

Urban Pathways K-5 College Charter School

Board of Trustees Policy

ADMINISTRATION OF MEDICATION/MEDICAL EQUIPMENT POLICY

The Board of Trustees (“Board”) of the Urban Pathways K-5 College Charter School (“Charter School”) recognizes that a number of students have medically certified conditions requiring medication, and/or equipment or machinery to be administered during school hours in order to maintain health and to function in the school setting.

The administration of medication, in accordance with the consent of a parent/guardian and the direction of a physician to a student during school hours will be permitted only in the event that:

1. Failure to take such medicine would jeopardize the health of the student or would prevent the student from attending school if the medication were not made available during school hours, or
2. It is a necessary component of a student's accommodation plan or service agreement, as defined by state and federal law or a component of a student's individualized education plan as defined by state and federal law.

In addition to Chapter 14 of the PA Public School Code, the Department of Health of the Commonwealth of Pennsylvania has developed, and periodically updates, certain guidelines for the administration of medicine in school facilities, all of which are incorporated herein.

For purposes of this policy:

Medication shall mean any drug prescribed by a physician, including drugs for injection, any patent drug, or any nonprescription medication.

Possession shall include carrying, storing, or controlling medication or equipment necessary for administration of medication by students on their way to or from school or while on school property or at any school-sponsored activity.

School Nurse: School nurses are Registered Nurses with a Bachelor of Nursing (“BSN”) licensed by the Department of State, Board of Nursing and certified by the Secretary of

Education and employed by a school district or charter school as a school nurse. School nurses work under the same Nurse Practice Act and rules as Registered Nurses in any other practice setting. School nurses are regulated by the State Board of Education, with the advice of the Professional Standards and Practices Commission (PSPC) as “educational specialists” under the Professional Educator Discipline Act. An education specialist is a person whose primary responsibility is to render professional service other than classroom teaching. The service is to be directly related to the personal welfare of the students and may include services to other professionals working with the students.

Nurse services shall be provided to every child of school age in Pennsylvania. The number of pupils under the care of each nurse shall not exceed 1,500.

No Delegation of Responsibility

Regulations promulgated pursuant to the Professional Nursing Law permit a licensed registered nurse (“RN”) to administer a drug ordered for a patient in the dosage and manner prescribed. (49 Pa Code §21.14 (a).)

A licensed practical nurse (“LPN”) may not function independently in the school setting. The Certified School Nurse (“CSN”) must provide medical oversight to the LPN. Medical oversight does not necessarily mean direct, line-of-sight supervision, but should include, at a minimum, periodic and regular communication. State Board of Nursing regulations at 49 Pa. Code § 21.145 (a) further define the scope of practical nursing and state that: [t]he LPN is prepared to function as a member of the health care team... and participates in the planning, implementation, and evaluation of nursing care in settings where nursing takes place. An LPN may administer medications as prescribed by law or regulation. 49 Pa Code §21.145 (b) states: The LPN administers medication and carries out therapeutic treatment ordered for the patient.

Neither the Professional Nursing Law nor the Practical Nurse Law permits delegation of nursing functions. When the State Board of Nursing attempted to promulgate a regulation allowing a registered nurse to delegate certain nursing functions, including administration of medications, the proposed regulation was disapproved on the basis that the Board was exceeding its statutory authority. Accordingly, a certified school nurse or other licensed personnel such as a RN or LPN, cannot lawfully delegate the nursing function of medication administration to the principal, teacher, or administrative personnel.

Pertinent Department of Education Certification and Staffing Policy Guidelines (CSPGs) conform to state law. CSPGs clarify how schools are expected to comply with certification and staffing laws, regulations, court decisions, opinions of the Attorney General, administrative agency policy, and administrative decisions of appeals taken

from local education agency hearings. CSPG No. 95, applicable to a K-12 Principal, states that a principal holding a valid certificate is qualified to perform, "...supervision and direction of certified and non-certified staff persons required for school operation *exclusive of directing health services controlled by the Nurse Practice Act.*" (emphasis added).

Therefore, all medication shall be maintained by the nurse and administered by the nurse and at no time may an unlicensed school employee administer medication to a student.

In the best interest of safe and quality health care for students, the ideal situation is a full-time CSN in every school building. Short of the ideal, best practice would be to have a licensed professional (CSN, RN, LPN) in every building and where an RN or LPN is utilized, oversight by a CSN is necessary.

Guidelines

For a student who, because of a special medical condition, must carry medication on his/her person, the student's parent/guardian shall provide physician's recommendation evidencing this need, and give consent for school staff to confer with the physician regarding this medical condition. The school nurse will provide written approval for a student to carry medication on his/her person in the event of a bona fide request.

Please see Board approved "Self-Monitoring of Asthma and Diabetes Policy" and "Epi-Pen Policy" for guidance with regard to students transporting medication on their person and self-administering such medication.

Criteria

- 1) If a student requires medication (prescription or over-the-counter) during school or any school outing when the student is under the care and supervision of the faculty or staff of the Charter School, the medication must be given to the licensed school health personnel (CSN, RN, LPN) by the parent/guardian. The medication must be in its original container from the pharmacy and accompanied by a note from the parent/guardian and a doctor indicating the name of the drug, the dose, the timing of the dose, and the reason the medication is required. The licensed school health personnel (CSN, RN, LPN) receiving any medication should document the quantity of the medication delivered. This documentation should include the date, time, amount of medication, and the signatures of the parent/guardian or designated adult delivering the medication and the school health personnel receiving the medication. The

parent/guardian shall also give written consent for the nurse to confer with the physician regarding the administration of the medication.

Students should not be in possession of any types of medication at any time in School or at any school sponsored event or activity. Students may not keep any medications on their persons or in their school bags or lockers. All medications are to be kept in the nurse's office and are to be administered by the nurse. (For exceptions, see aforementioned Board approved "Self-Monitoring of Asthma and Diabetes Policy" and "Epi-Pen Policy").

- 2) Parents who wish to give medication to their child(ren) during the school day must administer it in the office of the school nurse.
- 3) Medication in baggies or foil wrappings will not be accepted or administered. Vitamins, over the counter medication such as antacids, acetaminophen or ibuprofen, and lactose products (ex, Dairy Ease) and Complementary and Alternative Medicine (CAM), which includes Homeopathic Remedies, Herbal Preparations, Enzymes, Vitamins and Minerals, must also be accompanied by written permission from a physician and parents/guardian with clear instructions for dosage and administration times. Such medication is to be administered by the nurse.
- 4) Parents whose child(ren) may require an EpiPen or EZ Pen for severe allergy reactions, must provide a supply to be kept in the nurse's office for use by their child. The use of such medication must follow the Charter School Epinephrine Auto Injector Policy.
- 5) Only the exact amount of prescription medication for the treatment period should be kept in the nurse's office. Pharmacists will provide extra labeled containers if asked.
- 6) No medication will be administered if the date on the medication is more than one (1) year old or if the expiration date on the package indicates that it has expired.
- 7) The CSN is charged with the final determination of what over-the-counter items fall under the category of medication and for developing procedures to carry out this policy.
- 8) Only in a true first aid/emergency situation, where a student is determined to be in immediate and serious danger, such as critical illness, serious accident, or threatened homicide or suicide, may certain

designated Charter School Administration administer medication. (See Board's Emergency/First Aid Policy for further guidance).

Medication Off-Site, Including Field Trips

The Board of Trustees of the Charter School recognizes that field trips, before/after school and summer programs and testing site activities present challenges to the Charter School health program. The Charter School is cognizant of the fact that regardless of setting or time of the year, all federal and state laws and regulations, and clinical standards that govern the practice of safe medication administration continue to apply. For example, taking medication from the original container and placing it in another container or envelope and re-labeling it for administration by Charter School personnel could be considered dispensing. Dispensing medications is not within the scope of nursing practice.

Section 504 of the Rehabilitation Act of 1973 has been interpreted to require that students with disabilities have access to non-academic services such as field trips and cannot be denied access to school programs and activities based on that disability. When participating in school-sponsored programs and activities, students are eligible to receive the same needed service that they receive during the regular school day. This requires planning in advance, especially if the program/activity includes overnight stays or travel out of state. The Charter School may not request that a parent/guardian sign a waiver of liability as a condition to administer medication during these events. In the case of a Charter School trip, the Parent may be asked to accompany his or her child but the Charter School cannot require the parent to do so. Administration of medications is a support service that must be provided.

Given the significant increase in students with special health care needs, including medication administration, Charter School policy requires that planning for school-sponsored activities is:

- 1) Initiated before school starts or early in the year; and
- 2) The product of collaboration between school administrators, teachers and nurses, as well as families, school medical advisors, and community health care providers, as appropriate.

Schools need to use professional judgment and creativity in finding the proper balance between requirements for safety and the personal risk-taking that is reasonable in order

for the student to participate. Some considerations when planning for medication administration during school-sponsored programs and activities include the following:

- Consider assigning school health staff to be available, for example a licensed supplemental staff person (RN, LPN). (If the activity occurs during school hours, plans need to be in place to provide coverage for the staff person's regular duties.)
- Contact the Intermediate Unit for a licensed person from a substitute list.
- Contract with a credible agency that provides temporary nursing services.
- Utilize licensed volunteers (with all current criminal and child abuse clearances) via formal agreement that delineates responsibilities of both the Charter School and the individual volunteer.
- Address with parent/guardian the possibility of obtaining from the licensed prescriber a temporary order to change the time of dose.
- Arrange for medications to be provided in an original, labeled container and given according to Charter School policy. Have parent/guardian ask the pharmacist to provide a properly labeled, original container with only the amount of medication that will be needed for that specific test site date, field trip, event, etc.
- Ensure security procedures are in place for the handling of all medications.

Students with Diabetes

Act 86 of 2016 added Sections 1414.3 – 1414.8 to the Public School Code and is a voluntary option (not mandated) for schools. If schools choose to opt into Act 86 they must be sure to **read Act 86** and the Diabetes in School Children, Recommendations and for School Personnel Resource Guide. Act 86 permits school nurses, in consultation with their chief school administrator or a designee, to identify at least one school employee ("Identified Employee") in each school building attended by a student with diabetes to be designated in a student's service agreement or Individualized Education Program (IEP), to administer diabetes medications, use diabetes monitoring equipment, and provide other diabetes care. If the school building attended by a student with diabetes does not have a school nurse assigned to carry the caseload full-time, the chief school administrator may consult with the school nurse to identify a school employee.

The Identified Employee should not be the school nurse and does not need to be a licensed health care practitioner. The Identified Employee may decline the responsibility and related directives. An Identified Employee is required to complete annual education in specifically-identified areas through educational modules

developed by the Pennsylvania Department of Health (DOH) in consultation with the Pennsylvania Department of Education (PDE), annual education offered by a licensed health care practitioner with expertise in the care and treatment of diabetes that includes information substantially similar to that in the educational modules, or both.

A school employee who is not a licensed health care practitioner and who has successfully completed the education modules or annual education may be designated in a student's service agreement or IEP. School employees who are not licensed health care practitioners shall only be authorized to administer diabetes medications via injection or infusion following annual education by a licensed health care practitioner with expertise in the care and treatment of diabetes and following the school entity's receipt of written authorization from both the student's health care practitioner and parent or guardian that an educated school employee, who is not a licensed health care practitioner, may administer specified medications.

