Code: EBBA Adopted: 3/07/00 Revised/Readopted: 5/06/19 Orig. Code(s): EBBA

First Aid**

In case of sudden illness or injury to a student or staff member, first aid will be given by school staff. Further medical attention for a student is the responsibility of the student's parents, or of someone the parents designate in the case of emergency.

Each principal is charged with providing for the immediate care of ill or injured persons within their area of responsibility.

Staff members shall report self-administered first aid treatment to an immediate supervisor.

In each district facility, procedures for handling health emergencies will be established and made known to the staff. Each district facility and district vehicle will be equipped with appropriate first-aid supplies and equipment. All employees are expected to know where first-aid supplies and equipment are kept in their work areas.

Designated employees in each building shall hold current first-aid cards. In compliance with Oregon Administrative Rules (OAR), each school shall have, at a minimum, at least one staff member with a current first aid card for every 60 students enrolled or an emergency response team per building. Such team shall consist of no less than six persons who hold current first aid/CPR cards and who are trained annually in the district and building emergency plans. Names of the designated employees will be posted.

END OF POLICY

Legal Reference(s):

ORS 30.800	OAR 437-002-0360	OAR 581-053-0003(37)
	OAR 437-002-0377	OAR 581-053-0220(3)(B)(iii)
OAR 437-002-0042	OAR 581-022-2050	OAR 581-053-0320(5)(b)
OAR 437-002-0120 to -0139	OAR 581-022-2220	OAR 581-053-0420(2)(f)(B)
OAR 437-002-0161	OAR 581-022-2225	

Cross Reference(s):

GB - General Personnel Policies GBE - Hazardous Materials

EBBA Code: Adopted: xx/xx/xx

Student Health Services**

Highly recommended policy. The requirement for school districts to develop and implement a health services plan comes from OAR 581-022-2220.}

Although the district's primary responsibility is to educate students, the students' health and general welfare is also an important Board responsibility. The Board believes school programs should be conducted in a manner that protects and enhances student and employee health and is consistent with good health practices. A health services plan shall be developed, implemented, and updated annually. The plan shall describe a health services program for all students at each facility that is owned or leased where students are present for regular programming.

The district shall maintain a written prevention-oriented health services plan for all students. The health services plan will¹:

- 1. Explain available health care space that is appropriately supervised and adequately equipped for providing health care and administering medication or first aid:
- 2. Refer to available communicable disease prevention and management plan that includes school-level protocols²;
- 3. Outline a district-to-school communication plan³;
- Provide information about health screenings, including immunizations and TB certificate 4. requirements;
- 5. Describe how services for all students, including those who are medically complex, medically fragile or nursing dependent, and those who have approved 504 plans, individual education program plans, and individualized health care plans or special health care needs are managed⁴;
- 6. Integrate school health services with school health education programs and coordinate with health and social service agencies, public and private;
- 7. Describe how hearing, vision and dental screenings are managed and/or verified for required students⁵;

¹ For exact language and complete requirement, see OAR 581-022-2220(1).

² For specific protocol content requirements, see OAR 581-022-2220(1)(b).

³ For requirements of this plan see OAR 581-022-2220(1)(c).

⁴ For more information regarding these requirements see ORS 336.201 and 339.869, OARs 581-021-0037, 581-015-2040, 581-015-2045, 851-045-0040-0060, and 851-047-0010-0030.

⁵ For vision screening or eye examination or dental screening information see ORS 336.211 and 336.213.

- 8. Include a process to assess and determine a student's health services needs, including availability of a nurse to assess student nursing needs upon, during, and following enrollment with one or more new medical diagnose(s) impacting a student's access to education, and implement a student's individual health plan prior to attending school⁶;
- 9. Comply with OR-OSHA Bloodborne Pathogens Standards for all persons who are assigned to job tasks which may put them at risk for exposure to body fluids⁷;
- 10. Refer to adopted policy and procedures for medications in accordance with Oregon law⁸;
- 11. Include guidelines for the management of students who are medically complex, medically fragile, or nursing dependent as defined by ORS 336.201, including students with life-threatening food allergies and adrenal insufficiency while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities⁹; and
- 12. List the positions in the district which shall be required to obtain and maintain a first-aid/CPR/AED card in accordance with OAR 581-022-2220(3).

Any nurse(s) employed by the district and providing services to students on behalf of the district shall be licensed in Oregon to practice as a registered nurse or nurse practitioner or be a licensed practical nurse (LPN) in alignment with LPN supervision requirements of OAR 851-045-0050 – 0060.

A nurse employed by the district shall follow all applicable requirements of ORS Chapter 678 and OAR Chapter 851. This includes, but is not limited to, delegation in accordance with OAR 851-047, which includes performing a nursing assessment of a student prior to delegation, providing adequate supervision during the delegation, and evaluating the skills, ability and willingness of the delegee.¹⁰

END OF POLICY

Legal Reference(s):

⁶ For definitions for this policy see ORS 336.201.

OAR 437-002-0360 lists various health and safety regulations that apply in the employment setting.

⁸ Medication laws can be found in ORS 339.866 – 339.874 and OAR 581-021-0037; relevant Board policy includes JHCD/JHCDA - Medications.

⁹ For guideline requirements see OAR 581-022-2220(1)(k).

¹⁰ For additional delegation requirements see OAR <u>851-047-0030</u>.

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ORS 329.025

ORS 332.107

ORS 336.201

ORS 336.204

ORS 336.211 – 336.214

OAR 581-021-0017

OAR 581-021-0587

OAR 581-021-0590

OAR 581-022-2050

OAR 581-022-2220

OAR 581-022-2515
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Every Student Succeeds Act, 20 U.S.C. § 7928 (2018). Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g (2018).

Code: EBBA Adopted: xx/xx/xx

Student Health Services**

Although the district's primary responsibility is to educate students, the students' health and general welfare is also an important Board responsibility. The Board believes school programs should be conducted in a manner that protects and enhances student and employee health and is consistent with good health practices. A health services plan shall be developed, implemented, and updated annually. The plan shall describe a health services program for all students at each facility that is owned or leased where students are present for regular programming.

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- 3. Outline a district-to-school communication plan³;
- 4. Provide information about health screenings, including immunizations and TB certificate requirements;
- 5. Describe how services for all students, including those who are medically complex, medically fragile or nursing dependent, and those who have approved 504 plans, individual education program plans, and individualized health care plans or special health care needs are managed⁴;
- 6. Integrate school health services with school health education programs and coordinate with health and social service agencies, public and private;
- 7. Describe how hearing, vision and dental screenings are managed and/or verified for required students⁵;

¹ For exact language and complete requirement, see OAR 581-022-2220(1).

² For specific protocol content requirements, see OAR 581-022-2220(1)(b).

³ For requirements of this plan see OAR 581-022-2220(1)(c).

⁴ For more information regarding these requirements see ORS 336.201 and 339.869, OARs 581-021-0037, 581-015-2040, 581-015-2045, 851-045-0040 – 0060, and 851-047-0010 – 0030.

⁵ For vision screening or eye examination or dental screening information see ORS 336.211 and 336.213.

- 8. Include a process to assess and determine a student's health services needs, including availability of a nurse to assess student nursing needs upon, during, and following enrollment with one or more new medical diagnose(s) impacting a student's access to education, and implement a student's individual health plan prior to attending school⁶;
- 9. Comply with OR-OSHA Bloodborne Pathogens Standards for all persons who are assigned to job tasks which may put them at risk for exposure to body fluids⁷;
- 10. Refer to adopted policy and procedures for medications in accordance with Oregon law⁸;
- 11. Include guidelines for the management of students who are medically complex, medically fragile, or nursing dependent as defined by ORS 336.201, including students with life-threatening food allergies and adrenal insufficiency while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities⁹; and
- 12. List the positions in the district which shall be required to obtain and maintain a first-aid/CPR/AED card in accordance with OAR 581-022-2220(3).

Any nurse(s) employed by the district and providing services to students on behalf of the district shall be licensed in Oregon to practice as a registered nurse or nurse practitioner or be a licensed practical nurse (LPN) in alignment with LPN supervision requirements of OAR 851-045-0050 – 0060.

A nurse employed by the district shall follow all applicable requirements of ORS Chapter 678 and OAR Chapter 851. This includes, but is not limited to, delegation in accordance with OAR 851-047, which includes performing a nursing assessment of a student prior to delegation, providing adequate supervision during the delegation, and evaluating the skills, ability and willingness of the delegee.¹⁰

END OF POLICY

⁶ For definitions for this policy see ORS 336.201.

OAR 437-002-0360 lists various health and safety regulations that apply in the employment setting.

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⁹ For guideline requirements see OAR 581-022-2220(1)(k).

¹⁰ For additional delegation requirements see OAR 851-047-0030.

Legal Reference(s):

ORS 329.025 ORS 332.107 ORS 336.201 ORS 336.204 ORS 336.211 – 336.214 OAR 581-021-0017 OAR 581-021-0587 OAR 581-021-0590 OAR 581-022-2050 OAR 581-022-2220 OAR 581-022-2515

Every Student Succeeds Act, 20 U.S.C. § 7928 (2018). Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g (2018).

Code: EBBA-AR

Revised/Reviewed: 1/19/93; 12/07/04; 10/01/20

Handling and Disposing of Contaminated Fluids

Health services information about the transmission of diseases including AIDS and HBV¹ focuses on "body fluids" as a possible carrier of organisms that can infect others. The term includes drainage from cuts and scrapes, vomit, urine, feces, respiratory secretions (nasal discharge), saliva, semen and blood. While any contact with the body fluids of another person represents a risk, the level of risk is very low. The risk is increased if the fluid comes in contact with a break in the skin of another individual. Generally, simple, consistent standards and procedures of cleanliness minimize risk.

The following procedures are precautionary measures against the transmission of diseases. Prudent actions are to be employed by all staff and students. These actions should focus primarily on steps that students and staff members can take to ensure their own well-being.

Those who administer first aid, provide physical care or may otherwise incur occupational exposure to blood or other potentially infectious materials as determined by the district will be specifically protected through the district's Exposure Control Plan.

The following procedures are a review for all staff and students of appropriate hygienic and sanitation practices:

- 1. Standard precautions are to be followed at all times. Standard precautions require the assumption that staff and students approach infection control as if all direct contact with human blood and body fluids is known to be infectious for HIV, HBV and/or other bloodborne pathogens;
- 2. Whenever possible, students should be directed to care for their own minor bleeding injury. This includes encouraging students to apply their own bandaids. If assistance is required, bandaids may be applied after the caregiver removes their gloves, if the caregiver will not come into contact with blood or wound drainage;
- 3. Food and Drug Administration (FDA) approved gloves are required for all tasks in which an individual may come into contact with blood or other potentially infectious materials. Such tasks include cleaning body fluid spills, emptying trash cans, handling sharps/containers, handling contaminated broken glass, cleaning contaminated equipment and handling contaminated laundry/clothing. This also includes assisting with any minor wound care, treating bloody noses, handling clothes soiled by incontinence, diaper changing, and cleaning up vomit;

¹5. HIV - Human Immunodeficiency Virus; AIDS - Acquired Immune Deficiency Syndrome; HBV - Hepatitis B Virus

- 4. Immediate, complete and effective hand washing with soap and running water of at least 30 seconds duration should follow any first aid or health care given to a student or contact with potentially infectious materials;
- 5. If exposure to blood or other potentially infectious materials occurs through coughing, any first-aid procedure, or through an open sore or break in the skin, thorough washing, preferably with germicidal soap, is necessary;
- 6. In the event hand-washing facilities are not readily available, thorough cleaning using an antiseptic cleanser and clean cloth/paper towels or antiseptic towelettes provided by the district as an alternative is necessary. In the event alternatives are used, hands must be washed with soap and running water as soon as feasible;
- 7. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning. Clean surfaces with soap and water and then rinse with an Environmental Protection Agency (EPA) approved disinfectant² following labeling instructions for use, or a freshly made solution of one part bleach to nine parts water, and allow to air dry. These surfaces include equipment, counters, mats (including those used in physical education classes and athletic events), toys or changing tables;
- 8. An EPA-approved disinfectant must be used when cleaning fluids such as blood or vomit from the floor or other such contaminated surfaces;
- 9. Contaminated laundry such as clothing and towels must be placed and transported in bags and containers in accordance with the district's standard precautions. All such items must be laundered in hot or cold water and soap and placed in a dryer;
- 10. Needles, syringes, broken glassware and other sharp objects found on district property must not be picked up by students at any time, nor by staff without appropriate puncture-proof gloves or mechanical device such as a broom, brush, and dust pan. Any such items found must be disposed of in closable puncture resistant, leakproof containers that are appropriately labeled or color-coded;
- 11. All wastebaskets used to dispose of potentially infectious materials must be lined with a plastic bag liner that is changed daily;
- 12. Gloves and repellent gowns, aprons or jackets are required for tasks in which exposure to blood or other potentially infectious materials can be reasonably anticipated to contaminate street clothing. Type and characteristics of such protective clothing will depend on the task. Such tasks may include diapering/toileting with gross contamination, assisting with wound care, sorting or bagging contaminated laundry/clothing and disposing of regulated waste with gross contamination;

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² Disinfectants which can be used include Lysol, Purex, Clorox, Tough Act bathroom cleaner, Dow bathroom cleaner, Real Pine liquid cleaner, Pine Sol, Spic and Span, Tackle liquid, Comet and other products with EPA numbers. Other disinfectants as recommended by the Center for Disease Control may be used.

- 13. Maximum protection with gloves, face and/or eye protection and gowns is required whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated. Such tasks may include feeding a student with a history of spitting or forceful vomiting and assisting with severe injury and wound with spurting blood;
- 14. If a first-aid situation occurs, students should report to a person in authority, staff should report to a supervisor.

Additional Precautions

The following additional precautions should be applied in all school settings. These procedures will help prevent transmission of many infections in addition to HIV and HBV:

- 1. A sink with soap, hot and cold running water and disposable towels should be available close to the classroom;
- 2. Sharing of personal toilet articles, such as toothbrushes and razors, should not be permitted;
- 3. Skin lesions that may ooze blood or serum should be kept covered with a dressing;
- 4. Exchange of saliva by kissing on the mouth, by sharing items that have been mouthed and by putting fingers in others' mouths should be discouraged.

Code: EBBAA Adopted: 3/03/09

Revised/Readopted: 5/06/19; xx/xx/xx

Orig. Code(s): EBBAA

Infection Control and Bloodborne Pathogens

The Board recognizes that staff and students incur some risk of infection and illness each time they are exposed to blood or other potentially infectious materials. While the risk to staff and students of exposure to body fluids due to casual contact with individuals in the school environment is very low, the Board regards any such risk as serious.

Consequently, the Board directs adherence to standard precautions. Standard precautions require that staff and students approach infection control as if all direct contact with human blood and body fluids is known to be infectious for HHV, AIDS, HBV⁺ and/or other bloodborne pathogens².

The district shall develop an Exposure Control Plan that includes infection control procedures, and procedures to minimize and climinate exposure incidents to bloodborne pathogens in accordance with the requirements in law³.

Infection Control

Staff shall receive an annual in-service that includes correct procedures for cleaning up body fluid spills and for personal cleanup, appropriate disposal, immunization, and personal hygiene, as well as the location and a content review of first-aid and clean-up kits. Kits shall be available for each classroom in the building and in each district student transportation vehicle.

The information shall emphasize infection – how infection is spread as well as how it is not spread.

The district will cooperate with the local health department in delivering HIV, AIDS, and HBV education.

Bloodborne Pathogens

The Exposure Control Plan shall be reviewed and updated at least annually and when necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update shall also:

1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;

¹ HIV - Human Immunodeficiency Virus; AIDS - Acquired Immune Deficiency Syndrome; HBV - Hepatitis B Virus

² "Bloodborne pathogens" are pathogenic microorganisms that are present in human blood and can cause disease in humans. These include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

³ See 29 CFR 1910.1030(c)(1) and OAR 437-002-1059 for more information about an Exposure Control Plan.

2. Annually, document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

The plan shall include training followed by an offer of immunization with hepatitis B vaccine and vaccination series for all staff who are required to provide first aid to students and/or for all staff who have occupational exposure as determined by the district. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Staff will receive the annual training⁴ as well as the location and a content review of first-aid and clean-up kits. Kits shall be readily available⁵ in close proximity⁶ to all employees in the building and for district vehicles, including each bus⁷.

Personal protective equipment appropriate to job tasks shall be provided by the district. A post-exposure evaluation and follow-up shall be made available to any employee sustaining an occupational exposure.

