



Bi-County Collaborative
Making It Possible

Employee and Student Policy and Procedure Manual for Health and Safety 2020-2021



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From: Nancy Whitehouse
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I have reviewed the contents of the health care manual.

Nancy Whitehouse 10-18-17

**Bi-County Collaborative Employee and
Student Policy and Procedure Manual for Health and Safety
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Chapter 1: Employee Health Issues

Overview

The health and safety of the students and staff of BICO Collaborative is of paramount importance. All precautions must be taken to insure that everyone at BICO is adequately protected from disease and infection.

Potentially dangerous health issues can confront teachers and staff members during the normal school day. No one can eliminate these dangers, but proper knowledge can minimize their impact.

Information contained in this manual is critical to the health and safety of students and employees. Please take the time to read it carefully. If there is something you don't understand, please address your questions to the appropriate individual.

This chapter contains information about employee testing and blood-borne pathogens. Tuberculosis testing is required for all employees as a condition of employment. Exposure to blood-borne pathogens (e.g. disease transmitted through contact with bodily fluids) can also occur, and BICO provides procedures and safeguards to minimize infection. The Appendix contains additional information about blood-borne pathogens, including forms and procedures.

Employees who are planning a pregnancy or are pregnant are encouraged to discuss with their obstetrician the age level of their students and the environment in which they teach.

Employee Testing/Vaccinations

Hepatitis B Vaccine

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). HBV is one of several types of viruses (infections) that can cause hepatitis. It may occur in two phases causing flu-like symptoms followed by jaundice. Some people recover after acute phase but others go into the chronic phase and the virus remains in their liver and blood. HBV is passed from one person to another in blood or certain body secretions. This may occur during sexual relations or when sharing things like toothbrushes, razors, or needles used to inject drugs. You may get HBV if blood from an infected person enters through a cut or accidental needle stick. A baby can get HBV at birth from its mother. Those people who become “chronic carriers” can spread the infection to others throughout their lifetime. They can also develop long term liver disease or liver cancer. Children who become infected with HBV are more likely to become chronic carriers than adults.

There is a vaccine that will prevent HBV infection.

Hepatitis B vaccine is given by injection. Three doses, given on three different dates are needed for full protection. The vaccine prevents HBV infection in 85%-95% of people who get all three shots. Studies have shown that in these people, protection lasts at least 10 years.

Due to BICO Collaborative employees’ occupational exposure to blood or other potentially infectious materials, they may be at risk of acquiring HBV infection. Therefore, employees are encouraged to obtain the vaccination series.

Exposure Control Plan

Summary

BICO Collaborative hopes to minimize or eliminate employee exposure to blood-borne pathogens. This Exposure Control Plan (ECP), addresses the issues of blood-borne pathogens. BICO's plan ensures protection of all teachers, instructional assistants, therapists and school nurses who may deal with medical problems. The Board of Directors and Executive Director believe that everyone needs awareness of self-protection procedures.

NOTE: Updates to this plan may become necessary in order to reflect new or modified tasks and procedures that effect occupational exposure. BICO may implement new or revised guidelines to protect employees with occupational exposure, and issue updates to this document.

In accordance with the United States Department of Labor, Occupational Safety and Health Administration regulations dealing with "Safe Workplace" standards relating to exposure to Blood-borne Pathogens, the following will be the policy and procedures of BICO Collaborative for at risk personnel. This policy and procedures will be monitored by the Massachusetts Department of Labor.

It will be the policy of BICO Collaborative to take all necessary actions to protect its employees from infectious disease and in particular HIV and HBV infection. BICO will provide the training and protective equipment to those persons who are at risk by virtue of the job performance and may come in contact with infectious disease.

NOTE: If an employee has not been immunized, the following procedures must be followed:

All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, must be offered the full immunization series as soon as possible, but in no event later than twenty-four (24) hours. If an exposure incident has taken place, other post-exposure follow-up procedures must be initiated immediately.

Exposure Control Plan, Continued

Risk of Exposure

AT RISK PERSONNEL

The Occupational Safety and Health Administration recommends the following:

Category 1: Those personnel who come in direct contact with blood and body fluids of which precautions must be taken.

Category 2: Activities without blood exposure but exposure may occur in emergency.

Category 3: Tasks do not entail predictable or unpredictable exposure to blood.

BICO Collaborative has identified all personnel in Intensive Special Needs or Severe/Profound programs as falling into Category 1, other direct service staff as falling into Category 2, and business office staff as falling into Category 3.

Three activities expose the staff member to infectious materials:

- ◆ Injections and disposal of needles
- ◆ Disposal of regulated medical waste
- ◆ Providing care to an individual who has “drippy” blood or other potentially infectious bodily fluids

Employees in Category 1 & 2 are urged to get immunized. Options for accomplishing this include:

1. Participation in Collaborative-sponsored Immunization Program
2. Individual arrangements through your own physician, at your expense
3. Public health offices in your home community

A sample **Response Form** is found in the Appendix.

NOTE: If an employee has not been immunized, the following procedures must be followed:

All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, must be offered the full immunization series as soon as possible, but in no event later than twenty-four (24) hours. If an exposure incident has taken place, other post-exposure follow-up procedures must be initiated immediately.

Exposure Control Plan, Continued

**Risk of
Exposure**
(cont'd)

Employees are to follow the procedures outlined in the BICO Collaborative Safety Policy and Procedure Instructions posted at each site and issued upon hiring.

The following categories in this chapter address the potential for infection at facilities with BICO employees:

- ◆ General methods of compliance
- ◆ Regulated waste procedures
- ◆ Exposure protection and treatment
- ◆ Training
- ◆ Recordkeeping

General Methods of Compliance

Universal Precautions

Universal precautions are the use of protective measures by the employee to prevent exposure to any blood or body fluid. Universal precautions presumes that all body fluids are potentially infectious and that precautions must be taken to prevent contact to the eye, mouth, non-intact skin (abrasion, paper cut, burn, etc), or mucous membrane.

The use of universal precautions is based on the scientific principles of no contact with infectious material, and maintaining an environment as clean as possible to avoid transmission of infectious material.

Transmissions of infectious agents occurs over 98% of the time from direct contact; a touch of the hand where the organism lives, then a touch of the contaminated hand to the location where it can enter the body system. Any break in the skin will provide channels for the passage of microbe to enter. Everyone is susceptible to infections. No one can eliminate these dangers, but proper knowledge can minimize their impact.

Observing universal precautions prevents contact with blood or other potentially infectious materials. When it becomes difficult or impossible to differentiate between body fluid types, consider all fluids potentially infectious.

Refer to the information on the next page for specifics regarding the use of universal precautions.

General Methods of Compliance, Continued

Universal Precautions, (cont'd)

Universal precautions consist of:

1. Appropriate personal protective equipment (gloves, protective clothing)
2. Washing hands and other skin surfaces following contact with any body fluid and after gloves are removed
3. Prevention of injuries from disposable needles, syringes of any sharp instrument that can pierce the skin
4. Maintaining a clean and sanitary condition in all work sites which would involve cleaning and decontaminating all equipment and working surfaces after contact with blood or other potentially infectious materials. Use an appropriate disinfectant (1:10 bleach solution). Inspect and decontaminate on a daily basis all bins, pails and similar receptacles intended for re-use. Use care and proper equipment (dust pan, tongs) to collect any potentially contaminated broken glassware. Wear gloves while handling contaminated laundry and wash employees' contaminated clothing separately and with a disinfectant.
5. Hepatitis B vaccination: HBV and HIV organisms are primarily found in blood and body fluids. HBV is far more contagious than HIV. Healthcare workers are at risk from infected blood. Hepatitis B is more serious than Type A. Type B may persist for years after the initial infection and may lead to liver disease. Carriers of the virus may have few or no symptoms during this time but can infect others.
6. Labeling hazardous material: A biohazard warning label should be on containers of regulated waste.
7. Procedures to follow if an exposure incident occurs, information and training to use protective equipment should be given.

The protections of employees and prevention of the spread of infection is a serious business. There can be no casual disregard of regulations, as the consequences are too severe.

General Methods of Compliance, Continued

**Universal
Precautions,**
(cont'd)

BICO Collaborative groups universal precautions into three categories, based on job functions:

- Engineering and work practice controls
- Housekeeping
- Laundry

**Practice
Controls**

In order to eliminate or minimize employee exposure to blood or other potentially infectious materials, BICO promotes work practice controls. These controls include procedures for hand washing and needle handling, and recommendations for protective clothing or equipment.

***Hand
Washing***

For most situations, BICO provides readily accessible hand washing facilities to employees. If they find themselves in a situation without hand washing facilities (for example, on a field trip), use BICO-provided antiseptic towelettes and wash hands with soap and running water as soon as practical.

Needles

Immediately, or as soon as possible after use, place contaminated needles with an appropriate container. Characteristics of this “sharps” container include a closeable seal, puncture-resistant construction, and leak-proof sides and bottom. Labels or color-coding should indicate the contents.

WARNING: Do not bend, break or recap contaminated needles.

General Methods of Compliance, Continued

***Contact with
Blood***

Employees should use their professional judgement to handle these rare and extraordinary circumstances. Afterwards, an investigation may be initiated by the Executive Director. Such an investigation can determine the necessity for policy changes in order to prevent similar situations in the future.

In addition, BICO policies require the following items:

- Personal protective equipment and body fluid pick-up packs readily accessible at designated work sites (BICO replaces these materials as needed, at no cost to the employee).
- Appropriate gloves when situations indicate hand contact with blood, other potentially infectious materials, or when handling or touching contaminated items or surfaces.

WARNING: Do not wash disposable gloves, or decontaminate them for reuse.

Protective clothing, such as lab coats or similar outer garments, worn in occupational exposure situations (BICO makes lab coats available for nurses).

***Exposures:
Bites, Body
Fluids to Open
Areas***

Immediately cleanse area with antibacterial soap.

For Students: Notify Family

Notify Program Director and School Nurse Manager

For Employee: Review Exposure Policy and reference sites for medical intervention (see Appendix W-1-W-2).

Notify Program Director

File Incident Report

Complete Claim Form (Appendix page W-3)

General Methods of Compliance

Housekeeping Issues

BICO strives to maintain clean and sanitary conditions in all work sites. A written schedule describes cleaning procedures, including methods of decontamination based on the location of the facility; type of surface that requires cleaning; type of soil present; and other tasks or procedures performed in the area.

BICO's housekeeping policies involve cleaning and decontamination of work surfaces, as well as waste receptacles designed for reuse, and appropriate safety measures when handling broken glassware. These policies involve the following tasks:

- ◆ Clean and decontaminate all equipment and environmental working surfaces after contact with blood or other potentially infectious materials. Use an appropriate disinfectant (1:10 bleach solution). To clean blood spills use this solution around the periphery of the spill to contain it and then, clean using universal precautions.
- ◆ Inspect and decontaminate *on a daily basis* all bins, pails, cans, and similar receptacles intended for reuse. To maintain sanitary conditions, clean and decontaminate these containers immediately or as soon as feasible after visible contamination. Contamination with blood or other infectious materials indicated the need for special cleaning.
- ◆ Use care and proper equipment to collect any potentially contaminated broken glassware. *Never pick up broken glassware by hand.* Instead use a brush, dust pan, tongs, and forceps.

When laundering contaminated clothing employees should:

- ◆ Segregate clothing contaminated with blood from other clothing before laundering or sending it home.
- ◆ Wear gloves while handling contaminated laundry and practice universal precautions.
- ◆ Treat laundry with disinfectant (bleach) and wash normally.
- ◆ Chemicals, such as cleaning supplies, bleach, disinfectant supplies, etc. are **NOT** to be stored in bathrooms that children access, regardless of age, unless they are in a **LOCKED** cabinet. Soap is the only item that can be in bathrooms accessed by students.

Regulated Waste Procedures

The term “sharps” applies to any thin-edged or fine-pointed instrument

Protection from Sharps

that can cut or pierce the skin. This term includes disposable needles, syringes, and blood-testing equipment. Refer to labeling requirement illustrated in the Appendix.

Sharps Containers

BICO policy calls for proper disposition of “sharps” materials using closeable, puncture-resistant, leak proof (on sides and bottom) and labeled/color-coded containers. Requirements for contaminated sharps containers include the following criteria:

- ◆ Easy accessibility to personnel
- ◆ Close to areas using sharps (nurse’s office) or found (laundries)
- ◆ Maintenance in an upright position
- ◆ Routine replacement
- ◆ Never overfilled

Moving a Sharps Container

Employees must close the receptacle for contaminated sharps before moving it, and take all necessary measures to prevent spillage or protrusion of contents during handling, storage, transport, and shipping.

If the container appears to leak, place the original container in a secondary container. Criteria for this container include:

- ◆ Closeable opening
- ◆ Capability top contain all contents and prevent leakage during handling, storage, transport, or shipping
- ◆ Presence of a warning label or color-coding

Disposal of Sharps Containers

Dispose of all regulated waste in accordance with applicable regulations of the United States, states and territories, and political subdivisions of states and territories.

WARNING: DO NOT open, empty, manually clean, or expose Employees to the risk of percutaneous injury by Attempting to reuse sharps containers.

Exposure Protection and Treatment

Emergency

In spite of precautions, an employee may come in contact with contaminated blood or other fluids. Such an instance requires a Hepatitis

Procedures	B vaccination and a written report of the incident.
Hepatitis B Vaccination Policies	The possibility exists that an unvaccinated, non-immune employee may render assistance in an incident that involves significant blood or other potentially infectious materials. In such cases, employee should contact Nurse Manager immediately for further advice.
Exposure Incident Report	<p>When a first aid incident involves significant blood or other potentially infectious materials the Program Director must:</p> <ul style="list-style-type: none"> ◆ Provide a written report to the Executive Director before the end of the workday during which the incident occurs ◆ Include the names of all persons rendering assistance, even if they used personal protective equipment ◆ Describe the incident, including time and date <p>The report must confirm the presence of blood or other potentially infected materials, and determine if an “exposure incident” occurred. “Exposure incidents” require immediate post-exposure evaluation, prophylaxis and follow-up procedures.</p>
Post-exposure Evaluation and Follow-up	After a report of an exposure incident, the employee receives a confidential medical evaluation and follow-up, and referral to a local hospital or health maintenance organization (HMO).
Labeling Hazardous Materials	BICO follows standard methods in labeling hazardous materials, particularly bio waste.

Training and Blood – Borne Pathogens

Overview	<p>Employees with occupational exposure to blood-borne pathogens receive suitable training, at no cost to the employee. BICO offers this training:</p> <ul style="list-style-type: none"> ◆ At the time of initial assignment to tasks where occupational exposure
-----------------	---

- may occur
- ◆ Within ninety (90) days after the effective date of revised policies
- ◆ At other times, as necessary

Employees who receive blood-borne pathogen training in the year preceding the effective date of this policy, only require training in specific BICO-related procedures.

BICO provides additional training when changes occur that effect the employee's occupational exposure. These changes include modification, or institution, of new tasks or procedures. BICO may limit additional training to the degree of new exposures created by the revised tasks and procedures.

Training and Blood-borne Pathogens, Continued

Training Program

- BICO Collaborative's training program explains the following elements:
- ◆ Epidemiology and symptoms of blood-borne diseases
 - ◆ Modes of transmission of blood-borne pathogens
 - ◆ Exposure control plan and how employees can obtain copies of the

plan

- ◆ Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other bodily fluids
- ◆ Use and limitations of methods that prevent or reduce exposure (including appropriate engineering controls, work practices, and personal protective equipment)
- ◆ Protective equipment choices (including types, proper use, location, removal, handling, decontamination and disposal) and proper equipment selection
- ◆ Hepatitis B vaccine, including formation of its efficacy, safety, method of administration, and the benefits of vaccination
- ◆ Appropriate actions, and persons to contact, in an emergency involving blood or other potentially infectious materials
- ◆ Procedures to follow if an exposure incident occurs (including the method of reporting the incident and the medical follow-up required)
- ◆ Post-exposure evaluation and follow-up that BICO provides the employee after an exposure incident
- ◆ Signs, labels and/or color-coding that the blood-borne standard requires
- ◆ Interactive questions and answers with the person conducting the training session

Trainers

Trainers possess specialized knowledge about blood-borne pathogens and health issues in the workplace. Trainers maintain records about their sessions, including the following information:

- ◆ Dates of sessions
- ◆ Contents or a summary of the sessions
- ◆ Names and qualifications of persons conducting the training
- ◆ Names and job titles of all persons attending the training sessions

BICO maintains training records for three years from the date of the training session.

Adults with HIV/AIDS Infection Working in School Settings

Introduction

The following information is in accordance with the Massachusetts Department of Public Health's Medical Update to Policy Guidelines: Infants, Toddlers and Preschoolers with HIV Infection/AIDS in Early Childhood Settings and the Updated Medical Policy Guidelines: Children

and Adolescents with HIV Infection /AIDS in School Settings. These documents were developed by the Massachusetts Department of Public Health, the Massachusetts Department of Education, the Massachusetts Board of Education working in consultation with health care providers, parents, teachers, administrators and child care specialists. They are based on the most up-to-date medical and legal information currently available.

Attendance to Work

Since HIV is not spread by casual contact, there is no reason to exclude the person with HIV/AIDS infections while he/she is well enough to work.

1. As with any adult working in a childhood/school setting, an adult with HIV infection should NOT work if there are open, oozing sores, which cannot be successfully covered. Other restrictions are not necessary.
2. Adults working in a childhood/school setting may be more likely to catch infections due to their compromised immune system. For their own health and well-being, they should consult their physician regarding the possibility of occupational risk.

Refer to sections of this *Manual* for related information: General Methods of Compliance, Regulated Wastes, Blood borne Pathogens and HIV/AIDS Guidelines.

Chapter 2: Employee Safety

Introduction

BICO Collaborative is concerned about the safety of all employees and students. In this chapter, policies and procedures, which support the safe implementation of responsibilities in the workplace, are outlined.

Employee Safety Code

These safe practice rules apply to all BICO Collaborative

1. All unsafe conditions or practices are to be reported to a Program Director or Executive Director.
2. All employees will be given instruction on workplace safety and health periodically.

3. Anyone under the influence of alcohol or drugs will not be allowed on the job while in this condition.
4. No one will be permitted or required to work while his/her ability or alertness is impaired by fatigue or illness.
5. Employees must make sure that all guards and other protective devices are in place, and must wear protective equipment and clothing in specified work areas.
6. Horseplay, scuffling and other acts, which may endanger employees, are prohibited.
7. Work should be planned to prevent injuries when working with equipment and handling heavy materials. Back injuries are the most frequent and often the most persistent and painful type of workplace injury.
8. Employees must not handle or tamper with electrical equipment, machinery or air or water lines unless they have received instructions from a Program Director or the Executive Director.
9. All injuries are to be reported promptly to a Program Director.
10. All employees are required to sign and abide by the BICO Collaborative Staff Science Safety Agreement (see appendix).

Employee Safety Policy and Procedures

Overview

BICO Collaborative's Safety Policy and Procedures have been designed to maintain a healthy staff, reduce injury-related employee absence and contain health care costs.

An Employee Safety Committee, chaired by the BICO Safety Team, comprised of BICO staff representatives, meet on an as-needed basis to review employee injuries and health-related issues that surface during the school year. They also participate in reviewing safety programs and related policy.

Safety programs focus on training new staff in lifting and positioning techniques and non-violent crisis intervention (C.I.T.). A review of procedures and monitoring of employee performance in these areas occur throughout the year. Safety inspections of each program are regularly conducted by Program Directors and reviewed by the Safety Officer.

BICO Collaborative provides Workmen's Compensation for its employees through an insurance provider. The identity of this provider is posted at each program location.

In Case of Employee Injury

In the event of an employee injury during the performance of his/her duties within BICO Collaborative, it is essential that *all injuries regardless of whether medical treatment is required, must be reported to the Executive Director, or designee, before the end of the day in which the injury occurred...*

AND...

These forms must be filed at BICO Collaborative's Main Office within 24 hours of the injury:

- ◆ *BICO Incident Report*
- ◆ *Injury Report of insurance carrier*

1. **Implement first aid procedures** at time of injury. *If the employee is experiencing chest pain, you suspect heart involvement, or a wound exceeds 2" in length, call 911 immediately.*
2. **The employee must notify his/her Program Director immediately.** Should the Program Director be unavailable, the employee must notify the Main Office, asking to speak to the Executive Director, or, in his/her absence, Karin Sheridan or Penny Bowes.

(Step 3 & Urgent Care Facilities List on Next Page...)

Employee Safety Policy and Procedures,

Continued

In Case of Employee Injury (cont'd)

3. Should the employee's injury require medical attention, BICO has an arrangement with an insurance carrier to facilitate a timely response to an injured employee's needs. When the employee, the Program Director, or personnel from the main Office **call any of the urgent care facilities listed below**, the employee will be seen promptly. Employees are free to choose their own medical provider, however, the following facility has been determined to be conveniently located to most programs:

- ◆ Sturdy Memorial Hospital
211 Park Street, Attleboro
Phone: 508-222-5200

4. Injury Fax Report of insurance carrier must be completed by the employee and a copy filed in BICO Collaborative's Main Office. This report is brought by the employee to the urgent care facility selected from the list above. This report identifies the employee as a client of our insurance carrier.

5. Treating provider completes appropriate section of insurance carrier form at the time of the urgent care visit.

These procedures have been set up to ensure that both emergency and walk-in providers will see our injured employee promptly. Specialists, including Orthopedic Surgeons, have agreed to schedule appointments within 5 business days. Should there be a need for Physical Therapy, you will be scheduled for an evaluation within 3 days.

Because BICO Collaborative is engaged in the utilization of this preferred provider network, the **employee with a work-related injury must go to a physician or hospital within the insurance carrier's network for the first scheduled appointment.** Subsequent appointments may be with the employee's own physician. If an injured worker obtains first treatment from a non-medical provider for the first scheduled appointment, the worker may incur the responsibility of paying that provider for the visit.

Refer to BICO Collaborative's *Personnel Policies and Procedures Manual* (Chapter 2) for information regarding Workers' Compensation.

Building Emergency & Safety Procedures

Overview

All fire evacuation procedures and safety security procedures and practices will follow local procedures.

All staff members and students in programs located in public school buildings will participate in training and drills conducted by the host school.

Program Director will contact School Principal to ensure compliance with these procedures and that these are posted and on file. In case of any incident involving unauthorized ignition of any fire within the school building or on school grounds, the Program Director must immediately notify the School Principal who will notify the Fire Department and fill out the required forms within 24 hours. Programs located within public schools are to follow that school's protocol for ensuring school security. Exceptions to any of the school's security procedures or practices should be discussed with the School Principal.

All public day school programs will follow emergency and evacuation procedures as developed in conjunction with local school district, fire and police departments including:

- Two evacuation drills will be conducted annually during school hours.
- Conducting lessons and activities to help students understand the nature of drills with such lessons/activities being modified to meet the special needs of the students.
- Individual and special plans will be developed for students with impaired mobility.
- Written log will be kept that includes date, time elapsed, participants, and witnesses.

Each program location has a "Critical Incidents" map illustrating and stating the communication process, the names of specific individuals to be contacted including cell phone and land line phone numbers; maps also contain the responsibilities of each party (Collaborative and host district) in preparing for the safety of Collaborative students in the event of an evacuation or other emergency.

Building Emergency & Safety Procedures,

continued

Overview, continued

The following procedure is basic to all facilities:

1. All school doors should remain locked while school is in session.
2. In free-standing facilities, there will be designated staff members who will have a building key; those in public schools will have access to the school based upon that school district's protocol.
3. Under no circumstances is any mechanical device (i.e. wooden wedge, chair, stone, piece of cardboard, etc.) to be used to wedge the door where students arrive or where they are dismissed from the building.
4. The program teacher is responsible for closing and locking the windows and door of their classroom and shutting off the air conditioner (where appropriate) and classroom lights at the end of each day.

Evacuation Plan for Students with Disabilities

The American with Disabilities Act and the Rehabilitation Act require all school districts to make reasonable accommodation for students with disabilities. This includes making plans for a safe evacuation from a school or its locale in an emergency.

Recent events and a growing number of children who have severe neurological impairments have highlighted the importance of developing evacuation plans on a case-by-case basis for students with disabilities. Students who will require a specific evacuation plan include:

Students who are non-ambulatory-wheelchair bound/mobility impaired

Students who are hearing or sight impaired

Students with severe attention deficit or opposition defiant disorder

Students with severe sensory integration disorders (These students may be affected by the high pitch of the fire alarm or the intensity of the strobe light on the alarm box.)

Individual plans should coincide with the school evacuation plan and in some cases, the fire or police personnel may need to be notified or be a part of the developing a plan. In all instances, the principal and all staff working with a student must have full knowledge of the plan. Staff members who are identified to assist the child must be trained in the best methods of providing a safe evacuation.

Building Emergency & Safety Procedures,

continued

Evacuation Plan for Students with Disabilities, cont.

Being certain that an individual evacuation plan coincide with any system's plan includes:

- Knowing the procedure for various types of emergencies such as fire, bomb threats, lock down, weather emergency, shooting:
- Knowing exits and evacuation routes:
- Knowing plans for evacuating students with disabilities, specifically those who are mobility impaired: Such information would include:
 - Should a child in a wheelchair be lifted out of the chair?
 - Should a student who moves very slowly be carried?
 - Should we consider a 'stay in place' procedure until the fire or police professional arrive?
- Knowing the plans for transportation if an emergency requires leaving the school grounds.
- Knowing how to access the nurse if medication is required.

Relevant issues should be discussed during the Team Meeting to assure that parents and staff have full knowledge of the agreed upon procedures. A copy of the Individual Evacuation Plan being used will be kept in the student's classroom.

Although most BICO programs are located within public school buildings, some programs may be located in a free-standing facility. Local fire evacuation and security procedures are followed.

Emergency Procedures

In the case of an emergency, BICO Collaborative programs will follow the emergency and evacuation procedures of the school in which they are located.

Program Director will contact the School Principal to ensure that local emergency procedures are communicated to program staff and are posted and on file at each program site.

Copies of the procedures used at each program site are on file at the BICO office.

See Appendix A, B, C for emergency procedures for the Public Day Schools.

Visitors in the Workplace

Overview

To provide for the safety and security of both visitors, employees and students of BICO facilities, only authorized visitors are permitted inside the workplace. Restricting unauthorized visitors assists BICO in maintaining safety standards, protects against theft, assures security of equipment, helps secure confidential information, preserves employee and student welfare, and avoids disruptions and intrusions.

All visitors must enter BICO premises (or the school in which programs are located) at the main lobby of each facility/school. A Visitor's Log is available in the lobby and should be signed by all visitors to the BICO program. Authorized visitors must receive directions or be escorted to their destination. Employees are responsible for the conduct and safety of their visitors.

If an unauthorized individual is observed on BICO premises (or school in which programs are located), employees must immediately notify their supervisor or, if necessary, direct the individual to the office or lobby.

Where BICO maintains classroom space in other public school buildings, authorization for visitors must comply with the policy applicable to that school building, as well as BICO policies.

Under no circumstances may any BICO employee(s) utilize any facility for personal use without first obtaining written authorization from BICO's Executive Director, or his/her designee, and the public school administration, where applicable.

Bus Safety

Overview

The following is BICO procedure regarding the receiving and dismissal of students:

1. Two (2) buses will be loaded or unloaded at a time.
2. The staff will not receive or dismiss children to the care of the bus driver unless the “STOP” sign is visible and flashing lights are operating.
3. All bus drivers are to wait until the bus in front of them has left the school.

In accordance with section 16B of Chapter 90 and regulations adopted by the DESE, operators of school buses, vans and personal motor vehicles, including students, staff members, and visitors, are restricted from idling such vehicles on school grounds.

Drivers’ Licenses

Overview

Any employee whose work requires that he/she drive BICO Collaborative vehicles must hold a valid “7D” Driver’s License.

All new employees who will be assigned work entailing the operation of a BICO vehicle, and/or driving students in BICO vehicles, will be required to submit to a Department of Motor Vehicles driving records check as a condition of employment. Such checks shall be processed by the Main Office. A report indicating a suspended or revoked license status may be cause to deny or terminate employment.

Periodic checks of employee drivers' licenses through visual and formal Department of Motor Vehicles review checks may be made by the Main Office. Any employee who does not hold a valid Driver's License will not be allowed to operate a BICO vehicle until such time as he/she obtains a valid license. Any employee who does not hold a valid "7D" Driver's License will not be allowed to drive students in BICO vehicles.

Any employee performing work which requires the operation of a BICO vehicle, and or driving students in BICO vehicles, must notify his/her immediate supervisor in those cases where his/her license is expired, suspended or revoked. If an employee fails to report such an instance, he/she is subject to disciplinary action, including demotion, suspension or termination. An employee who fails to immediately report revocation or suspension of a license to his/her supervisor and continues to operate a BICO vehicle may be terminated.

Van Policy

Procedure for the use of BICO vehicles

1. All BICO vehicles are safe, insured, and operated by qualified and trained individuals who have a valid 7D Driver's license. Students are transported in a safe manner that is responsive to individual student's

- needs and provisions of their IEP's.
2. On "connecting activities" there must be two (2) staff members present with students on the van at all times. The staff member not driving is responsible for supervising students. The driver's responsibility is driving. The driver is not responsible for supervising students. *Any exceptions to this provision must be authorized in advance by the Program Director in writing and a copy forwarded to the Executive Director.*
 3. No more than five (5) students may ride in the van at any one time.
 4. Students and staff must wear seat belts at all times.
 5. The Program Director is to be notified of all trips planned that require the use of the van and coordinates the use of the van for all BICO sites. Two (2) weeks' notice is necessary to schedule van use for field trips. Any exception to the above requires the written permission of the Executive Director.
 6. Vandalism of the van will not be tolerated. Any student who destroys anything on the van will be denied the privilege of riding in the van. Any vandalism needs to be reported immediately to the Program Director.
 7. Smoking is prohibited in the van.
 8. Students and staff are responsible for cleanliness of the van. No food or drinks are allowed in the van.
 9. Safe and appropriate behavior is to be demonstrated by students and staff.
 10. Drivers are to abide by posted speed limits.
 11. Signed permission for all students riding in the van must have been reviewed by the Program Director and be on file.
 12. Van drivers are required to ensure that the van is returned with at least one-half (1/2) tank of gasoline. Under no circumstances may gasoline be pumped with students sitting in the van.
 13. Van drivers are responsible for obtaining the gasoline credit card. See Program Director for refueling arrangements.
 14. Under no circumstances are cell phones to be used while driving the van; cell phone use policy applies to any riding staff member (see Cell Phone Use/Capturing Photo and Video Images/Lap Tops policy).
 15. All vans have Accident Report in glove compartment in the van(s) for use in the event of an accident. The Accident Report should be filled out on-site, completed immediately after incident and faxed to Deb Ciccone at 508-520-1445.

Transportation of Students in Private Vehicles

Overview

Under no circumstances should students be transported in private vehicles by BICO employees. In case of emergencies, notify the Program Director and the Main Office.

Alternate transportation arrangements should be made with regular transportation providers and/or licensed transportation providers.

Request for Field Trip/Van Request

Overview

Field trip and van requests must be completed and presented to the Program Director at least two (2) weeks prior to the date requested.

A permission slip must be kept on file for each student so that he/she may participate in local outings. This does not excuse permission slips for special activities, however, it does allow for some flexibility within the program.

Separate parent permission in writing is required for any trip which is not a local outing.

Employee(s) Actions at Traffic Accident Scenes

Overview

It is the responsibility of BICO employees, while travelling in vehicles owned by BICO Collaborative, to operate such vehicle in a safe and responsible manner. If a BICO vehicle is involved in a traffic accident, a BICO employee should take the following steps:

- 1.Ensure that police and fire personnel have been notified.
- 2.Advise any BICO student(s) to remain in the vehicle or at a safe site in the vicinity of same.

3. Request that all parties and properties concerned remain at the scene of the accident, if possible, until a law enforcement representative has released them.
4. Refrain from making statements regarding the accident with anyone other than the investigating law enforcement representative, appropriate BICO staff and representatives of BICO's insurance company.
5. Complete an incident report within twenty-four (24) hours describing the details of the accident. All statements and police reports should be attached to the report.

Chapter 3: Student Safety

Introduction

There is a high degree of individuality as well as similar strengths and weaknesses among students who attend BICO Collaborative programs. Some students present with long-standing, atypical, observable behaviors that can interfere with their ability to function successfully in a general education classroom. Other students have significant developmental delays and medical problems, which need to be addressed within an educational setting.

Teachers and other staff members should expect to face daily challenges in assisting children and helping them to function successfully in a school setting. BICO expects to provide students with dynamic, enriching educational environments in which all students are encouraged to develop

to their maximum potential. For staff and children, this represents a long-term challenge.

This chapter answers staff members' questions about the daily challenges associated with keeping students and our instructional environments safe. ***It is the responsibility of all BICO employees providing services or housed in public schools to keep up-to-date on all building Safety and Security Procedures to be used in the case of danger.***

Crisis intervention and the use of physical intervention, when needed, is detailed here. These sections *do not substitute* for the training provided by BICO Collaborative in these areas.

Absence from School

Handling School Absences

Absence from School

At the beginning of each school year, Program Directors provide parents/guardians with a designated phone number and designated time to inform the school program of the absence of a student and reason. Parents complete registration enrollment forms on a yearly basis at the start of the year with home, work, and other emergency contact telephone numbers. If the BICO school program is not notified by the designated time the program calls the telephone number or numbers furnished to inquire about the student's absence.

After 3 consecutive days of unexplained absence, BICO staff (teacher, program director or designee) notifies the Program Assistant in the BICO main office and a written notice of student absence is sent to parents/guardians, copy to the program director and the sending school district/LEA.

Parents & guardians are notified in writing when a student has at least five (5) days in which two (2) or more periods are unexcused in a school year or if a student has missed five (5) or more school days which are unexcused in a school year.

Program directors make every effort to meet with parents & guardians of a student who has five (5) or more unexcused absences to develop action steps for student attendance. Sending school districts are notified when these circumstances occur and are invited to meet with parents & guardians along with collaborative staff to address the situation.

Behavior Support

Behavior Management Techniques

A variety of techniques are used not only to manage student behaviors, but to assist the student to learn new skills and to replace aggressive or inappropriate behaviors with higher functioning behaviors/skills. Collaborative programs offer many approaches in order to accomplish this:

- Student-centered environments
- Highly effective Student to Staff ratios
- Effective and ongoing analyses of student functioning classroom, teams, parents, psychologists, and clinical consultation team
- Positive reinforcement
- Active and engaging educational programming that builds on students' strengths and interests

- Relational approaches
- Discrete trials
- Positive behavior support plans
- Structured environments with clear limits and expectations
- Social emotional supports and services
- Clinical consultation as needed with psychologist and psychiatrist
- Collaborating with outside agencies and physicians who treat the student
- Involving Parents/Guardians in behavior plan development

Behavior Support Plans

Behavior Support Plans

In addition to IEP accommodations, some students may also have an individualized behavior support plan. Behavior support plans are data driven, and are based on functional behavior assessment and/or direct assessment and analysis of behavior data. Plans identify specific challenging behaviors for decrease as well as positive alternative behaviors for reinforcement. Plans are reviewed and amended as needed.

Cell Phone Use/Capturing Photo and Video Images/Lap Tops

Description

Capturing Photos or Video Images

Students are not allowed to capture photos or video images of any person(s) in the school building at any time. This includes film and digital cameras, lap tops, the video component of a phone, photo or video records, or through use of any other technology used to capture photos or record video images.

Exceptions will be made for certain students fulfilling the requirements of coursework or an educational activity where such activity is assigned by the teacher.

The secret use of audio recording devices is illegal in Massachusetts. (Mass. Gen. Laws c. 272, sect. 99). Videotaping with audio and/or audio recording a class or individual without the permission of everyone involved is a criminal offense with severe penalties. Students engaging in such activities will be subject to disciplinary, and possibly legal, action.

Cell Phones

Cell phones can have a negative impact on the educational environment and the safety of students and staff. Although we have come to rely on them, cell phones are a distraction to the education of students, may become the source of disciplinary issues in school and may interfere with school or district emergency procedures, among other things.

For these reasons, cell phones are not allowed in Bi-County Collaborative programs at any time. In order to assure compliance with this policy, Students will be asked to turn their cell phones in to the teacher at the beginning of each day; the teacher will label and lock cell phones up and return them to the student at dismissal.

As noted previously under Emergency Telephone Numbers, every Bi-County Collaborative program has a program phone; and every Program Director has a work cell phone. Parents/guardians who are concerned about communicating with their child in the event of an emergency during the school day may call their child's program or Program Director or the Collaborative's main office.

Program Directors, with the approval of the Executive Director, reserve the right and authority to make exceptions to this policy as aligned with programmatic design, for example, if a cell phone is part of the instructional program as directed by the teacher or listed in the IEP as an instructional tool.

Cell Phone Use/Capturing Photo and Video Images/Lap Tops, continued

continued

Other Forms of Electronic Media

Video phones, lap tops, sound, photo and video capturing devices, which include but are not limited to MP3 players and iPods, are not to be visible nor in use during the school day. These must be **turned off** and **kept out of sight** during the school day.

Exceptions will be made for certain students fulfilling the requirements of course work or educational activity where such activity is assigned by the Teacher.

Complaint Resolution

Handling Complaints

All complaints filed by parents or students must be handled promptly and with due respect. Many types of complaints trigger legal investigatory responsibilities on the part of BICO, so it is essential that the BICO employee who is the recipient of the complaint report the information as follows:

- If the report is made to a staff member, that individual must report it immediately to the Program Director, who in turn must immediately inform the Executive Director.
- If the complaint involves actions by the Program Director, the staff member who received the complaint must immediately notify the Executive Director.
- The Executive Director and/or Program Director will ensure that each complaint is addressed appropriately and in accordance with any legal requirements.

Confidentiality of Student Records

Overview

It is the policy of the Bi-County Collaborative to maintain student records of attendance, evaluation, exclusion (e.g. suspension) or withdrawal for each child in accordance with the Rights and Privacy Acts of 1975 (FERPA), the Individuals with Disabilities Education Act (IDEA), Massachusetts General Laws c. 71 § 34 A-H, and 603 CMR 23.00. Complete documentation of Massachusetts state regulations may be found

at or by contacting the State House Bookstore at 617-727-2834.