Confidentiality

Parents and students have an expectation of privacy where the students' health information is concerned that is supported by ethical and legal considerations. Legal sources of privacy and confidentiality protections include the U.S. and State Constitutions, federal and state laws, and case law. The Public School Code, at 24 P.S. § 14 - 1409, states that all health records shall be confidential, and their contents may be divulged only when necessary for the health of the child or at the request of the parent or guardian to a physician. Regulations promulgated pursuant to the Nurse Practice Act, addressing standards of nursing conduct, require a registered nurse to safeguard the patient's dignity, the right to privacy and the confidentiality of patient information. 49 Pa. Code § 21.18.

Additionally, the Family Educational Rights and Privacy Act (FERPA) is a federal law that protects privacy interests of parents in their children's education records, defined to include school health records, and prevents an educational institution from having a policy or practice of disclosing the education records of students, or personally identifiable information contained in education records, without the written consent of the parent. Under FERPA, there are a number of specific statutory exceptions to the general rule against nonconsensual disclosure that are set forth at U.S.C. § 1232g (b) - (j) and 34 C.F.R. § 99.31. FERPA provides for disclosure of confidential information about individual students in health and safety emergencies. In general, health and safety emergencies refer to situations of immediate and serious danger, such as critical illness, serious accident, or threatened homicide or suicide. If the situation is serious enough to telephone for emergency services (e.g. call 9-1-1), release of sufficient student information to assist in emergency treatment is appropriate. Such release may be made only to appropriate parties, and may be made only if knowledge of the specific

information is necessary to protect the health or safety of the student or other individuals.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL'S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.

ADOPTED this day _____ of _____, 2023

President

Secretary

Urban Pathways K-5 College Charter School

Board of Trustees Policy

AUTOMATIC EXTERNAL DEFIBRILLATOR & CARDIOPULMONARY RESUSCITATION POLICY

In compliance with the Pennsylvania School Code, the Board of Trustees (“Board”) shall require that Urban Pathways K-5 College Charter School (“Charter School”) participate in the Pennsylvania Department of Education (“PDE”) program to purchase necessary automatic external defibrillators for the Charter School building(s). The PA Public School Code defines “Automatic external defibrillator” as “A portable defibrillator designed to be automated for use by a person and without substantial medical training who responds to a cardiac emergency.”

The Board shall also require training in cardiopulmonary resuscitation (“CPR”) for the continued good health of the Charter School community. The Public School Code defines “CPR” as a first aid technique utilizing hands-only compressions of the chest used to revive an individual whose heart has stopped beating.

To be eligible to obtain or purchase automatic external defibrillators under the PDE program a Charter School entity must:

- Assure that two (2) or more persons assigned to the Charter School location where the automatic external defibrillator will be primarily housed are trained by approved providers and will be provided opportunities for annual training and retraining in the use of the automatic external defibrillator in cardiopulmonary resuscitation provided by the American Heart Association, the American Red Cross or through an equivalent course of instruction approved by the PA Department of Health. This required training may be included in the Charter School’s continuing professional education plan.
- Ensure that the device will be secured in a safe and readily accessible location and agree to properly maintain and test the device according to the manufacturer's operational guidelines.
- Submit a valid prescription for the device from a licensed medical practitioner in this Commonwealth.

- The provisions of 42 Pa.C.S. § 8331.2 (relating to good Samaritan civil immunity for use of automated external defibrillator) shall apply to school employees who render care with an automatic external defibrillator.
- Not later than June 30, 2014, and each year thereafter, each Charter School entity shall make a report to the department detailing the number, condition, age and placement of automatic external defibrillators in each school building. After the initial report is made, a Charter school entity may report this information as part of its annual report.

Cardiopulmonary Resuscitation (“CPR”)

- The Charter School shall have, or in the case of a cyber charter school, at each Charter School building, except in extenuating circumstances, one person certified in the use of cardiopulmonary resuscitation during regular school hours when school is in session and students are present.
- CPR combines rescue breathing and chest compressions. Rescue breathing provides oxygen to the person's lungs and chest compressions keep oxygen-rich blood flowing until the heartbeat and breathing can be restored. Permanent brain damage or death can occur within minutes if blood flow stops. Therefore, it is very important that blood flow and breathing be continued until trained medical help arrives.
- The provisions of 42 Pa.C.S. §§ 8332 (relating to nonmedical good Samaritan civil immunity) and 8337.1 (relating to civil immunity of school officers or employees relating to emergency care, first aid and rescue) shall apply to a person who renders cardiopulmonary resuscitation.

24 P.S. § 15-1528 - Cardiopulmonary Resuscitation Education

In accordance with Section 15-1528 of the Public School Code, the Pennsylvania Department of Education will develop a model curriculum and curriculum guidelines for instruction on cardiopulmonary resuscitation for public school students in grades nine through twelve. A school entity that offers instruction in CPR may utilize the model curriculum developed by the Department or develop the school entity's own curriculum in accordance with academic standards and consistent with guidelines developed under Section 15-1528. A school entity may utilize appropriate publicly or privately available materials, personnel and other resources in developing and

implementing this instruction, subject to these persons providing current required federal criminal clearance and state child abuse and criminal clearances and with requisite training in Mandatory Reporter requirements.

A teacher, instructor or community volunteer, with the participation of a professional educator with a Pennsylvania certification, including a professional educator certified in physical education or health education or a school nurse, may provide, facilitate or oversee the instruction offered by a school entity under Section 15-1528 and need not be a certified CPR trainer. An individual who in good faith provides instruction in CPR to a student under Section 15-1528 shall not be liable for any civil damages as a result of any act or omission relating to the instruction, except for an act or omission intentionally designed to harm or a grossly negligent act or omission that results in harm to an individual to whom the student administers CPR.

Delegation of Responsibility

- The CEO or designee shall develop and disseminate administrative regulations that detail the use of automated external defibrillator (AED) systems.
- Responders’ use of automated external defibrillator (AED) units shall not replace the care provided by emergency medical services (EMS) providers. Patient care shall be transferred to the EMS providers upon their arrival.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS CONTROL. THIS POLICY IS NOT INTENDED TO CONFLICT WITH CHARTER REQUIREMENTS.

ADOPTED this day _____ of _____, 2023

President

Secretary

Urban Pathways K-5 College Charter School

Board of Trustees Policy

ASTHMA MEDICATION, EQUIPMENT, AND SELF-ADMINISTRATION POLICY

The Board of Trustees of the Urban Pathways K-5 College Charter School (“Charter School”) recognizes that a number of students have a medically certified asthmatic condition requiring medication, equipment or machinery to be administered during school hours in order to maintain health and to function in the school setting. A student with asthma shall be permitted to use an asthma inhaler and otherwise attend to the care and management of his or her asthma in the classroom in any area of the school or school grounds and at any school-related activity if requested by the parent or guardian in accordance with this Policy and Charter School procedures.

Additionally, the Board acknowledges that effective asthma management produces the following positive outcomes:

- Promote a healthy, productive learning environment for students with asthma;
- Reduce absences of students with asthma;
- Reduce classroom disruption;
- Help assure effective response in case of asthma-related emergency;
- Promote full participation in all areas of school curriculum and extra-curricular activities.

Definition:

Asthma is a chronic lung disease. For people who have asthma, certain “triggers” cause the airways and lungs to become inflamed. The airways through which a person breathes begin to narrow and excess mucus forms in them. This means that very little air can pass through the airways into the lungs and it becomes difficult to breathe. Wheezing, breathlessness, chest tightness, and coughing occur. This is what is called an “asthma attack” or an “asthma episode.” Attacks can be mild, or they can

become very severe, serious and life threatening. Common “triggers” of asthma attacks are:

- Outdoor Air Pollution
- Tobacco smoke (including secondhand smoke)
- Dust mites
- Cockroaches
- Pets
- Mold and Mildew
- Strenuous physical activity
- Extreme weather conditions such as high humidity and cold
- Strong emotions
- Viruses, certain drugs, some foods and food additives

Asthma inhaler shall mean a prescribed device used for self-administration of short-acting, metered doses of prescribed medication to treat an acute asthma attack.

Self-administration shall mean a student’s use of medication in accordance with a prescription or written instructions from a physician, certified registered nurse practitioner or physician assistant.

Common Categories of Asthma Medication: Asthma medications are usually divided into two types: long-term control medications and quick relief medications. Most individuals use a combination of long-term control medications and quick-relief medications to manage their asthma.

- Long-term control medicines (also called controller, maintenance, or anti-inflammatory medicines) help prevent asthma symptoms by controlling the swelling in your lungs and decreasing mucus production. These medicines work slowly but help control your asthma for hours. They must be taken regularly (even when you don’t have asthma symptoms) in order to work.
- Quick-relief medicines (also called rescue medicines) relieve or stop asthma symptoms once they have started. They are inhaled and work quickly to relax the muscles that tighten around your airways. When the muscles relax, your airways open up and you breathe easier. Quick-relief medicines can be used before you exercise to avoid asthma symptoms.

Nursing Implications for Rescue Inhalers:

Assess the student for signs of an asthma attack such as coughing, wheezing, difficulty breathing, chest tightness. Assess the student for inadequate asthma control such as increase use of short-acting beta2-agonists, use of >1 canister / month, or lack of expected effect and know the *Rule of Twos*: Does the student:

- Use rescue inhaler more than 2 times / week?
- Wake up more than 2 times / month due to asthma?
- Refill his or her rescue inhaler more than 2 times / year?

If any of these occur, the School Nurse should suggest to the parent/guardian that the student be seen by his or her primary care provider for reevaluation. Communicate instructions calmly to the student. Document the date, time, medication, dose, route of administration and signature of the licensed personnel administering the medication on the student's medication record. Notify emergency services (911) if there is no improvement or condition worsens after initial treatment. Notify parent(s)/guardian(s) of incident.

Guidelines for Self-Administration:

In order to ensure that a student has his or her asthma medication immediately available when an asthma attack occurs, Pennsylvania has enacted a law, Act 187, which requires schools to develop a written policy that allows school aged children to carry (possess) and use (self-administer) their asthma medication.

The Charter School's decision to allow a student to possess and self-administer asthma medication will be based on the maturity of the student, the severity of the asthma, and the likelihood of misuse. In order for a student to be allowed to possess and self-administer asthma medication, this Charter School's policy requires the following responsible behavior from the student:

- Verbally explain the reason for use of the asthma inhaler to the school doctor or school nurse;
- Identify, to the school doctor or school nurse, the signs and symptoms which indicate the need for which the inhaler is to be used;
- Identify the individual medication(s) by name;
- Identify the appropriate dosage of the individual medication(s);

- Identify the effects and the side effects of medication to the school doctor or school nurse;
- Demonstrate to the school doctor or school nurse the ability for self-administration of the inhaler using the return demonstration technique;
- Behave responsibly when using the inhaler;
- Identify placement of inhaler to be kept on his/her person at all times;
- Acknowledge the need to notify the school doctor or school nurse immediately following each use of the inhaler;
- Demonstrate knowledge of how to access assistance for help regarding use of or side effects from use of asthma medications;
- Notify the school nurse immediately following each use of an asthma inhaler;
- Understand and acknowledge that the student is restricted from making inhaler available to other students. The student's privilege to self-administer medication or equipment may be revoked or restricted if the student abuses or ignores Charter School policies. This prohibition must be set forth in the Student Code of Conduct that is distributed to all Charter School families on an annual basis.