The district recognizes that, as required by Oregon Administrative Rule (OAR) 437-002-1030, employees who use medical sharps in the performance of their duties (e.g., administering injectable medicines to students, such as epinephrine and glucagon) must, at least annually, be provided with the opportunity to identify, evaluate and select engineering and work practice controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems). The district will implement such work practice controls, as appropriate. The district will document the solicitation of input from such staff in the plan.

Documentation, including a sharps injury log, will be maintained as required by OAR 437-002-1030(3) and 437-002-1035 in accordance with law⁸.

The Exposure Control Plan will be accessible to employees in accordance with law9.

Students will be instructed in safe practices to prevent transmission of bloodborne pathogens in accordance with Oregon Health Standards.

The district will cooperate with appropriate agencies in delivering HIV, AIDS and HBV education.

END OF POLICY

⁴ See 29 CFR 1910.1030(g)(2) for information about training requirements.

⁵ OAR 437-002-0161(2) First-Aid Supplies. (a) The employer shall provide first-aid supplies based upon the intended use and types of injuries that could occur at the place of employment. The first-aid supplies shall be available in close proximity to all employees. Either bulk pack or unit pack supplies are acceptable. (b) "In proximity" is defined as that which is available nearby to ensure prompt treatment in the event of need.

 $^{^6}$ "In proximity" is defined as that which is available nearby to ensure prompt treatment in the event of need. (OAR 437-002-0161(1)(b))

⁷ Emergency equipment for buses, includes, but is not limited to, body fluid cleanup and first-aid kits. (OAR 581-053-0240(23); OAR 581-053-0640)

⁸ See OAR 437-002-1030(3) and OAR 437-002-1035.

⁹ See 29 CFR 1910.1020(e) for requirements on providing access.

Legal Reference(s):

ORS 332.107	OAR 437-002-1030	OAR 581-053-0240(23)
OAR 437-002-0161	OAR 437-002-1035	OAR 581-053-0250(1)
OAR 437-002-0360	OAR 581-022-2050	OAR 581-053-0640(2)
OAR 437-002-0377	OAR 581-022-2220	OAR 581-053-0517(13)(e),(e)

Occupational Safety and Health Standards, Bloodborne Pathogens, 29 C.F.R. §§ 1910.1020, 1910.1030-(2019).

Code: EBBAA Adopted: 3/03/09

Revised/Readopted: 5/06/19; xx/xx/xx

Orig. Code(s): EBBAA

Infection Control and Bloodborne Pathogens

The Board recognizes that staff and students incur some risk of infection and illness each time they are exposed to blood or other potentially infectious materials. While the risk to staff and students of exposure to body fluids due to casual contact with individuals in the school environment is very low, the Board regards any such risk as serious.

Consequently, the Board directs adherence to standard precautions. Standard precautions require that staff and students approach infection control as if all direct contact with human blood and body fluids is known to be infectious for bloodborne pathogens¹.

The district shall develop an Exposure Control Plan in accordance with the requirements in law².

The Exposure Control Plan shall be reviewed and updated at least annually and when necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update shall also:

- 1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
- 2. Annually, document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

The plan shall include training followed by an offer of hepatitis B vaccine and vaccination series for all staff who are required to provide first aid to students and/or for all staff who have occupational exposure as determined by the district. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Staff will receive the annual raining³ as well as the location and a content review of first-aid and clean-up kits. Kits shall be readily available⁴ in

¹ "Bloodborne pathogens" are pathogenic microorganisms that are present in human blood and can cause disease in humans. These include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

² See 29 CFR 1910.1030(c)(1) and OAR 437-002-1059 for more information about an Exposure Control Plan.

³ See 29 CFR 1910.1030(g)(2) for information about training requirements.

⁴ OAR 437-002-0161(2) First-Aid Supplies. (a) The employer shall provide first-aid supplies based upon the intended use and types of injuries that could occur at the place of employment. The first-aid supplies shall be available in close proximity to all employees. Either bulk pack or unit pack supplies are acceptable. (b) "In proximity" is defined as that which is available nearby to ensure prompt treatment in the event of need.

close proximity⁵ to all employees in the building and for district vehicles, including each bus⁶.

Personal protective equipment appropriate to job tasks shall be provided by the district. A post-exposure evaluation and follow-up shall be made available to any employee sustaining an occupational exposure.

The district recognizes that employees who use medical sharps in the performance of their duties (e.g., administering injectable medicines to students, such as epinephrine and glucagon) must, at least annually, be provided with the opportunity to identify, evaluate and select engineering and work practice controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems). The district will implement such work practice controls, as appropriate. The district will document the solicitation of input from such staff in the plan.

Documentation, including a sharps injury log, will be maintained in accordance with law⁷.

The Exposure Control Plan will be accessible to employees in accordance with law⁸.

Students will be instructed in safe practices to prevent transmission of bloodborne pathogens in accordance with Oregon Health Standards.

END OF POLICY

Legal Reference(s):

ORS 332.107

OAR 437-002-0161

OAR 437-002-0360

OAR 437-002-1030

OAR 437-002-1035

OAR 581-022-2050

OAR 581-022-2220

OAR 581-053-0240(23)

OAR 581-053-0250(1)

OAR 581-053-0640(2)

Occupational Safety and Health Standards, Bloodborne Pathogens, 29 C.F.R. §§ 1910.1020, 1910.1030.

⁵ "In proximity" is defined as that which is available nearby to ensure prompt treatment in the event of need. (OAR 437-002-0161(1)(b))

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⁷ See OAR 437-002-1030(3) and OAR 437-002-1035.

⁸ See 29 CFR 1910.1020(e) for requirements on providing access.

Code: EBBB Adopted: 5/08/17

Revised/Readopted: 10/17/19; xx/xx/xx

Orig. Code(s): EBBB

Illness/or Injury Reports

All injuries or illnesses¹, sustained by the employee while in the actual performance of the duty of the employee, occurring on district premises, in district vehicles, at a district-sponsored activity or involving staff members who may be elsewhere on district business will be reported immediately to a supervisor. All accidents involving employees, students, visiting public or district property will be reported immediately to a supervisor.

A written report will be submitted within 24 hours to the safety officer. Reports will cover property damage as well as personal injury.

In the event of a work-related² illness or injury to an employee resulting in overnight in-patient hospitalization for medical treatment³ other than first aid, loss of an eye, amputation or avulsion⁴, the district safety officer shall report the incident to the Oregon Occupational Safety and Health Division (OR-OSHA). This report will be made within 24 hours after notification to the district of an illness or injury. Fatalities or catastrophes⁵ shall be reported⁶ to OSHA within eight hours.

ALL injuries for illnesses sustained by an employee, while in the actual performance of the duty of the employee or by a student or visiting public and accidents involving district property, employees, students or visiting public will be promptly investigated. As a result of the investigation, any corrective measures needed will be acted upon.

The Human Resources department will maintain records and reports on serious on injuries or illnesses, including and accidents involving district property, or employees, students or visiting publics, and periodic

¹ The Oregon Occupational Safety and Health Division provides: "Injury or illness" means an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, skin disease, respiratory disorder, or poisoning (record injuries and illnesses only if they are new, work-related cases that meet one or more of the recording criteria). (OAR 437-001-0015(39))

² An injury or illness is work related if an event or exposure in the work environment either caused or contributed to the condition or significantly aggravated a preexisting condition injury or illness. (OAR 437-001-0700(6))

³ Medical treatment includes managing or earing for a patient for the purpose of combating disease or disorder. The following are not considered medical treatment: visits to a doctor or health-care professional solely for observation or counseling; diagnostic procedures including administering prescription medications used solely for diagnostic purposes; and any procedure that can be labeled first aid.

⁴ Amputations and avulsions are only required to be reported if they result in bone loss. (OAR 437-001-0704(4))

⁵ Catastrophe is an accident in which two or more employees are fatally injured, or three or more employees are admitted to a hospital or an equivalent medical facility. (OAR 437-001-0015(11))

⁶ Reporting must be done in person or by telephone. (OAR 437-001-0704(3))

statistical reports on the number and types of injuries/illnesses occurring in the district, as well as on the measures being taken to prevent such injuries/illnesses in the future.

These records will include prevention measures taken, reporting information, periodic statistical reports on the number and types of injuries, illnesses and accidents occurring in the district, and monthly and annual analyses of accident data. Such reports will be submitted to the superintendent or designee.

END OF POLICY

Legal Reference(s):

ORS 339.309	OAR 437-001-0700	OAR 437-002-0360
	OAR 437-001-0704	OAR 437-002-0377
OAR 437-001-0015	OAR 437-001-0760	OAR 581-022-2225

Code: EBBB Adopted: 5/08/17

Revised/Readopted: 10/17/19; xx/xx/xx

Orig. Code(s): EBBB

Illness or Injury Reports

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In the event of a work-related² illness or injury to an employee resulting in in-patient hospitalization, loss of an eye, amputation or avulsion,³ the district safety officer shall report the incident to the Oregon Occupational Safety and Health Division (OR-OSHA) within 24 hours after notification to the district of an illness or injury. Fatalities or catastrophes⁴ shall be reported⁵ to OSHA within eight hours.

ALL injuries or illnesses sustained by an employee, while in the actual performance of the duty of the employee or by a student or visiting public and accidents involving district property, employees, students or visiting public will be promptly investigated. As a result of the investigation, any corrective measures needed will be acted upon.

The Human Resources department will maintain records on injuries or illnesses, and accidents involving district property, employees, students or visiting public.

These records will include prevention measures taken, reporting information, periodic statistical reports on the number and types of injuries, illnesses and accidents occurring in the district, and monthly and annual analyses of accident data. Such reports will be submitted to the superintendent or designee.

¹ The Oregon Occupational Safety and Health Division provides: "Injury or illness" means an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, skin disease, respiratory disorder, or poisoning (record injuries and illnesses only if they are new, work-related cases that meet one or more of the recording criteria). (OAR 437-001-0015(39))

² An injury or illness is work related if an event or exposure in the work environment either caused or contributed to the condition or significantly aggravated a pre-existing injury or illness. (OAR 437-001-0700(6))

³ Amputations and avulsions are only required to be reported if they result in bone loss. (OAR 437-001-0704(4))

⁴ Catastrophe is an accident in which two or more employees are fatally injured, or three or more employees are admitted to a hospital or an equivalent medical facility. (OAR 437-001-0015(11))

⁵ Reporting must be done in person or by telephone. (OAR 437-001-0704(3))

END OF POLICY

Legal Reference(s):

ORS 339.309	OAR 437-001-0700	OAR 437-002-0360
	OAR 437-001-0704	OAR 437-002-0377
OAR 437-001-0015	OAR 437-001-0760	OAR 581-022-2225

Code: GBEB Adopted: 5/07/18

Revised/Readopted: 5/06/19; 11/19/20; xx/xx/xx

Orig. Code(s): GBEB

Communicable Diseases — Staff in Schools

The district shall provide reasonable protection against the risk of exposure to communicable disease for students and employees while engaged in the performance of their duties. Reasonable protection from communicable disease is generally attained through immunization, exclusion or other measures as provided by Oregon law, by the local health department or in the *Communicable Disease Guidance for Schools* published by the Oregon Department of Education (ODE) and the Oregon Health Authority (OHA).

An student or employee may not attend school or work, respectively, while in a communicable stage of a restrictable disease or when the designated administrator has reason to suspect that the student or employee has or has been exposed to any disease for which exclusion is required, in accordance with law. and per administrative regulation GBEB-AR - Communicable Diseases - Staff. If the disease is a reportable disease, the administrator will report the occurrence to the local health department, and notify the District. The district may provide an educational program in an alternative setting. Services will be provided to students as required by law.

Employees shall comply with all other measures adopted by the district and with all rules adopted by Oregon Health Authority, Public Health Division and the local health department.

Employees shall provide services to students as required by law. In eases when a restrictable or reportable disease is diagnosed and confirmed for a student, the administrator shall inform the appropriate employees with a legitimate educational interest to protect against the risk of exposure.

The district shall protect the confidentiality of an each student's and employee's health condition and record to the extent possible and consistent with federal and state law. In cases when a restrictable or reportable disease is diagnosed and confirmed for a student, the administrator may inform employees with a legitimate educational interest.

The district will include, as part of its general emergency plans, a description of the actions to be taken by district staff in the case of a declared public health emergency or other catastrophe that disrupts district operations buildings and by the district in response to medical emergencies.

The superintendent or designee will develop administrative regulations necessary to implement this policy.

END OF POLICY

Legal Reference(s):

ODG 222 107	ODG 422 225 422 204	OAD 427 002 0260
<u>ORS 332</u> .107	ORS 433.235 - 433.284	OAK 437-002-0360
<u>ORS 431</u> .150 - 431.157	OAR 333-018	OAR 437-002-0377
ORS 433.001 - 433. 526 004	OAR 333-019-0010	OAR 581-022-2220
ORS 433.010	OAR 333-019-0014	OAR 581-022-2225
ORS 433 110	OAR 333-019-1000	

OREGON DEPARTMENT OF EDUCATION and OREGON HEALTH AUTHORITY, *Communicable Disease Guidance for Schools* (2020). Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §§ 1320d to -1320d-8 (2018); 45 C.F.R. Parts 160, 164 (2019) 2023).

Cross Reference(s):

EBC/EBCA - Emergency Procedures and Disaster Plans JHCC - Communicable Diseases - Students

Code: GBEB Adopted: 5/07/18

Revised/Readopted: 5/06/19; 11/19/20; xx/xx/xx

Orig. Code(s): GBEB

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A student or employee may not attend school or work, respectively, while in a communicable stage of a restrictable disease or when the designated administrator has reason to suspect the student or employee has or has been exposed to any disease for which exclusion is required, in accordance with law. The district may provide an educational program in an alternative setting. Services will be provided to students as required by law.

Employees shall comply with all other measures adopted by the district and with all rules adopted by Oregon Health Authority, Public Health Division and the local health department.

The district shall protect the confidentiality of each student's and employee's health condition and record to the extent possible and consistent with federal and state law. In cases when a restrictable or reportable disease is diagnosed and confirmed for a student, the administrator may inform employees with a legitimate educational interest.

The district will include, as part of its general emergency plans, a description of the actions to be taken by district staff in buildings and by the district in response to medical emergencies.

END OF POLICY

Legal Reference(s):

ORS 332.107	ORS 433.110	OAR 333-019-0014
<u>ORS 431</u> .150 - 431.157	ORS 433.235 - 433.284	OAR 581-022-2220
<u>ORS 433</u> .001 - 433.004	OAR 333-018	OAR 581-022-2225
ORS 433 010	OAR 333-019-0010	

OREGON DEPARTMENT OF EDUCATION and OREGON HEALTH AUTHORITY, *Communicable Disease Guidance for Schools*. Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2023).

Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §§ 1320d to -1320d-8 (2018); 45 C.F.R. Parts 160, 164

(2023).

Cross Reference(s):

EBC/EBCA - Emergency Procedures and Disaster Plans JHCC - Communicable Diseases – Students



Code: GBEBA Adopted: 2/15/05 Revised/Readopted: 5/06/19 Orig. Code(s): GBEBA

Staff - HIV, AIDS and HBV

(Recommend delete: the requirement for this policy was found in OAR 581-022-2220 which has since been revised in lieu of a new requirement for a Communicable Disease Plan.)

The district will strictly adhere in its policies and procedures to the Oregon Revised Statutes and Oregon Administrative Rules as they relate to staff infected with HIV, AIDS or HBV¹.

The district recognizes a staff member has no obligation under any circumstance to report his/her condition to the district and the staff member has a right to continue working.

If the staff member reports his/her condition to the district, strict adherence to written guidelines outlined by the staff member shall be followed.

These guidelines shall identify who may have the information, who will give the information, how the information will be given, where and when the information will be given. All such information will be held in confidence in accordance with Oregon Revised Statutes.

When informed of the infection, and with written, signed permission from the staff member, the district will develop procedures for formulating an evaluation team. The team shall address the nature, duration and severity of risk as well as any modification of activities. The team shall continue to monitor the staff member's condition.

Accommodations for a staff member infected with HIV, AIDS or HBV shall be the same as with any other illness.

