

STUDENT POSSESSION & USE OF PORTABLE ELECTRONIC DEVICES, INCLUDING CELLULAR PHONES
Educational Uses

Utilizing portable electronic devices

Approval for student use of such devices will be at the discretion of the classroom teacher, upon approval of the instructional use by the building administrator.

During school and school-sponsored activities, students will comply with this policy and with administrative and staff member directives regarding use. Students are required to turn cell phones and other portable electronic devices over to school personnel when requested. Students who refuse to do so are subject to disciplinary action.

A cellular phone or portable electronic device that has been confiscated by the district and not turned over to law enforcement will be released/returned to the parent/guardian when no longer necessary for investigation or disciplinary proceedings. As appropriate, the cellular phone or portable electronic device may be returned directly to the student.

The district assumes no responsibility for loss or damage to personal property of students, including cell phones and other portable electronic devices, whether in the possession of students or if confiscated by school personnel pursuant to this policy.

- (cf. 5131 – Conduct)*
- (cf. 5131.4 – Campus Disturbances)*
- (cf. 5131.41 – Violent and Aggressive Conduct)*
- (cf. 5131.42 – Threats of Violence)*
- (cf. 5131.43 – Harassment, Intimidation and Bullying)*
- (cf. 5131.9 – Academic Honesty)*
- (cf. 5137 – Positive School Climate)*
- (cf. 6161.4 – Internet)*
- (cf. 6161.5 – Web Sites/Pages)*

Searches

The contents of a cellular phone, camera, or other portable electronic device may be searched to determine ownership, to identify emergency contacts, or upon reasonable suspicion that a school or district rule or the law has been violated.

- (cf. 5145.12 – Search and Seizure)*

Added 2/2010

The Principal/Head Teacher is responsible for the health and safety of all students enrolled in the school and generally for staff and public when they are on the school premises during regular school day or on school-sponsored activities. Protecting the health and safety of personnel is the first priority of the Principal/Head Teacher and school staff.

- A. Make sure all buildings and equipment are kept in a good state of repair.
- B. Make sure all equipment is properly used for the purpose for which it was intended.
- C. Provide for proper supervision of all student and community activities.
- D. Provide clear rules for school-sponsored activities and use of equipment.
- E. Keep the building and grounds clear of all safety hazards.
- F. Keep the building, kitchen, etc., clean with trash and garbage properly disposed of.
- G. Eliminate all fire hazards and keep extinguishers ready for use.
- H. Hold fire drills at least monthly. Keep a record of date of fire drills.
- I. Make sure food, dishes, and utensils are cared for in a proper sanitary fashion.
- J. Make sure the water and sewer systems work properly.
- K. The wearing or use of “skate shoes”, roller skates or shoes with built in roller balls are prohibited in any LPSD facility.

Note: In 2006, the Alaska Legislature passed SB 48, a component of which prohibits school personnel from referring parents to a specific health care provider. AS 14.30.171(a)(4). However, school districts may make available to parents a list of community medical and mental health resources. AS 14.30.176. These requirements are set forth in the policy below. Any referral to community resources must contain certain mandatory information, which is included in AR 5141,

The School Board recognizes the importance of taking appropriate action whenever an accident or illness threatens the safety, health or welfare of a student at school or during school-sponsored activities. The Superintendent or designee shall establish procedures to minimize the effects of an injury by providing first aid and/or medical attention as quickly as possible, to notify parents/guardians of the accident and to take other steps necessary in the interests of the student and the district.

Emergency Contact Information

To facilitate immediate contact with parents/guardians on such occasions, the School Board requires parents/guardians to furnish the schools with the current information specified below:

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

(cf. 5141.21 - Administering Medication)

(cf. 5141.3 - Health Examinations)

Referral to Community Resources

Note: Under AS 14.30.177, school boards must adopt a policy that employees who refer parents to individual health care providers may be subject to disciplinary action. In 2006, such referrals became prohibited by law. AS 14.30.171(a)(4).

School personnel, except those possessing a special services type C certificate, should not recommend that a parent or guardian seek services from a specific physician, psychologist, or other health specialist. Violations of this policy may result in disciplinary action.

School personnel may provide a community resource list that identifies community medical and mental health resources. The Superintendent or designee is responsible for ensuring that any list of community providers complies with legal requirements.

Legal Reference:

ALASKA STATUTES

09.65.090 Civil liability for emergency aid

14.30.141 Self-administration and documentation of medication

14.30.171 Prohibited actions

14.30.176 List of community resources

Revised 01/07

ACCIDENTS AND FIRST AID

Parents are primarily responsible for their children's health care. The School District does not provide medical care or insurance for student injury that may occur while attending school or participating in school-sponsored activities. The District can provide information on student school accident insurance. This insurance can be purchased by the parents.

Parents should only be referred to medical or mental health providers through the use of a community referral list. For any individual provider identified on the community referral, the list must contain the name, specialty, and credentials of the individual. All lists of community resources must include the following language:

This list is provided as a resource to you. The school neither recommends nor requires that you use this list or any of the services provided by individuals or entities on the list. It is for you to decide what services, if any, to use and from whom you wish to obtain them.

The Principal/Head Teacher is responsible for ensuring that referrals are made in compliance with the above requirements and BP 5141.