The parent or an eligible student has the right upon request to inspect all portions of the student record, to receive a copy of any part of the record, and may request to have parts of the record interpreted by a qualified official from the school, or may invite anyone else of their choice to inspect or interpret the record with them.

Except where the state and federal regulations specifically authorize student records access by third parties, no individuals or organizations other than the parent, eligible student, and school personnel working directly with the student are allowed to have access to information in the student record without the specific, informed, written consent of the parent or eligible student.

Parents and eligible students have the right to add relevant information to the student's record, request that the student's record be amended, meet with the principal to discuss objections to information in the record and appeal the principal's decision to higher authorities in the school district.

Parents and eligible students are entitled to notice and a copy of any information in the student record before it is destroyed.

Student records are kept in a protected location, and treated in a confidential manner.

Parents shall be informed by a typewritten notice, in their spoken language, unless it clearly is not feasible to do so, of all rights regarding the retention, duplication, storage, and the periodic destruction of any personally identifiable information related to their child.

Confidentiality of Student Records, Continued

Application of Rights

Application of Rights

If a student is under age 14 and has not reached the ninth grade, these rights belong to the parent. If a student is from 14 through 17 years of age or has entered the ninth grade, both the student and his/her parent, or either one acting alone, shall exercise these rights. If a student is 18 years of age or older, he/she alone shall exercise these rights, subject to

the following. The parent may continue to exercise these rights, unless expressly limited by the student.

A student who is 18 years of older may limit the rights of the Massachusetts Student Record Regulations which extend to his/her parent, except the right to inspect the student record, by making such request to the principal of the school or superintendent of schools who shall honor such request and retain a copy of it in the student record. Pursuant to M.G.L. c. 71 § 34E, the parent of a student may inspect the student record regardless of the student's age. Notwithstanding the above, the Bi-County Collaborative may extend the provisions of the Massachusetts Student Record Regulations to students under the age of 14 or to students who have not yet entered the ninth grade.

Collection of Data

Collection of Data: Limitation and Requirements

All information contained in the student record shall be limited to information relevant to the educational needs of the student. Information and data added to the temporary record, which includes all information that is not included in the transcript, shall include the name, signature and position of the person who is the source of the information, and the date of entry into the record. Standardized group test results that are added to the temporary record need only include the name of the test and/or publisher, and date of testing.

Personal Files of School Employees

Personal Files of School Employees

The notes and similar information that are maintained in the personal files of a school employee and not accessible or revealed to authorized school personnel or any third party are not part of the student record. Such information may be shared with the student, parent or temporary substitute for the school employee, but if it is released to authorized school personnel it becomes part of the student record and subject to all the provisions of the Massachusetts Student Record Regulations.

Confidentiality of Student Records, Continued

Privacy & Security of Student Records

Privacy and Security of Student Records

The Bi-County Collaborative Executive Director or his designee is responsible for the privacy and security of all student records maintained in the school. The superintendent of schools at the Local Education Agency (LEA) or his/her designee shall be responsible for the privacy and security of all student records that are not under the supervision of the director, for example: former students' transcripts or student records of school-age children with special needs who have not been enrolled in a public school.

The Bi-County Collaborative director shall insure that student records under his/her supervision are kept physically secure, that authorized school personnel are informed of the provisions of the Massachusetts Student Record Regulations and are educated to the importance of information privacy and confidentiality; and that computerized systems employed are electronically secure.

Destruction of Student Records

Destruction of Student Records

The student's transcript (name, address and phone number of the student, date of birth; name, address, and phone number of parent or guardian; course titles, grades {or the equivalent when grades are not applicable}, course credit, grade level completed, and the year completed) shall be maintained by the LEA for sixty years following his/her graduation, transfer, or withdrawal from the school system. While the student is enrolled in the Bi-County Collaborative, the director or his/her designee shall periodically review and destroy misleading, outdated or irrelevant information contained in the temporary record provided that the eligible student and his/her parent are notified in writing and are given opportunity to receive the information or a copy of it before its destruction. A copy of such notice shall be placed in the temporary record. In accordance with M.G.L. c. 71, §87, the score of any group intelligence test administered to a student enrolled in a public school shall be removed from the record of said student at the end of the school year in which such test was so administered.

Confidentiality of Student Records, Continued

Access to Student Records

Access to Student Records

A log of access shall be kept as part of each student's record. The log shall indicate all persons who have obtained access to the student record stating: the name, position and signature of the person releasing the information; the name, position and, if a third party, the affiliation if any, of the person who is to receive the information; the date of access; the parts of the record to which access was obtained; and the purpose of such access. Unless student record information is to be deleted or released, this log requirement shall not apply to authorized school personnel, authorized administrative office staff and school nurses who inspect the student health record.

The Bi-County Collaborative will provide access to an eligible student or the parent of the entire student record as soon as practicable and within ten days after the initial request. A reasonable fee, not to exceed the cost of reproduction, may be charged if it does not prevent the parent or eligible student from exercising their right, under federal law, to inspect and review the records. Any student, regardless of age, shall have the right pursuant to M.G.L. c. 71, §34A to receive a copy of his/her transcript. (It is currently the policy of the Bi-County Collaborative not to charge either the parents or the LEA for copies.) The eligible student or the parent shall have the right upon request to have any or all the student's record interpreted by professionally qualified school personnel. Upon presentation of specific written consent, an eligible student may have a third party inspect or interpret the student's record.

Authorized school personnel have access to the student records of students to whom they are providing services, when such access is required in the performance of their official duties.

An eligible student or parent has the right, upon informed written consent, to grant access to all or part of the student record to a third party. The Bi-County Collaborative may release a student's name, address, telephone listing, date and place of birth, major fields of study, dates of attendance, weight and height of members of athletic teams, class, participation in officially recognized activities and sports, degrees, honors and awards, and post-high school plans without the consent of the eligible student or parent, following public notice of the types of information that it may release and a reasonable time that allows the student or parent to request that the information not be released.

Upon receipt of a court order, subpoenas, requests of law officials, audits and evaluations or enforcement of federal and state education laws, health and safety emergencies, missing students, (records will be "flagged") and transfers, student records may be released in accordance with the provisions of the Massachusetts Student Record Regulations.

Confidentiality of Student Records, Continued

Amending the Student Record

Amending the Student Record

An eligible student or parent who believes that information in the student's record is inaccurate or misleading or violates the privacy or other rights of the student shall have the right to add information, comments, data or any other relevant written material to the student record. The eligible student or parent shall have the right to request the Bi-County Collaborative, in conjunction with the LEA, in writing, to delete or amend any information contained in the student record except for information which was inserted by the Evaluation TEAM. Such information inserted by an evaluation TEAM shall not be subject to such a request until after the acceptance of the Individual Education Plan (IEP) or, if the Individual Education Plan is rejected, after the completion of the special education appeals process.

If a deletion or amendment is not sufficient to explain, clarify or correct objectionable material in the student's record, the objection shall be presented in writing and/or at a conference with the Bi-County Collaborative director or his/her designee to make the objections known. The director or his designee, within one week, shall render a decision, in writing, stating the reasons for the decision. If the decision is in favor of the student or parent, the director or his/her designee shall promptly take such steps as may be necessary to put the decision into effect.

Appeals

Appeals

In the event that any decision of a Bi-County Collaborative director or his/her designee regarding any of the provisions in the Massachusetts Student Records Regulations is not satisfactory in whole or part to the eligible student or parent, they shall have the right to appeal to the superintendent of schools at the LEA. The superintendent of schools or his/her designee shall, within two weeks after being notified of such appeal, review the issues and render a written decision, stating the reason or reasons for the decision. If the decision favors the appellant, the superintendent or his/her designee shall promptly take such steps as may be necessary to put the decision into effect.

If the decision is not satisfactory to the appellant in whole or in part, the appellant shall have the right to appeal to the school committee at the LEA. A written request will be submitted to the chairperson of the school committee and the school committee shall conduct a fair hearing and render a decision in four weeks. School officials will have the burden of proof on issues presented by the appellant; the appellant shall have the right to be represented by an advocate of his/her choosing, to cross-examine witnesses, to present evidence, to make a tape or other recording of the proceedings, and to receive a written decision within two weeks of the hearing. Nothing in the Massachusetts Record Regulations shall abridge or limit any right of an eligible student or parent to seek enforcement of the Massachusetts Student Record Regulations or the statutes regarding student records in any court or administrative agency of competent jurisdiction.

Confidentiality of Student Records, Continued

Records Access by Non- Custodial Parents

Supply the Collaborative with a copy of any custody decree or agreement, parenting plan or any other court order, including a temporary restraining order, which specifies which parent(s) has physical and legal custody.

As required by Mass. Gen. Laws c. 71, Section 34H, a non-custodial parent may have access to the student record in accordance with law and Department of Education Regulations. Any individual who by court order does not have physical custody of the student is considered a non-custodial parent for purposes of M.G.L. 71, § 34H, 603 CMR 23.07 and this policy. This includes parents who by court order do not reside with or supervise the student, even for short periods of time.

BICO will follow the law and the regulations developed by the

Massachusetts Department of Elementary and Secondary Education to standardize the process by which public schools provide student records to parents who do not have physical custody of their children (“non-custodial parents”).

As required by M.G.L. 71, § 34H, a non-custodial parent may have access to the student record in accordance with the following provisions:

- (a) A non-custodial parent is eligible to obtain access to the student record unless:
 - 1. The parent has been denied legal custody based on a threat to the safety of the student or to the custodial parent, or
 - 2. The parent has been denied visitation or has been ordered supervised visitation, or
 - 3. The parent’s access to the student or to the custodial parent has been restricted by a temporary or permanent protective order, unless the protective order (or any subsequent order modifying the protective order) specifically allows access to the information contained in the student record.
- (b) The school shall place in the student’s record documents indicating that a non-custodial parent’s access to the student’s record is limited or restricted pursuant to 603 CMR 23.00.
- (c) In order to obtain access, the non-custodial parent must submit a written request for the student record to the school principal.
- (d) Upon receipt of the request, the school must immediately notify the custodial parent by certified and first class mail, in English and the primary language of the custodial parent, that it will provide the non-custodial parent with access after twenty-one (21) days, unless the custodial parent provides the principal with documentation that the non-custodial parent is not eligible to obtain access to set forth in 603 CMR 23.07.

Confidentiality of Student Records, Continued

Records Access by Non- Custodial Parents, continues

- (e) The school must delete the electronic and postal address and telephone number of the student and custodial parent from student records provided to non-custodial parents. In addition, such records must be marked to indicate that they shall not be used to enroll the student in another school.
- (f) Upon receipt of a court order, which prohibits the distribution of information pursuant to M.G.L. 71, § 34H, the school shall notify the non-custodial parent that it shall cease to provide access to the student record to the non-custodial parent.

Crisis Intervention Policy and Procedures

Overview

Interventions to address student behavior are often developed by a team of educators including special educators, therapists, behavior specialists/BCBA's, school adjustment counselors, clinical psychologists, and Program Directors. Measures are taken to ensure that the least restrictive course of interventions are utilized. Positive behavior support plans and interventions are reviewed and updated on a regular basis by program staff. These plans may include the need to separate the student so as to provide an opportunity to de-escalate and stabilize behavior. When student behavior has escalated, aggression or anger may be vented verbally and/or physically.

Considering the special needs of the student, the use of gross motor and/or fine motor activities (taking a walk, playing basketball, accessing sensory materials in a quiet space, etc.) often meet the needs of the

student to regulate behavior.

When the needs of a student require the use of a sensory area to regulate behavior, such a space is made available. It provides a safe and appropriate space where students may engage in self-calming behaviors through use of a variety of sensory-based techniques and equipment. This equipment may include therapy balls, mats, squishy balls etc.

Staff assisting a student who is dysregulated will be trained in proper use of sensory materials and techniques, as well as crisis prevention intervention techniques. BCBA's and Occupational Therapists familiar with sensory processing will be consulted to determine the most appropriate techniques and materials for each individual student. When a student is calm and able to indicate they are comfortable re-entering the previous environment, they will be instructed to re-join the group.

At no time is a sensory area and/or a time out space used as punishment. If there is a door to the sensory/time out area, the door will always remain open, and staff will always be in the room and monitoring the student.

If the student is unable to regain self-control, staff may escort the student to a time out area to regain self-control. If the student escalates to a point that he is presenting a clear danger to himself or others, Crisis Prevention Intervention Techniques will be implemented as necessary to protect the student, other students and staff from assault or imminent, serious, physical harm. If necessary physical restraint may be used in accordance with 603 C.M.R. 46.00 and BICO's Restraint Prevention and Behavior Support Policy and Procedures.

When a student's behavior requires separation in a room apart from the group or program activity, such as time out, BICO staff follow time-out procedures when under the supervision of a staff member who has been trained in Crisis Prevention Intervention Techniques. These procedures include the following:

- a staff member is present at all times and the student is observed at all times;
- if the time out area has a door it remains open and the door is never locked;
- the space must be clean, safe, and appropriate for the age of the student;
- the time out is documented in the student's behavioral data log and includes the time (start and end time), behavior preceding the time out;
- and staff member(s) who observed the student during the time out.

Verbal Direction to Take Space

Verbal Direction to Take Space

It is important to provide opportunity to the student early in the process of behavior intervention to take space. When early intervention is effective, the staff member is able to verbally direct the student to take space separate from others so as to gain control over behavior. At this stage, staff will accompany the student to the area and have them walk around or sit down at a desk or on a mat depending on the student's individual behavior support plan. The staff member will follow the student's plan which may be to discuss and process the events with the student or it may be to sit quietly with the student giving the student time to self-regulate. Once the student is able to demonstrate control, emotionally and physically, the staff member will accompany the student back to the classroom to resume educational activities. If the student is unwilling or unable to gain control or expresses the need to remain in a separate area, the staff member will provide for supervision of the student and will obtain the student's work so that educational services may be provided in this area.

When Verbal Direction is Unsuccessful

When Verbal Direction is Unsuccessful

When verbal direction to a student to take space is unsuccessful, staff members have a few options:

Direct other students to leave the room with a staff member while at least one staff member remains in the classroom with the student having difficulty; or

Staff member(s) may escort the student to a time out area where the student is asked to take space and the procedure above is followed.

If the student must be escorted, staff use procedures and techniques from their Crisis Prevention Intervention training. In particular, they utilize verbal and nonverbal de-escalation techniques. When being escorted, staff guide the student to a designated area utilizing supportive touch techniques as outlined in the CPI training. Supportive touch can be defined as the student still being able to be under their own control for both their upper and lower body.

The decision to escort a student is a serious decision as it may provoke an escalation of behavior by the student. However, the decision not to remove a student may also result in danger to the student or to others. Staff members must use their judgment, knowledge of the student, knowledge of other students in the room, and behavior support plans when making this decision. In either case, staff members need to ensure that disruption is minimized.

Documentation of Time-Out

Time-Out May NOT Exceed 30 Minutes without Approval

For a time-out to exceed 30 minutes, based on the student's continued agitation, approval from the Program Director or School Adjustment Counselor must be obtained. Staff members involved contact or have someone else contact their Program Director or School Adjustment

Counselor for guidance in the further management of the situation. The Program Director or School Adjustment Counselor may decide to contact the Parent to confer on the matter. Time-Outs which exceed 30 minutes are documented in an Incident Report. The Incident Report form shall include the date, time, and location of the time-out, the specific behavior preceding the time-out, follow up procedures and all requirements noted above.

Incident reports are to be submitted to the Program Director and the Program Director for Clinical Services for review and initialing. The report is mailed to parents and sending school district, and a copy of the report is maintained in the Collaborative's student file.

In any crisis situation, there are four distinct and identifiable behavior levels. The purpose of defining each level is to attempt to meet each level with the appropriate staff response to defuse or de-escalate the crisis development. The four levels model is not meant to oversimplify the complexities of the behavioral process, but rather functions as workable guidelines for the staff member who is intervening.

Crisis Development	Staff Intervention Response
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Acting out person Intervention	3. Nonviolent Crisis
4. Tension reduction	4. Therapeutic Rapport

The crisis development model shown above is an extremely valuable tool that can be utilized to determine where a person is during an escalation process. Of course, human behavior is not an orderly 1-4 progression. Yet, determining the behavior level of a potentially violent individual can help staff determine how to respond to the different stages of escalation and as a result, improve diffusion and de-escalation efforts.

The four levels of crisis intervention and the appropriate staff response are described here:

Anxiety Level

1.Anxiety Level: One of the first behaviors one will observe in the crisis development sequence is the anxiety level. Anxiety has numerous definitions in the fields of psychology and psychiatry. Simply defined anxiety behavior is a noticeable increase or change in behavior which is manifested by a non-directed expenditure of energy.

Supportive Staff Response: During the anxiety crisis development level, it is generally most effective to use a supportive staff response. The supportive approach requires the staff to be empathic and to actively listen to what is bothering the individual. In this mode of intervention, the staff member should avoid being judgmental and avoid dismissing the person, for example: as a "constant complainer".

Defensive Level

2.Defensive Level: The defensive level signifies the beginning stages of loss of rationality. At this point, the person begins to give you cues, verbally and nonverbally, indicating he is beginning to lose control. The defensive level is a highly volatile state and usually includes verbal belligerence and hostility. You will find the student challenging you, the school and your authority. The defensive student begins to respond or cue on different modes of communication. At the peak of defensiveness, a student may no longer respond to the rational context of your words. Instead, a student may be more in tune with other types of communication such as your tone of voice, your proximity to him or your body posture.

Here is where we see power struggles and “button pushing” begin. Abusive language alluding to your race, weight, gender and other sensitive areas may have begun. The person is testing you and testing your limits. He may even solicit help with his verbal barrage from onlookers. Many times the verbal “acting out” strays far from the original issue that upset him.

This is an extremely critical time during the crisis development. At this stage, the staff can make or break the intervention

Directive Staff Response

Directive Staff Response (setting limits): The best staff response during the defensive level is a directive approach which entails setting behavioral limits for the student. It is quite clear that a supportive empathic approach is not very productive when a person becomes irrational and is testing limits. The individual needs and at times, is actually seeking structural limits to regain rational control.

Make sure that your limits are clear to the student. Don't assume that he/she understands why the directive is being issued. Second, be sure that your limits are simple. Don't make them overly complex. Third, the most critical key is to ensure that any limits you impose are enforceable. You can almost guarantee that any limits you impose will be tested.

Limit setting should be done as objectively as possible and should not be delivered in a threatening manner. Your goal is to make the student realize that the consequences of his behavior are up to him. The limits you impose on the individual should not merely be enforceable either; they have to be reasonable. Avoid getting yourself into a no-win situation by issuing limits which cannot be enforced.

Limit setting is a skill, which requires practice and a calm, professional approach. Verbal abuse by anyone can be frightening and insulting. It is critical, however, that you maintain your professionalism. A verbal loss of control at this moment may be the reaction, which escalates a person into a total loss of control.

The Acting Out Person

3.The Acting Out Person: This behavior is defined as total loss of control which usually involves physical aggression. The individual is no longer able to control himself and verbal aggression turns into physical acting out. The student may attempt to harm himself, staff or other people.

Nonviolent Physical Crisis Intervention: You have now reached the point where all verbal means of managing the situation have been exhausted. The student is no longer responding to reason, and he/she may present a danger to himself, staff or other people in the area. The student has verbally escalated to the point where intimidation and/or the verbalized intention to cause harm to him/ herself or others is apparent.

Intimidation (or threats to do harm to self or others) or the verbalized intention to do so may be direct or indirect. Direct intimidation/threats take the form of clear language directed to another person(s). Indirect intimidation/threats may occur in which the student is making reference to doing damage to a third party or is demonstrating increasingly agitated behaviors (e.g. pacing with verbal outbursts and being unresponsive to verbal redirection). When the student is engaging in verbal and/or nonverbal behaviors, which are colored by increase agitation and frustration, these behaviors are referred to as antecedent behaviors. Antecedent behaviors may look different from student-to-student. It is essential for staff to have a clear understanding regarding a student's background and potential for causing harm.

The decision to use nonviolent physical crisis intervention is a serious and important decision, as is the decision not to. The ability to recognize antecedent behaviors and to intervene early enough so that staff and students are safe is essential to this process.

It is important that staff recognizes the legal implications and the potential danger to the individual or staff when undertaking nonviolent physical crisis intervention. You run the risk of escalating a situation, which might have been defused through verbal means.

It should be stressed that physical intervention, used appropriately and used when all verbal means of managing behaviors have been exhausted, can be as therapeutic as any other intervention tool. By utilizing safe, non-injurious physical techniques, you are proving the ultimate care and looking out for the welfare of the individual by initiating physical control for his own safety. If physical intervention is utilized with the interests of care in mind, in most cases the person will realize this and it will aid you in your therapeutic treatment plan. *Physical intervention should never be utilized as a punitive measure and only as an emergency measure of last resort.*

Staff must remember that losing control of one's behavior is an unpleasant and frightening experience. It is sometimes difficult to keep

this in perspective when the aggression or violence is directed toward you. However, most physical acting out in human service environments is not premeditated violence, but simply an explosion of pent up energy. Staff members are simply the object of the explosion because they happened to be present at the time.

BICO Collaborative provides Crisis Prevention Intervention Training and ongoing supervision to address these matters in a way which is respectful of students and ensures the safety of staff and students.

Refer to section Prevention of Restraint and Behavior Support Policy and Procedures on p. 78 of this manual.

Tension Reduction Level

4.Tension Reduction Level: The tension reduction behavior level is the fourth and final level in the crisis development sequence and it may be the most important.

During the crisis development process, there is a tremendous buildup of energy and tension within a person. At the third or “acting out” level, a person experiences a total energy expenditure; eventually there must be a tension reduction.

This tension reduction is both physical and emotional. The person “comes down” from the peak of energy output. If one happens to be involved in a physical intervention with a person, he can actually feel the tension reduction in the muscles of the body. Often, the individual is emotionally drained too.

Many times a person who, moments ago was aggressive and hostile, now appears emotionally withdrawn. He/she may even feel remorseful and be apologetic. This change in behavior can often confuse staff and they may even become distrustful of this aftermath of the episode.

The key point to remember in the tension reduction stage is that this is the start of control, or a regaining of rationality. The individual who is experiencing tension reduction has been through a very frightening and traumatic experience, some or all of which he/she may not remember. When he/she enters tension reduction, he/she may be at a very vulnerable emotional level. Fear, confusion and remorse are typical emotions felt by the individual during this behavioral level. Staff should remember that the act of “going out of control” is even more frightening to the individual

Verbal Threats

A threat is defined as an expression of intent to do harm.

When a student engages in voicing any serious verbal, written, or pictorial threats, immediate action must be taken.

1. The student will not be left alone.
2. The Program Director will be contacted immediately. If the Program

Director is not available, contact the Director of Clinical Services or Executive Director.

3. The Program Director, School Social Workers, and classroom teacher will complete a building level risk assessment which shall include weighing the student's capability of following through with the threat based on:
 - a) The student's present state of mind
 - b) The student's plan to engage in harmful activity
 - c) The mention of possession and/or availability of a weapon(s)
 - d) Behavioral history

1. If it is determined that the student:
 - Is purposeful, or
 - Has a plan to commit harm, or
 - Has possession of or availability to access weapon(s), the local police department must be notified for the purpose of providing intervention and/or removing the student from the school premises.
 - The Program Director and building level team may request further mobile crisis assessment and/or call 911 as a clinically appropriate intervention
2. If it is determined that the student:
 - Is not purposeful, and
 - Is without a plan, and
 - Is not mentioning possession of or availability to access a weapon(s) and is able to contract for safety, the student may remain in school, however, the parent/guardian and any outsider service providers must be informed.
3. If it is determined that the student behavior is a part of the defensive verbal escalation continuum, as presented in CPI:
 - Limits will be set according to the classroom and/or individual Behavior Intervention Plan, and
 - Tension reduction/therapeutic rapport strategies will be utilized.

Discipline Policy

Code of Conduct

CODE OF CONDUCT

Promoting Positive Student Conduct

PROMOTING POSITIVE STUDENT CONDUCT

The Bi-County Collaborative is committed to promoting positive student conduct. In conjunction with classroom rules, positive behavioral intervention, behavior support plans, and clinical intervention, our programs are designed to maintain safety and to foster a climate of mutual respect for the rights of others. Throughout the school day students are taught that they are responsible for conducting themselves in a manner that is acceptable for the school environment.

We look to each student to contribute positively to the school environment by making the effort to learn the skills and by conducting themselves in alignment with the following:

- Exercise self-control
- Use courteous language
- Utilize appropriate staff to help resolve conflict with peers
- Be appropriately dressed and groomed
- Demonstrate a positive attitude
- Be a role model
- Be polite
- Be cooperative
- Respect the rights and feelings of others

- Act in a manner that does not disrupt others
- Treat others with courtesy and respect (i.e., put oneself in the place of other person, whether that person is another student, teacher, parent, community person, administrator, lunchroom or custodial worker, or any other person in the school).
- Take responsibility for school property
- Respect the school building, grounds, and property
- Keep school grounds free from trash
- Support the learning process
- Attend all classes regularly and on time
- Be prepared for class (i.e., bring assignments, books, and supplies)
- Listen carefully to instructions
- Participate in class activities

The following are prohibited on school grounds and at school-sponsored activities and may result in disciplinary action:

- Fighting
- Assault
- Bullying, including cyber-bullying
- Discriminatory harassment, including sexual harassment
- Making threats
- Profanity/obscene language
- Defacing school property or the property of others
- Disrespectful behavior
- Leaving school grounds without authorization
- Smoking/Vaping
- Stealing
- Cheating
- Possession and/or use of alcoholic beverages
- Possession and/or use of drugs or drug paraphernalia
- Possession of dangerous weapon

Certain violations may result in a long-term suspension or expulsion under the provisions of M.G.L. c. 71, §§ 37H and 37H ½. These include:

- Possession of a dangerous weapon while on school grounds or at a school-sponsored event
- Possession of a controlled substance while on school grounds or at a school-sponsored event
- An assault on a School Administrator, teacher, teacher's aide, or other staff person
- A felony charge or conviction

Other violations of the code of conduct may subject a student to disciplinary action up to and including mediation, detention, in-school

**Student
Discipline and
Due Process**

suspension, or out-of-school suspension under the provisions of M.G.L. c. 71, § 37H ³/₄.

STUDENT DISCIPLINE AND DUE PROCESS

The Program Director has the authority to exercise discretion in determining the consequences for a student who has violated disciplinary rules. Students will receive the appropriate level of due process consistent with Massachusetts and federal law, as described below.

Definitions

DEFINITIONS

In-School Suspension: the removal of a student from regular classroom activities, but not from the school premises, for no more than (10) consecutive school days, or no more than ten (10) school days cumulatively for multiple infractions during the school year. Removal solely from participation in extracurricular activities or school-sponsored events, or both, shall not count as removal in calculating school days.

Short-Term Suspension: the removal of a student from the school premises and regular classroom activities for ten (10) consecutive school days or less. A principal may, in his or her discretion, allow a student to serve a short-term suspension in school. Removal solely from participation in extracurricular activities or school-sponsored events, or both, shall not count as removal in calculating school days.

Long-Term Suspension: the removal of a student from the school premises and regular classroom activities for more than ten (10) consecutive school days, or for more than ten (10) school days cumulatively for multiple disciplinary offenses in any school year. Removal solely from participation in extracurricular activities or school-sponsored events, or both, shall not count as removal in calculating school days. Except for students who are charged with a disciplinary offense in subsections (a) or (b) of M.G.L. c. 71, § 37H or 37H ¹/₂, no student may be placed on long-term suspension for one or more disciplinary offenses for more than ninety (90) school days in a school year beginning with the first day that the student is removed from school. No long-term suspension shall extend beyond the end of the school year in which such suspension is imposed, except in accordance with M.G.L. c. 71, § 37H or 37H ¹/₂.

Expulsion: the removal of a student from the school premises, regular classroom activities, and school activities for more than ninety (90) school days, indefinitely, or permanently, as permitted under M.G.L. c. 71, § 37H or 37H ¹/₂.

Written Notice: written correspondence sent by hand-delivery, certified mail, first-class mail, or email to an address provided by the parent for school communications, or any other method of delivery agreed to by the principal and the parent.

Principal: Program Director or designee for disciplinary purposes.

**Opportunity
to make
academic
progress**

Superintendent: Executive Director or designee for disciplinary purposes.

OPPORTUNITY TO MAKE ACADEMIC PROGRESS

Any student who is serving a short-term suspension, long-term suspension or expulsion shall have the opportunity to earn credits, as applicable, make up assignments, tests, papers, and other school work as needed to make academic progress during the period of his or her removal from the classroom or school.

Any student who is expelled or suspended from school for more than ten (10) consecutive days, whether in school or out of school, shall have an opportunity to receive education services and to make academic progress toward meeting state and local requirements, in accordance with the school's education service plan. M.G.L. c. 76, § 21.

**DUE PROCESS FOR M.G.L. c. 71, § 37H ¾ OFFENSES:
ANY OFFENSE OTHER THAN: POSSESSION OF
DANGEROUS WEAPON; POSSESSION OF CONTROLLED
SUBSTANCE; ASSAULT ON STAFF; AND/OR FELONY
MATTER**

In every case of student misconduct for which suspension pursuant to M.G.L. c. 71, § 37H ¾ may be imposed, a principal shall exercise discretion in deciding the consequence for the offense; consider ways to re-engage the student in learning; and avoid using long-term suspension from school as a consequence until alternatives have been tried. Alternatives may include the use of evidence-based strategies and programs such as mediation, conflict resolution, restorative justice, and positive behavioral interventions and supports.

EMERGENCY REMOVAL UNDER M.G.L. c. 71, § 37H ¾

A principal may remove a student from school temporarily when a student is charged with a disciplinary offense and the continued presence of the student poses a danger to persons or property, or materially and substantially disrupts the order of the school, and, in the principal's judgment, there is no alternative available to alleviate the danger or disruption. In such a case, the principal shall immediately notify the superintendent in writing of the removal and the reason for it, and describe the danger presented by the student.

The temporary removal shall not exceed two (2) school days following the day of the emergency removal, during which time the principal shall make immediate and reasonable efforts to orally notify the student and the student's parent of: (1) the emergency removal; (2) the reason for the emergency removal; (3) the disciplinary offense; (4) the basis for the charge; (5) the potential consequences, including the potential length of the student's suspension; (6) the opportunity for the student to have a hearing with the principal concerning the proposed

suspension, including the opportunity to dispute the charges and to present the student's explanation of the alleged incident, and for the parent to attend the hearing; (7) the date, time, and location of the hearing; and (8) the right of the student and the student's parent to interpreter services at the hearing if needed to participate.

Before the expiration of the two (2) school days, unless an extension of time for hearing is otherwise agreed to by the principal, student, and parent, the principal must provide the student an opportunity for a hearing with the principal that complies with either the short-term due process or long-term due process set forth below, as applicable, and must provide the parent an opportunity to attend the hearing.

Additionally, the principal is required to render a decision orally on the same day as the hearing, and in writing no later than the following school day, which meets the requirements of notice of the decision for short-term suspension or long-term suspension as set forth below, whichever is applicable.

A principal may not remove a student from school on an emergency basis for a disciplinary offense until adequate provisions have been made for the student's safety and transportation.

IN-SCHOOL SUSPENSION UNDER M.G.L. c. 71, § 37H ^{3/4}

Prior to the imposition of an In-School Suspension, the student will be informed of the disciplinary offense and provided with an opportunity to respond. If the principal determines that the student committed the disciplinary offense, the principal will provide oral notice to the student and parent of the length of the In-School Suspension and will make reasonable efforts to meet with the parent.

On or before the day of suspension, the principal shall send written notice to the student and parent about the In-School Suspension, including the reason and the length of the In-School Suspension, and inviting the parent to a meeting with the principal for the purpose set forth in 603 CMR 53.10(4), if such meeting has not already occurred. The principal shall deliver such notice on the day of the suspension by hand-delivery, certified mail, first-class mail, email to an address provided by the parent for school communications, or by other method of delivery agreed to by the principal and the parent. Students have the right to appeal an In-School Suspension that will result in their in-school or out of school suspension for more than ten (10) school days in a school year.

SHORT-TERM SUSPENSION UNDER M.G.L. c. 71, § 37H ^{3/4}

Except as provided in cases of In-School Suspension or Emergency Removal, a principal may not impose a suspension as a consequence for a disciplinary offense without first providing the student and the parent oral and written notice, and providing the student an opportunity for a hearing on the charge and the parent an opportunity to participate in such hearing.

The principal shall provide oral and written notice to the student and the parent in English and in the primary language of the home if other than English, or other means of communication where appropriate. The notice shall set forth in plain language: the disciplinary offense; the basis for the charge; the potential consequences, including the potential length of the student's suspension; the opportunity for the student to have a hearing with the principal concerning the proposed suspension, including the opportunity to dispute the charges and to present the student's explanation of the alleged incident, and for the parent to attend the hearing; the date, time, and location of the hearing; the right of the student and the student's parent to interpreter services at the hearing if needed to participate; and, if the student may be placed on long-term suspension following the hearing: the rights set forth in 603 CMR 53.08(3)(b), and the right to appeal the principal's decision to the superintendent.

The principal shall make reasonable efforts to notify the parent orally of the opportunity to attend the hearing. To conduct a hearing without the parent present, the principal must be able to document reasonable efforts to include the parent. The principal is presumed to have made reasonable efforts if the principal has sent written notice and has documented at least two (2) attempts to contact the parent in the manner specified by the parent for emergency notification.

At the principal's hearing, the student and parents (if participating) may dispute the charge(s) against the student and present information, including mitigating facts, for the principal's consideration in determining consequences for the student.

The principal shall notify the student and parent of the determination and the reasons for it, and, if the student is suspended, the type and duration of suspension and the opportunity to make up assignments and such other school work as needed to make academic progress during the period of removal, as provided in M.G.L. c. 76, § 21. The determination shall be in writing and may be in the form of an update to the original written notice. If the student is in a public preschool program or in grades K through 3, the principal shall send a copy of the written determination to the superintendent and explain the reasons for imposing an out-of-school suspension, before the short-term suspension takes effect. Students shall have no right to appeal a short-term suspension.

LONG-TERM SUSPENSION UNDER M.G.L. c. 71, § 37H ¾

The student and parents will be given oral and written notice of the disciplinary offense with which the student is charged and the opportunity to participate in a hearing prior to the imposition of an out-of-school suspension.

Written notice of the date and time for the hearing will be provided in English and in the primary language of the Student's home and will identify the disciplinary offense with which the student has been charged, the basis for the charge, the potential length of the student's suspension, and inform the parent and student of the right to interpreter services if necessary to participate in the hearing. Where a student may be subject to a Long-Term Suspension, the principal will also notify the student and parent of the following rights: (1) in advance of the hearing, the opportunity to review the student's record and the documents upon which the principal may rely in making a determination to suspend the student or not; (2) the right to be represented by counsel or a lay person of the student's choice, at the student's/parent's expense; (3) the right to produce witnesses on his or her behalf and to present the student's explanation of the alleged incident, but the student may not be compelled to do so; (4) the right to cross-examine witnesses presented by the school district; and (5) the right to request that the hearing be recorded by the principal, and to receive a copy of the audio recording upon request. If the student or parent requests an audio recording, the principal shall inform all participants before the hearing that an audio record will be made and a copy will be provided to the student and parent upon request.

At the hearing, the student will have the rights identified in the written notice, and the principal shall provide the parent, if present, an opportunity to discuss the student's conduct and offer information, including mitigating circumstances, that the principal should consider in determining consequences for the student.

Based on the evidence, the principal shall determine whether the student committed the disciplinary offense, and, if so, after considering mitigating circumstances and alternatives to suspension, what remedy or consequence will be imposed, in place of or in addition to a Long-Term Suspension. The principal shall send the written determination to the student and parent by hand-delivery, certified mail, first-class mail, email to an address provided by the parent for school communications, or any other method of delivery agreed to by the principal and the parent. If the principal decides to suspend the student, the written determination shall: (1) identify the disciplinary offense, the date on which the hearing took place, and the participants at the hearing; (2) set out the key facts and conclusions reached by the principal; (3) identify the length and effective date of the suspension, as well as a date of return to school; (4) include notice of the student's opportunity to receive education services to make academic progress during the period of removal from school as provided in M.G.L. c. 76, § 21; and (5) inform the student of the right to appeal the principal's decision to the superintendent or designee, but only if the principal has imposed a long-term suspension.

Notice of the right of appeal shall be in English and the primary language of the home if other than English, or other means of

communication where appropriate, and shall include the following information stated in plain language: (1) the process for appealing the decision, including that the student or parent must file a written notice of appeal with the superintendent within five (5) calendar days of the effective date of the Long-Term Suspension; provided that within the five (5) calendar days, the student or parent may request and receive from the superintendent an extension of time for filing the written notice for up to seven (7) additional calendar days; and (2) that the Long-Term Suspension will remain in effect unless and until the superintendent decides to reverse the principal's determination on appeal.

A student who is placed on Long-Term Suspension under M.G.L c. 71, § 37H ³/₄ following a hearing with the principal shall have the right to appeal the principal's decision to the superintendent. The student or parent shall file a notice of appeal with the superintendent within five (5) calendar days of the effective date of the Long-Term Suspension; provided that within the five (5) calendar days, the student or parent may request and receive from the superintendent an extension of time for filing the written notice for up to seven (7) additional calendar. If the appeal is not timely filed, the superintendent may deny the appeal, or may allow the appeal in his or her discretion, for good cause.

The superintendent shall hold the hearing within three (3) school days of the student's request, unless the student or parent requests an extension of up to seven (7) additional calendar days, in which case the superintendent shall grant the extension. The superintendent shall make a good faith effort to include the parent in the hearing. The superintendent shall be presumed to have made a good faith effort if he or she has made efforts to find a day and time for the hearing that would allow the parent and superintendent to participate. The superintendent shall send written notice to the parent of the date, time, and location of the hearing. The superintendent shall conduct a hearing to determine whether the student committed the disciplinary offense of which the student is accused, and if so, what the consequence shall be. The superintendent shall arrange for an audio recording of the hearing, a copy of which shall be provided to the student or parent upon request. The superintendent shall inform all participants before the hearing that an audio record will be made of the hearing and a copy will be provided to the student and parent upon request. The student shall have all the rights afforded the student at the principal's hearing for long-term suspension as identified above.