END OF POLICY

Legal Reference(s):

ORS 243.650

ORS 342.850(8)

ORS 433.008

ORS 433.045

ORS 433.260

OAR 333-017-0000

OAR 333-018-0000

OAR 333-018-0005

OAR 581-022-2220

¹ HIV - Human Immunodeficiency Virus; AIDS - Acquired Immune Deficiency Syndrome; HBV - Hepatitis B Virus

Code: IGBAF Adopted: 3/14/16

Revised/Readopted: 6/17/19; 10/20/22; xx/xx/xx

Orig. Code: IGBAF

Special Education - Individualized Education Program (IEP)**

An individualized education program (IEP) shall be developed and implemented for each student with disabilities in the district, kindergarten through 21, including those who attend a public charter school located in the district, are placed in or referred to a private school or facility by the district, or receive related services from the district. The district is responsible for initiating and conducting the meetings to develop, review and revise the IEP of a student with disabilities. The district will ensure that one or both parents are present at each meeting or are afforded the opportunity to participate and are given a copy of the IEP. A meeting to develop an IEP shall be held within 30 calendar days of a determination that the student needs special education and related services, once every 365 days thereafter and when considering a change in the IEP or placement.

If a student is to be placed or referred to a private school or facility or attends a private or parochial school, the district will ensure that a representative of the private school or facility attends the private school service plan meeting. If the representative of the private school or facility is unable to attend the IEP meeting, the district shall use other methods to ensure participation including but not limited to, individual or conference telephone calls or individual meetings.

END OF POLICY

Legal Reference(s):

ORS 343.068	OAR 581-015-2195	OAR 581-015-2229
ORS 343.151	OAR 581-015-2200	OAR 581-015-2230
<u>ORS 343</u> .155	OAR 581-015-2205	OAR 581-015-2235
<u>ORS 343</u> .321 - 343.333	OAR 581-015-2210	OAR 581-015-2055
	OAR 581-015-2215	OAR 581-015-2600
OAR 581-015-2000	OAR 581-015-2220	OAR 581-015-2065
OAR 581-015-2190	OAR 581-015-2225	OAR 581-015-2265

Assistance to States for the Education of Children with Disabilities, 34 C.F.R. §§ 300.5 to -300.6, 300.22 to -300.24, 300.34, 300.43, 300.105 to -106, 300.112, 320.325, 300.328, 300.501 (2012).

Code: IGBAF Adopted: 3/14/16

Revised/Readopted: 6/17/19; 10/20/22; xx/xx/xx

Orig. Code: IGBAF

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END OF POLICY

Legal Reference(s):

ORS 343.068	OAR 581-015-2195	OAR 581-015-2229
ORS 343.151	OAR 581-015-2200	OAR 581-015-2230
<u>ORS 343</u> .155	OAR 581-015-2205	OAR 581-015-2235
ORS 343.321 - 343.333	OAR 581-015-2210	OAR 581-015-2055
	OAR 581-015-2215	OAR 581-015-2600
O A D 501 015 0000	OAD 501 015 2220	O A D 501 015 0065

<u>OAR 581-015-2</u>000 <u>OAR 581</u>-015-2220 <u>OAR 581</u>-015-2065 <u>OAR 581</u>-015-225 <u>OAR 581</u>-015-2265

Assistance to States for the Education of Children with Disabilities, 34 C.F.R. §§ 300.5 to -300.6, 300.22 to -300.24, 300.34, 300.43, 300.105 to -106, 300.112, 320.325, 300.328, 300.501 (2012).

Code: IGBAF-AR Adopted: 3/14/16

Revised/Readopted: 6/17/19; 3/17/22; 10/20/22; xx/xx/xx

Orig. Code: IGBAF-AR

Special Education - Individualized Education Program (IEP)**/*

1. General IEP Information

- a. The district ensures that an IEP is in effect for each eligible student:
 - (1) Before special education and related services are provided to a student;
 - (2) At the beginning of each school year for each student with a disability for whom the district is responsible; and
 - (3) Before the district implements all the special education and related services, including program modifications, supports and/or supplementary aids and services, as identified on the IEP.

b. The district uses:

- (1) The Oregon standard IEP; or
- (2) An IEP form that has been approved by the Oregon Department of Education.
- c. The district develops and implements all provisions of the IEP as soon as possible following the IEP meeting.
- d. The IEP will be accessible to each of the student's regular education teacher(s), the student's special education teacher(s) and the student's related services provider(s) and other service provider(s). This includes all district employees assigned to work with a student with specialized needs to assist with the educational, behavioral, medical, health or disability-related support needs of the student.
- e. The district takes steps to ensure that parents are present at each IEP meeting or have the opportunity to participate through other means.
- f. The district ensures that each teacher and service provider is informed of:
 - (1) Their specific responsibilities for implementing the IEP specific accommodations, modifications and/or supports that must be provided for, or on behalf of the student; and
 - (2) Their responsibility to fully implement the IEP including any amendments the district and parents agreed to make between annual reviews.

The district takes whatever action is necessary to ensure that parents understand the proceeding of the IEP meeting, including arranging for an interpreter for parents with deafness or whose native language is other than English.

g. The district provides a copy of the IEP to the parents at no cost.

2. IEP Meetings

- a. The district conducts IEP meetings within 30 calendar days of the determination that the student is eligible for special education and related services.
- b. The district convenes IEP meetings for each eligible student periodically, but not less than once per year.
- c. At IEP meetings, the team reviews and revises the IEP to address any lack of expected progress toward annual goals and in the general curriculum, new evaluation data or new information from the parents, the student's anticipated needs, or the need to address other matters.
- d. Between annual IEP meetings, the district and the parent may amend or modify the student's current IEP without convening an IEP team meeting using the procedures in the Agreement to Amend or Modify IEP subsection.
- e. When the parent requests a meeting, the district will either schedule a meeting within a reasonable time or provide timely written prior notice of the district's refusal to hold a meeting.
- f. If an agency other than the district fails to provide agreed upon transition services contained in the IEP, the district convenes an IEP meeting to plan alternative strategies to meet the transition objectives and, if necessary, to revise the IEP.
- g. The district provides prior written notice to the parent of a student, or student within a reasonable period of time, before the district:
 - (1) Proposes to initiate or change, the identification, evaluation or educational placement of the student or the provision of a **Free Appropriate Public Education** (FAPE) to the child; or.
 - (2) Refuses to initiate or change the identification, evaluation or educational placement of the student, or the provisions of a FAPE to the child.
- h. In general, the recording of an IEP meeting by a parent will not be permitted. A parent may request, in writing, permission to use an audio recording device at an IEP meeting. The district will grant permission under the following conditions:
 - (1) The parent has a disability under the Americans with Disabilities Act, such as a cognitive delay, hearing impairment, or processing disorder;
 - (2) The parent requires an accommodation as a result of his/her disability in order to meaningfully participate in the IEP meeting; and
 - (3) There is no accommodation other than recording that would allow the parent to meaningfully participate in the IEP meeting.
- i. The district has the right to consider and determine whether other accommodations, including a note-taker, would adequately accommodate the parent's disability.
 - (1) If permission is granted, the district will conduct the recording and will provide the parent with a copy of the recording in a timely manner.
 - (2) If permission is denied, the parent may elect to have a note-taker present. The parent will arrange for and cover any costs related to the presence of the note-taker.

3. IEP Team Members

a. The district's IEP team members include the following:

- (1) One or both of the parents;
- (2) The student, if the purpose of the IEP meeting is to consider the student's postsecondary goals and transition services (beginning for IEPs in effect at age 16), or for younger students, when appropriate;
- (3) At least one of the student's special education teachers or, if appropriate, at least one of the student's special education providers;
- (4) At least one of the student's regular education teachers if the student is or may be participating in the regular education environment. If the student has more than one regular education teacher, the district will determine which teacher or teachers will participate;
- (5) A representative of the district (who may also be another member of the team) who is qualified to provide or supervise the provision of special education and is knowledgeable about district resources. The representative of the district will have the authority to commit district resources, and be able to ensure that all services identified in the IEP can be delivered;
- (6) An individual, who may also be another member of the team, who can interpret the instructional implications of the evaluation results; and
- (7) At the discretion of the parent or district, other persons who have knowledge or special expertise regarding the student.

b. Student participation:

- (1) Whenever appropriate, the student with a disability is a member of the team.
- (2) If the purpose of the IEP meeting includes consideration of postsecondary goals and transition services for the student, the district includes the student in the IEP team meeting.
- (3) If the purpose of the IEP meeting includes consideration of postsecondary goals and transition services for the student, and the student does not attend the meeting, the district will take other steps to consider the student's preferences and interests in developing the IEP.

c. Participation by other agencies:

- (1) With parent or adult student written consent, and where appropriate, the district invites a representative of any other agency that is likely to be responsible for providing or paying for transition services if the purpose of the IEP meeting includes the consideration of transition services (beginning at age 16, or younger if appropriate); and
- (2) If the district refers or places a student in an education service district (ESD), state operated program, private school or other educational program, IEP team membership includes a representative from the appropriate agencies. Participation may consist of attending the meeting, conference call or participating through other means.

d. Participation by other employees:

All district employees assigned to work with a student with specialized needs to assist the student with educational, behavioral, medical, health or disability-related support needs of the student must be consulted with when the IEP for the student is being developed, reviewed or

revised. This includes being invited to, and compensated for attending, meetings regarding the students IEP and other meetings regarding the student, when the decisions made and issues discussed are related to the responsibilities of the employee to support the student or when the employee has unique information about the student's needs and present level of performance.

4. Agreement for Nonattendance and Excusal

- a. The district and the parent may consent to excuse an IEP team member from attending an IEP meeting, in whole or in part, when the meeting involves a discussion or modification of team member's area of curriculum or service. The district designates specific individuals to authorize excusal of IEP team members.
- b. If excusing an IEP team member whose area is to be discussed at an IEP meeting, the district ensures:
 - (1) The parent and the district consent in writing to the excusal;
 - (2) The team member submits written input to the parents and other members of the IEP team before the meeting; and
 - (3) The parent is informed of all information related to the excusal in the parent's native language or other mode of communication according to consent requirements.

5. IEP Content

- a. In developing the IEP, the district considers the student's strengths, the parent's concerns, the results of the initial or most recent evaluation, and the academic, developmental and functional needs of the student.
- b. The district ensures that IEPs for each eligible student includes:
 - (1) A statement of the student's present levels of academic achievement and functional performance that:
 - (a) Includes a description of how the disability affects the progress and involvement in the general education curriculum;
 - (b) Describes the results of any evaluations conducted, including functional and developmental information;
 - (c) Is written in language that is understood by all IEP team members, including parents:
 - (d) Is clearly linked to each annual goal statement;
 - (e) Includes a description of benchmarks or short term objectives for children with disabilities who take alternative assessments aligned to alternate achievement standards.
 - (2) A statement of measurable annual goals, including academic and functional goals, or for students whose performance is measured by alternate assessments aligned to alternate achievement standard, statements of measurable goals and short term objectives. The goals and, if appropriate, objectives:
 - (a) Meet the student's needs that are present because of the disability, or because of behavior that interferes with the student's ability to learn, or impedes the learning of other students.

- (b) Enable the student to be involved in and progress in the general curriculum, as appropriate; and
- (c) Clearly describe the anticipated outcomes, including intermediate steps, if appropriate, that serve as a measure of progress toward the goal.
- (3) A statement of the special education services, related services, supplementary aids and services that the district provides to the student:
 - (a) The district bases special education and related services, modifications and supports on peer-reviewed research to the extent practicable to assist students in advancing toward goals, progressing in the general curriculum and participating with other students (including those without disabilities), in academic, nonacademic and extracurricular activities.
 - (b) Each statement of special education services, related or supplementary services, aids, modifications or supports includes a description of the inclusive dates, amount or frequency, location and who is responsible for implementation.
- (4) A statement of the extent, if any, to which the student will not participate with nondisabled students in regular academic, nonacademic and extracurricular activities.
- (5) A statement of any individual modifications and accommodations in the administration of state or districtwide assessments of student achievement.
 - (a) A student will not be exempt from participation in state or districtwide assessment because of a disability unless the parent requests an exemption;
 - (b) If the IEP team determines that the student will take the alternate assessment instead of the regular statewide or a districtwide assessment, a statement of why the student cannot participate in the regular assessment and why the alternate assessment is appropriate for the student.
- (6) A statement describing how the district will measure student's progress toward completion of the annual goals and when periodic reports on the student's progress toward the annual goals will be provided.
- 6. Individualized COVID-19 Recovery Services[†]

Individualized COVID-19 Recovery Services are defined as those services determined necessary for eligible students based on the unique needs that arise from their disability due to the impact of the COVID-19 pandemie, which may include but are not limited to:

- a. Special education and related services;
- b. Supplementary aides and services;
- e. Additional or intensified instruction;
- d. Social emotional learning support; and
- e. Peer or adult support.

¹ The requirements of this section are in effect until July 1, 2023 unless extended by the State Board of Education.

The IEP team for each eligible student shall consider the need for Individualized COVID-19 Recovery Services at least at each initial IEP meeting and each regularly scheduled annual review meeting.

- a. IEP teams shall consider the impact COVID-19 on the eligible student's ability to engage in their education, develop and re-establish social connections with peers and school personnel, and adapt to the structure of in-person learning.
- b. For initial IEPs, IEP teams shall also review the impact of COVID-19 on the eligible student's initial evaluation timeline and eligibility determination in considering the need for Individualized COVID-19 Recovery Services.
- e. For annual reviews, IEP teams shall also consider the impact of COVID-19 on the implementation of the eligible student's IEP considering the need for Individualized COVID-19 Recovery Services.

Any member of the IEP team, including parents and eligible students, may request that the IEP team meet to review the need for Individualized COVID-19 Recovery Services at any time.

- a. IEP teams are not required to meet more than once annually to consider the need for Individualized COVID-19 Recovery Services unless updated information indicates the eligible student's circumstances have changed or there is reason to suspect that the eligible student may need any additions or modifications to their Individualized COVID-19 Recovery Services.
- b. IEIP teams that considered the need for Individualized COVID-19 Recovery Services at an initial IEP or annual review meeting on or after June 24, 2021 shall review the need for Individualized COVID-19 Recovery Services at the next annual review, but are not required to do so before then unless the eligible student's circumstances have changed or there is reason to suspect that the eligible student may need any additions or modifications to their Individualized COVID-19 Recovery Services.

When Individualized COVID-19 Recovery Services are recommended, the eligible student's IEP must be updated to reflect the recommendation.

The district or program shall provide written notice to the parents of each eligible student regarding the opportunity for the IEP team to meet to consider Individualized COVID-19 Recovery Services.

After each determination is made, the district or program shall provide written notice to the parent and/or adult student with a disability regarding the determination of need for Individualized COVID-19 Recovery Services. This notice shall include the following documentation:

- a. A statement of the Individualized COVID-19 Recovery Services recommended based on the meaningful input of all IEP team members, including parents and cligible students, as appropriate;
- b. The projected dates for initiation and duration of Individualized COVID-19 Recovery Services
- e. The anticipated frequency, amount, location, and provider of the services described in item above and whether these services are being provided within the standard instructional day for the eligible student.

If the district and parent hold an IEP meeting to discuss the need for Individualized COVID-19 Recovery Services and do not reach an agreement regarding such services, the district and parent may request a Facilitated IEP meeting. If the district and the parent choose to participate in a Facilitated IEP meeting, the district shall notify ODE.

Nothing in this section shall affect or otherwise alter a parent's right to seek mediation under OAR 581-015-2335, request a due process hearing under OAR 581-015-2345, a complaint under OAR 581-015-2030, or other parental rights under the procedural safeguards.

Nothing in this section relieves the district of its duty to create an appropriate IEP for every eligible student, regardless of whether the eligible student requires Individualized COVID-19 Recovery Services.

2. Agreement to Amend or Modify IEP

Between annual IEP meetings, the district and the parent may agree to make changes in the student's current IEP without holding an IEP meeting. These changes require a signed, written agreement between the district and the parent.

- a. The district and the parent record any amendments, revisions or modifications on the student's current IEP. If additional IEP pages are required these pages must be attached to the existing IEP
- b. The district files a complete copy of the IEP with the student's education records and informs the student's IEP team and any teachers or service providers of the changes.
- c. The district provides the parent prior written notice of any changes in the IEP and upon request, provides the parent with a reserved copy of the IEP with the changes incorporated.

