Health and Safety Manual

Pivot Charter School Riverside 2018

INTRODUCTION - SAFETY

Emergency Operations Plan (EOP), also known as the "All Hazards Emergency Planning and Management Plan" involves the prioritization of life safety, incident stabilization, and property protection, in that respective order. Once life, incident and property has been secured, sustained, long-term continuity of critical operations can occur. The objectives of the EOP and BCP program are to ensure that Pivot Charter School Riverside responds to, and recovers from a major incident at the facility.

Regulatory compliance is a critical aspect of Pivot Charter School Riverside disaster preparedness program, and its corporate responsibility. It is a responsibility that the senior leadership at Pivot Charter School Riverside takes very seriously, and this document represents one aspect of the due diligence necessary when administering a charter school in California.

The purpose of the EOP for Pivot Charter School Riverside is to serve as a framework of disaster response and provide the facility with protocols, activities, and checklists for an organized disaster response. The Administration of Pivot Charter School Riverside fully supports the emergency planning, training, and exercising of this Emergency Operations Plan.

Preparedness

Regional Director will ensure staff and student preparedness by following the policies provided from the Administration of Pivot Charter School Riverside. Staff will ensure preparedness by following the policies and trainings provided by Pivot Charter School Riverside.

Response

Regional Director is responsible for all aspects of the response, including development of incident objectives and managing incident operations. The Regional Director shall consider the following course of action when responding to an emergency situation:

- Establish immediate priorities especially the safety of responders, other emergency workers, bystanders, and people involved in the incident.
- Stabilize the incident by ensuring life safety and managing resources efficiently and cost effectively.
- Determine incident objectives and strategy to achieve the objectives.
- Establish and monitor incident organization.
- Approve the implementation of the written or oral Incident Action Plan.
- Ensure adequate health and safety measures are in place.

Regional Director will utilize Pivot Charter School Policies and Administration, Support Staff, onsite Staff and local emergency services to implement the Health and Safety Manual procedures.

All information to external sources and media contact will be directed to the Executive Director, as per Pivot Charter School policy.

Safety Officer: A Safety Officer will be assigned to assist the Regional Director to also develop the Site Safety Plan, reviews the Incident Action Plan for safety implications, and provides timely, complete, specific, and accurate assessment of hazards and required controls. The Safety Officer will work together as an assistant to the Regional Director to ensure safety for students and staff.

General Staff: While not assigned a specific duty, other faculty and staff members are critical to the success in any crisis situation. An attendance and subsequent attendance report is the first priority of staff. Then the priority shifts to supervision of the student body, including calming the students and faculty. As given direction, faculty and staff will then carry out the directions of the Regional Director, or Safety Officer as directed by the Regional Director. It is critical that staff does not add to the confusion or tension of the situation – acting or doing things beyond their defined role is not acceptable.

Evacuations

Pivot Charter School Riverside acknowledges the need to plan for facility evacuation well in advance of a crisis or disaster situation requiring partial or complete evacuation. The Executive Director, CBO, Program Director or Regional Director has the authority to issue an evacuation order in conjunction with local and state authorities. Pivot Charter School Riverside understands that if a community-wide and regional disaster is occurring, the facility is prepared to be self-sufficient, as response times of Emergency Medical Services and other transportation providers may be delayed.

Evacuations can be planned with the threat of a hurricane or they can occur due to a catastrophic situation without much planning. Evacuations will be coordinated to occur in two phases if possible.

Phase I will transport the highest acuity students traveling via ambulance. These students will be transferred first if possible.

Phase II will transport all other students who can travel via student release to parent or guardian.

Pivot Charter School Riverside has determined students will work virtually from home in the event the resource center is not available, or if it is not safe to travel to the resource center.

Please view the The Evacuations Areas – Primary and Alternate page for more details on location of gathering areas in Appendix A.

Emergency Cards

Pivot Charter School Riverside maintains an Emergency Card for each student at the front office. The binder holds all the emergency contact information for each student. This emergency information is updated to ensure accurate information. Other triggers for an update may include:

- Significant change in student's living situation in accordance to Pivot Charter Policy
- Knowledge of changes in the family

Pivot Charter School Riverside will address upon admission and at a minimum annually with the family or responsible party all emergency contacts in the event of a planned evacuation, in which there is time for their assistance. These arrangements are documented and maintained in the students' records.

EMERGENCY DISASTER AND CRISIS RESPONSE

Emergency Codes - Student Crisis

Examples: Mental Health- Harm to self, Harm to others, suicidal ideation, child abuse.

Crisis codes are for internal staff and to be used for clear communication and planning in a crisis situation to protect staff and student as well as student's privacy.

Code: "21" Threat

Code: "51" Suicidal Student

Code: "91" Medical Emergency

Emergency Code "21" Threat

- This is an internal threat from a student, maybe with escalating behavior or potential harm to others.
- If possible remove escalating student to a separate room or area.
- If not possible, remove other students.
- It might help to have their EC present, since they may be more familiar, comfortable or aware of what is going on with student.
- Get assistance from Regional Director, Program Director, Counselor or Executive Director.
- Contact parent or guardian.
- If needed for safety at any point call 911.

Emergency Code "51" Suicidal Student – On Campus

Student could be attempting suicide, expressing suicidal ideation, thoughts of suicide, preoccupation with thoughts of suicide, has a plan for suicide, talks of suicide, attempted suicide, writes about suicide, as examples.

- Do not leave student alone.
- Stay calm.

- Remove any sharp objects that could be used to cause harm to self or others.
- Contact Counselor, Regional Director, Program Director or Executive Director.
- Send a "911" group text if no phone response.
- Do not let student leave campus, even if school is over.
- Get student's demographic information.
- Protect student's privacy.

Emergency Code "51" Suicidal Student – Off Campus

Sometimes a student will text, email, call, or leave a message, or another student will communicate their concerns about someone or something they know about or over heard. Do not ignore these communications, you must react now, not later, even if it is an inconvenient time.

- Ask student for their location, and if they are safe.
- Act quickly.
- Get student's demographic information.
- Consult with Counselor, Regional Director, Program Director or Executive Director.
- Send a "911" group text if no phone response.
- You can always call "911" or call the local Police Dept. to request a Safety Check to the student's home. Always get an officer's contact info: Name, phone number and badge number.

Emergency Code "91" Medical Emergency

- Follow CPR and First Aid Training Protocols.
- Call 911 for emergency help.
- Consult with Counselor, Regional Director, Program Director or Executive Director.

Suicide Crisis and Prevention Hotlines

Resources:

HELPLine - 24 Hour Crisis/Suicide Intervention - The HELPline is a free, confidential Crisis/Suicide Intervention service. Operated by highly trained volunteers, the line is open 24-hours a day, seven days a week. Phone: (951) 686HELP (4357)

National Suicide Prevention Lifeline - By calling 1-800-273-TALK (8255) you'll be connected to a skilled, trained counselor at a crisis center in your area, anytime 24/7. Spanish line: (888) 628-9454, TTY: (800) 799-4TTY (4889)

The Trevor Lifeline - National organization providing crisis and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) Youth 866-4-U-TREVOR (866-488-7386)

Emergency Codes

- CODE RED: FIRE
- CODE YELLOW: EARTHQUAKE
- CODE WHITE: LOCKDOWN/INTRUDER

Code Red Staff Guidelines for Fire 

- WHEN FIRE ALARM HAS SOUNDED OR SMOKE AND OR FIRE IS DETECTED, STAFF LOOK AROUND TO MAKE MENTAL NOTE OF DAMAGE AND DANGERS. CHECK TO SEE IF THERE IS ANY INJURIES
- EXIT BUILDING

- **Site Coordinator**: Code Red 
  - Clear Students from Front Lobby and Front Office.
  - Grab Emergency Binder.
  - Final Sweep of Building.
  - When clear → EXIT
- **Regional Director or Senior Educational Coordinator:** Code Red 
  - Call 911.
  - Get Daily Sign in Sheet.
  - Exit Building to Safe Area.
  - Roll Call for all secondary school students & staff.
  - Verify Roll call for Elementary students.
  - Contact Executive Director (Jayna).
  - Contact Program Director (Kareen).
- **Elementary Assistant:** Code Red 
  - Line up Elementary students near Elementary emergency exit door.
  - Lead students outside to safe area.
- **Elementary Educational Coordinator:** Code Red 
  - Clear Students from Elementary Classroom and Elementary Bathroom.
  - Direct Students to follow Elementary Assistant outside to safe area.
  - Grab Elementary daily roll sheet.
  - Follow the last Elementary student out.
  - Take Roll for Elementary Students.
- **Secondary Educational Coordinator 1 and 2:** (Current Floor time EC's) Code Red 

- Clear Students from Secondary Learning Lab (Main Room), Workshop Room, Staff Room, Special Education Room, Secondary Bathroom.
- Direct Students outside to safe area.
- Grab Emergency Backpack.

- **Secondary Educational Coordinator 3:** (Current Workshop EC) Code Red
  - Head to Secondary School Emergency Exit.
  - Prop open Emergency Door.
  - Head to safe area and direct students where to go.
- **Additional Secondary EC's and ES:** Code Red
  - Fill-in if needed for Secondary EC 1, 2 or 3, or assist students to the safe area.

Code Yellow Staff Guidelines for Earthquakes

- **ALL STAFF** Code Yellow
  - INSTRUCT STUDENTS TO DROP, COVER, AND HOLD ON.
  - MOVE AS LITTLE AS POSSIBLE
  - MAKE SELF AS SMALL AS A TARGET AS POSSIBLE
  - PROTECT NECK, HEAD, AND CHEST BY TAKING COVER UNDER TABLE, DESK, OR INTERIOR WALL. COVER HEAD/NECK WITH HANDS AND ARMS

- **ALL STAFF** Code Yellow

- STAY AWAY FROM WINDOWS TO AVOID INJURY FROM GLASS
- AFTER SHAKING STOPS, REGIONAL DIRECTOR WILL GIVE ALL CLEAR.
- WHEN SHAKING HAS STOPPED, STAFF LOOK AROUND TO MAKE MENTAL NOTE OF DAMAGE AND DANGERS. CHECK TO SEE IF THERE IS ANY INJURIES
- EXIT BUILDING

- **Site Coordinator**: Code Yellow 
  - Clear Students from Front Lobby and Front Office.
  - Grab Emergency Binder.
  - Final Sweep of Building.
  - When clear → EXIT
- **Regional Director or Senior Educational Coordinator:** Code Yellow 
  - Call 911.
  - Get Daily Sign in Sheet.
  - Exit Building to Safe Area.
  - Roll Call for all secondary school students & staff.
  - Verify Roll call for Elementary students.
  - Contact Executive Director (Jayna).
  - Contact Program Director (Kareen).
- **Elementary Assistant:** Code Yellow 
  - Line up Elementary students near Elementary emergency exit door.
  - Lead students outside to safe area.
- **Elementary Educational Coordinator:** Code Yellow 
  - Clear Students from Elementary Classroom and Elementary Bathroom.
  - Direct Students to follow Elementary Assistant outside to safe area.
  - Grab Elementary daily roll sheet.
  - Follow the last Elementary student out.
  - Take Roll for Elementary Students.
- **Secondary Educational Coordinator 1 and 2:** (Current Floor time EC's) Code Yellow 

- Clear Students from Secondary Learning Lab (Main Room), Workshop Room, Staff Room, Special Education Room, Secondary Bathroom.
- Direct Students outside to safe area.
- Grab Emergency Backpack.

- **Secondary Educational Coordinator 3:** (Current Workshop EC) Code Yellow
  - Head to High School Emergency Exit.
  - Prop open Emergency Door.
  - Head to safe area and direct students where to go.
- **Additional Secondary EC's and ES:** Code Yellow
  - Fill-in if needed for Secondary EC 1, 2 or 3, or assist students to the safe area.

Code White Staff Guidelines for Lockdown

- LOCKDOWN PROCEDURE: Code White
  - INTRUDER OR SUSPICIOUS INDIVIDUAL
  - PERSON WITH A WEAPON OR A GUN
  - WEATHER RELATED EVENT
  - FOR CONTAMINANT BASED SHELTER-IN-PLACE LOCKDOWN, see below.
  - http://osfm.fire.ca.gov/codedevelopment/pdf/SLTF/lockdown.pdf
- ALL STAFF Code White
  - EVERYONE STAY WHERE THEY ARE.
  - LOCK DOORS
  - GO TO DESIGNATED SAFE AREA IN EACH SCHOOL-AWAY FROM WINDOWS AND DOOR.
    - SHOULD BE INTERIOR, AGAINST WALL, OUT OF LINE OF SITE FROM DOORS/WINDOWS.
  - TURN OUT LIGHTS AND COMPUTER MONITORS
  - STAY CALM
  - KEEP ALL STUDENTS QUIET
  - REGIONAL DIRECTOR TO ISSUE ALL CLEAR BASED ON LAW ENFORCEMENT DIRECTIVE

Shelter-in-Place

One of the instructions you may be given in an emergency where hazardous materials may have been released into the atmosphere is to shelter-in-place. This is a precaution aimed to keep you safe while remaining indoors. Shelter-in-place means selecting a small, interior room, with no or few windows, and taking refuge there. It does not mean sealing off your entire home or office building.

Chemical, biological, or radiological contaminants may be released accidentally or intentionally into the environment. Should this occur, information will be provided by local authorities on television and radio stations on how to protect students and staff.

Close the school. Activate the school's emergency plan below.

- Follow reverse evacuation procedures to bring students, faculty, and staff indoors.
- If there are visitors in the building, provide for their safety by asking them to stay – not leave.
- Provide directions to close and lock all windows, exterior doors, and any other openings to the outside.
- If you are told there is danger of explosion, direct that window shades, blinds, or curtains be closed.
- Turn off all fans, heating and air conditioning systems need to be turned off, sealed, or disabled.
- Gather essential disaster supplies, such as nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- Bring everyone into the room(s). Shut and lock the door.
- The room(s) should also be sealed. Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door(s) and any vents into the room.
- Write down the names of everyone in the room, and call your schools' designated emergency contact to report who is in the room with you.
- Listen for an official announcement from Executive Director, CBO, Program Director or Regional Director that all is safe or you are told to evacuate.

SUPPORTING POLICIES

Crisis Communication Plan

Pivot Charter School Riverside will establish methods of communicating both internally and externally during a crisis or disaster situation. Traditional communication systems may not be available (failure) or may be overwhelmed (overload) during a critical event.

Pivot Charter School Riverside has identified and secured personal cell phones as the primary communication method for internal usage in the event of a disaster event.

- Cell Phones (Primary)
- Hard Lines (Secondary)

Maintenance is responsible for the testing and maintenance of the above devices to ensure proper functioning when needed. Pivot Charter School Riverside will maintain emergency contact numbers in addition to primary telephone numbers for student responsible parties and family members. Responsible parties and family members will be notified as quickly as possible when there is a disaster or emergency at the facility. The Executive Director,

CBO, Program Director or Regional Director will direct when it is time to communicate with responsible parties or family members. Staff members will be briefed on the following elements to share with students and family members as assigned:

- Type of threat
- Estimated time and severity of impact
- General outlook at the current time
- Expected disruptions to services or routines
- What the facility administration has done and is doing right now to lessen negative outcomes
- When to expect updated status reports
- What the students, responsible parties, and family members can do to help

In advance of an impending crisis or disaster situation, it is important for Pivot Charter School Riverside staff members, students, family members, and the community-at-large to understand that the facility has developed a relationship with local emergency responders as well as the County Emergency Management Agency to properly plan, prepare for, respond to, and recover from such situations.

Pivot Charter School Riverside has designated an individual to adequately educate staff members, students, family members, and other applicable members/organizations within the community to understand that the facility has initiated a comprehensive program to address issues pertaining to All Hazards Emergency Management to lessen its perceived burden on the community.

In advance of a crisis or disaster scenario that may require the facility to evacuate or Shelter in Place (SIP) and present media and public relations issues/concerns. All information to external sources and media contact will be directed to the Executive Director, as per Pivot Charter School policy.

Students want to know:

- How will they be protected, informed and involved
- How soon normalcy will be reestablished
- Family Members/Responsible Parties want to know:
- How their loved ones will be protected
- Who is in charge
- Who will be providing the most accurate information about the facility's status
- Their own responsibility during an emergency event
- The decisions the facility is making that affect their loved ones
- How their loved ones are doing and how they can be involved
- How soon normalcy will be re-established

Plan Updates and Training

EOPs are improved significantly by regular testing, feedback, plan updates, and training. These are the tenants of the EOP for Pivot Charter School Riverside. Topics could include, but are not limited to:

- Emergency Operations Plan
- Hazard Analysis
- Improvement

The initial delivery of the training will focus around operational familiarity of all disaster documents (Emergency Operations Plan), threat responses, facility communication plan, incident command, and operational realities.

Training is provided to the staff of the facility. The main objective for the development and maintenance of a reliable training program will be to provide staff with relevant information on emergency procedures and emergency management in compliance with nationally recognized standards and best practices.

Exercising and testing ensures that the plans and training have effectively been incorporated into the culture of the facility, and those members and associates are clear as to their operational responsibilities and management expectations during an adverse event. The Pivot Charter School Riverside EOP is improved significantly by regular testing, feedback, plan updates, and training.

Regular testing and exercises are required for full regulatory compliance for Pivot Charter School Riverside. Pivot Charter School Riverside will establish credible training and continuing education programs that specifically provide guidance and instruction on the proper handling of a crisis or disaster situation. Additionally, all training programs pertaining to emergency management will address the general principles of the SEMS.

Staff development means providing and/or coordinating education efforts relating to All Hazards Preparedness and Planning. Staff members will have a basic understanding of SEMS

- Discovering/Reporting an Emergency Situation
- Sounding the Alarm/Initiating Emergency Procedures
- Emergency Color Code System
- Fire Control and Extinguishment
- Facility Evacuation Procedures

Training Schedule

Training is a necessary part of a plan; for people to make the plan work, they must be instructed in their roles. Training courses should cover responsibilities for each position at each facility, as well as for specific jobs such as first aid, search and rescue, and damage assessment. Training should also be given on proper interactions between sites and the district office, and the district office and the Operational Area.

The Standardized Emergency Management System requires that training be documented and that it be consistent with the SEMS functions. The roles and responsibilities specified in your plan may be used to define what kind of training classes are needed. Pivot Charter School Riverside trains all relevant employees annually.

Distribution

The All Hazards Emergency Plan has been distributed to individual administrative personnel and departments within Pivot Charter School. It is important to track distribution to help ensure the reliability, continuity, and security of this plan. The following chart will be utilized to maintain a record of distribution outside Pivot Charter School Riverside.

INTRODUCTION – HEALTH

Pivot Charter School Riverside keeps updated health policies available for all staff. Our School Nurse updates policies, student information, and is available for staff questions. An Educational Coordinator is notified by email when a student has a medical condition, and given support with easy access to online policies. Additionally, EC's are encouraged to contact the school nurse with questions, concerns and support in implementation of their student's medical plan.

CPR and First Aid Training

All credential staff are required to maintain a current CPR and First Aid Training Certification. Pivot Charter School supports this requirement by providing annual training to maintain their certification. Classified staff are also encouraged, but not required to attend these training sessions.

Immunizations

Pivot Charter School Riverside has policies to establish a process for screening and maintaining student immunization records in accordance with California Law.

Assessment of New Student Vaccination Status

1. New student records obtained by Site Coordinator and pre-screened for waivers and missing vaccines.

2. Records scanned and emailed to Pivot RN for verification.

3. RN updates Med file in SIS and **Pivot Student Roster – Immunization excel sheet in Google Drive.

4. If student missing vaccines, RN immediately notifies Site by email of specific vaccines needed.

5. Site Coordinator:

   - Notifies parents by phone, email, or Immunization Letter (in Drive)
   - Updates the **Pivot Student Roster – Immunization with method/date of communication
   - Places copy of any letters sent in student file
   - Notifies Teachers of on-site privileges or exclusion

6. RN to review immunization records every 30 days to identify students with missing doses. Students still missing doses, or in between immunizations, will be notified by letter sent by the Site Coordinator.