The superintendent shall issue a written decision within five (5) calendar days of the hearing which: (1) identifies the disciplinary offense and the date on which the hearing took place, and the participants at the hearing; (2) sets out the key facts and conclusions reached by the superintendent; (3) identifies the length and effective date of the suspension, as well as a date of return to school; and (4) includes notice of the student's opportunity to receive education

services to make academic progress during the period of removal from school as provided in M.G.L. c. 76, § 21. If the superintendent determines that the student committed the disciplinary offense, the superintendent may impose the same or a lesser consequence than the principal, but shall not impose a suspension greater than that imposed by the principal's decision. The decision of the superintendent shall be the final decision of the school district, with regard to the suspension.

**DUE PROCESS FOR M.G.L. c. 71, § 37H OFFENSES:
POSSESSION OF DANGEROUS WEAPON; POSSESSION OF
CONTROLLED SUBSTANCE; ASSAULT ON STAFF;
AND FOR M.G.L. c. 71, § 37H ½ OFFENSES:
FELONY COMPLAINT AND/OR FELONY CONVICTION**

SHORT-TERM SUSPENSION UNDER M.G.L. c. 71, § 37H or 37H ½

The student will be given oral notice of the violation with which the student is charged and an opportunity to respond thereto, prior to the principal's imposition of a short-term or interim suspension of ten (10) consecutive days or less pending formal proceedings. Upon imposition of a short term or interim suspension of ten (10) consecutive days or less, pending further disciplinary proceedings, the student and parents will be provided with written notice of the suspension, the date and time of the formal disciplinary hearing, the right to have representation, and the opportunity to present evidence and witnesses at said hearing before the principal.

LONG-TERM SUSPENSION OR EXPULSION UNDER M.G.L. c. 71, § 37H or 37H ½

The student shall be notified in writing of the charges, an opportunity for a hearing, the right to have representation, and the opportunity to present evidence and witnesses at said hearing before the principal. After said hearing, the principal may, in his discretion, decide to suspend rather than expel a student who has been determined by the principal to have committed an offense under M.G.L. c. 71, § 37H. A written decision will be issued after the hearing.

The student and the parent(s)/guardian(s) will have the right to appeal any decision imposing a long term suspension or expulsion from school to the Superintendent. When the student is excluded in accordance with M.G.L. c. 71, § 37H, the student shall have ten (10) calendar days from the effective date of the exclusion to file a written appeal with the superintendent. For exclusions imposed pursuant to M.G.L. c. 71, § 37H ½, the student shall have five (5) calendar days from the effective date of the exclusion to file a written appeal with the superintendent. Pending the outcome of any such appeal, the disciplinary sanction imposed shall remain in effect. M.G.L. c. 71, § 37H and M.G.L. c. 71, § 37H ½.

DISCIPLINE OF STUDENTS WITH DISABILITIES

Discipline of Students with Disabilities

In addition to the due process protections and rights afforded to all students, the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and related regulations require that additional provisions be made for students who have been found eligible for special education services or whom the school district knows or has reason to know might be eligible for such services.

A suspension of longer than ten (10) consecutive school days, or a series of short term suspensions that exceeds ten (10) school days and constitute a pattern of removal, are considered to constitute a potential disciplinary change in placement.

Prior to a suspension that would result in a disciplinary change in placement of a student with a disability, the building administrators, the parents and relevant members of the student's IEP/504 Team will convene to determine whether the violation for which the student is subject to a disciplinary change in placement was caused by or directly and substantially related to the student's disability or was the direct result of a failure to implement the student's IEP or Section 504 Plan.

If the Team determines that the behavior is not a manifestation of the disability, the student may be disciplined in accordance with the policies and procedures applicable to all students except that students eligible for special education services shall be entitled to a free appropriate public education as of the eleventh (11th) day of disciplinary exclusion in the school year.

If the team determines that the behavior is a manifestation of the disability, then the team will conduct a functional behavior assessment or review, and modify as appropriate, any existing behavior intervention plan, and the student will not be suspended for the violation found to be a manifestation of his/her disability.

Regardless of the manifestation determination, the Team may place the student in an interim alternative setting (as determined by the Team) up to forty-five (45) school days if:

- (1) The student was in possession of a dangerous weapon on school grounds or at school-sponsored events;
- (2) The student was in possession of or using of illegal drugs on school grounds or at school-sponsored events;
- (3) The student engaged in solicitation of a controlled substance on school grounds or at school-sponsored events; or
- (4) The student inflicted serious bodily injury to another at school or at school-sponsored events.

The interim alternative setting must enable the student to participate in the general curriculum, progress toward the goals in the IEP, and receive the special education and related services contained in the student's IEP. The interim alternative setting must also provide services and modifications designed to address the behavior giving

rise to the removal and to prevent the behavior from reoccurring. At the conclusion of the forty-five (45) school day period, *the student shall be returned to his/her previous placement* unless the parent (or student if 18+ years of age) consents to an extension of the interim alternative setting or an Order is obtained from the Bureau of Special Education Appeal authorizing the student's continued removal. If the conduct does not involve a dangerous weapon, controlled substance, or serious bodily injury, the school may remove the student to an interim alternative setting for forty-five (45) days only: 1) with parental consent; or 2) by obtaining authorization from a court or BSEA Hearing Officer. In order to obtain an order from the court or BSEA Hearing Officer, the school must prove that maintaining the student's placement is substantially likely to result in injury to the student or others.

The parent shall have the right to appeal the Team's manifestation determination, the imposition of a disciplinary change in placement, and the student's placement in an interim alternative educational setting. The student will remain in the disciplinary placement imposed by school authorities pending a decision on the appeal or until the expiration of the disciplinary sanction, whichever comes first.

SCHOOL BUILDING STUDENT CODE OF CONDUCT

All students are expected to meet the requirements for behavior as identified in the school district handbook, unless otherwise determined through the special education TEAM process. State and federal special education and civil rights laws require that additional provisions be made for students who have been found by an evaluation TEAM to be eligible for special education or whose program is described in an Individualized Education Program (IEP). The IEP will indicate whether the student is able to conform his/her behavior to the regular discipline code or if a modification is required. If a modified disciplinary code is required, it will be written into the IEP.

School Building Code of Conduct

BEHAVIOR SUPPORT PLANS

In addition to IEP accommodations, some students may also have an individualized behavior support plan. Behavior support plans are data driven, and are based on functional behavior assessment and/or direct assessment and analysis of behavior data. Plans identify specific challenging behaviors for decrease as well as positive alternative behaviors for reinforcement. Plans are reviewed and amended as needed.

Behavior Support Plans

DRUGS/ALCOHOL

Massachusetts law prohibits students from possessing, ingesting, selling or distributing alcohol, prescription, non-prescription or street drugs on school property or at school events. This is, therefore, the policy of Bi-County Collaborative. The use of drugs and/or alcohol will not be tolerated in school or at school events. If a student is involved in, or reasonably suspected of being involved in, a drug or

Drugs and Alcohol

alcohol-related activity, immediate action will be taken.

If a student is suspected to be under the influence or is in possession of drugs or alcohol, the Program Director or designee will search the Student and if found in possession local police, parents/guardians, and sending school district will be notified. Appropriate disciplinary measures, such as suspension, will be implemented.

If a student is suspected of being under the influence of drugs or alcohol, the student will be sent to the school nurse and a determination will be made as to whether the student is intoxicated or under the influence of drugs or alcohol. If so, the parents/guardians will be called to pick up their child. In the event that a student is incoherent or nonfunctional, an emergency “911” call will be placed on the student’s behalf.

The IEP Team will be reconvened to:

- Review behavior support and intervention plans
- Review whether the student’s needs may continue to be met in the current school placement

POSSESSION OF FIREARMS OR WEAPONS

Bi-County Collaborative’s policy is based on Massachusetts law, M.G.L. c. 71, § 37H

Possession of Firearms or Weapons

- A student may be suspended or expelled for the possession of a dangerous weapon on school property or at school related events.
- A dangerous weapon includes, but is not limited to, a gun, rifle, knife, bomb or other similar device, machete, razors and/or razor blades, as well as those objects which the student intends to use or which may be used as a dangerous weapon, including but not limited to, sling shots, firecrackers, live bullets, brass knuckles, lighters, screwdrivers, metal stud bracelets and matches.

The local police and the school principal will be notified immediately if:

- A student is in possession of a dangerous weapon, such as a gun or knife;
- A student appears on school property with a dangerous weapon and presents immediate danger to self, other students or staff; and/or
- A student claims to have a weapon and won’t give it up when asked.

If a student is found to be in possession of a dangerous weapon, Bi-County Collaborative staff will remove the item immediately and deposit it with a supervisor, who will immediately notify the Executive Director. In addition, staff shall report the incident in writing to their immediate supervisor, and this report will be

immediately provided to the Executive Director. The provisions of M.G.L. c. 71, § 37H in regards to further reporting, assessing, and counseling, will be followed.

NOTE: Violations of the weapons policy can result in out-of-school suspension/expulsion and/or may result in a recommendation of an alternate placement or termination of services.

Search and Seizures

SEARCH AND SEIZURES

Lockers, cubbies, desks, laboratory tables, school computers and the like are the property of the Collaborative, and students have no expectation of privacy when storing or placing items in/on this property. Therefore, the Collaborative has the right to search these at any time for any reason.

Property belonging to a student such as a backpack, handbag, and/or cell phone or the student him/herself may be searched if Collaborative staff member has a reasonable suspicion that the student has evidence of a crime or an infraction of the discipline code in his/her personal property or on his/her person. Likewise, a Collaborative staff member may search a student and/or his/her personal property if the student consents to such a search.

Parents of students under the age of 18 should be notified of the search of their child within twenty-four (24) hours after the search has occurred.

Refusal to comply with a search will result in suspension. The police may be called if the purpose of the search was to find evidence of a crime, a weapon and/or a controlled substance.

During the time of suspension, students must staff off school grounds and away from all school activities

Planned Terminations

Planned Terminations

1. Except in emergency cases, it is the policy of BICO to notify the LEA of the need to reconvene the IEP Team. The school district will arrange such a meeting and provide notice to all parties including the student if appropriate.

Notice of this meeting will be given ten (10) days in advance of the intended date of the meeting and shall be sent to the parent, the student (if over 14 years of age), the LEA and if appropriate, the human service agency. The meeting will be held for the purpose of planning and developing a written termination plan for the student.

The plan will describe the student's specific program needs, the short and long term educational goals of the program, and recommendations for follow-up and/or transitional services.

The school will thoroughly explain termination procedures to the student, the parents, the LEA and officials of the appropriate human service agencies.

The written termination plan shall be implemented in no less than thirty (30) days unless all parties agree to an earlier date.

Emergency Terminations

Emergency Terminations

2. In circumstances where the student presents a clear and present threat to the health and safety of him/herself or others, the program will follow the procedures required under 603 CMR 28.09 (12)(b):

- *Immediately notify the Department of Elementary and Secondary Education.

- *Immediately notify by telephone and by letter, the parents, the LEA, and any state agency involved in the student's care or program, and the Department of Education.

- *BICO will provide the public school with the opportunity to hold an emergency TEAM meeting, and will not terminate the enrollment of any student, even in emergency circumstances, until the enrolling public school district assumes responsibility for the student.

- *At the request of the public school district, BICO will delay termination of the student for up to two weeks to allow the public school district the opportunity to convene an emergency TEAM meeting or to conduct other appropriate planning discussions prior to the student's termination from the program.

With the mutual agreement of BICO and the public schools district, termination of enrollment may be delayed for longer than two calendar weeks.

Dress Code

Overview

Bi-County Collaborative programs are educational environments. It is important that students dress in a manner conducive to good health practices and safety regulations. Dress should not hinder the educational process and should present a comfortable atmosphere for students, faculty and staff. If an administrator deems that a student's form of dress interferes with the educational process or presents an uncomfortable atmosphere, that student will be asked to make appropriate changes.

Students are required to dress appropriately for school and are **not allowed** to wear the following clothing:

- Clothing that does not sufficiently cover the body (e.g., see-through fabrics, short skirts, muscle shirts, halter tops, lacy camisoles, spandex, tube tops); undergarments must not be visible
- Articles with provocative or profane language or symbols which interfere with the educational process
- Shorts or skirts that are shorter than mid-thigh
- Hats, bandannas, or other head gear in the school, except for religious or medical reasons.
- Clothing or jewelry with suggestive or obscene advertising or artwork, or that depicts drugs or alcohol or satanic, racial or ethnic slurs. Clothing depicting cigarettes or other activities, which are illegal for minors or illegal in general are not allowed
- Articles of clothing which symbolize racial or ethnic or other prejudicial slurs or symbols of hatred
- Chains or other items that can be used as harm inflicting devices

Students are to wear shoes or sneakers at all times.

Program Staff reserves the right to use their discretion in deeming a student's dress/jewelry as inappropriate, and may request that the parent bring in a change of clothing and that the student wait in the office until such change of clothing arrives.

Any manner of dress that the Collaborative or school administration

deems inappropriate will not be tolerated.

Empowered Digital Use Policy

Purpose

The Bi-County Collaborative recognizes the need for students to be prepared to contribute to and excel in a connected, global community. To that end, the collaborative provides ongoing student instruction that develops digital citizenship skill sets for using technology as a tool. Information and communication technology are an integrated part of our curriculum across subjects and grades in developmentally appropriate ways and are aligned with the Massachusetts Curriculum Frameworks and standards, including seeking knowledge and understanding; thinking critically and solving problems; listening, communicating, and interacting effectively; and engaging and competing in a global environment.

Availability

The Executive Director or designee shall implement, monitor, and evaluate the collaborative's system/network for instructional and administrative purposes.

All users shall acknowledge that they understand that using digital devices, whether personal or school owned, and the collaborative network is a privilege and when using them in accordance with Bi-County Collaborative guidelines they will retain that privilege.

The Executive Director or designee shall develop and implement administrative guidelines, regulations, procedures, and user agreements, consistent with law and policy, which shall include but not be limited to the following:

- Digital devices, software, and networks shall be used in school for educational purposes and activities.
- An individual's personal information (including home/mobile phone numbers, mailing addresses, and passwords) and that of others shall be kept private.
- Individuals will show respect for themselves and others when using technology, including social media.
- Users shall give acknowledgement to others for their ideas and work.
- Users shall report inappropriate use of technology immediately.

These procedures shall be reviewed annually by the Bi-County Collaborative administration together with students and teachers and shall provide a springboard for teaching and learning around topics such as internet safety, digital citizenship, and ethical use of technology.

Equal Opportunity

Statement of Commitment

BICO promotes nondiscrimination policies and practices so that all interactions with employees, students and applicants are equitable. BICO will ensure that these standards apply, without limitation, to educating and interacting with students, and to recruiting, hiring, training and promoting persons in all position classifications, without regard to race, color, religion, age, sex, gender identity, sexual orientation, disability, national origin, veteran status, homelessness, genetic information, marital status or any other protected category. The Executive Director is responsible for implementing this policy, and has the authority to develop and maintain effective personnel procedures.

BICO Collaborative will not tolerate unlawful discrimination. BICO acknowledges legal, moral, social and economic responsibilities for Equal Employment Opportunity. The following federal and state laws, among others, form the basis of this commitment:

Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e et seq.: prohibits discrimination in employment on the basis of race, color, religion, sex, or national origin

Age Discrimination in Employment Act of 1967, 29 U.S.C. § 621 et seq.: prohibits discrimination in employment on the basis of age beginning at 40 years of age

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 and Title II of the Americans with Disabilities Act: prohibits discrimination against qualified individuals with disabilities

M.G.L. c. 151B, § 4 prohibits discrimination in employment on the basis of race, color, sex, religious creed, national origin, ancestry, age, handicap, sexual orientation, gender identity and genetic information

Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq.:

prohibits discrimination on the basis of race, color and national origin

Title IX of the Education Amendments Act of 1972, 20 U.S.C. § 1681 et seq.: prohibits discrimination on the basis of sex

Health Insurance Information

Every uninsured child and teen in Massachusetts can get health care coverage at little or no cost. Children aged 18 and younger can enroll in a program with either full coverage or primary and preventive care. The kind of coverage students receive depends on the income of their family.

Services are available regardless of immigration status.

MassHealth is a health insurance program with a full range of benefits. It pays for doctors' office visits, prescription drugs, dental services, counseling, hospital services, and other health-care services. In many cases parents can get MassHealth as well as children.

Children in families not eligible for MassHealth can get more limited coverage for primary and preventive care through the **Children's Medical Security Plan**. CMSP does not pay for hospital services. Some families may have to pay a small monthly fee, depending on their income.

For more information, parents/guardians should call:

MassHealth **1-800-841-2900**

CMSP **1-800-909-CMSP (2677)**

No Tobacco Policy

In the interest of promoting healthy working conditions and protecting the safety of students, faculty and visitors, the Board of Directors of Bi-County Collaborative have created a smoke free environment for all of the programs. Therefore, the use of tobacco products, including e-cigarettes and vaporizers, by staff, students, and visitors is prohibited at all times in all school facilities, school grounds, at all school sponsored activities, including field trips, and on school vans.

In accordance with M.G.L., c. 71, § 2A, it is unlawful for any student enrolled in a public primary or secondary school in the Commonwealth to use tobacco of any kind on school's grounds.

Non-Discrimination: Discrimination and Harassment Prohibited

Overview

NON-DISCRIMINATION: DISCRIMINATION AND HARASSMENT PROHIBITED

Every student at BICO Collaborative will have equal educational opportunities. Bi-County Collaborative does not discriminate on the basis of race, color, age, sex, gender identity, religion, national origin, sexual orientation, homelessness, or disability. Harassment and discrimination by administrators, staff, students, vendors and other individuals at school or at school-sponsored events is unlawful and is strictly prohibited. Retaliation against any individual who has brought harassment, discrimination, or other inappropriate behavior to the attention of school officials or who has cooperated in an investigation of a complaint under this policy is also prohibited.

Acts of bigotry and prejudice will not be tolerated at any level at Bi-County Collaborative. Bigotry, in any form, undermines the basic philosophy upon which our country was founded. Not only does it destroy human relationships so vital to the success of our society, but it also inflicts personal pain on those who are its victims. Bi-County Collaborative strongly enjoins its administrators, staff, parents and students to adopt a constant and continual vigil against any type of bigotry and prejudice, and address it both from a humanistic and educational point of view. It is the obligation of each person to report any conduct which violates the discrimination and harassment policy at BICO.

The Collaborative has set forth the following grievance procedure by which complaints of discrimination, harassment, and sexual harassment may be filed, investigated and resolved.

“Discrimination” means discrimination or harassment on the basis of race, age, color, national origin, sex, sexual orientation, gender identify, disability or religion by which an individual is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any program or activity of the school.

“Harassment” means unwelcome conduct on the basis of race, age, color, national origin, sex, sexual orientation, gender identity, disability or religion that is sufficiently severe, persistent or pervasive to create a hostile environment for the individual at school. Harassment may include insults, name-calling, off color jokes, threats, comments, innuendoes, notes, display of pictures or symbols, gestures, or other conduct which rises to the level of a hostile environment.

“Sexual Harassment” means unwelcome, sexually offensive or gender-based conduct which is sufficiently severe, persistent or pervasive to create a hostile environment for the individual at school.

Additionally, under M.G.L. c. 151C, § 1, “sexual harassment” may include, but is not limited to, sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- (i) submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of the provision of the benefits, privileges or placement services or as a basis for the evaluation of academic achievement; or
- (ii) such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual’s education by creating an intimidating, hostile, humiliating or sexually offensive educational environment.

Some examples of conduct that may constitute sexual harassment include:

- touching (arm, breast, buttocks, etc.)
- verbal comments (about parts of the body, clothing, looks, etc.)
- spreading sexual rumors
- leers and stares
- sexual or "dirty" joke
- cartoons, pictures, and pornography
- using technology to leave sexual messages or graffiti or to play sexually offensive computer games
- gestures with the hands and body
- pressure for sexual activity
- cornering, blocking, standing too close, following
- conversations that are too personal
- "rating" an individual; for example, on a scale from 1 to 10
- massaging the neck, massaging the shoulders

- touching oneself sexually in front of others
- making kissing sounds of smacking sounds; licking the lips suggestively; howling, catcalls, whistles
- repeatedly asking someone out when he or she isn't interested
- facial expressions (winking, kissing, etc.)

Persons who engage in discrimination, harassment, sexual harassment or retaliation may be subject to disciplinary action, including, but not limited to reprimand, suspension, termination/expulsion, or other sanctions as appropriate, subject to applicable procedural requirements.

Complaints of Discrimination, Harassment, or Sexual Harassment:

If a student believes they have been subject to discrimination, harassment, or sexual harassment by a BICO employee, agent, student, or another individual at school or a school-sponsored event, they have a right to file a complaint with the Bi-County Collaborative. This may be done orally or in writing to the Collaborative’s Civil Rights Coordinator, Laurie Cunningham, Program Director of Clinical Services, (774) 571-4150, or to any staff member whom you trust, i.e., teacher, instructional assistant, nurse, school adjustment counselor, or program director. You can also speak to your parents, who can then notify the Collaborative’s Civil Rights Coordinator. Remember that the complaint procedure does not start until school personnel receive the complaint. If you have not or do not want to put the complaint in writing, a staff member will do so for you. The complaint has to be put in writing to make sure that the Collaborative’s understanding of your complaint is correct.

Any employee who receives a discrimination, harassment, or sexual harassment complaint will immediately refer the complaint to the Collaborative’s Civil Rights Coordinator, Laurie Cunningham, Program Director of Clinical Services.

Investigation:

The Civil Rights Coordinator, or designee, will direct a prompt, thorough and impartial investigation of the complaint. The Complainant will be interviewed and will have the opportunity to present witnesses and other relevant evidence to the investigator. The person who is the subject of the complaint will have an opportunity to be heard, as well as the opportunity to identify witnesses and provide relevant information to the investigator. Witnesses will be interviewed individually. The privacy rights of all parties shall be maintained in accordance with state and federal laws. The investigator will keep a written record of the investigation process.

Absent extenuating circumstances, the investigation will be completed and the complainant and the party who was the subject of the complaint will be notified in writing of the outcome within fifteen (15) school days of the filing of the complaint. If the investigator extends the investigation, the investigator will notify the Complainant of the

extension.

Retaliation Prohibited:

Retaliation against someone who files a complaint or against someone who provides information in an investigation is prohibited. If any person feels that they have been subjected to retaliation, he/she should file a complaint with the Civil Rights Coordinator, Laurie Cunningham, Program Director of Clinical Services (774) 571-4150.

Resolutions:

BICO will take necessary steps, including implementing interim measures, to prevent recurrence of any discrimination or harassment and to correct its discriminatory effects on the complainant and others, if appropriate.

Examples of possible resolutions include, but are not limited to:

- Verbal statements of apology
- Letters of apology
- Assurances that the offensive behavior will end
- Disciplinary action, up to and including suspension/expulsion

Appeals: The Complainant may appeal the decision to the Executive Director within ten (10) school days of the date of the decision. The appeal will be limited to a review of the investigation record, unless the Executive Director determines there is a compelling reason to re-open the investigation and consider new information. The Executive Director will make a decision on the appeal and notify the Complainant and the subject of the initial complaint in writing of the decision within fifteen (15) school days of receiving the appeal. The Executive Director's decision will be final.

Other Remedies:

Individuals also have the right to seek a remedy from the Regional Office of Civil Rights for the U.S. Department of Education, Region I, Five Post Office Square, 8th Floor, Boston, MA 02109-3921, (617) 289-0111 or Program Quality Assurance, Massachusetts Department of Elementary and Secondary Education, 75 Pleasant Street, Malden, MA 02148-4906.

Parent Involvement

Bi-County Collaborative programs provide opportunities for parental input on matters pertaining to student health, education, and safety. On an individual basis, IEP meetings are held annually to discuss the individual needs of the students and to develop a plan to meet their needs. Program staff members are available at any time throughout the school year to meet with parents to discuss concerns and to develop or modify treatment, instructional, or behavioral strategies. Any specific safety or health concerns may be addressed by a parent at any time throughout the school year. The primary contact for parents is their Program Director or Special Education Teacher. Program Directors have Collaborative-issued mobile phones and every program has a separate and direct phone line. Parents are provided with these phone numbers at intake and enrollment into the program.

Possession of Firearms or Weapons

Overview

Bi-County Collaborative's policy is based on Massachusetts law, M.G.L. c. 71, § 37H and M.G.L. c. 71, § 37L (printed at end of this Handbook).

- A student may be suspended or expelled for the possession of a dangerous weapon on school property or at school related events.
- A dangerous weapon includes, but is not limited to, a gun, rifle, knife, bomb or other similar device, machete, razors and/or razor blades, as well as those objects which the student intends to use or which may be used as a dangerous weapon, including but not limited to, sling shots, firecrackers, live bullets, brass knuckles, lighters, screwdrivers, metal stud bracelets and matches.

The local police and the school principal will be notified immediately if:

- A student is in possession of a dangerous weapon, such as a gun or knife;
- A student appears on school property with a dangerous weapon and presents immediate danger to self, other students or staff; and/or
- A student claims to have a weapon and won't give it up when asked.

If a student is found to be in possession of a dangerous weapon, Bi-County Collaborative staff will remove the item immediately and deposit it with a supervisor, who will immediately notify the Executive Director. In addition, staff shall report the incident in writing to their immediate supervisor, and this report will be immediately provided to the Executive Director. The provisions of M.G.L. c. 71, § 37L in regards to further reporting, assessing, and counseling, will be followed.

NOTE: Violations of the weapons policy can result in out-of-school suspension/expulsion and/or may result in a recommendation of an alternate placement or termination of services.

Promoting Positive Student Conduct

Promoting Positive Student Conduct

The Bi-County Collaborative is committed to promoting positive student conduct. In conjunction with classroom rules, positive behavioral intervention, behavior support plans, and clinical intervention, our programs are designed to maintain safety and to foster a climate of mutual respect for the rights of others. Throughout the school day students are taught that they are responsible for conducting themselves in a manner that is acceptable for the school environment.

We look to each student to contribute positively to the school environment by making the effort to learn the skills and by conducting themselves in alignment with the following:

- Exercise self-control
- Use courteous language
- Utilize appropriate staff to help resolve conflict with peers
- Be appropriately dressed and groomed
- Demonstrate a positive attitude
- Be a role model
- Be polite
- Be cooperative
- Respect the rights and feelings of others
- Act in a manner that does not disrupt others
- Treat others with courtesy and respect (i.e., put oneself in the place of other person, whether that person is another student, teacher, parent, community person, administrator, lunchroom or custodial worker, or any other person in the school).
- Take responsibility for school property
- Respect the school building, grounds, and property
- Keep school grounds free from trash
- Support the learning process
- Attend all classes regularly and on time
- Be prepared for class (i.e., bring assignments, books, and supplies)
- Listen carefully to instructions
- Participate in class activities

Restraint Prevention & Behavior Support Policy & Procedures

Overview

The Bi-County Collaborative (“BICO”) seeks to ensure that every student is free from the use of physical restraint that is inconsistent with the requirements of 603 C.M.R. 46.00. Physical restraint is an emergency measure of last resort. It may be administered only when necessary to protect a student and/or school community member from assault or imminent, serious physical harm. When, based on this standard, physical restraint is necessary, staff will strive to prevent or minimize any harm to the student as a result of the use of physical restraint. A separate policy, BICO’s Crisis Intervention Policy and Procedures, provides a description of alternatives to physical restraint as well as methods to prevent student violence, self-injurious behavior, and suicide, including de-escalation techniques and individual crisis planning.

Mechanical Restraint: the use of any device or equipment to restrict a student’s freedom of movement. The term does not include devices implemented by trained school personnel, or utilized by a student that have been prescribed by an appropriate medical or related services professional, and are used for the specific and approved positioning or protective purposes for which such devices were designed.

Medication Restraint: the administration of medication for the purpose of temporarily controlling behavior. Medication prescribed by a licensed physician and authorized by the parent for administration in the school setting is not medication restraint.

Physical Escort: a temporary touching or holding, without the use of force, of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is agitated to walk to a safe location.

Physical Restraint: direct physical contact that prevents or significantly restricts a student’s freedom of movement. Physical restraint does not include: brief physical contact to promote student safety, providing physical guidance or prompting when teaching a skill, redirecting attention, providing comfort, or a physical escort.

Program Director: under this policy, BICO’s Program Director or designee serves in the capacity of “Principal” as that term is used in 603 C.M.R. 46.00.

Prone Restraint: a physical restraint in which a student is placed face down on the floor or another surface, and physical pressure is applied to the student’s body to keep the student in the face-down position.

Seclusion: involuntary confinement of a student alone in a room or area

Overview, con't

from which the student is physically prevented from leaving. Seclusion does not include a time-out as defined below.

Time-Out: a behavioral support strategy, developed pursuant to 603 CMR 46.04(1), in which a student temporarily separates from the learning activity or the classroom, either by choice or by direction from staff, for the purpose of calming.

Documentation and Requirements for the use of Time-Out

When a student's behavior requires separation in a room apart from the group or program activity, such as time out, BICO staff follow the Crisis Prevention Intervention Policy & Procedures which includes the following: a staff member will be present and the student will be observed at all times, staff shall be with the student or immediately available to the student at all times, if a time out area has a door it will remain opened, it will not be locked, the space will be clean, safe, sanitary, and appropriate for the age of the student and for the purpose of calming. Time out will be documented in the student's behavioral data log. Documentation will include the date, length of time out (start and end time), behavior preceding the need for time out, and staff member(s) observing the student during the time out.

Time-out may be used only for the purpose of calming, it must be terminated as soon as the student has calmed, and it may not extend beyond thirty (30) minutes without the approval of the Program Director. The Program Director may grant an extension beyond thirty (30) minutes based only on the individual student's continuing agitation.

Time-Out May NOT Exceed 30 Minutes without Approval

For a time-out to exceed 30 minutes, based on the student's continued agitation, approval from the Program Director or School Adjustment Counselor must be obtained. Staff members involved contact or have someone else contact their Program Director or School Adjustment Counselor for guidance in the further management of the situation. The Program Director or School Adjustment Counselor may decide to contact the Parent to confer on the matter. Time-Outs which exceed 30 minutes are documented in an Incident Report. The Incident Report form shall include the date, time, and location of the time-out, the specific behavior preceding the time-out, follow up procedures and all requirements noted above.

A student may not be involuntarily confined alone in a room or in an area from which the student is prevented from leaving, as this would constitute seclusion, which is prohibited at all times.

Chemical restraint, mechanical restraint and seclusion are prohibited in all BICO programs.

Legal Standard for Use of Physical Restraint

Neither 603 C.M.R. 46.00 nor this policy prohibits: (1) any teacher, employee or agent of BICO from using reasonable force to protect students, others or themselves from imminent, serious, physical harm; (2) any individual from reporting to appropriate authorities a crime committed by a student or other individual; (3) law enforcement, judicial authorities or school security personnel from exercising their responsibilities, including the physical detainment of a student or person alleged to have committed a crime or posing a security risk; or (4) an individual from reporting neglect or abuse to the appropriate state agency, pursuant to M.G.L. c. 119 § 51A.

Physical restraint is an emergency procedure of last resort. This means that it may be used only when the student’s behavior poses a threat of assault or imminent, serious, physical harm to self and/or others; *and* the student is not responsive to verbal directives or other lawful and less intrusive behavior interventions, or such interventions are deemed to be inappropriate under the circumstances.

Physical restraint may never be used for punishment. Physical restraint may not be used as a response to a student’s property damage, disruption of school order, refusal to comply with rules/directions, or verbal threats, unless the above harm standard is also met.

Physical restraint may not be used as a standard response for any student. No IEP or written behavioral plan may include physical restraint as a standard response to any behavior.

Safety and Physical Restraint

Safety and Physical Restraint

To ensure student safety, staff will review and consider a student’s medical and psychological limitations, known or suspected trauma history, and/or behavior intervention plans. Physical restraint will not be used when it is medically contraindicated for reasons including, but not limited to, communication-related disorders, asthma, seizures, cardiac condition, obesity, bronchitis, or risk of vomiting.

During a physical restraint, staff will continuously monitor the student’s physical status, including skin temperature, color and respiration, and make certain that the student is able to breathe and to speak. Staff will use the safest physical restraint method available and appropriate for the situation, and will use only the amount of force necessary to protect the student or others from physical injury or harm. Whenever possible, another adult who is not a participant in the restraint will witness the administration of the restraint.

When physical intervention becomes necessary, staff members must provide positive psychological conditions, by employing the following suggestions:

- Remain calm;
- Provide one adult to communicate verbally with the student;
- Reduce confusion; and
- Practice non-verbal communication (quality of touch, a non-

confrontational approach).

In any situation that requires physical intervention, staff members not directly involved with the situation must assume responsibility for maintaining order and reassuring other students. In extreme situations, the student can appear out of control and reach a point where physical assistance cannot help. In this type of situation, staff members exercise movement deflection, and evasive tactics, until they can approach the student safely. Extreme situations require the staff member to notify the Program Director, Director of Clinical Services, or Executive Director immediately. If a life-threatening situation develops (display of a weapon or placing a staff member in physical peril), contact the police immediately (dial “911”).

Description of physical restraints used in emergency situations

Description of physical restraints used in emergency situations:

***Children’s Control Position/Basket hold:** Is designed to be used with children. You should consider using this position only with individuals considerably smaller than yourself.

Gain control of the child’s arms from behind and cross the arms in front of the child. The arms should be positioned high on the child and secured by locking one arm under the other. This will prevent the child from slipping through and will minimize any pressure on the child’s chest or abdomen. Position yourself behind the child while maintaining close body contact and standing to one side. This position allows you to maintain a balanced stance while managing the child.

***Team control position:** Is used to manage individuals who have become dangerous to themselves or others. Two staff members hold the individual as the auxiliary team member(s) continually assess the safety of all involved and assist, if needed. During the intervention, staff members who are holding the individual should:

- Face the same direction as the acting-out person while adjusting, as necessary, to maintain close body contact with the individual.
- Keep their inside legs in front of the individual.
- Bring the individual’s arms across their bodies, securing them to their hip areas.
- Place the hands closest to the individual’s shoulders in a C-shape position to direct the shoulders forward.

*(Taken from Non-Violent Crisis Prevention Intervention Manual, 2012 reprinted 2013)

Prone and Floor Restraints

Prone and Floor Restraints

Prone restraints are prohibited, except on an individual basis and when all of the following conditions, which require specific documentation, are met: (1) the student has a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff; (2) all other forms of physical restraint have failed to ensure the safety of the student and/or others; (2) there are no medical contraindications, as documented by a licensed physician; (4) there is psychological or behavioral justification for the use of prone restraint and no psychological or behavioral contraindications, as documented by a licensed mental health professional;

**Prone and
Floor
Restraints,
continued**

(5) the program has obtained consent to use prone restraint in an emergency as set out in 603 CMR 46.03(1)(b), and the use of prone restraint is approved in writing by the Program Director; and (6) the program has documented all of the above before using prone restraint and maintains the documentation. The only staff authorized to administer a prone restraint are staff who have received in-depth restraint training in accordance with 603 C.M.R. 46.04(3).

Floor restraints are prohibited unless the staff administering the restraint have received in-depth training in accordance with 603 C.M.R. 46.04(3), and these trained staff members determine that such method of restraint is required to provide safety for the student or others.

Duration of Physical Restraint

A physical restraint must be terminated as soon as the student is no longer in immediate danger to himself or others, or the student demonstrates or expresses significant physical distress (e.g., difficulty breathing, sustained or prolonged crying, sustained or prolonged coughing). If a student demonstrates or expresses significant physical distress, staff will release the restraint and seek medical assistance immediately.

For any student to be restrained for more than twenty (20) minutes, staff must obtain Program Director’s approval. The Program Director’s approval to extend restraint beyond twenty (20) minutes must be based on the student’s continued agitation justifying the need for continued restraint.

The Program Director must also make an administrative or clinical decision about further steps to assist the student. These steps include, but are not limited to, contacting the parent/guardian, student’s psychotherapist, or other medical or community help organizations.

Follow-up with Individuals Involved

Follow-up procedures will be implemented after the release of the student from physical restraint. These will include reviewing the incident with the student to address the precipitating behavior, reviewing the incident with staff who administered the restraint to discuss whether proper restraint procedures were followed, and considering whether any follow-up is appropriate for students who witnessed the incident.

**Restraint
Prevention
Discussion**

Restraint Prevention Discussion

Regular home–school communication between program staff and parents is an essential component of our work together. BICO welcomes and encourages parents and students to engage in discussion to prevent the need for restraint. IEP Teams work together to establish positive behavioral intervention and support for students when appropriate. Functional Behavior Assessment is used to design positive behavior intervention and support plans and includes discussion and input from therapists, behavior specialists, teachers, clinical staff, program directors, parents, and students when it is appropriate. Measures are always taken to ensure the least restrictive course of intervention and prevent physical restraint except for emergency

situations. Parents are an integral part of discussions regarding behavioral support and restraint prevention.

All physical restraints, regardless of duration, will be reported. There are no individual waivers permitted for restraint reporting requirements. BICO's restraint report form provides an opportunity for parents and students to request a meeting with an administrator to review the incident of physical restraint and/or provide comments.

Reporting with School and to Parents

Reporting with School and to Parents

The reporting process within the school and to the student's parents is as follows: The staff who coordinate the physical intervention assumes the responsibility to immediately verbally inform the Program Director. The teacher will make reasonable efforts to verbally inform the student's parents or guardians within 24 hours of the restraint.

The staff member who coordinates the physical intervention assumes the responsibility for completing the Physical Restraint Report form **by the close of the school day. This report is to be emailed to the Program Director before the staff member leaves work for the day.**

This report is submitted to the Program Director, who signs it, and also:

- submits the report to the Program Director for Clinical Services and/or Executive Director or designee for signature before placing the report in the student's file;
- ensures that a copy of the report is sent to the parents/guardians by email or mail, postmarked no later than three (3) school working days following the use of restraint. In cases where parents are not living together, but have joint legal custody, each parent should receive a copy of the report; and;
- ensures that a copy of the report is sent to the Special Education Administrator of the school district that is responsible for the student's education plan.