3. IEP Team Considerations and Special Factors

- a. In developing, reviewing and revising the IEP, the IEP team considers:
 - (1) The strengths of the student and concerns of the parent for enhancing the education of the student:
 - (2) The results of the initial or most recent evaluation of the student:
 - (3) As appropriate, the results of the student's performance on any general state or districtwide assessments;
 - (4) The academic, developmental, and functional needs of the child.
- b. In developing, reviewing and revising the student's IEP, the IEP team considers the following special factors:
 - (1) The communication needs of the student; and
 - (2) The need for assistive technology services and/or devices.
- c. As appropriate, the IEP team also considers the following special factors:
 - (1) For a student whose behavior impedes their learning or that of others, strategies, positive behavioral intervention and supports to address that behavior;

- (2) For a student with limited English proficiency, the language needs of the student as those needs relate to the IEP;
- (3) For a student who is blind or visually impaired, instruction in Braille and the use of Braille unless the IEP team determines (after an evaluation of reading and writing skills, needs and media, including evaluation of future needs for instruction in Braille or the use of Braille, appropriate reading and writing), that instruction in Braille or the use of Braille is not appropriate; and
- (4) For a student who is deaf or hard of hearing, the student's language and communication needs, including opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level and full range of needs, including opportunities for direct instruction in the student's language and communication mode.
- (5) If a student is deaf, deafblind (individuals who experience both vision and hearing loss), or hard of hearing, the district will provide information about relevant services and placements offered by the school district, the education service district, regional programs, and the Oregon School for the Deaf; and
- (6) A statement of any device or service needed for the student to receive a FAPE.
- d. In addition to the above IEP contents, the IEP for each eligible student of transition age includes:
 - (1) Beginning not later than the first IEP in effect when the student turns 16, or as early as 14 or younger, if determined appropriate by the IEP team, and updated annually thereafter, the IEP must include:
 - (a) Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training education, employment, and where appropriate, independent living skills; and
 - (b) The transition services (including courses of study) needed to assist the student in reaching those goals.
 - (c) Regarding employment planning, the parent shall be provided information about and opportunities to experience employment services provided by Oregon Vocational Rehabilitation or the Oregon Office of Developmental Disability Services. These services must be provided in a competitive integrated employment setting, as defined by Oregon Administrative Rule 441-345-0020. Information about these services shall also be provided to the parent by the district at each annual review for IEPs to be in effect when the child turns 16, or as early as 14 or younger, if determined appropriate by the IEP team (including parent(s)).
 - (2) At least one year before a student reaches the age of majority (student reaches the age of 18, or has married or been emancipated, whichever occurs first), a statement that the district has informed the student that all procedural rights will transfer at the age of majority; and
 - (3) If identified transition service providers, other than the district, fail to provide any of the services identified on the IEP, the district will initiate an IEP meeting as soon as possible to address alternative strategies and revise the IEP if necessary.

e. To promote self-determination and independence, the district shall provide the student and the student's parents with information and training resources regarding supported decision-making as a less restrictive alternative to guardianship, and with information and resources regarding strategies to remain engaged in the student's secondary education and post-school outcomes.

The district shall provide this information at each IEP meeting that includes discussion of post-secondary education goals and transition services.

4. Incarcerated Youth

- a. For students with disabilities who are convicted as adults, incarcerated in adult correctional facilities and otherwise entitled to FAPE, the following IEP requirements do not apply:
 - (1) Participation of students with disabilities in state and districtwide assessment; and
 - (2) Transition planning and transition services, for students whose eligibility will end because of their age before they will be eligible to be released from an adult correctional facility based on consideration of their sentence and eligibility for early release.
- b. The IEP team may modify the student's IEP, if the state has demonstrated a bona fide security or other compelling interest that cannot be otherwise accommodated.

5. Extended School Year Services

- a. The district makes extended school year (ESY) services available to all students for whom the IEP team has determined that such services are necessary to provide FAPE.
- b. ESY services are:
 - (1) Provided to a student with a disability in addition to the services provided during the typical school year;
 - (2) Identified in the student's IEP;
 - (3) Provided at no cost to the parent;
 - (4) Provided through an established district-sponsored program.
- c. The district does not limit consideration of ESY services to particular categories of disability or unilaterally limit the type, amount or duration of service.
- d. The district provides ESY services to maintain the student's skills or behavior, but not to teach new skills or behaviors.
- e. The district's criteria for determining the need for extended school year services include:
 - (1) Regression (a significant loss of skills or behaviors) and recoupment time based on documented evidence; or
 - (2) If no documented evidence, on predictions according to the professional judgment of the team.
- f. "Regression" means significant loss of skills or behaviors in any area specified on the IEP as a result of an interruption in education services.
- g. "Recoupment" means the recovery of skills or behaviors specified on the IEP to a level demonstrated before the interruption of education services.

6. Assistive Technology

- a. The district ensures that assistive technology devices or assistive technology services, or both, are made available if they are identified as part of the student's IEP. These services and/or devices may be part of the student's special education, related services or supplementary aids and services.
- b. On a case-by-case basis, the district permits the use of district-purchased assistive technology devices in the student's home or in other settings if the student's IEP team determines that the student needs access to those devices to receive a FAPE.. In these situations, district policy will govern liability and transfer of the device when the student ceases to attend the district.

7. Transfer Students

a. In state:

If a student with a disability (who had an IEP that was in effect in a previous district in Oregon) transfers into the district and enrolls in a district school within the same school year, the district (in consultation with the student's parents) provides a FAPE to the student (including services comparable to those described in the student's IEP from the previous district), until the district either:

- (1) Adopts the student's IEP from the previous district; or
- (2) Develops, adopts and implements a new IEP for the student in accordance with all of the IEP provisions.

b. Out of state:

If a student transfers into the district with a current IEP from a district in another state, the district, in consultation with the student's parents, will provide a FAPE to the student, including services comparable to those described in the student's IEP from the previous district, until the new district:

- (1) Conducts an initial evaluation (if determined necessary by the new district to determine Oregon eligibility) with parent consent and determines whether the student meets eligibility criteria described in Oregon Administrative Rules.
- (2) If the student is eligible under Oregon criteria, the district develops, adopts and implements a new IEP for the student using the Oregon Standard IEP or an approved alternate IEP.
- (3) If the student does not meet Oregon eligibility criteria, the district provides prior written notice to the parents explaining that the student does not meet Oregon eligibility criteria and specifying the date when special education services will be terminated.

8. Abbreviated School Day

"Abbreviated school day" means any school day during which a student with a disability receives instruction or educational services for fewer hours than the majority of other students who are in the same grade within the student's resident school district.

"Abbreviated school day program" means an education program:

- a. In which a school district restricts access for a student with a disability to hours of instruction or educational services to less than the number of hours of instruction or educational services that are provided to the majority of other students who are in the same grade within the student's resident school district; and
- b. That results in a student with a disability having an abbreviated school day for more than 10 school days per school year.

Abbreviated school day programs are only allowed when all requirements in state law are met.²

Informed and written consent from the parent or foster parent is necessary prior to implementing an abbreviated school day program. A parent or a foster parent may, at any time, revoke consent for the placement of a student on an abbreviated school day program. Revoking consent or objecting to an abbreviated school day program shall be in writing.

Abbreviated school day programs limitations do not apply to students who are exempt per ORS 343.331.

² See ORS 343.324.

Code: IGBAF-AR Adopted: 3/14/16

Revised/Readopted: 6/17/19; 3/17/22; 10/20/22; xx/xx/xx

Orig. Code: IGBAF-AR

Special Education - Individualized Education Program (IEP)**/*

1. General IEP Information

- a. The district ensures that an IEP is in effect for each eligible student:
 - (1) Before special education and related services are provided to a student;
 - (2) At the beginning of each school year for each student with a disability for whom the district is responsible; and
 - (3) Before the district implements all the special education and related services, including program modifications, supports and/or supplementary aids and services, as identified on the IEP.

b. The district uses:

- (1) The Oregon standard IEP; or
- (2) An IEP form that has been approved by the Oregon Department of Education.
- c. The district develops and implements all provisions of the IEP as soon as possible following the IEP meeting.
- d. The IEP will be accessible to each of the student's regular education teacher(s), the student's special education teacher(s) and the student's related services provider(s) and other service provider(s). This includes all district employees assigned to work with a student with specialized needs to assist with the educational, behavioral, medical, health or disability-related support needs of the student.
- e. The district takes steps to ensure that parents are present at each IEP meeting or have the opportunity to participate through other means.
- f. The district ensures that each teacher and service provider is informed of:
 - (1) Their specific responsibilities for implementing the IEP specific accommodations, modifications and/or supports that must be provided for, or on behalf of the student; and
 - (2) Their responsibility to fully implement the IEP including any amendments the district and parents agreed to make between annual reviews.

The district takes whatever action is necessary to ensure that parents understand the proceeding of the IEP meeting, including arranging for an interpreter for parents with deafness or whose native language is other than English.

g. The district provides a copy of the IEP to the parents at no cost.

2. IEP Meetings

- a. The district conducts IEP meetings within 30 calendar days of the determination that the student is eligible for special education and related services.
- b. The district convenes IEP meetings for each eligible student periodically, but not less than once per year.
- c. At IEP meetings, the team reviews and revises the IEP to address any lack of expected progress toward annual goals and in the general curriculum, new evaluation data or new information from the parents, the student's anticipated needs, or the need to address other matters.
- d. Between annual IEP meetings, the district and the parent may amend or modify the student's current IEP without convening an IEP team meeting using the procedures in the Agreement to Amend or Modify IEP subsection.
- e. When the parent requests a meeting, the district will either schedule a meeting within a reasonable time or provide timely written prior notice of the district's refusal to hold a meeting.
- f. If an agency other than the district fails to provide agreed upon transition services contained in the IEP, the district convenes an IEP meeting to plan alternative strategies to meet the transition objectives and, if necessary, to revise the IEP.
- g. The district provides prior written notice to the parent of a student, or student within a reasonable period of time, before the district:
 - (1) Proposes to initiate or change, the identification, evaluation or educational placement of the student or the provision of a **Free Appropriate Public Education** (FAPE) to the child; or.
 - (2) Refuses to initiate or change the identification, evaluation or educational placement of the student, or the provisions of a FAPE to the child.
- h. In general, the recording of an IEP meeting by a parent will not be permitted. A parent may request, in writing, permission to use an audio recording device at an IEP meeting. The district will grant permission under the following conditions:
 - (1) The parent has a disability under the Americans with Disabilities Act, such as a cognitive delay, hearing impairment, or processing disorder;
 - (2) The parent requires an accommodation as a result of his/her disability in order to meaningfully participate in the IEP meeting; and
 - (3) There is no accommodation other than recording that would allow the parent to meaningfully participate in the IEP meeting.
- i. The district has the right to consider and determine whether other accommodations, including a note-taker, would adequately accommodate the parent's disability.
 - (1) If permission is granted, the district will conduct the recording and will provide the parent with a copy of the recording in a timely manner.
 - (2) If permission is denied, the parent may elect to have a note-taker present. The parent will arrange for and cover any costs related to the presence of the note-taker.

3. IEP Team Members

a. The district's IEP team members include the following:

- (1) One or both of the parents:
- (2) The student, if the purpose of the IEP meeting is to consider the student's postsecondary goals and transition services (beginning for IEPs in effect at age 16), or for younger students, when appropriate;
- (3) At least one of the student's special education teachers or, if appropriate, at least one of the student's special education providers;
- (4) At least one of the student's regular education teachers if the student is or may be participating in the regular education environment. If the student has more than one regular education teacher, the district will determine which teacher or teachers will participate;
- (5) A representative of the district (who may also be another member of the team) who is qualified to provide or supervise the provision of special education and is knowledgeable about district resources. The representative of the district will have the authority to commit district resources, and be able to ensure that all services identified in the IEP can be delivered;
- (6) An individual, who may also be another member of the team, who can interpret the instructional implications of the evaluation results; and
- (7) At the discretion of the parent or district, other persons who have knowledge or special expertise regarding the student.

b. Student participation:

- (1) Whenever appropriate, the student with a disability is a member of the team.
- (2) If the purpose of the IEP meeting includes consideration of postsecondary goals and transition services for the student, the district includes the student in the IEP team meeting.
- (3) If the purpose of the IEP meeting includes consideration of postsecondary goals and transition services for the student, and the student does not attend the meeting, the district will take other steps to consider the student's preferences and interests in developing the IEP.

c. Participation by other agencies:

- (1) With parent or adult student written consent, and where appropriate, the district invites a representative of any other agency that is likely to be responsible for providing or paying for transition services if the purpose of the IEP meeting includes the consideration of transition services (beginning at age 16, or younger if appropriate); and
- (2) If the district refers or places a student in an education service district (ESD), state operated program, private school or other educational program, IEP team membership includes a representative from the appropriate agencies. Participation may consist of attending the meeting, conference call or participating through other means.

d. Participation by other employees:

All district employees assigned to work with a student with specialized needs to assist the student with educational, behavioral, medical, health or disability-related support needs of the student must be consulted with when the IEP for the student is being developed, reviewed or

revised. This includes being invited to, and compensated for attending, meetings regarding the students IEP and other meetings regarding the student, when the decisions made and issues discussed are related to the responsibilities of the employee to support the student or when the employee has unique information about the student's needs and present level of performance.

4. Agreement for Nonattendance and Excusal

- a. The district and the parent may consent to excuse an IEP team member from attending an IEP meeting, in whole or in part, when the meeting involves a discussion or modification of team member's area of curriculum or service. The district designates specific individuals to authorize excusal of IEP team members.
- b. If excusing an IEP team member whose area is to be discussed at an IEP meeting, the district ensures:
 - (1) The parent and the district consent in writing to the excusal;
 - (2) The team member submits written input to the parents and other members of the IEP team before the meeting; and
 - (3) The parent is informed of all information related to the excusal in the parent's native language or other mode of communication according to consent requirements.

5. IEP Content

- a. In developing the IEP, the district considers the student's strengths, the parent's concerns, the results of the initial or most recent evaluation, and the academic, developmental and functional needs of the student.
- b. The district ensures that IEPs for each eligible student includes:
 - (1) A statement of the student's present levels of academic achievement and functional performance that:
 - (a) Includes a description of how the disability affects the progress and involvement in the general education curriculum;
 - (b) Describes the results of any evaluations conducted, including functional and developmental information;
 - (c) Is written in language that is understood by all IEP team members, including parents;
 - (d) Is clearly linked to each annual goal statement;
 - (e) Includes a description of benchmarks or short term objectives for children with disabilities who take alternative assessments aligned to alternate achievement standards.
 - (2) A statement of measurable annual goals, including academic and functional goals, or for students whose performance is measured by alternate assessments aligned to alternate achievement standard, statements of measurable goals and short term objectives. The goals and, if appropriate, objectives:
 - (a) Meet the student's needs that are present because of the disability, or because of behavior that interferes with the student's ability to learn, or impedes the learning of other students.

- (b) Enable the student to be involved in and progress in the general curriculum, as appropriate; and
- (c) Clearly describe the anticipated outcomes, including intermediate steps, if appropriate, that serve as a measure of progress toward the goal.
- (3) A statement of the special education services, related services, supplementary aids and services that the district provides to the student:
 - (a) The district bases special education and related services, modifications and supports on peer-reviewed research to the extent practicable to assist students in advancing toward goals, progressing in the general curriculum and participating with other students (including those without disabilities), in academic, nonacademic and extracurricular activities.
 - (b) Each statement of special education services, related or supplementary services, aids, modifications or supports includes a description of the inclusive dates, amount or frequency, location and who is responsible for implementation.
- (4) A statement of the extent, if any, to which the student will not participate with nondisabled students in regular academic, nonacademic and extracurricular activities.
- (5) A statement of any individual modifications and accommodations in the administration of state or districtwide assessments of student achievement.
 - (a) A student will not be exempt from participation in state or districtwide assessment because of a disability unless the parent requests an exemption;
 - (b) If the IEP team determines that the student will take the alternate assessment instead of the regular statewide or a districtwide assessment, a statement of why the student cannot participate in the regular assessment and why the alternate assessment is appropriate for the student.
- (6) A statement describing how the district will measure student's progress toward completion of the annual goals and when periodic reports on the student's progress toward the annual goals will be provided.
- 1. Agreement to Amend or Modify IEP

Between annual IEP meetings, the district and the parent may agree to make changes in the student's current IEP without holding an IEP meeting. These changes require a signed, written agreement between the district and the parent.