First aid kits are available in all schools for use in case of accident to school children, but only first aid should be given. Teachers may not dispense medicine or prescribe treatment unless the required authorization is completed, approved and on file in the administrator's and student's file.

The District is not responsible for providing medical treatment or transportation for students. In authorized circumstances, LPSD personnel will assist parents/guardians with the administration of Prescribed Medication to students. The medication must be delivered to the school administrator in a labeled pharmacy container with the student's name, dosage, physician, pharmacy, date issued, prescription number. Forms M-5 or M-6 in the LPSD Forms Book must be completed, accepted, approved and be on file before any medication is administered.

At each school procedures shall be developed for the proper handling of emergencies and made known to the staff. Following are requirements to be incorporated:

- A. The health aide or another trained person shall be responsible for administering first aid.
- B. In all cases where the nature of an illness or an injury appears in any way serious, every effort should be made to contact the parent/guardian so that the parent can arrange for medical attention.
- C. No young child who is ill or injured shall be sent home alone, nor any older child unless the illness/injury is minor. A young child who is ill or injured shall not be taken home unless it is known that someone is there to receive the child.
- D. In all cases where there is a question of whether the student should be transported to a doctor or a hospital, the decision will be made by the village health aide. The District has been notified by the Regional Director of Public Health Services in Anchorage that all requests for transportation and medical services of sick or injured students should be made by the health aide. The aide will be instructed by Public Health Service as to where the student should be taken for medical

ACCIDENTS AND FIRST AID (continued)

attention. If the parent/guardian does not wish to use Public Health Services, arrangements for transportation and medical services must be made by the parent/guardian.

- E. In extreme emergencies where the health aide or parent is not available, the Principal/Head Teacher may make arrangements for immediate hospitalization of injured or ill pupils, contacting parent/guardian or relatives in advance if at all possible.
- F. The teacher or other staff member to whom the child is responsible at the time an accident occurs shall make out a report on the official form providing details about the accident. This shall be required for every accident for which first aid is given.
- G. Serious accidents to students shall be reported as soon as possible to the District Superintendent or Chief School Administrator.
- H. Medical records shall be maintained on each student to include any allergies or reactions to drugs or medication and other pertinent information such as blood type, etc., in case emergency medical treatment is required. Any known medical conditions or problems such as diabetes, etc., should also be maintained on each student.
- I. The Principal/Head Teacher shall develop a safety program in the school in order to help prevent accidents.

Note: In 2005, AS 14.30.141 was passed requiring districts to permit the self-administration of medication by students for asthma or anaphylaxis. Self-administration may only be permitted upon a school's annual receipt of written certification by the student's parent/guardian and the student's health care provider. The statute also requires parents to release the school district from liability from any injury that may result from the storage and self-administration of asthma and anaphylaxis medication. Finally, the statute provides that students who use the medication in a manner other than prescribed are subject to disciplinary action.

The School Board recognizes that students sometimes may need to take prescribed medication during the school day in order to be able to attend school without jeopardizing their health. In such cases, when the district has received written statements from the student's physician and parent/guardian as required by law, designated personnel shall assist the student in taking the medication.

The School Board recognizes that some students have allergies of such severity that they may require an emergency anaphylactic injection during the course of the school day. Parents/guardians who are aware of this foreseeable need may ask the district to store and provide such injections. School staff who, may be required to administer anaphylactic injections shall receive appropriate training and will be authorized to administer the injections within the legal provisions of law.

(cf. 5141 - Health Care and Emergencies)

Self-Administration of Medication for Asthma or Anaphylaxis

A student may be permitted to carry medication that has been prescribed or ordered by a physician to stay on or with the student due to a pressing medical need. Students who have received instruction in the self-administration of asthma or anaphylaxis medication shall be permitted to carry and self-administer the medication upon written authorization of the parent/guardian and health care provider, consistent with law and procedures developed by the Superintendent or designee. Written authorization must be submitted annually.

By law, neither the district nor its schools are liable for injuries that may result from the storage or self-administration of medication. No student will be permitted to carry or self-administer a prescribed medication without a release of liability for the school, its employees, and agents. The release of liability shall include an agreement to indemnify and hold harmless the school and its employees or agents from claims arising out of the storage or self-administration of medication.

A student who uses the medication in a manner other than prescribed is subject to disciplinary action.

Legal Reference:

ALASKA STATUTES

09.65.090 Civil liability for emergency aid

14.30.141 Self-administration and documentation of medication

Revised 2/06

Before a designated employee administers any prescription or over-the-counter medication to any student during school hours, the district shall have received:

1. A written statement from the student's physician or pharmacy label detailing the prescribed method, amount and time schedules by which the medication is to be taken, and
2. A written statement from the student's parent/guardian requesting the district to assist the student in taking the medication as prescribed by the physician.

Medication shall be in a properly labeled pharmacy bottle containing the name and telephone number of the pharmacy, the student's identification, name of the physician, and dosage of the medication to be given. The designated employee shall be responsible for the medication at school and shall administer it in accordance with the physician's indicated dosage schedule.

Note: The following optional paragraph may be used to prevent the possibility of a student switching the medication with a controlled substance.