Required Documentation:

Individualized Healthcare Plan (IHP) – This plan is required by professional standards of practice and uses the nursing process (assessment, diagnosis, planning, implementation, and evaluation) to determine a plan of action that meets the healthcare needs of a student during the school day. This plan, initiated by the Certified School Nurse, provides written directions for school health personnel to follow in meeting the individual student's healthcare needs. While parental involvement is not required, it is strongly encouraged.

Emergency Care Plan – This plan is based on the information provided in the student's Individualized Healthcare Plan and specifically describes how to recognize and what to do when signs or symptoms of these conditions are observed in students with asthma. The school nurse usually coordinates the development of the Emergency Plan, and the plan should be distributed to all school personnel who have responsibility for students with asthma.

Asthma Medical Management Plan

This plan should be part of the Individualized Healthcare Plan (IHP) and Emergency Care Plan (ECP). The following information must be provided through a written individual Asthma Medical Management Plan (“AMMP”) by the parent(s)/guardian(s) of a student with asthma. This Plan is filled out with the Student’s health care provider’s assistance and provides critical information to the Charter School if a life-threatening asthma attack occurs or worsens at school or at a school sponsored activity. If Parent is asking that the Student be permitted to self-administer medication or use medical equipment, the AMMP must contain information from the medical provider that the student has successfully demonstrated capability of independent monitoring and responsible behavior in self-administering treatment or prescribed medication. If the Charter School is not provided with an AMMP by student’s parent(s), the Charter School must contact the parent(s) and inform them of the need to have an AMMP developed with their child’s healthcare provider and to provide a copy of this plan to the Charter School Nurse as soon as possible.

The following information must be provided in the AMMP to the Charter School’s Nurse:

- The name of the medication;
- The dose and maximum dosages;
- The times when medication is to be taken;
- The diagnosis or reason medicine is needed (unless this is confidential);
- Information on serious reactions that could occur and appropriate emergency responses;
- That the child is qualified and able to self-administer the medication;
- Consent for administration of medication or equipment, contact with student’s personal and emergency health care providers and the release of information to such health care providers and school personnel;

The Charter School will require a written statement in the AMMP from the parent or guardian that states:

- The Charter School is to comply with the health care provider’s orders;
- The Charter School and/or school employee comply with the order of the healthcare provider and that the School/School employee be relieved of any responsibility for the benefits or consequences of the prescribed medication which is parent-authorized; and

- The Charter School bears no responsibility or liability for ensuring that the medication is taken.

The Charter School has the right to require a statement from the health care provider for continued use of any medication beyond a specified time period. The Charter School may also require updated prescriptions and parental approvals on an annual basis.

Section 504/IEP Considerations:

Students with IHPs and ECPs may also have an Individualized Education Plan (IEP), or a 504 Student Accommodation Plan to ensure school nursing services and access to the learning environment.

If a student's asthma condition worsens to the point that it interferes with the student's ability to access his/her education at the Charter School, the student may be eligible for a Section 504 Plan or IEP. The Section 504 regulations define a person with a disability as any person who (i) has a physical or mental impairment that substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment.

Pursuant to IDEA, the category of "other health impairment" includes asthma as one of the health conditions listed to qualify under IDEA. The student's asthma must adversely affect educational performance to the point that the student requires special education and related services, as defined by state law.

Reference should be made to the Board of Trustee's Section 504 Plan Policy and/or the Annual Notice of Special Education for guidance as to qualifying for an IEP and contact information for Charter School personnel.

CEO Responsibilities:

The Board delegates the following responsibilities to the CEO and/or his/her designee(s) for implementation:

- Participate in developing and implementing school policy related to asthma management at school;

- Ensure sufficient allocation of resources to manage students with asthma in the Charter School;
- Ensure the development & implementation of a system that keeps Charter School health services informed of the pending enrollment of students with asthma and any related enrollment changes that may occur throughout the school year and from year to year;
- Promote a supportive learning environment for students with asthma;
- Promotes a school environment and treats students with asthma the same as other students, except to be responsive to medical needs as outlined in the student's written IHP, IEP, or other education plan;
- Identify all staff members who have responsibility for students with asthma;
- Meet at least annually with the Charter School health team;
- Arrange and attend a meeting of the Charter School health team members (student, family, school nurse, 504/IEP coordinator, teacher(s), and other staff members who have primary responsibility for the student) before the school year starts, or when the child is newly diagnosed, to discuss medical accommodations, educational aids and services related to the student's needs;
- Support asthma management training for the Charter School Nurse and other staff responsible for students with asthma;
- Provide for practices that alert all Charter School-related staff members who teach or supervise a student with asthma. Ensure that these staff members, including the bus driver, are familiar with the accommodations and emergency procedures outlined in the student's IHP, AMMP, ECP, 504 Plan, IEP or other education plan;
- Provide for practices that alert all substitute personnel. Ensure that they are aware of the needs and emergency procedures for students with asthma;
- Work with the Charter School health team to ensure the implementation of the student's written plans, including the Asthma Medical Management

Plan and education plans. Monitor plan compliance through the Charter School health team, school nurse and IEP Team, if applicable;

- Ensure that the student’s confidentiality & right to privacy is respected;
- Help establish on-campus and off-campus (for field trips and school-sponsored activities) emergency protocols;
- Include asthma awareness as part of the Charter School health or cultural education;
- Facilitate & support ongoing communication between parents/guardians of students with asthma and the Charter School staff;

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL’S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.

ADOPTED this _____ day of _____, 2023

President

Secretary

Urban Pathways K-5 College Charter School

Board of Trustees Policy

BLOODBORNE PATHOGEN POLICY

Bloodborne Pathogen Training

Employee education and training for Bloodborne Pathogens should be part of the new employee orientation for all employees, and conducted for all employees on an annual basis. Keep a copy of the Exposure Control Plan on file in the school at all times.

Training should cover specifics in the plan, applications of the Bloodborne Pathogens program to the employee's specific job and answer any questions.

The training should cover the following items of the Exposure Control Plan:

1. The OSHA definitions/regulations that include
 - Definition of Bloodborne Pathogens;
 - Occupational exposures and exposure incidents;
 - Potentially infectious materials;
 - Modes of transmission; and
 - Definition and symptoms of Hepatitis and HIV.
2. Exposure Determination
3. Control Measures
4. Decontamination/Cleaning Procedures
5. Regulated Waste Disposal Procedures
6. Hepatitis B Vaccination
7. Incident and Exposure Procedures
8. Post-Exposure Follow-Up

Purpose of the Plan

The purpose of this plan is to minimize or eliminate employee occupational exposure to blood or certain other body fluids and to comply with the Occupational Safety and Health Administration (OSHA) Exposure to Bloodborne Pathogens: Final Rule. OSHA's purpose is to ensure that no employee will suffer material health or functional impairment due to exposure to hazardous agents during the course of their employment.

“Occupational exposure” is any reasonably anticipated contact with blood by skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials resulting from the performance of any employee’s duties.

Exposure Determination

Initial Exposure Determination of the Jobs

The following employees/contractors may incur an occupational exposure: The Chief Executive Officer (“CEO”), administrative assistant, secretary, teacher, assistant teacher, vehicle driver, cleaning personnel, and kitchen staff.

Occupational Tasks at Risk for Exposure

Specific tasks associated with the above-mentioned job classifications that may cause these employees to have an occupational exposure include:

- Responding to an injured child that results in visible blood.
- The need for cleaning of a wound with soap and water.
- Application of a band-aid.
- Visible blood in stool, urine, vomit or nasal secretions of children.

Definition of Exposure

- Skin or parenteral (piercing the skin) contact with blood or other potentially infectious fluids.
- Mucous membranes (eyes, nose, mouth, ears, etc.) contact with blood or other potentially infectious fluids.

Control Measures: Universal Precautions

A universal precaution is an approach to infection control whereby all human blood and certain potentially infectious bodily fluids are treated as if infected with HIV or Hepatitis B or other Bloodborne Pathogens. These precautions have been adopted by the Charter School to protect staff from Bloodborne Pathogens.

Blood can become mixed with normal bodily fluids such as saliva, vomit, sweat, urine or stool, and these fluids should be treated as being possible HIV/HBV contaminated fluids. When staff comes in contact with or handle blood or body fluids, they must always wear gloves.

You can’t identify every child or adult who may transmit infection. Yet you cannot afford to ignore the risk of infection since it takes just one exposure to become infected.

Universal precautions resolve this uncertainty by requiring you to treat all human blood and certain human bodily fluids as if they were known to be infected with HIV, HBV or other Bloodborne Pathogens.

Reducing your Risk

- Engineering controls.
- Employee work practices.
- Personal Protective equipment.
- Decontamination procedures.

Engineering Controls

Engineering controls are items provided by the employer that serve to reduce employee exposure in the work place. Engineering control effectiveness depends on the employee actually using the provided items.

- Puncture-Proof Containers: “Sharps” which include needles and broken glass, or other sharp, pointed instruments, are to be placed in disposable puncture-proof containers.

Sharps are never to be thrown directly into a trash receptacle. Disposable puncture-proof containers are located

List location

- Biohazard Items: Biohazard items include: latex glove, disinfectant wipes and CPR Micro Shields. First Aid kits will include biohazard items as well as Band-Aids, and paper towels to absorb blood. All first aid supplies and biohazard items will be located in areas free from food and drinking liquids. Biohazard items will be located throughout the Charter School and in the Charter School’s first aid kit and playground first aid kits.
- Disinfecting Solutions and Disposable Cloths: Registered germicide or bleach solutions (fresh mixture of ¼ cup bleach to 1 gallon of water) and disposable cloths to soak up contaminated material are to be located in storage areas in classroom:

List classroom location

- Gloves: In addition to being stored in first-aid kits, gloves should also be available at locations throughout the Charter School.

List classroom location

- Supervision: All Engineering controls are to be examined and maintained by a designated person:

_____ ON A REGULAR BASIS.

fill in name of safety supervisor

Employee Work Practices

Employee work practices reduce the likelihood of exposure through changing the manner in which the task is performed. These are specific procedures you must follow on the job to reduce your exposure to Bloodborne pathogens or other infectious material.

- **Hand washing;** if infectious material gets on your hands, the sooner you wash it off, the less chance you have of becoming infected:

Hand washing will occur at the following times:

1. When hands become soiled.
2. Before and after handling food.
3. Before and after drinking.
4. After using the bathroom, personal.
5. After assisting a child in the bathroom or with changing soiled clothing.
6. After wiping your nose or someone else's nose
7. Immediately after removing protective gloves.
8. Immediately after having contact with blood, body fluids, or other potentially infectious material.
9. Before and after administering medication.
10. Immediately after cleaning/ disinfecting any contaminated surfaces.