7. Director of Operations submits mandatory Immunization Assessment Reporting annually

8. 7th grade checkpoint: letter sent end of 6th grade school year notifying parents of vaccine requirements for advancement to 7th grade.

Additional Notifications

- Letter of Immunizations Needed (for missing vaccines), sent every 30 days or as needed
- 7th grade checkpoint: Letter sent end of school year to students entering 7th grade in the Fall notifying them of the immunization requirements

Vaccinated Students and Resource Center

Students listed below are given the option to attend programs at the resource center

- Students who are fully immunized
- Students who are actively working towards completing immunizations (SPED, IEP, homeless, foster students)
- Students ≥ 18 years old are exempt from vaccine requirements

Unvaccinated Students

Unvaccinated students have the option to attend Pivot on a virtual basis.

Medication

Pivot Charter School has policies to establish a protocol to ensure student health and safety when taking medications during school hours.

Because Pivot Charter School's unique program offers both virtual access to education and opportunities to attend our resource center generally for limited durations of 3 hours on average, students are encouraged to take their medications at home, as appropriate. The following policy provides direction for students and staff when medications *must* be taken during school hours.

When appropriate, Pivot will develop 504s or IEPs to incorporate appropriate aspects of the student's medical care as it relates to their education needs.

Medication – General Information

A. Medications During School Hours

1. All medications (prescription and non-prescription [Over-the-Counter (OTC)] require:

   a. **Annual** authorization from a healthcare provider and parents to take medication at school **for each medication** (see Google Docs form → *Medication Authorization for Pivot Charter School Students*)

   b. Medication orders from the healthcare provider shall contain the following information:

      1. Student name
      2. Date of birth
      3. Medication name and purpose/or condition necessitating medication
      4. Dose and route of medication
      5. Frequency and time medication needed
      6. Any pertinent specific instruction for taking medication
      7. Healthcare provider's name & signature, phone number, address

2. A new medication authorization is required under following circumstances *(all authorizations must be in writing from the healthcare provider)*:

   a. Yearly, preferably at the beginning of new school year before the student attends campus
   b. Changes in medication dose, time, and method of administration
   c. Change in medication
   d. Change in California authorized healthcare provider
   e. Discontinuance of medication

3. For short-term medications (10 days or less), the pharmacy-labeled container may be used in place of a healthcare provider's order. *Medication Authorization for Pivot Charter School Students* signed by parent/guardian still required.

4. Telephone orders/changes to prescriptions are **not** permitted. Any changes must be submitted in writing and signed by the health care provider. (ex. Parent/guardian generated changes to prescription medication are not permitted, must be validated by the healthcare provider).

5. Medication must be **provided** by parents or student (if self-administering) in prescription or original bottle labelled with the following information *(if taking multiple medications, they must be in separately labelled containers)*:

   a. Student's name
   b. Healthcare provider's name
   c. Name of medication
   d. Directions for use

6. Medications taken by students must be documented on a *Medication Administration Record (MAR) – this information is confidential and must be protected.* The MAR functions to document when a student takes medication and to log medications in and out of school. A single MAR should be used per student. MARs should be stored in the student's file, where other students do not have access to them.

7. Diabetes medications and management – refer to Diabetes Policy

8. Emergency medications:

a. Glucagon: refer to Diabetes Policy for details

- parents may request staff administer glucagon in the event of a diabetic student experiencing hypoglycemia. Parents must sign *Request for Glucagon Administration* (located in Diabetes Folder)
- prescription from healthcare provider required - (detailed in the *Diabetic Medical Management Plan*)
- parents must provide appropriately labelled medication
- volunteer staff must be adequately trained per the "Glucagon Training Standards for School Personnel"

b. Epinephrine (Epi-Pen): refer to Epi-Pen policy for details

- no prescription required
- Epi-pen provided by Pivot Charter Schools
- volunteer staff must be adequately trained per the "Training Standards for the Administration of Epinephrine Auto-Injectors"

B. Who May Administer/Assist with Medications

1. A parent or guardian or designee may administer medication to their child at school, if:

a. The parent or guardian signs an agreement, *Medication Administration Waiver* provided by Pivot, identifying who will administer the medication and releasing Pivot from the responsibility of assisting with the medication.

b. All the medications administered in school by the parent, guardian, or designee are administered in accordance with Pivot's policy on medication, disposal of medications and universal precautions.

2. Students do not administer medication to other students, unless the student administering the medication is a sibling who has been designated by the parent with school administration approval to administer medication to his or her own sibling.

3. A written statement from an authorized health care provider is NOT required when a parent, guardian, or designee administers medication to their child in school.

4. Self-Administration (see section C).

5. Volunteer staff (see section D).

6. Licensed healthcare professionals (ex. a Licensed Vocational Nurse or Registered Nurse who may attend field trips and assist Pivot as needed).

C. Self-Administration of Medications

1. Students with special medical needs such as asthma and/or severe allergies or who are subject to anaphylactic reactions and may require emergency medications (i.e., asthma inhaler or epinephrine auto-injector ["Epi-pen"])

2. Students who require frequent administrations of non-prescription medications or prescription medications that are not controlled substances.

3. Required documentation:

   a. *Medication Authorization for Pivot Charter School Students* (exception: Diabetic students will use Diabetic Medical Management Plan DMMP – Diabetes Policy)

   b. *Authorization for Student Self-Administration of Medication*

4. Students may not self-carry "controlled" medications [drugs with potential for dependence or abuse (ex. ritalin)], they must be kept in a locked storage cabinet, and staff/parents must complete a pill count on arrival and at the return of the medication, which will be documented on the *Medication Administration Record.*

D. Staff Assistance with Medications

1. Staff assistance occurs ***only*** when:

   a. The parents and healthcare provider have signed the *Medication Authorization for Pivot Charter School Students.*

   b. The staff member has volunteered and completed Pivot arranged medication training.

2. Volunteer staff training will take place at least annually.

3. Trained staff will verify that the name and birthdate of the student taking medication correspond with the name and birthdate listed on medication container, and give medications only as written by the healthcare provider.

E. Field Trips and Off-Site School Activities

1. Site Coordinator sends RN roster of students participating in field trip at least 5 weeks prior to an off-site activity.

2. RN reviews the student roster for potential medical needs.

3. RN notifies Program Director and Site Administrator of actual or potential medical needs by students.

4. RN notifies Site Coordinator, Site Administrator and Lead staff member on field trip of any medical plans and details of supplies needed.

5. Site Coordinator sends medical information and forms with Lead staff member on field trip (ex. DMMP, Medication Authorization for Pivot Charter Schools, Medication Administration Record, SIS Emergency Card, Documentation of Emergency Use of Epi-Pen form).

6. Lead staff member verifies necessary medications/supplies are available prior to departure.

    a. Lead staff on field trip may carry medication/supplies in a backpack or fanny pack, kept on his/her person at all times.

    b. Student with self-administration privileges may self-monitor and carry medications as indicated by their healthcare provider.

7. Medications taken during school hours must be documented on the Medication Administration Record (MAR).

8. Lead Staff on field trip must carry a cell phone with access to emergency services at all times.

F. Documentation of Medications Taken During School Hours

1. Use one *Medication Administration Record (MAR)* per student.

2. MARs are confidential and must be stored securely, where students may not access another student's information.

3. Site Coordinator fills out the student and medication details of the MAR upon receiving a completed *Medication Authorization for Pivot Charter School Students*, *Diabetic Medical Management Plan* and/or *Authorization for Student Self-Administration of Medication*.

4. Students authorized to self-administer will use the MAR to document their medication while at school and return the MAR to the Site Coordinator for storage in their student file.

5. Medications are documented in "real time" as they are taken.

6. Medications not authorized for self-administration or self-carry (controlled substances) must be documented on the MAR with a pill count and signed in and out by both the staff and the parent.

7. Discrepancies in a pill count will be escalated to the Site Administrator immediately, and if necessary to law enforcement (ex. Controlled substances).

G. Storage and Disposal of Medications

1. All medications, with exception of those a student has authorization to self-administer, must be kept in a locked storage cabinet accessible by staff *only*.

2. Parents are responsible for delivering and picking up medications, *unless* the student is authorized to self-administer and the medication is not a controlled substance. A *Medication Administration Record* must be signed (verifying the pill count) by the staff member accepting the medication and the parent sending the medication and again on return of the medication to the parent every time medication is exchanged.

2. Parents are responsible for disposing of their child's medication. This includes discontinued and expired medications.

3. All medications are returned directly to the parent at the end of the school year. If the parent/guardian does not pick up the medication within 30 days of documented notice the site coordinator will dispose of the medication by taking it to a local pharmacy, where the pharmacy shall sign our Medication Administration Record, verifying disposal.

4. Medications will not be flushed down the toilet or disposed of in the school trash.

5. Medications not authorized for self- administration, will **not** be sent home with the student, for the student's safety, the parent must pick it up.

H. Reporting Medication Errors

1. Any failure of medication to be taken by the student according to the written statement of the authorized health care provider, including the administration of **the wrong medication** or the **failure to administer medication**, must be reported immediately upon discovery to the:

a. site administrator
b. school nurse
c. parent or guardian

2. Medication errors are documented on the MAR along with the notification of the parent/guardian.

3. 911 will be called immediately in the case of an emergency and:

a. the Site Administrator will notify the health care provider
b. the Site Coordinator will prepare copies of the student's medical information including a copy of the MAR stating the type of medication error that occurred to give to Emergency Medical Services (EMS) providers.

4. Medication errors include:

a. Medication given to the **wrong student**
b. The **wrong medication** given to a student
c. The wrong medication **dose** taken by a student
d. Medication taken at the **wrong time**
e. Medication taken by way of a **wrong method or route**
f. Medication **omission**
g. **Medication dropped** on the floor and discarded (Discarded medication is recorded on the MAR and witnessed and signed by a second staff member.)

Medications – Process

A. Admission of Students Requiring Medication During School Hours

1. Request for medical history and medications sent with enrollment packet.

2. Site Coordinator will notify education team of medical condition in "New Student" or "Re-enrollment" email.

3. Site Coordinator will distribute and collect the appropriate medication forms (if there is no 504/IEP addressing medical condition).

4. Site Coordinator will scan forms to RN for review, places forms in student file.

5. Site Coordinator will update SIS Emergency Card.

6. RN will notify Site Coordinator of any needed/missing information, and attach forms to student file in SIS.

7. RN will notify assigned Educational Coordinator and Site Coordinator of student identity, medication requirements as needed.

8. Site Coordinator initiates student MAR, filling in medication details on top of form so it is ready for use, and distributes to appropriate.

9. Site Coordinator will ensure student access to personal MAR for students authorized to self-administer medications, and store them in secure location.

10. Site Coordinator collects MARs daily and stores them securely in the student's file.

B. Annual Renewal of Medical Information and Forms

1. Upon re-enrollment the Site Coordinator will re-distribute the medication related forms as applicable, at minimum annually prior to each new school year. (is this info requested in the re-enrollment packet?)

2. Site Coordinator distributes and collects new medication forms as they apply to that student.

3. Site Coordinator scans forms to RN for review.

4. RN reviews forms and SIS for completeness and update the Educational Coordinators of changes as needed. New forms scanned and attached to student file in SIS.

C. Allergies/Medical Conditions

1. Allergies and medical conditions that could result in a classroom emergency will be noted on the SIS Emergency Card by the Site Coordinator.

    a. Monthly meetings to update site staff regarding medical conditions
    b. RN to send quarterly reminder of medical conditions to Site
    c. New Student/Re-enrollment emails identify medical condition to appropriate staff
    d. Med-Allergy Roster available to appropriate staff

Medications – Forms

See Appendix D and Appendix E

Authorization for Medication for Pivot Charter School Students

Authorization for Student Self-Administration of Medication

MAR – Medication Administration Record

DMMP – Diabetic Medical Management Plan

Request for Glucagon Administration

Medication Administration Waiver (for parents/guardians who want to give medications at school)

Diabetes Management

To establish a protocol for identifying and safely managing students with diabetes.

Diabetes Type I, usually diagnosed in childhood or adolescence, is a chronic autoimmune disease that prevents the pancreas from producing insulin. Without insulin, glucose derived from the food we eat is unable to leave the bloodstream and enter the cells where it is needed to produce energy.

Diabetes Type II, commonly associated with adulthood, but currently increasing in younger populations, is defined by a resistance to the insulin produced or insufficient insulin.

Diabetes is a chronic, but manageable disease. Staff awareness of which students have diabetes and how they manage it will aide in efficiently responding to diabetic emergencies. Because Pivot recognizes diabetes management is highly individualized, diabetes care will be parent/physician driven.

Diabetes Management – General Information

A. Diabetes Management During School Hours

1. Prescription and parental consent for diabetes related medications required:

    a. Completed *Diabetic Medical Management Plan* (DMMP).

    b. If student expected to self-administer, complete and return the *Authorization for Student Self-Administration of Medication.*

    c. If a student requires staff assistance with their diabetes management it must be indicated in the DMMP.

    d. If parent would like glucagon administered in a hypoglycemic emergency, they must complete the *Request for Glucagon Administration.*

2. Students authorized for diabetes self-care may do so anywhere on campus.

3. When appropriate, the student's 504 or IEP will incorporate their diabetes care.

4. Parent/Guardian will supply medication/supplies for diabetes care and monitor the expiration dates on medications.

5. Documentation of blood sugars and actions taken: insulin injection and dose, snack, etc. will be noted on *Medication Administration Record* (MAR).

    a. If student authorized for self-care, they must document their medications on the MAR and return it to the Site Coordinator for storage in their file.

6. "Sharps" (ex. Lancets, needles) must be disposed of in a Sharps Container provided by the student or the resource center.

B. Emergency Glucagon Administration

1. Student must have a completed *Request for Glucagon Administration,* and a *Diabetic Medical Management Plan (DMMP*) specifying glucagon administration, signed annually.

2. Glucagon medication is provided by the student/parent, stored at room temperature, and located securely near the student it belongs to. Student's DMMP specifies the exact location of glucagon relative to student for quick access (ex. Red backpack, Pivot storage locker).

3. Site Coordinator updates the SIS Emergency Card and notifies the designated volunteer trained staff member of student identity, DMMP, and request for glucagon in an emergency.

4. Pivot submits annual request for volunteer staff members willing to undergo training per the Glucagon Training Standards for School Personnel.

5. Only volunteer staff trained to recognize the signs/symptoms of hypoglycemia and to administer glucagon may give this medication to a student who has requested it in an emergency.

6. Volunteer staff administering glucagon stays with the student, directs alternate staff member to call 911.

7. Site Coordinator provides emergency services with SIS Emergency Card and DMMP.

8. Site Administrator/Coordinator notifies the following of the hypoglycemic event and glucagon administration:

a. Parent or guardian designated as emergency contact

b. CEO - Jayna Gaskell

c. Program Director - Kareen Poulsen

e. RN

8. Volunteer staff member documents glucagon administration on the student's *Medication Administration Record* (MAR).

C. Field Trips and Off-Site School Activities

1. Management of each student's diabetes is individualized and outlined by their healthcare provider in the DMMP, including field trips.

2. RN will review student roster for field trip for potential student medical needs no less than 5 weeks prior to field trip to allow time to arrange for medically trained staff or nurse as needed.

3. Site Coordinator will send medical information and forms with Lead staff member on field trip (ex. DMMP, Medication Authorization for Pivot Charter Schools, Medication Administration Record, SIS Emergency Card, Documentation of Emergency Use of Epi-Pen form).

4. Lead Staff on field trip will verify necessary medications/supplies are available prior to departure

a. Lead staff on field trip may carry medication/supplies in a backpack or fanny pack, kept on his/her person at all times.

b. Student with self-administration privileges may self-monitor and carry medications as indicated by their healthcare provider.

5. Medications taken during school hours must be documented on the Medication Administration Record (MAR).

6. Lead Staff on field trip must carry a cell phone with access to emergency services at all times.

D. Emergency Preparedness

1. In case of a natural disaster or emergency requiring a student stay on campus longer than planned, it is recommended the parents supply an emergency kit that includes:

- Blood glucose meter, testing strips, lancets, and batteries for the meter
- Urine and/or blood ketone test strips and meter
- Insulin, syringes, and/or insulin pens and supplies
- Insulin pump and supplies, including syringes, pens, and insulin in case of pump failure (depending if the student uses a pump)
- Antiseptic wipes or wet wipes
- Quick-acting source of glucose
- Water
- Carbohydrate-containing snacks with protein
- Hypoglycemia treatment supplies (enough for three episodes): quick-acting glucose and carbohydrate snacks with protein
- Glucagon emergency kit

Stocking this kit and ensuring the supplies/medications aren't expired is the responsibility of the parent/guardian.

2. Upon enrollment and/or beginning of school year, the Site Coordinators will send the *DM Emergency Supply Letter* to parents of diabetic students recommending the above supplies.

Diabetes Management – Process

A. Admission of A Diabetic Student

1. Request for medical history and medications in enrollment packet.

2. Site Coordinator will notify education team of medical condition in "New Student" email

3. Site Coordinator will distribute and collect the following forms:

a. *Diabetic Medical Management Plan*
b. *Request for Glucagon Administration*
c. *DM Emergency Supply Letter*

4. Site Coordinator will scan forms to RN for review, places forms in student file.

5. Site Coordinator will update SIS Emergency Card.

6. RN will notify Site Coordinator of any needed/missing information, and scan forms attaching them to student file in SIS.

7. RN will notify assigned Educational Coordinator of student identity, medication requirements.

8. Site Coordinator initiates student MAR, filling in medication details on top of form so it is ready for use, and distributes to appropriate student (if self-administering).

9. Educational Coordinator will ensure student access to personal MAR for students authorized to self-administer medications, and store them in secure location.

10. Site Coordinator collects MARs daily and stores them securely in the student's file.

B. Annual Renewal of Medical Information and Forms

1. Upon re-enrollment the Site Coordinator will re-distribute the medication related forms as applicable, at minimum annually prior to each new school year.

2. Site Coordinator distributes and collects new:

   a. *DMMP*
   b. *Request for Glucagon Administration*

3. Site Coordinator scans forms to RN for review.

4. RN reviews forms and SIS for completeness and update the Educational Coordinators of changes as needed.

Diabetes Management - Glossary

DMMP: Diabetic Medical Management Plan – ADA recommended form signed by healthcare provider and parent outlining diabetes management.

Glucagon – a naturally occurring hormone produced by the pancreas to increase blood sugar. Glucagon injections can be given intramuscularly in a hypoglycemic emergency to raise blood sugar quickly.

Hypoglycemia – blood sugar below a target range that can result in identifiable signs/symptoms (ex. Fatigue, irritability, change in consciousness, clammy skin, shakiness). Low blood sugar can result from too much insulin, a change in diet, increase in activity, illness, or no apparent reason.

Diabetes Management – Forms

Authorization for Medication for Pivot Charter School Students

Authorization for Student Self-Administration of Medication

MAR – Medication Administration Record

DMMP – Diabetic Medical Management Plan

Request for Glucagon Administration

DM Emergency Supply Letter

Medication Administration Waiver (for parents/guardians who want to give medications at school)

EpiPens

Pivot Charter School shall comply with Education Code Section 49414, as amended by SB 1266, requiring schools to provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered, and provides that school nurses or trained personnel who have volunteered may use epinephrine auto-injectors to provide emergency aid to persons suffering or reasonably believed to be suffering from an anaphylactic reaction.

Pivot Charter School stocks 2 adult Epi-pens and 2 junior Epi-pens in a well-marked room-temperature unlocked but secure location. Pivot Charter School Riverside has a yellow storage cabinet mounted to the wall centrally located in the staff room.