Reporting to DESE

Reporting to the Department of Elementary and Secondary Education

The reporting process to the Department of Elementary and Secondary Education (DESE) is as follows: BICO will report to DESE all restraints that result in injury to either a student or a staff member within three (3) working days of the restraint. BICO will also send the Department a copy of the records of physical restraint maintained by the Program Director pursuant to 603 CMR 46.06 (2) for the 30-day period prior to the date of the reported restraint. Additionally, BICO will provide DESE with an annual report of its physical restraint use.

Restraint

Review of Restraint

Two types of administrative reviews will be conducted in regards to the use of physical restraint. The Program Director will conduct a Weekly Individual Student Review and a Monthly School-Wide Review. The principal or director or his/her designee shall maintain an on-going record of

Review

all reported instances of physical restraint, which shall be made available for review by the parent or the Department upon request.

Weekly Individual Student Review

A Weekly Individual Student Review will be conducted in regards to any student who has been restrained multiple times during the week. The Program Director will convene a review team to assess the progress and needs of any such student, with the goal of reducing or eliminating future restraint. This team will review and discuss the written restraint reports, analyze the factors that led to the restraint, consider the factors that may have contributed to the escalation of the student's behavior, and develop a written action plan.

Monthly School-wide Review

A Monthly School-Wide Review will also be conducted by the Program Director. In this review, the Program Director will consider patterns of restraints, number of restraints, duration of restraints and any injuries caused by restraints. The Program Director will assess whether the restraint prevention and management policy needs to be modified and/or whether there is a need for additional staff training on restraint reduction and restraint prevention strategies.

General Training

General Training

The Program Director will ensure that all staff receive training on BICO's Restraint Prevention and Behavior Support Policy and Procedures and the requirements for the use of restraint. This training will comply with the requirements of 603 C.M.R. 46.04(2).

In-Depth Training

In-Depth Training

The Program Director will identify and authorize certain staff to serve as a school-wide resource to assist ensuring the proper administration of physical restraint. These identified staff will participate in an in-depth training that complies with the requirements of 603 C.M.R. 46.04(3) and 603 C.M.R. 46.04(4).

Procedure for Receiving and Investigating Complaints

Complaints

Any individual with concerns or a complaint regarding the use of physical restraint should report it to the attention of the Program Director, the Program Director of Clinical Services and/or the Executive Director. The Executive Director will order an investigation of the incident leading up to the physical restraint including a full review of the restraint report, physical techniques utilized, and of the space in which the physical restraint occurred. A final report will be provided to the Executive Director who will determine the necessary program modifications, remedial actions, or disciplinary actions to be taken. The Complainant will be notified of results of the investigation and proposed actions.

Runaway Students

Runaway Students Process & Procedure

The definition of a runaway student is any student who leaves the grounds of the School without staff permission, whether with staff knowledge or without. In the case of a runaway student, the following steps are to be followed:

- If a student leaves school grounds without permission, staff members will shadow the student from a safe distance if possible.
- Another staff member will notify the Program Director immediately.
- If this occurs in a host school district, a BICO staff member will notify the main office and building principal immediately.
- Any staff that feels a student is in imminent danger to harm self or others should use good judgement: call 911 / notify local authorities prior to notifying the Program Director or his/her designee.
- The Program Director will notify the Executive Director, the family of the student, and the sending school district.
- If a student is unaccounted for, staff will conduct an immediate building search. BICO staff are to notify the main office, building principal, and Program Director.
- If the student is not found the police/911 will be called.
- A written incident report will be placed in the student's record. The incident report will be sent to parent/guardian and sending school district.
- If a runaway student is not located, the Program Director notifies the Executive Director. The Executive Director follows procedural requirements to notify the Department of Elementary and Secondary Education by telephone and in writing using Form 2.

School Building Student Code of Conduct

School Building Student Code of Conduct

All students are expected to meet the requirements for behavior as identified in the school district handbook, unless otherwise determined through the special education TEAM process. State and federal special education and civil rights laws require that additional provisions be made for students who have been found by an evaluation TEAM to be eligible for special education or whose program is described in an Individualized Education Plan (IEP). The IEP will indicate whether the student is able to conform his/her behavior to the regular discipline code or if a modification is required. If a modified disciplinary code is required, it will be written into the IEP.

Search and Seizures

Lockers, cubbies, desks, laboratory tables, school computers and the like are the property of the Collaborative, and students have no expectation of privacy when storing or placing items in/on this property. Therefore, the Collaborative has the right to search these at any time for any reason.

Property belonging to a student such as a backpack, handbag, and/or cell phone or the student him/herself may be searched if Collaborative staff member has a reasonable suspicion that the student has evidence of a crime or an infraction of the discipline code in his/her personal property or on his/her person. Likewise, a Collaborative staff member may search a student and/or his/her personal property if the student consents to such a search.

Parents of students under the age of 18 should be notified of the search of their child within twenty-four (24) hours after the search has occurred.

Refusal to comply with a search will result in suspension. The police may be called if the purpose of the search was to find evidence of a crime, a weapon and/or a controlled substance.

Supervision of Students

Supervision of Students

Students shall be supervised by staff at all times while engaged in any program related activity on and off school grounds.

Arrival and Dismissal:

All available staff will be outside at the designated bus area at the beginning and end of the day.

Staff will monitor and assist students on and off transportation as needed.

No students should enter or exit buses without a staff member present.

Playground:

A minimum of two staff will be on the playground when students are outside.

Students who require 1:1 staffing for safety reasons shall have an accompanying staff.

Vans:

- In addition to the driver, an additional staff member will accompany students while in Collaborative- owned vehicles; any exceptions to this provision must be authorized in advance by the Program Director in writing and a copy forwarded to the Executive Director.
- Students who require 1:1 staffing for safety reasons shall have an accompanying staff.

Community Sites:

- At community sites, staff: student ratios will be a maximum of 1:3.
- Students who require an increased level of supervision will be provided with the staffing that meets their safety needs.

Restrooms:

- If a student is independent in toileting, staff will monitor from outside the lavatory.

If the student is not independent, staff will provide assistance as outlined in the individual student's toileting program.

Transportation Policy

Overview

The following policies and procedures have been developed and are to be

disseminated in each student's registration and yearly enrollment packet to ensure safety and reasonable behavior on the bus. Students violating any of these rules will receive a written warning from the transportation company as well as school officials.

Students' Responsibilities

1. Students are transported under the authority of the driver.
2. Students will be on time for pick-up at home and departure from school.
3. Students will use acceptable language.
4. Students will converse in normal tones; loud or vulgar language is prohibited.
5. Students will act in a courteous manner.
6. Students will refrain from excessive mischief.
7. Students will refrain from violating safety procedures, i.e., standing while being transported, not using a seat belt, getting off the bus other than at one's stop.
8. Students will not extend their hands, arms or heads from the vehicle.
9. Students will not open or close the vehicle windows without permission of the driver.
10. Students must refrain from damaging the vehicle and will keep it clean.
11. Students will refrain from eating on the bus.
12. Students will not smoke on the bus.
13. Students will sit in available seats or as assigned by the driver.
14. Students will enter and exit vehicles at their designated stops only.

Students who refuse to promptly obey the directions of the driver or refuse to obey rules and regulations shall be subject to disciplinary action by the appropriate special education personnel.

Upon receipt of a student's third (3rd) warning, additional consequences will be invoked including, but not limited to, a meeting with the Special Education Administrator, Program Director (or designee), transportation authorities, parents and student.

The student's IEP team will be immediately convened as a result of the following student behaviors:

- Acts of physical aggression
- Destruction of property

Transportation Policy, Continued

Parents’ Responsibilities

The responsibility of transporting students to and from school each day requires the cooperation of the parents of the students transported. A complete understanding of the parents’ vested interest in school transportation is very helpful in aiding the school administrator or school committee to maintain a successful transportation program.

1. Cooperate with school authorities and drivers in promoting efficient transportation services.
The purpose of school transportation is to provide safe, efficient, comfortable and economical transportation for those students living beyond walking distance to the school.
2. Students shall be picked up and returned to their designated stops only.
3. In cases where parents wish to take students home from school, arrangements should be made before the vehicle begins its afternoon run. In no case should parents stop for the purpose of removing their children.
4. Make suggestions in writing to the transportation company and school for the improvement of school transportation.
5. Use your influence in having roads improved.
6. Insure the cooperation of children with the authorities responsible for transportation. Parents should understand that students riding on school transportation vehicles must obey all regulations governing school transportation or shall be subject to disciplinary action by the Director of Special Education (or designee), Program Director (or designee).
7. Complaints regarding routing should be referred to the appropriate Director of Special Education.
8. Complaints regarding discipline and other matters should be referred to the Program Director or designee.
9. To listen to appropriate radio stations to determine when school is cancelled.
10. To notify the appropriate transportation provider when your child will be absent from classes on a given day.

Videotapes/Supplementary Materials: Selection and Use

Definition

Supplementary materials will be defined as any instructional materials other than textbooks, including but not limited to, books, periodicals, newspapers, press cuttings, pictures, diagrams, maps, charts, photo-copies and microfilms, slides, filmstrips, film loops, films, records, audiotapes, videotapes and computer programs.

Purpose

BICO Collaborative believes that the availability of a carefully selected and widely varied collection of supplementary materials enhances students' opportunity to acquire knowledge, to learn how to learn, and to learn for self-knowledge, and to learn for self-cultivation.

The selection of videotapes and materials used in the classroom will be the responsibility of the classroom teacher. The approval of all such selections will be the responsibility of the Program Director through the weekly lesson plan reviews and the completion of *Video Viewing Forms*.

Goals

All videotapes and supplementary material will be selected on the basis of its contribution to the attainment of following goals:

- To provide materials that will enrich and support the students' curriculum, taking into consideration the maturity levels, abilities and varied interests of the students served
- To provide materials that will stimulate knowledge, growth, literary appreciation, aesthetic values, ethical standards and leisure-time reading
- To provide information to help students make intelligent judgments
- To provide materials on opposing sides of controversial issues so that students may develop, under guidance, the practice of critical reading and thinking
- To provide materials representative of the many religious, ethnic and cultural groups that have contributed to the American heritage
- To provide material that will positively reinforce behavior management programs

Videotapes/Supplementary Materials

Selection and Use, Continued

Video Selection

1. Elementary teachers may select *only G rated movies* as they relate to the weekly lesson plans.

Middle school and high school teachers may select *only G and PG rated movies* as they relate to the weekly lesson plans.
 - A written purpose must be approved by the Program Director to show a video rated other than G, PG or a non-rated video.
 - Written approval from the Program Director is required prior to showing any movie that is rated other than G or PG.
 - Once a video is approved by the BICO Collaborative, prior written approval is required from parents of those students who are to view the video.
2. All teachers are expected to keep a file consisting of ALL the movies they show as well as those students viewing the movie. This file must also contain any approval forms from the Program Director and parent consent forms.
3. The ultimate responsibility of showing videos is that of each classroom teacher. If, at any time, a film is not serving its intended purpose, it needs to be shut off.
4. It is the responsibility of teachers to be aware of and adhere to parental wishes as they impact on their child's viewing of the selected video.

Chapter 4: Students At Risk

Overview

Students can experience a variety of health-related difficulties. Possibilities of child abuse and neglect, sexual abuse, and suicidal tendencies, however, represent issues of special concern. Teachers and staff members, while interacting with students on a daily basis, develop a unique awareness of changes in the student's personality and behavior. And, as adults, they can combine these perceptions with an ability to report indications or suspicions of these conditions in a timely manner.

The following material describes procedures when abuse or suicidal behavior is suspected. For information about first aid and emergency health procedures, refer to Chapter 6 , Emergency Healthcare.

The following subjects are covered in this chapter:

- ◆ Child Abuse and Neglect
- ◆ Drugs/Alcohol Policy
- ◆ Warning Signs and Symptoms – Substance Abuse
- ◆ Suicide Awareness
- ◆ Health-Related Concerns

Child Abuse and Neglect

Required Reading

See Appendix for the following comprehensive documents provided to further your understanding of this most essential topic:

- DCF: “Child Abuse Hurts Us All”
- Massachusetts General Laws Chapter 119, §51A, B, C & D.

Mandated Reporters

The General Laws of Massachusetts (Chapter 119, Section 51A) **require** that personnel working with children report suspicions of child abuse to the appropriate authority. In summary, the law states that:

- **Teachers, paraprofessionals, nurses, administrators, social workers or any person paid to care for or work with a child in any public facility who has *reasonable cause to believe* that a child under age eighteen is suffering serious physical, emotional or sexual abuse and/or neglect MUST report that suspicion to the Department of Children and Families in a 51A report or be liable to a \$1,000 fine.**
- **Report suspected student abuse or neglect for students over the age 18 to the Disabled Persons Protection Commission (DPPC) (1-800-426-9009). See DPPC form in Appendix D-5 and D-6.**

Teachers and staff members must take the following steps when they suspect abuse or neglect of a student.

NOTE: This procedure applies to physical and sexual abuse, as well as neglect.

Procedure: Suspecting Child Abuse and Neglect

- **Step 1:** When a teacher or staff member suspects abuse of a student, notify a supervisor immediately.
- **Step 2:** A supervisor, or a designated representative, makes an oral report to the Department of Social Services (DCF).
- **Step 3:** A supervisor, or a designated representative, informs the parents of the filing (if possible).
- **Step 4:** A reporter (teacher, director, nurse, or other staff member familiar with the situation) completes the written, state-designated 51A form within 48 hours of the oral report (Appendix contains a sample form)
- **Step 5:** A supervisor, or a designated representative, places the 51A filing in the student’s file.
- **Step 6:** A supervisor, or a designated representative, notifies the Special Education Director in the student’s community.
- **Step 7:** The supervisor or designated representative notifies the Department of Elementary and Secondary Education using Form 2 and any other state agencies as required by law or regulations (EEC, DDS, DMH) when a report is filed against the program or its employee(s) or students(s). Reporting of suspected abuse or neglect for students over the age of 18 is made to the Disabled persons Protection Commission.
- **Step 8:** DCF issues a written report (within 60 days of receipt of the written report) after completing the 7-day investigation period.

Child Abuse and Neglect, Continued

Where to Call

The Department of Children and Families (DCF) is the state agency mandated to receive and respond to reports of child abuse and neglect. Once the suspicion of child abuse or neglect has been reported to the Program Director (or Director of Clinical Services, or Executive Director), an oral report is made to DCF, which is able to respond to reports 24 hours a day.

Monday – Friday between 9 a.m. and 5 p.m., call the DCF area office of the town in which the child resides (see Appendix).

After 5 p.m. and on weekends, call the toll-free 24-hour Child-At-Risk Hotline (1-800-792-5200).

Making a Report of Child Abuse

When you telephone a DCF Protective Screening Unit to make a report of possible child abuse or neglect, you will be asked to give, to the fullest extent possible, the following information:

1. The name, address, present whereabouts, sex, and date of birth or estimate age of the reported child or children and of any other children in the household.
2. The names, addresses, and telephone numbers of the child's parents or other persons responsible for the child's care.
3. The principle language spoken by the child and the child's caretaker.
4. Your name, address, telephone number, profession and relationship to the child. (Non-mandated reporters may request anonymity.)
5. The full nature and extent of the child's injuries, abuse or neglect.
6. Any indication of prior injuries, abuse or neglect.
7. An assessment of the risk of further harm to the child and, if a risk exists, whether it is imminent.
8. If the above information was given to you by a third party, the identity of that person, unless anonymity is requested.
9. The circumstances under which you first became aware of the child's alleged injuries, abuse or neglect.
10. The action taken if any, to treat, shelter or assist the child.

Remember that mandated reporters must follow up a verbal report by a written report within 48 hours.

How DCF Responds to Reports of Child Abuse

Emergency reports are investigated within 24 hours, and all others within 7 days. If the investigating social worker determines that the child is abused or neglected, then the report is "substantiated". A service plan will be developed, and the family will receive services.

DCF makes the decision as to whether it will investigate the report or not. We do not decide if it is abuse, that is the job of the investigator.

Child Abuse and Neglect, Continued

Indicators of Child Abuse

Teachers and staff members can use three categories of behavior to confirm suspicions of abuse or neglect:

- Physical
- Behavioral
- Neglect

NOTE: Sexual abuse usually carries different indicators, as explained in the following section.

Physical Indicators of Child Abuse

The following injuries and conditions are often seen in cases of abuse or neglect. These warning signals or indicators should be considered in light of explanations provided, medical history (especially if inconsistent), and the developmental abilities of the child to engage in activities that might have caused the injury. A teacher or staff member may observe the following conditions that could indicate physical abuse:

- Bruises and welts
- Burns
- Lacerations and abrasions
- Skeletal injuries
- Head injuries (including missing hair, loose or missing teeth)
- Complaints of internal pain

Behavioral Indicators of Abuse

Children who are abused physically or emotionally display certain types of behavior. Many of these are common to all children at one time or another, but when they are present in sufficient number and strength to characterize a child's overall manner, they may indicate abuse. More than simple reactions to abuse itself, these behaviors reflect the child's response to the dynamics of the family. Children learn to deny, suppress or exaggerate parts of themselves as they struggle to get their needs met the best way they can in a disturbed, stressful household. These learned survival mechanisms become a child's "mode of operation" used to cope with the world at large.

Child Abuse and Neglect, Continued

Behavioral Indicators of Child Abuse, (cont'd)

The behaviors, which characterize abused children, fall into four categories:

- ◆ **Extreme aggressiveness, rage, attention-seeking behavior,** sometimes hyperactive, caused by the child's repeated frustrations at not getting basic needs met. The child has adapted by seeking to provoke the needed attention with whatever behavior it takes to get the attention.
- ◆ **Overly compliant and/or passive, undemanding behaviors** aimed at maintaining a low profile, avoiding any possible confrontation with a parent which could lead to abuse. The child has adapted to the abusive situation by trying to avoid any behavior which the abusive parent notices at all.
- ◆ **Role-reversed "parental" behavior, or extremely dependent behavior.** Abusive parents have been unable to satisfy certain of their own needs appropriately and so turn to their children for fulfillment, which can produce two opposite sets of behavior in the children. If a parent needs parental attention, the child may be expected to assume this task, and become inappropriately adult and responsible. Other parents, with a need to keep their child dependent, will produce clinging, babyish behavior in the child long after a child in a healthy family would become more self-reliant.
- ◆ **Lags in development.** Children who are forced to siphon off energy, normally channeled towards growth, into protecting themselves from abusive parents, may fall behind the norm for their age in toilet training, motor skills, socialization and language development. Developmental lags may also be the result of central nervous system damage caused by physical abuse, medical or nutritional neglect or inadequate stimulation. There may, of course, be organic or congenital causes for such lags in development.
- ◆ Changes in eating, sleeping and/or mood patterns

Ultimately, a list of specific behaviors to identify child abuse is useful only if the family dynamics that produce those behaviors are clearly understood. Notification to the Program Director, if staff observe these indicators, is essential for this process to be effective.

Child Abuse and Neglect, Continued

Indicators of Child Neglect

In some cases, the student may demonstrate a lack of parental care, and lead the teacher or staff member to suspect neglect. Specifically, the student may:

◆ **Lack of Supervision Appropriate to Age:**

Very young children left unattended.

Children left in the care of other children too young to protect them.

Children inadequately supervised for long periods of time or when engaged in dangerous activities.

◆ **Lack of Adequate Clothing and Good Hygiene:**

Children dressed inadequately for the weather.

Persistent skin disorders resulting from improper hygiene.

Children chronically dirty and unbathed.

◆ **Lack of Medical or Dental Care:**

Children whose needs for medical or dental care or medication and health aids are unmet.

◆ **Lack of Adequate Nutrition:**

Children lacking sufficient quantity or quality of food.

Children consistently complaining of hunger or rummaging for food.

◆ **Lack of Adequate Shelter:**

Structurally unsafe housing or exposed wiring.

Inadequate heating.

Unsanitary housing conditions.

In identifying neglect, be sensitive to:

Differing cultural expectation and values.

Differing child-rearing practices.

Issues of poverty vs. neglect. Neglect is not necessarily related to poverty; it reflects a breakdown in household management, a breakdown of concern for and caretaking of the child.

Child Abuse and Neglect, Continued

Defining Sexual Abuse Indicators

Although the behavior of a sexually abused student may resemble the physical, behavioral, and neglect indicators, sexual abuse carries with it specific behavior patterns:

- ◆ Extreme shifts of emotion or mood
- ◆ Increased fears or phobia
- ◆ Adult-like or immature actions
- ◆ Absence from school
- ◆ Change in grades
- ◆ Use of age-inappropriate sexual terminology
- ◆ Precocious sexual play
- ◆ Refusal of physical contact or touching
- ◆ Use of sexual gestures or terminology inappropriate to social setting on an increased or more frequent basis

Retaliation Against Reporters

Section 51A of the General Laws states that no employer of those persons required to report pursuant to this section shall discharge, or in any manner discriminate or retaliate against, any person who in good faith makes such a report, testifies or is about to testify in any proceeding involving child abuse or neglect.

DCF Suggested Reading & Audio-Visual Materials

The Appendix lists written and viewing materials for staff to further study of this area. ***These are suggested only for use as professional resources to assist in our work with children. Any use of these materials with students requires prior written approval of the Executive Director.***

Drugs/Alcohol Policy

Overview

Massachusetts General law prohibits students from possessing, ingesting, selling or distributing alcohol, prescription, non-prescription or street drugs on school property or at school events. This is, therefore, the policy of BICO Collaborative. The use of drugs and/or alcohol will not be tolerated in school or at school events. If a student is involved in, or reasonably suspected of being involved in, a drug or alcohol related activity, immediate action will be taken.

*If a student is suspected to be under the influence or is in possession of drugs or alcohol, the Program Director or designee will search the Student and if found in possession local police, parents/guardians, and sending school district will be notified. Appropriate disciplinary measures, such as suspension, will be implemented.

*If a student is suspected of being under the influence of drugs or alcohol, the student will be sent to the school nurse and a determination will be made as to whether the student is intoxicated or under the influence of drugs or alcohol. If so, the parents/guardians will be called to pick up their child. In the event that a student is incoherent or nonfunctional, an emergency "911" call will be placed on the student's behalf.

The IEP Team will be reconvened to:

- Review behavior support and intervention plans
- Review whether the student's needs may continue to be met in the current school placement

BICO Collaborative's specific drugs and alcohol policies depend on the student's level of involvement. These levels include:

- Possession, selling or distribution of drugs or alcohol
- Physical impairment or unconsciousness
- Disorientation or impaired faculties

Procedures for Handling Incidents

Related to the Possession, Use, Selling or Distribution of Drugs/Alcohol

Possessing drugs or alcohol and/or selling or distributing drugs or alcohol on school property violates school policy and state laws. In order to handle these situations, the staff member must implement these steps:

- Step 1: Notify Program Director, other Collaborative supervisor.
- Step 2: Student is asked to empty pockets with witness present.
- Step 3: If drugs or alcohol and/or drug or alcohol related items are found, school principal and *police will be notified.*
- Step 4: Parent/guardian and school district Special Education Director are contacted.
- Step 5: Student receives a home time out for the remainder of the day with parent/guardian or responsible adult.
- Step 6: The IEP Team will be reconvened to review the student's status and the ability of the BICO Collaborative to meet the student's needs.

Drugs/Alcohol Policy, Continued

**Actions
Related to
Paraphernalia
Offenses**

Any student found to be in possession of, or having brought paraphernalia to any BICO Collaborative program will be subject to the following action:

- Step 1:** Staff member will **notify the Program Director** or other Collaborative Supervisor
- Step 2:** The BICO Collaborative team will determine what, if any, action on the outcome planning process is necessary to ensure the safety of all students and staff.
- Step 3:** The Program Director, or his/her designee, will contact the parent/guardian; following consultation with the school principal and other Collaborative Supervisor, the Program Director will determine the advisability of contacting *the local police*.
- Step 4:** The Program Director, or his/her designee, will immediately **convene a BICO Collaborative review meeting**. The Program Director will determine the composition of the team.

The following may occur as deemed necessary by the BICO Collaborative team:

- Step 1:** A home time out for the remainder of the day under adult supervision.
- Step 2:** Notifying the school district Special Education Director.
- Step 3:** Reconvening the IEP team to review the student's emotional/psychological status and the need to revise goals, objectives and/or placement/services.
- Step 4:** Implementation of counseling services specific to the incident.

Drugs/Alcohol Policy, Continued

Physical Impairment or Unconsciousness

Hallucinations, extreme delusions, or unconsciousness indicate the most serious level of drug or alcohol abuse. Such warning signs call for immediate response, and the staff member should:

- **Contact the school nurse** immediately and request that the nurse or office staff call an ambulance (dial **911**).
- **Notify the Program Director or other Collaborative Supervisor**, who then notifies the parent or caretaker to meet the ambulance at the hospital
- **Inform the school principal** that an ambulance has been called
- **Hold a team meeting** to determine a further course of action and the level of services required.

Disorientation or Impaired Faculties

Disorientation, slurred speech, lack of balance, and dilated or contracted pupils indicate impaired functioning due to alcohol or drug use. The staff member must immediately involve the following steps:

- **Contact the school nurse** who escorts the impaired student to the healthcare office and determines the student's intoxication status.
- **Notify a supervisor**, who contacts the parent or caretaker to claim the student from school immediately.
- **Notify school principal.**
- **Hold a team meeting** to determine a further course of action and the level of services required.

Warning Signs & Symptoms of Substance Abuse

Overview

Staff members who work with students on a daily basis are in a position to make observations of student behavior, which may indicate that a student is at-risk for or has substance abuse problems. By making these observations and bringing them to the attention of the Program Director and School Adjustment Counselor, students at-risk for substance abuse may be identified and resources may be put in place for them.

The following information is not a substitute for consultation with other professionals, such as psychiatrists, pediatricians, substance abuse counselors, and is not meant to be diagnostic. These are *indicators* which, when used with thoughtful consideration and as part of a clinical team effort, may be helpful to the student's health and safety.

School Behavior & Academics

- ◆ Skipping classes
- ◆ Drops out of sports or clubs
- ◆ Suspension/expulsions
- ◆ Frequent visits to the nurse
- ◆ Sleeping in class
- ◆ Frequent trips to the bathroom
- ◆ Cheating
- ◆ Shortened attention span
- ◆ Decreased ability to think, solve problems
- ◆ Change in penmanship
- ◆ Frequent tardiness (especially first class of day)
- ◆ Inconsistent daily work, test grades
- ◆ Drop in grades
- ◆ Change in classroom participation

Mental/Emotional State

- ◆ Extreme apathy
- ◆ Increased irritability
- ◆ Depression
- ◆ Talks about or has attempted suicide
- ◆ Blackouts (period of memory loss)
- ◆ Disoriented to time or place
- ◆ Anxious
- ◆ Forgetful
- ◆ “Numbed out”

Warning Signs & Symptoms of Substance Abuse, Continued

Behavior at Home

- ◆ Money or valuables missing
- ◆ Liquor or prescriptions in the house being taken
- ◆ Increased time spent alone in room
- ◆ Possession of bottles of liquor or drug paraphernalia
- ◆ Breaking curfew, sneaking out
- ◆ Has money, but no job
- ◆ Violence – towards objects or people
- ◆ Erratic sleeping habits (too much or too little)
- ◆ Running away from home

Drug Paraphernalia

- ◆ Hand rolled cigarettes
- ◆ Cigarette papers
- ◆ Roach clips
- ◆ Razor blades
- ◆ Plastic baggies
- ◆ Glassine envelopes
- ◆ Bent/burnt spoons
- ◆ “Inhalant” supplies, i.e. White-Out

Physical Appearance/ Behavior

- ◆ Sores around nose
- ◆ Excessive sniffing
- ◆ Vomiting
- ◆ Flushed face
- ◆ Bloodshot or glassy eyes
- ◆ Rapid speech; slurred speech
- ◆ Staggering, stumbling
- ◆ Pin point or dilated pupils
- ◆ Burns on hands, clothing
- ◆ Hyperactivity
- ◆ Inappropriate giggling
- ◆ Odor of alcohol, marijuana
- ◆ Obscene language, gestures
- ◆ Change in sexual behavior
- ◆ Poor hygiene/wears same clothes, etc.
- ◆ Excessive perspiration
- ◆ Hand tremors
- ◆ “Track marks”

Suicide Awareness

Indications of Suicidal Tendencies

When children feel suicidal or depressed they frequently exhibit physical, emotional or verbal signals. Adults should take action if they notice a child's:

- Dramatic behavior changes that continue for one week or more
- Unrelenting behavior, unrelated to reality

In addition, risk factors appear different for latency-age children and adolescents.

Consider the following risk factors when dealing with latency-age children:

Risk Factors for Latency-age Children

- Suicidal thoughts or actions
- Depressive reactions
- Preoccupation with death
- Low frustration or tolerance
- Sense of being different from peers, and isolated from others
- Aggression and anger directed at themselves and/or others
- Accident-prone behavior
- Belief that death is temporary and pleasant
- Family disorganization and losses
- Abuses (physical, sexual, emotional)
- Frequent physical ailments, e.g. stomachache, headache, fatigue

NOTE: "Latency-age" refers to the psychoanalytic stage of development, from about five years to puberty, when children repress sexual urges and prefer to associate with members of the same sex.

Suicide Awareness, Continued

Risk Factors for Adolescents

Consider the following risk factors when dealing with adolescents:

- Previous suicide attempt or gesture
- Discussion or threats of suicide
- Creation of specific plan to take his/her own life
- Giving away favorite things
- Preoccupation with death
- Knowing or identifying with a suicide victim, and modeling actions on that person's behavior

NOTE: Young persons may feel traumatized after seeing someone commit suicide, or feel guilty because of thoughts that they could have prevented the friend's death.

- Presence of a relative who died by violent means in the family history
- Recent experience of an important loss
- Abuse of alcohol or drugs

NOTE: Alcohol and many drugs depress the central nervous system. Sudden withdrawal from a substance may cause depression.

- Poor impulse control that results in impulsive or violent acts
- Lack of strength to tackle any problem, inability to discover solutions to problems, rejection of opportunities to solve problems, combined with a certainty that suicide represents the only answer
- Perfectionist standards that make the individual self-critical to an extreme
- Feelings that only perfection matters, that death represents a better alternative than anything less than 100%
- Change in hygiene or physical appearance

Suicide Awareness, Continued

Background: Handling Suicidal Students

Teachers and anyone working with children under the age of 18 have an obligation to identify, evaluate and notify the appropriate authorities of any student's intention for suicide or self-inflicted harm. Legally, threats of suicide require school personnel to notify the parents or guardian immediately, and if the parents or guardian refuse to provide care, to file a 51A with DSS.

Students frequently disclose feelings of depression and suicide to a trusted teacher or other professional, and add a request to "keep it confidential". Under the law, school employees have no confidentiality privileges. Even psychiatrists and psychologists *must* alert proper authorities to a student's suicidal wishes, particularly if a "clear and present danger" threatens the individual student or someone else.

When a student requests that a staff member "keep it confidential," the staff member's appropriate response carries the following caveat: *"I can, so long as it does not involve your or another person's safety."*

When students express suicidal thoughts or behavior, the staff member must NEVER leave them alone under any circumstances. Instead, follow three basic steps:

- **Talk** calmly to the student about details of the suicide
- **Call** for supervisor and/or school adjustment counselor
- **Assess** the risk

Procedure: Handling a Suicide Incident

The following procedure enables teachers, and other professionals, to confirm the student's state of mind and to provide suitable assistance.

Step 1: Calmly talk to the student in private.

Step 2: Determine the presence of any dangerous instrument on or near the student's person.

IF...The student is carrying a dangerous weapon

THEN... Gently remove the dangerous weapon instrument of self-harm from the student.

Suicide Awareness, Continued

**Procedure:
Handling a
Suicide
Incident
(cont'd)**

Step 3: Discuss the student's specific plan or idea for suicide.

Step 4: Call for a supervisor and/or school adjustment counselor, but do not leave the student alone.

Step 5: Work with the supervisor or school adjustment counselor to assess the amount of risk that the student's condition reveals:

- Extreme danger
- Imminent danger
- Less imminent danger

Step 6: Define the risk, and make a decision accordingly:

IF... The student refuses to relinquish the dangerous instrument or demonstrates a state of *extreme danger*.

THEN...

- Call police or ambulance (Dial "911").
- Calmly talk and reassure the student until help arrives
- Gently ask the student to relinquish the dangerous instrument
- Request that another staff member remain in the room

IF... The student threatens *imminent danger*

THEN:

- Inform a supervisor and/or school adjustment counselor of the student's condition
- Determine a plan of action with them
- Discuss whether the student's distress results from parent or caretaker abuse, neglect or exploitation (an affirmative conclusion allows a supervisor to call DSS)
- Without appropriate agency intervention, arrange transportation to the hospital emergency room

IF... The student presents *no imminent danger*

THEN... Continue with Step 7

Suicide Awareness, Continued

**Procedure:
Handling a
Suicide
Incident
(cont'd)**

Step 7: Determine whether the student's distress results from parent or caretaker abuse, neglect or exploitation.

IF... The evaluation indicates abuse

THEN... A supervisor calls DSS

IF... The evaluation shows no abuse

THEN...

- A supervisor calls the student's parent(s) or guardian and advises them of your concern. He/she requests that at least one parent come to school immediately. If the student is involved with a therapist that person should be notified as well, either by us or by the parent. The parent shall be advised to take the student for immediate evaluation to determine if hospitalization is indicated. The parent may choose to call the hospital directly, go to a community mental health center, or use their private therapist for an evaluation.
- Should a parent not be available, the student still must be evaluated. Where and how that happens depends on several factors. Follow steps in A & B below:

(NOTE: Steps 7 –11 follow the listing of Community Mental Health Centers on the next few pages)

Suicide Awareness, Continued

**Procedure:
Handling a
Suicide
Incident
(cont'd)**

Location

The student may be evaluated through the Community Mental Health Center that serves the region where the BICO program is located or the nearest hospital emergency room which provides the services of the Crisis Team.

This is regardless of where the student resides. Call that particular center and they will advise you as to where they will see the student. This can occur at the center, at the hospital emergency room or occasionally, the Emergency Services worker will come to the school. The local police or ambulance can be called for transportation; **we cannot provide transportation in our personal or BICO vehicles.** It would be helpful to the Emergency Services personnel if a staff member remained with the student to provide information, as well as being reassuring to the student who is in crisis. The emergency personnel will then attempt to contact the parents; if they have not yet arrived at the site, or were previously unavailable.

***Crisis and
Emergency
Service
Programs***

There are Crisis and Emergency Service Programs which may also be called. Remember that insurance coverage plays an essential role in the use of these services. The following list covers many of the areas in which our students reside:

▪ **Blackstone Valley Area:**

Bellingham	E. Brookfield	Milford	Sutton
Blackstone	Franklin	Millville	Upton
Brimfield	Grafton	Northbridge	Uxbridge
Brookfield	Holland	N. Brookfield	Wales
Charlton	Hopedale	Oxford	Warren
Douglas	Medway	Southbridge	Webster
Dudley	Mendon	Sturbridge	

Riverside Community Care

**206 Milford Street
Upton, MA 01568**

Emergency Services

**508-634-3420
800-294-4665**

Suicide Awareness, Continued

***Crisis and
Emergency
Service
Programs,
(cont'd)***

• **Brockton Area**

Abington	Holbrook
Avon	Rockland
Bridgewater	Stoughton
Brockton	West Bridgewater
East Bridgewater	Whitman
Easton	

Brockton Multi-Service Center

**165 Quincy Street
Brockton, MA 02401**

**Emergency Services
508-897-2100**

• **Fall River Area**

Assonet	Somerset
Fall River	Swansea
Freetown	Westport

Corrigan Mental Health Center

**49 Hillside Street
Fall River, MA 02720**

**Emergency Services:
508-235-7277**

• **Newton/South Norfolk Area**

Canton	Millis	Norwood	Wellesley
Dedham	Needham	Plainville	Weston
Foxboro	Newton	Sharon	Westwood
Medfield	Norfolk	Walpole	Wrentham

Riverside Community Care

**190 Lenox Street
Norwood, MA 02062**

**Emergency Services:
800-529-5077
781-769-8674**

Suicide Awareness, Continued

***Crisis and
Emergency
Service
Programs,
(cont'd)***

• **Taunton/Attleboro Area**

Attleboro	North Attleboro
Berkley	Norton
Dighton	Raynham
Lakeville	Rehoboth
Mansfield	Seekonk
Middleboro	Taunton

**Taunton-Attleboro Emergency Services
108 West Main Street
Norton, MA -02766**

**Emergency Services
800-660-4300
508-285-9400**

** For a statewide list beyond these regions, please refer to Appendix

(NOTE: Steps 7 – 11 continue on the following pages)

Suicide Awareness, Continued

**Procedure:
Handling a
Suicide
Incident
(cont'd)**

Step 7 (cont'd):

- IF...** The parent or caretaker refuses to seek treatment for the student
- THEN:** A supervisor calls DSS Area Office (see Appendix D-1), or the **24-hour hotline 1-800-792-5200** states the facts of the incident, requests an intervention and follows the agency's instructions.

Step 8: Call the parent or caretaker to report the resolution of the incident.

Step 9: Contact the student's therapist to report the incident.

Step 10: Place the student on a 1:1 adult safety contact level and continue to show concern for the student. Inform all appropriate team members about the incident (teachers, therapists, school adjustment counselors and administrators from the LEA).

WARNING: BICO Collaborative cannot allow a student with expressed suicidal intentions to board a bus or leave school without the express knowledge and consent of a supervisor, school adjustment counselor or their designee.

Step 11: Before leaving work on the day of the incident, complete an Incident Report and submit it to a supervisor.

After concluding the suicide incident, the supervisor and school adjustment counselors responsible for the classroom form an incident committee to determine:

- Proper adherence to emergency short-term procedures
- Suitable long-term service arrangements for the student
- The ability of the student to remain safely in the school program

If staff members find insufficient emergency, short-term or long-term services, a responsible individual should contact DSS.

NOTE: Assessing suicide risk represents a serious and difficult task. This guideline staff reference procedure works best when the team cooperates and when the communication flows among all appropriate people. This cooperation and information sharing reduces the possibility for error and represents the best chance to assist the student successfully.

Suicide Awareness, Continued

Criteria for Psychiatric Hospitalization

Community Mental Health Centers, psychiatric hospitals, HMO's, and private therapists maintain 24-hour answering services that will connect you with a clinician who is trained to assess people who are experiencing a psychiatric emergency. They determine if the patient is in need of immediate hospitalization and can admit to the appropriate hospital directly. The criteria for psychiatric hospitalization is, "Is this person a danger to himself or others at this time?" A person who is depressed and may talk of death as a solution may not require admission if it is determined that he/she is not in imminent danger of hurting himself/herself. This can be frustrating to school personnel who may see things from a different perspective. The important thing to remember, though, is that our responsibility is to respond to a student crisis and have the evaluation done.