Purpose:

1. To protect employees and others from exposure to harmful microorganisms.
2. To prevent transmission of infection from one individual to another.
3. To remove transient bacteria on hands contaminated after handling children, objects and surfaces.

Equipment:

1. Warm running water.
2. Soap dispenser with liquid soap.
3. Paper towels.

Procedure:

1. Adjust running water to comfortable temperature and force at a level to prevent splattering water.
2. Wash hands, vigorously scrubbing with soap and water for a minimum of 15 seconds. Scrub hands, wrists and between fingers and around nails. Rinse hands with fingertips downward. The friction of the skin with soap and water is essential in hand washing. Microorganisms will remain unless effectively removed.
3. Dry hands with paper towel.
4. Turn off faucet with paper towel.
5. Leave equipment clean and in proper place.

Note: Disinfectant wipes should be available when a hand washing facility is not available.

Sharps will be handled in the following manner:

1. Sharps including needles, broken glass or other sharp, pointed instruments are to be placed in a disposable puncture-proof container.
2. Sharps are never to be picked up directly with the hands. Sharps should be picked up with a dust pan, pliers, tweezers or similar tool.
3. Contaminated needles should not be bent, recapped, removed, sheared or purposely broken.
4. Label containers as containing sharps and tape shut to prevent re-opening before disposing.
5. Dispose of puncture-proof container. See section on Regulated Waste Disposal Procedures.

Work Area Restrictions include:

1. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
2. All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious material.

Personal Protective Equipment (PPE)

Gloves

Gloves are the most widely used form of personal protective equipment. Gloves act as a primary barrier between your hands and Bloodborne Pathogens. Gloves will be worn when:

1. Assisting with toileting of a child.
2. Blood is visible on an adult, child, surface or piece of equipment.
3. Cleaning a contaminated surface or object.
4. Dealing with vomit, stool, urine, non-intact skin or other potential infectious fluids or material.
5. The employee anticipates hand contact with blood.
6. The employee feels the need to properly protect self from any illness, disease, surface or object.
7. When removing garbage from the Charter School to the dumpster.
8. When handling soiled laundry.

Types of gloves include:

1. Latex or vinyl gloves in appropriate sizes for each employee.
2. Hypoallergenic gloves or glove liners for individuals allergic to latex or vinyl gloves.

Procedure for using gloves:

1. Check gloves for holes, tears, or punctures before wearing.
2. Since gloves can be torn or punctured, bandage any cuts before being gloved.
3. Wear one glove on each hand.
4. To remove gloves, peel one glove off from top to bottom and hold it in the gloved hand.
5. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second one.

6. Place in a Zip-lock bag and dispose of the entire bundle promptly. See section on Regulated Waste Disposal Procedures.
7. Do not wash or attempt to disinfect the glove for reuse.
8. Wash your hands immediately after removing the gloves.
9. Change gloves between attending to different individuals, using this entire procedure.

CPR Micro Shields

During the provision of CPR, the victim may expel saliva, blood or other fluids, CPR Micro Shields are recommended as a type of personal protective equipment that is designed to protect you from contact with fluids during resuscitation. Dispose of contaminated CPR Micro Shields in a Zip-lock bag, See section on Regulated Waste Disposal Procedures.

Decontamination and Cleaning Procedures

Employees must clean the work area or surfaces when surfaces become obviously contaminated; after any spill of blood or other potentially infectious materials; after any individual care procedure whether visible contamination occurs or not; at the end of the work shift.

Hard Surfaces

A hard surface is any surface that can be cleaned immediately by the use of a registered germicide or bleach solution and paper towel. The surface will be allowed to air dry and has no need to be laundered or otherwise treated. In addition, bins, pails, cans, and similar receptacles should be decontaminated on a regularly scheduled basis.

Method of Cleaning:

1. Gloves must be used when decontaminating these surfaces.
2. Pre-clean surfaces with a suitable detergent prior to disinfecting. Anti-bacterial soap, hot water and a paper towel can be used for pre-cleaning.
3. Disinfect surface with a registered germicide or bleach solution by applying the solution until the entire surface is wet, allow to remain at least 10 minutes, if possible and allow to air dry or remove with clean dry paper towel or cloth.

Soft Surfaces

A soft surface is any surface that would need to be laundered if contaminated. The surface will usually need to be dried mechanically or hung out to dry.

Method of Cleaning:

1. Gloves must be used when decontaminating soft surfaces or when doing laundry.
2. Put soft surface or laundry into a washing machine with soap and bleach solution.
3. If a washing machine is unavailable, the contaminated item(s) should be put into a bucket with bleach and water solution to soak until a washer is available and the item can be laundered. This solution should be emptied out and discarded when not being used. Fresh bleach and water solution should be made for each instance of contamination.

Miscellaneous Surfaces

Any surface area that cannot be thoroughly cleaned by school personnel and equipment, i.e. carpeting, ceiling tiles, etc.

Method of Cleaning

1. Gloves must be worn when attempting to secure or decontaminate the area.
2. Pre-clean the area with soap and water as well as possible.
3. Disinfect: use a registered germicide or bleach solution directly on the surface, then rise with water.
4. Inform the CEO or his/her designee that a contamination has occurred and identify the site.
5. The CEO or his/her designee will notify a commercial cleaning company to thoroughly clean the item or site that same day.
6. Contaminated area must be secured so that no exposure can occur to children or faculty i.e. carpeting contamination should be covered and labeled in order to alert other teachers, parents and staff to the site or item.

Regulated Waste Disposal Procedures

Sharps:

1. Place all sharps in a disposable puncture-proof container.
2. The puncture-proof container should then be labeled as containing sharps to prevent re-opening.
3. Tape container shut and dispose of container in approved receptacle.

First Aid Clean-Up Items

1. All disposable first aid clean-up items, such as band aids, used cotton balls, used antiseptic wipes, used paper towels or facial tissues shall be placed in a Zip-lock bag and then thrown into an approved receptacle.

Personal Protective Equipment (PPE)

1. All PPE such as gloves shall be removed immediately after use.
2. All PPE shall be placed into a Zip-lock bag and disposed of in an approved disposal area.
3. Any waste should then be tied up and taken out to the Charter School's approved disposal area.

1. Note: Used gloves that are not suspected to be contaminated with blood or other potentially infectious materials can be thrown into the regular garbage without a Zip-lock bag.

All contaminated waste should be disposed of in red Zip-locked bags or in Zip-lock bags with the biohazard label affixed to signify enclosed potentially infectious materials. Disposal bags are to be emptied when necessary by using disposable gloves and deposited in your school's disposal area. No trash should ever be removed from receptacles or dumpsters.

Hepatitis B Vaccination

Employees who render first aid only as a collateral duty responding solely to injuries resulting from workplace incidents need not receive a pre-exposure Hepatitis B vaccination.

The CEO or his/her designee will ensure that the vaccination is offered at no cost to the employee within 24 hours of any exposure incident and that the appropriate forms are signed. Employees who decline the Hepatitis B vaccination will sign a waiver (see the Forms Section). Employees who initially decline the vaccination but who later wish to have it may then have the vaccine provided at no cost.

Employees should be made aware in Bloodborne Pathogen trainings of the following information regarding the vaccine:

An employee should not take the vaccine if he/she has an allergy to yeast

WARNINGS

Active Infections: any serious active infection is reason for delaying use of the vaccine except when, in the opinion of a physician, withholding the vaccine entails a greater risk.

Pregnancy: it is not known whether the vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. The vaccine should be given to a pregnant woman only if clearly needed and recommended by a physician.

Nursing Mothers: it is not known whether the vaccine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when the vaccine is administered to a nursing woman.

Employees should consult a physician before taking the vaccine.

Incident and Exposure Procedures

Incident and Accident Reporting

All injuries that require any first aid must be written up on the Charter School's Emergency/Accident Report. The Charter School's Emergency/Accident Report will include the following information:

1. Name of injured person;
2. Date and time of accident/incident;
3. Location of the accident/incident on the premises;
4. Brief description of the accident and resulting injury;
5. First aid procedures used on the injured person;
6. Names of any staff members in attendance;
7. Signature of the supervisor to whom the accident/injury was reported;
8. Signature of the staff member who filed the report;
9. Brief description of the PPR used during the first aid treatment; and
10. Answer to the question: Did the accident involve staff being exposed to blood or potentially infectious fluids? Yes No

Exposure Reporting Procedures

If the treatment and/or care of an individual or an accident results in an exposure of a staff member, then an Exposure Incident Report must be completed by the employee and submitted to the supervisor on duty.

1. The Determination: each incident must be evaluated by the employee to determine if an exposure has occurred. (See section on Exposure Determination)
2. Complete the Report Form (See Forms Section)
3. Submitting the Report:
 - The report must be completed the day the exposure occurs.
 - The completed report must be submitted to and signed by the CEO or his/her designee.
 - The CEO or his/her designee will notify the appropriate agencies and the solicitor within 24 hours of the exposure.

Post Exposure Follow-Up

In the event of an exposure, the employer will provide the employee with:

1. The post exposure Hepatitis B Immune Globulin (HBIG) vaccine, and the series of Hepatitis B vaccinations if the employee consents and the health care provider recommends the full vaccination series at no cost. (See section describing Hepatitis B Vaccination)
2. Immediate blood testing with the employee's consent.
3. If the employee refuses HIV testing, the lab will be instructed to hold the sample for 90 days. The employee may then decide to test for HIV, and the test is done free of charge to the employee.
4. A written confidential report of the employee's blood test as soon as available.
5. A copy of the report with the identity of the source individual, unless prohibited by law.
6. If the source individual refuses to test, the same procedures will still apply to the employee.
7. Re-Testing of the employee's blood at 6 weeks, 12 weeks, 6 months and one year following exposure. The employee must provide a separate consent form for each test.
8. Post exposure services, when medically indicated, may include counseling and evaluation of related illnesses.

In the event of an exposure, the employer will provide the healthcare provider with:

1. A copy of the Occupational Exposure to Bloodborne Pathogens: Final Rule.
2. A description of the exposed employee's job as it relates to the exposure incident.
3. Documentation of the routes of exposure.
4. Documentation of the circumstances.
5. Results of the source individual's blood testing, if available.
6. All medical records that are relevant to the appropriate treatment of the employee.

Written Opinion from Health Care Provider:

The exposed employee will be provided with a copy of the health care professional's written opinion within 15 days of the completion of the medical evaluation. The exposed employee is also entitled to complete confidentiality and the freedom to designate, by express written consent, what persons will be notified of the physician's findings and the results of the testing.

The Chief Executive Officer's Responsibilities:

The CEO of the Charter School will assure that the policies described in this document are effectively carried out.

Record Keeping:

The CEO and designated staff are required to maintain medical records related to Bloodborne Pathogens, including exposure incidents, post exposure follow-up, Hepatitis B vaccination status, and training for all employees with occupational exposure. These records are to be kept confidential and should be held for the duration of the employee's employment plus thirty (30) years. Training records should be held for three (3) years. Additionally, all records related to an exposure incident should be promptly copied and forwarded to the Charter School solicitor.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL'S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.