Annually all staff read and sign the Epi-Pen Request Letter (they have the option to volunteer or decline). For each staff member who volunteers to use the Epi-Pens in an emergency an Epi-Pen Administrator will collect the following information and **place in the red Epi-Pen binder**:

A. Completed annual Epi-Pen training provided by Pivot Charter Schools

B. Signed copy of the Epi-Pen Volunteer Request Letter

C. Signed copy of the "4. Acknowledgement of Training Standards for the Administration of Epinephrine Auto-Injectors, Training Video & CPR"

D. Copy of CPR Certification

Head Lice

Pivot Charter School has established protocols for identifying and responding to the occurrence of head lice on campus, as well as notification procedures and educational materials for families and staff.

Head Lice - General Information

A. Identification:

- Head lice are small insects that live in people's hair and feed on their blood. Lice glue their eggs, or "nits," to hair so that the nits do not get brushed off
- Nits may appear yellowish or white, and can look similar to dandruff
- Nymphs, or baby lice, are smaller and grow to adult size in one to two weeks
- Adult lice are the size of a sesame seed and tan to grayish-white
- They are most commonly found behind the ears and near the neckline at the back of the head

Lice die quickly away from scalp, within 2 days.

Lice are not dangerous; they do not spread disease. 

B. Spread of Lice:

a. They move by crawling, they cannot jump or fly
b. Can spread by sharing combs, hats, clothing, barrettes, helmets, scarves, headphones, towels, or other personal items
c. Much more likely to be spread by family members and playmates than classmates at school

C. Treatment:

a. CDPH recommends a combination of a topical treatment (over-the-counter or prescription as recommended by the students Health Care Provider) **AND** nit combing.

b. Treatment of home environment: bedding/linens should be washed in hot water, pillows placed in dryer for 20min., carpets vacuumed. Combs, brushes, picks can be soaked in hot water (>130 degrees F) for 5-10min.

**Reasons treatment may fail or appear to:

- Head lice are resistant to some head lice shampoos
- Dandruff, styling products are mistakenly identified as lice
- Reinfestation
- Inadequate treatment (used too little product)
- Insufficient time for treatment to work (may take 8-12 hours for lice to die after treatment)

Head Lice – Process

A. Identification of Lice on Campus:

a. Allow student to finish school day.

b. Discreetly ensure students personal belongings (those that could spread lice ex. hats, scarves) are isolated from other student belongings.

c. Notify parents at end of the school day by phone/in person of suspected head lice.

d. Give parents: A Parent's Guide to Head Lice, the "Head Lice 101" brochure, *and* Letter to Parents RE Lice (all located in Drive in the Head Lice Folder).

e. Parents to "treat" child overnight. Additionally, all the family members should be checked for lice at home.

***Caution should be taken not to embarrass/shame student or parents. Head lice in NOT a reflection of hygiene and/or cleanliness.

B. Classroom Surveillance/Treatment:

a. Carpet should be vacuumed daily until no students have lice.

b. If present, material items such as pillows should be placed in a dryer and run on hot for 20min. or sealed in a plastic bag for 2 weeks.

C. Return to Campus After Identification of Head Lice:

As recommended by the American Academy of Pediatrics (AAP), Centers for Disease Control (CDC), and California Department of Public Health (CDPH), **Pivot Charter Schools follow the "No Lice" policy for return to school**. Previously institutions subscribed to a "No Nit" policy, however there is no evidence to support keeping children off campus until there are no nits present. Given that there are no adult lice found, the student may return.

- Child should be rechecked for lice. If adult lice are still present, the parents should be contacted and child re-treated. If no lice are observed, student may continue class. Always wear medical gloves when checking.

D. Notification of General Student Population:

Classroom or school-wide notification is not recommended after head lice are detected in a student.

E. Chronic Cases:

a. Defined: head lice for 6 consecutive weeks or in 3 separate months of the school year.

b. Notify Program Director and Director of Operations for assessment of school attendance. Per recommendation by CDPH, as chronic cases may indicate other family or socioeconomic problems.

c. Directors to involve Executive Director, RN, local health department, social services, and other appropriate individuals *as needed* to identify and resolve family problems that may contribute to chronic infestation and school attendance.

Pertussis (Whooping Cough)

Pivot Charter School Riverside has established a protocol for identifying and responding to the occurrence of Pertussis (whooping cough) on campus.

Pertussis, also known as whooping cough, is a high contagious bacterial disease spread by coughing/sneezing. Infants too young for vaccination are at greatest risk of life-threatening cases of pertussis. Whooping cough causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep, complications can result in hospitalization or even death. California requires Dtap/Tdap vaccinations to protect individuals from this preventable disease.

A. Identification:

- Early signs/symptoms are similar to common cold: runny nose, occasional cough, low-grade fever
- Later sign/symptoms:
  - episode of severe coughing fits
  - coughing episode may be followed by characteristic high-pitched “whoop” sound
  - intense coughing that results in vomiting
- Whooping cough infection can last for weeks to months
- Diagnosis: signs/symptoms, laboratory testing of mucous, blood test

***Due to resemblance to the common cold, most cases aren’t identified until severe symptoms are present.

B. Spread of Infection:

- Whooping cough is spread through the air by droplets produced coughing/sneezing
- May also spread through touching secretions from infected person’s mouth/nose followed by touching one’s own eyes, nose or mouth
- Incubation period is 4-21 days, usually 7-10 days, from exposure to appearance of symptoms
- Infected people are most contagious up to about 2 weeks after the cough begins
- Individuals receiving antibiotics for treatment are still contagious until 5 days of antibiotics are completed

C. Prevention

1. Vaccinations for school age children:

4-6 Years Old	7-17 Years Old	7th grade*
5 doses of DtaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	**4 doses of DtaP, DTP, DT, Tdap, or Td** (3 doses OK if last dose was given on after 2nd birthday. At least one dose must be Tdap or DtaP/DTP given on or after 7th birthday for all 7th-12th graders).	**1 dose of Tdap** (or DTP/DtaP given on or after the 7th birthday)

2. Vaccination highly recommended for pregnant women AND adults in close contact with infants - see Healthcare Provider for specific recommendation.
3. Vaccination does not provide 100% protection, individuals may still become infected, antibiotics may shorten duration and/or lessen severity illness.
4. Hand hygiene critical to preventing most communicable diseases.
5. Cough/sneeze etiquette (into elbow or tissue, followed by handwashing).

D. Treatment

1. Antibiotics are prescribed, ordered dose must be completed. Antibiotics may not lessen symptoms, but will lessen time individual is contagious.
2. Antibiotics not typically given to individuals with a cough present for >21 days

Pertussis (Whooping Cough)

A. Identification/Notification of Pertussis Exposure:

1. Parent call notifying campus a student was diagnosed with pertussis:
   a. Child excluded from campus (see C. Exclusion/Return to Campus)
   b. Notify Regional Director, Program Director, RN of pertussis occurrence
   c. Regional Director/RN to contact the local health department
   d. Site Coordinator to send "Letter to Parents RE Pertussis Exposure" home to students who may have had contact with the sick student
   e. Regional Director/Site Coordinator to send out "Letter to Staff RE Pertussis Exposure"

2. Community occurrence of pertussis:
   a. Site Coordinator to send "Community Exposure Letter to Parents RE Pertussis" to all students in the community affected. Letter serves to limit outbreak by alerting parents to the signs/symptoms to watch for, assisting in early detection and treatment.

Local Health Department by Site: Health Department will direct site/staff with specific plan dependent on severity of outbreak and demographics of individuals exposed.

San Diego County Public Health Department: (866) 358-2966
Riverside County Public Health, Communicable Disease Program: (951) 358-5107
Sonoma County Communicable Disease Control: (707) 565-4567
Butte County Health Department, Communicable Disease: (530) 538-2840

B. Classroom Surveillance/Treatment:

Regular classroom cleaning/maintenance, disinfectant of high-touch surfaces (keyboards, desks)

C. Exclusion/Return to Campus After Identification of Pertussis:

Student excluded from campus until a minimum of 5 days of the appropriate antibiotics completed, determined by their Healthcare Provider
If student not treated with 5 days of antibiotics, exclusion should be for 21 days after the cough onset
If there is a high index of suspicion that the person has pertussis, exclude until 5 days of antibiotics are completed or until the laboratory test comes back negative

D. Notification of General Student Population:

Student diagnosed send → "Letter to Parents RE Pertussis Exposure," and "Letter to Staff RE Pertussis Exposure" to the campus affected
Individual or outbreak in community send → "Community Exposure Letter to Parents RE Pertussis" to the students of the community affected

Varicella (Chickenpox)

Pivot Charter School established protocols for identifying and responding to the occurrence of chickenpox on campus.

Varicella is a *preventable,* communicable disease. Although generally harmless in children, varicella can lead to severe skin infections, scars, pneumonia, brain damage, or death. Those at highest risk for serious complications are pregnant women, infants, immunocompromised persons, and individuals older than 13 years.

A. Identification:

- Maculo-papularvesicular rash that itches
- In children: rash usually first sign
- In adults: may have fever & malaise for 1-2 days prior to onset of rash
- 200-250 lesions, generally appearing first on the head, then trunk, then extremities and concentrated on trunk
- Breakthrough varicella in vaccinated person, generally milder with <50 lesions

B. Spread of Varicella:

- Varicella-zoster virus spread person to person through the air, or by contact with fluid from the blisters
- Infectious period: from 1-2 days before rash onset and continuing until all lesions are crusted (~5 days)
- Incubation period: 10-21 days from exposure to rash onset (usually 10-16 days)

C. Prevention:

1. CDPH recommends: 2 doses of varicella vaccine in those who are unvaccinated or have not had the disease

4-6 Years Old	**7-17 Years Old**	**7th grade***
1 dose	**1 dose** for ages 7-12 years **2 doses** for ages 13-17 years	(age dependent)

D. Treatment:

- Recommended only in immunocompromised and pregnant persons without evidence of immunity and in certain cases for newborn infants as determined by a Healthcare Provider
- Calamine lotion and oatmeal baths may provide relief from itching

Varicella (Chickenpox) - Process

A. Identification or Report of Varicella:

1. Student isolated and sent home immediately, or if reported, not allowed to come back to campus until lesions are crusted over.
2. Educational Coordinator notifies RN, Program Director, and Regional Director of student with suspected varicella.
3. Educational Coordinator recommends student see Healthcare Provider for confirmation of varicella.
4. Education Coordinator to work with Regional Director to notify parents/staff who may have been exposed with the following documents located in Google Drive, Varicella Folder:
    - Letter to Parent RE Chickenpox Exposure
    - CDC – Chickenpox and the Vaccine to Prevent It
5. RN utilizes Varicella Report Form (Google Drive, Varicella Folder) to list the staff and students with immediate exposure for review of vaccination status and potential risk.
6. RN to maintain list of exposed persons for tracking of cluster/outbreak.
7. For $\geq$ 5 cases see **E. Outbreak Control.**

B. Classroom Surveillance/Treatment:

Routine classroom surface cleaning sufficient.

C. Return to Campus After Varicella Infection:

- Infected individuals cannot return to campus until all lesions are crusted over (usually about 5 days)
- Breakthrough varicella cases may not develop lesions that crust, these individuals should not return until no new lesions appear within a 24-hour period

D. Varicella Outbreak Defined:

- Varicella cluster = 2-4 cases, reporting to health department is optional
- Varicella outbreak = $\geq$ 5 varicella cases that are related in a place and epidemiologically linked and reportable to the local health department
- In the case of an outbreak: affected individuals may be contacted by the Health Department for laboratory testing to confirm varicella

E. Outbreak Control

1. RN contacts local Health Department.
2. RN to assist site with collecting information requested by Health Department, utilizing Varicella Report Form.
3. Health Department will direct site/staff with specific plan dependent on severity of outbreak and demographics of individuals exposed.

- San Diego County Public Health Department: (866) 358-2966
- Riverside County Public Health, Communicable Disease Program: (951) 358-5107
- Sonoma County Communicable Disease Control: (707) 565-4567
- Butte County Health Department, Communicable Disease: (530) 538-2840

F. Notification of General Student Population:

- Same day notification of initial case by Letter to Parent RE Chickenpox Exposure (in Google Drive), sent only to those immediately affected (ex. staff and students on-site exposed to infected person)
- School wide notification by letter may be indicated in the case of an actual outbreak, at discretion of Executive Director/Program Director.

Health Class

All students taking Physical Education A, includes curriculum about Health including Sexual Health. Families are informed about the content of the course, and can choose to opt out of Sexual Education lessons by notifying their EC. Students will be excused from those lessons, and given alternate assignments.

Drug Free / Alcohol Free/ Smoke Free Environment

The school maintains a drug, alcohol, and smoke free environment. In addition to staff training, resources and policies, each school has visible signs posted.

Facility Safety

Pivot Charter School shall comply with Education Code Section 47610 by either utilizing facilities that are compliant with the Field Act or facilities that are compliant with the California Building Standards Code. Pivot Charter School agrees to test sprinkler systems, fire extinguishers, and fire alarms annually at its facilities to ensure that they are maintained in an operable condition at all times. Pivot Charter School shall conduct fire drills as required under Education Code Section 32001.

Comprehensive Anti-Discrimination and Harassment Policies and Procedures

Pivot Charter School is committed to providing a school that is free from discrimination and sexual harassment, as well as any harassment based upon the actual or perceived characteristics of race, religion, creed, color, gender, gender identity, gender expression, nationality, national origin, ancestry, ethnic group identification, genetic information, age, medical condition, marital status, sexual orientation, pregnancy, physical or mental disability, childbirth or related medical conditions, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics, or any other basis protected by federal, state, local law, ordinance or regulation. Pivot Charter School has developed a comprehensive policy to prevent and immediately remediate any concerns about discrimination or harassment at the school (including employee to employee, employee to student, and student to employee misconduct). Misconduct of this nature is very serious and will be addressed in accordance with Pivot Charter School's discrimination and harassment policies.

Title IX Coordinator

Pivot Charter School adheres to Education Code 221.5-231.5, collectively known as the Sex Equity in Education Act including that all persons, regardless of their gender should enjoy freedom from discrimination of any kind in the educational institution. These laws expand upon gender equity and Title IX laws. Additionally, Pivot Charter School will comply with Education Code 221.61 and post the name and contact information of the Title IX Coordinator, rights of students, rights and responsibilities of the public school, information and weblinks to the Office for Equal Opportunity and US Dept. of Education's Office for Civil Rights, and a description on how to file a complaint to their website.

Discipline

Pivot Charter School believe in maintaining a safe environment for all students and staff. To support that goal, the staff maintains and reminds students of standard site rules. Additionally, there are stricter guidelines for behavior that are a potential safety or health dangers for themselves, students and staff.

Grounds for Suspension and Expulsion of Students

A student may be suspended or expelled for prohibited misconduct if the act 1) is related to school activity, 2) occurs at the charter school or at any other school, or 3) is at a charter school sponsored event. A pupil may be suspended or expelled for acts that are enumerated below and related to school activity or attendance that occur at any time, including, but not limited to, any of the following:

- while on school grounds;
- while going to or coming from school;
- during the lunch period, whether on or off the resource center; or
- during, going to, or coming from a school-sponsored activity.

Suspension Offenses

Discretionary Suspension Offenses

A student may be suspended when it is determined that the pupil did for any of the following acts:

- Caused, attempted to cause, or threatened to cause physical injury to another person.
- Willfully used force of violence upon the person of another, except self-defense.
- Unlawfully possessed, used, sold or otherwise furnished, or was under the influence of any controlled substance, as defined in Health and Safety Code 11053-11058, alcoholic beverage, or intoxicant of any kind.
- Unlawfully offered, arranged, or negotiated to sell any controlled substance as defined in Health and Safety Code 11053-11058, alcoholic beverage or intoxicant of any kind, and then sold, delivered or otherwise furnished to any person another liquid substance or material and represented same as controlled substance, alcoholic beverage or intoxicant.
- Committed or attempted to commit robbery or extortion.
- Caused or attempted to cause damage to school property or private property.
- Stole or attempted to steal school property or private property.
- Possessed or used tobacco or products containing tobacco or nicotine products, including but not limited to cigars, cigarettes, miniature cigars, clove cigarettes, smokeless tobacco, snuff, chew packets and betel. This section does not prohibit the use of a pupil's own prescription products.
- Committed an obscene act or engaged in habitual profanity or vulgarity.
- Unlawfully possessed or unlawfully offered, arranged, or negotiated to sell any drug paraphernalia, as defined in Health and Safety Code 11014.5.
- Disrupted school activities or otherwise willfully defied the valid authority of supervisors, teachers, administrators, other school officials, or other school personnel engaged in the performance of their duties.
- Knowingly received stolen school property or private property.
- Possessed an imitation firearm, i.e., a replica of a firearm that is so substantially similar in physical properties to an existing firearm as to lead a reasonable person to conclude that the replica is a firearm.

- Committed or attempted to commit a sexual assault as defined in Penal code 261, 266c, 286, 288, 288a or 289, or committed a sexual battery as defined in Penal Code 243.4.

- Harassed, threatened, or intimidated a student who is a complaining witness or witness in a school disciplinary proceeding for the purpose of preventing that student from being a witness and/or retaliating against that student for being a witness.

- Unlawfully offered, arranged to sell, negotiated to sell, or sold the prescription drug Soma.

- Engaged in, or attempted to engage in hazing. For the purposes of this subdivision, “hazing” means a method of initiation or pre-initiation into a pupil organization or body, whether or not the organization or body is officially recognized by an educational institution, which is likely to cause serious bodily injury or personal degradation or disgrace resulting in physical or mental harm to a former, current, or prospective pupil. For purposes of this section, “hazing” does not include athletic events or school-sanctioned events.

- Made terrorist threats against school officials and/or school property. For purposes of this section, "terroristic threat" shall include any statement, whether written or oral, by a person who willfully threatens to commit a crime which will result in death, great bodily injury to another person, or property damage in excess of one thousand dollars ($1,000), with the specific intent that the statement is to be taken as a threat, even if there is no intent of actually carrying it out, which, on its face and under the circumstances in which it is made, is so unequivocal, unconditional, immediate, and specific as to convey to the person threatened, a gravity of purpose and an immediate prospect of execution of the threat, and thereby causes that person reasonably to be in sustained fear for his or her own safety or for his or her immediate family's safety, or for the protection of school property, or the personal property of the person threatened or his or her immediate family.

- Committed sexual harassment, as defined in Education Code Section 212.5. For the purposes of this section, the conduct described in Section 212.5 must be considered by a reasonable person of the same gender as the victim to be sufficiently severe or pervasive to have a negative impact upon the individual's academic performance or to create an intimidating, hostile, or offensive educational environment. This section shall apply to pupils in any of grades four to 12, inclusive.

- Caused, attempted to cause, threaten to cause or participated in an act of hate violence, as defined in subdivision (e) of Section 233 of the Education Code. This section shall apply to pupils in any of grades four to 12, inclusive.

- Intentionally harassed, threatened or intimidated a student or group of students to the extent of having the actual and reasonably expected effect of materially disrupting class work, creating substantial disorder and invading student rights by creating an intimidating or hostile educational environment. This section shall apply to pupils in any of grades four to 12, inclusive.

- Engaged in an act of bullying, including, but not limited to, bullying committed by means of an electronic act, as defined in subdivisions (f) and (g) of Section 32261 of the Education Code, directed specifically toward a pupil or school personnel.

- Aided or abetted, as defined in Section 31 of the Penal Code, the infliction or attempted infliction of physical injury to another person may be subject to suspension, but not expulsion, except that a pupil who has been adjudged by a juvenile court to have committed, as an aider and abettor, a crime of physical violence in which the victim suffered great bodily injury or serious bodily injury shall be subject to discipline pursuant to subdivision (1).

