



ABC

ADULT SCHOOL

Learning for Success

**Health and
Safety
Plans
2021-22**



**Council on
Occupational Education**



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**Western Association of
Schools and Colleges**

ABC Adult School

CUESTA MAIN CAMPUS

12254 Cuesta Drive, Cerritos, CA 90703

CABRILLO LANE BRANCH CAMPUS

20122 Cabrillo Lane, Cerritos, CA 90703

**ADULT SCHOOL
EMERGENCY PROCEDURES
*CABRILLO LANE & CUESTA SITES***



ABC Unified School District Adult School

Emergency Preparedness

Cuesta and Cabrillo Lane Campuses

- Responsible and effective emergency planning will assist in completing our school's preparedness goals during an emergency.
- Proactive actions are implemented as a response to an imminent hazard to protect students, staff, and all other personnel in and around the campus, from the potential consequences of the pending threat. The fundamental principles to consider in deciding on the proper response are:
 - Avoid moving students toward the threat.
 - Take appropriate action to keep the threat from getting to the students.
- Per California State Law, all **staff** is part of the emergency team. You are encouraged to know our plan, to learn the emergency procedures and to keep the classroom emergency supplies up to date.

Review and complete the following procedures in preparation for all our emergency drills.

<h3><u>Before the Drills/Emergency</u></h3>
--

- Update Classroom's Emergency Materials
 - Updated class list (attendance sheets)
 - First Aid Kit (plastic gloves, band aids, cotton balls, soap)
 - Flashlight
 - Pen or pencil
 - Fire/Disaster Form
 - Classroom Roster
 - Remember what team you are on.
- Please read and review the *ABC Adult School Emergency Procedures*, updated information, and other pertinent material.
- Check that the School Emergency Evacuation Route map is posted in your room. On it, mark your classroom location in a contrasting color. Contact the front office if you need a copy.
- Classroom teachers may consider keeping a blanket, supply of bottled water, non-perishable food/ snacks and other supplies in their room in the event an emergency requires a sustained lock-down.
- Check the location of your fire extinguisher and recall the acronym to remind you how to use it: **PASS** - **P**ull the pin, **A**im at the base of the fire, **S**queeze the nozzle and **S**weep at the base of the fire.

Drills/Emergency

Earthquake - to raise our awareness of the potential for a real earthquake and in preparation for the Southern California Annual Southern Shakeout drill on October 16th and other drills

- **Drop, Cover and Hold On:** Get underneath a desk and stay away from windows. Use one hand to hold onto desktop and one hand to cover neck area.
- Go out, **leaving the door open**, and report any injuries to the EOC or Attendance Secretary.
- **STAY IN CHARGE OF YOUR CLASS.** Quickly evacuate students to the assigned assembly area (please see Evacuation Procedure Map posted in your class). Take the clipboard with student accounting form, emergency information, and/or your attendance sheets.
- **All staff should take Emergency Gear and the First Aid Kit to your assigned areas.**
- Do not walk under overhang or under any potential unstable structure.
- Once in the assembly area, gather your students and take roll. Supervise your class and those around you. Do not allow students to return to the classroom to retrieve personal items.
- Keep students at least 50 feet away from the buildings.
- Complete the student accounting report form on page 15; building leaders will collect the form. Note on the form any students in the classroom or missing. Also note any damage to the classroom.
- Wait for further information and directions. Remain calm and be flexible.
- All teachers report to their designated area in the Emergency Assemble Area.
- Stay in the assembly area until the "**ALL CLEAR**" signal is announced.

Lockdown/Shelter-In -Place is appropriate for threats posed by atmospheric contamination. These threats could include accidents or attacks involving chemical, biological or radiological hazards.

- Announcement: ***"This is a lockdown/shelter-in-place drill, repeat; this is a shelter-in-place. We have an emergency or we are conducting a drill. Go to the nearest office or classroom and stay inside until you receive further instructions from the administrator in charge."***
- Close and lock all exterior windows and doors to prevent inadvertent opening.
- Turn off all lights and unnecessary equipment.
- Instruct students to remain calm and quiet.
- If a fire alarm goes off during a lock down, do not evacuate.
- All staff in control of students at the time of the lockdown become responsible for those students at that time. Instructors and/or staff members are responsible for accounting

for students. Encourage your students to stay inside in a safe area during a drill or emergency.

- Students without staff must be directed to the office or nearest safe classroom.
- If you are outside of a building when a lockdown is announced and if it is safe to do so, proceed into the nearest classroom and follow the above lockdown instructions.
- All personnel should be in a classroom or office for a shelter-in-place emergency or drill.
- If safe to do so, designated staff should bring updated material and equipment - attendance records, AEDs, needed medical equipment - to shelter-in-place locations
- Turn off all heating, ventilation, and air conditioning (HVAC) systems (if able)
- Take attendance and report to the designated person via email: Maria Vizcarra - maria.vizcarra@abcusd.us - Cab Lane or Winnie Wong - winnie.wong@abcusd.us - Cuesta.
- Students and staff should not attempt to leave the classroom until told to do so by security or police personnel.
- During a drill, an announcement will be made through the PA system that the drill is over. Do not allow anyone to leave until notified by emergency personnel.
- Answer calls/texts from the command center such as *"How many people, including yourself, in your room? Are you missing anyone?"*
- When the drill is over or the condition causing the lockdown has been eliminated, an *"all clear - the lockdown is over"* announcement will be made over the campus PA system.

Lockdown/Active Shooter is appropriate for threats posed from outside or inside the building. These threats could include a violent person attempting to enter the school, a perpetrator already inside, or nearby criminal or terrorist activity.

- You will be notified through the PA system with the following announcement: ***"May I have your attention? This is a lock-down/intruder (drill), repeat; this is a lockdown. We have an emergency. Report to the nearest office or classroom and secure yourself inside."*** This announcement will be repeated to SIAs via radios/texts.
- Students without staff must be directed to the office and/or students outside of the school should move away from the school to the designated evacuation site or another appropriate, safe location. If it is not safe to run inside a building or the safe evacuation area, hide behind a large heavy object (i.e. vehicle, tree).
- The designated off-campus evacuation areas are: Cuesta - across the street behind the district office. Cab Lane - across Cabrillo Lane behind shops.
- Lock all classroom/office doors and windows immediately.
- Cover door window and close the window blinds.
- Turn off room/office lights.
- Instruct students to remain calm and quiet.
- Turn your cell phone on vibrate.
- If a fire alarm does go off during a lockdown, do not evacuate.