Admitting someone, especially a child, to a psychiatric hospital, is an extreme measure. Often, the child is released to the custody of his/her parents with proper safety precautions addressed and follow-up counseling recommended. Should the student that you are referring for an evaluation not be admitted to the hospital, a meeting with parents shall take place before the student is re-admitted to class. This will ensure that all parties have a clear understanding of the student's present needs as well as a clear plan should a crisis recur.

Health-Related Concerns

Health Policy

Students enrolled in Collaborative programs located in public schools receive medical, nursing and infirmary care from the host school's School Nurse. At the beginning of each school year, the Collaborative's School Nurse Manager meets with the host school's nurse and nurse leader (if one is available) to coordinate services, including basic health care services, to students placed in or served by the collaborative programs. A Memorandum of Agreement outlines such services and both parties agree, specifically, to each service, thereby, ensuring comprehensive services to students.

Provision of Medical, Nursing and Infirmary Care

At times, students enrolled in Collaborative programs located in a public school present with significant medical needs. In these circumstances, the Collaborative may employ its own nurse at the program on a part-time or full-time basis based on students' needs. These program nurses are supervised by the Collaborative's School Nurse Manager.

In either case, the Collaborative's School Nurse Manager maintains regular communication with host school nurses and district nurse leaders providing necessary health information.

Nursing staffing in public day school settings is determined by the medical needs of the students in the school. There will be a minimum of one nurse assigned to the program at all times. Additionally, the nurse manager is available for consultation and assumes supervisory responsibility for these schools.

Because of the age group and physical limitations of our student population, susceptibility to childhood diseases and infection is a real concern. The potential for illness to be readily transmitted exists when staff and students work in close contact and share common work and play equipment. Although we do make a sincere effort to regularly disinfect commonly used objects, the best possible protection from illness is to keep your child home when symptoms of illness are present. Here are some guidelines for you to follow:

Keep your child home if he/she:

- ◆ Gives evidence of a fresh cold (running, stuffy nose, sneezing, coughing). The greatest period of contagion of the common cold is the first 2-3 days after the onset of symptoms.
- ◆ Has an elevation of temperature above 100° F (child should be free of fever for at least 24 hours before returning to school).
- ◆ Has suspicious rash
- ◆ Has apparent skin infection (open, draining wound or red, swollen, hot to touch)

- ◆ Has sore or discharging eyes or ears
- ◆ Has had upset stomach within the last 24 hours
- ◆ Has been started on antibiotic for a potentially contagious illness within the last 48 hours. Give the medication time to reduce the danger of contagion, and to relieve your child's symptoms.

◆

If your child develops symptoms during the school day, or we feel he/she should not be in school, we will notify you to take your child home. The nurse may recommend a doctor visit prior to the student returning to school. Keep in mind that the body temperature is usually lower in the morning so that if your child had a temperature the night before, he should stay home the next day even if the temperature is normal in the morning.

ANY QUESTIONS REGARDING HEALTH POLICIES SHOULD BE REFERRED TO THE TEACHER/NURSE IN YOUR CHILD'S PROGRAM.

Medication Policy

Medications will be administered by the nurse during school hours if a doctor's order and parent permission form are filled out and the medication is sent in a properly labeled container. Any change in medication or dosage requires a new medication sheet to be filled out. (Need doctor's order on all medications to include over-the-counter medications, and a parent permission form. The over-the-counter medications, i.e. Tylenol, Benadryl, etc., must be provided by the parent.)

Communicable Disease Policy

Please notify the teacher/nurse if your child contacts a communicable disease. The child should have a written physician's approval to return to school.

RECOMMENDED MINIMUM PERIOD OF ABSENCE

***Chicken Pox	One week from appearance of last eruption and must be completely crusted over.
German Measles	7 days from appearance of rash with note from M.D.
Mumps	9 days from onset of gland swelling
Streptococcal Infections	24 hours after start of antibiotic
Measles	Rash completely gone
Impetigo	24 hours after treatment begins; lesions must be covered at school
Ring Worm	24 hours after treatment

<i>Pink Eye</i>	Until condition clears or 24 hours after start of antibiotic and no drainage from eye/s
<i>Pin Worm</i>	Until condition clears – must be treated by physician - often involves entire family. No need for exclusion as soon as treatment has begun.
<i>Roseola</i>	Rash completely gone
<i>Head Lice/Nits</i>	Until condition clears – POLICY: Nit free prior to return. Nurse can set up private time to check your child.
<i>Mononucleosis</i>	Physician approval
<i>Poison Ivy</i>	If area is exposed, refer to nurse

***Because of the danger of Reyes Syndrome especially after Chicken Pox, it is advisable to give child Tylenol for fever. Do not give baby aspirin unless recommended by physician.

A staff member **must** notify the Program Director, Certified Nurse Manager or Executive Director of any other health-related concerns they may have regarding students.

Medical treatment and/or medical testing for a minor-aged student must be:

- ✓ authorized in writing by parent/guardian
- ✓ expedited by parent/guardian

Staff concerns of health-related issues for students which may require testing or medical treatment must be directed to Program Director, Certified Nurse Manager or Executive Director, who will insure that the Collaborative’s response will be consistent with state regulations and sending school’s policy and procedures.

Children with Insulin-Dependent (IDDM) Diabetes in the School Setting

Diabetes Mellitus Type 1

Attendance:

The student with insulin-dependent diabetes mellitus may attend school as long as the diabetic care plan has been completed, agreed to by parent (guardian), child, school nurse and physician responsible for the student's diabetic care. The family is responsible for providing all diabetic care supplies and these supplies and insulin are to be on hand and available at school to the school nurse at all times. Doctor's orders and parent permission forms are to accompany diabetic care plan.

Informational:

Most children in this area are referred to an endocrine clinic and training program such as the Joslin Clinic. The school nurse will assess the student and family's knowledge of the disease, treatment and their reliability in performing procedures and care, as well as assessing the student's capacity to learn. A cooperative relationship between school staff, the family, student and endocrine physician/ clinic staff is vital to the successful implementation of the diabetic care plan and the students school function.

Description:

Diabetes Mellitus 1, or insulin-dependent (IDDM) Type 1, occurs in 10-15 percent of all diabetes cases. This type is also called juvenile onset diabetes because it affects young persons before the age of 36. It may also be called familial or brittle diabetes. In this type the body does not produce insulin and the student requires daily glucose monitoring and insulin injections. They may also require urine testing for acetone.

Type 1 Warnings

Signs/Symptoms:

The classic signs and symptoms associated with Diabetes Mellitus usually come on slowly, but in some cases appear quite suddenly.

- polyuria: frequent urination with a large amount of urine outputted.
- polydipsia: excessive thirst
- polyphagia: excessive hunger
- sudden and unusual weight loss
- itching
- weakness and irritability
- vaginitis: inflammation of the vagina
- skin lesions and sores that heal slowly

Children with Insulin-Dependent (IDDM) Diabetes in the School Setting, Continued

Diabetes Mellitus Type 1 (cont'd) Warnings

Warnings:

Classroom staff working with a student with insulin-dependent diabetes should be familiar with the acute complications of diabetes. (The classroom nurse or Certified School Nurse Manager will review diabetic care plan with staff.)

Hypoglycemia

***Hypoglycemia:** Low level of glucose (sugar) in the blood stream.

Signs/Symptoms: excessive perspiration
faintness, dizziness, weakness
nervousness
hunger; numbness of the tongue
irritability
altered level of conscious
headache
blurred vision
tremors
staggering gate
pale, moist skin

The diabetic student who has been educated to his/her diabetic condition will frequently be able to explain what is happening.

Intervention: Follow doctors orders:

orange juice and graham crackers
Glucophage
4 Life Saver candies (student's diabetic care plan and orders will specifically state.)

Hyperglycemia

Hyperglycemia: Occurs when there are large amounts of sugar in the blood stream.

Signs/Symptoms: increased respiration
labored breathing
loss of appetite
nausea and/or vomiting
weakness
abdominal pains
generalized aches
increased thirst
sweet or fruity odor on the breath

Children with Insulin-Dependent (IDDM) Diabetes in the School Setting, Continued

Diabetes Mellitus Type 1 (cont'd)

flushed, dry skin
loss of consciousness or confusion
polyuria

Intervention: Do finger stick to assess blood glucose level (school nurse). Follow students diabetic care plan which should include telephone and emergency medical contact for diabetic care. Student should be assessed by nurse as to whether or not he/she can remain at school or should go home with parent/guardian. In cases of altered consciousness dial 911.

Insulin Shock

Insulin Shock: May be the result of:
excessive insulin
omitting a meal after taking insulin
excessive physical activity
vomiting

Signs/Symptoms: hunger
weakness
trembling
dizziness
headache
perspiration
rapid pulse
low blood pressure
cold, clammy skin
confusion, irritability and personality change
convulsion
unconsciousness

Warning

Insulin Shock constitutes a medical emergency. Dial 911.

- **Note:** Posting all above Signs/Symptoms may be helpful to classroom staff when observing changes in the students' health, function and personality.

Glucose Monitoring: Family will provide a glucose-monitoring device. The school nurse and student will assess the blood glucose as prescribed by the physician and following monitor manufacturer directions.

Insulin Administration: Per diabetic care plan and Physician's orders, by school nurse.

Children with HIV/AIDS Infection in School Settings

Overview	These practices are to be conducted under guidance and direction of the Certified School Nurse Manager.
Attendance	All children with HIV/AIDS infection should be admitted to-school as long as their own health and developmental status allows them to benefit from the program.
Guidelines for Early Childhood Settings	<ol style="list-style-type: none">1. Infants, toddlers and preschoolers with HIV infection/AIDS should be admitted to early childhood settings if their health, neurologic development, and behavior are appropriate. HIV-infected children should be evaluated for attendance at an early childhood setting on a case-by-case basis by the child's parents and the child's physician.2. As with the enrollment-of any child, regardless of HIV status, the parent/guardian and the early childhood program director (or primary caregiver if no director exists) will discuss the appropriateness of the child for the setting.3. Continued attendance of an HIV-infected child in an early childhood setting should consider the child's developmental, social and psychological status. Current health status, including degree of immune function and stamina and the ability of the early childhood caregiver to provide appropriate care are important considerations in determining attendance.4. The child's physician may provide information regarding the child's HIV status providing consent has been given by the parent/guardian. The physician, parent/guardian and early childhood caregiver will provide ongoing monitoring of the HIV-infected child, including decision regarding continued attendance.5. Screening of children for the presence of HIV antibody prior to enrollment in early childhood care is not recommended. Decisions regarding HIV antibody testing of a child should be made by the child's physician and parent/guardian, and based on individualized consideration of the child's risk of infection and medical condition.

Children with HIV/AIDS Infection in School Settings, Continued

Restrictions for Attendance

The following restrictions apply to any child in a school setting regardless of his/her HIV status.

1. No child should attend any school setting in the event of any of the following conditions;
 - a) Weeping or bloody skin or mouth sores that cannot be successfully covered or controlled with medications.
 - b) Biting of an unusual frequency or severity that would be accompanied by actual transfer of blood from the biter, as might happen only from a child with chronically bloody gums or mouth.
 - c) The presence of bloody diarrhea.

Confidentiality

1. The privacy of students with HIV/AIDS is protected under the general state privacy law (M.G.L. c. 214, s. 1B) which protects against unwarranted invasion of privacy, and also by M.G.L. c.111, s. 70F which prohibits health care providers and facilities (including school-based clinics) from disclosing HIV test results (or the fact that a test has been performed) without the specific, informed consent of the person who has been tested. *** See Sample Informed Consent Form (H-2).

Statutes Governing Disclosure

2. Under state public health law statute.M.G.L. c.112 s. 12 F minors may consent to their own medical testing, diagnosis and treatment in certain circumstances (including HIV infection). This law mandates confidentiality of medical information and records except when an attending physician reasonably believes that the condition of the minor is so serious that the minor's life or limb is endangered. *** See Sample Informed Consent Form (H-2).

Children with HIV/AIDS Infection in School Settings, Continued

Implications of Statutes

1. Although the above statutes specifically apply to health care providers, case law in Massachusetts leads to the conclusion that school staff members may be liable for civil damages in the event of nonconsensual disclosure of information related to HIV/AIDS status or diagnosis.
2. Information about an individual's HIV/AIDS status should be treated as highly confidential and released only with specific, written, informed consent of the individual's parent(s) or guardian(s).
3. If an adolescent student has sought HIV antibody testing independently of parental consent, that student has the right to keep this information confidential, and any disclosure of this information would require the student's specific, informed, written consent.

Storage of Confidential Health Information

1. Student health records related to AIDS/HIV status should be regarded as confidential. Licensed physicians, nurses, social workers and psychologists have a duty to protect HIV/AIDS related information and therefore should NOT place such information in the student's health record.
2. Other school personnel are under a similar duty to protect the confidentiality of a student's HIV/AIDS status. If such confidential information is to be entered into the school health record, informed, written consent must first be obtained from the student's parent/guardian (or student if a minor).
3. School nurses may need to have access to strictly medical information in order to carry out their professional responsibilities. These private medical notes should be kept in a locked file separate from the school health record and should only be accessible to staff who have been given written consent to view them.

Children with HIV/AIDS Infection in School Settings, Continued

Storage of Confidential Health Information (continued)

4. School psychologists, social workers and other professionals may keep private notes of their sessions with students. If these notes contain information about a student's HIV/AIDS status, they should be kept in a locked file.
5. A school which has signed informed consent forms related to HIV/AIDS diagnosis should keep these documents in a separate, locked file. It is recommended that the consent form be enclosed in a folder that specifically states who has permission to read it, since the consent form itself contains sensitive information.

Guidelines for Disclosure

1. A student who is diagnosed with HIV/AIDS may present evidence of being immunosuppressed and be at greater risk for contracting infections while in the school environment. There may be good reason for the parent/guardian to inform the school nurse/ physician of a student's HIV/AIDS diagnosis. With this shared information, a parent may benefit from the advice from a school nurse/physician about the occurrence of threatening, contagious diseases (chicken pox or influenza) when making a decision regarding school attendance.
2. If the parent/guardian chooses to inform certain school personnel about the student's HIV/AIDS status, particularly the school nurse or school physician, the following guidelines are recommended:
 - a) The student's parent(s) or guardians may inform the school physician directly.
 - b) The student's parent(s) of guardians) may request that their primary physician make the disclosure. In this case, specific, informed consent is required.
 - c) Further disclosure of a student's HIV status by the school nurse or school physician requires the specific, informed, written consent of the student's parent(s) or guardian(s).

Children with HIV/AIDS Infection in School Settings, Continued

Guidelines for Disclosure (continued)

- d) If and when informed, written consent is given to enable school staff to disclose to others in the school, the form or letter giving this consent should spell out specifically who should be told. The names of individuals, NOT their roles in the school, should be specified. (Staff positions may change and the student's family might not want a new person holding the position to be informed.)
3. Some parents of young children choose NOT to tell their children the exact nature of their condition. Others prefer to be more open or tell their children when they think it is appropriate. School staff who are knowledgeable of a child's HIV/AIDS status (through specific, written informed consent) should not discuss a student's HIV/AIDS infection WITH THE STUDENT unless they have first communicated with the child's parent(s) or guardian(s).

Children with HIV/AIDS Infection in School Settings, Continued

Procedures for Handling Infectious Waste in the School Setting

Follow Universal Precautions. This is an infection control concept in which all human blood and certain body fluids are treated as if they are infectious for blood borne pathogens. Always wear latex gloves while handling infectious or physically dangerous medical waste. See General Methods of Compliance, Chapter 1.

For Uncontrollable Bleeding

“A number of serious infectious diseases are spread by contact with human blood. Among these blood-borne infections are the Hepatitis B virus and HIV (the virus that causes AIDS). Consequently, students who bleed uncontrollably should not have routine contact with other individuals in school settings.

As a public health measure, students who exhibit the following conditions should be advised not to attend school until such time as these conditions are resolved:

1. If a student has weeping or bloody skin or mouth sores that cannot be successfully covered or controlled with medications.
2. If the student exhibits biting or an unusual frequency or severity that would be accompanied by actual transfer of blood from the biter, as might happen only from a student with chronically bloody gums or mouth
3. If the student exhibits bloody diarrhea.

These conditions are grounds for the exclusion of any student from a school setting, regardless of whether she/he is known or suspected to harbor a blood-borne infection.” *

*[Adapted from Medical Update to Policy Guidelines: Infants, toddlers and Preschoolers with HIV Infection/AIDS in Early Childhood Settings (Department of Public Health, June 1989)]

Sharps

Sharps must be segregated from other waste and stored in a leak proof, rigid, puncture-resistant, shatterproof container immediately after use. Do not recap or break needles from syringes before placing in containers.

Children with HIV/AIDS Infection in School Settings, Continued

Sharps
(cont'd)

These containers must be red, distinctively marked with the biohazard symbol and labeled to indicate that they contain sharp waste capable of inflicting punctures and cuts. Arrangements should be made with the Public Health Nurse when removal of full sharps containers is necessary.

***Free-draining
Blood
Products***

Free-draining blood products shall be stored at all times in leak proof containers that are sealed.

***Medical Waste
Spills***

Clean up blood spills with a 1:10 household bleach solution prepared within twenty-four hours before use, pouring the solution around the periphery of the spill and onto the spill itself.

Respiratory Compromise

Overview

Description: Respiratory compromise would include any student unable to consistently and independently maintain their oxygen saturation rate. The student may have intermittent periods of apnea or require supplemental oxygen throughout the day.

Attendance: As respiratory compromise is highly individualized the student's ability to attend school would be assessed based upon degree of need and the availability of specially trained staff, (nurse), or a one-to-one nurse being available for the students specific grade level classroom.

A specialized care plan must be in place and accompanied by doctor's order, treatment protocols, and parent permission forms prior to attendance.

Classroom staff are to be trained by the Certified School Nurse Manager or the classroom nurse in the use of the emergency care plan.

All equipment needed to support the student's oxygenation and health needs are to be provide by the parent/guardian. The equipment must be in place at all times in order for the child to attend school.

Warning

Review information packet on safe use and storage of oxygen tanks in the classroom. Review and follow manufacturer's directions.

Guidelines

- See Oxygen Protocol (Oxygen Safety Precautions)
- Follow doctor's order and written care plan

Emergency

If the student's oxygen saturation rate cannot be maintained within guidelines provided by the doctor, parents are to be notified and a 911 call is required. Indications of respiratory distress may include an alteration in color of skin to waxy white or dusky gray, capillary refill is diminished and/or a change in level of consciousness is noted.

The student's care plan should include an emergency plan with specifics for medical intervention.

Oxygen Safety Precautions

Oxygen Safety Precautions

- Do not smoke or allow open flames, heaters, or radiators near oxygen.
- Never permit oil, grease or highly flammable material to come in contact with oxygen cylinders, liquid oxygen, valves, regulators or fittings. Do not lubricate with oil or other flammable substances, and do not handle equipment with greasy hands or rags.
- Never put anything over gas cylinder.
- Know who the home oxygen supply company contact person is; have number posted in an obvious place.
- Return any defective equipment to the authorized company for replacement.
- Have spare oxygen readily accessible, based on the student's needs. This should be stored safely in a secure place.
- Extra tubing and tank equipment (wrenches, etc.) must be kept in all easily accessible place.
- If using oxygen gas, be sure that the tank is securely placed in its stand and cannot fall or be knocked over.
- Be careful that the oxygen tubing does not become kinked, blocked or disconnected.
- Use only the flow meter setting prescribed by the child's doctor.
- The local fire department should be notified that oxygen is in use in the school.

Oxygen Safety Precautions, Continued

Problems Requiring Immediate Attention

Observations: If the child shows any of the following signs of respiratory distress (follow reason/action steps listed below):

- Increased shortness of breath
- Agitation
- Blueness or pallor of the lips, nails or ear lobes
- Pulling in of the muscles at the neck or chest
- Confusion, dizziness or headache

Reason/Action:

- Check oxygen flow; weak or inadequate flow.
- Check equipment
- Make sure mouth and nose are not obstructed from food or mucus.
- Make sure tank is not empty or defective. If so, replace with back-up tank.
- If using trach collar, make sure trach collar is not out of position or obstructing the trach tube.
- Make sure valve, regulator, and flowmeters are on proper settings,
- Make sure tubing is not blocked or kinked.
- Check all connections from oxygen source to child.
- Make sure tubing, mask, cannula or collar are not blocked.
- Make sure humidifier bottle is properly attached (if part of equipment setup).

Emergency

If the child remains in respiratory distress despite receiving adequate oxygen flow, has a respiratory arrest or becomes unconscious, **INITIATE EMERGENCY PROCEDURE AND NOTIFY PARENTS. BEGIN CPR IF NEEDED.**

Other Potential Problems

Observations:

- Redness, dryness, or bleeding of the skin

Reason/Action: May be due to irritation from the device or from insufficient humidity.

- Notify parent to discuss problem with doctor; a soothing cream or lotion may be required.
- **NEVER USE POWDERS ON THE FACE.**

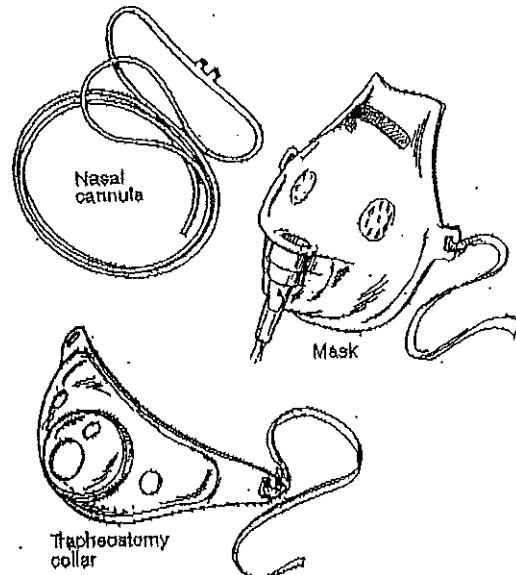
Oxygen Safety Precautions, Continued

Equipment

Oxygen Sources:

- Oxygen gas in a cylinder (tank)
The amount of oxygen available in the tank is indicated by the pressure- gauge on the tank.
- Tank stand (strap or means of securing to student's chair)
- Regulator (pressure) valve
- Oxygen liquid in tank (thermos)
The amount of oxygen available is indicated by the pressure gauge.
- Tank carrier

The oxygen is given to the child from the source by tubing which is connected to a mask, a nasal cannula, or a tracheostomy collar.



Nasal Cannula

Nasal Cannula:

An oxygen mask can be used for mouth or nose breathing. An advantage is that it can deliver higher or lower concentrations of oxygen than the nasal cannula, and is useful when nasal passages are blocked.

Procedure:

1. Assemble equipment:
 - Cannula and tubing (plus extra connecting tubing)
 - Oxygen source

Oxygen Safety Precautions, Continued

Equipment (cont'd)

- Humidity Source
- Adaptor to connect tubing
- Scissors

Point to Remember: Extra connecting tubing may be used to increase mobility. Scissors are used to cut adaptor to size.

2. Wash Hands

3. Attach cannula tubing to oxygen source securely.

Points to Remember: Make sure proper adaptor is available for the oxygen source. Check that tank has enough oxygen. Attach humidifier, if ordered. Check that all pieces are secured tightly to prevent leaks.

4. Set liter flow on the flowmeter as prescribed by the doctor. **NEVER CHANGE THIS SETTING WITHOUT FIRST CONTACTING THE DOCTOR.**

Liter flow for this student: _____

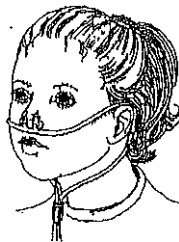
Date: _____

Points to Remember: Too high an oxygen flow may irritate the nose. Over a long time, too high an oxygen concentration may injure the lungs. If you are concerned that the flow rate is inappropriate, contact the doctor.

5. Check cannula prongs to make sure that air is coming out.

Points to Remember: Hold them up to your hand or check to feel for air coming up.

6. Insert prongs into child's nose. **MAKE SURE BOTH PRONGS ARE IN THE NOSTRILS.**



7. Wash hands.

8. Document procedure and problems in log.

Points to Remember: Notify parent of any problems.

Oxygen Safety Precautions, Continued

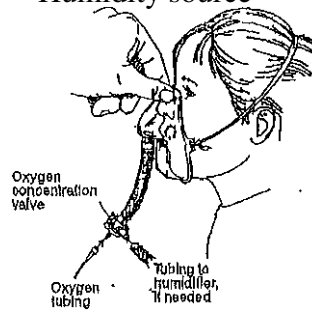
Equipment (cont'd) *Oxygen Mask*

Oxygen Mask

An oxygen mask can be used for mouth or nose breathing. An advantage is that it can deliver higher or lower concentrations of oxygen than the nasal cannula, and is useful when nasal passages are blocked.

Procedure:

1. Assemble equipment:
 - Appropriate size mask and tubing (plus spare)
 - Extra connecting tubing plus adapter
 - Appropriate oxygen concentration valve, if indicated for a mask
 - Oxygen source and back-up tank
 - Humidity source



2. Wash hands.
3. Attach appropriate size mask with oxygen concentration selection valve (if indicated) to tubing and oxygen source.

Points to Remember: Certain types of masks have valves that deliver different concentrations of oxygen (venti-masks). Not all masks will have valves. Make sure that oxygen source has an adequate supply of oxygen. Attach humidity source, if prescribed.

4. Set oxygen flow on flowmeter to the rate prescribed by the doctor.
DO NOT CHANGE SETTING WITHOUT FIRST CONTACTING THE DOCTOR.

Points to Remember: Too high a flow rate may cause irritation to the skin. In masks that use concentration valves, the concentration of oxygen delivered depends on the flow rate (marked on valve).

- 5- Set the prescribed oxygen concentration on mask valve, if present.
DO NOT CHANGE SETTING WITHOUT FIRST CONTACTING THE DOCTOR.

Oxygen Safety Precautions, Continued

Equipment (cont'd)

Points to Remember: Some masks have valves with different concentration settings; others have separate valves for each concentration. Make sure that appropriate flow rate is set as well as concentration on humidifier.

- 6- Check that oxygen flow is coming out of the mask.

Points to Remember: Hold mask up to your cheek to feel airflow. If no flow is felt, check oxygen supply, connections, flow rate and tubing for obstruction.

- 7- Place the mask over the child's nose and mouth.

Points to Remember: Tighten the elastic band over the child's head and pinch mask over the bridge of the nose for a good fit. Make sure that the child is comfortable with the mask.

8. Wash Hands
9. Document procedure and problems in log.

Points to Remember: Notify parent of any problems.

Procedure for G-Tube

Skin-Level Gastrostomy Device Feeding - Bolus Method

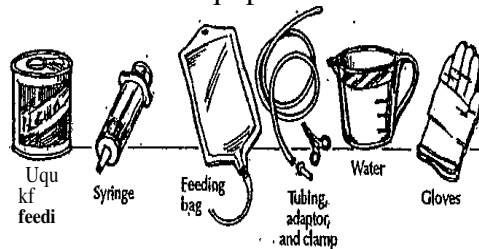
PROCEDURE

1. Wash hands

POINTS TO REMEMBER

Anticipating the tasks to be done, the risk involved, and the personal protective equipment needed will enhance protection of both the caregiver and student.

2. Assemble equipment:



- Liquid feeding solution/formula at room temperature

Identify size and type of gastrostomy device. Some students get cramps if the feeding solution is too cold. Be sure to shake cans of formula well and note expiration date.

- 60-ml or –cc catheter-tipped syringe or other container for feeding (e.g., bottle, bag)
- Adaptor with tubing and clamp
- Water (if prescribed)
- Gloves (optional)

*The adaptor will vary with the size of the device.
Used to flush tubing after feeding.*

By encouraging the student to assist in the procedure, the caregiver helps the student achieve maximum self-help skills.

3. Explain the procedure to the student at his/her level or understanding. Encourage the student to participate as much as possible.

Student may be sitting or lying on right side with head elevated at a 30-degree angle.

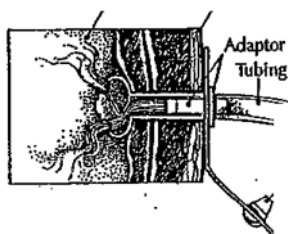
4. Position Student.

Procedure for G-Tube (continued)

Bolus Method (cont'd)

PROCEDURE

5. Wash hands. Put on gloves
6. Remove plunger from syringe and attach the adaptor to feeding syringe.
7. Open safety plug from device and insert adaptor and tubing into device.



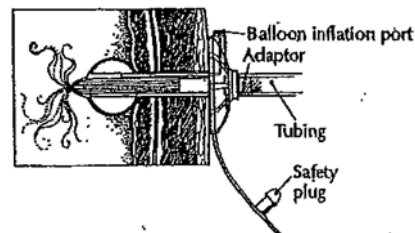
8. Clamp or pinch off tubing.

9. Pour feeding into syringe.

10. Elevate syringe and unclamp tubing.

11. Continue to pour feeding into syringe as contents empty into stomach

POINTS TO REMEMBER



If medications are prescribed, administer before or after feeding, according to student-specific guidelines.

If another type of container is used for feeding solution, unclamp tubing and allow to flow in by gravity.

Syringe should be held 6 inches above level of stomach or at prescribed height.

Depending on the age and capabilities of the student, have him/her assist with the feedings by holding syringe or pouring fluid into it. Keep syringe partially filled to prevent air from entering stomach.

Procedure for G-Tube (continued)

Bolus Method (cont'd)

PROCEDURE

12. Raise or lower syringe or container to adjust flow to prescribed rate.



POINTS TO REMEMBER

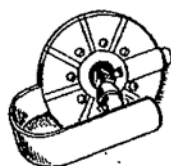
Be alert to any changes in the student's tolerance of the feeding. Nausea/vomiting, cramping, or diarrhea may indicate that the feeding is being given too quickly or the formula is too cold.

13. Flush tubing and device with water, if ordered

This will clear device of feeding and medication. After flushing, lower the syringe below stomach level to facilitate burping.

14. When feeding is complete, remove the adaptor with feeding syringe.

15. Close safety plug



16. Remove gloves. Wash hands.

17. Refer to student-specific guidelines regarding position and activity after feeding.

Procedure for G-Tube (continued)

Bolus Method (cont'd)	PROCEDURE	POINTS TO REMEMBER
	18. Wash catheter-tipped syringe and tubing with warm water and mild soap. Rinse, dry, and store in clean area.	<i>Most open formula is good for 48 hours. The exceptions are some elemental formulas that are good for only 24 hours. Open formula should be stored in clean plastic containers, labeled correctly, (not the original can) in the refrigerator. Formula should be discarded after 48 hours</i>
	19. Document feeding/medication, residual amount, and feeding tolerance on log sheet	<i>Report to family any change in the student's usual pattern.</i>
Procedure for Skin-Level Gastrostomy Device Feeding – Slow-Drip Method/Continuous Feeding By Pump	PROCEDURE	POINTS TO REMEMBER
	<ol style="list-style-type: none"> 1. Wash hands 2. Assemble equipment: <ul style="list-style-type: none"> • Liquid feeding solution/formula at room temperature • 60-ml or –cc catheter-tipped syringe • Feeding pump and IV stand (optional) • Adaptor with tubing and clamp • Water (if prescribed) • Feeding bag • Gloves (optional) 	<p><i>Anticipating the tasks to be done, the risk involved, and the personal protective equipment needed will enhance protection of both the caregiver and student.</i></p> <p><i>Identify size and type of gastrostomy device. Some students get cramps if the feeding solution is too cold.</i></p> <p><i>The adaptor will vary with the size of the device.</i></p> <p><i>Used to flush tubing after feeding.</i></p>

Procedure for G-Tube (continued)

Continuous Feeding By Pump (cont'd)	PROCEDURE	POINTS TO REMEMBER
	3. Explain the procedure to the student at his/her level or understanding. Encourage the student to participate as much as possible.	<i>By encouraging the student to assist in the procedure, the caregiver helps the student achieve maximum self-care skills.</i>
	4. Position Student	<i>Student may be sitting or lying on right side with head elevated at a 30-degree angle</i>
	5. Wash hands. Put on gloves	
	6. Attach the adaptor to feeding bag tubing.	<i>If medication is prescribed, administer before feeding.</i>
	7. Pour feeding/fluids into feeding bag and run feeding through bag and tubing to the tip. Clamp.	<i>School activities may continue during feeding provided the student is sedentary.</i>
	8. Hang bag on pole at height required to achieve prescribed flow. If a feeding pump is used, place tubing into pump mechanism and set for proper flow rate.	
	9. Open safety plug and insert tubing into device.	

Procedure for G-Tube (continued)

Slow-Drip Method/Continuous Feeding By Pump (cont'd)

PROCEDURE

10. Open clamp of feeding bag tubing and adjust until drips flow at prescribed rate.
11. For continuous feeding with pump, add more fluid to bag when empty.
12. When single feeding is completed (bag empty), clamp feeding bag tubing.
13. Flush device with water if ordered.
14. Remove adaptor and tubing from device.
15. Close safety plug.

pictures
16. Remove gloves. Wash hands.
17. Refer to student-specific guidelines regarding position and activity after feeding.

POINTS TO REMEMBER

If feeding pump is used, open clamp completely. Check flow periodically and adjust if needed.

Be alert to any unusual changes in the student's tolerance of the feeding. Nausea/vomiting, cramping, or diarrhea may indicate that the feeding is being given too quickly or formula is too cold.

Check rate and flow periodically and adjust if needed.

This clears the device of any feeding fluid. After flushing, lower the syringe below the stomach level to facilitate burping.

Procedure for G-Tube (continued)

Slow-Drip Method/Continuous Feeding by Pump (cont'd)

PROCEDURE

18. Wash feeding bag, tubing, and syringe in soapy water. Rinse, dry, and store in a clean area

19. Document feeding/medication, residual amount, and feeding tolerance on log sheet.

POINTS TO REMEMBER

Most open formula is good for 48 hours. The exceptions are some elemental formulas that are good for only 24 hours. Open formula should be stored in clean plastic containers labeled correctly (not the original can) in the refrigerator. Formula should be discarded after 48 hours.

Report to family any change in the student's usual pattern.

Procedure for G-Tube (continued)

Possible Problems that Require Immediate Attention	OBSERVATIONS	REASON/ACTION
	Color changes/breathing difficulty	<i>This may be due to aspiration of feeding into lungs. Stop feeding immediately. Call nurse if he/she is not resent. Assess situation. If problem continues, institute emergency plan and notify family.</i>
Possible Problems that Are NOT Emergencies	Nausea and/or cramping	<p><i>Check rate of feeding – it may need to be decreased.</i></p> <p><i>Check temperature – feeding may be too cold: Stop feeding, let feeding get to room temperature, then administer. IF problem continues, notify school nurse, family, and physician.</i></p>
	Vomiting	<i>If all of the above have been checked, stop feeding, and call school nurse or family.</i>
	Blocked gastrostomy device	<i>May be due to inadequate flushing or very thick fluid. Flush with warm water after feeding or medication. If blockage remains, contact family</i>
	Bleeding/drainage/redness/irritation	<p><i>Check skin around gastrostomy device site daily. Clean stoma site if leakage of food/fluid/medication comes in contact with skin.</i></p> <p><i>Refer to student-specific guidelines for cleaning instruction.</i></p> <p><i>Turn device in a complete circle with each cleaning.</i></p> <p><i>Dry stoma well; open to air to facilitate drying.</i></p>

Procedure for G-Tube (continued)

Possible Problems that Are NOT Emergencies (cont'd)	OBSERVATIONS	REASON/ACTION
	Leaking of stomach contents	<i>May be due to a problem with the ant-reflux valve (sticking or broken). Clean skin and notify family.</i>
	Gastrostomy device falls out	<i>This is not an emergency. Save the device in a clean gauze or container for reinsertion. In some students, whose tracts may close quickly, the gastrostomy device may need to be inserted within 1-2 hours. Cover gastrostomy site with bandage or clean dressing. Contact family and/or school nurse.</i>
Venting Gastrostomy Tube	PROCEDURE	POINTS TO REMEMBER
	<ol style="list-style-type: none"> 1. Wash Hands 2. Assemble equipment 3. Explain the procedure to the student at his/her level or understanding. 4. Position the student. 5. Wash hands. Put on gloves 6. Open safety plug from device and insert adaptor of venting tube into device. 7. Vent for 10-20 minutes. 8. Remove the adaptor of venting tube from device 	<p><i>Anticipating the tasks to be done, the risk involved and the personal protective equipment needed will enhance protection of both the caregiver and the student.</i></p> <p><i>Gloves and venting tube</i></p> <p><i>By explaining procedure to the student, his/her level of comfort will increase</i></p> <p><i>Student may be sitting or lying on right side with head elevated at a 30 degree angle.</i></p>

Procedure for G-Tube (continued)

**Venting
Gastrostomy
Tube
(cont'd)**

PROCEDURE

9. Close safety plug.
10. Remove gloves. Wash hands.
11. Wash venting tube with mild soap and water. Rinse, dry and store in clean area.
12. Document venting procedure.

POINTS TO REMEMBER

Report any change in the student's usual pattern to family.

Student Allergies

Protecting students from exposure to foods, chemicals, or other materials to which they are allergic, as stated by their physician/medical assessment.

When a student enrolls in the Collaborative, the following procedure is followed:

- Parent provides health information and informs nurse manager of any allergy issues.
- Medical orders as well as medication orders are provided to the nurse manager or site nurse.
- Nurse contacts parent to review allergy health history.
- Nurse develops Anaphylaxis Action Plan/Emergency Care Plan and reviews with parent.
- Nurse manager registers with DPH to permit school nurse to delegate to unlicensed personnel the task of administering prescription medications.
- Anaphylaxis Action Plan/Emergency Care Plan is reviewed with staff biannually.
- Unlicensed personnel are trained biannually by nurse in student specific symptoms, Epipen administration (if ordered by physician), activating EMS and avoidance of allergens.
- Implement Anaphylaxis Action Plan / Emergency Care Plan when indicated.
- Document event in student's health record.
- Report the administration of Epipen to DPH as instructed.