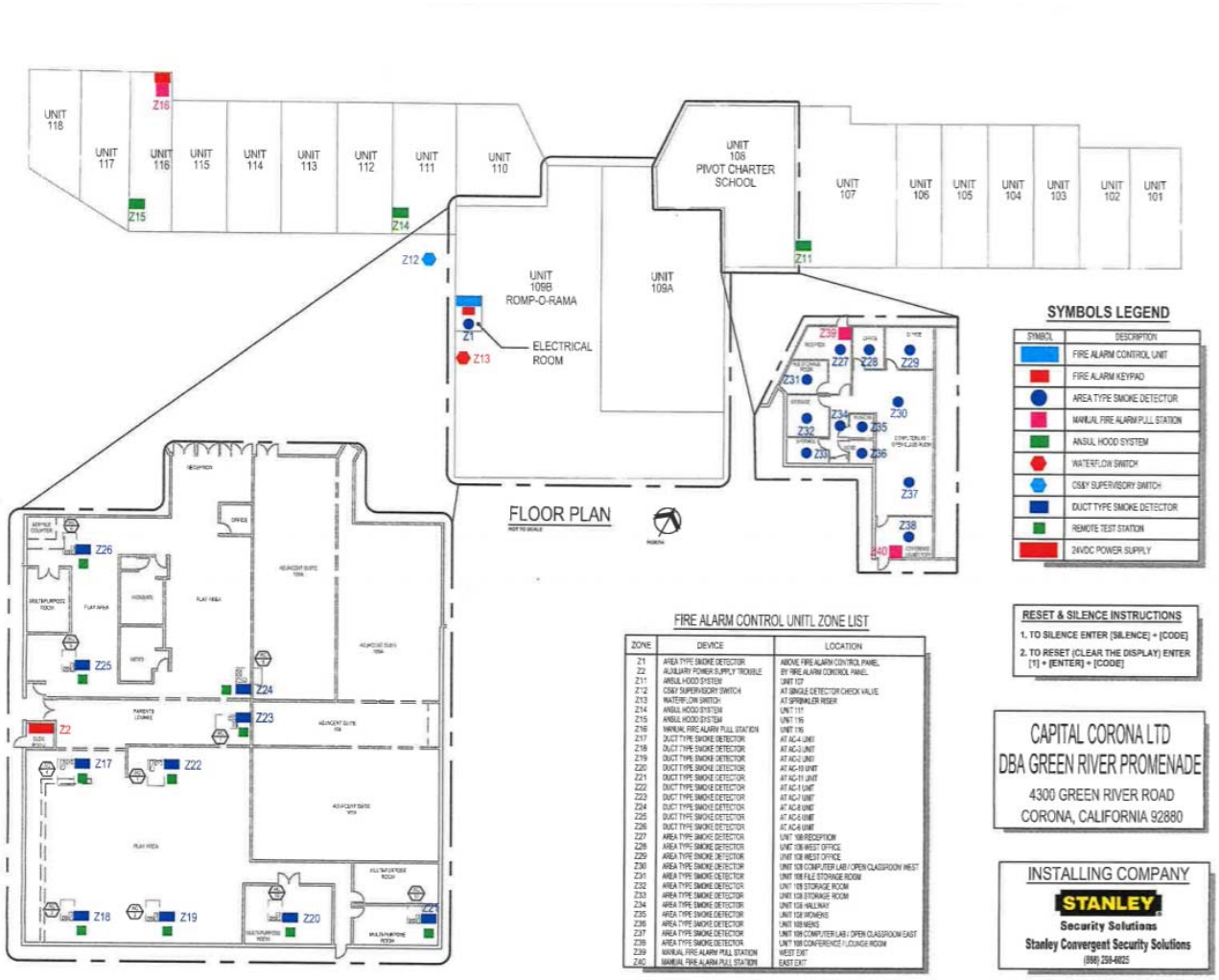
Non- Discretionary Suspension Offenses

Students must be suspended and recommended for expulsion if a pupil engaged in any of the following acts:

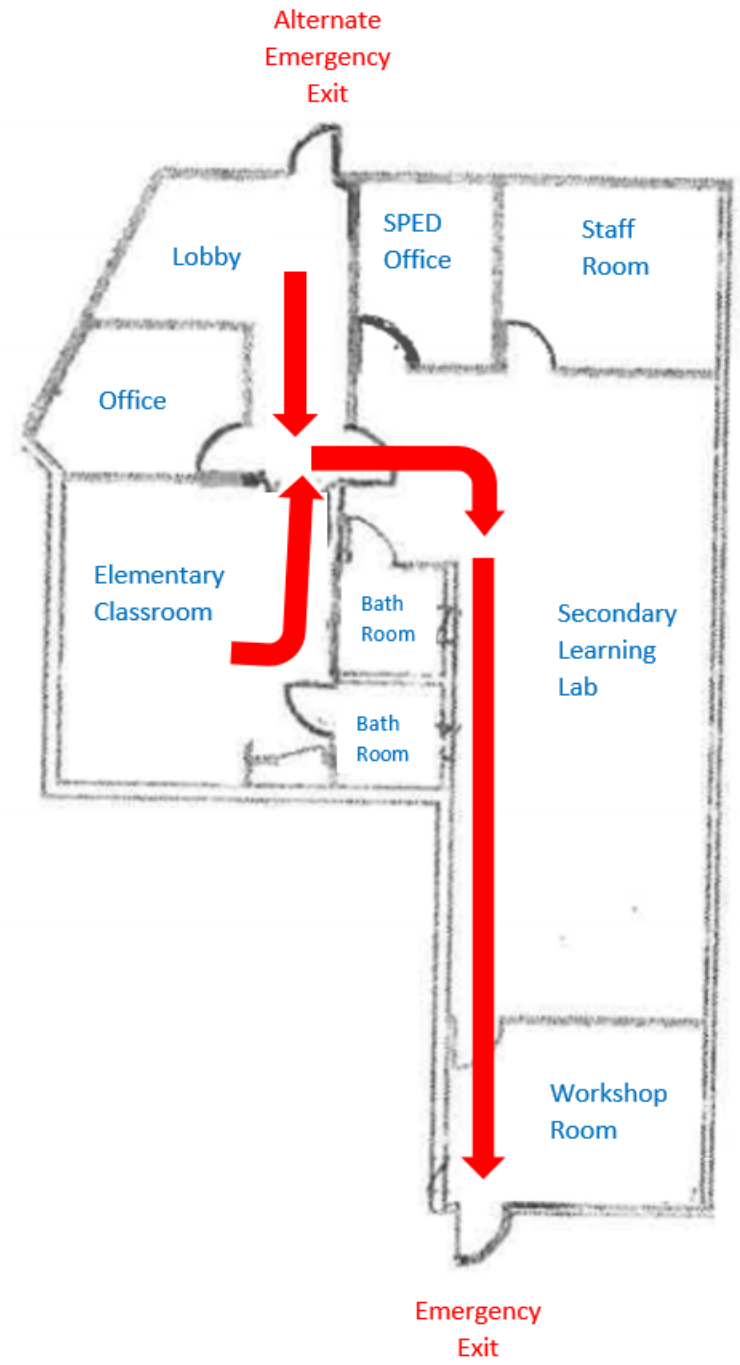
- Possessed, sold, or otherwise furnished any firearm, knife, explosive, or other dangerous object unless, in the case of possession of any object of this type, the students had obtained written permission to possess the item from a certificated school employee, with the principal or designee's concurrence.

APPENDIX A – SAFETY DETAIL DOCUMENTS

Building Complex Floorplan with Pivot Charter School Riverside Labeled

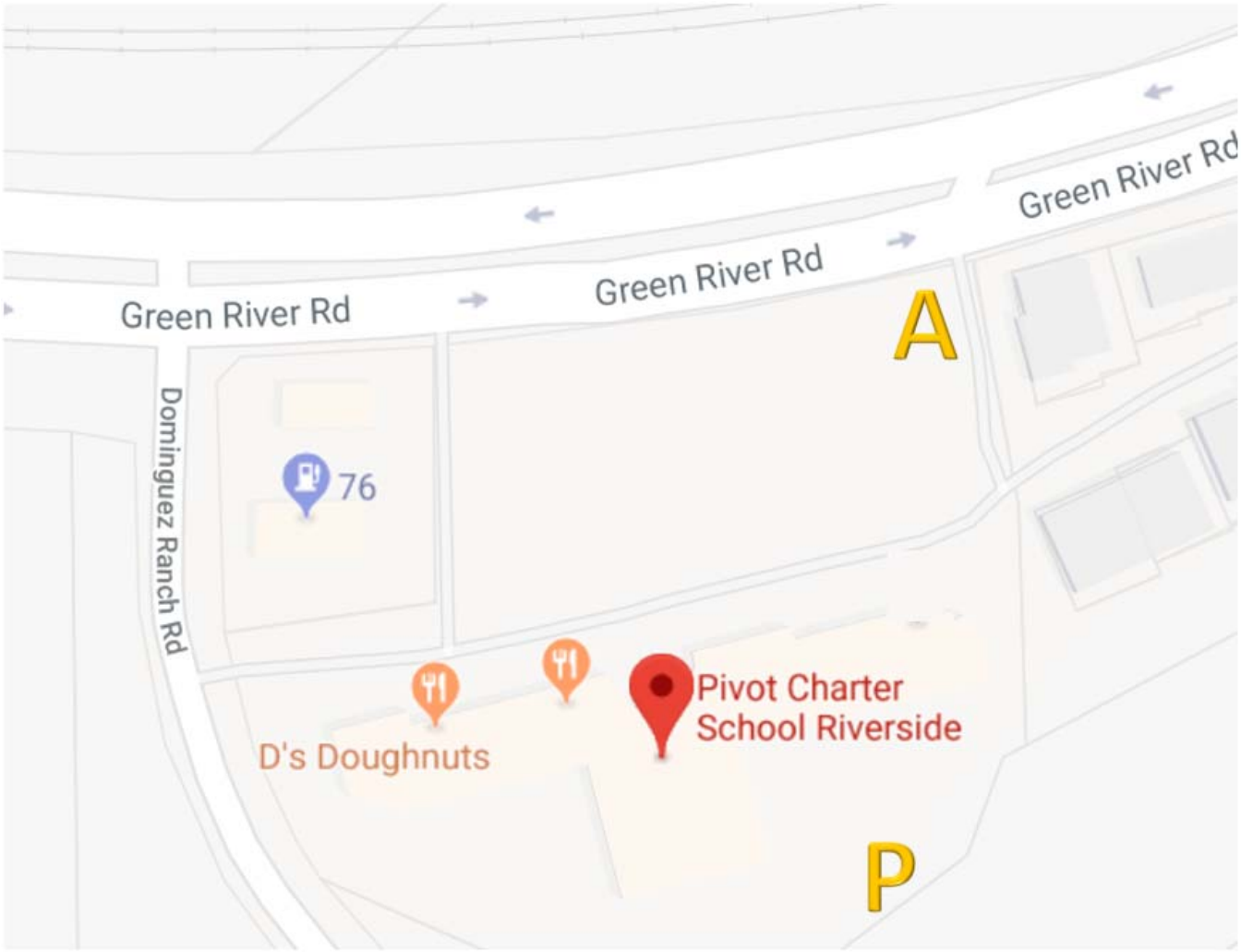


School Floorplan with Emergency Exits



Evacuation Areas – Primary and Alternate

The Primary Evacuation Area is where students and staff will gather in a Code Red or Code Yellow Emergency Evacuation, and is labeled by the letter "P" on the map below. There could be an instance, where it would be safer to gather further from the school building during a Code Red or a Code Yellow Emergency Evacuation. This Alternate Evacuation Area is labeled with the letter "A" on the map below.



Emergency Drill Log

Regional Director will keep records of required monthly emergency preparedness drills with the log below.

Date	Drill Type	Staff Present	Notes

Emergency Backpack Contents

One backpack located in Elementary Room behind teacher's desk, One backpack located in High School closet next to main exit.

Contains:
6 water pouches - 4.227 oz. each
2 emergency blankets
1 tissue pack
30 wet wipes
1 notepad
1 pen
1 flashlight with batteries
3 light sticks
1 marking crayon
1 whistle
1 pair of leather palm gloves
1 Hi-Vis safety vest
1 utility bar - 15"

Plus First Aid Kit:
2 ice packs
34 adhesive bandages
5 gauze pads
1 gauze roll
1 adhesive tape
1 pair vinyl gloves

Classroom Lockdown Kit

One lockdown kit located in High School closet next to main exit.

Our emergency classroom kit is a 5-gallon bucket with toilet seat lid that contains the following:

1 portable toilet in 5-gallon bucket
1 toilet paper roll
100 wet wipes
25 waste bags
1 duct tape
10 pair vinyl gloves
1 blue poly tarp - 5' x 7'
1 bag cat litter - 4 1/2 lbs.

Field Trip First Aid Kit

One located in Middle School classroom cabinets.

Description

Contains the necessary first aid products to aid in a critical situation. For teachers and yard supervisors. Provides first aid protection for field trips and playgrounds. Durable 3-pocket nylon fannypack kit can be easily carried for immediate access in case of an emergency.

Contains:
1 gauze roll
4 antibiotic ointment
1 lister bandage scissor
2 pair vinyl gloves
4 gauze pads
6 antiseptic wipes
1 tweezer
1 cold pack
1 adhesive tape
5 butterfly closures
1 tissue pack
12 assorted adhesive bandages
2 antimicrobial towelettes

APPENDIX B – STAFF CONTACT LISTS

Pivot Riverside Onsite Staff List – Alphabetical

First	Last	Title	Site phone	Cell phone	Email
Bill	Calleja	Site Coordinator	951-280-0229	707-363-2871	bcalleja@pivotcharter.org
Stan	Chang	Educational Coordinator	951-280-0229	606-232-2261	schang@pivotcharter.org
Donna	Choo	School Psychologist	951-280-0229	949-246-2850	dchoo@pivotcharter.org
Jon	Fouse	Educational Coordinator	951-280-0229	949-235-4115	jfouse@pivotcharter.org
Brandon	Gragnano	Educational Coordinator	951-280-0229	949-735-4988	bgragnano@pivotcharter.org
Craig	Hobart	Regional Director	951-280-0229 or 760-591-0217	760-566-6805	chobart@pivotcharter.org
Gus	Munoz	Educational Coordinator	951-280-0229	714-357-0639	gmunoz@pivotcharter.org
Cassidee	Platner	Educational Coordinator	951-280-0229	909-957-1286	cplatner@pivotcharter.org
Brooke	Van Arsdale	Education Specialist	951-280-0229	828-215-0461	bvanarsdale@pivotcharter.org
Sara	Zitney	Educational Coordinator	951-280-0229	909-967-5017	szitney@pivotcharter.org

Pivot Riverside Emergency Contact List

Executive Director:	Jayna Gaskell	530-906-0658 mobile	530-550-7616 office
Chief Business Officer:	Elizabeth Jones	530-433-9141 mobile	530-433-9141 mobile
Program Director:	Kareen Poulsen	707-483-5683 mobile	707-843-4676 office
Regional Director:	Craig Hobart	760-212-6727 mobile	951-280-0229 or 760-591-0217
Counselor:	Sarah Golden	231-392-4278 mobile	951-280-0229 office

Pivot Charter School – All Site Staff Alphabetical List

First	Last	Title	Site phone	Cell phone	Email
Robert	Brier	Virtual/Ed. Coordinator	760-591-0217	818-401-3534	rbrier@pivotcharter.org
Julianne	Cochran	Grader		619-823-7082	jcochran@pivotcharter.org
Meghan	Coffey	Curriculum Coordinator	707-843-4676	707-480-7908	mcoffey@pivotcharter.org
Brittany	Daugherty	Director of Human Resources	530-636-4362	530-513-1983	bdaugherty@pivotcharter.org
Barbara	Felix	Special Education Admin. Assist.	707-843-4676	707-889-4916	bfelix@pivotcharter.org
Jayna	Gaskell	Executive Director		530-550-7616	jgaskell@pivotcharter.org
Sarah	Golden	Counselor	951-280-0229	231-392-4278	sgolden@pivotcharter.org
Rachel	Gonzalez	Director of Operations		530-635-3055	rgonzalez@pivotcharter.org
Mary	Hanson	Grader		619-244-3291	mhanson@pivotcharter.org
Lila	Henderson	Assessment Coordinator	707-843-4676	831-524-1724	lhenderson@pivotcharter.org
Elizabeth	Jones	Chief Business Officer		530-433-9141	ejones@pivotcharter.org
Danielle	Kappenman	Student Records Coordinator	530-636-4479	916-626-2964	dkappenman@pivotcharter.org
Joshua	Lewis	Education Specialist	707-843-4676	559-786-8884	jlewis@pivotcharter.org
Shannon	Mallory	Registrar	530-636-4479	530-514-8369	smallory@pivotcharter.org
Andria	McNamee	School Nurse		530-370-6444	amcnamee@pivotcharter.org
Geri	Ott	School Nurse		707-536-5730	gott@pivotcharter.org
Colleen	Pescatore	Special Projects Coordinator		858-663-7834	cpescatore@pivotcharter.org
Kareen	Poulsen	Program Director	707-843-4676	707-483-5683	kpoulsen@pivotcharter.org
Resa	Sitler	Grader		805-791-0508	rsitler@pivotcharter.org
Cindy	Spencer	Administrative Assistant and Accounts Payble Clerk		916-547-9722	cspencer@pivotcharter.org
Lindsey	Vining	Systems & Accountibility Coordinator	760-591-0217	949-280-1864	lvining@pivotcharter.org
Tracy	Williams	Director of Special Education	760-591-0217	530-356-3631	twilliams@pivotcharter.org
Joanna	Yoels	Grader		510-860-6586	jyoels@pivotcharter.org

APPENDIX C – IMMUNIZATION DOCUMENTS

Notice of Immunizations Needed

NOTICE OF IMMUNIZATIONS NEEDED

Dear Parent/Guardian of: _____

Our records show that your child needs the following immunization(s) to meet the requirements of the California School Immunization Law, Health and Safety Code Sections 120325-120375:

VACCINE	MISSING DOSE(S) MARKED BELOW:
POLIO	☐#1 ☐#2 ☐#3 ☐#4
DTaP (Tdap or Td if age 7 years or older.)	☐#1 ☐#2 ☐#3 ☐#4 ☐#5
MMR	☐#1 ☐#2
HIB (child care/preschool only)	☐#1 ☐#2 ☐#3 ☐#4
HEPATITIS B	☐#1 ☐#2 ☐#3
VARICELLA (chickenpox)	☐#1 ☐#2
Tdap (for 7th–12th grade)	☐#1

YOU NEED TO DO ONE OR MORE OF THE FOLLOWING IMMEDIATELY:

1. If your child has already received all of these immunizations marked above, bring us the immunization record so that we can update our files. Your child's record must include a date for the immunizations checked above and the doctor's signature or stamp.

2. If your child hasn't already received all of the immunizations marked above, bring this form along with your child's immunization record to your doctor or local health department to get the immunization(s) marked above. Bring us your child's updated immunization record. after every immunization visit until all of the required immunizations have been received.

3. If any of these immunizations were not given to your child because of medical reasons, please bring us a letter from your doctor (licensed physician).

Please provide evidence that you have met this requirement as soon as possible. We will be checking the files again upon re-enrollment for the 2017-18 school year. Students missing any of the above vaccinations will not be able to attend the resource center program, attend field trips and Fun Fridays or meet with any staff, face to face, regularly.

If your child has not had the second dose of Varicella (chickenpox vaccine) because they acquired chickenpox, please verify by signing below.

Parent/Guardian Signature: _____ Date:_____

For questions please call Pivot Charter School at 707-843-4676

Notice of Immunizations Needed to Start 7th Grade, Immunization Checklist, FAQ

I

Notice of Immunizations Needed to Start 7th Grade

Dear Parent or Guardian,

As you may be aware, the state of California requires all incoming 7th graders to show proof of Tdap and 2 MMR vaccines (or valid medical exemption) prior to attending 7th grade. Additionally, by age 13, your child will need their 2nd dose of varicella, if not previously given. We have enclosed detailed information regarding Tdap, MMR, and varicella as well as answers to frequently asked questions.