- Take attendance and report it to the designated staff via email: Maria Vizcarra - maria.vizcarra@abcusd.us - Cab Lane or Winnie Wong - winnie.wong@abcusd.us - Cuesta. When contacted - include missing or additional students.
 - All staff in control of students at the time of the lockdown becomes responsible for those students at that time. Instructor and/or staff members are responsible for accounting for students and encouraging that no one leaves the safe area.
 - The administrator-in-charge or designee will immediately dial 911 and inform law enforcement that the school is in a "lock-down" situation with an intruder on campus.
 - Do not contact the office unless it is an emergency. (Examples: you have information regarding the intruder, health issue, or injury.)
 - Students and staff should not attempt to leave the classroom until told to do so by security or police personnel. Do not allow anyone to leave until notified by emergency personnel or the administrator in charge.
 - If you have access to Group Wise e-mail, the office will communicate with you regarding the situation through e-mail. Initially, the office will call staff members by classroom numbers. When you are called, indicate your status as "all clear" or update the office with any pertinent information. The designated person may contact the classes and record all information on a separate sheet.
 - When the situation has been resolved, everyone will be notified by an announcement over the PA system. You will hear an **"All Clear"**.
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ABC Adult School – Cabrillo Lane Educational Center PREPAREDNESS RESPONSIBILITY FORM – 2021/2022

Responsible and effective emergency planning will go a long way to complete our school's goals during an emergency.

Per California Government Code, Chapter 8, Section 3100 "... all public employees are hereby declared to be disaster service workers subject to disaster service activities as may be assigned to them by their superiors or by law."

You should know our ABC Adult School's emergency plan and keep classroom/office emergency supplies up to date.

ADULT SCHOOL FACULTY & STAFF

GROUP SUPERVISOR/DISASTER COORDINATOR:..... **Principal**

1. Brief and updates the Site Administrators regarding emergency preparedness plan.
2. Delegates reports, evaluates and disseminates information.

SITE LIAISON: **Principal's Secretary, Mercedes Fattorini**

1. Establishes contact and maintains coordination with all responders from off-site.
2. Provides and supports the communication capability at the School Site.
3. Monitors communication at the School Site.
4. Prepares reports for District Emergency Command Center.

CABRILLO LANE CAMPUS TEAMS

EMERGENCY OPERATION CENTER (EOC)

Incident Commander (IC) **Janice Peterson, Principal**

Location: Assembly Area - In front of the Soccer Field

Assistant - Diane Jhun
Assistant - Charlene DeJong

1. Responsible for all of Cabrillo Lane site
2. Remains at the EOC
3. Coordinates all groups
4. Communicates with Cuesta Adult School Campus
5. Assumes over-all responsibility of student control after a disaster or emergency

ATTENDANCE ACCOUNTING: (AA)

Location: EOC ----- **Maria Vizcarra, Safety Secretary**

1. Collects Earthquake/Disaster forms from teachers.
2. Liaises with other Site Staff for student accounting information.
3. Informs EOC of all missing persons.
4. Communication liaison with Principal to Cuesta Site.

COMMUNICATION TEAM:

Location: EOC ----- **Diane Jhun**

1. Support Incident Commander (IC) by facilitating and delivering communications.
2. Set up PA System or bull horn
3. Use cell phone messages, walkie-talkies, messengers, and any other means needed to communicate between school emergency services and district office as needed.
4. Relay official communications from IC to staff and students in assembly area, parents, and public as needed.

REUNIFICATION TEAM:

Location: EOC ----- **Charlene DeJong/Marci Levins/Diane Dedourian**

1. Greet and direct parents/guardians/family members through the Request process.
2. Request identification and verify authorization for students on their emergency cards.
3. Locate student
4. Have parents of school-age students sign "Permit for Release of Child" form.
5. When reunited, collect and file original "Permit for Release of Child" form.

CAMPUS SWEEP AND SAFETY CHECK -----Arnold Navarro, SIA
Robert Gonzales, Custodian
Frank Burton, Custodian
Designated SIA

1. Checks utilities and takes appropriate action to minimize damage to school site and reports status to EOC.
2. Insures that all routes to the Evacuation Assembly Area (EAA) are clear.
3. Assists in the evacuation of classes to their assigned EAA areas.
4. Checks buildings and structures for damage and reports to EOC.
5. Assists in extinguishing small fires.
6. SWEEPS CAMPUS - After evacuation area is complete.
 - a. Checks each room for students left behind. (Start at AREA I-Cabrillo Lane side.)
 - b. Calls EOC to report any emergencies and/or injuries.
 - c. Closes/locks doors after checking.

STUDENT AND STAFF ACCOUNTING TEAM

Location Area – Assembly AreaTeachers & Paraeducators

1. Determines the extent of injuries and capabilities for class evacuation.
2. Evacuates classrooms to EAA using predetermined routes
3. Takes any emergency items needed, roll sheet and Earthquake/Disaster Forms.
4. Leaves door open and unlocked.
5. Informs EOC of any students injured and/or missing.
6. Stays with their students in the EAA. Keeps them calm, safe and organized.

FIRST AID TEAM

Location EAA (in the field) Teacher Karen Dennis and Medical Assistant Class
Nurse – Rebecca Lengle – M-F 12:30 TO 1:30

1. Sets up First Aid Area: Retrieves supplies from storage shed and lays out tarps.
2. Triage the injured.
3. Administers first aid, records name of student and injuries, and administers first aid.
4. Records injuries and first aid applied. Names of injured students
5. Reports triage info.

SITE TEAM (SECURITY, UTILITIES, SANITATION, AND SHELTER

Location – Gates and then Cab Lane Gate Arnold Navarro, Evening SIA, Bridges SIA – as needed

1. IMMEDIATELY lock all external gates and doors – secure campus.
2. Monitor gates and opens for emergency vehicles, and direct first responders to area of need.
3. Post signs as needed
4. Directs all stray students to the EAA.
5. Directs parents to the reunification area
6. Check utilities and take action to minimize damage to school site.
7. Assesses damage to site and report findings to IC and/or EOC
8. Establish emergency areas as needed – sanitation, shelter, morgue,
9. Help distribute resources such as water, food, power, etc.
10. Communicate with IC and EOC

LIGHT SEARCH AND RESCUE/FIRE SUPPRESSION

Location – Near EOC and Assigned Campus Areas Carolyn Cervantes #16
Bob Marseille – #1
Mona Doshay – #8
Todd Tabon

Designated SIA

1. Responds to EOC communication as to location of trapped or injured persons.
2. Triage victims.
3. Transports victims that can be safely moved to the first aid station.
4. Reports trapped victims or those that cannot be moved to the EOC.