All medications must be delivered to the school by the parent/guardian or his/her adult representative.

The designated employee shall maintain a list of students needing medication during school hours, including the type of medication, times, and dosage. This list will be kept in the Principal/Head Teacher's and/or school nurse's office and shall be reviewed and updated periodically.

The designated employee shall maintain a log recording the student's name and the time and date when medications were given.

All medication shall be kept in a locked drawer or cabinet.

Anaphylactic Injections

1. Parents/guardians of students who may require emergency anaphylactic injections shall provide explicit written permission for authorized staff to administer such injections.
2. Each year, school employees designated by the Principal/Head Teacher shall receive training in administering anaphylactic injections. Qualified medical personnel shall provide this training.
3. The Principal/Head Teacher or designee shall schedule inservice meetings to:
 - a. Familiarize authorized staff with the prescribed medications and their location.
 - b. Ensure that authorized staff are competent to administer anaphylactic injections.
 - c. Train all school personnel to recognize the symptoms of anaphylactic reactions.

Physicians and parents/guardians of students who may require anaphylactic injections may be invited to attend these meetings.

4. The Principal/Head Teacher or designee shall prepare a list naming the students who may need emergency anaphylactic injections. This list shall be posted in the school health office, given to all concerned staff, and updated annually.
5. All medication for injections shall be labeled with the student's name, medicine name, and expiration date. It shall be stored in a locked cabinet with easy access by authorized staff.
6. The Principal/Head Teacher or designee shall post in the school health office a list of symptoms usually associated with anaphylactic reactions and a clear, specific procedure for administering injections in case of emergency. If authorized staff are not available at the time of an emergency, this written procedure will be followed by anyone who must administer the injection in order to save a life.

Self-Administration of Anaphylactic Injections (EpiPen) and Asthma Inhalers

1. Students will be permitted to carry and self-administer asthma and anaphylaxis medication if the parents/guardians provide the school with the following:
 - a. Written authorization from a parent or legal guardian for the self-administration of the medication.
 - b. Written certification from a student's health care provider that the student: (1) has asthma or a condition that may lead to anaphylaxis; and (2) has received instruction in the proper method of self-administration of the medication; and (3) has demonstrated to the health care provider the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed.
 - c. An Asthma and/or Allergy/Anaphylaxis Action Plan (written treatment plan) signed by the student's health care provider.
 - d. A release of liability for the school and its employees or agents for injury arising from self-administration.
 - e. An agreement to indemnify and hold harmless the school and its employees for claims arising from self-administration.

All of the information identified in number 1 above must be updated annually.

ADMINISTERING MEDICATION (continued)

AR 5141.21(c)

1. Schools shall provide a written notice to the student's parents or guardians of the school's absence of liability related to the self-administration of medication according to the law.
2. The Principal/Head Teacher or designee shall prepare a list of students authorized to carry and self-administer medication. The list shall be posted in the school health office, given to all concerned staff, and updated annually.
3. All inhalers and injection kits shall be clearly labeled with the student's name, medicine name, and expiration date.
4. The student shall report each use of the asthma inhaler or anaphylactic injection to [his or her teacher/Principal/Head Teacher/school health office] so that a record of administration may be kept.
5. Students are not permitted to misuse an inhaler or EpiPen in any way, including sharing the medication with another student, or sticking or spraying it at anyone. Doing so will result in disciplinary action, up to and including, suspension or expulsion. Disciplinary action will not limit the student's immediate access to the prescribed medication.

Revised 2/06

ALLERGY/ANAPHYLAXIS ACTION PLAN

Student Name _____ D.O.B. _____ Teacher _____
 School Nurse _____ Phone Number _____
 Health Care Provider _____ Preferred Hospital _____
History of Asthma No Yes – Higher risk for severe reaction

ALLERGY: (check appropriate) To be completed by Health Care Provider

Foods (list):

Medications (list):

Latex: Circle: Type 1 (anaphylaxis) Type IV (contact dermatitis)

Stinging Insects (list):

RECOGNITION AND TREATMENT

Chart to be completed by Health Care Provider ONLY	Give CHECKED Medication		
<i>If food ingested or contact w/ allergen occurs:</i>	EpiPen	Antihistamine	
No symptoms noted	Observe for other symptoms		
Mouth	Itching, tingling, or swelling of lips, tongue, mouth		
Skin	Hives, itchy rash, swelling of the face or extremities		
Gut+	Nausea, abdominal cramps, vomiting, diarrhea		
Throat+	Tightening of throat, hoarseness, hacking cough		
Lung+	Shortness of breath, repetitive coughing, wheezing		
Heart+	Thready pulse, low BP, fainting, pale, blueness		
Neuro+	Disorientation, dizziness, loss of conscience		
If reaction is progressive (several of the above areas affected), GIVE:			
The severity of symptoms can quickly change. +Potentially life-threatening			

Students
DOSAGE

Epinephrine: Inject into outer thigh **EpiPen 0.3 mg OR EpiPen Jr. 0.15 mg** (see reverse for instructions)

Antihistamine: Benadryl _____ mg To be given by mouth *only if able to swallow*.

Other: _____

This child has received instruction in the proper use of the EpiPen. It is my professional opinion that this student **SHOULD** be allowed to carry and use the EpiPen independently. The child knows when to request antihistamine and has been advised to inform a responsible adult if the EpiPen is self-administered.