In order for your 7th grade child to **attend our resource center**, you will need to do one of the following **before** school begins:

A. Provide documentation showing that your child has all immunizations required.

B. Submit a licensed physician's written statement of a **medical** exemption for missing shot(s) and immunization records with dates for all required shots not exempted.

What is a medical exemption? A medical exemption is a written statement from a licensed physician (M.D. or D.O.) which states:
1. That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated.
2. Which vaccines are being exempted.
3. Whether the medical exemption is permanent or temporary.
4. The expiration date, if the exemption is temporary. If your student has not yet received these immunizations, please contact your child's medical provider right away.

C. Personal Belief Waivers are no longer accepted as of January 1, 2016, per SB 277. Students who previously used Personal Belief Waivers may be subject to further vaccine requirements depending on vaccine history. Please contact us and/or your healthcare provider to assess vaccines needed.

Students entering 7th grade who do not meet the immunization requirements will not be able to attend the resource center. Please bring a copy of your child's immunization record(s) or valid medical waiver to our front office before school begins.

Note if your student is currently enrolled in Special Education and does not receive vaccinations, please contact the School.

Thank you for helping us keep your child, our school, and our community safe and healthy.

For any questions, please contact Pivot Charter School at _____
California Department of Public Health, Immunization Branch at (510) 620-3737.
www.Shotsforschool.org

Sincerely,

Andria McNamee RN
Pivot Charter Schools

Immunization Checklist

Required (to attend the resource center):

- Tdap booster
- MMR (total of 2 doses needed)
- 2nd dose of varicella by age 13

Recommended (not required to attend the resource center):

Please see https://www.cdc.gov/vaccines/index.html for other recommended vaccinations.

Please see your healthcare provider for vaccines and recommendations.

Allow yourself time to complete vaccinations before school begins, September 6, 2017.

Frequently Asked Questions

What is the pertussis booster, MMR and varicella vaccine requirement?

All students entering, advancing or transferring into 7th grade will need proof of an adolescent whooping cough booster immunization (called "Tdap"), 2 doses of MMR, 2nd varicella dose by 13 years old, or a medical exemption, prior to attending school ***at the resource center*** in the fall.

What disease do these vaccines prevent?

Tdap – Tetanus, diphtheria, pertussis (whooping cough)
MMR – Measles, mumps, rubella
Varicella – chicken pox

What if my child does not have proof the required shots before school starts? Your child will not be able to start school ***at the resource center*** until you submit the documentation for the required vaccines to the school. **Exception** at Pivot Charter Schools a student may choose to attend class as a virtual student (online only), these students will not have on-site privileges unless fully vaccinated.

Is there a grace period/extension to get the shots AFTER school starts? No. Under current law, schools do not have the option to provide a grace period. All 7th grade students will need to show proof of immunizations or submit a medical exemption before starting school in September ***if they are to attend classes at the resource center***.

Do ALL 7th grade students need to get the pertussis (Tdap) immunization? Yes, unless they have a medical exemption, or are attending Pivot Charter School as a *virtual student only*. This includes current students, new students and transfer students in both public and private schools. Many students have already received the vaccine and simply need to supply proof to the school, so check with your doctor or provider.

Why is the Tdap vaccine required? This new requirement will help protect your child and others in your school and community from whooping cough. Whooping cough is a serious disease that causes coughing fits that can last for months. In recent years, whooping cough has been increasing in the United States. Whooping cough has been widespread in California and was responsible for 10 infant deaths in 2010.

When should my child get vaccinated? Now. Unimmunized children are at risk for catching a number of preventable diseases, including pertussis, and getting really sick and potentially missing weeks of school. Besides protecting your child, you can also beat the back-to-school rush by making an appointment for your incoming 7th grader to get their vaccinations now.

• Keep documentation of your child's vaccination records in a safe place.

• Provide a copy to your child's current school now.

MMR Vaccination – What You Need to Know – by CDC

VACCINE INFORMATION STATEMENT

MMR Vaccine

(Measles, Mumps and Rubella)

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases. Before vaccines they were very common, especially among children.

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

Rubella (German Measles)

- Rubella virus causes rash, arthritis (mostly in women), and mild fever.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases.

Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating they would return.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- **First Dose**: 12–15 months of age
- **Second Dose**: 4–6 years of age (may be given earlier, if at least 28 days after the 1st dose)

Some infants younger than 12 months should get a dose of MMR if they are traveling out of the country. (This dose will not count toward their routine series.)

Some adults should also get MMR vaccine: Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases.

MMR vaccine may be given at the same time as other vaccines.

Children between 1 and 12 years of age can get a "combination" vaccine called MMRV, which contains both MMR and varicella (chickenpox) vaccines. There is a separate Vaccine Information Statement for MMRV.

3 Some people should not get MMR vaccine or should wait.

- Anyone who has ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a life-threatening allergic reaction to a previous dose of MMR or MMRV vaccine should not get another dose.
- Some people who are sick at the time the shot is scheduled may be advised to wait until they recover before getting MMR vaccine.
- Pregnant women should not get MMR vaccine. Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.

CDC U.S. Department of Health and Human Services Centers for Disease Control and Prevention

- Tell your doctor if the person getting the vaccine:
  - Has HIV/AIDS, or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids
  - Has any kind of cancer
  - Is being treated for cancer with radiation or drugs
  - Has ever had a low platelet count (a blood disorder)
  - Has gotten another vaccine within the past 4 weeks
  - Has recently had a transfusion or received other blood products

Any of these might be a reason to not get the vaccine, or delay vaccination until later.

4 What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions.

The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting measles, mumps or rubella.

Most people who get MMR vaccine do not have any serious problems with it.

Mild problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (about 1 person out of 75)

If these problems occur, it is usually within 6-14 days after the shot. They occur less often after the second dose.

Moderate problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe problems (very rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after a child gets MMR vaccine, including:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage

These are so rare that it is hard to tell whether they are caused by the vaccine.

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)
MMR Vaccine

4/20/2012

Office Use Only

42 U.S.C. § 300aa-26

Tdap Vaccine for Preteens and Teens – by CDC

| DISEASES and the VACCINES THAT PREVENT THEM |
INFORMATION FOR PARENTS

Tdap Vaccine for Preteens and Teens

Last updated JUNE 2014

Why does my child need Tdap vaccine?

Babies and little kids get shots called DTaP to protect them from diphtheria, tetanus, and pertussis (whooping cough). But as kids get older, the protection from the DTaP shots starts to wear off. This can put your preteen or teen at risk for serious illness. The tetanus-diphtheria-acellular pertussis (Tdap) vaccine is a booster shot that helps protect your preteen or teen from the same diseases that DTaP shots protect little kids from.

- **Tetanus** is caused by a toxin (poison) made by bacteria found in soil. The bacteria enter the body through cuts, scratches, or puncture wounds in the skin. Tetanus can cause spasms which are painful muscle cramps in the jaw muscle (lockjaw) and throughout the body. The spasms can cause breathing problems and paralysis. A preteen or teen with tetanus could spend weeks in the hospital in intensive care. As many as 1 out of 5 people who get tetanus dies.
- **Diphtheria** is not as common as tetanus but can be very dangerous. It spreads from person to person through coughing or sneezing. It causes a thick coating on the back of the nose or throat that can make it hard to breathe or swallow. It can also cause paralysis and heart failure. About 1 out of 10 people who get diphtheria will die from it.
- **Pertussis (whooping cough)** spreads very easily through coughing and sneezing. It can cause a bad cough that makes someone gasp for air after coughing fits. This cough can last for many weeks, which can make preteens and teens miss school and other activities. Whooping cough can be deadly for babies who are too young to have protection from their own vaccines. Often babies get whooping cough from their older brothers or sisters, like preteens or teens, or other people in the family.

When should my child be vaccinated?

All preteens should get one Tdap shot when they are 11 or 12 years old. If your teen is 13 years old up through 18 years old and hasn't gotten the shot yet, talk to their doctor about getting it for them right away.

What else should I know about the vaccine?

The Tdap shot has been studied very carefully and is safe. It is recommended by the Centers for Disease Control and Prevention (CDC), the American Academy of Family Physicians, the American Academy of Pediatrics, and the Society for Adolescent Health and Medicine.

The Tdap shot can cause mild side effects, like redness and soreness in the arm where the shot was given, headache, fever, or tiredness. Some preteens and teens might faint after getting the Tdap vaccine or any other shot. To help avoid fainting, preteens and teens should sit or lie down when they get a shot and then for about 15 minutes after getting the shot. Serious side effects from reactions to the Tdap shot are rare.

How can I get help paying for these vaccines?

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are not insured, Medicaid-eligible, American Indian or Alaska Native. You can find out more about the VFC program by going online to www.cdc.gov and typing VFC in the search box.

Where can I learn more?

Your child's doctor or nurse can give you more information about the Tdap vaccine and the other vaccines your child may need. There is also information on CDC's Vaccines for Preteens and Teens website at www.cdc.gov/vaccines/teens.

DISTRIBUTED BY:

CDC

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Chickenpox Vaccine – What You Need to Know – by CDC

VACCINE INFORMATION STATEMENT

Chickenpox Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults.

- It causes a rash, itching, fever, and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.
- A person who has had chickenpox can get a painful rash called shingles years later.
- Before the vaccine, about 11,000 people were hospitalized for chickenpox each year in the United States.
- Before the vaccine, about 100 people died each year as a result of chickenpox in the United States.

Chickenpox vaccine can prevent chickenpox.

Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually very mild. They will have fewer blisters, are less likely to have a fever, and will recover faster.

2 Who should get chickenpox vaccine and when?

Routine

Children who have never had chickenpox should get 2 doses of chickenpox vaccine at these ages:

1st Dose:	12–15 months of age
2nd Dose:	4–6 years of age (may be given earlier, if at least 3 months after the 1st dose)

People 13 years of age and older (who have never had chickenpox or received chickenpox vaccine) should get two doses at least 28 days apart.

Catch-up

Anyone who is not fully vaccinated, and never had chickenpox, should receive one or two doses of chickenpox vaccine. The timing of these doses depends on the person's age. Ask your doctor.

Chickenpox vaccine may be given at the same time as other vaccines.

Note: A "combination" vaccine called **MMRV**, which contains both chickenpox and MMR vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

3 Some people should not get chickenpox vaccine or should wait.

- People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to a previous dose of chickenpox vaccine or to gelatin or the antibiotic neomycin.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting chickenpox vaccine.
- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:
  - Has HIV/AIDS or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
  - Has any kind of cancer
  - Is getting cancer treatment with radiation or drugs
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox vaccine.

Ask your doctor for more information.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 What are the risks from chickenpox vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of chickenpox vaccine causing serious harm, or death, is extremely small.

Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it. Reactions are usually more likely after the first dose than after the second.

Mild problems

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 25). It is possible for these people to infect other members of their household, but this is extremely rare.

Moderate problems

- Seizure (jerking or staring) caused by fever (very rare).

Severe problems

- Pneumonia (very rare)

Other serious problems, including severe brain reactions and low blood count, have been reported after chickenpox vaccination. These happen so rarely experts cannot tell whether they are caused by the vaccine or not. If they are, it is extremely rare.

Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5.

Seizures caused by a fever are also reported more often after MMRV. These usually occur 5–12 days after the first dose.

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)
Varicella Vaccine

3/13/2008

Office Use Only

42 U.S.C. § 300aa-26

Vaccines for Children Providers in Santa Rosa Area

Vaccines For Children (VFC) Providers Santa Rosa Area

Please contact site verify hours of operation.

Southwest Community Health Service
Phone: (707) 547-2222
751 Lombardi Court Suite B, Santa Rosa, CA 95407

Sonoma County Indian Hth Proj
Phone: (707) 521-4629
144 Stony Point Rd, Santa Rosa, CA 95401

Sebastopol Community Health Ctr
Phone: (707) 869-2849
6800 Palm Avenue Suite C2, Sebastopol, CA 95472

West County Health Centers, Inc. Dba Gravenstein Community Health Center
Phone: 707-869-5977
652 Petaluma Ave, Suite H, Sebastopol, CA 95472

Roseland Children's Health Cente Phone: (707) 578-2005
962 Sebastopol Rd, Santa Rosa, CA 95407

Elsie Allen Health Center
Phone: (707) 583-8777
599 Bellevue Avenue Room G17, Santa Rosa, CA 95407

Vista Family Health Center
Phone: (707) 303-3600
3569 Round Barn Clr, Santa Rosa, CA 95403

David-james Bloom
Phone: (707) 575-3500
990 Sonoma Ave Ste 17, Santa Rosa, CA 95404

David L Smith, Md
Phone: (707) 544-6090
500 Doyle Park Drive Suite 100, Santa Rosa, CA 95405

Sutter Pacific Medical Foundation
Phone: (707) 526-1800
510 Doyle Park Drive, Santa Rosa, CA 95405

Alliance Medical Center
Phone: (707) 433-5494
8465 Old Redwood Hwy Suite 400, Windsor, CA 95492

C. Morris And H. Brosbe Mds .
Phone: (707) 542-1611
4750 Hoen Ave, Santa Rosa, CA 95405

Rohnert Park Health Center
Phone: 707-559-7600
5900 State Farm Dr Ste 200, Rohnert Park, CA 94928

Jewish Community Free Clinic
Phone: (707) 585-7780
490 City Center Drive, Rohnert Park, CA 94928

Occidental Area Hlth Ctr
Phone: (707) 869-2849
3802 Main St, Occidental, CA 95465

Sonoma County Juvenile Hall
Phone: (707) 565-6343
7425 Rancho Los Gullicos Rd, Santa Rosa, CA 95409

Sonoma State Univ. Stu. Hlth. Cente
Phone: (707) 664-2921
1801 E. Cotati Ave, Rohnert Park, CA 94928

Immunization Checklists by Age – 4 - 6 yrs., 7yrs. – 6th Grade, and 7th -12th Grade

Student Name:_____

Immunization Checklist
4-6 Years Old

- ❑ Polio
  (OPV or IPV)
  4 Doses
  - ❑ 1st Dose
  - ❑ 2nd Dose
  - ❑ 3rd Dose
    - ❑ 3 Doses are okay if one was given on or after their 4th birthday
  - ❑ 4th Dose

- ❑ Diphtheria, Tetanus, and Pertussis
  (DTaP, DTP, or DT)
  5 Doses
  - ❑ 1st Dose
  - ❑ 2nd Dose
  - ❑ 3rd Dose
  - ❑ 4th Dose
    - ❑ 4 Doses are okay if one was given on or after their 4th birthday
  - ❑ 5th Dose

- ❑ Measles, Mumps, and Rubella
  (MMR or MMR-V)
  2 Doses
  (Both must be given on or after their 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately)
  - ❑ 1st Dose
  - ❑ 2nd Dose

- ❑ Hepatitis B
  (Hep B or HBV)
  3 Doses
  - ❑ 1st Dose
  - ❑ 2nd Dose
  - ❑ 3rd Dose

- ❑ Varicella
  (Chickenpox, VAR, MMR-V, or VZV)
  1 Dose
  - ❑ 1st Dose

Student Name:_____

Immunization Checklist
7 Years Old-6th Grade

- ❑ Polio
  (OPV or IPV)
  4 Doses
  - ❑ 1st Dose
  - ❑ 2nd Dose
  - ❑ 3rd Dose
    - ❑ 3 Doses are okay if one was given on or after their 2nd birthday
  - ❑ 4th Dose

- ❑ Diphtheria, Tetanus, and Pertussis
  (DTaP, DTP, DT, Tdap, Td)
  4 Doses
  - ❑ 1st Dose
  - ❑ 2nd Dose
  - ❑ 3rd Dose
    - ❑ 3 Doses are okay if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders
  - ❑ 4th Dose

- ❑ Measles, Mumps, and Rubella
  (MMR or MMR-V)
  1 Dose
  (Both must be given on or after their 1st birthday. Mumps vaccine is not required if given separately)
  - ❑ 1 Dose

- ❑ Varicella
  (Chickenpox, VAR, MMR-V, or VZV)
  1 Dose or 2 Doses
  - ❑ 1st Dose (for ages 7-12 years)
  - ❑ 2nd Dose (for ages 13-17 years)

Student Name:_____

Immunization Checklist
7th -12th Grade Admission

- ❑ Polio
  (OPV or IPV)
  4 Doses
  - ❑ 1st Dose
  - ❑ 2nd Dose
  - ❑ 3rd Dose
    - ❑ 3 Doses are okay if one was given on or after their 2nd birthday
  - ❑ 4th Dose

- ❑ Diphtheria, Tetanus, and Pertussis
  (DTaP, DTP, DT, Tdap, Td)
  4 Doses
  - ❑ 1st Dose
  - ❑ 2nd Dose
  - ❑ 3rd Dose
    - ❑ 3 Doses are okay if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders
  - ❑ 4th Dose
  - ❑ Tdap

- ❑ Measles, Mumps, and Rubella
  (MMR or MMR-V) (Or any measles-containing vaccine)
  1 Dose
  (Both must be given on or after their 1st birthday)
  - ❑ 1 Dose

- ❑ Varicella
  (Chickenpox, VAR, MMR-V, or VZV)
  1 Dose or 2 Doses
  - ❑ 1st Dose (for ages 7-12 years)
  - ❑ 2nd Dose (for ages 13-17 years)

APPENDIX D – MEDICATION FORMS

Medication Authorization for Pivot Charter School Students

Medication Authorization for Pivot Charter School Students

Site Name_____ Telephone_____ Fax _____

To the parent or guardian of _____ Birthdate_____

In order to help protect your child's health, your consent and written authorization from a licensed healthcare provider are required when it is necessary for your child to take either prescription or non-prescription medications at the Pivot Charter School Campuses. No medication assistance will be given to your child at school until this authorization has been received. A separate form is required for each medication. New authorization forms are required every year at the beginning of school, whenever the dose or directions change, or when a new medication is prescribed. It is your responsibility to provide all medications to be given at school. Each medication must be in an appropriately labeled original container from the pharmacy or healthcare provider's office. Most pharmacies will provide an extra container for school use upon request. Administration of non-prescription medications at school is discouraged.

PARENT/GUARDIAN'S PERMISSION: I give permission for my child to take the medication described below during school hours. I understand that it is my responsibility to purchase and supply this medication, and that the staff member assisting my child may not be a licensed healthcare provider. On behalf of my child, I absolve the Pivot Charter School Board of Education and their agents and employees from any and all liability whatsoever that may result from my child taking this medication at school.

Signature of parent or guardian Date Contact number

FOR LICENSED HEALTHCARE PROVIDER USE ONLY: **(Please write legibly using lay terms)**

Medication prescribed: _____ Strength/dose/method: _____

Purpose of medication: _____

Relationship to meals, if applicable: _____

How often and at what time (hour): _____

When to discontinue medication: _____

Specify side effects or adverse reactions: _____

Other instructions (including emergency situations): _____

Please check all appropriate items. If either of the first two items is checked, *Authorization For Self-Medication By Pivot Students* must be completed.

- ❑ Please allow this student to self-administer this medication while at school during school hours
- ❑ This student should carry the medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school-sponsored activities

OR ❑ This student needs supervision/assistance taking this medication (NOT AUTHORIZED TO SELF-CARRY/ADMINISTER)

- ❑ This medication is to be used for emergencies only

It is necessary for this student to receive this medication during school hours in order to maintain or improve health and to benefit from school attendance. Please notify the site administrator and parents/guardians if there are any problems.

Signature of Healthcare Provider Date Telephone Fax

Please print Provider's last name **Practice name** **Address**

FOR SCHOOL USE ONLY: Date Received/By: _____ School Nurse Review: _____

Adapted from cms.k12.nc.us

Authorization for Self-Medication By Pivot Students

pivot

AUTHORIZATION FOR SELF-MEDICATION BY PIVOT STUDENTS

Student's Name_____ **Birthdate**_____

Medication_____ **for** _____

Eligibility: In accordance with Pivot Charter Policy, Medication Administration, and CA Education Code only students who meet the following descriptions may possess and self-administer medications: (1) Students with special medical needs such as asthma and/or severe allergies or who are subject to anaphylactic reactions and may require emergency medications (i.e., asthma inhaler or epinephrine auto-injector ["Epi-pen"]); and (2) Students who require frequent administrations of non-prescription medications or prescription medications that are not controlled substances.