ADOPTED this day _____ of _____, 2023

President

Secretary

BLOODBORNE PATHOGEN TRAINING OUTLINE

1. The OSHA definitions/regulations including:
 - Definition of bloodborne pathogens
 - Occupational exposures and exposure incidents
 - Potentially infectious materials
 - Modes of transmission
 - Definition and symptoms of Hepatitis and HIV
2. Exposure Determination
3. Control Measures
4. Decontamination/Cleaning Procedures
5. Regulated Waste Disposal Procedures
6. Hepatitis B Vaccination
7. Incident and Exposure Procedures
8. Post-Exposure Follow-Up

BLOODBORNE DISEASES DEFINITIONS

Definitions

Blood: human blood and human blood components

Bloodborne Pathogens: microorganisms that are present in the human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human immunodeficiency Virus (HIV).

Exposure Incident: skin, eye, mucous membrane, or parenteral (piercing of the skin) contact with blood or other potentially infectious materials that results or may result from the performance of an employee's duties.

Other potentially infectious materials (fluids): semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva during dental procedures, and any body fluid that is visibly contaminated with blood.

Universal precautions: a method of infection control in which all human blood and certain bodily fluids are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.

Personal Protective Equipment (PPE): is the equipment supplied by the employer for the employee to use in any situation that the employee feels the needs for protection from blood or other potentially infectious material, and to use in these situations as spelled out in this policy.

Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Sharps: any object that can penetrate the skin including, but not limited to, needles and broken glass.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls: controls that isolate or remove the bloodborne pathogens hazard from the workplace including but not limited to: Sharps disposable puncture-proof containers, use of gloves, use of Ziploc bags, biohazard disposal containers.

HBV: hepatitis B virus

HIV: human immunodeficiency virus

Parenteral: Piercing mucous membranes through such means as needles, ticks, human bites, cuts and abrasions.

Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that could release blood or other potentially infectious materials in a liquid or semi-liquid state; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Any item that has the potential to release blood or flakes of dried blood when handled or scratched is a regulated waste.

Source Person: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial and spores.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed e.g., washing hands when removing protective gloves.

Recommendations for Preventing Transmission of Bloodborne Diseases

General Recommendations:

- Gloves should be worn whenever contact with blood or blood-contaminated body fluid might occur, such as when providing first aid to a bleeding person or cleaning up blood.
- Hands should be washed thoroughly and immediately after exposure to blood or any other body fluid and after removing gloves.
- Open skin lesions of all children and faculty should be kept covered to prevent contamination of the environment and contact with other persons.
- Any surface contaminated with blood or body fluids should be cleaned with a diluted solution of household bleach and water (1/4 cup of bleach to a gallon of water).
- Blood-contaminated materials should be disposed of in a leak proof plastic bag that is securely closed.
- Personal care items should not be shared.
- Educate yourself about bloodborne diseases by referring to local resources including libraries and local health departments.
- Immediately report any unsafe condition to the Chief Executive Office or Chief Administrative Officer.

Bloodborne Pathogens Exposure Control Plan

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Bloodborne Pathogens/Exposure Plan

Policy Statement:

The Board of Trustees recognizes that in order to protect workers from occupational exposure to potentially infected blood products, the Occupational Safety and Health Administration (OSHA) issued The Bloodborne Pathogens Standard (Standard 29 CFR 1910.1030) effective March 6, 1992. Preventing exposure to blood, body fluids, and infectious materials that potentially increase the risk of contracting hepatitis B virus (HBV), human immunodeficiency virus (HIV), cytomegalovirus and syphilis is of primary concern to the School. In order to protect employees from exposure specific objectives have been established to provide protection to the Charter School employees directly related to the Charter School policy.

Introduction

Bloodborne Pathogens/Exposure Plan

Overview

In order to protect workers from occupational exposure to potentially infected blood products, the Occupational Safety and Health Administration (OSHA) issued The Bloodborne Pathogens Standard (Standard 29 CFR 1910.1030) effective March 6, 1992. Preventing exposure to blood, body fluids, and infectious materials that potentially increase the risk of contracting hepatitis B virus (HBV), human immunodeficiency virus (HIV), cytomegalovirus and syphilis is of primary concern to the Charter School. In order to protect employees from exposure specific objectives have been established.

What are Bloodborne Pathogens?

Bloodborne pathogens are microorganisms in the bloodstream that can cause diseases including Malaria, Hepatitis B (HBV), human immunodeficiency virus (HIV), cytomegalovirus and syphilis.

Bloodborne pathogens are found in blood, blood products, and other body fluids including semen, vaginal secretions, breast milk, and amniotic fluid. Although microorganisms are found in the body fluids listed above, in many cases they are not strong enough to be transmitted. The focus of this Exposure Plan is on the work environment and transmission via blood.

What is Hepatitis B?

Hepatitis B is an inflammation of the liver. The swelling and redness can be caused by toxins or drugs, but it is most often caused by a virus.

Symptoms include:

- Minor symptoms that resemble the flu
- More severe symptoms are jaundice, dark urine, fatigue, loss of appetite, nausea, and abdominal pain
- No symptoms

Those who suffer the disease build up antibodies, or a natural protection, against further occurrence. Ten percent of Hepatitis cases are chronic, meaning repeated illness. Approximately 1-2 percent of Hepatitis B cases prove fatal. A vaccination that is 90% effective is available to prevent infection from the Hepatitis B Virus.

What is HIV/AIDS?

The human immunodeficiency virus, HIV, attacks the white blood cells that play a key role in the body's immune system. The HIV infection may develop into AIDS anywhere from 2 – 10 years after the infection with the virus.

Symptoms include:

- Chronic fatigue. Fever and rapid weight loss
- Flu-like symptoms
- Diarrhea

AIDS related illnesses may include:

- Neurological problems
- Cancer
- Pneumonia
- Opportunistic infections

Currently there is no vaccination for HIV/AIDS.

Mode of Transmission in the Workplace

Although Hepatitis B and HIV are transmitted mainly through sexual contact and sharing needles, any situation in which blood is present in the work environment is an area of concern.

HIV and Hepatitis B can only be transmitted if **both** of the following are present:

- Exposed blood is infectious, and
- That blood is allowed to enter directly into the body

Routes of Entry

Blood or other infectious material could enter your system through these routes of entry:

- Unprotected openings in the skin, such as cuts, scrapes, and dermatitis
- Unprotected mucous membrane openings, such as the eyes, nose and mouth
- Penetration into the skin by a sharp object, such as broken glass, a needle, or a knife blade
- Indirect transmission, such as touching a contaminated surface or object and transferring the infectious material to our mouth, nose, eyes, or open skin

It is important to remember that for an infection to take place the blood must be infected and the blood must go into your bloodstream via the mentioned routes of entry.

MODEL EXPOSURE CONTROL PLAN (ECP)

Responsible Person/Dept. For ECP: _____

1. The Exposure Control Plan

The ECP has been designed to comply with the Guidelines on Bloodborne Pathogens (BBP's) for the Public Sector. The purpose is to outline policies and procedures to eliminate or minimize employee exposures to BBP's. The ECP is available to all employees/ independent contractor and state officials upon request. The ECP will be updated at least annually or whenever procedures or equipment changes.

2. Employee/Independent Contractor Exposure Determination *

(a) The following is a list of job classifications in our Charter School for **all** employees/independent contractors who have any risk of occupational exposure to BBP's:

JOB TITLE DEPT./LOCATION TASK/PROCEDURE

Ex. School Nurse/Student Injury/Dress Wound

(List other jobs in this category)

(b) The following is a list of job classifications in our Charter School for employees/independent contractors who have **some** risk of occupational exposure to BBP's:

JOB TITLE DEPT./LOCATION TASK/PROCEDURE

Ex. Custodian Housekeeping Handling Trash

(List other jobs in this category)

*Employees covered by these guidelines include fulltime, part-time, and temporary and also independent contractors to Charter School are covered as well.

3. Methods of ECP Implementation and Control

(a) UNIVERSAL PRECAUTIONS shall be used by all employees/ independent contractors for all body fluids.

(b) ENGINEERING CONTROLS will be used to prevent or minimize occupational exposure to BBP's. Specific engineering controls are listed below:

- Control Use
- Needleless system All IV's
- Sharps containers Disposal of all sharps after use
- (List other controls) (List instances of use)

(c) WORK PRACTICES will be implemented to prevent and minimize occupational exposure to BBP's. Specific work practices are listed below.

(i) Handwashing is required of all employees/ independent contractors. Handwashing facilities are found in the following locations:

(ii) Broken sharps should be picked up with a brush, dust pan, or tongs and disposed of as contaminated waste.

(iii) Recapping, bending, or breaking of needles is prohibited. If no alternative exists, recap using one-handed method or recapping device.

(iv) All sharps should be disposed of in puncture resistant, leak-proof sharps containers. Containers are available in the following locations:

(v) (List other work practices for various tasks with potential for exposure.)

(d) PERSONAL PROTECTIVE EQUIPMENT (PPE) is provided to all employees and independent contractors at no cost to prevent direct skin, eye, or mucous membrane contact with blood or body fluids. Employees/ independent contractors are required to wear all PPE appropriate to the task and level of potential exposure.

(i) The types of PPE available to employees/independent contractor are as follows:

(LIST ALL AVAILABLE which may include: Gloves(type), Eye protection, Mouth piece, Foot covering, Pocket mask, (Other);

(List other PPE Available)

(ii) PPE is located (specific location)_____ and may be obtained through (responsible person or dept._____.

(iii) The procedure for handling used PPE is (Specify location(s) of decontamination stations and how to decontaminate different kinds of PPE.)

(Ex.- Dispose of foot coverings in designated containers.)

4. Sharps Injury Log

(a) Employers shall establish and maintain a sharps injury log to help monitor injuries and assist in developing plans to eliminate or reduce these injuries, and to help employees and independent contractors evaluate sharps injury prevention devices and needless systems.

(b) Sharps injuries should be reported immediately to: (Specify person.)

(c) The following information reported to the person(s) listed above must include:

(i) Dept./work area of exposure_____

(ii) Date/time of exposure_____

(iii) Job classification of exposed employee_____

(iv) Type/brand of sharp_____

(v) Body part(s) involved_____

- (vi) Procedure employee was performing _____
- (vii) Description of exposure & how occurred _____
- (viii) Did sharp have engineered sharps injury protection? _____
- (ix) If yes, did injury occur before, after, or during activation of protective mechanism? _____
- (x) If no sharps injury protective mechanism, how could one have prevented injury and basis for statement? _____
- (xi) What other methods or equipment might have prevented injury and basis for statement? _____

NOTE: Employers are required to provide employees and independent contractors with an opportunity to evaluate sharps injury prevention devices and needleless systems. For more information on the evaluation process, contact: (Specify person, location, and how to contact.)

5. Hepatitis B Vaccination

- (a) In compliance with state guidelines, the Charter School offers the Hepatitis B vaccine free of charge after training and within 10 days of initial assignment to all employees/ independent contractors identified as at risk for occupational exposure to BBPs.
- (b) Vaccination will be provided by (List name of healthcare provider), at the following location and times: _____
- (c) Any information about the vaccination and/or other evaluation of an employee or independent contractor will be kept in the individual's confidential medical record file.
- (d) An employee or independent contractor who refuses the vaccination must sign a declination form, which will be kept in the employee's individual confidential medical record file. (See separate Declination Form.)
- (e) An employee who declines the vaccination may request and obtain the vaccination at a later date at no cost.