CABRILLO LANE TEACHER AND INFORMATION

Cabrillo Lane Campus Areas

- **Area 1** Room # 24, 25, 26, 28, 18, 20 - (**Blue**)
- **Area 2** Room # 2, 4, 6, 8, 9, 10, 12, 14, 16 - (**Yellow**)
- **Area 3** Room # 1, 3, 5, 7, 7a, 11, 13, 15, 21, 22 - (**Green**)
- **Area 4** Room # K-1, K-2, K-3, K-4, 17, 17a, 19, 19a - (**Red**)

Cabrillo Lane Teacher Buddies – Use buddy system as needed

Area 1

- **Leaders - Kathy George or Diane Jhun**
 - Room # 24 and 25 and 26 and 28
 - Room # 18 and 20

Area 2

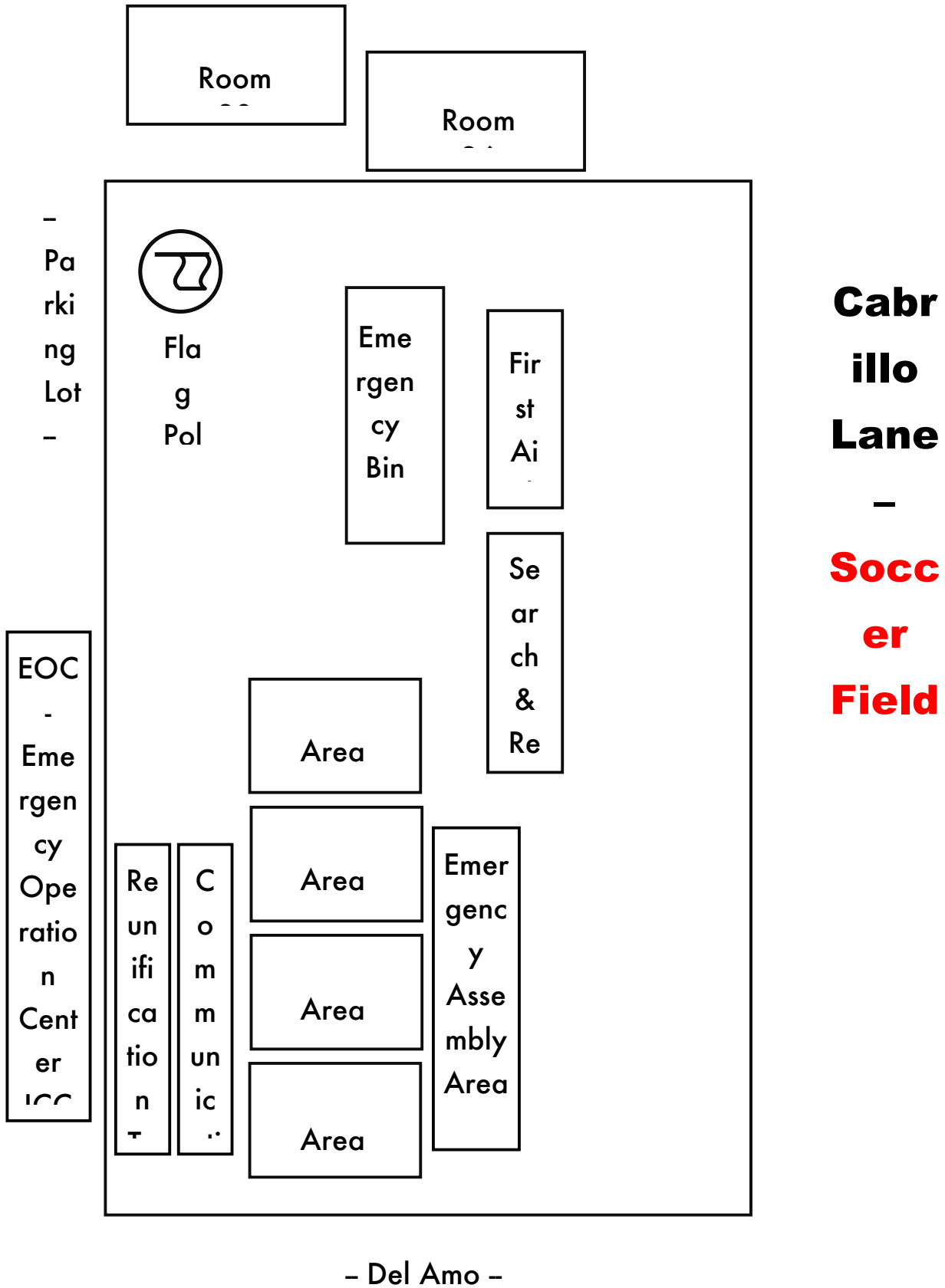
- **Leaders - Maureen Van der Heyden – Speech Pathologist**
 - Rooms # 2 and 4 and 6 and 8
 - Rooms # 9 and 10
 - Rooms # 12 and 14 and 16