Healthcare Provider: The student named above has (1) asthma or an allergy that could result in an anaphylactic reaction and may require emergency medications; or (2) a condition that requires frequent administration of a prescription or non-prescription medication. The medication is not a controlled substance. This student is capable of, has been instructed on the procedures for, and has demonstrated the skill to self-administer this medication as directed on the form *Mediation Authorization for Pivot Charter School Students.* Please allow him/her to self-administer the medication during school hours and as otherwise documented by their healthcare provider.

This student will not require adult supervision while taking this medication.

Physician signature/date_____

Parent/Guardian: I give consent to Pivot Charter Schools to allow my child to self-administer this medicine at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. If the medication that is prescribed for my child is for the treatment of asthma or anaphylactic reactions, I agree to provide a supplementary supply of the medication that will be kept by the school in a location to which my child has immediate access. I absolve the Pivot Charter School Board of Education and their agents and employees from any and all liability whatsoever that may result from my child possessing or taking this medicine at school. I further consent for the information about my child's health condition and related medications to be shared with appropriate school staff as necessary for the safety of my child.

Parent or Guardian signature/date_____

Student: (please initial and sign)

_____ I am capable of taking this medicine as recommended and accept this responsibility.

_____ I will keep it secure at all times and will not share it with others. I further acknowledge it is inappropriate and dangerous to share medications with peers, and that any such action will result in the Site Administrator notifying my parent/guardian and possible loss of self-administration privileges.

_____ I agree to verbally notify Education Coordinator/Teacher if there is a problem with any medication, supplies or equipment, and/or I need assistance with any aspect of taking my medication during school hours.

_____ I agree to document any medications taken during school hours on a Pivot provided Medication Administration Record, which will be stored in my student file.

Student signature/date_____

Adapted from cms.k12.nc.us

Medication Administration Record (MAR)

Medication Administration Record (MAR)

Student Name: _____ Birthdate: _____

Healthcare provider name/number: _____

Student authorized to self-administer: _____ Date Authorization for Medication: _____ Expires on: _____ (1 year from date received)

Medication/Indication: _____ Dose: _____ Route: _____

Time due: _____ Frequency: _____Special Instructions: _____

Controlled Medication? _____ (must complete columns in red on arrival and return of medication with staff and parent signature)

*If medication not given when ordered, document "NOT GIVEN" with Date/Time and explanation in Notes column.

Medication	Date/Time	Blood sugar If applicable	Dose/Route: (oral, subcutaneous, intramuscular)	Pill Count	Signatures & Notes Student signs if self-administered Staff and parent sign medication in and of out of school if student not authorized to self-administer

**Parent/Guardian must be notified of missed dose–use Date/Time and Notes column.

Medication Administration Waiver

Medication Administration Waiver

Parent/Guardian Medication Administration at School:

I, the parent/guardian of _____, will administer any necessary medications required during school hours. I absolve the Pivot Charter School Board of Education and their agents and employees from any and all liability whatsoever that may result from my child taking medication at school.

Parent/Guardian Authorization of Designee to Administer Medication at School:

I, the parent/guardian of _____, authorize _____to administer any necessary medications required during school hours. I absolve the Pivot Charter School Board of Education and their agents and employees from any and all liability whatsoever that may result from my child taking medication at school.

I agree to follow Pivot's Medication Policy:

- I will dispose of medications (excess, expired, dropped) at home, not on school campus
- I will follow universal precautions, treating all bodily fluids as potentially infectious, and use protective gear/gloves as needed
- I will provide any medications or supplies needed

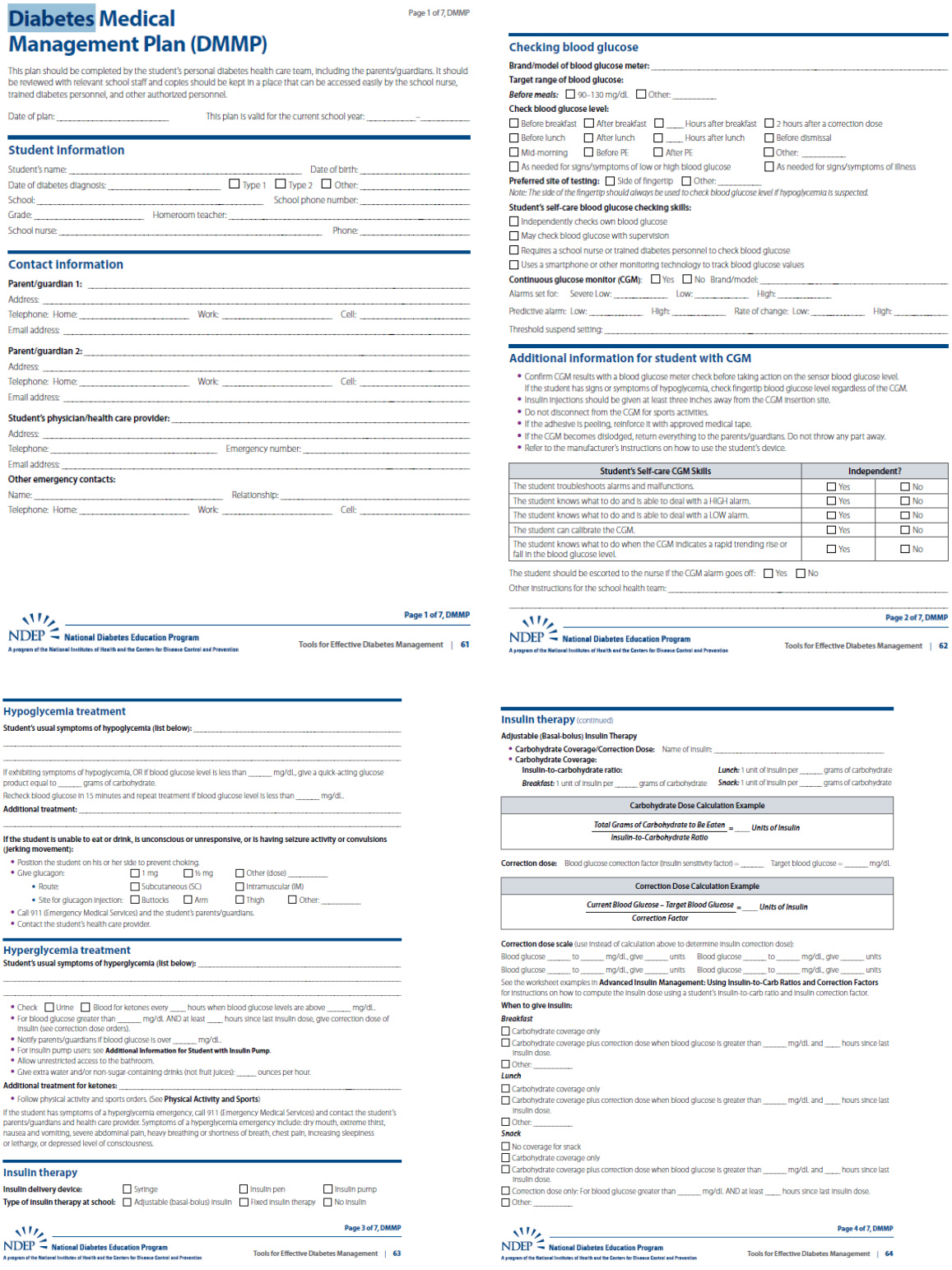
_____

Signature: Date:

FOR SCHOOL USE ONLY: Date Received/By: _____

APPENDIX E – DIABETES MANAGEMENT FORMS

Diabetes Medical Management Plan (DMMP)



Diabetes Medical Management Plan (DMMP)

This plan should be completed by the student's personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

Date of plan: _____ This plan is valid for the current school year: _____–_____

Student information

Student's name: _____ Date of birth: _____

Date of diabetes diagnosis: _____ ☐ Type 1 ☐ Type 2 ☐ Other: _____

School: _____ School phone number: _____

Grade: _____ Homeroom teacher: _____

School nurse: _____ Phone: _____

Contact information

Parent/guardian 1: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____

Parent/guardian 2: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____

Student's physician/health care provider: _____

Address: _____

Telephone: _____ Emergency number: _____

Email address: _____

Other emergency contacts:

Name: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Checking blood glucose

Brand/model of blood glucose meter: _____

Target range of blood glucose:

Before meals: ☐ 90–130 mg/dL ☐ Other: _____

Check blood glucose level:

☐ Before breakfast ☐ After breakfast ☐ ____ Hours after breakfast ☐ 2 hours after a correction dose

☐ Before lunch ☐ After lunch ☐ ____ Hours after lunch ☐ Before dismissal

☐ Mid-morning ☐ Before PE ☐ After PE ☐ Other: _____

☐ As needed for signs/symptoms of low or high blood glucose ☐ As needed for signs/symptoms of illness

Preferred site of testing: ☐ Side of fingertip ☐ Other: _____

Note: The side of the fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

Student's self-care blood glucose checking skills:

☐ Independently checks own blood glucose

☐ May check blood glucose with supervision

☐ Requires a school nurse or trained diabetes personnel to check blood glucose

☐ Uses a smartphone or other monitoring technology to track blood glucose values

Continuous glucose monitor (CGM): ☐ Yes ☐ No Brand/model: _____

Alarms set for: Severe Low: _____ Low: _____ High: _____

Predictive alarm: Low: _____ High: _____ Rate of change: Low: _____ High: _____

Threshold suspend setting: _____

Additional information for student with CGM

- Confirm CGM results with a blood glucose meter check before taking action on the sensor blood glucose level. If the student has signs or symptoms of hypoglycemia, check fingertip blood glucose level regardless of the CGM.
- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with approved medical tape.
- If the CGM becomes dislodged, return everything to the parents/guardians. Do not throw any part away.
- Refer to the manufacturer's instructions on how to use the student's device.

Student's Self-care CGM Skills	Independent?	
The student troubleshoots alarms and malfunctions.	☐ Yes	☐ No
The student knows what to do and is able to deal with a HIGH alarm.	☐ Yes	☐ No
The student knows what to do and is able to deal with a LOW alarm.	☐ Yes	☐ No
The student can calibrate the CGM.	☐ Yes	☐ No
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	☐ Yes	☐ No

The student should be escorted to the nurse if the CGM alarm goes off: ☐ Yes ☐ No

Other instructions for the school health team: _____

Hypoglycemia treatment

Student's usual symptoms of hypoglycemia (list below): _____

If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than _____ mg/dL, give a quick-acting glucose product equal to _____ grams of carbohydrate.

Recheck blood glucose in 15 minutes and repeat treatment if blood glucose level is less than _____ mg/dL.

Additional treatment: _____

If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement):

- Position the student on his or her side to prevent choking.
- Give glucagon: ☐ 1 mg ☐ ½ mg ☐ Other (dose) _____
  - Route: ☐ Subcutaneous (SC) ☐ Intramuscular (IM)
  - Site for glucagon injection: ☐ Buttocks ☐ Arm ☐ Thigh ☐ Other: _____
- Call 911 (Emergency Medical Services) and the student's parents/guardians.
- Contact the student's health care provider.

Hyperglycemia treatment

Student's usual symptoms of hyperglycemia (list below): _____

- Check ☐ Urine ☐ Blood for ketones every ____ hours when blood glucose levels are above _____ mg/dL.
- For blood glucose greater than _____ mg/dL AND at least ____ hours since last insulin dose, give correction dose of insulin (see correction dose orders).
- Notify parents/guardians if blood glucose is over _____ mg/dL.
- For insulin pump users: see **Additional Information for Student with Insulin Pump**.
- Allow unrestricted access to the bathroom.
- Give extra water and/or non-sugar-containing drinks (not fruit juices): _____ ounces per hour.

Additional treatment for ketones: _____

- Follow physical activity and sports orders. (See **Physical Activity and Sports**)

If the student has symptoms of a hyperglycemia emergency, call 911 (Emergency Medical Services) and contact the student's parents/guardians and health care provider. Symptoms of a hyperglycemia emergency include: dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness.

Insulin therapy

Insulin delivery device: ☐ Syringe ☐ Insulin pen ☐ Insulin pump

Type of insulin therapy at school: ☐ Adjustable (basal-bolus) insulin ☐ Fixed insulin therapy ☐ No insulin

Insulin therapy (continued)

Adjustable (Basal-bolus) Insulin Therapy

- **Carbohydrate Coverage/Correction Dose:** Name of insulin: _____
- **Carbohydrate Coverage:**

Insulin-to-carbohydrate ratio:

Breakfast: 1 unit of insulin per _____ grams of carbohydrate

Lunch: 1 unit of insulin per _____ grams of carbohydrate

Snack: 1 unit of insulin per _____ grams of carbohydrate

Carbohydrate Dose Calculation Example
$\frac{\text{Total Grams of Carbohydrate to Be Eaten}}{\text{Insulin-to-Carbohydrate Ratio}} = \text{\_\_\_ Units of Insulin}$

Correction dose: Blood glucose correction factor (insulin sensitivity factor) = _____ Target blood glucose = _____ mg/dL

Correction Dose Calculation Example
$\frac{\text{Current Blood Glucose – Target Blood Glucose}}{\text{Correction Factor}} = \text{\_\_\_ Units of Insulin}$

Correction dose scale (use instead of calculation above to determine insulin correction dose):

Blood glucose _____ to _____ mg/dL, give _____ units Blood glucose _____ to _____ mg/dL, give _____ units

Blood glucose _____ to _____ mg/dL, give _____ units Blood glucose _____ to _____ mg/dL, give _____ units

See the worksheet examples in **Advanced Insulin Management: Using Insulin-to-Carb Ratios and Correction Factors** for instructions on how to compute the insulin dose using a student's insulin-to-carb ratio and insulin correction factor.

When to give insulin:

Breakfast

☐ Carbohydrate coverage only

☐ Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and ____ hours since last insulin dose.

☐ Other: _____

Lunch

☐ Carbohydrate coverage only

☐ Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and ____ hours since last insulin dose.

☐ Other: _____

Snack

☐ No coverage for snack

☐ Carbohydrate coverage only

☐ Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and ____ hours since last insulin dose.

☐ Correction dose only: For blood glucose greater than _____ mg/dL AND at least ____ hours since last insulin dose.

☐ Other: _____

Diabetes Medical Management Plan (DMMP) continued

Insulin therapy (continued)

Fixed Insulin Therapy Name of insulin: _____

☐ _____ Units of insulin given pre-breakfast daily
☐ _____ Units of insulin given pre-lunch daily
☐ _____ Units of insulin given pre-snack daily
☐ Other: _____

Parents/Guardians Authorization to Adjust Insulin Dose

☐ Yes ☐ No Parents/guardians authorization should be obtained before administering a correction dose.
☐ Yes ☐ No Parents/guardians are authorized to increase or decrease correction dose scale within the following range: +/– _____ units of insulin.
☐ Yes ☐ No Parents/guardians are authorized to increase or decrease insulin-to-carbohydrate ratio within the following range: _____ units per prescribed grams of carbohydrate, +/– _____ grams of carbohydrate.
☐ Yes ☐ No Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range: +/– _____ units of insulin.

Student's self-care insulin administration skills:

☐ Independently calculates and gives own injections.
☐ May calculate/give own injections with supervision.
☐ Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision.
☐ Requires school nurse or trained diabetes personnel to calculate dose and give the injection.

Additional information for student with insulin pump

Brand/model of pump: _____ Type of insulin in pump: _____

Basal rates during school: Time: _____ Basal rate: _____ Time: _____ Basal rate: _____
Time: _____ Basal rate: _____ Time: _____ Basal rate: _____
Time: _____ Basal rate: _____

Other pump instructions: _____

_____

Type of infusion set: _____

Appropriate infusion site(s): _____

☐ For blood glucose greater than _____ mg/dl. that has not decreased within ____ hours after correction, consider pump failure or infusion site failure. Notify parents/guardians.
☐ For infusion site failure: Insert new infusion set and/or replace reservoir, or give insulin by syringe or pen.
☐ For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen.

Physical Activity

May disconnect from pump for sports activities:	☐ Yes, for ____ hours	☐ No
Set a temporary basal rate:	☐ Yes, ____ % temporary basal for ____ hours	☐ No
Suspend pump use:	☐ Yes, for ____ hours	☐ No

Physical activity and sports

A quick-acting source of glucose such as ☐ glucose tabs and/or ☐ sugar-containing juice must be available at the site of physical education activities and sports.

Student should eat ☐ 15 grams ☐ 30 grams of carbohydrate ☐ other: _____

☐ before ☐ every 30 minutes during ☐ every 60 minutes during ☐ after vigorous physical activity ☐ other: _____

If most recent blood glucose is less than _____ mg/dL, student can participate in physical activity when blood glucose is corrected and above _____ mg/dL.

Avoid physical activity when blood glucose is greater than _____ mg/dL or if urine/blood ketones are moderate to large.

(See **Administer Insulin** for additional information for students on insulin pumps.)

Disaster plan

To prepare for an unplanned disaster or emergency (72 hours), obtain emergency supply kit from parents/guardians.

☐ Continue to follow orders contained in this DMMP.
☐ Additional insulin orders as follows (e.g., dinner and nighttime): _____

_____

_____

☐ Other: _____

Signatures

This Diabetes Medical Management Plan has been approved by:

_____
Student's Physician/Health Care Provider Date

I, (parent/guardian) _____, give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school) _____ to perform and carry out the diabetes care tasks as outlined in (student) _____ Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to contact my child's physician/health care provider.

Acknowledged and received by:

_____
Student's Parent/Guardian Date

_____
Student's Parent/Guardian Date

_____
School Nurse/Other Qualified Health Care Personnel Date

Additional information for student with insulin pump (continued)

Student's Self-care Pump Skills	Independent?	
Counts carbohydrates	☐ Yes	☐ No
Calculates correct amount of insulin for carbohydrates consumed	☐ Yes	☐ No
Administers correction bolus	☐ Yes	☐ No
Calculates and sets basal profiles	☐ Yes	☐ No
Calculates and sets temporary basal rate	☐ Yes	☐ No
Changes batteries	☐ Yes	☐ No
Disconnects pump	☐ Yes	☐ No
Reconnects pump to infusion set	☐ Yes	☐ No
Prepares reservoir, pod, and/or tubing	☐ Yes	☐ No
Inserts infusion set	☐ Yes	☐ No
Troubleshoots alarms and malfunctions	☐ Yes	☐ No

Other diabetes medications

Name: _____ Dose: _____ Route: _____ Times given: _____

Name: _____ Dose: _____ Route: _____ Times given: _____

Meal plan

Meal/Snack	Time	Carbohydrate Content (grams)
Breakfast		____ to ____
Mid-morning snack		____ to ____
Lunch		____ to ____
Mid-afternoon snack		____ to ____

Other times to give snacks and content/amount: _____

_____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): _____

_____

Special event/party food permitted: ☐ Parents'/Guardians' discretion ☐ Student discretion

Student's self-care nutrition skills:

☐ Independently counts carbohydrates
☐ May count carbohydrates with supervision
☐ Requires school nurse/trained diabetes personnel to count carbohydrates

Glucagon Administration

Glucagon Administration

As the parent/guardian of _____ I acknowledge I must request a trained staff member to administer glucagon to my child in the case of a hypoglycemic emergency. I understand this volunteer staff member is not a licensed health care professional.

Please initial one of the options below:

_____ I do **not** authorize a trained staff member to administer glucagon for my child in the case of a hypoglycemic emergency.

OR

_____ I **request** a trained staff member to administer glucagon to my child in the case of hypoglycemic emergency.

As part of this request I agree to provide Pivot Charter School with the following:

- A completed Diabetic Medical Management Plan signed by **both** the authorizing parent/guardian and my child's health care provider (form provided by Pivot Charter School).