Safety measures for the allergic child in school-

All classroom staff is instructed in student specific allergens, symptoms, Epipen administration and emergency action plans.

Separate "specific allergen free" tables have been established in the cafeteria. Any student who does not have allergen products in his/her lunch may sit at the "allergen free" table with the children who are allergic to these products.

When a class has a student with severe food allergies, the parents will be sent a letter requesting that certain foods not be sent in for class parties (if any). Parents of allergic student will be requested to send in safe foods for their child on special occasions.

Classroom desks are washed daily after lunch or snack.

Students are instructed to wash their hands before and after consuming food.

Classmates of the allergic student will be educated in the avoidance of specific allergen as is developmentally appropriate.

Toileting

Overview

For students who are not independent in toileting, staffing assistance will be provided according to the individual needs with consideration for protecting the student's privacy. Toileting times will be based on individual patterns, but access to toileting/changing will not exceed a maximum of three hours.

For students who require toilet training, individual training plans will be developed in accordance with the IEP team and with parent approval, and in accordance with the student's physical and emotional disabilities. See attached example of a training program.

For students who are incontinent and require adult briefs or diapers, an adult changing table/area will be provided in the family restroom to ensure privacy and hygiene. Soiled diapers will be disposed of in a separate, labeled waste container.

Clothing: Soiled clothing will be individually packaged to be sent home with the student or laundered at the facility, according to the parent's wishes. Clean, dry, indoor clothing for all students who are incontinent shall be provided by their homes and will be kept in separate, clearly labeled, designated storage areas.

Staff will observe universal precautions at all times.

Adherence to these procedures will be the responsibility of the classroom teacher and Program Director.

Food and Nutrition

Overview

All foods shall be purchased and stored according to the attached USDA guidelines, under the supervision of Servsafe certified staff. Students under the supervision of the appropriate staff will purchase menu items weekly.

Under the direction of the Servsafe Certified staff, food will be stored at the program in clean, covered containers at the required temperatures, utilizing storage areas a minimum of 6 inches off the ground, a refrigerator and a freezer located at the program site.

Proper guidelines for personal hygiene and prevention of cross-contamination of foods will be overseen by the Servsafe Certified staff when students are preparing foods. The use of appropriate time and temperature guidelines will also be observed during preparation and serving of food items.

All individual servings of food and drink unfinished by students will be disposed of. Food that was prepared but not served, and any unused portions of ingredients will be stored properly according to USDA guidelines.

Chapter 5: Medication Administration

Overview

The BICO Medication Administration Policy offers guidelines for medication management, and explains the decisions and procedures surrounding administration of any medication in the school setting. This policy contains built-in safeguards, and a procedure for reviewing and updating policies.

Program Management

Policy

The Medication Administration Policy results from discussions between

Background

the BICO Executive Director and Board of Directors and the applicable Boards of Health. Key points of this program include the following:

- The senior school nurse supervises the medication administration program in the school.

The program is based on recommendations made to the Executive Director by the school nurse, the school physician, and the school health advisory committee.

Narcotic Medication

No student is allowed to take narcotic/semi-synthetic narcotic while in school for the following reasons:

1. A narcotic is a “high level” drug with powerful effects on brain function.
2. As such, narcotics can compromise alertness, attention and concentration, rendering learning more difficult.
3. As such, a narcotic can compromise judgment and impulse control.
4. The drug may cause the pain for which it was prescribed to subside to such an extent that the student may over-excite themselves, resulting in further undue injury.

Also, with any serious illness with a need for a narcotic/semi-synthetic narcotic, the patient should be at home resting.

Antipsychotic Medication

Antipsychotic medication shall only be administered under the following circumstances:

- Antipsychotic medication must be prescribed by a licensed physician.
- Parents must provide signed parent consent for the administration of medication.
- A medication administration plan is developed and includes potential side effects that may or may not require medical attention and required monitoring or special precautions, if any.
- Staff providing care to a student will be instructed regarding the nature of the medication, potential side effects or special precautions, if any.
- Students, 12 years old and older, depending on developmental ability, will be instructed about the treatment, risks and potential side effects of the medication. If student refuses medication, parent will be notified as well as prescribing doctor.
- Anti-psychotic medications are not delegable to non-licensed personnel at Bi-County Collaborative.

Program Management, Continued

Medication Orders

Control of medication begins with the school nurse, who ensures that a licensed prescriber submits a proper medication order for any student's medication. The nurse keeps this order on file at the beginning of each academic year, and for all necessary renewals. In critical situations, only the school or classroom nurse may receive a telephone order or an order for any change in medication, provided that a written order follows the verbal order by fax. Nurses should obtain the medication and develop an administration plan *before* the student enters or re-enters school.

Required Information

Standard medical practice indicates that a medication order from a licensed prescriber contain the following information:

- Name of student.
- Name and signature of the licensed prescriber, including business and emergency phone numbers.

- Name of the medication.
- Route and dosage of medication.
- Frequency and time of medication administration.
- Date of the order.
- Date of discontinuation.
- A diagnosis and any other medical condition(s) requiring medication (provided this information does not violate confidentiality or the request of a parent, guardian or student to keep such information confidential).
- Specific administration directions.

Other Information

To ensure complete records, request the following supplemental information from the licensed prescriber, if appropriate:

- Possible side effects, contraindications and adverse reactions.

NOTE: The school nurse may provide this information from medical reference books.

- Other medications that the student requires.
- Date of the student's next scheduled visit, if known.

Program Management, Continued

Special Situations

The following special situations may require different management techniques than the standard policy:

“Over-the-counter” medications require physician’s order and parent consent form. All medications require a written order by a licensed prescriber, written consent of the parent or guardian, and a pharmacy-labeled container for dispensing; over-the-counter drug must be in manufacturer’s labeled container. The school nurse also may consult with and/or seek approval from the school physician in order to administer the medication in the school setting.

School Nurse Responsibilities

Handling

As part of the management of medication administration, the school nurse must:

Medication Administration

-
- Be in possession of a current order by licensed prescriber
- Medications must be in pharmacy-labeled container.
- Obtain *parental consent*.
- Develop an *administration plan* for each student receiving medication.
- Create a procedure to *positively identify* each student receiving medication.
- *Communicate with appropriate individuals* the effectiveness and adverse reactions or other harmful effects of the medication.
- *Avoid administering or* allowing anyone else to administer medication that may harm the student or create a dangerous or inappropriate situation.
- Follow standard *medical guidelines* in administering the medication.
- Maintain current *pharmaceutical references*.
- *Ensure that medications are double-locked for security*.
- *Delegation of field trip* medications and administration of Epi-pen per the Department of Public Health delegation guidelines. Delegation of Epi-pen administration and field trip medication are authorized only during the course of the regular school day.

Parental Consent

The school nurse assumes responsibility for obtaining parental consent by ensuring that written authorizations from parents or guardians exist on file and contain the following information:

- Printed name, signature and emergency phone number for the parent or guardian, and the licensed prescriber.
- A list of all medications the student currently receives (provided this information does not violate confidentiality or the request of a parent, guardian or student to keep such information confidential).
- Approval for the school nurse or medication delegation trained personnel to administer the medication for field trips and Epi-pen.
- Names of persons (in addition to the parent, guardian and licensed prescriber) whom the nurse can notify in the absence of parent or guardian.

(See Appendix Page M-13)

School Physician

Physician Consultant

Name of School Physician: Sharon Mullane
Address: 60 Messenger St. Plainville, Ma. 02762

Description of services: The school physician supports the nurse leader

and nursing staff in planning and implementing the school health services program.

The physician may also:

- Participate in professional development relevant to school health.
- Consult with local providers on pertinent medical issues of individual students as they affect the child's performance in the educational environment (e.g., a child with a complex medical need).
- Interpret federal and state school health regulations to community primary care providers.
- Promote communication and exchange of pertinent medical information (with parental consent) between the school health program and the primary care providers.
- With parent consent, may provide physical exams for those students who lack a primary care provider.
- Provide consultation to administrators and staff as needed.

Medication Administration Plan

Creating a Plan

The school nurse works with the parents or guardians to establish an administration plan for each student receiving medication. When appropriate, the nurse may add the medication administration plan to the individual educational plan.

NOTE: The Department of Education guidelines for special Education require student consent for those in the 13-21 age group and student participation in the planning process after age 14.

Elements of the Plan

The medication administration plan that the school nurse creates prior to the initial administration of the medication includes the following items:

- Student name.
- An order from the licensed prescriber, which includes business and emergency telephone numbers.
- Signed authorization of the parent or guardian, including home and business telephone numbers.
- A list of known allergies to food or medications.
- Diagnosis (provided this information does not violate Confidentiality or the request of a parent, guardian or student to keep such information confidential).
- Medication name -
- Dosage, frequency and route of administration for the medication.
- Directions for administration (if any).
- Possible side effects, adverse reactions of contraindications.
- Quantity of medication that the school should receive from the parent or guardian.
- Storage conditions: Ensure medications are double-locked for security.
- Duration of the prescription.
- Designation of unlicensed medication delegation trained personnel who can administer the medication to the student in the absence of the nurse, and plans for back-up if designated personnel are unavailable.
- Plans, if any, for teaching self-administration of the medication.
- List of individuals, including teachers, whom the nurse can notify of medication administration and possible adverse effects (parental permission is required before creating this list).
- List of other medications that the student requires (provided this information does not violate confidentiality or the request of a parent, guardian or student to keep such information confidential).

Medication Administration Plan, continued

Elements of the Plan

(cont'd)

- Location where the administration of the medication takes place (when appropriate).
- A plan to monitor the medication's effects.
- Provision for medication administration during field trips and other short-term special school events.

Special Events

The nurse or other responsible individual must obtain a nurse or school staff member trained in the medication administration to accompany students who require medication at special school events.

Other Guidelines

In addition to creating the plan, the nurse must remain aware of the following conditions and authorities:

- Positive identification.
- Communication of side effects.
- When to avoid administering medication.
- Legal authority.
- Pharmaceutical references.

Positive Identification

The school nurse coordinates with BICO staff members to ensure the positive identification of any student receiving medication. These individuals can identify students and remain during the medication administration process.

Communicating Adverse Effects

The school nurse should observe the effectiveness of the medication during the administration process, and immediately contact the student's parent or guardian, senior school nurse and/or licensed prescriber if the medication prompts an adverse reaction or other harmful *effect*. An Incident Report must immediately follow.

When to Avoid Medication

Standard nursing practice, individual assessment and professional judgment provide a baseline for administering any medication. Avoid administering or allowing the administration of, any medication with the potential for harm, which poses some danger, or which appears inappropriate. In these cases, notify the parent/guardian and licensed prescriber immediately and explain the reason for refusing to administer the medication. An Incident Report must be filed within 24 hours.

Legal Authority

In administering medication, the senior school nurse maintains delegating authority and supervises the Licensed Practical Nurse (terms provided in M.G.L. Chapter 112).

Delegation of Authority (Epi-pen & Field Trip Medication)

Assigning Responsibility

In school districts or private schools registered by the Massachusetts Department of Public Health, school nurses can delegate responsibility for administration of medication to trained, nursing-supervised, unlicensed school personnel.

Procedures for Delegating Authority

The school nurse may identify individual school personnel or additional categories of personnel for the purpose of administering emergency medication to an individual child, including parental administration (i.e., by injection) of medication pursuant to 105 CMR 210.004 (B) (2).

In creating a medication administration plan the school nurse should list staff members who can administer medication. These individuals should receive training in the administration of emergency medication to a specific child.

Terms for Delegating Authority

The following terms apply to the delegation of authority for administration of medications by Certified School Nurse to medication delegation trained staff only:

1. The school nurse, in consultation with the school physician, when appropriate, maintains final decision-making authority for delegating administration of medications to unlicensed school system personnel registered with the Department of Public Health.
2. Delegating medication administration to unlicensed school personnel indicates that these individuals fall under the supervision of the school nurse for the purposes of medication administration.
3. A school nurse must remain on duty, and available by telephone for consultation, whenever designated unlicensed school personnel administer medications. The senior nurse can remain available by telephone or beeper.
4. The school nurse cannot delegate the administration of parenteral medications, except for epinephrine (EpiPen) on a Field Trip. For such exceptions, the school nurse must maintain an order for administration of the medication from a licensed prescriber as well as the written consent of the parent or guardian.
5. For each school, the nurse must maintain an updated list of unlicensed school personnel with training in the administration of medications. Parents can request a copy of the list of school personnel authorized to administer medications.

Delegation of Authority, Continued

Supervision of Unlicensed Personnel The Certified School Nurse must monitor any authorized unlicensed personnel administering medication. In turn, the Board of Directors, in consultation with the Board of Health where appropriate, must ensure that sufficient school nurses are available to properly supervise unlicensed school personnel. The minimum supervisory responsibilities include the following components:

Allowable Number of Unlicensed School Personnel

- The Executive Director and Board of Directors, in consultation with the Board of Health when appropriate, determine those categories of school personnel available to administer medications.
- The Certified School Nurse consults with the principal or administrator responsible for a given school, and then selects, trains and supervises specific individuals to administer medications. The school nurse may rescind the selection of any individual in order to protect student health and safety.

Two factors influence the school nurse's decision about the number of unlicensed school personnel with responsibility for medication administration:

- The number of unlicensed school personnel that the school nurse can adequately supervise on a weekly basis.
- The number of unlicensed school personnel necessary, in the nurse's judgment, to ensure proper medication administration to each student.

Training Unlicensed School Personnel

The Certified School Nurse must supervise training of any designated unlicensed school personnel and remain consistent with the Department of Public Health's requirements in 105 CMR 210.007 of the regulations governing the administration of prescription medications in public and private schools. In following these requirements, the school nurse must:

- Document the training and provide evidence of competency of unlicensed personnel designated to assume the responsibility for medication administration.
- Provide at least an annual training review, and an informational update, for those school staff authorized to administer medications.

Delegation of Authority, Continued

Training Unlicensed School Personnel *(cont'd)*

- Support and assist individuals who have completed the training to prepare for and implement their responsibilities related to the administration of medication.
- Provide supervision at the work site when the unlicensed individual administers medication for the first time.
- Determine the degree of supervision required for each student after evaluating the appropriate factors involved in protecting the student's health including, but not limited to, the following:
 - health condition and ability of the student
 - extent of training and capability of unlicensed school personnel to whom medication administration is delegated
 - type of medication
 - proximity and availability of school nurse to unlicensed person administering the medication
- Create a list of names and locations of school personnel with documented certification in cardiopulmonary resuscitation (CPR).
- Consider the individual student and:
 - determine the medical safety associated with delegating medication administration
 - administer the first dose of the medication if there is a risk to the student as indicated by the health assessment, or if the student has not previously received this medication in any setting
 - review the initial orders, possible side effects, adverse reactions and other pertinent information with the person responsible for administering the medication
 - provide supervision and consultation to ensure that the student receives medication appropriately (including record review, on-site observation and/or student assessment)
 - review all documentation pertaining to medication administration at least every two weeks, or more often as necessary.

Self-administration of Medications

Policy Outline

The self-administration of medications policy allows self-medication of prescription medication, including the use of insulin delivery systems as directed by a licensed prescriber without additional assistance or direction. Before allowing a student to assume responsibility for self-administering medication, however, the situation must meet certain requirements.

The school nurse must:

- Agree with the student and parent/guardian (if appropriate) on the specific conditions under which the student may self-administer medication.
- Develop a medication administration plan that contains only those elements necessary to ensure safe self-administration of medication.
- Confirm the student's ability to both identify the appropriate medication, and to understand the frequency and time of day for which the medication is ordered.
- Evaluate the student's health status and abilities, and then confirm self-administration as safe and appropriate.

NOTE: The school nurse should observe the initial self-administration of the medication, if appropriate.

- Obtain written authorization from the student's parent or guardian that the student may self-medicate.

NOTE: Students require no written authorization if they consent to treatment under M.G.L. c. 112 s. 12F, or other authority that permits the student to consent to medical treatment without parental permission.

- Obtain a written order for self-administration from the licensed prescriber.
- Ensure that the student follow a procedure for documentation of self-administration of medication.
- Establish a policy for the safe storage of self-administered medication and, as necessary, consult with teachers, the student and parent/guardian, if appropriate, to determine a safe storage place for the individual student's medication.

Self-administration of Medications, Continued

Policy Outline (continued)

NOTE: Such a storage place should provide accessibility if the student's health needs require it and the medication administration plan should contain this information. Whenever possible, the school nurse should maintain a backup supply of inhalers or other preventive or emergency medication in the health room or in an alternative, readily available location.

- Monitor the self-administration process based on the student's abilities and health status

NOTE: The school nurse will monitor students by instructing them in correct methods of taking -the medication, reminding them to take the medication; visually observing them to ensure compliance; recording that they administered the medication; and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the medication.

- May inform appropriate teachers and administrators that the student is self-administering a medication

NOTE: Before informing anyone of the student's self-medication, the school nurse should obtain parental/guardian and student permission, as appropriate.

A parent, guardian or responsible adult designated by the parent/guardian should deliver all medications to the school nurse (or -to a responsible person designated by the school nurse). This delivery applies to medications that require administration by school personnel or that self-medicating students require (if specified by the self-administration agreement).

Terms of handling medication include the following points:

- The medication is contained in a pharmacy- or manufacturer-labeled container.
- The school nurse (or other responsible person) receives and documents the quantity of the medication by double-counting by more than one person and documenting quantity received in student records with staff initials.
- To allow for extenuating circumstances, the school nurse may allow delivery of the medication by other persons. The parent or guardian, however, must notify the nurse in advance of the arrangement and confirm the quantity of medication being delivered to the school.

Self-administration of Medications, Continued

Job Analysis

The school nurse should store all medications in their original pharmacy- or manufacturer-labeled containers, ensure continuing safety and effectiveness, and regularly check expiration dates.

A storage facility or cabinet for medications, administered by school personnel, should remain securely locked, except when opened to obtain authorized medication.

Construct storage cabinets substantially, and with a secure anchor to a solid surface. For medications that require refrigeration, use a locked box in a refrigerator or a locked refrigerator maintained at temperatures of 38 to 42 degrees Fahrenheit.

Limit maximum amounts of medication stored at the school to a thirty (30) school-day supply.

Access to Stored Medication

Only individuals authorized to administer medications may access stored medications. The school nurse should restrict access to keys and knowledge of key- location as much as possible. Self-medicating students should not have access to other students' medications.

Parents or guardians may retrieve medications from the school at any time.

Disposal of Medications

The school nurse should return all medications at the end of the school year after documenting quantity of medication being returned by double-counting with another staff member and sending note to parents stating the quantity returned with staff initials.

During the year, the school nurse should return all unused, discontinued or outdated medications to the parent or guardian whenever possible, and document the return appropriately. In extenuating circumstances, and with parental consent if possible, the school nurse may destroy such medications in accordance- with the applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs.

Need for Individual Records

When school personnel administer medications to students during school hours, the school must maintain individualized medication administration records. At a minimum, each student's records must include a daily log, the medication administration plan, the medication order, and the parent/guardian authorization.

Documentation and Record Keeping

Content of Records

The content of a medication administration log follows the guidelines described in Section 210,005 (E) of the regulations governing the – administration of prescription medications in public and private schools.

Record the following information in the daily log:

- Dosage or amount of medication administered.
- Date and time of administration or omission of administration (include the reason for omission).
- Full signature of the nurse or designated unlicensed school personnel administering the medication. When the same individual administers the medication more than once, this person may initial the record, in lieu of a full signature.
- Documented observations by the school nurse of the medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.
- Medication administration plan to be in place on all students receiving medications at school (routine, as needed, and over-the-counter medications).

Other points to remember about creating the daily log:

- Use ink, and avoid altering the entry.
- If the parent, guardian, or student where appropriate,
 - consent, file the completed medication administration record, and records pertinent to self-administration, in the student's cumulative health record.
 - object, retain these records as confidential medical notes.

Compliance

BICO complies with the regulations governing the administration of prescription medications in public and private schools. To ensure compliance, the Department of Public Health may inspect any individual student medication record, or record relating to the administration or storage of medications, without prior notice.

Reporting and Documenting Medication Errors

Defining Medication-related Errors

Medication errors result from any failure to administer medication as prescribed. Medication errors include failure to administer the medication:

- Within appropriate time frames (as addressed in the medication administration plan)
- In the correct dosage
- In accordance with accepted practice
- To the correct student

When a medication error occurs, the school nurse should *immediately*:

Essential Actions

- Notify the parent or guardian
- Document the effort to communicate with the parent or guardian (if the nurse cannot make contact)
- Notify the student's licensed prescriber or school physician (if the nurse suspects potential harm to the student)

Documenting the Error

The school nurse should document a medication error using the accident/incident report form, and/or in the student health record. Depending on the seriousness of the medication error, the school nurse should:

- Submit copies of the accident/incident report form to the Department of Public Health on request
- Report the incident to the Department of Public Health, Bureau of Family and Community Health (if a medication error results in serious illness that requires medical care)
- Report suspected incidents of diversion or tampering of drugs to the Department of Public Health, Division of Food and Drugs

Follow-up Action

The school nurse should review the reports of medication errors and take necessary steps to ensure appropriate medication administration in the future.

Medication Emergencies

Emergency Procedures

Chapter 6, *Emergency Health*, contains instructions for handling health emergencies in the school, including the following information:

- Local emergency response system telephone numbers (including ambulance, poison control number, local emergency care providers, etc.)
- Persons to notify (parent/guardian, licensed prescriber, etc.)
- Reporting requirements

In addition, the nurse must know the following information:

- Names of persons in the school certified in first aid and CPR
- Scheduled staff training programs in first aid and CPR
- Location of necessary supplies and equipment

Preparing for a Medication Emergency

In developing procedures for responding to medication emergencies, the school nurse should:

- Prepare plans to handle any reaction or condition that poses an immediate threat to the health or well-being of the student
- Create procedures that remain consistent with the school's policy for handling all health emergencies
- Develop and maintain a list of persons to notify in event of a medication emergency

Informing Parents and Guardians

The school and the school nurse should make available an outline of these medication policies to parents and guardians on request.

Consult existing policies within the school district to resolve differences between the school and parents/guardians regarding medication emergencies

Policy Review and Revision

Ongoing Policy Review

The school nurse, working with BICO should review and revise medication administration policies as needed, and at least every two years.

The Appendix contains a form that the school nurse, and the Executive Director must sign in order to approve any revised medication administration policies.

Chapter 6: Emergency Healthcare

Overview

Annually, parents/guardians provide written authorization for the Collaborative to administer emergency treatment through the emergency contact registration form.

All first aid supplies, including but not limited to bandages, body substance isolation gloves, gauze, adhesive tape, and cleaning solutions will be stored in a locked cabinet. The locked cabinet will be located in major activities areas.

In the event of illness or emergency, program teacher, or designee, contacts parents/guardians by telephone immediately. If the parent/guardian is unable to be reached, the emergency contact(s) identified by the parent/guardian on the emergency registration form will be contacted. If emergency contacts as well as the parents/guardians are unreachable, the sending School District representative will assist the program staff in locating the parents/guardians or other emergency contacts. The sending School District representative will also be notified in the event of an emergency.

Emergency and non-emergency situations arise often enough in school programs that every staff member should know how to provide basic care. This chapter applies to the time before a responsible healthcare provider arrives at the scene. It suggests actions for situations when medical care is unavailable or when delays could result in even more serious injury. Because emergency situations develop rapidly, they require prompt reaction. The best preparation begins with formal CPR certification and/or first aid training. For anyone certified in first aid, this chapter reviews health practices that apply to school situations. For anyone else, this chapter suggests ways to save a life or protect someone from injury.

Most BICO Collaborative programs are located in public schools where the regularly assigned school nurse should be contacted in the event of an emergency. BICO Collaborative employs the services of a certified Bachelor's level School Nurse, who is available by contacting the Program Director, or Executive Director. *However, in any emergency situation where time is of the essence, call "911".*

Whenever there is a student injury, regardless of whether medical treatment is needed, parents/guardians must be informed the day of the occurrence.

Overview, cont.

WARNING: This material offers *guidelines* for health emergencies and treatment. It does not substitute for first aid training, CPR certification, or the advice of medical professionals. Every staff member should review Chapter

1, *Employee Health*, for information about avoiding infection.

**Provision
of Medical,
Nursing
and
Infirmary
Care**

Nursing staffing will be determined by the medical needs of the students in the program. There will be a minimum of one nurse assigned to the program at all times. Additionally, the nurse leader will be available for consultation.

The following nurses are assigned to the public day setting and work the school day hours (7:30-2:30) as directed by the executive director.

Laurie Abban RN License # RN266459

Linda Jones RN license #RN259661

Carol (Casey) Murray RN License # RN176791

Nurse Leader: Dianne Croteau RN NCSN License #

Basic First Aid Awareness

Emergency

Whether skilled or unskilled, any staff member may have to help an injured individual, and should know how to avoid infection and treat

Steps

basic emergencies. Chapter 1, *Employee Health Issues*, contains information about avoiding infection. The balance of this chapter can help you remain calm while following the four basic steps that the American Red Cross recommends in its *Standard First Aid* textbook:

1. Survey the scene
2. Examine the victim (primary survey)
3. Phone for help
4. Examine the victim again (secondary survey)

Survey the Scene

Take a few seconds to examine the area around the victim. Remain calm -and think:

- *Is this a safe situation for me?* Look for dangling wires, or toxic smells. Is the victim in heavy traffic or another unsafe location?
- *What happened?* Ask questions and investigate. If the victim is
 - *Conscious*, find out what happened, where the injury is located, or if this is a chronic condition (asthma, epilepsy).
 - *Unconscious*, look for clues to the victim's recent activity. A glass that might contain poison, a nearby ladder, a sharp instrument, or an electrical wire. Examine the victim's neck or wrist for a medical alert tag, which might indicate a chronic condition.

Caution: Do not move the victim unless a threat to further injury is present.

- *Anyone else injured?* Look for another victim, perhaps someone unconscious or too quiet to notice.

Enlist help. If anyone else is nearby ask them to help you look for other victims, collect information, examine the victim, manage the crowd, or write down information about the scene.

Basic First Aid Awareness, Continued

Primary Surveys The ABC's

In the primary survey, make a quick examination of the victim. Check for the ABCs: Airway, Breathing, and Circulation.

- *Airway.* Can the victim breathe? Is a foreign object blocking the mouth or throat?
- *Breathing.*
 - **Look:** Is the victim's chest rising and falling?
 - **Listen:** Put your ear to the victim's mouth and listen for breathing.
 - **Feel:** With your head near the victim's mouth, do you feel air escaping from the mouth or nose?
- *Circulation.* Is the heart beating? Check for a pulse in the side of the neck (carotid pulse). Is the victim bleeding severely? Look for wet, blood-soaked clothing.

WARNING: A condition of not breathing, or the absence of a pulse, requires immediate emergency attention. Call 911 to request emergency medical services (EMS). A trained individual should begin cardiopulmonary resuscitation (CPR). If you do not have this training, call a nurse or a CPR-certified individual.

Situations Requiring Immediate Assistance

If the primary survey indicates the following types of situations, phone 911 immediately:

- Absence of pulse
- Bleeding at a severe level
- Bloody vomit, urine, or feces (passing blood)
- Breathing problems (no breathing or difficult breathing)
- Broken bones (or the possibility of)
- Chest or abdominal pain, or pressure in those areas
- Head, neck or back injuries
- Poisoning
- Seizures (including severe headache or slurred speech)
- Unconsciousness (or altered consciousness level)

Basic First Aid Awareness, Continued

Phone for Help

Unless you must deal with a catastrophic situation (as explained in "Handling Catastrophic Emergencies" p. 4-6), you can manage most school health situations by contacting a nurse, or other medically trained individual.

You may find yourself in an emergency situation, however, when someone requires immediate help. If possible, without leaving the victim, call 911 yourself. Otherwise, give two bystanders the responsibility.

Before calling for help, know the following information:

- Location (address, city or town, name of building, floor)
- Phone number used to make the call
- Caller's name
- Description of the incident (For example, '12-year-old male student weighing about 85 pounds swallowed poison.")
- Number of victims
- The victim's condition (For example, "not breathing," or "bleeding from wound in left arm," or "flushed face and rapid pulse")
- What help is being offered? (For example, "keeping victim warm," or "applying a compress to the bleeding")

Use this information to make the call. You or a bystander should call the emergency numbers in this chapter (p. 4-38) for the towns associated with BICO programs. If you know the proper number, use it. If not, simply call 911 or dial 0 for the operator.

Remain on the line after providing the information, until the dispatcher ends the call. Then return to the accident scene and repeat the dispatcher's instructions.

Secondary Survey

While waiting for the bystanders to phone for help, or after calling *for* help yourself, complete the secondary survey. Check the vital signs (pulse, breathing, skin appearance and temperature). Then, examine the victim visually. Look for swelling or discoloration of the skin, blood, or awkward positioning of the limbs. Begin with the head and neck, move to the chest and abdomen, the arms and hands, and finally the legs and feet. Use your hands to gently touch the victim as part of this examination.

Caution: If you suspect a head or neck injury, do not move the Victim. Instead hold the head steady by placing your hands on both sides of the head until help arrives.

Evaluating Injuries

Qualifying a Serious Accident or Injury

The types of accidents or injuries that can occur in a school program fall into three categories:

- Catastrophic
- Non-catastrophic, or serious
- Other

Catastrophic injuries usually involve a life-threatening situation. The victim may lose large amounts of blood or suffer injuries that could prove fatal. Generally, a catastrophic injury requires immediate medical attention. A rescuer should call 911 and request an ambulance or appropriate medical help.

Non-catastrophic injuries pose a less serious threat, although some injuries may threaten the victim's life. The rescuer usually can provide some initial treatment before calling for help.

Other injuries or illness include cuts, scrapes, and childhood illnesses. Most often, the teacher, nurse or parent can treat these injuries, and recommend a follow-up visit to the family physician.

NOTE: In matters of student health, the staff member must remain aware of, and pay attention to, any changes in the student's behavior or appearance. Accidents happen in the classroom, on the playing fields, and on field trips. Students arrive at school with injuries and illnesses. If you notice anything out of the ordinary, or an emergency occurs, *act promptly*. Call **911** for emergency medical services.

The Red Cross recommends a "Phone First" policy to eliminate any delay in getting help in an emergency. Conferring with non-medical personnel often wastes time and threatens the safety of the victim. "Phone First" ensures prompt attention. Medical personnel can arrive quickly and the dispatcher can help you provide short-term first aid measures.

Handling Catastrophic Emergencies

Stoppage of Breathing or Heartbeat

When someone stops breathing, or their heart stops beating, they require immediate attention.

Result of:

Electric shock, heart attack, drowning, drug overdose, or choking, anaphylactic reactions

Seriousness:

Seconds count. Irreparable brain damage can occur in four to six minutes.

Treatment:

- Call for an ambulance – **911**
- Begin CPR immediately
- Call for school nurse or other medical personnel
- Continue CPR until breathing and heartbeat are restored, *or* qualified help arrives

Massive Uncontrolled Bleeding

Bleeding results from an external or internal trauma. The loss of blood can deprive the brain of oxygen and result in death.

Result of:

Severing an artery (bright red blood spurting from the wound), or vein (dark red or maroon blood, flowing steadily) or an abrasion to the skin that causes capillary bleeding (blood oozes from the wound)

Vomiting of bright red or black blood indicates an internal hemorrhage.

Seriousness:

Any bleeding threatens the victim's life, if not treated immediately. Arterial bleeding in particular represents the most serious type of bleeding.

Treating an External Wound

To treat an external wound:

- Apply pressure with a cloth, gauze pad, or the victim's hand directly over the wound to minimize blood loss utilizing Universal Precautions.
- Call for an ambulance
- Call for school nurse or other medical personnel
- Maintain pressure until help arrives. if necessary, add another cloth or pad over a blood-soaked one. Do not remove the initial pad.

WARNING:

The preferred first aid treatment maintains constant pressure on the wound. Applying a tourniquet, or completely shutting off the blood flow, does more harm than good. It is not a recommended first aid procedure, except as a last resort.

Handling Catastrophic Emergencies, Continued

Treating Internal Bleeding

The presence of bright red or black blood from anybody orifice indicates internal bleeding. Treatment requires a medical professional, such as an EMT or doctor.

- Call 911 to request an ambulance
- Call for school nurse or other medical personnel
- Monitor the victim, do no further harm
- Allow the victim to rest comfortably and provide reassurance
- Care for any other injuries

Major Accident

Catastrophic general accidents result from massive trauma sustained in an explosion, building collapse, fire, or similar catastrophe.

Result of: Crushing by a falling object, a fall from a great height, or severe burns (from chemicals, fire, or electricity) on the face or large portions of the body

Seriousness: Serious trauma creates massive internal or external bleeding, broken bones, or damage to large areas of the skin. Besides the immediate danger of blood loss, the victim may experience shock, a life-threatening condition. Refer to "Treating Shock" (6-11).

Crushing or Fall Injury

Treatment for crushing or fall:

- Do not move the victim
- Call for an ambulance – **911**
- Call for school nurse or other medical personnel
- Apply a compress to staunch bleeding
- Allow the victim to rest comfortably and provide reassurance

Treatment for Burns

Treatment for burns:

- Call for school nurse or other medical personnel
- Cool the burned area with water

Caution: Do not use ice or ice water, except on small first-degree burns. Either immerse the burned area in water or apply wet cloths.

- Cover the burned area with a sterile dressing

Handling Catastrophic Emergencies, Continued

Treatment for Burns (*cont'd*) **NOTE:** The decision to call for emergency help depends on the victim's symptoms and the degree of burn. If in doubt, if the victim has difficulty breathing, or if the burned area extends over large parts of the body, call 911 immediately.

Head or Neck Injury Head injuries often involve the neck and back, and require considerable care to treat. Stabilize the head and do not move the victim until qualified medical help arrives.

Result of: Falls down stairs, automobile accidents, diving or other sports-related activities, a blow to the head

Seriousness: With obvious head injuries, suspect an additional neck or back injury. Paralysis of the limbs and/or brain injury could result. Refer to "Treating Shock" (p. 4-11).

NOTE: Symptoms of a head, neck or back injury include pain and swelling; changes in consciousness level; blood or clear fluid draining from the nose or ears; bruising under the eyes or behind the ears; loss of feeling in hands or feet, inability to move hands or feet; dilated pupils; visual distortions.

Treating a Head Injury Treatment for a possible head injury requires great care.

- Do not move the victim
- Call for an ambulance – **911**
- Call for school nurse or other medical personnel
- Stabilize the head and neck by placing your hands along both sides of the victim's head
- Await medical assistance

NOTE: If the victim is not breathing, and you know CPR, minimize any head movement when opening the airway. Sometimes lifting the chin, without tilting the head back, allows the victim to breathe. Tilt the head back *slightly if* the victim still cannot breathe. A non-breathing victim requires air first. This method of tilting the head should not cause any additional injury.

Poisoning A poison, whether solid, liquid, gas or plant, causes injury or death when inhaled, swallowed, absorbed, or injected. A catastrophic poisoning incident usually involves a victim in obvious physical distress after contacting or ingesting an extremely poisonous substance (for example, lye or concentrated acid). Save any poison containers in order to explain the type of poison to appropriate personnel/Poison Center.

Handling Catastrophic Emergencies, Continued

Poisoning *(cont'd)*

Result of: Medication overdose; combining drugs and alcohol; ingesting toxic substances; inhaling cleaning fluids, industrial adhesive products, carbon monoxide (car exhaust); consuming some plants

Symptoms: Nausea, vomiting, diarrhea, chest or abdominal pain, breathing difficulty, sweating loss of consciousness, seizures

NOTE: Symptoms vary depending on whether the victim inhaled, absorbed, or swallowed the poison Begin no treatment until you contact the Poison Control Center or a qualified medical specialist.

Seriousness: Over one million poisonings occur in the United States yearly. Death is always possible in poisoning situations.

Treatment for poisoning:

- Call **911**
- Find the container that held the poison
- Call a Poison Control Center (**1-800-682-921-1**)
- Call for school nurse or other medical personnel
- Care for shock and check breathing frequently
- Save any containers and vomit for analysis by the Poison Control Center

Caution: Do not give the victim anything by mouth until you receive instructions from the Poison Control Center.

WARNING: Do not endanger yourself if you suspect poisonous gas in the area around the victim. Call emergency medical services and await their arrival.

Allergic Reaction

Allergic reactions sometimes follow bites or stings by insects.

Result of: Insect bite, medication, food reaction or contact with external allergen.

Seriousness: Most individuals suffer only minor discomfort from insect bites or stings. Others have a severe allergic reaction that produces a life-threatening situation.

Handling Catastrophic Emergencies, Continued

Allergic Reaction (*cont'd*)

Symptoms: Difficulty (or noisy) breathing; swelling of the throat; redness or discoloration at the site of the wound; itching over entire body; hives; swelling of facial or other body parts; decreased consciousness

Treatment:

- Call **911**
- Call for school nurse or other medical personnel
- Reassure the victim, and keep them quiet
- Monitor airway, breathing, and circulation

NOTE: Also refer to “Insect Stings (Anaphylactic Reaction)”(6-13)

Treating Shock

The body reacts to serious illness or injury by shutting down: the heart,

Definition blood, and blood vessels stop providing oxygen-rich blood to the body. As a result, vital organs begin to fail. Although the actual illness or injury might not threaten life, shock is life-threatening. Heart attack, injuries that result in severe bleeding, or emotional stress can produce shock. Suspect shock after any severe injury, such as burns, fractures, bleeding.

Look for the following symptoms of shock:

Symptoms of Shock

- Drowsiness or loss of consciousness
- Fast breathing
- Fast, weak pulse
- Low blood pressure
- Nausea and vomiting
- Pale or bluish, cool, clammy, moist skin
- Restlessness or irritability
- Strong thirst

Treatment of Shock

Because shock results from a severe illness or injury, focus on the injury itself:

- Call 911 for medical assistance
- Contact the nurse or other qualified medical personnel
- Check the airway, breathing, and circulation
- Stop any bleeding

After treating the injury, continue to examine the victim, and begin to care for the shock:

- Do no further harm
- Continue to monitor airway, breathing and circulation
- Control bleeding
- If you can rule out a head or neck injury or broken limbs:
 - Elevate the legs about **12** inches, using blankets, boxes, or books
- If you suspect a head or neck injury or remain unsure of the victim's condition:
 - Keep victims lying flat, and do not move them unless there is immediate danger

**Treatment for Shock:
Vomiting**

If the victim vomits, place them on one side so that fluids drain from the mouth. Clean out the mouth as necessary to prevent blocking the airway with fluids.