It is my professional opinion that this student **SHOULD NOT** carry the EpiPen.

Health Care Provider Signature _____ Phone: _____ Date _____

EMERGENCY CALLS

1. **Call 911.** State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call parents/guardian to notify of reaction, treatment and student's health status.
3. Treat for shock. Prepare to do CPR.
4. Accompany student to ER if no parent/guardians are available.

PREVENTION: Avoidance of allergen is crucial to prevent anaphylaxis. Critical components to prevent life threatening reactions: ✓ Indicates activity completed by school staff

	Encourage the use of Medic-alert bracelets
	Notify nurse, teacher(s), front office and kitchen staff of known allergies
	Use non-latex gloves and eliminate powdered latex gloves in schools
	Ask parents to provide non-latex personal supplies for latex allergic students
	Post "Latex reduced environment" sign at entrance of building
	Encourage a no-peanut zone in the school cafeteria
	Other:

Side 2: To Be Completed by Parent/Guardian, Student and School

Allergy/Anaphylaxis Action Plan *(continued)* Student Name _____ D.O.B. _____

Parent/Guardian AUTHORIZATIONS

I want this allergy plan implemented for my child; **I want my child to carry the EpiPen** and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of EpiPen.

I want this plan implemented for my child and **I do not** want my child to self-administer EpiPen.

It is recommended that backup medication be stored with the school/ school nurse in case a student forgets or loses EpiPen and/or antihistamine. The school district is not responsible or liable if backup medication is not provided to the school/ school nurse and student is without medication when medication is needed.

Your signature gives permission for the nurse to contact and receive additional information from your health care provider regarding the allergic condition(s) and the prescribed medication.

Parent/Guardian

Signature: _____ Phone: _____ Date: _____

Student Agreement:

I have been trained in the use of my EpiPen and allergy medication and understand the signs and symptoms for which they are given;

I agree to carry my EpiPen with me at all times;

I will notify a responsible adult (teacher, nurse, coach, noon duty, etc.) **IMMEDIATELY** when auto-injector EpiPen (epinephrine) is used;

I will not share my medication with other students or leave my EpiPen unattended;

I will not use my allergy medications for any other use than what it is prescribed for.

Student Signature: _____ Date: _____

Back-up medication is stored at school Yes No

Approved by Nurse/Principal/Head Teacher Signature: _____ Date: _____

DIRECTIONS FOR EPIPEN® USE

Pull off gray activation cap.

Hold Back tip to outer thigh (apply to thigh **ONLY**).

Press hard into outer thigh until auto-injector mechanism functions. Hold in place for 10 seconds.

Massage the injection site for 10 seconds.

Once EpiPen® is used, call 911/EMS. Take the used EpiPen to the emergency room with you.

STAFF MEMBERS TRAINED

NAME	TITLE	LOCATION/ROOM #	TRAINED BY

EMERGENCY CONTACTS

	NAME	HOME #	WORK #	CELL #
Parent/Guardian				
Parent/Guardian				
Other:				
Other:				

**STUDENT ASTHMA
ACTION CARD**

Name: _____ D.O.B. _____ Teacher _____
School Nurse: _____ Phone Number: _____
Health Care Provider Treating Student for Asthma: _____ Ph: _____
Preferred Hospital _____
My Personal Best Peak Flow Reading: _____ (If Applicable)

Green Zone: All Clear

- Breathing is easy. No asthma symptoms with activity or rest
 - Peak Flow Range: _____ to _____ (80 to 100% of personal best) *If applicable.*
 - **Pre-medicate if needed 10 to 20 minutes before sports, exercise or other strenuous activity.**
 - **Pre-exercise medications listed in #1 below.**

Yellow Zone: Caution

- Cough or wheeze. Chest is tight. Short of breath.
- Peak Flow Range: _____ to _____ (50 to 80% of personal best) *If applicable.*
- Medicate with quick reliever. Give medications as listed below.
- May re-check peak flow in 15 to 20 minutes.
- Student should respond to treatment in 15-20 minutes and return to green zone, if not contact parent.

Red Zone: Emergency Plan

- Call EMS if student has any of the following:
 - Coughs constantly
 - No improvement 15-20 minutes after initial treatment with medication
 - Hard time breathing with some or all of these symptoms of respiratory distress:
 - ♣ Chest and neck pulled in with breathing
 - ♣ Stooped body posture
 - ♣ Struggling or gasping
 - Trouble with walking or talking due to shortness of breath
 - Lips or fingernails are grey or blue
 - Peak flow below: _____ (50% of personal best) *If applicable.*
- ♣ Medicate with quick reliever. Give medications as listed below.
 - ♣ Re-check peak flow in 15 to 20 minutes.
 - ♣ Student should respond to treatment in 15-20 minutes.
 - ♣ Contact parent/guardian.

Emergency Asthma Medications – to be completed by Health Care Provider

Name	Amount
1. _____	_____
2. _____	_____

Health Care Provider AUTHORIZATION:

- This Child has received instruction in the proper use of his/her asthma medications.
- It is my professional opinion that this student **should/should not** (circle one) be allowed to carry, store _____ and use his/her asthma medications by him/herself.