6. Post-Exposure Evaluation and Follow-Up

- (a) If an exposure incident occurs, immediately contact: (List person, title, way to contact.) After initial first aid (clean and treat wound, flush eyes or other mucous membranes, etc.) the following activities will be performed:
 - (i) Document routes of exposure and how exposure occurred.
 - (ii) Identify source individual, obtain consent for testing, and test source individual for HIV, HBV, and HCV. Before disclosing to employee or independent contractor's health care provider, please consult Charter School's legal counsel.
 - (iii) Provide exposed employee with counseling and evaluation by a licensed physician or health care professional.
 - (iv) Offer employee testing for HBV, HCV, and HIV and blood collection as soon as possible after incident. If employee does not give consent for HIV serological

testing during blood collection, blood must be kept for 90 days. During that time, the employee retains the right to have the testing performed.

(v) Offer employee appropriate post-exposure prophylaxis as determined by evaluating physician.

(vi) Provide employee with a copy of the health care professional's written evaluation results within 15 days of the completed evaluation.

(vii) Provide physician or health care professional with copy of state guidelines, and information about the employee's exposure and vaccination status.

(b) All information on the exposure incident and post-exposure evaluation will be kept in the employee's individual confidential medical record file. These records shall be kept by the facility for a period of at least 30 years after termination of employment. The records are available to the employee or authorized representative, upon written request, as well as to proper state authorities.

(c) The facility's confidential medical records are kept in the following secure location:

_____ (Specify location) _____.

7. Employee Training and Education

(a) All employees and independent contractors who have an occupational exposure to BBP's shall receive training at the time of their initial assignment and at least annually, or when there are equipment, procedure, or task changes. Training will be provided during working hours at no cost.

(b) At the minimum, training and education shall include the following:

(i) a copy of the state guidelines

(ii) the health effects of exposure to BBP's

(iii) details of the Exposure Control Plan

(iv) exposure prevention methods (i.e., engineering controls and safe work methods)

(v) hands-on training on use of needles and needleless systems

(vi) exposure reporting procedures

(vii) post-exposure counseling and evaluation

(viii) (benefits and availability of Hepatitis B vaccine

(ix) complaint procedure

(x) access to medical and environmental records

(c) Training materials for this facility are available at _____ (List location) _____

8. Recordkeeping

(a) TRAINING RECORDS

(i) Training records are maintained for each employee. These documents are kept for at least 3 years at _____ (List location) _____.

(ii) Training records include dates of training, contents of sessions, names and qualifications of instructors, names and job titles of those attending the training sessions.

(iii) Employee training records are provided, upon request, to the employee or the employee's authorized representative within 15 working days.

Training record requests are to be addressed to: (Specify department or person and address.)

(b) MEDICAL RECORDS

(i) Medical records are maintained in a confidential file for each employee or independent contractor with an occupational exposure to BBP's. These records shall be kept for the length of employment plus 30 years thereafter at specific location).

(ii) Medical records include social security number, Hepatitis B vaccine status, dates of vaccination, consent/refusal form, exposure incident information, post-exposure follow-up information, and all other relevant records.

(iii) Medical records are provided within 15 working days upon request to the employee, independent contractor or to a person having the written consent of the employee or independent contractor.

Record requests are to be addressed to: (Specify department or person and address.)

(c) SHARPS INJURY LOG RECORDS

(i) The Sharps Injury Log is maintained for 5 years at the following location_____.

(ii) Records on the Sharps Injury Log include the information listed in Section 4.

(iii) Sharps Injury Log records are provided, upon request, to an employee or the employee's or independent contractor's authorized representative within 15 working days. Sharps Injury Log records are to be addressed to: (Specify department or person and address.).

**EXPOSURE PREVENTION/ENGINEERING CONTROLS
LIST OF SUPPLIES AND STORAGE LOCATIONS**

Supply

Location

School First Aid Kit

Latex Gloves

Red Zip-lock Bags

Paper/Disposable Towels

CPR Micro-Shields

Puncture Proof Containers for Sharps

Anti-microbial Wipes

Disinfecting Solutions

Bleach Solution (1/4 c bleach to 1 gallon water) Or Registered Germicide

Soap

Garbage Bags

Bio-Hazard Warning Labels

School's Bio-Hazard Disposal Area

Bloodborne Pathogen Exposure Incident Reports

Report all exposure incidents to:

Bloodborne Pathogens Exposure Control

Supervisor and Employee Report of Accident

Employee Name: _____

Social Security Number: _____

Job Title: _____

Supervisor: _____

Date of Accident: _____ Time of Accident: _____

Date Accident was Reported: _____ Time of Report: _____

Name of Injured Person: _____

Witness Name(s): _____

Type of Accident: No Injury First Aid Only* Medical* Fatality*

*Describe First Aid procedure used and the Personal Protective Equipment (PPE) used:

Restricted Duty? No Yes; Number of Days _____

Lost Work Days? No Yes; Number of Days _____

Date of First Medical Treatment: _____ Time of Treatment: _____

Name and Address of Medical Provider: _____

Phone Number: _____

Describe how the accident occurred, location of accident on premises and resulting injury. _____

What actions, events or conditions contributed to the accident? _____

What can be done to prevent this type of accident? _____

Supervisor Signature:

Date:

Employee Signature:

Date

EXPOSURE INCIDENT REPORT FOR SCHOOL RECORDS

Confidential Report

1. Date of Incident: _____
2. Time of Incident: _____
3. Location of Incident: _____
4. Names of first aid provider(s) _____

(list all providers regardless of whether personal protective equipment was used)

5. Description of the circumstances of the accident including routes of exposure and how exposure occurred: _____

6. Did an Exposure Incident occur?
 Yes (proceed to question #7) No (proceed to question #17)

7. Name of staff member exposed: _____

8. Name of source individual: _____

9. Was consent given by source individual for a blood test? Yes No

Note: If source individual is known to be infected with HIV or HBV, testing need not be repeated)

If Yes, provide results of blood test: _____

Name of legally responsible individual providing or denying consent:

Name

Date

10. Date the exposed staff member was provided with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status: _____

11. Did staff member consent to be vaccinated?

Yes (attach copy of consent form)

No (attach copy of decline form)

12. Did staff member consent to a blood test?

Yes (attach copy of consent form)

No (attach copy of decline form)

13. Did staff member consent to a blood sample but elect to withhold consent for serological testing on the sample? Yes (complete following information and attach copy of consent form)

Note: Hold baseline blood sample for at least 90 days. If during this time, the exposed employee elects to have the baseline sampled tested, testing shall be done as soon as possible.

Sample taken by: _____

Date sample was taken: _____

Sample held - location: _____

14. Staff Blood Sample:

Blood test performed by : _____

Date blood test performed: _____

Results or blood test: _____

Note: The exposed employee's blood should be collected as soon as possible after the exposure incident and tested for HBV and HIV serological status.)

15. Written Opinion of Health Care Professional: check off every box and provide the date completed

Does the health care provider have a copy of the OSHA standards?

Yes No

If no, date provided: _____

- Health care provider given a list of the employee's job duties relevant to this exposure

Date Provided: _____

- Health care provider given a copy of all relevant employee medical records

Date Provided: _____

- Health care provider given a copy of **Exposure Incident Report for Health Care Provider**

Date Provided: _____

16. Name of Health Care Provider: _____

Address: _____

Telephone: _____

17. Date Opinion Received: _____

18. Date Written Opinion Received by employee: _____
must be within 15 days of evaluation

Note: The written opinion should be limited to whether the vaccine is indicated, and it has been received by the employee. The written opinion for post exposure evaluation must document that the employee has been informed of the results of the medical evaluation and of any medical conditions resulting from the exposure incident that may require further evaluation or treatment. All other information is confidential and may not be included in the written report.

19. Follow-up information and additional comments or information: _____

20. Name and position of individual completing this report:

Name: _____ Position: _____

Date Completed: _____

21. Signature of Chief Executive Officer:

Name: _____ Date: _____

Bloodborne Pathogens Exposure Control

Confidential Report

EXPOSURE INCIDENT REPORT FOR HEALTHCARE PROVIDER

Name of Individual Exposed: _____

Attach Relevant Medical Records

1. Date of Incident: _____

2. Time of Incident: _____

3. Location of Incident: _____

4. Names of first aid provider(s) _____

(list all providers regardless of whether personal protective equipment was used)

8. Description of the circumstances of the accident including routes of exposure and how exposure occurred:

9. Job duties relevant to this exposure incident: _____

7. Name of source individual: _____

8. Was consent given by **source individual** for a blood test? Yes No

Note: If source individual is known to be infected with HIV or HBV, testing need not be repeated)

If Yes, provide results of blood test: _____

9. Did staff member consent to be vaccinated?
 Yes (attach copy of consent form) No (attach copy of decline form)

10. Did staff member consent to a blood test?

Yes (attach copy of consent form) No (attach copy of decline form)

11. Did staff member consent to a blood sample but elect to withhold consent for serological testing on the sample?

Yes (complete following information and attach copy of consent form)

Note: Hold baseline blood sample for at least 90 days. If during this time, the exposed employee elects to have the baseline sampled tested, testing shall be done as soon as possible.

For additional information contact: _____

Telephone number: _____

Bloodborne Pathogens Exposure Control Training

Confidential Report

This log should be completed within 24 hours of an incident and be kept confidential and on file in the charter school for 30 years.

EXPOSURE INCIDENT LOG

Date of Exposure	Employee Name and Social Security Number	Type of Exposure	Type of Body Fluid Exposed to	Status of HIB Vaccination	Medical Records on File ✓

**Written Opinion of Health Care Provider
OSHA Bloodborne Pathogen Standard**

POST-EXPOSURE FOLLOW-UP AND EVALUATION

Name of Patient: _____ Date: _____

Date of Examination: _____

Name of Health Care Provider: _____

Address of Health Care Provider: _____

Telephone Number: _____

Was the Hepatitis B vaccination recommended for the exposed patient?

Yes No

Did the exposed patient receive the vaccination?

Yes No

Certification:

I hereby certify that the above referenced patient has been informed of the results of the medical evaluation and of any medical conditions resulting from the exposure incident that require further evaluation or treatment.

Signature of Health Care Provider

Date

VACCINATION CONSENT

I understand that due to an exposure incident involving the exposure to possible bloodborne pathogen contaminated materials, I have been given the opportunity to be vaccinated with the HBIG vaccine at no charge to myself, within seven days of the incident, followed by the Hepatitis B vaccination series if recommended by a health care provider.

I **consent** to take the indicated vaccine and have been informed of the possible side effects and complications, as well as the benefits of the vaccine. It has been emphasized that I should discuss with a health care provider the decision to undergo vaccination if I am currently pregnant or nursing, or if I am experiencing signs of an active infection. Additionally, I have been informed I should **not** take the vaccine if I have an allergy to yeast.