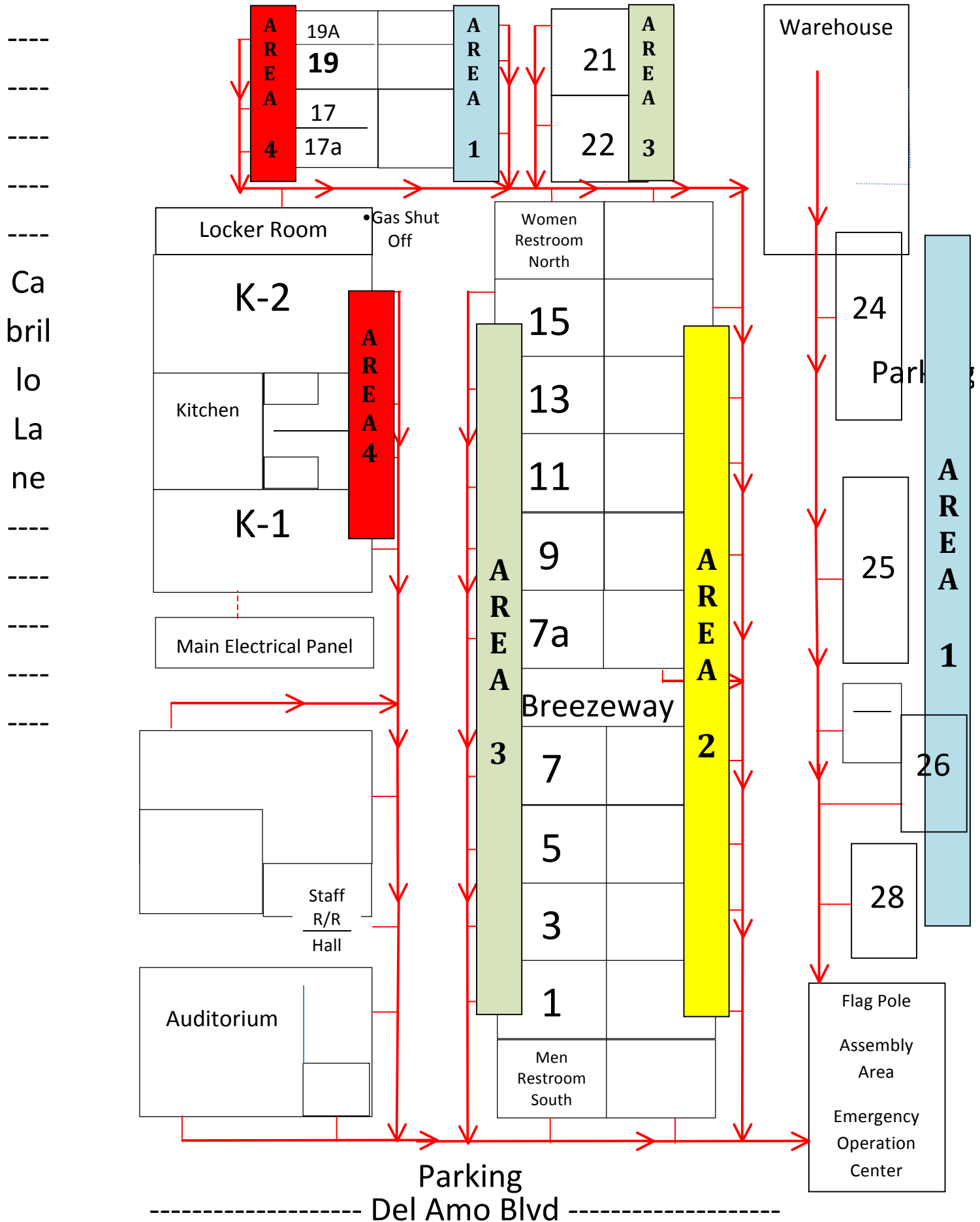
Area 3

- **Leaders – Georgia Grissom and Bob Marseille**
 - Rooms # 1 and 3 and 5 and 7
 - Rooms # 11 and 13 and 15
 - Rooms # 21 and 22

Area 4

- **Leaders – Eddie Hernandez and designated Secretary**
 - Rooms # K-1 and K-2
 - Rooms # K-3 and K-4 and 17 and 17a and 19 and 19a





CUESTA CAMPUS TEAMS

EMERGENCY OPERATION CENTER (EOC)

Incident Commander (IC) PaoLing Guo (Backup Chuck Minear)

Location: Assembly Areas - Perimeter of campus per map

Assistant – Mercedes Fattorini

6. Responsible for all of Cuesta site
7. Remains at the EOC
8. Coordinates all groups
9. Communicates with District Office and Cabrillo Lane Site
10. Assumes over-all responsibility of student control after a disaster or emergency

ATTENDANCE ACCOUNTING: (AA)

Location: EOC ----- **Winnie Wong**

5. Collects Earthquake/Disaster forms from teachers through runners
6. Liaises with other Site Staff for student accounting information.
7. Informs EOC of all missing persons.
8. The following people collect “Earthquake Disaster Form” from teachers and report to Winnie Wong at EOC

EVAC 1 (F, E-4 teachers)CTEC TOSA-Rachelle Schulz (Backup Deana Colvin)

EVAC 2 (G, F, Upholstery, H-10, H-11, H-12, H-13 Teachers

.....CTEC Secretary-Deana Colvin (Backup Rachelle Schulz)

EVAC 3 (J, K, L, M, & N Teachers)..... Job Developer - Mary Pinedo (backup Krista Stenzel)

EVAC 4 E-6, 7, H-1, A, B, C, D, H7,8,9, 10, 11, H 12, 13

..... Academic Secretary - Krista Stenzel (backup Mary Pinedo)

EVAC 5/EOC Office, faculty lounge, office restroom.....

..... Maria Tehrani (verify names that occupied these areas)

COMMUNICATION TEAM:

Location: EOC -----**Mercedes Fattorini**

5. Support Incident Commander (IC) by facilitating and delivering communications.
6. Set up PA System or bull horn
7. Use cell phone messages, walkie-talkies, messengers, and any other means needed to communicate between school emergency services and district office as needed.
8. Relay official communications from IC to staff and students in assembly area, parents, and public as needed.

REUNIFICATION TEAM:

Location: EOC -----**Rynol Weston / Mercedes Fattorini / Winnie Wong**

6. Greet and direct parents/guardians/family members through the Request process.
7. Request identification and verify authorization for students on their emergency cards.
8. Locate student
9. Have parents of school-age students sign “Permit for Release of Child” form.
10. When reunited, collect and file original “Permit for Release of Child” form.

CAMPUS SWEEP AND SAFETY CHECK.....**Coordinators: Rynol Weston, SIA
James Palacios, Custodian**

7. Sweep Team evacuates the building and then proceeds safely (avoid overhangs and damaged areas) to the Traige Center Storage, retrieve helmet and vest and check and secure rooms.
8. Checks utilities and takes appropriate action to minimize damage to school site and reports status to EOC.
9. Insures that all routes to the Evacuation Assembly Area (EAA) are clear.
10. Assists in the evacuation of classes to their assigned EAA areas.
11. Checks buildings and structures for damage and reports to EOC.
12. Assists in extinguishing small fires.
13. SWEEPS CAMPUS - After evacuation area is complete.
 - a. Checks each room for students left behind. (Start at AREA I-Cabrillo Lane side.)
 - b. Calls EOC to report any emergencies and/or injuries.
 - c. Closes/locks doors after checking.