- a. The district and the parent record any amendments, revisions or modifications on the student's current IEP. If additional IEP pages are required these pages must be attached to the existing IEP.
- b. The district files a complete copy of the IEP with the student's education records and informs the student's IEP team and any teachers or service providers of the changes.
- c. The district provides the parent prior written notice of any changes in the IEP and upon request, provides the parent with a reserved copy of the IEP with the changes incorporated.
- 2. IEP Team Considerations and Special Factors

- a. In developing, reviewing and revising the IEP, the IEP team considers:
 - (1) The strengths of the student and concerns of the parent for enhancing the education of the student:
 - (2) The results of the initial or most recent evaluation of the student;
 - (3) As appropriate, the results of the student's performance on any general state or districtwide assessments;
 - (4) The academic, developmental, and functional needs of the child.
- b. In developing, reviewing and revising the student's IEP, the IEP team considers the following special factors:
 - (1) The communication needs of the student; and
 - (2) The need for assistive technology services and/or devices.
- c. As appropriate, the IEP team also considers the following special factors:
 - (1) For a student whose behavior impedes their learning or that of others, strategies, positive behavioral intervention and supports to address that behavior;
 - (2) For a student with limited English proficiency, the language needs of the student as those needs relate to the IEP;
 - (3) For a student who is blind or visually impaired, instruction in Braille and the use of Braille unless the IEP team determines (after an evaluation of reading and writing skills, needs and media, including evaluation of future needs for instruction in Braille or the use of Braille, appropriate reading and writing), that instruction in Braille or the use of Braille is not appropriate; and
 - (4) For a student who is deaf or hard of hearing, the student's language and communication needs, including opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level and full range of needs, including opportunities for direct instruction in the student's language and communication mode.
 - (5) If a student is deaf, deafblind (individuals who experience both vision and hearing loss), or hard of hearing, the district will provide information about relevant services and placements offered by the school district, the education service district, regional programs, and the Oregon School for the Deaf; and
 - (6) A statement of any device or service needed for the student to receive a FAPE.
- d. In addition to the above IEP contents, the IEP for each eligible student of transition age includes:
 - (1) Beginning not later than the first IEP in effect when the student turns 16, or as early as 14 or younger, if determined appropriate by the IEP team, and updated annually thereafter, the IEP must include:
 - (a) Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training education, employment, and where appropriate, independent living skills; and

- (b) The transition services (including courses of study) needed to assist the student in reaching those goals.
- (c) Regarding employment planning, the parent shall be provided information about and opportunities to experience employment services provided by Oregon Vocational Rehabilitation or the Oregon Office of Developmental Disability Services. These services must be provided in a competitive integrated employment setting, as defined by Oregon Administrative Rule 441-345-0020. Information about these services shall also be provided to the parent by the district at each annual review for IEPs to be in effect when the child turns 16, or as early as 14 or younger, if determined appropriate by the IEP team (including parent(s)).
- (2) At least one year before a student reaches the age of majority (student reaches the age of 18, or has married or been emancipated, whichever occurs first), a statement that the district has informed the student that all procedural rights will transfer at the age of majority; and
- (3) If identified transition service providers, other than the district, fail to provide any of the services identified on the IEP, the district will initiate an IEP meeting as soon as possible to address alternative strategies and revise the IEP if necessary.
- e. To promote self-determination and independence, the district shall provide the student and the student's parents with information and training resources regarding supported decision-making as a less restrictive alternative to guardianship, and with information and resources regarding strategies to remain engaged in the student's secondary education and post-school outcomes.

The district shall provide this information at each IEP meeting that includes discussion of post-secondary education goals and transition services.

3. Incarcerated Youth

- a. For students with disabilities who are convicted as adults, incarcerated in adult correctional facilities and otherwise entitled to FAPE, the following IEP requirements do not apply:
 - (1) Participation of students with disabilities in state and districtwide assessment; and
 - (2) Transition planning and transition services, for students whose eligibility will end because of their age before they will be eligible to be released from an adult correctional facility based on consideration of their sentence and eligibility for early release.
- b. The IEP team may modify the student's IEP, if the state has demonstrated a bona fide security or other compelling interest that cannot be otherwise accommodated.

4. Extended School Year Services

- a. The district makes extended school year (ESY) services available to all students for whom the IEP team has determined that such services are necessary to provide FAPE.
- b. ESY services are:
 - (1) Provided to a student with a disability in addition to the services provided during the typical school year;
 - (2) Identified in the student's IEP;

- (3) Provided at no cost to the parent;
- (4) Provided through an established district-sponsored program.
- c. The district does not limit consideration of ESY services to particular categories of disability or unilaterally limit the type, amount or duration of service.
- d. The district provides ESY services to maintain the student's skills or behavior, but not to teach new skills or behaviors.
- e. The district's criteria for determining the need for extended school year services include:
 - (1) Regression (a significant loss of skills or behaviors) and recoupment time based on documented evidence; or
 - (2) If no documented evidence, on predictions according to the professional judgment of the team.
- f. "Regression" means significant loss of skills or behaviors in any area specified on the IEP as a result of an interruption in education services.
- g. "Recoupment" means the recovery of skills or behaviors specified on the IEP to a level demonstrated before the interruption of education services.

5. Assistive Technology

- a. The district ensures that assistive technology devices or assistive technology services, or both, are made available if they are identified as part of the student's IEP. These services and/or devices may be part of the student's special education, related services or supplementary aids and services.
- b. On a case-by-case basis, the district permits the use of district-purchased assistive technology devices in the student's home or in other settings if the student's IEP team determines that the student needs access to those devices to receive a FAPE.. In these situations, district policy will govern liability and transfer of the device when the student ceases to attend the district.

6 Transfer Students

a. In state:

If a student with a disability (who had an IEP that was in effect in a previous district in Oregon) transfers into the district and enrolls in a district school within the same school year, the district (in consultation with the student's parents) provides a FAPE to the student (including services comparable to those described in the student's IEP from the previous district), until the district either:

- (1) Adopts the student's IEP from the previous district; or
- (2) Develops, adopts and implements a new IEP for the student in accordance with all of the IEP provisions.

b. Out of state:

If a student transfers into the district with a current IEP from a district in another state, the district, in consultation with the student's parents, will provide a FAPE to the student, including services comparable to those described in the student's IEP from the previous district, until the new district:

- (1) Conducts an initial evaluation (if determined necessary by the new district to determine Oregon eligibility) with parent consent and determines whether the student meets eligibility criteria described in Oregon Administrative Rules.
- (2) If the student is eligible under Oregon criteria, the district develops, adopts and implements a new IEP for the student using the Oregon Standard IEP or an approved alternate IEP.
- (3) If the student does not meet Oregon eligibility criteria, the district provides prior written notice to the parents explaining that the student does not meet Oregon eligibility criteria and specifying the date when special education services will be terminated.

8. Abbreviated School Day

"Abbreviated school day" means any school day during which a student with a disability receives instruction or educational services for fewer hours than the majority of other students who are in the same grade within the student's resident school district.

"Abbreviated school day program" means an education program:

- a. In which a school district restricts access for a student with a disability to hours of instruction or educational services to less than the number of hours of instruction or educational services that are provided to the majority of other students who are in the same grade within the student's resident school district; and
- b. That results in a student with a disability having an abbreviated school day for more than 10 school days per school year.

Abbreviated school day programs are only allowed when all requirements in state law are met.¹

Informed and written consent from the parent or foster parent is necessary prior to implementing an abbreviated school day program. A parent or a foster parent may, at any time, revoke consent for the placement of a student on an abbreviated school day program. Revoking consent or objecting to an abbreviated school day program shall be in writing.

Abbreviated school day programs limitations do not apply to students who are exempt per ORS 343.331.

¹ See ORS 343.324.

Code: IGBAG Adopted: 12/01/09

Revised/Readopted: 6/17/19; xx/xx/xx

Orig. Code: IGBAG

Special Education - Procedural Safeguards**

Procedural Safeguards - General

A district ensures that students with disabilities and their families are afforded their procedural safeguards related to

- 1. Access to students' educational records;
- 2. Parent and adult student participation in special education decisions;
- 3. Transfer of rights to students who have reached the age of majority;
- 4. Prior written notice of proposed district actions;
- 5. Consent for evaluation and for initial placement in special education¹;
- 6. Independent educational evaluation;
- 7. Dispute resolution through mediation, state complaint investigation, resolution sessions and due process hearings;
- 8. Discipline procedures and protections for students with disabilities, including placements related to discipline;
- 9. Placement of students during the pendency of due process hearings;
- 10. Placement of students by their parents in private schools;
- 11. Civil actions; and
- 12. Attorney's fees.

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¹ If, at any time subsequent to the initial provision of special and related services, the parent of a child revokes consent in writing for the continued provision of special education and related services, the district: 1) may not continue to provide special education and related services to the child, but must provide prior written notice before ceasing the provision of special education and related services; 2) may not use mediation or due process procedures to obtain an agreement or ruling that the services may be provided to the child; 3) the district will not be considered to be in violation of the requirement to make FAPE available to the child because of the failure to provide the child with further special education and related services; and 4) the district is not required to convene an IEP team meeting or develop an IEP for the child for further provision of special education or related services.

Procedural Safeguards Notice

- 1. The district provides to parents a copy of the *Procedural Safeguards Notice*, published by the Oregon Department of Education, at least once per year and upon initial referral or parent request for special education evaluation and upon any other parent request. The district also gives a copy to the student at least a year before the student's 18th birthday or upon learning that the student is considered emancipated.
- 2. The district provides the *Procedural Safeguards Notice* in the parent's native language or other mode of communication unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the district takes steps to ensure that the notice is translated orally or by other means understandable to the parent and that the parent understands the content of the notice. The district maintains written evidence that it meets these requirements.

Parent or Adult Student Meeting Participation

- 1. The district provides parents or adult students an opportunity to participate in meetings with respect to the identification, evaluation, IEP and educational placement of the student, and the provision of a free appropriate public education (FAPE) to the student.
- 2. The district provides parents or adult students written notice of any meeting sufficiently in advance to ensure an opportunity to attend. The written notice:
 - a. States the purpose, time and place of the meeting and who is invited to attend;
 - b. Advises that parents or adult students may invite other individuals who they believe have knowledge or special expertise regarding the student;
 - c. Advises that the team may proceed with the meeting even if the parents are not in attendance;
 - d. Advises the parents or adult students whom to contact before the meeting to provide information if they are unable to attend; and
 - e. Indicates if one of the meeting's purposes is to consider transition services or transition services needs. If so:
 - (1) Indicates that the student will be invited; and
 - (2) If considering transition services, identifies any agencies invited to send a representative (with parent or adult student consent).
- 3. The district takes steps to ensure that one or both parents of a child with a disability are present at each IEP or placement meeting or are afforded the opportunity to participate, including
 - a. Notifying parents of the meeting early enough to ensure that they will have an opportunity to attend; and
 - b. Scheduling the meeting at a mutually agreed upon time and place.
- 4. If neither parent can attend, the district will use other methods to ensure participation, including, but not limited to, individual or conference phone calls or home visits.

5. The district may conduct an evaluation planning or eligibility meeting without the parent or adult student if the district provided meeting notice to the parent or adult student sufficiently in advance to ensure an opportunity to attend.

Access to Records

A parent is entitled at any reasonable time to examine all of the records of the district pertaining to the identification, evaluation and educational placement of their child and the provision of FAPE to their child. Records must be provided without undue delay, which may not exceed 10 business days, as defined in ORS 192.311, from the date of the request for the records. Records may be redacted only to the extent necessary to protect personally identifiable information of other children unless disclosure is authorized by law or court order.

END OF POLICY

Legal Reference(s):		
ORS 343.155	OAR 581-015-2000	OAR 581-015-2310
ORS 343.165	OAR 581-015-2030	OAR 581-015-2325
ORS 343.173	OAR 581-015-2090	OAR 581-015-2330
ORS 343.177	OAR 581-015-2095	OAR 581-015-2345
ORS 343.181	OAR 581-015-2190	OAR 581-015-2360
	OAR 581-015-2195	OAR 581-015-2385
OAR 581-001-0005	OAR 581-015-2305	

Assistance to States for the Education of Children with Disabilities, 34 C.F.R. §§ 300.300, 300.500 to -300.505, 300.515, 300.517 (2008).

Code: IGBAG Adopted: 12/01/09

Revised/Readopted: 6/17/19; xx/xx/xx

Orig. Code: IGBAG

Special Education - Procedural Safeguards**

Procedural Safeguards - General

A district ensures that students with disabilities and their families are afforded their procedural safeguards related to:

- 1. Access to students' educational records;
- 2. Parent and adult student participation in special education decisions;
- 3. Transfer of rights to students who have reached the age of majority;
- 4. Prior written notice of proposed district actions;
- 5. Consent for evaluation and for initial placement in special education¹;
- 6. Independent educational evaluation;
- 7. Dispute resolution through mediation, state complaint investigation, resolution sessions and due process hearings;
- 8. Discipline procedures and protections for students with disabilities, including placements related to discipline;
- 9. Placement of students during the pendency of due process hearings;
- 10. Placement of students by their parents in private schools;
- 11. Civil actions; and
- 12. Attorney's fees.

¹ If, at any time subsequent to the initial provision of special and related services, the parent of a child revokes consent in writing for the continued provision of special education and related services, the district: 1) may not continue to provide special education and related services to the child, but must provide prior written notice before ceasing the provision of special education and related services; 2) may not use mediation or due process procedures to obtain an agreement or ruling that the services may be provided to the child; 3) the district will not be considered to be in violation of the requirement to make FAPE available to the child because of the failure to provide the child with further special education and related services; and 4) the district is not required to convene an IEP team meeting or develop an IEP for the child for further provision of special education or related services.

Procedural Safeguards Notice

- 1. The district provides to parents a copy of the *Procedural Safeguards Notice*, published by the Oregon Department of Education, at least once per year and upon initial referral or parent request for special education evaluation and upon any other parent request. The district also gives a copy to the student at least a year before the student's 18th birthday or upon learning that the student is considered emancipated.
- 2. The district provides the *Procedural Safeguards Notice* in the parent's native language or other mode of communication unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the district takes steps to ensure that the notice is translated orally or by other means understandable to the parent and that the parent understands the content of the notice. The district maintains written evidence that it meets these requirements.

Parent or Adult Student Meeting Participation

- 1. The district provides parents or adult students an opportunity to participate in meetings with respect to the identification, evaluation, IEP and educational placement of the student, and the provision of a free appropriate public education (FAPE) to the student.
- 2. The district provides parents or adult students written notice of any meeting sufficiently in advance to ensure an opportunity to attend. The written notice:
 - a. States the purpose, time and place of the meeting and who is invited to attend;
 - b. Advises that parents or adult students may invite other individuals who they believe have knowledge or special expertise regarding the student;
 - c. Advises that the team may proceed with the meeting even if the parents are not in attendance;
 - d. Advises the parents or adult students whom to contact before the meeting to provide information if they are unable to attend; and
 - e. Indicates if one of the meeting's purposes is to consider transition services or transition services needs. If so:
 - (1) Indicates that the student will be invited; and
 - (2) If considering transition services, identifies any agencies invited to send a representative (with parent or adult student consent).
- 3. The district takes steps to ensure that one or both parents of a child with a disability are present at each IEP or placement meeting or are afforded the opportunity to participate, including
 - a. Notifying parents of the meeting early enough to ensure that they will have an opportunity to attend; and
 - b. Scheduling the meeting at a mutually agreed upon time and place.
- 4. If neither parent can attend, the district will use other methods to ensure participation, including, but not limited to, individual or conference phone calls or home visits.

5. The district may conduct an evaluation planning or eligibility meeting without the parent or adult student if the district provided meeting notice to the parent or adult student sufficiently in advance to ensure an opportunity to attend.

Access to Records

A parent is entitled at any reasonable time to examine all of the records of the district pertaining to the identification, evaluation and educational placement of their child and the provision of FAPE to their child. Records must be provided without undue delay, which may not exceed 10 business days, as defined in ORS 192.311, from the date of the request for the records. Records may be redacted only to the extent necessary to protect personally identifiable information of other children unless disclosure is authorized by law or court order.

END OF POLICY

Legal Reference(s):		
ORS 343.155	OAR 581-015-2000	OAR 581-015-2310
ORS 343.165	OAR 581-015-2030	OAR 581-015-2325
ORS 343.173	OAR 581-015-2090	OAR 581-015-2330
ORS 343.177	OAR 581-015-2095	OAR 581-015-2345
ORS 343.181	OAR 581-015-2190	OAR 581-015-2360
	OAR 581-015-2195	OAR 581-015-2385
OAR 581-001-0005	OAR 581-015-2305	

Assistance to States for the Education of Children with Disabilities, 34 C.F.R. §§ 300.300, 300.500 to -300.505, 300.515, 300.517.

Code: JBAA Adopted: 12/01/09

Readopted: 1/22/20; xx/xx/xx

Orig. Code: JBAA

Section 504 – Students**

In compliance with the requirements of Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA) and the Americans with Disabilities Act Amendments Act of 2008 (ADAAA) the district shall ensure that no otherwise qualified individual with disabilities shall, solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity conducted by the district or those provided by the district through contractual or other arrangements. Programs and activities shall be accessible and usable by individuals with disabilities as prescribed by law.

The superintendent or designee will ensure all Section 504, qualified students with disabilities are identified annually. Students will be evaluated by a team of individuals knowledgeable about the student, the meaning of the evaluation data and placement options. Services will be provided as required by law.