Employee Signature

Date

VACCINATION DECLINATION

I understand that due to an exposure incident involving the exposure to possible bloodborne pathogen contaminated materials, I have been given the opportunity to be vaccinated with the HBIG vaccine at no charge to myself, within seven days of the incident, followed by the Hepatitis B vaccination series if recommended by a health care provider. However, I **decline** the vaccination at this time. I understand that by declining this vaccine, I may be at risk of Hepatitis B contamination. If in the future I want to be vaccinated I can receive the vaccine after medical consultation concerning the effectiveness of the vaccine due to the delay.

Employee Signature

Date

Bloodborne Pathogens Exposure Control Training

ATTENDANCE AND TRAINING RECORD

Date of Training: _____ Trainer: _____

Attendees:

Name of Participant	Position	Signature

Bloodborne Pathogens Exposure Control

ACKNOWLEDGEMENT OF TRAINING

I acknowledge that I have received training regarding the Bloodborne Pathogens Exposure Control Plan for the Urban Pathways K-5 College Charter School and understand what to do in the case of an exposure incident.

Employee Name: _____ Date of Training: _____

Employee Social Security Number: _____

Employee Signature: _____

Urban Pathways K-5 College Charter School

Board of Trustees Policy

EMERGENCY/FIRST AID CARE POLICY

The Board of Trustees of the Urban Pathways K-5 College Charter School (“Charter School”) recognizes that schools should develop and have policies in place that address student health emergencies. These policies should incorporate applicable laws pertaining to emergency response. State law on point states under 42 Pa. C.S. § 8337.1, that an officer or employee of a school who in good faith believes that a student needs emergency care, first aid or rescue and who provides such emergency care, first aid or rescue...or who removes the student...shall be immune from civil liability as a result of any acts or omissions by the officer or employee, except any acts or omissions intentionally designed to seriously harm or any grossly negligent acts or omissions which result in serious bodily harm. The law defines officer or employee of a school as a school director, principal, superintendent, teacher, guidance counselor, support staff member or other educational or medical employee employed in a day or residential school which provides preschool, kindergarten, elementary or secondary education in this Commonwealth at either a public or nonpublic school.

Definition

Emergency Care: For purposes of this policy, this means any procedure or intervention applied by appropriately trained school staff that may prevent a student from dying who, without such procedures or intervention, faces a risk of imminent death.

First Aid: For purposes of this policy, Nurses may administer first aid, including administration of an epinephrine auto-injector, to a student without the express written permission of a parent/guardian, where deemed necessary by a nurse pursuant to his/her professional judgment.

Guidelines

In order to be prepared for health emergencies that can be reasonably anticipated in the student population, the Charter School should have written first aid policies and emergency management practices in place. These policies and procedures should reflect staff responsibilities and Charter School administrative expectations for staff actions in an emergency situation, including identifying specially trained and designated individuals who, in addition to the School Nurse, will render first aid. Training for emergency first aid providers in the Charter School shall be in accordance with applicable state law and PA Department of Health guidelines. For students who are identified with a potential to experience a health emergency, the following should be developed on an individual basis:

- **Individual Health Plan:** It is the position of the National Association of School Nurses that the school nurse, in collaboration with the student, family and healthcare providers, shall meet nursing regulatory requirements and professional standards by developing an Individualized Healthcare Plan (IHP) for students whose healthcare needs affect or have the potential to affect safe and optimal school attendance and academic performance. Development of IHPs is a nursing responsibility, based on standards of care regulated by state nurse practice acts and cannot be delegated to unlicensed individuals.

The term IHP refers to all care plans developed by the school nurse, especially those for students who require complex health services on a daily basis or have an illness that could result in a health crisis. These students may also have an Individualized Education Plan (IEP), a 504 Student Accommodation Plan to ensure school nursing services and access to the learning environment, or an Emergency Care Plan (ECP) for staff caring for these students. It is the responsibility of the school nurse to implement and evaluate the IHP at least yearly and as changes in health status occur to determine the need for revision and evidence of desired student outcomes.

- **Emergency Care Plan (“ECP”):** The student Emergency Care Plan (ECP) is an emergency plan developed by the registered professional school nurse and is based on the IHP or is sometimes used instead of an IHP. The ECP is required by professional standards of practice and provides steps for school personnel in dealing with a life threatening or seriously harmful health situation for an individual student. The ECP is written in clear action steps using succinct

terminology that can be understood by school faculty and staff who are charged with recognizing a health crisis and intervening appropriately. The ECP is distributed to these individuals with the expectation that the information will be treated with confidentiality. The names of the individuals who have a copy of the ECP should be listed at the bottom of the Plan.

Staff should be cognizant of those students whose health conditions may warrant emergency care and should be educated as to his/her role in caring for these students in the event of an emergency. The CEO or his/her designee shall provide instructions in obtaining emergency medical assistance for addressing emergency circumstances including obtaining medical assistance to cover the unavailability of the certified school nurse.

The Charter School will provide liability insurance coverage to protect Charter School employees who, in pursuit of their assigned duties, may have to administer first aid.

Students with Diabetes

Such emergency/first aid care shall include that which is required for students diagnosed with diabetes. Act 86 of 2016 added Sections 1414.3 – 1414.8 to the Public School Code and is a voluntary option (not mandated) for schools. If schools choose to opt into Act 86 they must be sure to read Act 86 guidelines and the Diabetes in School Children, Recommendations and for School Personnel Resource Guide from the PA Department of Health at health.pa.gov. Act 86 permits school nurses, in consultation with their chief school administrator or a designee, to identify at least one school employee (“Identified Employee”) in each school building attended by a student with diabetes to be designated in a student’s service agreement or Individualized Education Program (IEP), to administer diabetes medications, use diabetes monitoring equipment, and provide other diabetes care. If the school building attended by a student with diabetes does not have a school nurse assigned to carry the caseload full-time, the chief school administrator may consult with the school nurse to identify a school employee.

The Identified Employee should not be the school nurse, and does not need to be a licensed health care practitioner. The Identified Employee may decline the responsibility and related directives. An Identified Employee is required to complete annual education in specifically-identified areas through educational modules developed by the Pennsylvania Department of Health (DOH) in consultation with the Pennsylvania Department of Education (PDE), annual education offered by a licensed

health care practitioner with expertise in the care and treatment of diabetes that includes information substantially similar to that in the educational modules, or both.

A school employee who is not a licensed health care practitioner and who has successfully completed the education modules or annual education may be designated in a student's service agreement or IEP. School employees who are not licensed health care practitioners shall only be authorized to administer diabetes medications via injection or infusion following annual education by a licensed health care practitioner with expertise in the care and treatment of diabetes and following the school entity's receipt of written authorization from both the student's health care practitioner and parent or guardian that an educated school employee, who is not a licensed health care practitioner, may administer specified medications.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL'S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.

ADOPTED this day _____ of _____, 2023

President

Secretary

Urban Pathways K-5 College Charter School

Board of Trustees Policy

HEAD LICE POLICY

The Board of Trustees of the Urban Pathways K-5 College Charter School (“Charter School”), recognizes the need to provide a safe and healthy environment to its students, staff and community. As such, Charter School administrators, staff, contractors and volunteers should be trained on the signs and symptoms of lice and nits in order to notify the Charter School Nurse of suspected or actual situations and/or to understand what interventions to provide when the School Nurse is not available.

The Charter School has developed the following procedures to limit a student’s absence from the Charter School due to having lice or a reasonable suspicion of same. The following procedures shall occur:

1. The suspecting charter school personnel shall contact the Charter School’s Nurse or his/her office to alert them of the suspected or actual signs of lice and what student(s) may or are actually affected. Charter School personnel shall send any suspected and/or affected students to the Charter School Nurse for assessment.
2. Any child suspected of having lice shall avoid activities that involve contact with other children or sharing of belongings that might come into contact with lice, **until being assessed by the Charter School Nurse and cleared as to no longer having nits or lice.**
3. Children identified by the Charter School Nurse or designee as having lice will return to class until a parent or guardian is able to pick them up.
4. A copy of the Department of Health’s Head Lice Treatment page below will be sent home with identified children and to those possibly affected. This includes Parents working with the Charter School Nurse to answer questions on treatment and approved medications.
5. Any Charter School students living in the same home as a student identified as having lice/nits should also be checked according to the above protocol. It shall be the responsibility of the Charter School Nurse to ensure this information is provided to Charter School CEO/Principal for compliance with this policy.
6. Classrooms of the affected student(s) do not need to be evacuated or checked for lice. However, teachers shall inform students not to share personal items that might spread lice or nits which include but are not limited to hats, combs, brushes, or articles of clothing such as scarves, coats, sweaters or otherwise.

7. Upon returning to the Charter School, affected students may be seen by the Charter School Nurse to confirm no presence of active lice/nits.

In accordance with PA Department of Health guidelines: a student shall be allowed to return to either the school, child care or other group setting immediately after first treatment. The student shall be reexamined for infestation by the Charter School nurse, or other health care practitioner, 7 days posttreatment.

For specific information on the treatment of head lice/nits, please visit the Pennsylvania Department of Health's Head Lice Treatment page:

<https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Head%20Lice%20Treatment%20.pdf>

Training on this policy, including how to recognize the presence of lice and nits will be provided by a Registered Nurse or physician licensed to practice in the Commonwealth of Pennsylvania. Charter School administrators, staff, contractors and volunteers will be provided with information and training to understand how to identify a student with actual or suspected head lice/nits in the school setting, who to report the finding to, steps to take to minimize the spread of lice/nits in the classroom and school setting, and information to provide to both students and Parents about treatment and prevention.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL'S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.

ADOPTED this _____ day of _____, 2023

President

Secretary

Urban Pathways K-5 College Charter School

Board of Trustees Policy

HEALTH EXAMINATION POLICY

In compliance with the Pennsylvania School Code, the Board of Trustees ("Board") shall require that the Urban Pathways K-5 College Charter School ("Charter School") students submit to appropriate health and dental examinations to ensure each student's health status is at an optimal level and that achievement is not lessened as a result of unresolved or undiagnosed health problems.

The Charter School acknowledges responsibility to provide all the health services outlined in 28 Pa. Code § 23.1. Required health services:

School districts and joint school boards shall provide the following health services for children of school age who are attending or who should attend an elementary, grade or high school, either public or private, and children who are attending a kindergarten which is an integral part of a local school district:

- (1) Medical examinations.*
- (2) Dental examinations.*
- (3) Vision screening tests.*
- (4) Hearing screening tests.*
- (5) Threshold screening tests.*
- (6) Height and weight measurements.*
- (7) Maintenance of medical and dental records.*
- (8) Tuberculosis tests.*
- (9) Special examinations.*

Each student shall receive a comprehensive health examination upon original entry into school and in sixth and eleventh grades. These examinations shall be conducted by the school physician or school nurse practitioner. In lieu of the medical or dental examinations prescribed by this article, any child of school age may furnish the local school officials with a medical or dental report of examination made at his own expense

by his family physician or family dentist on a form approved by the Secretary of Health for this purpose. The in-lieu of examinations shall be made and the report shall be furnished to the School prior to the date fixed for the regularly scheduled examination but no earlier than four months prior to the opening of the school term during which the regular examination is scheduled.