Rooms..... Leaders or Designees

Unlock Triage Center	Chuck Minear (Backup James Palacios)
Manage Triage Center	Thomas Rodriquez
G & F Buildings – SWEEP 1	Kerri Murray (Backup Nancy Pawliz)
A, B, C, D, H-1 – SWEEP 2	Chong Li Zhu (Backup Annie Prajakvinaibodee)
J, K, L, M & N – SWEEP 3	Annie Prajakvinaibodee (Backup Chong Li Zhu)
H-4, H-5, H-6, H-7, H-8, H-9 – SWEEP 4	Natalie Sanchez (Backup Irene Hernandez)
H-10, H-11, H-12, H-13 – SWEEP 5	Irene Hernandez (Backup Natalie Sanchez)
Upholstery Center, Men's East Restroom – SWEEP 6	Chuck Minear
E Building including Office – SWEEP 7	Nancy Pawliz (Backup Kerri Murray)
Secure Gas, Water	James Palacios
Secure Parking Lots / Traffic Control / Security	Rynol Weston

STUDENT AND STAFF ACCOUNTING TEAM

Location Area – Assembly Area Teachers & Paraeducators

7. Determines the extent of injuries and capabilities for class evacuation.
8. Evacuates classrooms to EAA using predetermined routes
9. Takes any emergency items needed, roll sheet and Earthquake/Disaster Forms.
10. Leaves door open and unlocked.
11. Informs EOC of any students injured and/or missing.
12. Stays with their students in the EAA. Keeps them calm, safe and organized.

FIRST AID TEAM

Location ????

Sets up First Aid Area: Retrieves supplies from storage shed and lays out tarps.

6. Triage the injured.
7. Administers first aid, records name of student and injuries, and administers first aid.
8. Records injuries and first aid applied. Names of injured students
9. Reports triage info.

SITE TEAM (SECURITY, UTILITIES, SANITATION, AND SHELTER

Location – Gates and then Cab Lane Gate Rynol Weston

11. IMMEDIATELY lock all external gates and doors – secure campus.
12. Monitor gates and opens for emergency vehicles, and direct first responders to area of need.
13. Post signs as needed
14. Directs all stray students to the EAA.
15. Directs parents to the reunification area
16. Check utilities and take action to minimize damage to school site.
17. Assesses damage to site and report findings to IC and/or EOC
18. Establish emergency areas as needed – sanitation, shelter, morgue,
19. Help distribute resources such as water, food, power, etc.
20. Communicate with IC and EOC

LIGHT SEARCH AND RESCUE/FIRE SUPPRESSION

Location – Near EOC and Assigned Campus AreasSweep Team

5. Responds to EOC communication as to location of trapped or injured persons.
6. Triage victims.
7. Transports victims that can be safely moved to the first aid station.
8. Reports trapped victims or those that cannot be moved to the EOC.

CUESTA CAMPUS TEACHER AND INFORMATION

Cuesta Teacher Buddies – Use buddy system as needed

A and B	C and B	J and K	L, M and N	H-4, 5 and H6	G-1 and G-3
H-8 and H-9	H-10 and H-11	H-12 and H-13	G-9 and G-10	F-1, 3 and F-5	

1. Teachers stay with class to supervise your class and those around you. In case of fire caused by the quake, move students 50 feet away from the building.
2. If an emergency occurs during a non-class time, students should report to their next scheduled class.



Emergency Preparedness Resources

Sources:

www.shakeout.org/california/downloads/ShakeOutDrillManualSchools

www.dhs.gov/sites/default/files/publications/active_shooter

ABC Adult School Emergency Preparedness Injured/Missing Status Report Form – by room

Return this form to Emergency Operation Center (EOC) Personnel

Teacher's Name: _____ Room _____ Yes ____ No ____

Type(s) of Emergency (or Drill):

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Lock down | <input type="checkbox"/> Evacuate off-site |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Shelter in-place | <input type="checkbox"/> Other _____ |

Total # of students:

All Persons Accounted for: ____ Yes ____ No

Missing or Unaccounted for:

1. _____	3. _____
2. _____	4. _____

Injured Persons:

1. _____	3. _____
2. _____	4. _____

Absent:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Others not present (e.g. students who left early, sent elsewhere – WHERE?)

1. _____	3. _____
2. _____	4. _____

Additional students PRESENT and accounted for – NOT normally with you:

1. _____	3. _____
2. _____	4. _____

OTHER EMERGENCY SITUATIONS

LIFE SAFETY SYSTEM (*VARIES WITH BUILDINGS - OPTIONAL*)

The building is equipped with a life safety system including smoke detectors, manual pull stations and fire sprinklers. All these elements are designed to set off alarms as well as to transmit a signal to the central alarm station in the Main Office, activate sprinklers, return elevators to ground floor and shut down air system to prevent spread of smoke.

The life safety system has a display panel in the Main Office that will indicate the location of the emergency and will notify the Fire Department.

BOMB THREAT

In the unlikely event that you receive a bomb threat:

1. Listen carefully and write down as much information as possible, especially information about where the bomb is located and when it is set to go off.
2. Immediately notify the Main Office with the information.

In the even more unlikely event that you discover or suspect a device to be a bomb:

1. DO NOT TOUCH OR DISTURB IT IN ANY WAY.
2. Clear yourself and others from the area.
3. Notify the Main Office.

FIRE

At the first sign of a fire in your room or area:

1. Notify the Main Office so that they can call 9-1-1. Tell them the exact location of the fire and what is burning.
2. Extinguish small fires using nearest fire extinguisher.
3. Close windows and doors. Evacuate the area and warn others.
4. Follow the procedures outlined in the "Fire Drill" area of the drill procedures.

If you suspect that the fire is outside of your room or area:

1. Feel the door. If it is hot, DO NOT OPEN IT.
2. Notify the Main Office so they can call 9-1-1.
3. If the door is not hot, open it cautiously – stand behind the door and be prepared to close it quickly.

In any even, do not try to put out a fire that appears out of control. Stay calm and exit the building safely.

INJURY AND ILLNESS

1. Do not attempt to move the person.
2. Call the Main Office and request that the Nurse be sent.

Drill Announcement Scripts

Earthquake Drill Script

- May I have your attention please
- We are having an earthquake drill
- Drop, Cover, and Hold On
- Get underneath a desk and stay away from windows
- Use one hand to hold onto the desktop and one hand to cover your neck area.
- If this were a real earthquake, you would wait until the shaking has ended to evacuate to the **safest** assembly area.

