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

Code: EBBA 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 will<sup>1</sup>:

- 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 protocols<sup>2</sup>;
- 3. Outline a district-to-school communication plan<sup>3</sup>;
- 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 managed<sup>4</sup>;
- 6. Integrate school health services with school health education programs and coordinate with health and social service agencies, public and private;

<sup>&</sup>lt;sup>1</sup> For exact language and complete requirement, see OAR 581-022-2220(1).

<sup>&</sup>lt;sup>2</sup> For specific protocol content requirements, see OAR 581-022-2220(1)(b).

<sup>&</sup>lt;sup>3</sup> For requirements of this plan see OAR 581-022-2220(1)(c).

<sup>&</sup>lt;sup>4</sup> 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.

- 7. Describe how hearing, vision and dental screenings are managed and/or verified for required students<sup>5</sup>;
- 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 school<sup>6</sup>;
- 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 fluids<sup>7</sup>;
- 10. Refer to adopted policy and procedures for medications in accordance with Oregon law<sup>8</sup>;
- 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 activities<sup>9</sup>; 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.<sup>10</sup>

#### **Access to Records**

Related records can be requested in accordance with Board Policies IGBAB/JO, Education Records/Records of Students with Disabilities, KBA, Public Records Requests and their respective administrative regulations. Records may be protected by FERPA, HIPAA or other public records laws. The timelines outlined in law and policy will be followed.

<sup>&</sup>lt;sup>5</sup> For vision screening or eye examination or dental screening information see ORS 336.211 and 336.213.

<sup>&</sup>lt;sup>6</sup> 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.

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

<sup>&</sup>lt;sup>9</sup> For guideline requirements see OAR 581-022-2220(1)(k).

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

### **END OF POLICY**

### **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 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.

The district shall maintain a written prevention-oriented health services plan for all students. The health services plan will<sup>1</sup>:

- 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 protocols<sup>2</sup>;
- 3. Outline a district-to-school communication plan<sup>3</sup>;
- 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 managed<sup>4</sup>;
- 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 students<sup>5</sup>;

<sup>4</sup> 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.

<sup>&</sup>lt;sup>1</sup> For exact language and complete requirement, see OAR 581-022-2220(1).

<sup>&</sup>lt;sup>2</sup> For specific protocol content requirements, see OAR 581-022-2220(1)(b).

<sup>&</sup>lt;sup>3</sup> For requirements of this plan see OAR 581-022-2220(1)(c).

<sup>&</sup>lt;sup>5</sup> 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 school<sup>6</sup>;
- 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 fluids<sup>7</sup>;
- 10. Refer to adopted policy and procedures for medications in accordance with Oregon law<sup>8</sup>;
- 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 activities<sup>9</sup>; 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.<sup>10</sup>

#### Access to Records

Related records can be requested in accordance with Board Policies IGBAB/JO, Education Records/Records of Students with Disabilities, KBA, Public Records Requests and their respective administrative regulations. Records may be protected by FERPA, HIPAA or other public records laws. The timelines outlined in law and policy will be followed.

#### **END OF POLICY**

<sup>&</sup>lt;sup>6</sup> 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.

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

<sup>&</sup>lt;sup>9</sup> For guideline requirements see OAR 581-022-2220(1)(k).

<sup>&</sup>lt;sup>10</sup> 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 HBV<sup>1</sup> 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;

<sup>&</sup>lt;sup>1</sup>5. 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 disinfectant<sup>2</sup> 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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<sup>&</sup>lt;sup>2</sup> 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 HIV, AIDS, HBV<sup>+</sup> and/or other bloodborne pathogens<sup>2</sup>.

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 law<sup>3</sup>.

#### **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;

<sup>&</sup>lt;sup>1</sup> HIV - Human Immunodeficiency Virus; AIDS - Acquired Immune Deficiency Syndrome; HBV - Hepatitis B Virus

<sup>&</sup>lt;sup>2</sup> "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).

<sup>&</sup>lt;sup>3</sup> 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 training<sup>4</sup> as well as the location and a content review of first-aid and clean-up kits. Kits shall be readily available<sup>5</sup> in close proximity<sup>6</sup> to all employees in the building and for district vehicles, including each bus<sup>7</sup>.

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 law<sup>8</sup>.

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**

<sup>&</sup>lt;sup>4</sup> See 29 CFR 1910.1030(g)(2) for information about training requirements.

<sup>&</sup>lt;sup>5</sup> 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.

 $<sup>^6</sup>$  "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))

<sup>&</sup>lt;sup>7</sup> 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)

<sup>&</sup>lt;sup>8</sup> See OAR 437-002-1030(3) and OAR 437-002-1035.

<sup>&</sup>lt;sup>9</sup> 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 pathogens<sup>1</sup>.

The district shall develop an Exposure Control Plan in accordance with the requirements in law<sup>2</sup>.

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 raining<sup>3</sup> as well as the location and a content review of first-aid and clean-up kits. Kits shall be readily available<sup>4</sup> in

<sup>&</sup>lt;sup>1</sup> "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).

<sup>&</sup>lt;sup>2</sup> See 29 CFR 1910.1030(c)(1) and OAR 437-002-1059 for more information about an Exposure Control Plan.

<sup>&</sup>lt;sup>3</sup> See 29 CFR 1910.1030(g)(2) for information about training requirements.