Treating Shock, Continued

Treatment for Shock:

If the victim complains of difficult breathing, place them in a semi-reclining positioning, with pillows, blankets or books raising the head and

Breathing Difficulty

back.

Treatment for Shock: Other Suggestions

Other suggestions to treat a victim for shock include the following steps:

- Maintain the victim's normal body temperature
- In a cool environment, place blankets under and around the body

Caution: Do not allow the victim to overheat.

- In a hot environment, loosen clothing and provide shade for cooling
- Do not give the victim anything to eat or drink

WARNING: Remember to call emergency medical services (**911**) because shock requires professional medical care.

Insect Stings (Anaphylactic Reaction)

Summary

While most insect bites represent only minor annoyance, for hypersensitive individual's insect venom can cause a anaphylactic reaction, a life-threatening situation. The victim exhibits all the symptoms of shock (drop in blood pressure, breathing difficulties, hives),

and only prompt medical attention can prevent injury or death.

Staff members should know • How to avoid situations with stinging insects • How to treat a hypersensitive individual • Symptoms of anaphylactic reaction • Basic treatment of bee stings

Avoiding Stinging Insects

Prevention, the most effective response to anyone sensitive to bee venom, involves the following steps:

- Avoid locales with stinging insects, such as camp and picnic sites
- Keep a safe distance from common insect feeding areas, such as flower beds, fruit orchards, dumpsters, garbage, fields of clover
- Prohibit students from walking barefoot outdoors because yellow jackets may rest on the ground
- Avoid perfumes, scented soaps, bright colors, and floral prints because sight and smell attract bees
- Keep car windows closed
- Spray garbage areas with rapid-acting insecticide
- Suggest that hypersensitive individuals undergo immunotherapy with venom extract.
- Recommend that hypersensitive individuals wear a medical alert bracelet, and carry an injectable epinephrine (Epi-pen) kit.

In Event of Insect Bite (Allergic Individual)

A student with known hypersensitivity to insect venom requires immediate attention:

- A nurse or staff trained to administer Epi-pen under the Department of Public Health guidelines may administer prescribed medication (Epi-pen)
- Call **911**

Caution: Do not squeeze, scratch or pull the stinger. Such actions cause more venom to penetrate the skin.

- Instruct the victim to rest quietly, keeping as still as possible
- Apply an ice pack or cold compress
- Monitor airway, breathing and circulation

Insect Stings (Anaphylactic Reaction), Continued

Symptoms of Anaphylactic Reaction

Anaphylactic shock can produce reactions in respiration, skin, cardiovascular behavior, and gastrointestinal tract.

Respiratory symptoms include progressive breathing distress, caused by bronchospasm or edema of the larynx; sneezing and coughing; tightness

in the chest; other respiratory difficulties, including wheezing, labored breathing, and cyanosis (blueness of the skin, an indication of lack of oxygen).

- *Skin manifestations* include generalized itching over the entire body, an indication that a general systemic reaction is developing. The victim may develop hives, an unusual extended swelling of a limb or other extremity, and/or facial swelling. With massive facial swelling the upper respiratory tract may swell, in effect closing off the airway and creating serious respiratory distress.
- *Cardiovascular manifestations* include an extreme pulse, either slow or fast. Paleness of the skin indicates peripheral vascular collapse. The pulse becomes faint or unobtainable, and blood pressure falls. Circulatory failure, coma, and death ultimately result.
- *Gastrointestinal symptoms*, although unusual, can include nausea, vomiting, colicky abdominal pains, and diarrhea.

Checklist to Treat Allergic Individuals

Treating a hypersensitive individual requires that the staff member know:

- How to avoid likely insect sting situations
- Principles of hypersensitive treatment BEFORE an incident occurs
- How to administer medication, including the bee sting kit, Epipen, and Benadryl
- The location of appropriate medication, particularly as part of required equipment for all field trips

In Event Insect Bite (Unknown Sensitivity)

A student with unknown sensitivity to insect venom requires normal care and monitoring:

Caution: Do not squeeze, scratch or pull the stinger. Such actions cause more venom to penetrate the skin.

- Apply an ice pack or cold compress
- Inform the nurse
- Monitor student (checking airway, breathing and circulation) for remainder of day

NOTE: *Serious reactions to insect bites varies based upon the individual physiology of the child. Reactions can be immediate or delayed. (Continued on next page...)*

Insect Stings (Anaphylactic Reaction), Continued

In Event of Insect Bite (Unknown Sensitivity)

WARNING: Call **911** immediately if a student receives massive bites from a swarm of insects, even if the student shows no hypersensitivity.

Latex Allergy (Anaphylactic Reaction)

Warning

1. Immediately wash the affected area with warm soapy water and dry.
2. Call 911 immediately for wheezing shortness of breath.

Definition

Some persons have a tendency to allergic reactions to latex. The more frequently exposed, e.g., staff administering daily care requiring use of gloves, persons with spina bifida (using latex catheters), the more likely they are to develop a sensitivity. There are delayed and immediate reactions. Gloves labeled “hypo-allergenic” rarely cause delayed

reactions but may cause immediate reactions. (see also Allergies and Anaphylaxis)

Symptoms of Latex Allergy

1. Delay: (due to chemicals used in processing latex)
 - a. Itchy, red, mildly swollen skin rash on sites which touched latex
 - b. Typically appearing 10-30 hours after contact
 - c. Blisters appear in severe cases
2. Immediate; (due to proteins which are part of the natural latex)
 - a. Involves parts of the body that did not touch latex
 - b. Hives on any part of the body
 - c. “Hay fever”-like nasal stuffiness, sneezing, runny nose, itchy nose, eyes or roof of the mouth
 - d. Wheezing, coughing and shortness of breath – an emergency
 - e. Anaphylaxis – a life threatening blockage of the airway and shock

Treatment of Latex Allergy

1. Delayed reactions: short-term, over-the-counter or prescribed steroid topical cream or ointment usually relieve rash
2. Hives of “hay fever”-like signs: over-the-counter antihistamines or decongestants provide relief; possibly prescription cromolyn or corticosteroid nasal spray.
3. Sneezing, coughing or shortness of breath: anti-inflammatory and bronchodilator medications for reactive airway
4. Anaphylaxis: epinephrine (Epi-Pen) injected as quickly as possible, followed by immediate transport to a hospital emergency department

Other Suggestions

- Avoid contact and exposure to items containing latex. A list of common health care and daily items (e.g., balloons, some sports balls and racket handles, rubber bands, water toys, zippered storage bags), containing latex and alternative products is available and updated every six months by the Spina Bifida Association of America (1-800-621-3141). www.sbaa.org
- Persons with latex allergy may also need to avoid certain foods: avocado, banana, kiwi, water chestnut, tomato, “pitted” fruits, and nuts grown in the ground.
- Develop an Individual Healthcare Plan which includes specific actions to prevent exposure, staff training, and the emergency action plan.

Choking

Overview

Choking indicates a blockage in the airway due to a solid object, fluids, or the back of the tongue obstructing the airway. A choking victim may stop breathing or lose consciousness. Choking often occurs while eating or when someone swallows a non-food object.

Indications of Choking

Choking may result from a partial or complete airway obstruction *Partial obstructions* allow the victim to cough and possibly speak. Encourage the victim to continue coughing in order to dislodge the object.

Complete obstructions can begin as partial obstructions. Victims cannot speak, breathe, or cough, although they make high-pitched noises or cough weakly. These symptoms indicate that the victim is not receiving enough air to sustain life. Act promptly by having a bystander call an ambulance and begin first aid treatment.

NOTE: The universal signal for choking is a natural clutching at the throat with one or both hands. If you see this sign, confirm the situation by asking “Are you choking?”

Treatment for Choking

Use the abdominal thrust when the victim is conscious and in an upright position. An unconscious victim, or someone in a prone position, requires different procedures, including cardiopulmonary resuscitation. Attempt to revive such a victim only if you have the necessary CPR certification and ability.

To unblock the airway:

- Call for help (ask a bystander to dial 911).
- Stand behind the victim.
- Wrap arms around the victim's waist.
- Make a fist with one hand, and place the thumb side of the fist against the middle of the victim's abdomen. Locate the fist just above the navel and well below the tip of the breastbone. Grab the fist with your other hand.

Keep elbows out, and press fist into victim's abdomen with a quick upward thrust. Treat each thrust as a separate attempt to dislodge the object. Repeat thrusts until the airway becomes clear or the victim becomes unconscious.

Caution: Improper use of the abdominal thrust can damage internal organs. Make sure you know how to perform this procedure.

Evaluating Serious, Non-catastrophic Injuries

What is a Non-catastrophic injury?

Less serious injuries require immediate treatment and care. While they may present certain life-threatening aspects, serious injuries usually provide more time for treatment than catastrophic injuries. The classification of a "serious, non-catastrophic injury" applies to

- Severe cuts with bleeding that cannot stop

- Head injuries
- Back injuries
- Broken bones (fractures)
- Burns (first and second degree)
- Eye injuries
- Poisoning
- Fainting
- Diabetes

Initial Steps for Non- catastrophic Injuries

WARNING: Remain aware of the possibility of shock with any severe injury. Refer to "Treating Shock" (6-11) for more information.

A serious or non-catastrophic accident or injury involves more flexible treatment options; time becomes less critical. Use the following principles, combined with medical evaluation and suitable victim handling, to minimize further injury or damage:

- Contact the school nurse, or other medical staff member

NOTE: If the nurse is unavailable, use 911 to call an ambulance.

- Remain with the victim (if possible, have another staff member make the phone calls)

Evaluating Serious, Non-catastrophic Injuries, Continued

Initial Steps to Deal with Serious Non- catastrophic Injuries (*cont'd*)

IF ... the victim is unconscious as a result of a **seizure**,

THEN ...

- Call the nurse
- Try to maintain an airway by tilting the head

IF ... the victim is unconscious as a result of a **head injury**,

THEN ...

- Call **911**

In all cases:

- Begin first aid immediately (if certified)
- Remain with the victim
- Avoid moving the victim
- Cover the victim with a coat or blanket

IF ... the student ingests poison or a chemical

THEN ...

- Save any nearby containers
- Call the Poison Control Center (1-800-682-9211)
- Wait for the nurse/ambulance
- Transport the container with the student

IF ... the student splashes a chemical or unknown substance in the eye

THEN ...

- Flush immediately with copious amounts water
- Call the Poison Control Center (1-800-682-9211)

IF ... the student cuts or traumatizes an eye

THEN ...

- Cover the eye with a clean cloth or gauze pad
- Call **911**

Evaluating Serious, Non-catastrophic Injuries, Continued

Treatment of Serious Injuries

The following section describes first aid procedures to address serious, non-catastrophic types of injury.

Severe Cuts, Continuous Bleeding

Follow these steps to treat a severe cut, or a continuously bleeding wound:

- Keep the victim quiet and comfortable
- Call the nurse
- Protect an actively bleeding wound with gauze or a clean cloth

- Apply sufficient pressure to minimize the bleeding without cutting off circulation
- Cover the victim with a coat or blanket, if necessary
- Allow the victim to lie down and elevate the feet if she/he feels faint

NOTE: Review the instructions to stop bleeding contained in the “Massive Uncontrolled Bleeding” section (6-7) and to prevent shock in the “Treating Shock” section (6-11).

Head Injuries

Any blow or fall can result in unconsciousness, dizziness, and vomiting. Head injuries may include concussion or skull fracture. Steps to care for this injury include the following:

- Call **911**
- Contact the nurse
- Make sure the victim has a clear airway and can breathe
- Clear any vomit or saliva from the mouth or airway
- Lift the chin to open the airway
- Gently tilt the head if the airway remains closed
- Avoid moving the victim

Back Injuries

A fall can produce a back injury, with the victim unable or unwilling to rise.

Treatment:

- Call **911**
- Contact the nurse
- Maintain the victim in the same position
- Cover with coat or blanket
- Check airway, breathing and circulation
- Offer encouragement until help arrives

Evaluating Serious, Non-catastrophic Injuries, Continued

Broken Bones (Fractures)

Symptoms associated with a broken or cracked bone or fracture include excruciating pain, discomfort, and possibly a visible deformity (e.g., the limb rests at an unnatural angle). Closed fractures leave the skin unbroken; open fractures break the skin and leave an open wound. Internal injuries may result (e.g., fractured ribs may pierce the lungs, kidneys or liver).

Treatment:

- Call **911**

- Call the school nurse or other medical personnel
- *Do not move the victim!*
- Encourage the victim and wait for help

Caution: Additional injury can result from moving a victim with a fracture, or changing the victim's position.

Burns (First and Second Degree)

First and second degree burns appear moderately severe, with blisters and pain; they cover a relatively small area of the body.

Treatment:

- Apply cold water immediately (by immersing the wound or dousing it with water)
- Avoid using any ointments or grease
- Apply a gauze pad for small burns (large burns require wrapping with a clean towel, sheet or cloth)
- Call for school nurse or other medical personnel

Eye Injuries

Because eye injuries may lead to impaired vision or loss of sight, a staff member must take prompt action. Notify the nurse immediately, or call **911**.

The following types of eye injuries require different treatment:

- Blow to the eye
- Splashing of chemical (or unknown substance) to the eye
- Foreign matter on inner surface of eyelid
- Bleeding from eye or eyelid

Evaluating Serious, Non-catastrophic Injuries, Continued

Blow to the Eye

Use this procedure when a student experiences a blow to the eye:

- Apply ice
- Observe the student carefully

IF ... the student experiences

- **blood in back of eye**
- **irregularity of pupil size**
- **severe pain or bulging**

THEN ... Call 911. Contact the nurse and/or arrange for the student to

see a physician immediately.

Caution: A blow to the eye can damage the eyeball, cheek or nose. Most important, a blow can detach the retina and result in blindness.

Chemical Splashing

Prompt treatment can save someone's sight if chemicals or other unknown substances splash into the eye. The following treatment can save a victim's sight:

- Immediately flush the eye with copious amounts of water
- Wash from the corner near nose to the outer eye
- Pour water from container, or hold head under running water from faucet

Caution: Prevent contaminated water entering the other eye. Do not neutralize the chemical with another substance.

- Wash for at least 15 minutes
- Contact the nurse and call **911**

If a foreign particle irritates the inner surface of the eyelid, the white, or the eye itself:

- Allow tears to wash out the particle naturally,
--OR--
- If the particle is visible, moisten a gauze pad or clean handkerchief and touch the particle lightly.
--OR--
- If you cannot remove the particle, call **911**.

Foreign Matter

Evaluating Serious, Non-catastrophic Injuries, Continued

Bleeding from Eye or Eyelid If the eye bleeds, it can indicate a serious condition, therefore:

- Let the bleeding continue
- Contact the nurse and/or call **911**

Caution: Do not apply pressure to a bleeding eye because you may Compress the eyeball and cause internal damage. Allow the Eye to continue bleeding.

Fainting Fainting represents a short loss of consciousness due to fright, anxiety, blood loss, or other emotional or physical distress.

Caution: Any loss of consciousness can indicate a serious medical Condition. Monitor a fainting victim carefully, checking for an Airway, breathing, and circulation.

Treatment:

- Allow the victim to lie flat, with feet higher than the head
- Do not provide liquids until consciousness returns
- Carefully use an ammonia inhalant

Diabetes

Staff members working with any student with a diagnosis of Diabetes should consult directly with the Collaborative’s School Nurse and Program Director for appropriate protocol.

During the Intake and Referral Process, Program Directors are to contact the Collaborative’s School Nurse so that a Diabetes Care Guide (see Appendix) may be completed. The Collaborative School Nurse will complete the guide with the input of parents/guardians, student’s physician, and provide information to program staff regarding such protocol.

In an emergency situation, staff must immediately call “**911**”. This is to be followed up with a call to Program Director, School Nurse, Parents/Guardians.

Evaluating Other Injuries

Listing Other Typical Injuries or Conditions

Other student injuries appear less severe, but do require treatment and parental notification. The time element becomes less critical as does the need for nursing or medical evaluation for these typical injuries or conditions:

- Seizures
- Wounds
- Nosebleeds
- Insect stings
- Splinters
- Pencil wounds
- Tooth injuries
- Muscle sprain or strain

NOTE: Most staff members can treat minor injuries. If a question arises, however, contact the school nurse, or contact in this order, by pager, the Program Director, or Executive Director.

Seizures

Individuals may experience a seizure as a result of a head injury, disease, fever or infection. They may also suffer from epilepsy, a condition usually controlled by medication (although some individuals may still experience seizures).

Signaling a Seizure

Seizures appear suddenly. Victims may experience warning signs, a need to move to safe place, and/or an ability to warn bystanders and protect themselves before the seizure begins.

Seizures range from mild blackouts, resembling a daydream, to uncontrolled convulsions, lasting several minutes.

Epileptic Seizures

Most epileptics control seizures with medication. Careful observation of the epileptic can assist in medical management of the condition. The staff member should:

- Keep a chart with a complete description of the seizure
- Note the duration and frequency
- Mention the student's activities before the seizure and reactions afterward

Evaluating Other Injuries, Continued

Treatment for Seizures

Treatment for a seizure involves protecting the victim from injury as much as possible. The seizure must run its course; neither the victim or a bystander can control it.

- Do not hold or restrain the victim (injuries may result)
- Loosen restrictive clothing (if possible)
- Do not place any objects between the teeth
- Create a protective space by moving furniture or equipment away from the victim
- Place a cushion or folded clothing beneath the head for protection
- Roll the victim on one side to maintain the airway or to clear vomit from the airway
- Observe the victim carefully
- Write down any observations

After the

After a seizure the victim appears drowsy, disoriented, and needs rest.

Seizure

- Check the victim for any injuries
- Reassure the victim that all is well
- Remain nearby until the victim appears aware and alert

Seizures as Medical Emergencies

A seizure seldom requires an ambulance or emergency treatment. However, call **911** and request an ambulance immediately if:

- The victim is not known to experience seizures
- The seizure lasts longer than a few minutes
- Another seizure begins soon after the first
- The victim remains unconscious after the convulsions stop
- Breathing stops
- The victim is pregnant or a known diabetic
- Injured, or appears injured
- In water

Students with History of Medical Emergencies Related to Seizure Activity

Students requiring emergency medications or treatment for seizure activity will need a seizure protocol with guidelines by the prescribing physician and an agreed upon emergency plan (in writing) between program and parents to include specific medications (Diastat).

Evaluating Other Injuries, Continued

Wounds

A break or tear in the skin, or discoloration under the skin, qualifies as a wound. Typical wounds include:

- Abrasions
- Lacerations
- Contusions or bruises
- Bites

Abrasions

Description: A scrape of the superficial layers of the skin.

Treatment:

- Wash with soap and water
- Apply adhesive bandage (Band-Aid)

Lacerations

Description: A tear in the skin.

Treatment:

- Wash the area with soap and water
- Apply pressure with gauze pad until bleeding stops

- Cover with gauze pad or adhesive bandage

NOTE: Deep lacerations may require stitches. Contact the nurse if the wound appears deep or bleeds excessively.

Contusions or Bruises

Description: Result of blow from blunt instrument or a fall. The red-purple color results from bleeding under the skin.

Treatment:

- Apply ice for 10-15 minutes
- Monitor the victim carefully
- Contact the nurse if the head appears bruised

WARNING: Contusions or bruises could indicate abuse or neglect at home. Monitor such a student carefully and review the policy contained in Chapter 4, *Students At Risk*.

Bites

Description: Human and animal mouths contain bacteria that can lead to infection. Bites that break the skin require medical assistance and a current tetanus immunization shot.

Treatment: See page 1-11.

NOTE: *Any break in the skin (wounds, abrasions, lacerations) requires that the status of Tetanus immunization be ascertained.*

Evaluating Other Injuries, Continued

Treating Animal Bites

Treatment of animal bites requires protection from the animal itself and normal first aid procedures.

- Try to get the student away from the animal, without endangering yourself.
- Identify the animal (if possible).
- Control any bleeding.
- Apply gauze dressing.
- Seek medical help (call nurse and/or **911**)

WARNING: Saliva of diseased animals can transmit rabies. If a wild animal acts in unusual way (does not run away from people, displays excessive drool, acts irritable, strangely quiet, partly paralyzed), the animal may have rabies. If such an animal bites a student, call **911** to notify emergency medical services, police and animal control. **Never attempt to restrain the animal.** Keep everyone away from it.

***Treating
Human Bites***

Human bites also pose the danger of infection:

- Wash the area thoroughly with soap and water
- Control bleeding
- Apply gauze pad

Nosebleeds

Description: Usually the result of a blow.

Treatment:

- Press the bleeding nostril against the nasal bone to close off blood flow.
- Hold pressure for a minimum of 5 minutes (by the clock).
- Do not attempt to blow nose or remove clotted blood.

Seek additional medical help if the nose:

- Continues to bleed, or bleeds excessively
- Is displaced from its normal position
- Contour is altered by marked swelling and/or broadening across the bridge of the nose

Evaluating Other Injuries, Continued

Insect Stings

Description: Bites by stinging insects such as bees, wasps, and ants.

Treatment:

Caution: Do not pull out the stinger, or use tweezers, which can force more venom into the wound.

- Wash the site with soap and water
- Cover with a sterile dressing to keep it clean
- Apply a cold pack to reduce swelling and pain
- Monitor the victim carefully for any reaction to the sting

WARNING: A life-threatening allergy to insect venom affects certain individuals. For more information about anaphylactic shock, review the section “Insect Stings (Anaphylactic Reaction)” (p.). Call an ambulance immediately, and then the nurse, if an insect bite victim experiences hives, rash, weakness, nausea, vomiting, or tightness in the chest,

nose or throat. These symptoms indicate a life-threatening allergic reaction.

Description: Certain ticks can transmit Lyme disease, a potentially crippling illness. Ticks inhabit areas of tall grass near beaches and wooded areas, and attach themselves to any warm-blooded animal, including humans.

Symptoms: The first sign of Lyme disease, a rash at the bite site that occurs within days or weeks, may measure 5 to 7 inches across. Other symptoms include fever, headache, weakness, and joint and muscle pain that resembles the flu.

Prevention is the best method to avoid Lyme disease. The tick rests on the body for up to 24 hours before consuming its blood meal from the human host.

If students play near suspected tick-infested areas:

- Wear light-colored long shirts and pants
- Wear white socks (the small black tick is easier to see on a white background)
- Place socks *over* pant cuffs to provide a barrier
- Inspect the students' hair and clothing
- Recommend that students shower with soap and water after outside activities

Evaluating Other Injuries, Continued

Treating a Tick Bite

To treat a tick bite:

- Remove the tick by grasping it with tweezers, as close to the skin as possible, and pull slowly and firmly

Caution: Without tweezers, use a glove, plastic wrap, paper or leaf to protect fingers. If you use fingers, use gloves and then, wash hand immediately.

Do not burn off the tick with a match or cigarette, coat the tick with petroleum jelly or nail polish or prick it with a pin.

Caution: If you cannot remove the tick, or if its mouth parts remain in the skin, seek medical care.

- Wash the area with soap and water
- Examine the area of the bite periodically
- Seek medical help if a rash or flu-like symptoms develop

Splinters

Description: Slivers of wood or metal embedded in the skin.

Symptoms: Inflammation with pain or discomfort at the injury site.

Treatment:

- Wash the injury with soap and water.
- Remove wooden splinters with tweezers.
- Wash with soap and water, or water and betadine soap
- Cover with sterile dressing (Band-Aid).

NOTE: Contact the nurse for medical direction to remove glass or metal splinters, for multiple wooden splinters, or for deep or dirty splinters. The nurse will check the student’s immunization status for serious splinters.

Pencil Wounds (puncture wounds)

Description: Pieces of lead that puncture the skin.

Symptoms: Inflammation with pain or discomfort at the injury site.

Treatment:

- Treat a pencil wound the same as a splinter.
- Expect additional bleeding because of a larger puncture area.
- Check the student’s Tetanus immunization status.

Evaluating Other Injuries, Continued

Tooth Injuries **Description:** Damage or removal of a tooth or teeth due to a blow or fall.

Symptoms: Looseness of the tooth or complete removal; bleeding; victim may appear quite anxious or upset.

WARNING: Injured teeth need immediate treatment to minimize nerve damage and avoid loss of the tooth. Even a chipped tooth can result in nerve injury. Consult a dentist with any questions.

Treatment: Attempt to reinsert the missing tooth into the socket (if possible).

--OR--

If you cannot reinsert the tooth:

Wrap the tooth in moist gauze and take it with the victim to a dentist immediately (within an hour of injury).

Muscle Sprain or Strain

Description: Sudden movement or twisting at a joint causes a *sprain*, or a tearing of ligaments and other tissues at the joint. More than normal pulling or stretching of muscles causes *strain*, sometimes called a “muscle pull” or “tear”.

Symptoms: Swelling, deformity or painful movement, discoloration or bruising of the skin, inability to use the affected part normally.

Treatment:

- Keep injured part at rest.
- Apply a cold pack.
- Elevate the injured area.
- Advise the nurse of the injury and the treatment.

WARNING: Fractures, dislocations, sprains, and strains have similar symptoms. More serious injuries can result in internal bleeding and shock. Monitor the victim carefully for airway, breathing and circulation. Extreme pain can indicate a more severe injury.

Communicable Student Illnesses

Evaluating Student Illnesses

Because some student illnesses can affect staff members and other students, standard medical practice automatically excludes students with certain illnesses from school until a physician provides written authorization for attendance.

NOTE: The physician's written statement indicates either that the danger of contagion is passed, and/or a need for certain precautions. Review Chapter 1, *Employee Health Issues for information about avoiding infection.*

Infectious Illnesses

Typical infectious conditions include: (See Appendix “What’s Catching” Quick Reference)

- Chicken pox (Varicella)
- Impetigo
- Pediculosis (head lice)
- Scabies
- Pinworms
- Hepatitis
- HIV/AIDS
- Conjunctivitis
- Shigella
- MRSA (Methicillin-Resistant Staphylococcus Aureus)
- VRE (Vancomycin-Resistant Enterocci)
- Fifth Disease (Erythema Infectiosum)

Chicken Pox (Varicella)	<p>Description: The varicella-zoster virus causes this acute, contagious (Varicella) childhood disease. Immunization for Varicella is now required by school admission at Grade 7 level.</p> <p>Symptoms: Initial symptoms often include a cold, followed by red bumps (papules), which develop into blisters (vesicles), which dry to form scabs. The rash occurs primarily on the trunk, scalp, and mucous membranes. A fever often accompanies this illness.</p> <p>Communicability: This disease is spread by direct and indirect contact with the pox and respiratory discharges. It is communicable from two days before the appearance of a rash until all blisters scab over (usually one week from first appearance).</p> <p>Incubation period: 10-21 days</p> <p>NOTE: An exposure to chicken pox results from being in the same room as the contagious victim for one hour. A form of the varicella-zoster virus causes shingles in adults, an inflammation of nerves around the middle of the body.</p>
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Communicable Student Illnesses, Continued

Impetigo	<p>Description: A contagious bacterial infection that flourishes on the face, and is found in children.</p> <p>Symptoms: Eruption of superficial blisters (pustules) and formation of thick yellow crusts, usually on the face. Initial infection begins on the lower part of the face and spreads rapidly.</p> <p>Communicability: Highly contagious. Exclude student from school until crusts no longer appear on the face. The treated individual must remain out-of-school for 24 hours from onset of appropriate treatment.</p>
Pediculosis	<p>Description: A contagious bacterial infection that flourishes on the (head lice) face, and is found in children.</p> <p>Symptoms: Scratching of head, which may indicate presence of lice. Examination reveals a grayish insect measuring 1/8-inch (3 cm) in length. Eggs or "nits" resemble dandruff but stick to the hair shaft. Secondary infection may result from scratching.</p> <p>Communicability: Highly contagious. Exclude student from school until treatment removes the lice and all nits are removed. Re-check by School Nurse required before readmission to school.</p>
Scabies	<p>Description: A female parasite, the "itch mite," burrows under the skin</p>

to lay eggs. Intense irritation develops.

Symptoms: Need to itch in the webs of the fingers, deep skin creases, and points of friction (such as wrist, belt line, ankles).

Communicability: Contagious. Exclude student from school until satisfactorily treated.

NOTE: Student may return to school after treatment, even if itching persists.

Pinworms

Description: An intestinal gray-white parasite 1/4-inch (6 cm) in length, observed at the anus in the morning.

Symptoms: Scratching in the rectal area

Communicability: Contagious due to poor hygiene (fecal-oral route). Prevented by handwashing.

NOTE: A physician must treat pinworms.

Communicable Student Illnesses, Continued

Hepatitis

Description: An inflammation of the liver caused by infectious or toxic agents. Forms include *hepatitis A*, which is transmitted by food and water, and produces relatively mild symptoms; and *hepatitis B*, which is transmitted by infected blood and produces severe or chronic symptoms, with liver damage.

Symptoms: Jaundice, fever, liver enlargement, and abdominal pain.

Communicability: Contagious

WARNING: Students or staff members who have contact with an individual diagnosed with hepatitis should consult with their personal physician. The infected student must advise them what TYPE of hepatitis is present before they can receive treatment. Students who are hepatitis B carriers require appropriate precautions. Review Chapter 1, *Employee Health*, for information about avoiding infection.

HIV/AIDS

Description: Acquired immune deficiency syndrome (AIDS) is caused by the retrovirus FHV (human immunodeficiency virus).

Symptoms: Increased susceptibility to infection and certain rare cancers.

Communicability: Transmitted by venereal routes or exposure to contaminated blood or blood products.

NOTE: The Guidelines for School Attendance for the Developmentally Disabled apply to any student with HIV/AIDS whose physician determines that the student may attend school. *Chapter 1, Employee Health* details the standard precautions when working with students infected with HIV/AIDS and Hepatitis B, and outlines considerations for *Adults Infected with HIV/AIDS Working in School Settings*. *Chapter 4, Students-At-Risk* includes guidelines for students infected with HIV/AIDS.

Conjunctivitis

Description: This disease may be diagnosed as a viral or allergic reaction by a physician. If it is viral, medical attention and treatment is required. The treated individual must remain out-of-school for 24 hours from onset of appropriate treatment.

Communicable Student Illnesses, Continued

Conjunctivitis (continued) **Symptoms:** Reddened eye(s); drainage and crusting of eyelid(s); a feeling of “sand” in the eye(s).

Communicability: This disease is highly contagious through casual contact such as hand-to-eye or eye-to-eye contact (as in using a towel which has been affected through use by someone with conjunctivitis).

Shigella **Description:** Shigella is a diarrheal disease commonly transmitted person-to-person in daycare/child care settings and schools.

Symptoms: The most common symptom is diarrhea (sometimes bloody). Headache, fever, and abdominal pain may also be present.

Communicability: Shigella is very contagious. Strict adherence to proper handwashing is the single most effective tool in limiting the spread of shigella.

MRSA (Methicillin-Resistant Staphylococcus Aureus) **Description:** The presence of antibiotic resistant bacteria (staphylococcus aureus) to methicillin, oxacillin, nafcillin and other antimicrobials. Can be found on the skin, in the nose, sputum, blood, and urine. MRSA colonization is different from MRSA infection. MRSA is present in or on a body site; but no clinical signs or symptoms of illness or infection are present.

*Colonization may not warrant treatment, but a colonized student may transmit MRSA to others.

Caution *The student with an active infectious process of MRSA will not be in the classroom until treatment has been initiated by the physician and student is medically cleared for return to school.*

The student with a MRSA positive colonization may participate in classroom activities with classroom staff implementing the following guidelines:

Communicability The most common mode of transmission is person to person contact via the transiently colonized hands of staff. Droplet-borne transmission is less common, but must be considered with those patients with tracheostomies.

Do not move on to care for the next child until you have discarded your gloves in the waste container identified for that purpose and have washed your hands with antibacterial soap (Dial liquid). Gloves do not take the place of hand washing.

Communicable Student Illnesses, Continued

MRSA Care Guidelines (per Massachusetts Department of Public Health):

(continued)

- Precautions: Standard precautions regardless of MRSA status with care of all students.
- Gloves: Wear gloves when providing direct student care, feeding, g-tube, toileting, changing clothes, repositioning and tracheostomy, etc. *Gloves do not prevent the need for good hand washing. After discarding gloves, wash hands well with antibacterial soap (Dial).
- Hand Hygiene: Strict adherence to hand hygiene protocols must be maintained. Staff and visitors are to wash hands with antibacterial soap (Dial) prior to and after contact with all students. Hands are to be dried with dry disposable paper towel. Get in the habit of using a clean dry paper towel to turn faucets on and off. The student's hands are to be washed periodically during the day with antibacterial soap. Check for allergies.
- Masks: Not necessary as airborne transmission not considered a risk. [Should the student present with signs/symptoms of upper respiratory infection (significant nasal, respirator sections and fever), family should be notified that child needs to be seen by his/her doctor and note from doctor needed for return to school.]
- Gowns: Optional – may be worn to protect care givers clothing when providing direct, prolonged student care (bathing, repositioning, etc.).
- Linens: Face cloths, towels, bibs, closing, etc. (family to provide from home) and all items bagged and returned home at end of school day). Staff to wear gloves when handling soiled linens.
- Environmental Cleaning: Routine cleaning of equipment: (standers, chairs, tables, list supports) are TO BE SPRAYED WITH “Citrace” SPRAY AND WIPED DOWN WITH CLEAN PAPER TOWELS. Staff are to be gloved during cleaning, gloves optional and hand hygiene to follow.
- Classroom Participation: MRSA colonization does not prevent school attendance or participation in peer activities.
- Prevention: * Reinforce Infection Control Standards
 - * Staff Education
 - * Adherence to hand hygiene protocol
 - * Report signs/symptoms or respiratory infection or cross colonization concerns to Certified School Nurse Manager who will then contact MDPH State Laboratory Epidemiologist

Communicable Student Illnesses, Continued

MRSA

- Staff Education: Certified Nurse Manager will conduct a yearly Infection Control/OSHA inservice. Classroom nurses will education

(continued)

staff and visitors to MRSA guidelines.

VRE (Vancomycin-Resistant Enterocci)

**VRE
(Vancomycin-
Resistant
Enterocci)**

Description: As with MRSA an individual with VRE can be either infected (showing clinical signs/symptoms or infection, e.g., fever, lesions, wound drainage) or colonization (VRE is present in or on a body site without clinical signs./symptoms, and in either case, is capable of transmitting it to others. Enterococci are gram-positive bacteria that are part of the normal flora of the gastrointestinal and female genital tracts.

**Communica-
bility**

Most infections caused by these organisms have been attributed to the patient's endogenous flora. However, recent studies indicate that VRE can be transmitted directly by person-to-person contact or directly by transient carriage on the hands of staff or through contaminated environmental surfaces and patient-care equipment

The student with an active infectious process of VRE will not be in the classroom until treatment has been initiated by the treating physician and the student is medically cleared by this physician for return to school.

The student with a positive colonization of VRE may participate in classroom activities when classroom staff and visitors are educated to and implementing the following guidelines.

Precautions

Contact precautions are implemented according to the type of VRE infection or colonization. Standard precautions are to be used at all times, regardless of the VRE status.

Gloves: Gloves should be worn when toileting, changing the child's clothing, bathing, lifting and repositioning. *Do not move on to care for the next child until you have discarded your gloves in the waste container identified for that purpose and have washed your hands with antibacterial soap (Dial liquid). Gloves do not take the place of hand washing.*

Gowns: Gowns are optional in the care of the VRE colonized student. The caregiver may wear a gown when it is likely he/she will have substantial contact with the student, (as in lifting and repositioning). The gown is to be removed at the completion of this student's care, discarded in the appropriate waste container, and the caregiver is then to wash his/her hands after removing soiled gloves.

Communicable Student Illnesses, Continued

**VRE
(continued)**

Masks: VRE is not transmitted through the airborne route. If the child has a trach, and requires care during school time where splashing may take place the nurse may choose to wear a mask.

Hand Hygiene: Strict adherence to hand hygiene protocols must be maintained. Staff and visitors should wash hands with antibacterial soap. Hands should be dried with a clean paper towel and staff should get into the habit of turning water faucets on and off with a clean paper towel. Students should have their hands washed periodically throughout the day, (use antibacterial soap and check for known allergies to soap products prior to choosing soap).

Linens: Face clothes, towels, bibs, and changes of clothing are to be provided by the individual student’s parents. These items should come to school in a plastic bag and returned home at the end of the school day in the plastic bag. The student with VRE or MRSA colonization should not have their clothing/linen mixed with or washed with other students like items.

Environmental Cleaning: VRE is capable of prolonged survival on hands, gloves, and environmental surfaces. Routine cleaning of the student’s immediate surround, equipment and environmental surfaces should be cleansed daily and as needed throughout the day. Avoiding sharing of equipment when possible. The use of “Citrace” spray has been approved. Spray all surfaces and wipe down with clean paper towels. Gloves are indicated in cleaning.

Warning

Warning: Students who are incontinent of infected urine and feces present an increased risk. Use of gowns and gloves by caregivers is encouraged. Changing tables are to be cleaned with “Citrace” between each use even when paper covers are used. Discard paper covers in contaminated bags.

Group Activities: The VRE colonized student should be allowed to ambulate, socialize and participate in classroom activities as long as standard precautions, sound hand hygiene and prn and daily cleansing of environmental surfaces and equipment takes place.

Staff Education: All staff working with the VRE colonized student is to be educated as to the use of standard and contact isolation. The use of sound hand hygiene protocols must be in place and compliance assessed for (this is to be done yearly and as student specific need arises). The Certified School Nurse Manager will put individual student protocol in place and the classroom nurse will provide on-going reinforcement of VRE policy with all staff and visitors to the classroom.

Communicable Student Illnesses, Continued

**Fifth Disease
(Erythema
Infectiosum)**

Called “Fifth Disease” because it was identified after rubeola, rubella, scarlet fever, and roseola.

Cause: Human Parvovirus – related to, but not the same as dog parvovirus. It occurs in pre-school and school aged children.

Transmission: Droplets from respiratory secretions or secondarily by

hands. About 50% of adults have had the disease as children and thus are immune.