Health Care Provider Signature: _____ Date: _____

Side 2 to be filled out by Parent / Guardian, Student, and School

Side 2: To Be Completed by Parent/Guardian and Student

STUDENT ASTHMA ACTION CARD (continued) Student Name: _____ D.O.B. _____

DAILY ASTHMA MANAGEMENT PLAN

- Identify the things which start an asthma episode (If known, check each that applies to the student. These should be excluded in the student’s environment as much as possible.)

<input type="checkbox"/> Exercise	<input type="checkbox"/> Chalk dust/dust	<input type="checkbox"/> Food _____
<input type="checkbox"/> Strong odors or fumes	<input type="checkbox"/> Carpets in the room	<input type="checkbox"/> Molds
<input type="checkbox"/> Respiratory infections	<input type="checkbox"/> Animals _____	<input type="checkbox"/> Latex
<input type="checkbox"/> Change in temperature	<input type="checkbox"/> Pollens (Spring/Summer/Fall)	<input type="checkbox"/> Other _____

- List all asthma medications taken each day.

Name	Amount	When to Use
1. _____		
2. _____		
3. _____		

COMMENTS / SPECIAL INSTRUCTIONS

AUTHORIZATIONS

Parent/Guardian:

- I want this plan to be implemented for my child in school.
- I authorized my child to carry and self-administer asthma medications and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration and/or storage of asthma medications. Yes No
- It is recommended that backup medication be stored with the school/ school nurse in case a student forgets or loses inhaler or inhaler is empty. The school district is not responsible or liable if backup medication is not provided to the school/ school nurse and student is without working medication when medication is needed.

Your signature gives permission for the nurse to contact and receive additional information from your health care provider regarding the asthma condition and the prescribed medication.

Students

E 5141.21(f)

Parent/Guardian Signature: _____ **Date:** _____

Student Agreement:

- I understand the signs and symptoms of asthma and when I need to use my asthma medication.
- I agree to carry my medication with me at all times.
- I will not share my or use my asthma medications for any other use than what it is prescribed for.

Student Signature: _____ Date: _____

- Approved by School Nurse/School Principal/Head Teacher Back-up medication is stored at
Yes No

School Nurse/Principal/Head Teacher Signature: _____

Date: _____

The School Board recognizes its dual responsibility to protect the health of students from risks posed by infectious diseases and to uphold the rights of students to a free and appropriate education. The district requires all staff to routinely observe universal precautions to prevent against exposure to bloodborne pathogens and prevent the spread of all infectious disease.

(cf. 4119.43 - Universal Precautions)

(cf. 4119.42 - Exposure Control Plan for Bloodborne Pathogens)

(cf. 5141.23 - Infectious Disease Prevention)

The admission of a student with an infectious disease identified by state health officials shall be determined by the Superintendent or designee according to standard health procedures. The Superintendent or designee shall consult with the student's parent/guardian and, as required, with the student's physician and/or the local health department.

(cf. 5112.2 - Exclusions from Attendance)

(cf. 5141.3 - Health Examinations)

Students with Bloodborne Pathogen Infections

Note: Under 4 AAC 06.060, a student diagnosed with AIDS or HIV does not have a condition that 'will cause the attendance of the child to be inimical to the welfare of other pupils,' as required for the suspension or removal of a student due to a medical condition under AS 14.30.045. A student's removal because of AIDS or HIV is only allowed if the student has uncoverable oozing lesions or other symptoms, or displays behavior, such as biting, which in the opinion of a team, substantially increases the risk of transmission to other pupils. That team must be made up of the student's physician, public health personnel, the parent or guardian, and school personnel associated with the child's placement.

Students with blood-borne pathogens are entitled to the rights and services accorded to other students. The sole presence of blood-borne pathogens is not sufficient reason to exclude students from attending school. Parents/guardians of students whose educational performance is adversely affected by an infectious disease are encouraged to inform the Superintendent or designee so that any such child will have access to appropriate district programs and services. The Superintendent or designee shall convene a review panel to make recommendations regarding appropriate programs and services for the student.

The Superintendent or designee shall ensure that all of the student's rights to confidentiality are strictly observed in accordance with law.

Note: We recommend that written releases from the student's parent/guardian be requested on behalf of all review panel members.

The Superintendent or designee shall request that parents/guardians sign a release form to provide confidential medical information and records to the review panel.

Legal Reference:

ALASKA STATUTES

14.30.045 Grounds for suspension or denial of admission

ALASKA ADMINISTRATIVE CODE

4 AAC 06.060 Suspension or denial of admission

4 AAC 06.150 Confidentiality of AIDS information

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

20 United States Code, 1232g

NONDISCRIMINATION UNDER REHABILITATION ACT OF 1973

20 United States Code, 794

Revised 12/04

The Superintendent or designee shall consult with local health officials regarding the criteria for determining the admission or exclusion of a child with a suspected or diagnosed infectious disease. If necessary, the Superintendent or designee shall obtain a written statement from the student's physician that the child does not pose a risk of infection to other students and district personnel.

Confidentiality

The Superintendent or designee shall ensure that student confidentiality rights are strictly observed in accordance with law. No district employee shall release medical information, including knowledge of a blood-borne pathogen infection, without written consent from the parent/guardian. Such information may be shared only with those persons specifically named in the written permission.