<sup>&</sup>lt;sup>4</sup> 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 proximity<sup>5</sup> to all employees in the building and for district vehicles, including each bus<sup>6</sup>.

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 law<sup>7</sup>.

The Exposure Control Plan will be accessible to employees in accordance with law<sup>8</sup>.

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.

<sup>&</sup>lt;sup>5</sup> "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))

<sup>&</sup>lt;sup>6</sup> 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)

<sup>&</sup>lt;sup>7</sup> See OAR 437-002-1030(3) and OAR 437-002-1035.

<sup>&</sup>lt;sup>8</sup> 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 illnesses<sup>1</sup>, 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-related<sup>2</sup> illness or injury to an employee resulting in overnight in-patient hospitalization for medical treatment<sup>3</sup> other than first aid, loss of an eye, amputation or avulsion<sup>4</sup>, 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 catastrophes<sup>5</sup> shall be reported<sup>6</sup> 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

<sup>&</sup>lt;sup>1</sup> 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))

<sup>&</sup>lt;sup>2</sup> 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))

<sup>&</sup>lt;sup>3</sup> 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.

<sup>&</sup>lt;sup>4</sup> Amputations and avulsions are only required to be reported if they result in bone loss. (OAR 437-001-0704(4))

<sup>&</sup>lt;sup>5</sup> 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))

<sup>&</sup>lt;sup>6</sup> 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**

All injuries or illnesses<sup>1</sup>, 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-related<sup>2</sup> illness or injury to an employee resulting in in-patient hospitalization, loss of an eye, amputation or avulsion,<sup>3</sup> 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 catastrophes<sup>4</sup> shall be reported<sup>5</sup> 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.

<sup>&</sup>lt;sup>1</sup> 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))

<sup>&</sup>lt;sup>2</sup> 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))

<sup>&</sup>lt;sup>3</sup> Amputations and avulsions are only required to be reported if they result in bone loss. (OAR 437-001-0704(4))

<sup>&</sup>lt;sup>4</sup> 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))

<sup>&</sup>lt;sup>5</sup> 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: 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 HBV<sup>1</sup>.

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

<sup>&</sup>lt;sup>1</sup> HIV - Human Immunodeficiency Virus; AIDS - Acquired Immune Deficiency Syndrome; HBV - Hepatitis B Virus

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: JFCEB Adopted: 5/09/16

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

Orig. Code: JFCEB

### Student Use of Personal Electronic Devices and Social Media\*\*

Student possession or use of personal electronic devices on district property in district facilities during the school day and while the student is in attendance at district-sponsored activities may be permitted subject to the limitations set forth in this policy and consistent with any additional school rules as may be established by the principal and approved by the superintendent.

A "personal electronic device" is a device that is capable of electronically communicating, sending, receiving, storing, recording, reproducing and/or displaying information and data including pictures and videos.

Personal electronic devices shall be turned off and away during instructional or class time or at any other time where such use of the device would cause a disruption of school activities.<sup>1</sup>, except as allowed by the instructor.

If the district implements a curriculum that uses technology, students may be allowed to use their own personal electronic devices to access the curriculum. Electronic curriculum will be provided free of charge to students.

The district will not be liable for personal electronic devices brought to district property and district-sponsored activities.

The district will not be liable for information/comments posted by students on social media websites.

Exceptions to the prohibitions set forth in this policy may be made for health, safety or emergency reasons with prior principal or designee approval or when use is provided for in a student's individualized education program (IEP). Other exceptions may be requested by instructors for educational purposes and would be approved on a case-by-case basis by the school administrator.<sup>2</sup>

Students are subject to disciplinary action up to and including expulsion for using a personal electronic device in any manner that is academically dishonest, illegal or violates the student code of conduct or acceptable use policy. A referral to law enforcement officials may also be made. Personal electronic devices brought to district property or used in violation of this policy are subject to confiscation and will be released to the student's parent/guardian as appropriate.

The superintendent shall ensure that the Board's policy and any subsequent school rules developed by building administrators are reviewed and approved in advance to ensure consistency with this policy and

<sup>&</sup>lt;sup>1</sup> "Turned off and away" will be enacted beginning the 2025-26 school year.

<sup>&</sup>lt;sup>2</sup> "Case-by-case basis" will be enacted beginning the 2025-26 school year.

that pertinent provisions of policy and school rules are communicated to staff, students and parents/guardians through building handbooks and other means.

### **END OF POLICY**

# Legal Reference(s):

ORS 332.107 ORS 336.840

Copyrights, 17 U.S.C. §§ 101-1332 (2012); 19 C.F.R. Part 133 (2017).

Code: JFCEB Adopted: 5/09/16

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

Orig. Code: JFCEB

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The superintendent shall ensure that the Board's policy and any subsequent school rules developed by building administrators are reviewed and approved in advance to ensure consistency with this policy and that pertinent provisions of policy and school rules are communicated to staff, students and parents/guardians through building handbooks and other means.

#### END OF POLICY

<sup>&</sup>lt;sup>1</sup> "Turned off and away" will be enacted beginning the 2025-26 school year.

<sup>&</sup>lt;sup>2</sup> "Case-by-case basis" will be enacted beginning the 2025-26 school year.

# **Legal Reference(s):**

ORS 332.107 ORS 336.840

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