Wait 45 seconds --

- You should now evacuate to the assembly area with your teacher
- Leave your doors open.
- You must stay with your class and do not walk under any overhangs or near **obstacles that could be hazardous**.
- Teachers, you must have all your students leave the class before you leave.
- A sweep of all rooms will begin now.
- Stay with your teachers in you assigned assembly area until you are informed it is safe to return to class.

When the sweep is over -

- The earthquake drill is now over.
- You may return to your classrooms.
- Thank you for your cooperation.

Shelter in Place Drill Script

- This is a shelter in place drill - repeat, a shelter in place drill
- If you are outside, go to the nearest office or classroom and stay inside until you receive further instructions from the administrator in charge.
- Close and lock all exterior windows and doors to prevent entry or inadvertent opening.

- Turn off all lights and unnecessary equipment.
- You will be informed when the shelter in place drill is over.

When the drill is over --

- The shelter in place drill is now over.
- You may resume your classroom activities.
- Thank you for your cooperation.

Lock Down Drill Script

- ✚ May I have your attention please? This is a lock down drill, repeat, a lock down drill.
- ✚ Report to the nearest office or classroom and secure yourself inside.
- ✚ Lock all the classroom/office doors and windows immediately.
- ✚ Cover doors, windows, and close the window blinds.
- ✚ Turn off room and office lights.
- ✚ Turn your cell phones to vibrate
- ✚ Remain calm and quiet.
- ✚ If a fire alarm goes off, do not respond.
- ✚ Stay away from the doors and windows.
- ✚ Follow instructions to move as a class to another location.

When the drill is over - -

- ✚ The shelter in place drill is now over.
- ✚ You may resume your classroom activities.
- ✚ Thank you for your cooperation.

INCIDENT COMMAND RESPONSE PROCEDURES & DUTIES

ALL PERSONNEL WITHOUT A SPECIFIC DUTY OR CLASS ARE TO IMMEDIATELY REPORT TO THE ICC FOR INSTRUCTIONS.

Incident Commander

LOCATION: See Map

The Incident Commander (IC) is responsible for directing emergency operations and shall remain at the Command Post ICC to observe and direct all operations. The IC will normally be the school principal, assistant principal or their designee. In the absence of the normal IC, anyone may assume the duties of the IC until someone more qualified can take over. If any conditions make this ICC location unsafe, a safe alternate location will be selected.

PROCEDURES:

1. Report to incident Command Center.

RESPONSIBILITIES:

1. Begin and end emergency response.
2. Assess type and scope of emergency.
3. Determine threat to human life and structures and need for outside assistance.
4. Set up command post.
5. Set up and coordinate emergency assignments as needed for:
 - a. Accounting for all students and staff.
 - b. Communications Leader to coordinate:
 - Communications with District Office,
 - Internal Communications, and
 - External communications with media.
 - c. Operations Leader to coordinate:
 - Campus security/Utilities Team,
 - First Aid/Crisis Team Leader,
 - Search & Rescue Team Coordinator, and
 - Fire suppression/Hazardous Materials.
 - d. Logistics Leader to coordinate:
 - Reunification Team at Request and Reunion Gates,
 - Support to Operations with Resources and Volunteers, and
 - Sanitation, Nutrition and Shelter.
6. Direct Communications Team and initiate all official messages to district office, staff, students and parents.

SUPPLIES/EQUIPMENT:

1. Table, chair, desk supplies.
2. Sets of Master keys.
3. Walkie-talkies.
4. Portable PA system.
5. AM/FM Portable Radio.
6. Notebook containing the following items:
 - a. Faculty/Staff Roster.
 - b. Master Student Roster.
 - c. Copies of every team's duties.
 - d. School Emergency Operations Chart.
 - e. School Information Map.
 - f. Emergency Response Team Log.

Communications Team

LOCATION: See Map

Communications Team will assist Incident Commander with external and internal communications as needed.

PROCEDURES:

1. Sign-in and out at Incident command Center.
2. Report to the Incident Commander

RESPONSIBILITIES:

1. Support Incident Commander by facilitating and delivering communications.
2. Set-up public address system.
3. Use cell phone short messages, walkie talkies, messengers and any other means needed to communicate between school, emergency services and district office as needed. Will also relay official communications from IC to staff and students in assembly area, and parents and public as needed.

SUPPLIES/EQUIPMENT:

1. Table, chair, desk supplies.

First Aid/Mental Health Team

LOCATION: See Map

PROCEDURES:

1. Sign-in and out at Incident command Center.
2. Report to the first aid location – see map

RESPONSIBILITIES:

1. Set up first aid area in a safe place.
2. Secure first aid supplies.
3. Triage for life-saving: prioritizing quick check to open airways, stop bleeding and treat shock.
4. Coordinate with Search and Rescue Teams.
5. Determine need for emergency medical assistance.
6. Administer first aid as needed.
7. Keep record of types of injuries and aid provided.
8. Provide psychological first aid and establish buddy system to support students or staff in need.
9. Keep log of students dispatched for emergency medical assistance and that need follow-through and referrals.

SUPPLIES/EQUIPMENT:

1. Table, chair, desk supplies.
2. First aid supplies.
3. Walkie-talkie.
4. Stretchers.
5. Blankets.
6. Wheelchair.
7. Notebook containing the following items:
 - a. First Aid Roster.
 - b. Patient record forms.
 - c. School Emergency Operations Chart.
 - d. School Information Map.
 - e. Emergency Response Team Log.

Light Search and Rescue & Fire Suppression Team

LOCATION: See Map

Individuals with designated LSAR responsibilities are expected to assemble immediately just outside the ICC. The LSAR Coordinator will be given keys to the storage container with emergency equipment located at (see map for emergency bin location)

PROCEDURES:

1. Sign-in and out at Incident Command Center (ICC will issue keys and Walkie-talkie to first team member that signs off).
2. Report to Emergency Supplies Bin.

RESPONSIBILITIES:

Search and Rescue Team Coordinator:

1. Opens Emergency supplies Bin.
2. Mobilizes Search and Rescue Teams.
3. Maintains contact with Incident Command Center.
4. Maintains list of fires discovered and status.
5. Receives list of missing/unaccounted students.
6. Checks with Search & Rescue Teams for missing students.