Incubation Period: 1-2 weeks

Symptoms:

1. About a week after exposure, the patient develops a low grade fever which lasts 5-7 days and then child recovers with no other symptoms.
2. About a week after the fever goes away, a distinctive rash may appear. It resembles the appearance of a slapped check and there is a faint, lacy rash on the trunk, arms and legs. Adults, especially women, may have joint pain and swelling at this stage. The rash fades in 1-2 weeks, but may recur for several weeks brought on by exposure to sunlight, heat, exercise, or stress.
3. Often there is neither fever nor rash with the disease (sub-clinical form).

Infectivity:

The most contagious period is just before onset of fever, gradually declining during the following week and low to absent by the time the rash appears. This disease often occurs in small outbreaks, usually in late winter and spring, so the diagnosis may be suspected in the pre-rash infective stage, if it has occurred in other family members.

Transmission is enhanced by household contact. A susceptible parents has a 50% chance of catching the disease from her child. In contrast, during an extensive school outbreak, about 20% of susceptible teachers may develop the infection.

Pregnancy:

Pregnant women who become infected in the first 4-5 months are at risk of spontaneous abortion. So far, no baby has been born with birth defects due to parvovirus. The risk is not high. Available data suggest that a susceptible woman exposed to her own infected child during the first 20 weeks of pregnancy runs an increased risk (about 1-2%) of having a spontaneous abortion. If the exposure is at school or another job site, the risk is lower because of less intimate contact.

Communicable Student Illnesses, Continued

**Fifth Disease
(Erythema
Infectiosum)
(cont'd)**

Recommendations and School Relevance:

1. Children with the rash of Fifth Disease do not need to be isolated because they are *no longer contagious by the time the rash appears*.
2. Children with unusual long term blood disease such as sickle cell anemia, immunodeficiency, etc. need special consideration.

3. *Exposed pregnant women need advice from their doctor or an infectious disease specialist.* Testing for susceptibility may be available in selected cases through a local health department
4. Teachers and day care workers are at increased risk of exposure, but a routine policy of exclusion or pregnant women from the work places is not recommended.
5. Hand washing and proper tissue disposal should be scrupulously practiced.
6. Immune Globulin is not effective in preventing infection.

Excluding Students Due to Illness

**Other
Medical
Reasons to
Prevent
Attendance**

These are the Bi-County Collaborative guidelines for exclusion from school. These guidelines also apply to students who become ill at school and need to be sent home.

Fever:

Temperature 100 degrees or higher. Must be fever free for 24 hours before returning to school.

Respiratory:

Congested cough or coughing up thick mucus that is not normal for that

child.

Eye/Nose Drainage:

Thick mucus or pus (especially green) draining from the eye or nose.

Diarrhea:

An increase number of abnormally loose stools in the previous 24 hours. Observe child for other symptoms such as fever, abdominal pain, or vomiting.

Vomiting:

Two or more episodes of vomiting within the previous 24 hours.

Sore Throat:

Sore, red throat, especially when fever or swollen glands in the neck are present.

Skin Problems:

Rashes, infected sores, sores with crusty yellow or green drainage that are undiagnosed or contagious.

**General
Advisory for
Staff
Members**

Teachers or staff members should contact the nurse immediately if they notice any changes in a student's behavior, functioning, gait, color, or if the student shows signs or symptoms of illness or discomfort.

The Collaborative nurse can meet with staff members who have questions about the health of any student, or concerns about safety.

Review: Handling Emergencies

**Summary:
Basic First
Aid Steps**

This chapter emphasizes several steps in handling an emergency:

- Remain with the victim.
- Contact the nurse and/or an ambulance (**911**).
- Provide accurate directions to the ambulance dispatcher (**911**).
- Remain calm.
- Treat the injury as best you can until help arrives.

Emergency

Dialing **911** offers the fastest emergency assistance, especially for "catastrophic emergencies." Provide the following information when you

Numbers

call:

- Your name
- Location
- Nature of the problem
- The status of the problem (emergency/life threatening, OR serious/needs immediate assistance, OR less serious/can wait for assistance)

Poison Center

In event of poisoning, use the following numbers to reach the Poison Control Center. Save any poison containers in order to explain the type of poison to the center.

Poison Center 1-800-682-9211 OR 1-800-232-2120

The Collaborative School Nurse is available to discuss all health-related issues during program hours and after school. Contact BICO Collaborative's School Nurse through your Program Director, or Executive Director.

Chapter 7: Other Regulatory Responsibilities

Overview

The BICO Health and Wellness policies have been developed consistent with policies generated by Department of Public Health (DPH) and the Department of Elementary and Secondary Education (DESE). The Health and Wellness Policies are the result of discussions among the BICO Executive Director and Board of Directors and the applicable Boards of Health.

Concussion Policy

Policy Background

In 2010, the Massachusetts Department of Public Health’s (MDPH) issued a new regulation 105 CMR 201.000 Head Injuries and Concussions in Extracurricular Athletic Activities, mandated by Chapter 166 of the Acts of 2012, An Act Relative to Safety Regulations for School Athletes (See Appendix VII for copy of this statute). This regulation requires all public middle and high schools (serving grades 6 through high school graduation) and those non-public schools that are members of the Massachusetts Interscholastic Athletic Association (MIAA) to have policies and procedures governing the prevention and management of sport-related head injuries. The section in the regulations on School Policies (105 CMR 201.006) states that these policies will be developed by January 1, 2012 and will be reviewed and revised “as needed but at least every two years”.

These regulations and the resulting school policies are meant to prevent concussions and minimize the health consequences should a concussion occur. The regulations also emphasize a team approach, bringing together all those in the school community responsible for student's safety to understand the risks of concussions so they can respond appropriately.

Head Injuries and Concussions in Extracurricular Athletic Activities

Bi-County Collaborative seeks to prevent concussion and provide a safe return to activity for all students after injury, particularly after a head injury. In order to effectively and consistently manage these injuries, the Collaborative staff abides by the following procedures that have been developed to aid in ensuring that concussed students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, including academic assistance, and are fully recovered prior to returning to athletic activity.

Persons Responsible for Implementation of School Policy and Procedures

The Bi-County Collaborative has designated its Executive Director or Program Director (and staff) who has administrative authority to oversee the implementation of these policies and protocols governing the prevention and management of sports-related head injuries. In addition, the Executive Director or Program Director will be responsible for:

1. Supporting and enforcing the protocols, documentation, training and reporting outlined in this policy
2. Supervising and reviewing that all documentation is in place
3. Reviewing, updating and implementing policy every two years and including updates in annual training and student and parent handbooks.

Concussion Policy, Continued

Medical/Nursing Review of Reports of Head Injury During the Season

Blank Copies of the “**Report of Head Injury During Sports Season Forms**” (or school-based equivalent) are kept on the Bi-County Collaborative website. Parents are made aware of their responsibility for completing the form in the event of a head injury occurring during extracurricular activities through written materials at the start of the school year. Such forms will be submitted to the Nurse Manager or Program Director.

Procedures for Reporting Head Injury

At Bi-County Collaborative, head injuries or suspected concussions (after a bump, blow or jolt to the head or body) sustained during extracurricular activities must be reported as soon as possible to the Nurse Manager and the Program Director. **Students who experience signs or symptoms of a concussion should not be allowed to return to physical activity.** If a student is reported to have sustained a head injury at school, Collaborative staff should do the following:

1. Notify the Program Nurse or School Nurse immediately for

evaluation.

2. If the student is determined to have sustained a head injury, their family will be notified as soon as possible. A head injury letter will be forwarded home with the student unless the child is transported to the nearest emergency facility.
3. If necessary, the student will be transferred to the nearest emergency room for evaluation with a member of their program staff until their family or guardian arrives.
4. Complete incident forms and file necessary paperwork for DESE.

**Identifying
Head Injury or
Suspected Head
Injury and
Removal from
Physical Activity**

If a student receives a blow to the head at school and any signs or symptoms are present - or if the student is suspected of having a head injury - the Bi-County staff must remove the student from physical activity and the student will not return to physical activity that day. The student will be referred to the School Nurse, Program Nurse or Program Director who should:

1. Notify parents/guardians immediately.
2. Refer student immediately to their primary care physician or if unavailable, emergency room.
3. Send copy of the symptom checklist with the student for review by medical personnel.

Concussion Policy, Continued

4. Students must follow their primary care physician's written orders concerning return to school and physical activity (which includes physical activity in Physical Education class, recess, sports practice and/or games).

**Medical
Clearance for
Return to
Physical Activity**

Each student who is removed from physical activity for a head injury or suspected concussion, or loses consciousness, even briefly, or exhibits signs and symptoms of a concussion, shall obtain and present to the School Nurse or Program Director a Department Post Sports-Related Head Injury Medical Clearance and Authorization Form (Medical Clearance and Authorization Form), or school-based equivalent, prior to resuming the physical activity. This form must be completed by a physician or one of the individuals as authorized by 105 CMR 201.011(A) (see below). The ultimate return to physical activity decision is a medical decision that may involve a multidisciplinary approach, including consultation with parents, the school nurse and teachers as

appropriate.

Only the following individuals may authorize a student to return to activity:

1. A duly licensed physician;
2. A duly licensed nurse practitioner in consultation with a licensed physician; or
3. A duly licensed neuropsychologist in coordination with the physician managing the student's recovery.

Return to Activity

If it is determined that a student has a concussion or suspected concussion, s/he will be out of physical activity until he/she can be cleared for participation by a physician. No student shall go from being sidelined with a concussion to full activity until he/she has followed the recommended process from the treating physician regarding return to activity. Each student will likely have his/her own course of recovery, which may depend upon prior medical history of concussion. Each student who is removed from physical activity shall have a written graduated re-entry plan for return to full academic and extracurricular athletic activities. The plan shall be developed by the student's teachers, the student's guidance counselor, school nurse, Nurse Manager, neuropsychologist if available or involved, parent, members of the building-based student support and assistance team or individualized education program team as appropriate and in consultation with the student's primary care provider or the treating physician. This written plan shall include instructions for students, parent(s) and school personnel addressing physical and cognitive rest, graduated return to academics and physical activity, estimated time intervals for resuming activities,

Concussion Policy, Continued

assessment frequencies, as is appropriate, physician or neuropsychologist if available until full return to academics and physical activity is authorized. A plan for communication and coordination shall also be put into place with the above individuals who are managing the student's recovery. The student must be completely symptom free at rest in order to begin graduated re-entry (stepwise program) to activities. Final authority for Return-to-Activity shall reside with the student's physician or the physician's designee.

Development and Implementation of Post-Concussion Graduated Reentry Plans

Each student who is removed from physical activity and subsequently diagnosed with a concussion shall have a written graduated reentry plan for return to full academic and physical activities.

1. The plan shall be developed by the student's teachers, the student's school adjustment counselor, school nurse, BICO nurse manager, neuropsychologist if available or involved, parent, individualized education program team as appropriate and in consultation with the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.

2. The written plan shall include instructions for students, parents and school personnel, addressing but not limited to: (a) Physical and cognitive rest as appropriate; (b) Graduated return to physical activity and classroom studies as appropriate, including accommodations or modifications as needed; (c) Estimated time intervals or resumption of activities; (d) Frequency of assessments, as appropriate, by the school nurse, school physician or neuropsychologist if available until full return to classroom activities and physical activities are authorized; and (e) A plan for communication and coordination between and among school personnel and between the school, the parent, and the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.
3. The student must be completely symptom free and medically cleared as defined in 105 CMR 201.011 in order to begin graduated reentry to physical activities.

Graduated Reentry Plan

Bi-County Collaborative requires that all students returning to school and activities after a concussion have a written plan for reentry. School staff, such as teachers, school nurses, counselors, administrators, speech-language pathologists, and others should work together to develop and implement this plan in coordination with the student, their parent/guardian and the primary care provider.

Graduated return to academic plans are based on the stages of recovery framework that takes a student from rest, to gradual return to full participation in academic activities.

Stages of Recovery

The stages of recovery are a framework designed through a collaborative effort by local health care professionals. The purpose of this framework is to create common language that will help guide students, families, school personnel and health professionals through the recuperation process. Placement in stages is based on assessment of the student's medical condition by a licensed medical professional and accompanied by written orders.

Red Stage (Usually 2 – 4 days, but could last weeks)

1. Rest
2. Students typically do not attend school

Orange Stage

1. Rest
2. Attend school half to full days
3. Avoid school bus and heavy backpacks
4. Work with designated educational personnel regarding school accommodations
5. No tests in school
6. No sports, physical education or outdoor recess

Yellow Stage

1. Attend school full-time if possible
2. Students and families work with teachers regarding homework deadlines (complete as much as possible)
3. See school nurse for pain management and/or rest if needed
4. Limit one quiz/test per day (untimed testing is recommended)
5. Work in 15 minute blocks
6. No sports
7. Licensed medical professional will make decisions regarding physical education and out-door recess (elementary level) based on medical assessment

Green Stage

1. Attend school full time
 2. Resume normal activities
 3. Resume physical activity once school work is back on track, student is symptom-free, and has been cleared by a licensed medical professional
- Graduated return to physical activity plans will begin only after a student has returned to full participation in academics and is completely symptom free at rest.

When a student is completely symptom free at rest and has the approval of a medical professional, she/he may begin a graduated return to physical activity protocol.

Return to Activity

Concussion Policy, Continued

Schedule

The return to physical activity schedule for the student should proceed as follows and should be monitored by the APE teachers and Collaborative staff.

Step 1: Light exercise, including walking or riding an exercise bike. No weight-lifting.

Step 2: Aerobic exercise such as running in the gym or on the field.

Procedure for Parent Notification of Student

The written reentry plans will be signed by the student, their parent/guardian, the school nurse, BICO nurse manager, the lead teacher/student adjustment counselor, so that all parties are in agreement as to the plan for reentry. Frequent or periodic assessments by the school personnel including the nurse, as appropriate may be necessary until full return to classroom activities and extracurricular athletic activities are authorized by medical staff. A copy of the plan will be kept in the student's medical record.

Removal from Physical Activity for Head Injury or Suspected Concussion

If a student sustains a head injury, including a suspected concussion, the school nurse, program nurse or program director will notify parents immediately and give them the fact sheet on concussions. Appropriate school staff will be notified within 24 hours of learning of the injury.

Sharing Concussion-Related Health Information

Informal collaboration occurs on a temporary, as-needed basis for information exchange, as when the school nurse informs (while adhering to protocols for confidentiality) the adaptive physical education teacher that a particular student may not participate in athletic activities because of a recent injury. There may be circumstances in which there is a need to share information in the student health record.

Do Not Resuscitate (DNR)

Policy Background

The Individuals with Disabilities Act (IDEA) and Section 504 of the American with Disabilities Act mandates that school districts provide a free and appropriate education for students with complex medical needs. Educational services for medically fragile students may be provided in the regular education setting in order to meet the child's educational needs in the least restrictive environment. Due to the intense medical needs of some students with health impairments, parents/guardians may request school personnel withhold emergency care of their child in the event of a life-threatening situation.

Do Not Resuscitate (DNR) Procedures

If a child has a Do Not Resuscitate (DNR) order, he/she should also have a Comfort Care Order verification form for emergency response and ambulance transport use. A DNR/Comfort Care form is the only authorized way for pre-hospital emergency care providers to recognize a patient with a current, valid DNR order. Parents/guardians who request that educational personnel forgo life-sustaining treatment for their child should be advised of the following procedures:

- A DNR/Comfort Care form for their child must be completed in full and signed by an authorized physician or an authorized nurse practitioner in accordance with the instructions on the form and given to BICO Program Director and Nurse Manager.
- Parents should provide written permission for staff to inform local EMS.

Whenever a Do Not Resuscitate Order/Comfort Care Order is received, the Program Director shall convene a multidisciplinary team that includes the child's parents/guardians, physician, BICO Nurse Manager, school nurse, and school personnel knowledgeable about the student and EMS personnel as appropriate

- The team shall determine specific interventions to be used by the school staff members in the event the child suffers a life-threatening episode during school hours or during a school event.

Do Not Resuscitate (DNR), Continued

Do Not Resuscitate (DNR) Procedures *(cont'd)*

- To assure that a DNR order is recognized in any out-of-hospital setting, an attending physician, authorized nurse practitioner, or authorized physician assistant must provide a patient, who has a current DNR order, with a fully executed CC/DNR Order Verification. Pursuant to this protocol, EMS personnel will be instructed to honor a current valid CC/DNR Order Verification Form (either an original or a copy). Patients without CC/DNR Order Verification Form will be resuscitated by EMS personnel in accordance with standard EMS protocols.
- Nurse manager, school nurse, Program Director or designee shall notify parents immediately when an emergency occurs.
- A copy of the signed DNR/Comfort Care order shall be placed in the student health folder along with the team's agreed upon procedure. The number on the order and number on the bracelet must match.
- Student Confidentiality must be maintained.
 - Parents/guardians shall be consulted as to the disclosure of the student's medical condition to the school staff and students.
 - The team shall decide which school personnel should be informed of the student's condition.
- All DNR/Comfort Care orders must be reviewed at least annually to determine continued appropriateness:
 - the parents/guardians must be involved in the review;
 - a physician contact shall be made in all cases;
 - a review shall be documented in the student health record;
 - the parents/guardians shall sign the individual health care plan at least annually.
- If a DNR/Comfort Care order is rescinded, the parent must inform the Nurse Manager, Program Director and school nurse in writing and sign the rescission notice.
 - The school nurse will: write "DISCONTINUED" in large print across the student's DNR/Comfort Care order.
 - The Program Director and Nurse Manager shall be jointly responsible for informing the appropriate school personnel

Do Not Resuscitate (DNR), Continued

- that the DNR/Comfort Care order has been discontinued.
- The school nurse shall revise the student's individual health care plan to reflect the change in order and the student's current needs.

Comfort Care/Do Not Resuscitate (CC/DNR) Verification Form Requirements

The CC/DNR Order Verification Form shall include:

- the name, date of birth, gender, and address of the patient;
- the name of the guardian or health care agent, if any;
- the signature of the patient or of the guardian or health care agent;
- verification by the attending physician, authorized nurse practitioner, or authorized physician assistant, of the existence of a current valid DNR order;
- the signature and telephone number of the attending physician, authorized nurse practitioner, or authorized physician assistant. If the signature is of an authorized nurse practitioner or authorized physician assistant, the name (signature not required) of the collaborating or supervising physician shall also be included;
- the issuance date and expiration date, if any, of the DNR order; and,
- authorization of EMS personnel to act pursuant to the Comfort Care protocol.

Reference: MDPH Comprehensive School Health Manual; Children with "Do Not Resuscitate" or "Comfort Care" Orders

Wellness

Policy

The mission of the Bi-County Collaborative is to provide the environment and resources to enable all students to achieve success in reaching their emotional, intellectual and physical potential.

The Bi-County Collaborative will:

- Ensure that all students have access to healthy food choices during school and at all school functions.
- Allow a minimum of 20 minutes for students to eat lunch and socialize in the designated cafeteria/dining area as tolerated by student.
- Endeavor to enable all students to acquire the knowledge and skills necessary to make healthy food choices for a lifetime, as is developmentally appropriate.
- In an effort to promote health and wellness, the Bi-County Collaborative will review how nutritious food choices can be incorporated into the curriculum.
- When food is used in the classroom, healthy and nutritious foods should be used, as tolerated by student.
- Ensure all personnel review plans for students with life threatening allergies annually.
- To reduce the risk of disease and allergen transmission, program staff will promote no sharing or trading of food or utensils in all programs.
- Facilitate the practice of making good nutritional choices by reducing the sale and/or distribution of foods of minimal nutritional value through a plan that focuses on reducing access to non-nutritional items and educating students about healthy foods.

Health Education

The Bi-County Collaborative will strive to provide Health Education skills and concepts as part of the regular instructional program and will strive to provide the opportunity for all students to understand and practice concepts and skills related to health promotion and disease prevention as is developmentally appropriate.

Physical education shall be taught by a certified PE teacher. Physical

Wellness, Continued

Physical Education and Activity

Education and physical activity shall be an essential element of each student's instructional program. The program shall provide the opportunity for all students to develop the skills, knowledge and attitudes necessary to participate in a lifetime of healthful physical activity, as is developmentally appropriate.

Healthy and Safe Environment

A healthy and safe environment for all supports academic success. Safe communities promote healthier students. Healthier students do better in school and make greater contributions to their community.

- All programs and central office shall maintain an environment that is free of tobacco, alcohol and other drugs.
- Safety procedures and appropriate training for students and staff shall support personal safety and a violence and harassment free environment.
- Each work site, program and classroom shall work to create an environment where students, parents/guardians and staff are respected, valued and accepted with high expectations for personal behavior and accomplishments.

Social and Emotional Well Being

Programs and services that support and value the social and emotional well-being of students, families and staff build a healthy school environment.

- Students shall be provided the skills to express thoughts and feelings in a responsible manner and give and receive support from others as is developmentally appropriate.
- Students shall be taught to understand and respect the differences in others and how to build positive interpersonal relationships as is developmentally appropriate.

Wellness Committee

The Executive Director will establish and maintain an organization-wide Wellness Committee. The purpose of this committee will be to: develop long and short term goals, monitor implementation of this policy through the collection of data, and evaluate the program. In consultation with administration, the Wellness Committee may recommend revisions to the policy.

Preventive Health Care

Preventative Health Care

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- The Collaborative shall ensure that every student be separately and carefully examined by a duly licensed physician, nurse practitioner or physician assistant upon admission (within one year prior to entrance to program or within 30 days after program entry) and every 3-4 years afterwards. The Collaborative shall require a written report from the physician(s) of the results of the examination and any recommendation and/or modification of the student's activity.

In the event of an emergency placement, the Collaborative shall make provision for a complete examination of the student within 30 days of admission.

- Lead screening results required upon entry into Kindergarten.
- Vision screenings are conducted for all students annually by either the school nurse in the host school or by the Collaborative's School Nurse Manager, or designee (unless developmentally unable to participate)
 - Linear Distance Visual Acuity Critical Line Standard: All children, grades 1 through 12, will be tested for linear distance visual acuity. The Critical Line of 20/30 is the standard threshold to be used for screening all children from age 48 months and older through Grade 12 (*Performed Monocularly*).
 - Linear Near Visual Acuity Critical Line Standard: All children, grades 1 through 12, will be tested for near visual acuity. The Critical Line of 20/30 is the standard threshold to be used for screening (*Performed Binocularly*).
 - Ocular Alignment and Stereopsis Assessment: Ocular Alignment and Stereopsis assessment will be done using the Random Dot E for children in Grades 1 through 3. This test is done binocularly using polarized glasses.
- Hearing screenings are conducted for all students annually by either the school nurse in the host school or by the Collaborative's School Nurse Manager, or designee (unless developmentally unable to participate)
 - Pure tone screening frequency 1000, 2000, and 4000Hz

Preventive Health Care, Continued

Preventative
Healthcare,
Cont.

- Postural screenings are conducted annually by either the school nurse in the host school or by the Collaborative’s School Nurse Manager, or designee for students in grades 5 through 9. Physician documentation of recent (within previous 6 months) postural screening is acceptable.
- The Collaborative, in cooperation with the student’s parents and /or human service agency which is responsible for payment, shall make provision for each student to receive an annual comprehensive dental examination.
- If a communicable disease is reported in student or staff populations, reporting and exclusion shall be managed as advised by epidemiologist at Massachusetts Department of Public Health. Parents, the local board of health and all referring agencies will be notified of presence of communicable disease as advised by Massachusetts Department of Public Health.

A student or staff member who has a reported communicable disease shall be authorized by a physician to continue to be present within the school.

- Medications are stored in double lock cabinets. Medications and medical supplies are not stored in the same cabinet as other toxic substances. Toxic substances are labeled with contents and antidote. The phone number for the Massachusetts Poison Control Center is clearly posted in the programs.

The Collaborative guides students and their parents to local health clinics or other such resources for family planning subject to any applicable state or federal legislation

Receipt of Medical Treatment – Religious Beliefs

Immunization Requirements

Receipt of Medical Treatment – Religious Beliefs Immunization Requirements

Regulations currently require students to be vaccinated against polio, diphtheria, tetanus, pertussis, measles, mumps, rubella, hepatitis B, and varicella. In addition, meningococcal vaccine is required for some students.

Every year, DPH updates and distributes the most current childhood immunization recommendations and school requirements to all schools that have kindergartens and 7th grades and to all postsecondary institutions. The immunization schedule is accessed on the DPH website annually by the school nurse manager. Children in preschool programs are required to be immunized according to the most recent DPH recommended schedules.

Immunization Exemptions and Vaccine-Preventable Disease Exclusion Guidelines

Definition of Allowable Exemptions

There are two situations in which children who are not appropriately immunized may be admitted to school;

1. A medical exemption is allowed if a physician submits documentation that an immunization is medically contraindicated.
2. A religious exemption is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

Philosophical exemptions are not allowed by law in Massachusetts, even if signed by a physician

The only exception for exclusion is provided for in the McKinney-Vento Homeless Assistance Act. Homeless children cannot be denied access to school if they do not present their immunization records. Assistance will be provided in obtaining immunization records.

Exclusion During Disease Outbreaks

In the absence of an emergency or epidemic of disease declared by the Department of Public Health, the Collaborative shall not require any student to receive medical treatment when the parents object thereto on the ground that such treatment conflicts with a religious belief.

In situations when one or more cases of vaccine preventable disease are present in a school, all under-immunized students, including those with medical or religious exemptions, are subject to exclusion. The Collaborative will not require a student to receive medical treatment when a parent objects on the grounds of sincere religious beliefs, absent emergency or epidemic disease declared by the Department of Public Health.

Appendix A

**Bi-County Collaborative
Regional Education Center
Summit Elementary, Middle, and High School Programs
2140 Providence Highway
Emergency Response Protocols**

Contact Name	Title	Phone Number
Arlene Grubert	Executive Director	781-789-1375 or 508-613-4011
Nancy Regan	Director of Student Services/ Principal	508-335-7543
Ben Giuffrida	Program Director MS/HS	508-918-6128
Pam Ludwig	Program Director (Elem)	508-918-5794
Jon Morgan	Program Coordinator	508-335-7549
Craig Murphy	Clinical Director	
Walpole Police		508-668-1212 or 911
Walpole Fire		508-668-2347 or 911

General Information

All media communication **MUST** be directed to the Executive Director

Medical Emergencies- Call 911 immediately. Contact building nurse and Program Director/Coordinator

Program Director will contact the Director of Student Services; Director of Student Services will then contact the Executive Director

If there is a life-threatening situation, a person (ideally the nurse) trained in respiratory arrest or cardiac arrest should be called to the scene immediately to administer appropriate procedures. The Program Director should be given the following information: location, room number, name of student/staff in distress, and description of the emergency.

- ✓ **A person will be assigned by the Program Director to meet the ambulance and escort EMTs to the site of the emergency**
- ✓ **DO NOT leave person unattended—always send for help or yell for help**

Mental Health Emergencies

If a student talks of harming themselves or another person, or experiences a panic attack, **do not leave the student alone.**

- ✓ When possible, the student's Adjustment Counselor should be the first point of contact
- ✓ The Adjustment Counselor will then contact the Clinical Director if needed
- ✓ The Program Director in conjunction with the Clinical Director/Counselor will determine level of risk and next steps (i.e. 911 or calling Crisis)

Secure and Hold

If the school has been notified of a potential outside threat the building will be secured and all staff and students will hold in place.

- ✓ All doors will be locked-internal and external
- ✓ Restrict movement in rooms; close shades when possible; stay away from windows, move only when told via loudspeaker
- ✓ Continue teaching if possible; update attendance within your room; limit phone use
- ✓ Listen for directions; Program Director will announce all clear to end procedure and provide further instructions

Lockdown with Intruder

In the event that a threat or intruder is inside the building:

- ✓ Call 911 immediately
- ✓ Program Director/designee will announce several times **“Lockdown”**
- ✓ Clear the hallways; students should be directed to the nearest classroom
- ✓ Exit directly to the outside if there is a safe and secure path
- ✓ Follow assigned procedure for lockdown—lock door, close shades/ cover classroom door window, keep clear of door, stay out of site as best as possible
- ✓ Ignore announcements; wait for police to unlock door and escort out
- ✓ When exiting, students should show hands up high and after exiting the building, meet at a designated safe spot
- ✓ **No outgoing communication by cell or land-line phones by staff or students**

Bomb Threats

If a bomb threat is received, the person receiving the call will contact the Program Director/Designee that a bomb threat has been received

The Program Director/Designee will call 911 to notify Walpole PD and FD

Once 911 had been called, the Program Director will make the decision whether to evacuate, relocate, or shelter in place

- ✓ If evacuation is necessary, the Program Director will utilize the intercom system to communicate with staff and students
- ✓ Teachers will report anyone missing to their Program Director who will update the appropriate emergency personnel and BICO administration

Fire

In the event that a fire is actually **in** your space/classroom, **immediately pull the nearest fire alarm**

- ✓ Notify the Program Director as soon as possible
- ✓ Refer to the evacuation maps and proceed to the predetermined location Close the classroom door after the students have exited the room
- ✓ Escort the students to the predetermined location. Students are to maintain SILENCE throughout
- ✓ Do not reenter the buildings until they are declared safe by fire or law enforcement
- ✓ Using the emergency class roster, take attendance...**if anyone is missing**, alert an administrator immediately
- ✓ Await further instruction from the Program Director/Designee while keeping students calm and quiet
- ✓ Program Director will notify the staff that the emergency has ended

Chemical Spill Nearby

In the event that the school is notified of a chemical spill nearby, the information will be communicated by the Program Director/Designee to all staff

- ✓ Staff will close all exterior doors and windows and move all students inside from the outside areas and await further instructions from the Program Director/Designee

Gas Leak-Hazardous Material-Noxious Odor

In the event you detect a noxious odor, immediately evacuate the area by word of mouth. Stay upwind from odor or hazard

- ✓ Contact Program Director/Designee and notify Walpole Fire Dept.
- ✓ If evacuation is necessary, the Program Director will utilize the intercom system to communicate with staff and students
- ✓ Doors should be closed upon leaving a classroom
- ✓ **Do no use any electrical switches or cell phones**

On Campus Evacuation

One of the instructions you may be given during an emergency is to evacuate the building or a specific location of the school. There may be situations where students, staff, and visitors may be directed to evacuate by first responders, and this may occur during a Lockdown or Shelter in Place event. If you are told to evacuate the building, do the following:

- ✓ Teachers facilitate the transition of students and staff to the predetermined location
- ✓ Teachers take emergency binders or class rosters. Lock all exterior doors and windows if appropriate
- ✓ Teachers account for all students after arriving in shelter area
- ✓ Limit movement and talking in shelter area
- ✓ All persons remain in shelter area until the Program Director/Designee or Emergency Responders declare it is safe to leave
- ✓ In the event of the need to evacuate the campus to an off-site location, follow the directions of the Program Director/Designee

Severe Weather/Tornado Watch or Warning

All staff will be informed of severe weather in the area via Telephone/intercom by the Program Director/Designee

- ✓ Staff should make sure that no one is outside
- ✓ To the extent possible, avoid areas with windows and glass doors
- ✓ If directed to do so by the Program Director/Designee, all staff and students should move to the pre-determined location

Appendix B

Bi-County Campus School 141 Mansion Drive, East Walpole, MA

LRTC and ATP Programs
Emergency Response Placards for ROOM_____

Contact Name	Title	Phone No.
Arlene Grubert Liz McGonagle	<i>Executive Director BICO</i> <i>Executive Director TEC</i>	781-789-1375 508-613-4011 781-352-5700 617-842-1263
Deb Ciccone Dan Shovak	<i>Director of Finance and Operations BICO</i> <i>Director of Finance and Operations TEC</i>	508-450-1022 508-613-4015 781-352-5705 774-319-9415
Julie O'Connor Susan Donelan	<i>Director of Student Services BICO</i> <i>Director of Student Services TEC</i>	508-335-7543 508-335-7546 781-352-5706 617-835-3409
Walpole Police		911 or (508) 668-1212
Walpole Fire		911 or (508) 668-2347
Walky-Talky	<i>Emergency Channel</i>	Channel 4

General

All media communication **must** be directed to the Executive Director.

Medical Emergencies - Call 911 immediately. Call your Nurse Manager.

Then call the Program Director, Director of Student Services or Executive Director/Designee.

When there is a **life-threatening** situation, a person (Nurse) trained in respiratory arrest or cardiac arrest should be called to the scene immediately to administer appropriate procedures. Call Program Director and verify your location and door #, name and description of the emergency.

- The Program Director may assign someone to meet the ambulance and escort EMTs to the site of the emergency.
- DO NOT leave person unattended. Send for help or yell for help.

Mental Health Emergencies

If a student talks of harming herself or another person, or experiences a panic attack, **do not leave the student alone.**

- Whenever possible, escort the student to the Program Director's office. If you cannot locate the Program Director contact the Director of Student Services. Depending on the level of risk, 911 may need to be called.

Secure and Hold

The school has been notified of a potential threat outside the building; **Secure** the Building; **Hold** everyone inside.

- ““Lockdown channel 4”.”** announced several times by the Executive Director/Designee.
- Lock all doors interior and exterior.
- Restrict any movements; Pull shades and stay away from windows; move only on announcements, not on bells.

- Continue teaching; Update your attendance. Restrict cell phone use.
- Listen for directions; Executive Director will announce all clear to end procedure and provide further instructions.

Lockdown with Intruder

In the event that a threat or intruder is inside the school building:

- Call 911 immediately
- Contact the Executive Director/Designee who will announce several times **“Lockdown channel 4”**.
- Clear all hallways; Students should be directed out of hallway into nearest classroom.
- Exit directly to the outside if there is a safe and secure path.
- Follow assigned procedure for lockdown; Lock classroom/office doors with key, close windows, cover windows if possible, keep everyone clear of doors and windows. Instruct students to move to corner of room least visible from exterior of doors.
- Ignore announcements; wait for police to unlock door and escort out.
- When exiting, students should show hands up high and, after exiting the building, meet at a designated safe spot.
- NO outgoing communication by cell or land-line phones by faculty, staff or students.

Bomb Threats

If a Bomb Threat is received, person receiving the call will refer to the Bomb Threat worksheet and gather required information, and inform the Executive Director/Designee that a bomb threat has been received. The Executive Director/Designee will **call 911** to notify the Walpole Police and Fire Departments. The Executive Director/Designee will make the decision to evacuate, relocate, or remain in place.

- If evacuation is necessary, the Executive Director/Designee will utilize the Telephone Intercom system and walky-talky to communicate with staff and students.
- Teachers will report anyone missing to their Program Director who will update the Executive Director or designee.

Fire

In the event that a fire is actually **in** your space, **immediately pull fire alarm**.

- Notify Executive Director/Designee as soon as possible.
- Refer to the evacuation maps in and proceed to the predetermined location.
- Close the classroom door after students have exited the room.
- Escort students to the predetermined location. students are to maintain SILENCE throughout.
 - ▶ Do not reenter buildings until they are declared safe by fire or law enforcement personnel.
 - ▶ Executive Director/Designee will notify staff and students of termination of emergency.
- Using your emergency class roster, take attendance. **If anyone is missing, alert**

- an administrator immediately.
- Await further instruction from the Executive Director/Designee while keeping your students quiet.

Gas Leak • Hazardous Material • Noxious Odor

In the event you detect a noxious odor, immediately evacuate the area by word of mouth. Stay upwind from odor or hazard.

- Contact Executive Director/Designee and notify the Fire Department.
- If evacuation is necessary, the Executive Director/Designee will utilize the Telephone/Intercom or walky-talky system to communicate with staff and students. Doors to area should be closed.
- Teachers will bring emergency information and daily attendance to the evacuation site. Report anyone missing to the Executive Director/Designee.
- DO NOT USE any electrical switches or cell phones.

Chemical Spill Nearby

In the event that the school is notified of a chemical spill nearby, the information will be communicated by the Executive Director/Designee to all staff.

- Faculty and staff will close all exterior doors and windows and move all students inside from outside areas and await further instructions from the Executive Director/Designee.

On Campus Evacuation

1.) One of the instructions you may be given in an emergency is to evacuate the building or a specific location of the school as necessary. There may be situations where students, staff, and visitors may be directed to evacuate by first responders, and this may occur during a Lockout or Shelter-In-Place Event. If you are told to evacuate the building, do the following:

- Teachers facilitate the transition of students and staff to the predetermined location.
- Teachers take emergency binders or class rosters. Lock all exterior doors and windows, if appropriate.
- Teachers account for all students after arriving in shelter area.
- Limit movement and talking in shelter area.
- All persons remain in shelter area until the Executive Director/Designee or Emergency Responder declares that it is safe to leave.
- In the event of the need to evacuate the campus to an off- site location, follow the directions given by the Executive Director/Designee.

Severe Weather/Tornado Watch/Warning

All staff will be informed of severe weather in the area via the Telephone/Intercom or walky-talky system by the Executive Director/Designee.

- Staff should make sure that no one is outside.
- To the extent possible, avoid areas with windows and glass doors.

- If directed to do so by the Executive Director/Designee, all staff and students should move to the pre- determined location.

Appendix C

Fire Evacuation Procedures Bi- County Collaborative

Summit Elementary, Middle and High School
Program 2140 Providence Highway

In the event of a fire alarm follow the procedures below:

1. **The receptionist will take the staff/student and visitor sign in binders as she exits the building from the front door and will meet with the middle school classrooms.**
- 2.
3. **Classroom Teachers:**
Will take their emergency binder and student attendance binder with them as they exit the building.
4. **Elementary Program- (Lower Level)**
Will exit the building using the left side door closest to Rodman Arena. Students and staff will gather at the “grassy strip” area after the parking lot directly across from the exit.
5. **Middle School Programs- (Main floor)**
Will exit the building using the left side door closest to Rodman Arena. Students and staff will gather at the “grassy strip” area after the parking lot towards the rear of the building.
6. **High School Programs- (Second floor):**
Will exit the building using the front door. They will take a RIGHT upon exiting and walk around to rink parking lot to the right side of rink when facing it. Students and staff will gather to the right of the hockey rink.

Teachers should bring the following with them:

- Daily attendance sheet**
- Green and Red cards to indicate “all set” or “need administration assistance”**
- Administrators will have walkie-talkies in order to communicate with one another**

Important Information for Staff:

- When leaving a room, staff should ensure that the door is closed behind them**
- If a door is not shut, staff are not to reenter the building-this includes staff going back in to sweep or double check doors**