Note: Depending upon the source, the contents and format of a written consent for disclosure form may be governed by law. Decisions regarding disclosure should be made with legal counsel.

Note: The American Academy of Pediatrics does not recommend requiring disclosure of a student's HIV status as no cases of HIV transmission have been reported in the school setting. According to the Academy, knowledge of a student's HIV status is unnecessary for school entry and disclosure should not be required. The decision to disclose HIV infection status should be made in the best interests of the child and is the responsibility of the parents, who may want to include the child's pediatrician in the decision-making. When a decision is made to notify the school that a child is HIV-positive, the number of persons aware of the child's infection can be limited so that the information is disclosed only to those who need such knowledge to care for the child. This recommendation does not imply that the classroom teacher must be notified. *See American Academy of Pediatrics, Committee on Pediatric AIDS and Committee on Infectious Disease, Issues Related to HIV Transmission in Schools, Child Care, Medical Settings, the Home, and Community.*

Students with Infections or Special Susceptibility to Infection

1. Before a review panel is convened to develop recommendations for the appropriate placement of students with infections or special susceptibility to infection, the Superintendent or designee shall obtain a written statement from the child's parent/guardian authorizing the Superintendent or designee and the health officer to obtain confidential information from the student's physician and any other source of pertinent medical, psychological or educational information.
2. A review panel shall be convened, composed of:
 - a. The student's parent/guardian.
 - b. The student's physician.
 - c. The district's appointed medical consultant or public health official.

- d. The Superintendent or designee.
- e. Other appropriate school personnel.

<p>Note: To maintain the strictest standards of confidentiality, districts should include on the review panel only those persons who have a need to know about the student's medical condition. Only the Superintendent or designee, parent/guardian and student's physician have an ongoing need to know the student's identity. The Superintendent's designee, the district's appointed medical consultant, public health official and other appropriate school personnel do not always need to know the infected person's name. They may study the facts of the case and reach a decision without knowing the student's identity.</p>
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- 3. Upon collecting the required authorizations and statements, the review panel shall evaluate placement options for the child. The panel shall consider:
 - a. The age, physical condition, neurological development and behavior of the infected student.
 - b. The expected type of interaction with others in the school environment.
 - c. Risks to the student.
- 4. The review panel shall provide the Superintendent or designee with recommendations regarding the student's placement in regular classes or in an alternative educational program. The panel is encouraged to recommend alternative programs:
 - a. When a question exists as to whether transfer of infection may occur due to:
 - (1) Un-coverable oozing lesions.
 - (2) Inability to safely control bodily secretions.
 - (3) Behavior.
 - b. When the student is at high risk of acquiring a secondary infection.
 - c. When the student has a significant health problem that permanently restricts his/her ability to attend class.

INFECTIOUS DISEASES (continued)

AR 5141.22(c)

5. The review panel shall also develop a written plan recommending procedures for personal care and for modification, if necessary, of the student's academic program. The panel shall review this plan regularly to determine any need for changes in placement, care or services.
6. The identity of a student with infection and/or special susceptibility to infection shall be held in confidence. Review panel members shall not share this confidence with anyone outside the panel except in accordance with law.
7. When infections such as chicken pox, cytomegalovirus, herpes simplex, tuberculosis or measles occur at school, the Superintendent or designee shall so inform the student's parent/guardian and physician, so that the physician who is aware of the student's immune status may assess the student's risks from exposure to these infections.

Revised 12/04

Note: Pursuant to the Code of Federal Regulations 29 CFR 1910.1030, employers with one or more employees having occupational exposure to blood-borne pathogens must enforce universal precautions to prevent contact with blood or other potentially infectious materials. The following optional policy addresses the need for students to follow the same procedures.

The School Board recognizes its responsibility to consistently take precautions to prevent the spread of infectious diseases. A comprehensive approach to disease prevention requires the cooperation of the home and the community.

All students and employees shall be informed of the universal precautions to be used whenever anyone is exposed to blood or other body fluids through injury or accident. Science laboratory instruction shall be designed to protect students from contact with body fluids and with contaminated needles, sharps and other objects.

(cf. 4119.41 - Infectious Diseases)

(cf. 4119.42 - Exposure Control Plan for Blood-borne Pathogens)

(cf. 4119.43 - Universal Precautions)

(cf. 5141.31 - Immunizations)

(cf. 6142.2 - AIDS Instruction)

revised 9/93

Science Laboratory Instruction

Before a class works with blood or blood products, the teacher must explain the potentially hazardous nature of blood, emphasizing the fact that through blood, various agents can be transmitted from one person to another. Before and after doing laboratory work, students must always wash hands with soap and water, dry hands, and cover any existing cut, wound, or open sore with a sterile dressing. The following techniques also must be used when students are working with human blood:

1. Specific procedures and safety precautions shall be explained carefully before starting each laboratory exercise.
2. Wherever possible, blood typing experiments shall be conducted by teacher demonstrations rather than being performed by individual students.
3. Students always shall work with their own blood, or shall use prepackaged ABO/Rh blood cell kits that have vials of blood previously tested for transmissible agents.
4. Students shall use individual sterile lancets for finger punctures, and lancets must not be reused.
5. Before the finger is punctured, it shall be wiped with alcohol or other approved disinfectant.
6. If bleeding persists after the finger is punctured, the student shall apply a sterile bandage using moderate pressure.
7. Lancets and any other materials with blood on them must be discarded into sharps containers that will be incinerated by the hospital.
8. At the end of the class, laboratory desks shall be wiped with one to ten dilution of bleach or other approved disinfectant.