Search and Rescue Teams will do the following during the first 15-20 minutes after an earthquake/disaster:

1. 3-member teams search assigned areas; other team members stay with Search & Rescue Coordinator for support.
 - Check every room in the assigned buildings looking for any person(s) who are hurt or need rescue assistance. Begin on the first floor and work up.
 - Place an "X" with chalk on doors of empty rooms.
 - Ensure everyone is out of the building(s). Escort people out of building in normal manner via stairs, halls, and doorways whenever feasible. Send stragglers to the assembly area.
 - Place rescuer safety first. Use good judgment in each situation.
 - Provide first aid on site, as long as you are not in danger.
 - Transport non-ambulatory injured to first aid treatment area, only if it is dangerous to remain.
2. Locate and quickly move victims to a safe location.
3. Spend no more than one minute with each found victim.
4. Record location of victim on Emergency Response Team Log.
5. Report findings to Search & Rescue Team Coordinator.
6. Other Search & Rescue Team Members are dispatched to areas where needed, only after receiving reports on initial search from all Search & Rescue Teams.
7. Report fires to Team Coordinator and puts out small fires.

SUPPLIES/EQUIPMENT:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Master keys. 2. Walkie-talkies. 3. Search & Rescue backpack. 4. CO2 fire extinguishers 5. Hoses 6. Gloves 7. Blankets | <ol style="list-style-type: none"> 8. Notebook containing: <ol style="list-style-type: none"> a. School Emergency Operations chart. b. School Information Map. c. Emergency Response Team Log. |
|--|---|

Reunification Team

REQUEST GATE: Designated Open Gate

REUNION GATE: Designated Open Gate

PROCEDURES:

1. Sign-in and out at Incident Command Center.
2. Get necessary supplies from the Emergency Supplies Bin.

REQUEST GATE RESPONSIBILITIES:

1. Greet and direct parents/guardians through Request process.
2. Request identification and verify authorization on "Student Emergency Contact" Cards
3. Locate child using Student Schedule Location Roster and identify location in Emergency Assembly Area.
4. Have parent/guardian fill out "Permit for Release of Child" form.
5. Send runner with copy of Permit for Release of child" form to emergency Assembly Area.
6. Direct parent/adult to "Reunion Gate" with original copy of "Permit for Release of Child" form.

REUNION GATE RESPONSIBILITIES:

1. Reunite student with designated adult collecting matching both copies of "Permit for Release of Child" form, and confirming adult identity with student.
2. Collect and file original "Permit for Release of Child" from parent/guardian.
3. In the case of discrepancies request adult to return to Request Gate.

SUPPLIES/EQUIPMENT AT BOTH REQUEST AND REUNION GATES:

1. Gate keys.
2. Table, chair, desk supplies.
3. Walkie-Talkie.
4. Pens, Paper, Clipboards
5. Master list of Students.
6. Runners (10-12 Student Council Members).
7. Emergency Notebook containing the following items:
 - Faculty/Staff Roster.
 - School Emergency Operations Chart.
 - School Information Map.
 - Student Schedule locator rosters.
 - Field location grid for each class in emergency assembly area.
 - Emergency Response Team log.

REQUEST GATE ONLY:

1. Current set of Student Emergency Information Cards in alphabetical order (From Incident Command Center).
2. Clipboard with Release Procedures.
3. "Permit for Release of Child" forms in duplicate.
4. Visitor passes (colored)
5. REUNION GATE ONLY
6. Box to file original Permit for Release of Child forms in alphabetical order.

Emergency Assembly Area Team

LOCATION: See Map

In the event that this location is unsafe, our alternate location is: Cuesta – behind ABC District Office.
Cab Lane – behind the shops, across from Cabrillo Lane.

This decision will be made by the ICC. *Assembly Area Team is those teachers and staff assisting in the assembly area(s). One additional staff member in each area will act as **Assembly Area Team Recorder**. The Assembly Area Team Leader should normally be located at the front of the Assembly Area.*

PROCEDURES:

1. Remain at Emergency Assembly Area and supervise students.

RESPONSIBILITIES

Team Leader:

1. Send INJURED / MISSING STATUS REPORT FORMS from teachers, with any injured or missing from teachers to the ICC immediately.
2. Send all remaining INJURED / MISSING STATUS REPORT FORMS to ICC Attendance Accounting Team.
3. Report injuries and missing person to Incident Commander.
4. Communicate with Incident Command Center Attendance Accounting Team.
5. Keeps all doorways, hallways, and stairwells safe and clear.
6. Implements “buddy” system with neighboring teachers/staff.
7. Help runners locate students being picked up and direct them to the “Reunion Gate”.
8. Keep copy of Permit for Release of Child brought by runner.

Other Staff:

1. Take roll and re-check students from time to time, reporting status to the Incident Command Center.
2. Supervise and reassure students throughout the duration of the emergency.
3. Conduct recreational and educational activities to maintain order and calm.
4. Provide water and snacks to help calm the students.

SUPPLIES /EQUIPMENT:

1. Table, chair, desk supplies.
2. Gate keys.
3. Walkie-Talkie.
4. Student Emergency Information Cards (From Incident Command Center).
5. Clipboard with Release Procedures.
6. Student Release Request Forms (Blue Slips).
7. Record-keeping materials.
8. Master list of Students.
9. Runners (10-12 Student Council Members).
10. Notebook containing the following items:

a. Evacuation Routes Diagram.	c. School Information Map.
b. School Emergency Operations Chart.	d. Emergency Response Team Log.

Restrooms:

- Students will use gym and field restrooms, if they are safe and water is available.
- If not, sanitation kits are available in the emergency shed for use.
- The kits will be positioned in appropriate locations.
- Girls and boys restrooms should be set up with privacy curtains around.

Shelter:

- In case of inclement weather, if gymnasium is safe, students will be brought inside.
- If building is not safe, alternative IC will seek alternate location. Blankets kept in the emergency shed will be used.

Site Team (Security, Utilities, Sanitation, & Shelter)

LOCATION: Designated Gate Area

Personnel designated as Security Personnel will secure building and provide directions to parents to request gate, and emergency vehicles access through Emergency Gate. The Security Team Leader will be responsible for school site, including shelter and sanitation.

PROCEDURES:

1. Sign in and out at Incident Command Center.
2. Report to Emergency Supplies Bin.

RESPONSIBILITIES:

Security Team Leader:

1. IMMEDIATELY lock all external gates and doors – secure campus
2. Monitor gates and open for emergency vehicles, and direct first responders to area of need.
3. Post signs as needed.
4. Direct parents to the “Request Gate”.
5. Check utilities and take action to minimize damage to school site.
6. Assess damage to site and report findings to Incident Command Center.
7. Establish morgue area, if needed.
8. Work with the cafeteria and ICC to distribute resources such as water, food, power, radio telephones and sanitation supplies.
9. Seek help of to create shelter and sanitation teams as needed.