The superintendent or designee will develop administrative regulations as needed for the implementation of this policy and to meet the requirements of state and federal law. Regulations will include provisions to ensure notice of the district's responsibilities are provided as required and that procedures are established for students, parents and staff with complaints concerning district compliance with the provisions of law.

END OF POLICY

Legal Reference(s):

<u>ORS 192</u> .630	ORS 659.865	OAR 581-015-2030
ORS 326.051(1)(e)	ORS 659A.103	OAR 581-021-0045
<u>ORS 343</u> .068	ORS 659A.109	OAR 581-021-0046
ORS 659.850		OAR 581-021-0049
		OAR 581-022-2310

Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12213 (2012); 29 C.F.R. Part 1630 (2017); 28 C.F.R. Part 35 (2017). Nondiscrimination on the Basis of Handicap in Education Programs or Activities Receiving Federal Financial Assistance, 34 C.F.R. Part 104 (2017)

Rehabilitation Act of 1973, 29 U.S.C. §§ 791, 793-794 (2012).

Americans with Disabilities Amendments Act of 2008.

Code: JBAA Adopted: 12/01/09

Readopted: 1/22/20; xx/xx/xx

Orig. Code: JBAA

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The superintendent or designee will ensure all Section 504, qualified students with disabilities are identified annually. Students will be evaluated by a team of individuals knowledgeable about the student, the meaning of the evaluation data and placement options. Services will be provided as required by law.

The superintendent or designee will develop administrative regulations as needed for the implementation of this policy and to meet the requirements of state and federal law. Regulations will include provisions to ensure notice of the district's responsibilities are provided as required and that procedures are established for students, parents and staff with complaints concerning district compliance with the provisions of law.

END OF POLICY

Legal Reference(s):

ORS 192.630	ORS 659.865	OAR 581-015-2030
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ORS 343.068	ORS 659A.109	OAR 581-021-0046
ORS 659.850		OAR 581-021-0049
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Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12213 (2012); 29 C.F.R. Part 1630 (2017); 28 C.F.R. Part 35 (2017). Nondiscrimination on the Basis of Handicap in Education Programs or Activities Receiving Federal Financial Assistance, 34 C.F.R. Part 104 (2017)

Rehabilitation Act of 1973, 29 U.S.C. §§ 791, 793-794 (2012).

Americans with Disabilities Amendments Act of 2008.

Code: JGA Adopted: 6/16/81

Readopted: 9/04/07; 10/01/20; 6/24/21; xx/xx/xx

Corporal Punishment**

The use of corporal punishment in any form is strictly prohibited in Medford School District 549C the district. No student will be subject to the infliction of corporal punishment.

"Corporal punishment" is defined as the willful infliction of, or willfully causing the infliction of, physical pain. Corporal punishment does not include the use of physical force authorized in ORS 161.205 (2), (4) or (5) for the reasons specified therein, or physical pain or discomfort resulting from or caused by participation in athletic competition or other such recreational activity, voluntarily engaged in by a student.

No teacher, administrator, or other school personnel or school volunteer will subject a student to corporal punishment or condone the use of corporal punishment by any person under his/her supervision or control. Permission to administer corporal punishment will not be sought or accepted from any student, parent/guardian, person in parental relationship, or school official.

Physical restraint or seclusion, when used as a part of a behavior support plan in a student's individual education program (IEP) or Section 504 plan, which has been developed with parent participation, is not considered corporal punishment.

A staff member is authorized to employ reasonable physical force upon a student when and only to the extent that the application of physical force is consistent with ORS 339.285-339.303 and is not corporal punishment as defined in ORS 339.250(9). Physical force shall not be used to discipline or punish a student.

A staff member found in violation of this policy may be subject to discipline up to and including dismissal. A volunteer found in violation of this policy by administration may be subject to sanctions and/or prohibited from volunteer service in the district.

The superintendent or designee shall inform all staff members and volunteers of this policy.

END OF POLICY

Legal Reference(s):

ORS 161.205 ORS 339.240 ORS 332.107 ORS 339.250

OAR 581-021-0050 - 0075 OAR 584-020-0040

Cross Reference(s):

JGAB - Use of Restraint or Seclusion

Code: JGA Adopted: 6/16/81

Readopted: 9/04/07; 10/01/20; 6/24/21; xx/xx/xx

Corporal Punishment**

The use of corporal punishment in any form is strictly prohibited in the district. No student will be subject to the infliction of corporal punishment.

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No teacher, administrator, or other school personnel or school volunteer will subject a student to corporal punishment or condone the use of corporal punishment by any person under his/her supervision or control. Permission to administer corporal punishment will not be sought or accepted from any parent/guardian or school official.

Physical restraint or seclusion, when used as a part of a behavior support plan in a student's individual education program (IEP) or Section 504 plan, which has been developed with parent participation, is not considered corporal punishment.

A staff member is authorized to employ reasonable physical force upon a student only to the extent that the application of physical force is consistent with ORS 339.285-339.303 and is not corporal punishment as defined in ORS 339.250(9). Physical force shall not be used to discipline or punish a student.

A staff member found in violation of this policy may be subject to discipline up to and including dismissal. A volunteer found in violation of this policy by administration may be subject to sanctions and/or prohibited from volunteer service in the district.

The superintendent or designee shall inform all staff members and volunteers of this policy.

END OF POLICY

Legal Reference(s):

ORS 161.205 ORS 332.107 ORS 332.250

OAR 581-021-0050 - 0075 OAR 584-020-0040

Cross Reference(s):

JGAB - Use of Restraint or Seclusion

Code: JGAB Adopted: 2/12/18

Revised/Readopted: 12/20/19; 10/20/22; xx/xx/xx

Orig. Code: JGAB

Use of Restraint or Seclusion**

The Board is dedicated to the development and application of best practices within the district's public educational/behavioral programs. The Board establishes this policy and its administrative regulation to define the circumstances that must exist and the requirements that must be met prior to, during, and after the use of restraint or seclusion as an intervention with district students.

The use of the following types of restraint on a student in the district is prohibited:

- 1. Chemical restraint.
- 2. Mechanical restraint.
- 3. Prone restraint.
- 4. Supine restraint.
- 5. Any restraint that involves the intentional and nonincidental use of a solid object¹, including a wall or the floor, to impede a student's movement, unless the restraint is necessary to prevent an imminent life-threatening injury or to gain control of a weapon.
- 6. Any restraint that places, or creates a risk of placing, pressure on a student's mouth, neck or throat.
- 7. Any restraint that places, or creates a risk of placing, pressure on a student's mouth, unless the restraint is necessary for the purpose of extracting a body part from a bite.
- 8. Any restraint that impedes, or creates a risk of impeding, breathing.
- 9. Any restraint that involves the intentional placement of the hands, feet, elbow, knee or any object on a student's neck, throat, genitals or other intimate parts.
- 10. Any restraint that causes pressure to be placed, or creates a risk of causing pressure to be placed, on the stomach or back by a knee, foot or elbow bone.
- 11. Any action designed for the primary purpose of inflicting pain. The use of a seclusion cell is prohibited.

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¹ The use of a solid object, including furniture, a wall, or the floor, by district staff performing a restraint is not prohibited if the object is used for the staff's own stability or support while performing the restraint and not as a mechanism to apply pressure directly to the student's body.

Restraint or seclusion may not be used for discipline, punishment, retaliation, or convenience of staff, contractors or volunteers of the district.

Restraint may be imposed on a student in the district only under the following circumstances:

- 1. The student's behavior imposes a reasonable risk of imminent and substantial physical or bodily injury to the student or others; and
- 2. Less restrictive interventions would not be effective.

Seclusion may be used on a student in the district only under the following circumstances:

- 1. The student's behavior imposes a reasonable risk of imminent and serious bodily injury to the student or others; and
- 2. Less restrictive interventions would not be effective.

If restraint or seclusion is used on a student, by trained staff or other staff available in the case of an emergency when trained staff are not immediately available due to the unforeseeable nature of the emergency (e.g., teacher, administrator, or volunteer), it will be used only for as long as the student's behavior poses a reasonable risk of imminent and substantial physical or bodily injury to the student or others and less restrictive interventions would not be effective. Students will be continuously monitored by staff for the duration of the restraint or seclusion.

Definitions

1. "Restraint" means the restriction of a student's actions or movements by holding the student or using pressure or other means.

"Restraint" does not include:

- a. Holding a student's hand or arm to escort the student safely and without the use of force from one area to another:
- b. Assisting a student to complete a task if the student does not resist the physical contact; or
- c. Providing reasonable intervention with the minimal exertion of force necessary if the intervention does not include a restraint prohibited under Oregon Revised Statute (ORS)
- d. 339.288 and the intervention is necessary to:
 - (1) Break up a physical fight;
 - (2) Interrupt a student's impulsive behavior that threatens the student's immediate safety, including running in front of a vehicle or climbing on unsafe structures or objects; or
 - (3) Effectively protect oneself or another from an assault, injury or sexual contact with the minimum physical contact necessary for protection.
- 2. "Seclusion" means the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving. Seclusion includes, but is not limited to, the involuntary confinement of a student alone in a room with a closed door, whether the door is locked or unlocked.

"Seclusion" does not include the removal of a student for a short period of time to provide the student with an opportunity to regain self-control if the student is in a setting from which the student is not physically prevented from leaving, or a student being left alone in a room with a closed door for a brief period of time if the student is left alone for a purpose that is unrelated to the student's behavior.

- 3. "Seclusion cell" means a freestanding, self-contained unit that is used to isolate the student from other students or physically prevent a student from leaving the unit or cause the student to believe that the student is physically prevented from leaving the unit.
- 4. "Serious bodily injury" means any significant impairment of the physical condition of a person, as determined by qualified medical personnel, whether self-inflicted or inflicted by someone else.
- 5. "Substantial physical or bodily injury" means any impairment of the physical condition of a person that requires some form of medical treatment.
- 6. "Mechanical restraint" means a device used to restrict the movement of a student or the movement or normal function of a portion of the body of a student.
 - "Mechanical restraint" does not include:
 - a. A protective or stabilizing device ordered by a licensed physician; or
 - b. A vehicle safety restraint when used as intended during the transport of a student in a moving vehicle.
- 7. "Chemical restraint" means a drug or medication that is used on a student to control behavior or restrict freedom of movement that is not been prescribed by a licensed physician or other qualified health professional acting under the professional's scope of practice for standard treatment of the student's medical or psychiatric condition; and administered as prescribed by a licensed physician or other qualified health professional acting under the professional's scope of practice.
- 8. "Prone restraint" means a restraint in which a student is held face down on the floor.
- 9. "Supine restraint" means a restraint in which a student is held face up on the floor.

Any student being restrained or secluded within the district whether in an emergency or as a part of a plan shall be constantly monitored by staff for the duration of the intervention. Any room used for seclusion of a student must meet the standards as outlined in Oregon Administrative Rule (OAR) 581-021-0568.

The district shall only utilize the CPI a training program of for restraint or seclusion for use to train staff and use in the district. As required by state regulation, the selected program shall be one which has been approved by the Oregon Department of Education (ODE). and include but not limited to, positive behavior support, conflict prevention, de-escalation and crisis response techniques. Any program selected by the district must be in compliance with state and federal law with respect to the use of restraint and seclusion.

The district shall preserve, and may not destroy, any records related to an incident of restraint or seclusion, including an audio or video recording. The records must be preserved in the original format and without alteration in accordance with law.

An annual review of the use of restraint and seclusion shall be completed and submitted to ODE to ensure compliance with district policies and procedures.

The results of the review and annual report shall be documented and shall include at a minimum the following:

- 1. The total number of incidents involving restraint;
- 2. The total number of incidents involving seclusion;
- 3. The total number of seclusions in a locked room;
- 4. The total number of students placed in restraint;
- 5. The total number of students placed in seclusion;
- 6. The total number of incidents that resulted in injuries or death to students or staff as a result of the use of restraint or seclusion;
- 7. The total number of students placed in restraint or seclusion more than 10 times in a school year and an explanation of what steps have been taken by the district to decrease the use of restraint and seclusion for each student;
- 8. The total number of restraint or seclusion incidents carried out by untrained individuals;
- 9. The demographic characteristics² of all students upon whom restraint or seclusion was imposed;
- 10. The total number of rooms available for use by the district for seclusion of a student and a description of the dimensions and design of the rooms.

This annual report shall be made available to the public at the district's main office and on the district's website. At least once each school year the parents and guardians of students of the district shall be notified about how to access the report.

The district shall investigate all complaints regarding the use of restraint and/or seclusion practices according to the procedures outlined in Board policy KL - Public Complaints and KL-AR - Public Complaint Procedure. The complaint procedure is available at the district's administrative office and is available on the home page of the district's website.

The complainant, whether an organization or an individual, may appeal a district's final decision to the Oregon Department of Education pursuant to OAR 581-002-0001 - 581-002-0023 and as outlined in Board policy KL and administrative regulation KL-AR. [This appeal process is represented in administrative regulation KL-AR(2) - Appeal to the Deputy Superintendent of Public Instruction.]

Use of Restraint or Seclusion** – JGAB

² Including race, ethnicity, gender, disability status, migrant status, English proficiency and status as economically disadvantaged, unless the demographic information would reveal personally identifiable information about an individual student.

The superintendent or designee shall develop administrative regulations to carry out the requirements set forth in this policy and to meet any additional requirements established by law related to the use, reporting and written documentation of the use of restraint or seclusion by district staff. A staff member who violates this policy or its administrative regulation may be subject to discipline, up to and including dismissal.

END OF POLICY

Legal Reference(s):

ORS 339.300	OAR 581-021-0563
ORS 339.303	OAR 581-021-0566
	OAR 581-021-0568
OAR 581-021-0061	OAR 581-021-0569
OAR 581-021-0550	OAR 581-021-0570
OAR 581-021-0553	OAR 581-022-2267
OAR 581-021-0556	OAR 581-022-2370
	ORS 339.303 OAR 581-021-0061 OAR 581-021-0550 OAR 581-021-0553

Cross Reference(s):

JGA - Corporal Punishment

JGB - Detention and In-School Suspension of Students

JGDA - Discipline of Students with Disabilities

Code: JGAB Adopted: 2/12/18

Revised/Readopted: 12/20/19; 10/20/22; xx/xx/xx

Orig. Code: JGAB

Use of Restraint or Seclusion**

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The use of the following types of restraint on a student in the district is prohibited:

- 1. Chemical restraint.
- 2. Mechanical restraint.
- 3. Prone restraint.
- 4. Supine restraint.
- 5. Any restraint that involves the intentional and nonincidental use of a solid object¹, including a wall or the floor, to impede a student's movement, unless the restraint is necessary to prevent an imminent life-threatening injury or to gain control of a weapon.
- 6. Any restraint that places, or creates a risk of placing, pressure on a student's mouth, neck or throat.
- 7. Any restraint that places, or creates a risk of placing, pressure on a student's mouth, unless the restraint is necessary for the purpose of extracting a body part from a bite.
- 8. Any restraint that impedes, or creates a risk of impeding, breathing.
- 9. Any restraint that involves the intentional placement of the hands, feet, elbow, knee or any object on a student's neck, throat, genitals or other intimate parts.
- 10. Any restraint that causes pressure to be placed, or creates a risk of causing pressure to be placed, on the stomach or back by a knee, foot or elbow bone.

¹ The use of a solid object, including furniture, a wall, or the floor, by district staff performing a restraint is not prohibited if the object is used for the staff's own stability or support while performing the restraint and not as a mechanism to apply pressure directly to the student's body.

11. Any action designed for the primary purpose of inflicting pain. The use of a seclusion cell is prohibited.

Restraint or seclusion may not be used for discipline, punishment, retaliation, or convenience of staff, contractors or volunteers of the district.

Restraint may be imposed on a student in the district only under the following circumstances:

- 1. The student's behavior imposes a reasonable risk of imminent and substantial physical or bodily injury to the student or others; and
- 2. Less restrictive interventions would not be effective.

Seclusion may be used on a student in the district only under the following circumstances:

- 1. The student's behavior imposes a reasonable risk of imminent and serious bodily injury to the student or others; and
- 2. Less restrictive interventions would not be effective.

If restraint or seclusion is used on a student, by trained staff or other staff available in the case of an emergency when trained staff are not immediately available due to the unforeseeable nature of the emergency (e.g., teacher, administrator, or volunteer), it will be used only for as long as the student's behavior poses a reasonable risk of imminent and substantial physical or bodily injury to the student or others and less restrictive interventions would not be effective. Students will be continuously monitored by staff for the duration of the restraint or seclusion.

Definitions

1. "Restraint" means the restriction of a student's actions or movements by holding the student or using pressure or other means.