Techniques similar to the above shall be used when working with any other body fluids.

Revised 12/04

**Precautions for
Infectious Disease Prevention**

Note: The following precautions should be established to prevent potential exposures to infectious diseases, whether or not casually transmitted.

Hand washing is the single most important technique for preventing the spread of casually transmitted diseases. Hands should be washed thoroughly for 15 to 30 seconds with soap and warm running water, rinsed under running water, and thoroughly dried with paper towels:

1. Before eating, drinking or feeding.
2. Before handling food, clean utensils or kitchen equipment.
3. Before and after using the toilet or diapering.
4. After accidental contact with body secretions such as blood, urine, feces, mucus, saliva or drainage from wounds, or with soiled garments, equipment, diapers or menstrual pads.

Non-sterile disposable gloves should be worn when handling blood (such as providing care for nosebleeds, bleeding gums, cuts or wounds); blood-soiled items (such as menstrual pads, bandages or clothing); secretions (particularly from open sores or wounds); vomit, urine or feces; as well as surfaces, materials, and objects exposed to them.

Gowns or smocks should be worn if soiling of clothing by body fluids, secretions or excretions is anticipated. Hands should be washed thoroughly after removing gowns or gloves.

Personnel and students with open skin lesions (such as chapped or broken skin, eczema, sores, cuts or wounds) should particularly avoid contact with blood, blood-soiled items, or secretions, and should cover their lesions with occlusive dressings or gloves when possible.

Extraordinary care should be taken to prevent accidental wounds from potentially contaminated sharp instruments such as needles, scissors, or knives.

Food and drinks should not be shared. Separate eating utensils, glasses and cups should be used.

Sanitary conditions should be maintained throughout the facility, with established routines for frequently cleaning floors, sinks, faucets, table -tops, doorknobs, etc.

Surfaces contaminated with body secretions should be washed with soap and water and disinfected promptly with a freshly prepared solution of bleach (ten parts water to one part bleach) or other approved disinfectant. Disposable towels should be used whenever possible, and mops should be rinsed in the bleach solution.

Articles and clothing soiled with blood, vomit, feces, urine or other body discharges should be placed in leak-proof plastic bags for proper disposal or washing.

Revised 12/04

Note: Effective July 1, 2009, school children must be immunized against varicella.

Prior to first entry into school, a child must be fully immunized as required by law against diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, hepatitis A, hepatitis B, and varicella. Children over the age of 12 shall not be required to be immunized against rubella (4 AAC 06.055).

Any student who does not show evidence of required immunization or who does not present a letter or affidavit from the parent/guardian or physician, physician's assistant, or advanced nurse practitioner stating reasons for exemption based on medical reasons or personal beliefs, shall be excluded from school until such time as the immunization is obtained or affidavit of exemption has been filed with the school.

The Superintendent or designee shall exclude those students who fail to meet immunization requirements as required by law.

Provisional Admission

Where regular weekly medical services are not available, the Superintendent or designee may grant provisional admission to students in exceptional circumstances for up to 90 days.

(cf. 5112.2 - Exclusion)

Note: Pursuant to 4 AAC 06.055 immunizations must be provided by state or federal health services if otherwise unavailable in the district or if unaffordable.

Provisional admissions shall be reported to the Department of Health and Social Services. The Superintendent or designee shall inform parents/guardians of available immunization services and state or federal assistance.

Legal Reference:

ALASKA STATUTES

14.30.065 *Supervision*

14.30.125 *Immunization*

ALASKA ADMINISTRATIVE CODE

4 AAC 06.055 *Immunizations required*

Revised 1/09

Note: AS 14.08.111 and AS 14.14.090 require districts to provide mandated reporters training in child abuse recognition and reporting. Pursuant to 47.17.020 teachers and school administrators are mandated to report child abuse.

With concern for the wellbeing of each student, teachers and school administrators shall be trained to report known or suspected incidences of child abuse in accordance with state law. District employees shall cooperate with the child protective agencies responsible for reporting, investigating and prosecuting cases of child abuse.

Note: Any individual may report suspected child abuse. The following optional language expands the number of school employees trained in child abuse recognition and reporting and may be revised or deleted as desired.

The Superintendent or designee shall provide training in child abuse recognition and reporting for all certificated personnel and for classified personnel who have regular contact with students and wish to participate in such training.

Note: Pursuant to AS 14.17.068, failing or refusing to report child abuse mandated by law is a misdemeanor if the person knew or should have known that circumstances gave rise to the need for a report.

Legal Reference:

ALASKA STATUTES

14.08.111 Duties (Regional school boards)

14.14.090 Additional duties

47.17.010-47.17.070 Child protection

ALASKA ADMINISTRATIVE CODE

4 AAC 06.045 Training required

Duty to Report

Teachers and school administrators have a legal duty to report known or suspected child abuse to the nearest office of the Department of Health and Social Services immediately. The reporting duties are individual and cannot be delegated to another individual.

