension and expulsion

48980-48985 Notification of parents or guardians

49000-49001 Prohibition of corporal punishment

49330-49335 Injurious objects

CODE OF REGULATIONS, TITLE 5

307 Participation in school activities until departure of bus

353 Detention after school

Management Resources:

CSBA PUBLICATIONS

Protecting Our Schools: Governing Board Strategies to Combat School Violence, 1999

CDE PROGRAM ADVISORIES

1010.89 Physical Exercise as Corporal Punishment, CIL 89/9-3

1223.88 Corporal Punishment, CIL: 88/9-5

WEB SITES

CDE: <http://www.cde.ca.gov>

USDOE: <http://www.ed.gov>

DISCIPLINE

Site-Level Rules

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

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

Disciplinary strategies provided in Board policy, regulation and law may be used in developing site-level rules. These strategies include but are not limited to:

1. Referral of the student for advice and counseling
2. Discussion or conference with parents/guardians
3. Recess restriction
4. Detention during and after school hours
5. Community service
6. Reassignment to an alternative educational environment
7. Removal from the class in accordance with Board policy, administrative regulation and law
8. Suspension and expulsion

Corporal Punishment

Corporal punishment shall not be used as a disciplinary measure against any student. Corporal punishment includes the willful infliction of, or willfully causing the infliction of, physical pain on a student. (Education Code 49001)

For purposes of this policy, corporal punishment does not include an employee's use of force that is reasonable and necessary to protect the employee, students, staff or other persons or to prevent damage to property or to obtain possession of weapons or other dangerous objects within the control of the student. (Education Code 49001)

Recess Restriction

A teacher may restrict a student's recess time when he/she believes that this action is the most effective way to bring about improved behavior, subject to the following conditions:

DISCIPLINE (continued)

1. The student shall be given adequate time to use the restroom and get a drink or eat lunch, as appropriate.
2. The student shall remain under a certificated employee's supervision during the period of restriction.
3. Teachers shall inform the principal of any recess restrictions they impose.

Detention After School

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

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

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

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

Community Service

As part of or instead of disciplinary action, the Board, Superintendent, principal or principal's designee may, at his/her discretion, require a student to perform community service on school grounds, or with written permission of the student's parent/guardian off school grounds, during nonschool hours. Such service may include, but is not limited to, community or school outdoor beautification, campus betterment, and teacher, peer or youth assistance programs. (Education Code 48900.6)

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

DISCIPLINE (continued)

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 48980)

Regulation
approved:

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Santa Monica, California