Annual vision tests shall also be given to each student. Other tests as determined by the Pennsylvania Advisory Health Board shall be as follows: hearing tests for children upon original entry into school and in kindergarten, and grades one, two, three, seven and eleven; tuberculosis tests (PPD) for children upon original entry into school and in grade nine; annual height and weight examinations for children in kindergarten through 12th grade including body mass index; dental exams upon original entry into school and in grades three and seven and scoliosis screening in grades six and seven.

Each student shall receive a comprehensive dental examination upon entry into school and in grades three and seven. These examinations will be conducted by the school dentist or dental hygienist. A private examination conducted at the parents' request and at their expense will be accepted in lieu of the school examination.

For each student transferring to the Charter School, the Chief Executive Officer ("CEO") shall request an adequate health record from the transferring school. If the record is not transferred or missing necessary documentation, the Charter School shall conduct a medical exam for a comprehensive health appraisal upon student's entry to the Charter School.

The individual student records of health examinations shall be maintained as a confidential record subject to statute and the policies of the Board.

A student who presents a statement signed by his/her parent or guardian that a medical examination is contrary to his/her religious beliefs shall be examined only when the Secretary of Health determines that the student presents a substantial health menace to the health of other persons exposed to contact with the unexamined person(s).

Where it appears to school health officials or teachers that a child deviates from normal growth and development or where school examinations reveal conditions requiring health or dental care, the parent or guardian of the student shall be so informed and a recommendation shall be made that the parent consult a private physician or dentist. The parent shall be required to report to the school the action taken subsequent to such notification.

When the parents or guardians inform the Charter School of financial inability to provide an examination, charter school shall advise them of the special school medical

procedures available.

Parents and guardians of students who are to be examined shall be notified of such examinations. The notice shall include the date and location of the examination and encouragement that the parent or guardian attend. Such notice may also include notification that the parent may have the examination conducted privately at the parents' expense and encouragement that the parent do so in the interest of providing continuity in the student's health care; and, notification that the student may be exempted from such examination if it is contrary to the parents' religious beliefs.

Delegation of Responsibility

- 1) The CEO shall instruct all staff members to observe students continually for conditions that indicate physical defect or disability and to report such conditions promptly to the school nurse.
- 2) When a CEO receives a report of the existence of a communicable disease in a student's family, the school physician, school nurse practitioner or nurse must be notified and vice versa and also the Department of Health in either circumstance.
- 3) A pupil with a communicable disease may not be readmitted to school except upon written receipt of a physician's certificate of recovery or a statement that the illness is not communicable, or upon instruction from the school physician, school nurse practitioner, or nurse.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL'S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.

ADOPTED this day _____ of _____, 2023

President

Secretary

Urban Pathways K-5 College Charter School

BOARD OF TRUSTEES POLICY

STUDENT IMMUNIZATION POLICY

The Board of Trustees of the Urban Pathways K-5 College Charter School (“Charter School”) recognizes the necessity that school children be immunized against diseases which spread easily in schools and interrupt school life and learning for individuals and groups. Due to changes in the Pennsylvania Department of Health Regulations effective August 1, 2017, this Policy supersedes and replaces all prior policies regarding student immunizations and is in effect beginning August 1, 2017.

In accordance with applicable Pennsylvania regulations, a student shall not be admitted to or permitted to attend school unless the immunization, exemption or provisional admission requirements of the Department of Health, at 28 Pa. Code Chapter 23, Subchapter C (relating to immunization), have been met or the student has received from the Chief Executive Officer (“CEO”) or his/her designee a medical or religious exemption from immunization under 28 Pa. Code § 23.84 (relating to exemption from immunization). 22 Pa. Code. Chapter 11.20.

In accordance with Title 28, Chapter 23.83 of the Pennsylvania Code, as of August 1, 2017, the Board of Trustees directs the CEO or his/her designee to ascertain that each student has been immunized in accordance with the regulations set forth in Title 28 Pa. Code Chapter 23.81-87 and further directs the CEO or his/her designee, in conjunction with the school nurse, to oversee the school’s adherence to the requirements set forth in the applicable regulations and this Immunization Policy as well as any additional applicable immunization requirements mandated by the Pennsylvania Department of Health:

The below are the immunizations that will be required as a condition of attendance at school as of **August 1, 2017**. The CEO, in conjunction with the school nurse, is directed to monitor changes in state regulations regarding immunization requirements and to ensure that the school complies with applicable immunization requirements:

All Grades for New School Year

- 4 doses of tetanus, diphtheria and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given) **
- 2 doses of measles, mumps, rubella ***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

* Usually given as DTP or DTaP or DT or Td if pertussis is not medically advisable.

** A 4th dose not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after the previous dose

*** Usually given as MMR

In addition to the immunizations listed above, the following immunizations are going to be required as a **condition of entry for students entering the 7th grade; or, in an ungraded class, for students in the school year that the student is 12 years of age:**

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade

Additionally, as a condition of entry for students entering the 12th grade:

- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 12th grade
If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

“Attendance at school” is defined, in pertinent part, as attendance at a grade, or special classes, kindergarten through 12th grade, including public, private, parochial, vocational, intermediate unit and home education students and students of cyber and charter schools. Attendance at a pre-kindergarten program operated by a school district, an early intervention program operated by a contractor or subcontractor including intermediate units, school districts and private vendors, or at private academic preschools is conditional upon the child’s satisfaction of the immunization requirements specifically set forth in another section: § 27.77. If the CEO has any questions regarding the applicability of the revised regulations to students attending

the Charter School at any grade or level, the CEO is directed to contact the Charter School's solicitor for clarification.

Day 1 of New School Year:

- A child is required to have any single dose vaccine upon school entry, or risk exclusion.
 - Tdap (1) 7th grade Day 1
- In the case of a multi-dose vaccine, regulations require that the child have at least one dose of the vaccine upon school entry or risk exclusion.
 - DTaP (4) kindergarten
 - Polio (4) kindergarten
 - HepB (3) kindergarten
 - MMR (2) kindergarten
 - Varicella (2) kindergarten
 - MCV (1) 7th - 11th grades, (2) 12th grade

Days 1-5 of New School Year:

If additional doses are required and are medically appropriate within the first five days of school: the child shall have either the final dose during that five-day period; or the child shall have the next scheduled dose and shall also provide a medical certificate setting out the schedule for the remaining doses.

Medical Plan/Certificate

If the child has at least one dose, but needs additional doses, and those doses are not medically appropriate during the first five days of school, the child may provide a medical certificate on or before the fifth school day showing the doses are scheduled to be administered.

The medical certificate shall be signed by a physician, certified registered nurse practitioner (CRNP) or physician assistant (PA). If the child will be receiving the immunizations from the department or a public health department, a public health official may sign the medical certificate.

A child who meets these requirements may continue to attend school even if the child does not have all the required vaccinations, so long as the child complies with the vaccination schedule in the medical plan/certificate. School administrators or their

designees are required to review that medical plan/certificate every 30 days to ensure that the child is in compliance.

Exemptions:

The only permitted exemptions from the immunization requirements listed above are pursuant to the Pennsylvania Code:

- Medical reasons;
- Religious beliefs; or
- Philosophical/strong moral or ethical conviction.

The Charter School must adhere to these requirements. For the medical reasons, children need not be immunized if a physician or the physician's designee provides a written statement that immunization may be detrimental to the health of the child. 28 Pa. Code 23.84(a). When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to Chapter 23. Regarding the other two exemptions, children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief. 28 Pa. Code 23.84(b).

Waiver

The following circumstances warrant waiver of the Immunization requirements:

- If the child is homeless;
- If the child is unable to locate his records due to a disaster;
- If a child transfers into the school in this Commonwealth and is unable to provide immunization records immediately upon enrollment into the school. The child's parent or guardian shall have 30 days to provide immunization records to the school, a medical certificate, or to satisfy the requirements for an exemption. Otherwise, the child may be excluded at the end of the 30-day period and in subsequent school years until the requirements are met.
- If the child is in foster care, the child's foster parent shall have 30 days to provide immunization records, a medical certificate or to satisfy the requirements for an exemption. Otherwise, the child may be excluded at the end of the 30-day period and in subsequent school years until the requirements are met.

Temporary Waiver

- If there is a national vaccine shortage

Foreign exchange students or those visiting Pennsylvania schools:

Foreign exchange students or foreign students visiting Pennsylvania schools need at least one dose of each antigen and are then granted a provisional enrollment, same as any student enrolling in a Pennsylvania schools.

Homeless students:

Per the Waiver section above, the Charter School shall immediately enroll the student in school, even if the student lacks records normally required for enrollment, such as previous academic records, medical records, proof of residency or other documentation. (See the Pennsylvania Department of Education's Basic Education Circulars for "Education for Homeless Youth" or "Enrollment of Students.")

Responsibilities of Schools and Administrators:

The CEO or his/her designee is directed to appoint a knowledgeable person (i.e. school nurse, director of school health services) to perform the following:

- (1) Inform the parent, guardian or emancipated child at registration or prior to registration, if possible, of the requirements of Chapter 23.
- (2) Ascertain the immunization status of a child prior to admission to school or continued attendance at school.

The parent or guardian of a child or the emancipated child who has not received the immunizations required under § 23.83 shall be **informed** of the specific immunizations required and **advised** to go to the child's usual source of care or nearest public clinic to obtain the required immunizations.

The school shall maintain **on file** a certificate of immunization for a child enrolled. An alternative to maintaining a certificate on file is to transfer the immunization information from the certificate to a **computer database**. The certificate of immunization or a facsimile thereof generated by computer shall be returned to the parent, guardian or emancipated child or the school shall transfer the certificate of immunization (or facsimile) with the child's record to the new school when a child withdraws, transfers, is promoted, graduates or otherwise leaves the school.

The Charter School may remove a student from school during an outbreak if in Charter School health records, the student is exempt from immunizations.

School Reporting to the Department of Health:

Below are school reporting requirements with which the Charter School **must** comply:

- The Charter School shall report immunization data to the Department by December 31st of each year, using forms provided by the Department.

Department of Health Forms/Monitoring:

The Department of Health is to provide the certificates of immunization to schools. If the Charter School does not receive same, the CEO or his/her designee shall direct that the appropriate request be made to obtain the certificates and shall consult with the Charter School’s solicitor as may be necessary.

The Department will monitor for compliance and will have access to school immunization records whether the records are maintained as certificates or whether the records are contained in a school’s computer database. The CEO or his/her designee, in conjunction with the school nurse, must maintain immunization records in accordance with Department of Health regulations and facilitate appropriate monitoring and access procedures.

Vaccine Acronyms:

<u>Vaccine names</u>	<u>Abbreviations</u>
Tetanus, diphtheria and acellular pertussis	DTaP (<7 years)/Tdap)
Tetanus, diphtheria	DT, Td
Polio	IPV
Measles, mumps, rubella	MMR
Hepatitis B	HepB
Varicella	Var
Meningococcal Conjugate	MCV

Confidentiality

All health records shall be confidential, and their contents shall be divulged only when necessary for the health of the student or to a physician at the written request of the parent/ guardian.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL'S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.

ADOPTED this _____ day of _____, 2023.

President

Secretary