Reporting Procedures

1. Any employee may report known or suspected child abuse, by telephone to the nearest office of the Department of Health and Social Services.
2. If contact cannot reasonably be made with child protective services and immediate action is needed to protect the child, the employee shall make the report of abuse to a peace officer.
3. In addition to reporting to child protective services, employees shall report harm from known or suspected child abuse to local law enforcement if the harm is believed to have been caused by a person not responsible for the child's welfare or if the employee is unable to determine who caused the harm or whether the person believed to have caused the harm has responsibility for the child's welfare.
4. When an employee is required to contact law enforcement but is unable to make that contact, then the employee should contact the Department of Health and Social Services.

Note: School districts may wish to establish procedures encouraging employees to notify administrators of reports that are made. These internal procedures must not prohibit or impede immediate and direct reporting by employees to child protective agencies and should not require that the identity of the mandated reporter be disclosed to the school district. The following paragraph is optional.

5. When an employee is required to contact Department of Health and Social Services but is unable to make that contact, then the employee should contact law enforcement.

Legal Responsibility and Liability

1. School employees are not civilly or criminally liable for filing in good faith, a required or authorized report of known or suspected child abuse, or for participating in related judicial proceedings.
2. A mandated reporter who fails or refuses to report an instance of child abuse, which he/she knows to exist or reasonably should know to exist, is guilty of a misdemeanor. The mandated reporter may also be held civilly liable for damages for any injury to the child after a failure to report.
3. When two or more persons who are required to report have knowledge of suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by any one of them who is selected by mutual agreement, and a single report may be made and signed by the person selected. However, if any person who knows or should know that the person designated to report failed to do so, that person then has a duty to make the report.

4. The duty to report child abuse is an individual duty and no supervisor or administrator may impede or inhibit such reporting duties. Furthermore, no person making such a report shall be subject to any sanction.

(cf. 5145.11 - Questioning and Apprehension)

When School Employees are Accused of Child Abuse

Note: The duty to report child abuse is an important one and applies even if the known or suspected child abuse involves a school employee or co-worker.

Regardless of who child abusers may be, the major responsibilities of mandated reporters are to 1) identify incidents of suspected child abuse, and 2) comply with laws requiring reporting of suspected abuse to the proper authorities.

Determining whether or not the suspected abuse actually occurred is not the responsibility of the school employee. Such determination and follow-up investigation will be made by a child protective agency.

Pending the outcome of an investigation by a child protective agency and prior to the filing of formal charges, the employee may be subject to reassignment or a paid leave of absence.

Disciplinary action after the filing of formal charges shall be in accordance with district policies, regulations and/or collective bargaining agreements. The Superintendent or designee shall consult with legal counsel in implementing either suspension or dismissal.

(cf. 4117.4 - Dismissal)

(cf. 4118 /4128 - Suspension/Disciplinary Action)

LPSD Reporting procedures:

A. Any District employee required by law to report, (Teacher or Administrator), having reasonable cause to suspect that child abuse or neglect as defined by Alaska Statute has occurred shall follow these procedures in making a report:

1. Contact his/her immediate supervisor (Principal/Head Teacher).
2. Obtain from the site administrator, the LPSD "referral for Suspected Child Abuse or Neglect" form, and complete with the following: The name of the case worker, note the time and date the call was made.
3. Make a telephone report to the Office of Children Services (O.C.S.)
4. State your name, title and school location. You also may indicate whether your name may or may not be used by O.C.S. during the investigation.
5. Verbally report the injury or circumstances and any other pertinent information related to the cause, source, frequency or duration of the child abuse or neglect, including a description of the home situation, if it is known.
6. If there is a problem contacting O.C.S., immediately notify the site administrator or his/her designee. If immediate action is necessary for the well being of the child, make a telephone report to the Local Village Public Safety Officer and the Alaska State Trooper nearest the village location.

Alaska State Trooper Telephone contact:

Iliamna.....(907) 571-1236

Naknek.....(907) 246-3346

Sand Point.....(907) 383-3535

The site administrator should contact a District Office Administrator to seek additional assistance in contacting a O.C.S. case worker or supervisor.

7. Within 24 hours of making a telephone report of child abuse or neglect, the employee shall prepare a written report. The original copy shall be routed as follows:

A) FAX a copy of the report to the District Office attention:

Superintendent or Chief School Administrator

FAX # (907) 246-3055

B) Mail the original to:

Superintendent or Chief School Administrator

The Lake and Peninsula School District

P.O. Box 498

King Salmon, AK 99613

LPSD Reporting procedures(continued):

- C. The report shall be made on the report form for the district. Report forms are available from the site administrator or District office.
- 8. All school district employees are required to protect student's rights to privacy and confidentially. As such, all information and reports regarding child abuse or neglect shall be treated as confidential and shall be maintained in a safe place.
- 9. The Principal Head Teacher shall maintain the confidentiality of all reports received on suspected child abuse or neglect. The Principal/Head Teacher shall make provisions to protect, and maintain as confidential, the identity of the employee or employees making the report.