"Restraint" does not include:

- a. Holding a student's hand or arm to escort the student safely and without the use of force from one area to another;
- b. Assisting a student to complete a task if the student does not resist the physical contact; or
- c. Providing reasonable intervention with the minimal exertion of force necessary if the intervention does not include a restraint prohibited under Oregon Revised Statute (ORS)
- d. 339.288 and the intervention is necessary to:
 - (1) Break up a physical fight;
 - (2) Interrupt a student's impulsive behavior that threatens the student's immediate safety, including running in front of a vehicle or climbing on unsafe structures or objects; or
 - (3) Effectively protect oneself or another from an assault, injury or sexual contact with the minimum physical contact necessary for protection.

- 2. "Seclusion" means the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving. Seclusion includes, but is not limited to, the involuntary confinement of a student alone in a room with a closed door, whether the door is locked or unlocked.
 - "Seclusion" does not include the removal of a student for a short period of time to provide the student with an opportunity to regain self-control if the student is in a setting from which the student is not physically prevented from leaving, or a student being left alone in a room with a closed door for a brief period of time if the student is left alone for a purpose that is unrelated to the student's behavior.
- 3. "Seclusion cell" means a freestanding, self-contained unit that is used to isolate the student from other students or physically prevent a student from leaving the unit or cause the student to believe that the student is physically prevented from leaving the unit.
- 4. "Serious bodily injury" means any significant impairment of the physical condition of a person, as determined by qualified medical personnel, whether self-inflicted or inflicted by someone else.
- 5. "Substantial physical or bodily injury" means any impairment of the physical condition of a person that requires some form of medical treatment.
- 6. "Mechanical restraint" means a device used to restrict the movement of a student or the movement or normal function of a portion of the body of a student.
 - "Mechanical restraint" does not include:
 - a. A protective or stabilizing device ordered by a licensed physician; or
 - b. A vehicle safety restraint when used as intended during the transport of a student in a moving vehicle.
- 7. "Chemical restraint" means a drug or medication that is used on a student to control behavior or restrict freedom of movement that is not been prescribed by a licensed physician or other qualified health professional acting under the professional's scope of practice for standard treatment of the student's medical or psychiatric condition; and administered as prescribed by a licensed physician or other qualified health professional acting under the professional's scope of practice.
- 8. "Prone restraint" means a restraint in which a student is held face down on the floor.
- 9. "Supine restraint" means a restraint in which a student is held face up on the floor.

Any student being restrained or secluded within the district whether in an emergency or as a part of a plan shall be constantly monitored by staff for the duration of the intervention. Any room used for seclusion of a student must meet the standards as outlined in Oregon Administrative Rule (OAR) 581-021-0568.

The district shall only utilize a training program for restraint or seclusion to train staff and use in the district, which has been approved by the Oregon Department of Education (ODE).

The district shall preserve, and may not destroy, any records related to an incident of restraint or seclusion, including an audio or video recording. The records must be preserved in the original format and without alteration in accordance with law.

An annual review of the use of restraint and seclusion shall be completed and submitted to ODE to ensure compliance with district policies and procedures.

The results of the review and annual report shall be documented and shall include at a minimum the following:

- 1. The total number of incidents involving restraint;
- 2. The total number of incidents involving seclusion;
- 3. The total number of seclusions in a locked room;
- 4. The total number of students placed in restraint;
- 5. The total number of students placed in seclusion;
- 6. The total number of incidents that resulted in injuries or death to students or staff as a result of the use of restraint or seclusion;
- 7. The total number of students placed in restraint or seclusion more than 10 times in a school year and an explanation of what steps have been taken by the district to decrease the use of restraint and seclusion for each student;
- 8. The total number of restraint or seclusion incidents carried out by untrained individuals;
- 9. The demographic characteristics² of all students upon whom restraint or seclusion was imposed;
- 10. The total number of rooms available for use by the district for seclusion of a student and a description of the dimensions and design of the rooms.

This annual report shall be made available to the public at the district's main office and on the district's website. At least once each school year the parents and guardians of students of the district shall be notified about how to access the report.

The district shall investigate all complaints regarding the use of restraint and/or seclusion practices according to the procedures outlined in Board policy KL - Public Complaints and KL-AR - Public Complaint Procedure. The complaint procedure is available at the district's administrative office and is available on the home page of the district's website.

The complainant, whether an organization or an individual, may appeal a district's final decision to the Oregon Department of Education pursuant to OAR 581-002-0001 - 581-002-0023.

² Including race, ethnicity, gender, disability status, migrant status, English proficiency and status as economically disadvantaged, unless the demographic information would reveal personally identifiable information about an individual student.

The superintendent or designee shall develop administrative regulations to carry out the requirements set forth in this policy and to meet any additional requirements established by law related to the use, reporting and written documentation of the use of restraint or seclusion by district staff. A staff member who violates this policy or its administrative regulation may be subject to discipline, up to and including dismissal.

END OF POLICY

Legal Reference(s):

ORS 161.205	ORS 339.300	OAR 581-021-0563
ORS 339.250	ORS 339.303	OAR 581-021-0566
ORS 339.285		OAR 581-021-0568
ORS 339.288	OAR 581-021-0061	OAR 581-021-0569
ORS 339.291	OAR 581-021-0550	OAR 581-021-0570
ORS 339.294	OAR 581-021-0553	OAR 581-022-2267
<u>ORS 339</u> .297	OAR 581-021-0556	OAR 581-022-2370

Cross Reference(s):

JGA - Corporal Punishment

JGB - Detention and In-School Suspension of Students

JGDA - Discipline of Students with Disabilities

Code: JH Adopted: 3/03/92

Revised/Readopted: 9/19/19; xx/xx/xx

Orig. Code: JH

Student Welfare**

The district provides supervision of students. Students' safety will be provided through supervision of students in all school buildings and grounds during the hours when students are normally present. Such supervision does not include early morning or the time following usual departure, unless students are present for a scheduled school-sponsored activity. Hours when supervision is available shall be included in the student/parent handbook.

The district further assures requires the following practices:

- 1. Maintaining a safe school environment; appropriate designated personnel will be responsible for periodically inspecting the physical condition of all equipment, buildings and grounds;
- 2. Observation of safe school practices on the part of Expecting school personnel and students to observe safe practices, particularly in those areas of instruction or extracurricular activities that offer special hazards;
- 3. Offering Providing safety education to students as is germane to particular subjects such as, but not limited to, laboratory courses in science, shop courses professional technical, health and physical education courses;
- 4. Providing through the services of the school nurse or school staff, first-aid care for students in case of accident or sudden illness; and
- 5. Providing adequate supervision of playgrounds on the grounds when they are used by students during established school hours or school-sponsored activities.

In addition, sSchool personnel will be concerned about and school safety issues, including but not limited to, safety issues in or on school property and aware of suspicious strangers persons loitering in or near school buildings or sitting in parked automobiles nearby. Staff shall report all such instances to the principal or designee. The principal or designee will notify law enforcement if the circumstances warrant such action.

Teachers will instruct students not to accept gifts or automobile rides from strangers. Students will be instructed on personal safety and that of others in accordance with State Health Standards. Students will be instructed to tell or report to teachers, their parents, police law enforcement or school security personnel of any suspicious strangers safety concerns.

END OF POLICY

Legal Reference(s):

ORS 332.107

OAR 581-022-2220 OAR 581-022-2225

Code: JH Adopted: 3/03/92

Revised/Readopted: 9/19/19; xx/xx/xx

Orig. Code: JH

Student Welfare**

The district provides supervision of students. Such supervision does not include early morning or the time following usual departure, unless students are present for a scheduled school-sponsored activity.

The district further requires the following practices:

- Maintaining a safe school environment; designated personnel will be responsible for periodically 1. inspecting the physical condition of all equipment, buildings and grounds;
- 2. Expecting school personnel and students to observe safe practices, particularly in those areas of instruction or extracurricular activities that offer special hazards;
- 3. Providing safety education to students as is germane to particular subjects such as, but not limited to, science, professional technical, health and physical education courses;
- 4. Providing first-aid care for students in case of accident or sudden illness; and
- 5. Providing adequate supervision on the grounds when they are used by students during established school hours or school-sponsored activities.

School personnel will be concerned about school safety issues, including but not limited to, safety issues in or on school property and aware of persons loitering in or near school buildings or sitting in parked automobiles nearby. Staff shall report all such instances to the principal or designee. The principal or designee will notify law enforcement if circumstances warrant such action.

Students will be instructed on personal safety and that of others in accordance with State Health Standards. Students will be instructed to tell or report to teachers, their parents, law enforcement or school security personnel of any safety concerns.

END OF POLICY

Legal Reference(s):

ORS 332.107 OAR 581-022-2220

OAR 581-022-2225

Code: JHC Adopted: 2/12/18

Revised/Readopted: 9/19/19; 10/20/22

Orig. Code: JHC

Student Health Services and Requirements

Although the district's primary responsibility is to educate students, the student's health and general welfare is also an important Board responsibility. The Board believes school programs should be conducted in a manner that protects and enhances student and employee health and is consistent with good health practices.

The district shall staff nursing services appropriate for students with medical needs and prevention-oriented health services per applicable requirements of Oregon Revised Statutes (ORS) 336.201 and Oregon Administrative Rule (OAR) 581-022-2220. The district shall provide:

- 1. One registered nurse, licensed practical nurse (LPN), or school nurse for every 125 medically fragile students;
- 2. One registered nurse, LPN, or school nurse or one licensed practical nurse under the supervision of a registered nurse or school nurse for each nursing-dependent student; and
- 3. One registered nurse, LPN, or school nurse for every 225 medically complex students. The district may use the most cost effective means available to meet the above requirements.

The nurses employed by the district shall be licensed to practice as a registered nurse, LPN, or nurse practitioner in Oregon and will function as an integral member of the instructional staff, serving as a resource person to teachers in securing appropriate information and materials on health-related topics.

The district shall maintain a prevention oriented health services program which provides:

- 1. Pertinent health information on the students, as required by Oregon statutes or rules;
- 2. Health appraisal to include screening for possible vision or hearing problems;
- 3. Health counseling for students, staff and parents when appropriate;
- 4. Health care and first-aid assistance that is appropriately supervised and isolates the sick and injured child from the student body;
- 5. Control and prevention of communicable diseases as required by the State Health Division and the county health department;
- 6. Assistance for students in taking prescription and/or nonprescription medication according to established district procedures;
- 7. Services for students who are medically fragile or have special health care needs;

8. Integration of school health services with school health education programs.

The Board directs its district health staff to coordinate with health personnel from other public agencies in matters pertaining to health instruction or the general health of students and employees.

In accordance with the requirements of the Every Student Succeeds Act of 2015 (ESSA) the district recognizes its responsibility to notify parents in advance of any nonemergency, invasive physical examination or screening that is required as condition of attendance; administered and scheduled by the school in advance; and not necessary to protect the immediate health and safety of the student, or of other students.

Notification will be provided at least annually at the beginning of the school year when enrolling students for the first time in school and will include the specific or approximate dates during the school year when such activities are scheduled or expected to be scheduled.

Procedures shall be developed and implemented to carry out this policy. All district employees will be apprised of their responsibilities in this area. Parents shall have the opportunity to request their students be exempt from participation in vision or hearing screening. The district will abide by those requests.

END OF POLICY

Legal Reference(s):

 ORS 329.025
 ORS 336.211
 OAR 581-022-2220

 ORS 336.201
 OAR 581-022-2050
 OAR 581-022-2225

Protection of Pupil Rights, 20 U.S.C. § 1232h (2018); Student Rights in Research, Experimental Programs and Testing, 34 C.F.R. Part 98 (2022).

Every Student Succeeds Act, 20 U.S.C. § 7928 (2018).

Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g (2018).

Cross Reference(s):

JH - Student Welfare JHH - Student Suicide Prevention

Code: JHCA/JHCB Adopted: 9/19/19

Revised/Readopted: 6/29/23; xx/xx/xx

Immunization, Physical Examination, Vision Screening/Eye
Examination and Dental Screening and School Sports Participation**

Immunization

Proof of immunization must be presented at the time of initial enrollment¹ in school or within 30 days of transfer to the district in accordance with Oregon law. Proof consists of a signed Certificate of Immunization Status form documenting either evidence of immunization, religious or philosophical beliefs and/or medical exemption, or immunity documentation.²

Physical Examination School Sports Participation

A student participating in extracurricular sports in grades 7 through 12 is required to submit to an appropriate School Sports Pre-Participation Examination³ prior to their initial participation in a related district program. The form⁴ is to be completed and signed by a parent or guardian giving permission for the student to participate and signed by a medical provider authorized by law⁵ who has examined and evaluated the student. The completed form(s) must be returned to the school office.

The Board recommends that all students initially enrolling in school have a physical examination. Parents will be asked to complete a district Health History form when initially enrolling their student in the district and when registering them for middle school.

All students participating in athletic programs are required to submit to the district a School Sports Pre-participation Examination³ form prior to their initial participation in a district athletic program. The form is to be completed and signed by a parent or guardian and physician giving permission for the student to participate. A student who continues to participate in extracurricular sports in grades 6 through 12 shall be required to complete a physical examination once every two years, thereafter.

¹ The district shall immediately enroll a homeless student in the school selected even if the student is unable to produce records normally required for enrollment.

² Documentation requirements for exemptions are outlined in ORS 433.267.

³ The required form is available at https://www.osaa.org/governance/forms, a copy may be obtained from a school office, or a form generated by the medical provider may be used if it meets requirements of law in OAR 581-021-0041.

⁴ The form may be used in either a hard copy or electronic format.

⁵ This physical examination must be conducted by a physician possessing an unrestricted license to practice medicine, a licensed naturopathic physician, a licensed physician assistant, a licensed nurse practitioner or a licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects.

A student who is subsequently diagnosed with a significant illness or has had a major surgery is required to have a physical examination prior to further participation in extracurricular sports.

A student who exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body, or who has been diagnosed with a concussion will not be allowed to participate in any athletic event or training on that day, unless an athletic trainer licensed by the Board of Athletic Trainers or a physician licensed pursuant to ORS 677.100 - 677.228 has determined the student has not suffered a concussion.⁶ Except as allowed above, a student excluded for concussion reasons will not be allowed to return to participate in an athletic event or training until the following three conditions have been met:

- 1. It is not the same day as the student exhibited signs, symptoms or behaviors, experienced a blow to the head or body, or was diagnosed with a concussion;
- 2. The student no longer exhibits signs, symptoms or behaviors consistent with a concussion; and
- 3. The student has received a medical release form from a health care professional⁷.

A student who continues to participate in extracurricular sports in grades 7 through 12 shall be required to complete a physical sports examination once every two years, thereafter.

Vision Screening or Eye Examination

The parent or guardian of a student who is 7 years of age or younger and is beginning an education program with the district for the first time shall, within 120 days of beginning the education program, submit a certification that the student has received:

- 1. A vision screening or eye examination; and
- 2. Any further examination, treatments or assistance necessary.

The certification is not required if the parent or guardian provides a statement to the district that:

- 1. The student submitted a certification to a prior education provider; or
- 2. The vision screening or eye examination is contrary to the religious beliefs of the student or the parent or guardian of the student.

Dental Screening

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⁶ For more information regarding medical releases for students in grades 9-12, see OSAA rules.

⁷ "Health care professional" includes a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a physician assistant or a nurse practitioner who is licensed or registered under the laws of Oregon.

The district shall file in the student's dental health record any dental screening certifications and any results of a dental screening known by the district. The district will provide to the parent or guardian of each student, standardized information developed by the Oregon Health Authority's dental director regarding dental screenings, further examinations or necessary treatments and preventative care including fluoride varnish, scalants and daily brushing and flossing.

The parent or guardian of a student who is 7 years of age or younger and is beginning an education program with the district for the first time, shall submit a certification within 120 days of beginning the education program, that the student has received a dental screening within the previous 12 months.

The certification is not required if the parent or guardian provides a statement to the district that:

- 1. The student submitted a certification to a prior education provider;
- 2. The dental screening is contrary to the religious beliefs of the student or the parent or guardian of the student; or
- 3. The dental screening is a burden for the student or the parent or guardian of the student in the following ways:
 - a. The cost of obtaining the dental screening is too high;
 - b. The student does not have access to an approved screener;
 - c. The student was unable to obtain an appointment with an approved screener.

The certification may be provided by a licensed dentist, a dental hygienist or a health care practitioner as defined by state law. The certification must include the:

- 1. Student's name:
- 2. Date of screening; and
- 3. Name of entity conducting the dental screening.

The district shall submit to the Oregon Department of Education a report that identifies the percentage of students who failed to submit the certification for the previous year, no later than October 1 of each year.