- The medication, glucagon, as prescribed by the child's healthcare provider, with prescription information detailing:
  a. Student's name and date of birth
  b. Name of medication and reason for medication (specific symptoms and allowable frequency for *as needed* PRN medications)
  c. Amount or dose of medication
  d. Method of administration
  e. Possible side effects of medication

  f. Name, address, telephone number, and signature of the California authorized health care provider

_____

Signature of Parent/Guardian Date

Emergency Supply Letter

Dear Parent/Guardian,

In the event of a natural disaster or emergency where your child must stay at school longer than anticipated it is recommended you supply an emergency supply kit.

This kit should contain enough supplies for at least 72 hours to carry out the medical orders in the DMMP.

The kit should include:

- Blood glucose meter, testing strips, lancets, and batteries for the meter
- Urine and/or blood ketone test strips and meter
- Insulin, syringes, and/or insulin pens and supplies
- Insulin pump and supplies, including syringes, pens, and insulin in case of pump failure (depending if the student uses a pump)
- Antiseptic wipes or wet wipes
- Quick-acting source of glucose
- Water
- Carbohydrate-containing snacks with protein
- Hypoglycemia treatment supplies (enough for three episodes): quick-acting glucose and carbohydrate snacks with protein
- Glucagon emergency kit

Stocking this kit and ensuring the supplies/medications aren't expired is the responsibility of the parent/guardian.

Adapted from:
http://www.michigan.gov/documents/mde/SBE_Model_Policy_on_the_Management_of_Diabetes_in_the_School_Setting_FINAL_11-8-11_370189_7.pdf

Diabetes Management Volunteer Request Form

2017-2018 School Year

Diabetes Management Volunteer Request

Dear Staff,

Beginning with 2017, each year Pivot Charter Schools will request volunteers to be trained to assist students in diabetes management and administer glucagon for those students who have requested this emergency medication during a hypoglycemic episode.

For a diabetic student, experiencing severe hypoglycemia (low blood sugar) is a preventable, potentially life-threatening event. We will have students with varying needs and ability to manage their diabetes while at school, ranging from assistance to independence. By training volunteer staff members to recognize the signs and symptoms of low blood sugar, assist students with diabetes care as needed, and intervene when requested with emergency medication (glucagon) we can ensure the safety and well-being of our diabetic students.

As a volunteer you will be required to:

1. Complete annual Diabetes Management & Glucagon Administration training provided by Pivot. This includes a class, video, and review of the Glucagon Training Standards for School Personnel: Providing Emergency Medical Assistance to Pupils with Diabetes and covers the following performance standards:

(1) Understanding Diabetes

(2) Understanding Hypoglycemia, Its Causes, Signs & Symptoms

(3) Blood Glucose Monitoring

(4) Caring for the Student with Mild to Moderate Hypoglycemia

(5) Understanding Glucagon and How it Should be Stored

(6) Understanding When and How to Administer Glucagon

(7) Understanding the Follow-Up Procedure When Glucagon is Used

I,_____, have read the above information and understand the required training to assist students with managing their diabetes and to administer glucagon as requested during a hypoglycemic event.

_____ I choose to volunteer

_____ I decline to volunteer

_____ Signature

_____ Date

APPENDIX F – EPI-PEN

Epi-Pen Volunteer Request Form

2017-2018 School Year

Epi-Pen Volunteer Request

Dear Staff,

The Center for Disease Control estimates that of children who have food allergies, the most common cause of anaphylaxis, 1 in 5 will have a reaction in the school setting. Many children and teenagers, who are at the highest risk of a life-threatening reaction, may not even be aware of their allergies. The first-line treatment for anaphylaxis is the medication epinephrine.

Beginning with 2017, each year Pivot Charter Schools will request volunteers to be trained to administer an epinephrine auto-injector in emergent situations where a person is suffering, or reasonably believed to be suffering, from anaphylaxis.

As a volunteer you will be required to:

1. Complete annual Epi-Pen training provided by Pivot. This includes a class, video, and review of the Training Standard for Administration of Epinephrine Auto-Injector and covers the following information:

(A) Techniques for recognizing symptoms of anaphylaxis.

(B) Standards and procedures for the storage, restocking, and emergency use of epinephrine auto-injectors.

(C) Emergency follow-up procedures, including calling the emergency 911 telephone number and contacting the pupil's parent.

(D) Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.

(E) Instruction on how to determine whether to use an adult epinephrine auto-injector or a junior epinephrine auto-injector, which shall include consideration of a pupil's grade level or age as a guideline of equivalency for the appropriate pupil weight determination.

2. Complete Cardiopulmonary Resuscitation Certification provided by Pivot:

(A) Initial Certification is followed by a renewal certification every 2 years.

As a volunteer, employees will be provided defense and indemnification by the school district, county office of education, or charter school for any and all civil liability, in accordance with, but not limited to that provided in Division 3.6 (commencing with Section 810) of Title 1 of the Government Code.

I,_____, have read the above information and understand the required training to use an epinephrine auto-injector in emergency situations where anaphylaxis is the suspected cause.

_____ I choose to volunteer

_____ I decline to volunteer

_____ Signature

_____ Date

Administration of Epinephrine Auto-Injectors

Administration of Epinephrine Auto-Injectors

Training standards for the administration of epinephrine auto-injectors in accordance with *Education Code* Section 49414.

Training Standards for the Administration of Epinephrine Auto-Injectors

Contents

I. Introduction

Anaphylaxis is a potentially life-threatening hypersensitivity to a substance.[1] The reaction can occur within seconds or minutes of encountering an allergic trigger, including but not limited to an insect sting, food allergy, drug reaction (e.g., antibiotics, aspirin and non-steroidal inflammatory drugs), and exercise.[2] Other causes include latex and, less commonly, food-dependent, exercise-induced anaphylaxis and idiopathic anaphylaxis (unknown cause). Symptoms may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling (of the face, lips, tongue, or other parts of the body), shock, or asthma.[3] Other symptoms may include narrowing of the airways, rashes, hoarseness, nausea or vomiting, weak pulse, and dizziness. Individuals may experience anaphylaxis and not show any skin symptoms. Many individuals may have previously had only a mild reaction to an allergen, but subsequent exposure can trigger anaphylaxis. Without immediate administration of epinephrine followed by activation of emergency medical services, death can occur.

According to Food Allergy Research and Education (FARE),[4] anaphylaxis affects one in every 13 children (under eighteen years of age) or approximately two children in every classroom. It is estimated that 25 percent of students have their first anaphylactic reaction at school.

California *Education Code* (*EC*) Section 49414, as amended by Senate Bill 1266, effective January 1, 2015,[5] requires school districts to provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered, and provides that school nurses or trained personnel who have volunteered may use epinephrine auto-injectors to provide emergency medical aid to persons suffering or reasonably believed to be suffering from an anaphylactic reaction.[6] The legislative history of SB 1266 indicates the intent to protect not only children with previously diagnosed allergies, but also children who do not know they are allergic and who therefore may not have prescribed epinephrine.[7] The law requires the State Superintendent of Public Instruction (SSPI) to review and update the minimum training standards for the administration of epinephrine auto-injectors at least every five years,[8] and requires a school district, county office of education, or charter school to annually distribute a notice and description of volunteer training.[9]

This document updates previous minimum training standards for the administration of epinephrine auto-injectors in accordance with *EC* Section 49414. These updated training standards were developed in consultation with organizations and providers with expertise in administering epinephrine auto-injectors and administering medication in a school environment, as required by *EC* Section 49414(e)(1).

Local educational agencies may also wish to consult their own attorneys.

II. Training Standards

Schools may designate one or more volunteers to receive initial and annual refresher training, based on the standards developed by the SSPI, regarding the storage and use of an epinephrine auto-injector from the school nurse or another qualified person designated by an authorizing physician.[10] Training should include the following information:

A. Techniques for Recognizing Symptoms of Anaphylaxis

B. Standards and Procedures for Emergency Use and Storage of Epinephrine Auto-Injectors

C. Emergency Follow-up Procedures

D. Recommendations on Necessity of Instruction and Certification in Cardiopulmonary Resuscitation (CPR)

E. Instruction on How to Determine Whether to Use an Adult Epinephrine or a Junior Epinephrine Auto-injector

F. Written Materials Covering the Information Above[11]

A. Techniques for Recognizing Symptoms of Anaphylaxis[12]

The signs and symptoms of anaphylaxis usually appear rapidly, within seconds or minutes after allergen exposure, although in some cases the reaction can be delayed for up to several hours. Anaphylaxis is highly likely to be occurring when any ONE of the following happens within minutes to hours after exposure to an allergen:

1. A person has symptoms that involve the skin, nose, mouth, or gastrointestinal tract
   - Itching, wheezing, swelling, throat tightening, vomiting, or diarrhea AND either:
   - Difficulty breathing, or
   - Reduced blood pressure (e.g., pale, weak pulse, confusion, loss of consciousness)
2. A person was exposed to a suspected (known allergy) allergen, and TWO or more of the following occur:
   - Skin symptoms or swollen lips
   - Difficulty breathing
   - Reduced blood pressure
   - Gastrointestinal symptoms (e.g., vomiting, diarrhea, or cramping)

For some individuals who have had an anaphylactic reaction, the symptoms may go away but then return a few hours later. This is called a bi-phasic reaction. Often the symptoms of the bi-phasic reaction occur in the respiratory system and take the individual by surprise. Therefore, according to the American Academy of Allergy, Asthma and Immunology (AAAAI),13 after a serious reaction "observation in a hospital setting is necessary for at least four hours after initial symptoms subside because delayed and prolonged reactions may occur even after proper initial treatment." Individuals may require a longer observation stay in the emergency department and/or may be admitted to the hospital for additional treatment and evaluation.

B. Standards and Procedures for Emergency Use and Storage of Epinephrine Auto-Injectors[14]

1. **Storage and restocking.** An epinephrine auto-injector is a disposable drug delivery system with a spring activated needle that is designed for emergency administration of epinephrine to provide rapid, convenient first aid for persons suffering a potentially fatal reaction to anaphylaxis.[15] This ready-to-use and easily transported system is designed to treat a single anaphylactic episode. It must be properly discarded (in compliance with applicable state and federal laws) after its use, or provided to the emergency medical responders.

   A qualified supervisor of health, which may include but is not limited to a school nurse[16] (or, if there is no qualified supervisor of health, an administrator)[17] shall obtain from an authorized physician[18] a prescription for each school for epinephrine auto-injectors that, at a minimum, includes one regular (or adult) and one junior epinephrine auto-injector for an elementary school, and one regular or adult (if there are no pupils requiring a junior) epinephrine auto-injector for a junior high school, middle school or high school[19] (it is generally recommended that two epinephrine auto-injectors be kept on-hand, as back-up).

   The qualified supervisor of health (or administrator) shall be responsible for stocking the epinephrine auto-injector and restocking it if it is used.[20] If the epinephrine auto-injector is used it shall be restocked as soon as reasonably possible, but no later than two weeks after it is used.[21] Epinephrine auto-injectors shall be restocked before their expiration date.[22]

   According to the manufacturer, epinephrine auto-injectors should be stored in a secure but accessible, well-marked location, at room temperature until the marked expiration date, at which time the unit must be replaced. Epinephrine auto-injectors should be stored in an unlocked location. Auto-injectors should not be refrigerated as this could cause the device to malfunction. Epinephrine auto-injectors should not be exposed to extreme heat or direct sunlight. Heat and light shorten the life of the product and can cause the epinephrine to degrade. To be effective, the solution in the auto-injector should be clear and colorless. If the solution is brown, the unit should be replaced immediately.[23]

   Free sources of epinephrine auto-injectors may include a manufacturer or wholesaler.[24] A pharmacy may furnish epinephrine auto-injectors to a school district, county office of education, or charter school for its exclusive use upon a physician's written order specifying the quantity to be furnished.[25] The school district, county office of education, or charter school is responsible for monitoring the supply of epinephrine auto-injectors received from a pharmacy and ensuring that they are destroyed when expired.[26]

2. **Emergency use.** A school nurse, or, if the school does not have a school nurse or the school nurse is not on-site or available, a trained volunteer[27] may administer an epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis at school or a school activity when a physician is not immediately available.[28] The following information on the emergency use of an epinephrine auto-injector is based on the manufacturer's instructions[29] and represents the consensus recommendations of the organizations and providers consulted per *EC* Section 49414(e)(1). Once anaphylaxis symptoms are present, it is recommended that the first line of treatment of choice is an immediate intramuscular injection of epinephrine (epinephrine auto-injector), which is effective for five minutes (according to the manufacturer of epinephrine auto-injectors).

   Steps in the Emergency Use of an Epinephrine Auto-Injector:

   1. Determine if anaphylaxis is suspected. Anaphylaxis usually, but not always, occurs right after exposure to an allergen. Frequently, anaphylaxis occurs in individuals who have a history of a previous reaction. If there is uncertainty about the diagnosis, but there is a reasonable probability that it is anaphylaxis, then treat as anaphylaxis.
   2. If anaphylaxis symptoms occur, administer the epinephrine auto-injector then call 911 or activate the emergency medical system (EMS). Stay with the victim. Have others notify the paramedics, school nurse, parents and school administrator immediately.[30]
   3. Dosage:
      1. For students in second grade or below, or if less than 55 lbs., administer 0.15 mg., epinephrine auto-injector (Junior) (when in doubt-give the higher dose)
      2. For adults and students in third grade or above, or if more than 55 lbs., administer 0.30 mg., epinephrine auto-injector (Adult)
   4. Stay with the individual and reassure them. Do not raise him/her to an upright position. Have the individual lie down if tolerated with lower extremities elevated. Roll the individual to their side if vomiting. Have him/her sit up if having difficulty breathing.
   5. Epinephrine auto-injector administration procedure:

      Read the manufacturer's instructions regarding administration of epinephrine auto-injector.

      1. Remove safety cap or cover of epinephrine auto-injector and place 'tip' ("active side of device") on outside of thigh—midway between hip and knee (follow instructions—may require pressure while placing on thigh)
      2. Position device perpendicular (90 degree angle) to the thigh
      3. It can be administered through clothing
      4. Wait for click or other sound indicating medication is being administered

Administration of Epinephrine Auto-Injectors continued

5. Hold in place for approximately 10 seconds
6. Many have a shield that covers the exposed needle
7. Keep epinephrine auto-injector until emergency personnel arrive. Per their direction, either give to them or place expended injector in sharps container

6. If the anaphylactic reaction is due to an insect sting, remove the stinger as soon as possible after administering the epinephrine auto-injector. Remove stinger quickly by scraping with a fingernail, plastic card, or piece of cardboard. Apply an ice pack to sting area. DO NOT push, pinch, or squeeze, or further imbed the stinger into the skin because such action may cause more venom to be injected into the victim
7. Observe the victim for signs of shock. Cover the victim with a blanket, as necessary, to maintain body temperature and help to prevent shock
8. Monitor the victim's airway and breathing. If trained, begin CPR immediately if the victim stops breathing
    - If symptoms continue or worsen and paramedics have not arrived, use a second epinephrine auto-injector and re-inject 5–15 minutes after initial injection. Continue to monitor the victim's airway and breathing.
2. After epinephrine is given, the individual should be promptly taken to the nearest emergency department by ambulance for evaluation and monitoring by physicians and nurses. A second delayed reaction may occur after the initial anaphylaxis and this second set of symptoms can also be severe and life-threatening. After evaluation and treatment in the emergency department, parents/guardians should be advised to monitor student according to recommendations of the treating healthcare provider(s).
3. Document the incident, complete and submit any required reporting forms to the appropriate staff. Include in the documentation the date and time epinephrine auto-injector was administered, the victim's response, and additional pertinent information.

C. Emergency Follow-up Procedures[31]

After administering the epinephrine auto-injector, immediately call 911[32] and activate the EMS. Stay with the victim. Have others notify the paramedics, school nurse, and school administrator immediately. If possible, contact the pupil's parent and physician.33 Promptly transfer the individual to the nearest emergency department via ambulance for additional evaluation, monitoring, and treatment by physicians and nurses.

D. Recommendations on the Necessity of Instruction and Certification in Cardio-Pulmonary Resuscitation[34]

Training in CPR is recommended. Any school personnel volunteering to be trained to administer epinephrine auto-injectors should be encouraged to receive CPR training.

E. Instruction in How to Determine Whether to Use an Adult or Junior Epinephrine Auto-injector.[35]

According to the manufacturer, for students in second grade or below, or weighing less than 55 lbs., administer 0.15 mg., epinephrine auto-injector (Junior). (When in doubt, give the higher dose.)

For adults and students in third grade or above, or weighing more than 55 lbs., administer 0.30 mg., epinephrine auto-injector (Adult).

F. Written Materials

Training must include written materials that cover the information described in A through E above. The school must retain those materials.[36]

III. Guidelines for School Districts

School districts should consider developing policies and procedures that align with these Training Standards and address topics including, but not limited to: training protocols, emergency care plans, storage, and documentation. The Centers for Disease Control and Prevention recommends developing a school- or district-wide food allergy program; guidelines can be found at Food Allergies Publications and Resources.

School districts shall maintain documentation of the acquisition and disposition of epinephrine auto-injectors received from a pharmacy for three years.[37] It is recommended that documentation of all training, including sign-in sheets, training materials, copies of notices describing the volunteer request and training, report of administration of epinephrine auto-injector, and any follow-up documentation be maintained according to the district's policies and procedures.

V. Resources

American Academy of Allergy, Asthma and Immunology (AAAAI)

American Academy of Pediatrics (AAP)

California Department of Education (CDE)

California Department of Public Health (CDPH)

California Medical Association (CMA)

California School Nurses Organization (CSNO)

Emergency Medical Systems Authority (EMSA)

Food Allergy and Resource Education (FARE)

National Association of School Nurses (NASN)

National Food Service Management Institute: Food Allergy Fact Sheets

Schools at Allergy Home

Acknowledgement of Training Standards for the Administration of Epinephrine Auto-Injectors, Training Video & CPR

Acknowledgement of Training Standards for the Administration of Epinephrine Auto-Injectors, Training Video & CPR

2017 - 2018

I, _____ acknowledge that I have received and reviewed a copy of the Training Standards for the Administration of Epinephrine Auto-Injectors and the Epi-Pen Training Video. As a willing and trained volunteer to administer epinephrine in emergencies, I agree to address any questions or concerns I may have regarding the use of an Epinephrine Auto-Injector and furthermore, I agree to follow the Training Standards for the Administration of Epinephrine Auto-Injector.

In accordance with the recommendation by the California Department of Education, I also agree to maintain my CPR certification.

Signature: _____

Date: _____

Storage and Maintenance of Epinephrine Auto-Injector

Storage and Maintenance of Epinephrine Auto-Injector

*These records are to be maintained by Pivot for 3 years after discontinued use of Epi-Pen

If the epinephrine auto-injector is used it shall be restocked as soon as reasonably possible, **but no later than two weeks after it is used.**

Epinephrine auto-injectors shall be restocked **before** their expiration date.

Epinephrine shall be stocked in a well-marked, room temperature, unlocked but secure location

Verify quantity and expiration date of Epi-Pens **once a month**

Date:	Storage Location	# of adult Epi-pens	# of junior Epi-pens	Expiration Date:	Staff Name:

To **re-order Epi-pens after use or expiration, contact Pivot Charter RN or Director of Operations.

****Expired** Epi-Pens: Site Administrator to take the expired epinephrine auto-injector to a pharmacy for safe disposal.

Documentation of Emergency Use of Epinephrine Auto-Injector

Documentation of Emergency Use of Epinephrine Auto-Injector

Date/Time of Event:	Location:
Student:	Staff who administered Epinephrine:
Time of injection:	Adult or Junior dose of Epinephrine?
Time of notification of Emergency Services:	Location on body of injection:
Description of event with sign/symptoms displayed by student:	Student's response to injection:
Additional Staff involved:	Time & Name of family notified:
Was CPR required?	Course of Action determined by Emergency Medical Services:

APPENDIX G – HEAD LICE

A Parent's Guide to Head Lice

If you have questions, contact your local health department or clinic.