If the district is eausing the dental screening to be conducted, the district will follow the notice requirements in accordance with law.

END OF POLICY

Legal Reference(s):

 ORS 326.580
 ORS 336.214
 ORS 336.214
 ORS 336.215

 ORS 336.479
 ORS 336.479
 ORS 336.490

 ORS 336.213
 ORS 336.485 - ORS 336.490
 OAR 333-050-0010 - 050-0120

McKinney-Vento Homeless Assistance Act, Subtitle VII-B, reauthorized by Title IX-A of the Every Student Succeeds Act, 42 U.S.C. §§ 11431-11435 (2018).

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2024).

OREGON SCHOOL ACTIVITIES ASSOCIATION, OSAA HANDBOOK.

Cross Reference(s):

IGDJ - Interscholastic Activities

Code: JHCA/JHCB Adopted: 9/19/19

Revised/Readopted: 6/29/23; xx/xx/xx

Immunization and School Participation**

Immunization

Proof of immunization must be presented at the time of initial enrollment¹ in school or within 30 days of transfer to the district in accordance with Oregon law. Proof consists of a signed Certificate of Immunization Status form documenting either evidence of immunization, religious or philosophical beliefs and/or medical exemption, or immunity documentation.²

School Sports Participation

A student participating in extracurricular sports in grades 7 through 12 is required to submit to an appropriate School Sports Pre-Participation Examination³ prior to their initial participation in a related district program. The form⁴ is to be completed and signed by a parent or guardian giving permission for the student to participate and signed by a medical provider authorized by law⁵ who has examined and evaluated the student. The completed form(s) must be returned to the school office.

A student who is subsequently diagnosed with a significant illness or has had a major surgery is required to have a physical examination prior to further participation.

A student who exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body, or who has been diagnosed with a concussion will not be allowed to participate in any athletic event or training on that day, unless an athletic trainer licensed by the Board of Athletic Trainers or a physician licensed pursuant to ORS 677.100 - 677.228 has determined the student has not suffered a concussion. Except as allowed above, a student excluded for concussion reasons will not be allowed to return to participate in an athletic event or training until the following three conditions have been met:

¹ The district shall immediately enroll a student in the school selected even if the student is unable to produce records normally required for enrollment.

² Documentation requirements for exemptions are outlined in ORS 433.267.

³ The required form is available at https://www.osaa.org/governance/forms, a copy may be obtained from a school office, or a form generated by the medical provider may be used if it meets requirements of law in OAR 581-021-0041.

⁴ The form may be used in either a hard copy or electronic format.

⁵ This physical examination must be conducted by a physician possessing an unrestricted license to practice medicine, a licensed naturopathic physician, a licensed physician assistant, a licensed nurse practitioner or a licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects.

⁶ For more information regarding medical releases for students in grades 9-12, see OSAA rules.

- 1. It is not the same day as the student exhibited signs, symptoms or behaviors, experienced a blow to the head or body, or was diagnosed with a concussion;
- 2. The student no longer exhibits signs, symptoms or behaviors consistent with a concussion; and
- 3. The student has received a medical release form from a health care professional⁷.

A student who continues to participate in extracurricular sports in grades 7 through 12 shall be required to complete a physical sports examination once every two years, thereafter.

END OF POLICY

Legal Reference(s):

ORS 326.580

ORS 336.479

ORS 336.485 - ORS 336.490

ORS 433.235 - 433.280

OAR 333-019-0010

OAR 333-050-0010 - 050-0120

McKinney-Vento Homeless Assistance Act, Subtitle VII-B, reauthorized by Title IX-A of the Every Student Succeeds Act, 42 U.S.C. §§ 11431-11435 (2018).

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2024).

Cross Reference(s):

IGDJ - Interscholastic Activities

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⁷ "Health care professional" includes a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a physician assistant or a nurse practitioner who is licensed or registered under the laws of Oregon.

Code: JHCC Adopted: 4/23/18

Revised/Readopted: 9/19/19; 1/21/21

Orig. Code: JHCC

Communicable Diseases – Students

The district shall provide reasonable protection against the risk of exposure to communicable disease. Reasonable protection from communicable disease is generally attained through immunization, exclusion or other measures as provided by Oregon laws by the local health department or in the *Communicable Disease Guidance* published by the Oregon Department of Education (ODE) and the Oregon Health Authority (OHA). Services will be provided to students as required by law.

A student will not knowlingly attend school while in a communicable stage of a restrictable disease or when an administrator has reason to suspect that any susceptible student has or has been exposed to any disease for which the student is required to be excluded in accordance with law and per administrative regulation JHCC-AR - Communicable Diseases - Students. If the disease is a reportable disease, the administrator will report the occurrence to the local health department. The administrator will also take whatever reasonable steps it considers necessary to organize and operate its programs in a way which both furthers the education and protects the health of students and others.

The district may, for the protection of both the student who has a restrictable disease and the exposed student, provide an educational program in an alternative setting.

The district will include, as a part of its emergency plan, a description of the actions to be taken by district personnel in the case of a declared public health emergency or other catastrophe that disrupts district operations.

The district shall protect the confidentiality of each student's health condition and record to the extent possible and consistent federal and state law. In cases when a restrictable or reportable disease is diagnosed and confirmed for a student, the administrator shall inform the appropriate employees with a legitimate educational interest to protect against the risk of exposure.

The superintendent or designee will develop administrative regulations necessary to implement this policy.

END OF POLICY

Legal Reference(s):

<u>ORS 431</u> .150 - 431.157	OAR 333-018	OAR 333-019-1000
ORS 433.001 - 433.526	OAR 333-019-0010	OAR 437-002-0360
	OAR 333-019-0014	OAR 437-002-0377
		OAR 581-022-2220

OREGON DEPARTMENT OF EDUCATION and OREGON HEALTH AUTHORITY, Communicable Disease Guidance (2020).

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

Cross Reference(s):

EBC/EBCA - Emergency Procedures and Disaster Plans GBEB - Communicable Diseases - Staff

Code: JHCC-AR Adopted: 4/23/18

Revised/Readopted: 9/19/19; 12/17/20

Orig. Code: JHCC Orig. Code: JHCC-AR

Communicable Diseases – Students

In accordance with state law, administrative rule, the local health authority and the *Communicable Disease Guidance*, the procedures established below will be followed.

- 1. "Restrictable diseases" are defined by rule and include but are not limited to COVID-19¹, chickenpox, diphtheria, hepatitis A, hepatitis E, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis and infectious tuberculosis, and may include a communicable stage of hepatitis B infection if, in the opinion of the local health officer, the person poses an unusually high risk to others (e.g., a child that exhibits uncontrollable biting or spitting). Restrictable disease also includes any other communicable disease identified in an order issued by the Oregon Health Authority or the local public health officer as posing a danger to the public's health. A disease is considered to be a restrictable disease if it is listed in Oregon Administrative Rule (OAR) 333-019-0010, or it has been designated to be a restrictable disease by the local public health administrator, after determining that it poses a danger to the public's health.
- 2. "Susceptible" for a child means lacking documentation of immunization required under OAR 333-050-0050.
- 3. "Reportable diseases" means a disease or condition, the reporting of which enables a public health authority to take action to protect or to benefit the public health.

Restrictable Diseases

- 1. A student of the district will not attend a district school or facility while in a communicable stage of a restrictable disease, including a communicable stage of COVID-19², unless authorized to do so under Oregon law. When an administrator has reason to suspect any child has a restrictable disease, the administrator shall send the student home.
- 2. An administrator shall exclude a susceptible child from school if the administrator has reason to suspect that the student has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B, unless the local health officer determines that exclusion is not necessary to protect the public's health. The administrator may request the local health officer to make a determination as

¹ Added per OAR 333-019-1000(2).

² "Communicable stage of COVID-19" means having a positive presumptive or confirmed test of COVID-19.

- allowed by law. If the disease is reportable, the administrator will report the occurrence to the local health department.
- 3. An administrator shall exclude a student if the administrator has been notified by a local public health administrator or local public health officer that the student has had a substantial exposure to an individual with COVID-19 and exclusion is deemed necessary by same.
- 4. A student will be excluded in such instances until such time as the student or the parent or guardian of the student presents a certificate from a physician, a physician assistant licensed under Oregon Revised Statute (ORS) 677.505-677.525, a nurse practitioner licensed under ORS 678.375-678.390, local health department nurse or school nurse stating that the student does not have or is not a carrier of any restrictable diseases.
- 5. The district may, for the protection of both the student who has a restrictable disease and the exposed student, provide an educational program in an alternative setting. A student may remain in an alternative educational setting until such time as a certificate from a physician, physician assistant, nurse practitioner, local health department nurse or school nurse states that the student does not have or is not a carrier of any restrictable disease, or until such time as a local public health administrator states that the disease is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission. A restrictable disease exclusion for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea or vomiting may be removed by a school nurse or health care provider.
- 6. More stringent exclusion standards for students from school may be adopted by the local health department.
- 7. The district's emergency preparedness plan shall address the district's plan with respect to a declared public health emergency at the local or state level.

Reportable Diseases Notification

- 1. All employees shall comply with all reporting measures adopted by the district and with all rules set forth by the Oregon Health Authority, Public Health Division and the local health department.
- 2. An administrator may seek confirmation and assistance from the local health officer to determine the appropriate district response when the administrator is notified that a student or an employee has been exposed to a restrictable disease that is also a reportable disease.
- 3. An administrator shall determine other persons who may be informed of a student's communicable disease when a legitimate educational interest exists or for health and safety reasons in accordance with law.

Education

1. The administrator or designee shall seek information from the district's school nurse or other appropriate health officials regarding the health needs/hazards of all students and the impact on the

- educational needs of a student diagnosed with a restrictable disease or exposed to a restrictable disease.
- 2. The administrator or designee shall, utilizing information obtained above, determine an educational program for such a student and implement the program in an appropriate (i.e., regular or alternative) setting.
- 3. The administrator or designee shall review the appropriateness of the educational program and the educational setting of each individual student diagnosed with a restrictable disease.

Equipment and Training

- 1. The administrator or designee shall, on a case-by-case basis, determine what equipment and/or supplies are necessary in a particular classroom or other setting in order to prevent disease transmission.
- 2. The administrator or designee shall consult with the district's school nurse or other appropriate health officials to provide special training in the methods of protection from disease transmission.
- 3. All district personnel will be instructed annually to use the proper precautions pertaining to blood and body fluid exposure per the Occupational Safety and Health Administration (OSHA). (See policy EBBAA).

Code: JHCCA Adopted: 4/23/18 Revised/Readopted: 9/19/19 Orig. Code: JHCCA

Students - HIV and HBV**

The district will adhere strictly in policies and procedures to the Oregon Revised Statutes and the Oregon Administrative Rules as they relate to a student infected with HIV or HBV or diagnosed with AIDS¹.

The district recognizes a parent/guardian and/or student has no obligation to inform the district of an infection of HIV or HBV and/or a diagnosis of AIDS and that the student has a right to attend school. If the district is informed, written guidelines shall be requested of the parent/student and/or student. These guidelines shall include who may be given the information, who will give the information, how the information will be given and where and when the information will be given.

When informed of the infection, and with written permission from the parent/guardian and/or student, the district will develop procedures for formulating an evaluation team. The team shall address the nature, duration and severity of risk as well as any modification of activities. The team shall continue to monitor the student's condition. The district will make reasonable accommodations to allow students living with HIV infection to participate in school-sponsored physical activities.

Notification of alternative education programs shall be made if a student with HIV, HBV or AIDS withdraws from school.

END OF POLICY

Legal Reference(s):

¹ HIV - Human Immunodeficiency Virus; HBV - Hepatitis B Virus; AIDS - Acquired Immune Deficiency Syndrome

ORS 326.565	ORS 336.615 to -336.665	ORS 433.045
ORS 326.575	ORS 339.030	OAR 333-018-0000
ORS 332.061	ORS 339.250	OAR 333-018-0005
ORS 336.187	ORS 433.008	OAR 581-022-2060
		OAR 581-022-2220

OREGON DEPARTMENT OF EDUCATION and OREGON HEALTH AUTHORITY, *Communicable Disease Guidance* (2017). Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2012); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2017).

Code: JHCCF Adopted: 3/12/18

Revised/Readopted: 9/19/19; xx/xx/xx

Orig. Code: JHCCF

Pediculosis (Head Lice)

A student with a suspected case of head lice may be referred to designated trained staff for a screening. The screening will be done in a confidential manner by trained personnel.

The student will be allowed to remain in school until the end of the school day. School personnel will notify the parent or guardian of a student found with head lice and may provide information on appropriate treatment. Students will be required to receive treatment and screening prior to returning to school. The student will be allowed to remain in school.

The suggested school measures for head lice control, as provided in *Head Lice Guidance* published by the Oregon Department of Education and the Oregon Health Authority, Public Health Division,[†]-shall be followed.

Suggested school measures for head lice provided in <u>Communicable Disease Guidance for Schools</u> issued by the Oregon Department of Education and Oregon Health Authority will be consulted.

END OF POLICY

Legal Reference(s):

ORS 433.255 ORS 433.260 OAR 333-019-0010 OAR 437-022-0360 OAR 581-022-222

ORS 332.107

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⁴-http://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Student-Health-Conditions.aspx

Code: JHCCF Adopted: 3/12/18

Revised/Readopted: 9/19/19; xx/xx/xx

Orig. Code: JHCCF

Pediculosis (Head Lice)

A student with a suspected case of head lice may be referred to designated trained staff for a screening. The screening will be done in a confidential manner by trained personnel.

School personnel will notify the parent or guardian of a student found with head lice and may provide information on treatment. The student will be allowed to remain in school.

Suggested school measures for head lice provided in <u>Communicable Disease Guidance for Schools</u> issued by the Oregon Department of Education and Oregon Health Authority will be consulted.

END OF POLICY

Legal Reference(s): ORS 332.107

Code: JHCCF-AR
Revised/Reviewed: 3/12/18; 9/19/19
Orig. Code: JHCCF-AR

District Procedure for Exclusion and Readmission of Students with Head Lice (Pediculosis Capitis)

The problem of head lice (pediculosis) is ongoing and can be time consuming. Even though head lice are not a threat to health, they are a frustrating nuisance. Prompt treatment of student(s) with a positive diagnosis of head lice ensures minimal disruption of their educational program.

Goals

- 1. To support families in their effort to control and eliminate head lice.
- 2. Maintain student privacy.
- 3. Decrease school absenteeism.

Exclusion Criteria

When a student is initially identified as having **live head lice**, the student is to be excluded from school at the end of the school day for treatment.

Screenings

- 1. All checks for head lice should be done in a confidential manner to respect the student's right to privacy and to avoid embarrassment.
- 2. If live lice is present, documentation of the visit and the notification call to the parent will be recorded in the Student Information System as a health room visit.
- 3. A follow up screening will be conducted once the student returns to school. The follow up screening results and any further action needed will be recorded in the Student Information System as a health room visit.

Readmission

After treatment at home, it is mandatory to return to school the next day via the health office, for inspection. Parents must be notified that students who return to school with live lice will be sent home. As such, parents are advised to accompany their child to school. Upon checking the head, if live lice are found, the student returns home with parent for treatment. If student has been treated and there are no live lice the child may return to class. We encourage the removal of nits, but the student may return to class if they have been treated even though nits are still present.

Recurrent Infestations

If a child has untreated or recurrent infestations, then the nurse and parent must work together to find the likely source of reinfestation and solve that problem by:

- 1. Education of parent using written materials and verbal instructions.
- 2. Referral to student's primary care doctor regarding pediculocide resistance.
- 3. Mechanical (manual) removal of all nits, although time consuming, is essential.
- 4. Assistance of community agencies or social service agencies, if appropriate, for assistance with infestation management.
- 5. Mass screening (school-wide or whole classrooms) is not an evidence-based practice in controlling head lice infestation/reinfestations. It is the responsibility of the parent to treat head lice infestation. Key to success in controlling head lice, with small chance of recurrence, is in the removal of all nits after the use of the pediculocide. Although students are allowed back to class with any reportedly treated hair when there are no live lice, encourage parents to continue removing nits until the problem is resolved.
- 6. Parents/guardians are encouraged to incorporate inspecting their student's hair as part of their regular hygiene routine. The School Attendance support specialists and team may intervene in cases of chronic infestations requiring repeated exclusions from school.

After School Programs and Overnight Field Trip considerations

Some outside facilities have head lice policy and procedures that are not in alignment with the Medford School District 549c Lice protocol. When a facility presents with requirements that are counter to our district's protocol, a Medford School District staff member will consult with that facility and advise them of our protocol.

For questions or more information, contact the school-site nurse.