Actual size of egg (nit), nymph, and adult head lice compared to a penny.

Image Courtesy CDC

California Department of Public Health
Vector-Borne Disease Section
(916) 552-9730
www.cdph.ca.gov
2016

A PARENT'S GUIDE TO HEAD LICE

Easy Steps to Control Head Lice

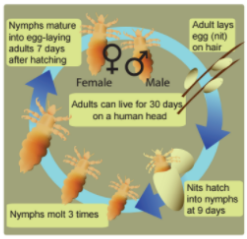
What are head lice?

Head lice are small insects that live in people's hair and feed on their blood. Lice glue their eggs, also called nits, to hair.

Head lice die quickly (within two days) without feeding so they cannot live very long away from your child's head.

Nits take six to nine days to hatch, and seven or more days for the lice to become egg-laying adults.

Development of Head Lice



How do people get head lice?

Children can give head lice to other children from head-to-head contact and sometimes when they share combs, hats, clothing, barrettes, helmets, scarves, headphones, or other personal items.

Head lice are a problem in homes, day care centers, elementary, and preschools. Children are more likely to get lice from family members and playmates than from classmates at school.

How do I know if my child has lice?

The only way to know if your child has lice is to look through their hair. Adult and nymphs may be more difficult to see than the nits which are usually found about 1/4 inch from the scalp.

Don't confuse dirt or dandruff with nits. Nits stick on the hair.

How can I get rid of my child's lice?

Nit combing and removal

If your child has head lice, the best way to get rid of the lice is to comb their hair every day with a nit comb for two weeks.

Nit combs should be metal (not plastic) and have long teeth. Several brands of nit combs are available at your local pharmacy.

A good example is the LiceMeister®* metal comb that costs about $10. Metal flea combs found at pet stores may be used as well.

The best way to remove nits is to part the hair into small sections. Comb from the roots to the tip of the hair. As each section is combed, fasten the hair to the scalp to keep track of what has been combed. If lice are found, wipe or rinse the comb before using again. It is easier to comb wet hair.

Any nits that cannot be combed out must be removed. You can do this by picking them out with fingernails or by cutting a single hair between the scalp and where nits are attached.

Check all family members' hair completely. Common places to find lice are close to the scalp, the neckline, and behind the ears.

Treatments

Permethrin (Nix®*) or pyrethrin are the active ingredients in most over-the-counter head lice treatments.

Benzyl Alcohol lotions (5%) such as Ulesfia®* can be prescribed to kill lice on children 6 months and older.

Ivermectin (0.5%) treatments such as Sklice®* can be prescribed to kill nits and lice in children 6 months of age and above.

Spinosad (0.9%) treatments such as Natroba®* can be prescribed to kill both lice and nits on children above 4 years old.

The AirAllé®* is a device that delivers heated air at high flow to the scalp to kill lice and nits.

VERY IMPORTANT TREATMENT INFORMATION:

- **Follow the label directions carefully.**
- **Treat only people who have head lice.**
- **Do not leave the product on for a longer time than recommended; it will not kill the lice faster.**

- **Each person with head lice needs a complete treatment. Do not split a single box of shampoo or rinse between people.**
- **Even after treatment, you should remove nits daily with a metal nit or flea comb until all nits are completely removed.**
- **Wait at least seven to ten days before treating someone for a second time if they still have lice. During this seven to ten day period continue to remove any lice and nits found.**

What if the treatment did not work?

Here are a few reasons the treatment might not have worked:

- The directions on the treatment product were not followed closely enough.
- The nits were not completely removed.
- The child got head lice again from a playmate.
- Lice may not die right away.
- The problem was not lice.

There is NO proof that the following products work:

- Vinegar
- Compounds that say they dissolve the glue on the nits "to ease their removal."
- Mayonnaise
- Olive oil
- Tea tree oil

Here are a few other things you can do to get rid of the lice or nits in your home:

- Wash clothing and bedding in hot water (130˚F) then dry on a hot cycle for at least 20 minutes.

- Seal items in plastic bags for two weeks to kill lice by preventing them from getting a blood meal.
- Boil combs, brushes, hair bands, and barrettes in water for five minutes, or soak them in rubbing alcohol or Lysol®* for one hour.
- Vacuum carpets and furniture.

* Use of this product name does not imply commercial endorsement by the California Department of Public Health.

Head Lice 101

Head Lice 101

What You Should Know About Head Lice

headfirst Lice LESSONS

Overview

Head lice are a common community problem. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11 years old. Children attending preschool or elementary school, and those who live with them, are the most commonly affected.[1]

Head lice are not dangerous.[1] They do not transmit disease, but they do spread easily, making it a community issue.[2] Additionally, despite what you might have heard, head lice often infest people with good hygiene and grooming habits.[2,3] Your family, friends or community may experience head lice. It's important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.

What Are Head Lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood.[3] An adult louse is the size of a sesame seed. Baby lice, or nymphs, are even smaller. Nits are the tiny, teardrop-shaped lice eggs. They attach to the hair shaft, often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.[1]

NIT

Fast Facts

- **An estimated 6 to 12 million infestations occur each year among U.S. children 3 to 11 years of age[1]**
- **Head lice often infest people with good hygiene[2,3]**
- **Head lice move by crawling; they cannot jump or fly[1]**
- **Head lice do not transmit disease, but they do spread easily[1]**
- **If you or your child exhibits signs of an infestation, it is important to talk to your doctor to learn about treatment options**

Nymph

How Are Head Lice Spread?

- Head lice move by crawling and cannot jump or fly.[1]
- Head lice are mostly spread by direct head-to-head contact – for example, during play at home or school, slumber parties, sports activities or camp.[1]
- It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing, hats, scarves or coats, or other personal items, such as combs, brushes or towels.[1]
- Head lice transmission can occur at home, school or in the community.[1]

Full-Grown Louse

What Are the Signs & Symptoms of Infestation?

Signs and symptoms of infestation include[1]:

- **Tickling** feeling on the scalp or in the hair
- **Itching** (caused by the bites of the louse)
- **Irritability** and difficulty sleeping (lice are more active in the dark)
- **Sores on the head** (caused by scratching, which can sometimes become infected)

Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.[4]

Head Lice 101

What You Should Know About Head Lice

headfirst Lice LESSONS

What If My Child Gets Head Lice?

If you suspect your child might have head lice, it's important to talk to a school nurse, pediatrician or family physician to get appropriate care. There are a number of available treatments, including new prescription treatment options that are safe and do not require nit combing. Other things to consider in selecting and starting treatment include:

- Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by healthcare professional.[5]
- Resistance to some over-the-counter head lice treatments has been reported. The prevalence of resistance is not known.[6,7]
- There is no scientific evidence that home remedies are effective treatments.[8]
- Head lice do not infest the house. However, family bed linens and recently used clothes, hats and towels should be washed in very hot water.[4]
- Personal articles, such as combs, brushes and hair clips, should also be washed in hot soapy water or thrown away if they were exposed to the persons with active head lice infestation.[4]
- All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time.[4]

Myths & Facts About Head Lice

Myth: Only dirty people get head lice.

Fact: Personal hygiene or household or school cleanliness are not factors for infestation. In fact, head lice often infest people with good hygiene and grooming habits.[2,3]

Myth: Head lice carry diseases.

Fact: Head Lice do not spread diseases.[1]

Myth: Head lice can be spread by sharing hairbrushes, hats, clothes and other personal items.

Fact: It is uncommon to spread head lice by contact with clothing or other personal items, such as combs, brushes or hair accessories, that have been in contact with a person with head lice.[4]

Myth: Head lice can jump or fly, and can live anywhere.

Fact: Head lice cannot jump or fly, and only move by crawling. It is unlikely to find head lice living on objects like helmets or hats because they have feet that are specifically designed to grasp on to the hair shaft of humans. Additionally, a louse can only live for a few hours off the head.[1]

Myth: You can use home remedies like mayonnaise to get rid of head lice.

Fact: There is no scientific evidence that home remedies are effective treatments.[8] A healthcare provider can discuss appropriate treatment options, including prescription products.

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NASN National Association of School Nurses

Letter to Parents about Head Lice

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pivot
[School address]
[Phone]
[Current date]

Re: Possible Head Lice

Dear [parent or guardian name]:

As your child's instructor, I wanted to alert you that your child visited campus today with evidence of head lice. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11, so you are not alone.[1]

Head lice are not dangerous. They do not transmit disease, but they do spread easily.[1] **It is important to talk to your family physician or pediatrician to get appropriate care.** A few things to consider include:

- All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time.[7]
- There are a number of available treatments, including new prescription treatment options that are safe and do not require combing out nits from your child's hair.
- Resistance to some over-the-counter head lice treatments has been reported. The prevalence of resistance is not known.[3,4]
- There is no scientific evidence that home remedies are effective treatments.[5]
- Family bed linens and recently used clothes, hats and towels should be washed in very hot water.[7]
- Personal articles such as combs, brushes and hair clips should also be washed in hot water if they are in contact with a person with head lice.[2]
- [Insert any school-specific instructions (e.g., school policy requires that your child stay home until no live louse is found)].

Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood. The eggs, also called nits, are tiny, tear-drop shaped eggs that attach to the hair shaft. They are often found around the nape of the neck or the ears. Nits may appear yellowish or white and can look similar to dandruff. But, unlike dandruff, they can be difficult to remove. Nymphs, or baby lice, are smaller and grow to adult size in one to two weeks. Adult lice are the size of a sesame seed and tan to grayish-white.[1]

As you and your family deal with this uncomfortable but common issue, keep in mind that head lice infestations are not related to cleanliness.[6,7] In fact, head lice often infest people with good hygiene and grooming habits.[7] Infestations can occur at home, school or in the community. Head lice are mostly spread by direct head-to-head contact—for example, during play at home or school, slumber parties, sports activities or camp. Less often, head lice are spread via objects that have been in recent contact with a person with head lice, such as hats, scarves, hair combs, brushes, etc.[1,6]

We are here to help you in any way we can. Please do not hesitate to contact us if we can answer any questions or provide you with additional information.

Sincerely,

[Name of instructor]

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APPENDIX H – PERTUSSIS (WHOOPING COUGH)

Letter to Parents – Pertussis (Whooping Cough)

Pertussis (Whooping Cough)

Dear Parent or Guardian:

Your child may have been exposed to pertussis (whooping cough) on (insert date). Pertussis is an infection that affects the airways and is easily spread from person to person by coughing or sneezing. Its severe cough can last for weeks or months, sometimes leading to coughing fits and/or vomiting. Anyone can get pertussis, but it can be very dangerous for babies and people with weakened immune systems. Family members with pertussis, especially brothers and sisters, as well as mothers and fathers, can spread pertussis to babies.

Recommendations:

1. If your child has a cough:
   - Keep your child home from school and activities, such as sports or play groups. See items 4 and 5 about when your child can return to these activities.
   - Make an appointment with your child's doctor as soon as possible and tell the doctor that your child may have been exposed to pertussis.
2. If your child has been told by a doctor that they have a weakened immune system, ask your child's doctor to prescribe antibiotics to your child as soon as possible to prevent pertussis. Antibiotics should be given to a child with a weakened immune system if they may have been exposed to pertussis, even if he or she is not coughing.
3. If your child lives with any of the following people and may have been exposed to pertussis, ask your child's doctor to prescribe antibiotics as soon as possible to your child, even if he or she is not coughing:
   - A woman who is pregnant
   - A baby younger than 12 months old
   - Anyone with a weakened immune system
4. If your child has been diagnosed with pertussis by his or her doctor:
   - Tell the school that your child has been diagnosed with pertussis.
   - School officials may request that you keep your child home from school and activities, such as sports or play groups, until your child has been on antibiotics for five days to treat pertussis.
   - Ask your child's doctor for a note that states your child has pertussis.
5. If your child's doctor says your child does NOT have pertussis:
   - Ask for a note from the doctor telling the school that your child's cough is NOT pertussis and that your child can return to school and other activities at any time.

Please make sure your family's vaccinations are up-to-date. Protection against pertussis from the childhood vaccine, DTaP, decreases over time. Older children and adults, including pregnant women, should get a pertussis booster shot called "Tdap" to help protect themselves and babies near or around them. If you need Tdap, contact your healthcare provider.

If you have any questions or concerns, please call us at [insert contact], or your local health department at (insert # here).

Letter to Staff – Pertussis (Whooping Cough)

Pertussis (Whooping Cough)

Dear Staff,

A case of pertussis has been reported on (campus location) Pivot Campus, (location detail on campus) on (date). Pertussis, also known as whooping cough, is a high contagious bacterial disease spread by coughing/sneezing. Infants too young for vaccination are at greatest risk of life-threatening cases of pertussis. Whooping cough causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep, complications can result in hospitalization or even death.

Identification:

- Early signs/symptoms are similar to common cold: runny nose, occasional cough, low-grade fever
- Later sign/symptoms:
  - episode of severe coughing fits
  - coughing episode may be followed by characteristic high-pitched "whoop" sound
  - intense coughing that results in vomiting
- Whooping cough infection can last for weeks to months
- Diagnosis: signs/symptoms, laboratory testing of mucous, blood test

***Due to resemblance to the common cold, most cases aren't identified until severe symptoms are present.

Spread of Infection:

- Whooping cough is spread through the air by droplets produced coughing/sneezing
- May also spread through touching secretions from infected person's mouth/nose followed by touching one's own eyes, nose or mouth
- Incubation period is 4-21 days, usually 7-10 days, from exposure to appearance of symptoms
- Infected people are most contagious up to about 2 weeks after the cough begins
- Individuals receiving antibiotics for treatment are still contagious until 5 days of antibiotics are completed

Prevention:

- Vaccinations for school age children
- **Vaccination highly recommended for pregnant women AND adults in close contact with infants-** See Healthcare Provider for specific recommendation
- Vaccination does not provide 100% protection, individuals may still become infected, antibiotics may shorten duration and/or lessen severity illness
- Hand hygiene critical to preventing most communicable diseases
- Cough/sneeze etiquette (into elbow or tissue, followed by handwashing)

Treatment:

- Antibiotics are prescribed, ordered dose must be completed. Antibiotics may not lessen symptoms, but will lessen time individual is contagious
- Antibiotics not typically given to individuals with a cough present for >21 days

Pertussis is a reportable disease to the local health department. Pivot will be working closely with the health department to identify cases and prevent an outbreak. If you have any questions or concerns, please contact your Site Administrator, or the local health department at (number).

Community Letter – Pertussis (Whooping Cough)

Pertussis (Whooping Cough)

Dear Parent or Guardian:

Your child may have been exposed to pertussis (whooping cough). Since [insert date], the [insert health department] has seen an increased number of pertussis cases in [insert location]. Pertussis is an infection that affects the airways and is easily spread from person to person by coughing or sneezing. Its severe cough can last for weeks or months, sometimes leading to coughing fits and/or vomiting. Anyone can get pertussis, but it can be very dangerous for babies and people with weakened immune systems. Family members with pertussis, especially brothers and sisters, as well as mothers and fathers, can spread pertussis to babies.

Recommendations:

1. If your child has a cough:
    - Keep your child home from school and activities, such as sports or play groups. See items 4 and 5 about when your child can return to these activities.
    - Make an appointment with your child's doctor as soon as possible and tell the doctor that your child may have been exposed to pertussis.
2. If your child has been told by a doctor that they have a weakened immune system, ask your child's doctor to prescribe antibiotics to your child as soon as possible to prevent pertussis. Antibiotics should be given to a child with a weakened immune system if they may have been exposed to pertussis, even if he or she is not coughing.
3. If your child lives with any of the following people and may have been exposed to pertussis, ask your child's doctor to prescribe antibiotics as soon as possible to your child, even if he or she is not coughing:
    - A woman who is pregnant
    - A baby younger than 12 months old
    - Anyone with a weakened immune system
4. If your child has been diagnosed with pertussis by his or her doctor:
    - Tell the school that your child has been diagnosed with pertussis.
    - School officials may request that you keep your child home from school and activities, such as sports or play groups, until your child has been on antibiotics for five days to treat pertussis.
    - Ask your child's doctor for a note that states your child has pertussis.
5. If your child's doctor says your child does NOT have pertussis:
    - Ask for a note from the doctor telling the school that your child's cough is NOT pertussis and that your child can return to school and other activities at any time.

Please make sure your family's vaccinations are up-to-date. Protection against pertussis from the childhood vaccine, DTaP, decreases over time. Older children and adults, including pregnant women, should get a pertussis booster shot called "Tdap" to help protect themselves and babies near or around them. If you need Tdap, contact your healthcare provider.

If you have any questions or concerns, please call us at [insert contact], or your local health department at (Insert # here).

APPENDIX I – VARICELLA (CHICKENPOX)

Letter to Parents – Chickenpox)

Chickenpox

Dear Parents & Guardians,

This letter is to notify you that some children attending Pivot's Resource Center have contracted chickenpox. Varicella causes an acute illness with a rash that results in children missing days at school while they have a rash and parents missing work when they stay home to take care of their children. Most children now are vaccinated with at least one dose of varicella vaccine but because one dose of the vaccine is 80-85% effective for preventing chickenpox, it is not unusual to see breakthrough disease. Two doses of varicella vaccine are now routinely recommended for children.

Background: Chickenpox is a very contagious infection caused by a virus. It is spread from person to person by direct contact or through the air from an infected person's coughing or sneezing. It causes a blister-like rash, itching, tiredness, and fever lasting an average of 4 to 6 days. Most children recover without any problems. Chickenpox can be spread for 1-2 days before the rash starts and until all blisters are crusted or no new lesions appear within a 24-hour period. It takes between 10-21 days after contact with an infected person for someone to develop chickenpox. Chickenpox in vaccinated persons is generally mild, with a shorter duration of illness and fewer than 50 lesions. The rash may be atypical with red bumps and few or no blisters.

What should you do? California Department of Public Health strongly encourages you to have your child receive their first or second dose of varicella vaccine if your child has not been vaccinated and has never had chickenpox. For children who had received 1 dose, a second dose is recommended.

If your child or anyone in your household currently has symptoms that look like chickenpox: Contact your regular health care provider to discuss your child's symptoms and to see if anyone in the home needs to be vaccinated.

Contact the school to report your child's chickenpox.

Anyone who has chickenpox should avoid contact with others who have not had chickenpox or who are not vaccinated against chickenpox. They should not attend school, daycare, work, parties and/or other gatherings until the blisters become crusted (about 4-6 days after rash appears), or no new lesions appear within a 24-hours period. Keep all chickenpox spots and blisters and other wounds clean and watch for possible signs of infection; including increasing redness, swelling, drainage and pain at the wound site.

If you or anyone else in your household has a weakened immune system or is pregnant and has never had chickenpox or the vaccine, talk with your doctor immediately.

Return to School Following Chickenpox: Infected individuals cannot return to campus until all lesions are crusted over (usually about 5 days). Breakthrough varicella cases may not develop lesions that crust, these individuals should not return until no new lesions appear within a 24-hour period.

Controlling the Outbreak: It is now recommended that children with one dose of varicella vaccine receive a second dose routinely. If your child does develop chickenpox, he/she should be kept from attending school until the rash has crusted over.

If you have any further questions or concerns, you can contact (name of site administrator) or call (insert contact phone number).

Varicella (Chickenpox) – Report Form

Varicella Report Form

School district: _____

Number of staff in the school: _____Number of infected staff in the school:_____

Number of students in the school by grade/number of cases in grade:

Grades	K	1	2	3	4	5	6	7	8	9	10	11	12
Students													
Cases													

Number of students excluded	Number of PBEs	Health Department Contact & Number/Date Notified

Outbreak Location: _____

					Varicella Vaccine?				Disease History?		
CASE NAME	AGE	GRADE	TEACHER NAME	RASH ONSET DATE	None	One dose	Two doses	Unknown	No	Yes	Unknown