Cafeteria staff:

1. Provide water and food for those people detained beyond meal times.

SUPPLIES/EQUIPMENT:

1. Master Keys.
2. Walkie-Talkie.
3. Direction and information signs.
4. Supplies/equipment in emergency supply bin.
5. Notebook containing the following items:
 - a. School Emergency Operations Chart.
 - b. School Information Map.
 - c. Emergency Response Team Log.

RESPONSIBILITY MATRIX

POSITION / LOCATION	ACTION REQUIRED	RESPONSIBLE STAFF
Incident Commander Command Center	Direct and coordinate all emergency operations. Assign staff role adapting for absentees or injuries. Credential emergency personnel.	
Communications Team Emergency Supplies Center	Coordinate external communications to other schools, district, media and relay official communications from IC to staff, students, parents and public.	
First Aid / Mental Health Team First Aid Center	Ensure that all first aid supplies are up-to-date, available, and properly administered.	
Light Search and Rescue Team Command Center	Coordinate light search and rescue operations, inform IC of fires and put out small fires.	
Reunification Team: Request Gate Reunion Gate	Meet parents at the Request Gate and escort students to the Reunion Gate. Receive parents and reunite them with their children at the Reunion Gate.	
Emergency Assembly Area Team Assembly Area	Account for all students. Supervise. Check periodically. Assist with locating and reunification. Implement buddy system for use of restrooms and other assistance.	
Site Team Security, Utilities, Sanitation & Shelter	Secure campus, direct parents to reunion gate, check and shut off utilities as necessary, provide sanitation and shelter sites.	

Federal, State, and local emergency management experts and other official preparedness organizations all agree that “**Drop, Cover, and Hold On**” is the appropriate action to reduce injury and death during earthquakes. Great ShakeOut Earthquake Drills (www.shakeout.org) are opportunities to practice how to protect ourselves during earthquakes.

You cannot tell from the initial shaking if an earthquake will suddenly become intense...so always Drop, Cover, and Hold On immediately!

- **DROP** to the ground (before the earthquake drops you!),
- **COVER** your head and neck with your arms and seek shelter by getting under a sturdy desk or table if nearby; and
- **HOLD ON** to your shelter and be prepared to move with it until the shaking stops.



If there is no table or desk near you, drop to the ground and then if possible move to an inside corner of the room. Be in a crawling position to protect your vital organs and be ready to move if necessary, and cover your head and neck with your hands and arms.

Do not move to another location or outside. Earthquakes occur without any warning and may be so violent that you cannot run or crawl. You are more likely to be injured if you try to move around during strong shaking. Also, you will never know if the initial jolt will turn out to be start of the big one...and that's why you should always Drop, Cover, and Hold On immediately!

These are guidelines for most situations. Read below to learn how to protect yourself in other situations and locations, or visit www.earthquakecountry.org/step5.



If you are unable to Drop, Cover, and Hold On: If you have difficulty getting safely to the floor on your own, get as low as possible, protect your head and neck, and move away from windows or other items that can fall on you.

In a wheelchair: Lock your wheels and remain seated until the shaking stops. Always protect your head and neck with your arms, a pillow, a book, or whatever is available.

In bed: If you are in bed, hold on and stay there, protecting your head with a pillow. You are less likely to be injured staying where you are. Broken glass on the floor has caused injury to those who have rolled to the floor or tried to get to doorways.

In a high-rise: Drop, Cover, and Hold On. Avoid windows and other hazards. Do not use elevators. Do not be surprised if sprinkler systems or fire alarms activate.

In a stadium or theater: Stay at your seat or drop to the floor between rows and protect your head and neck with your arms. Don't try to leave until the shaking is over. Then walk out slowly watching for anything that could fall in the aftershocks.

In a store: When Shaking starts, Drop Cover and Hold On. A shopping cart or getting inside clothing racks can provide some protection. If you must move to get away from heavy items on high shelves, drop to the ground first and crawl only the shortest distance necessary. Whenever you enter any retail store, take a moment to look around: What is above and around you that could move or fall during an earthquake? Then use your best judgment to stay safe.

Outdoors: Move to a clear area if you can safely do so; avoid power lines, trees, signs, buildings, vehicles, and other hazards.

Driving: Pull over to the side of the road, stop, and set the parking brake. Avoid overpasses, bridges, power lines, signs and other hazards. Stay inside the vehicle until the shaking is over. If a power line falls on the car, stay inside until a trained person removes the wire.

Near the shore: Drop, Cover, and Hold On until the shaking stops. If severe shaking lasts twenty seconds or more, immediately evacuate to high ground as a tsunami might have been generated by the earthquake. Move inland two miles or to land that is at least 100 feet above sea level immediately. Don't wait for officials to issue a warning. Walk quickly, rather than drive, to avoid traffic, debris and other hazards.

Below a dam: Dams can fail during a major earthquake. Catastrophic failure is unlikely, but if you live downstream from a dam, you should know flood-zone information and have prepared an evacuation plan.

MYTH – Head for the Doorway:

An enduring earthquake image of California is a collapsed adobe home with the doorframe as the only standing part. From this came our belief that a doorway is the safest place to be during an earthquake. We now understand that doorways are no stronger than any other part of the house, and do not provide protection from falling or flying objects. You are safer under a table.

More information:

www.shakeout.org

www.earthquakecountry.org/step5

www.dropcoverholdon.org

www.earthquakecountry.org/dropcoverholdon

When law enforcement arrives:

- Remain calm and follow instructions
- Drop items in your hands (e.g., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers, such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not ask questions when evacuating

Information to provide to 911 operations:

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons shooter has
- Number of potential victims at location

For questions or additional assistance contact:

Your local law enforcement authorities or FBI Field office :



Department of Homeland Security
3801 Nebraska Ave, NW
Washington, DC 20528



ACTIVE SHOOTER EVENT

QUICK REFERENCE GUIDE

An “active shooter” is an individual who is engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.

- ☐ *Victims are selected at random*
- ☐ *Event is unpredictable and evolves quickly*
- ☐ *Knowing what to do can save lives*

ACTIVE SHOOTER EVENTS

When an Active Shooter is in your vicinity, you must be prepared both mentally and physically to deal with the situation.



3 FIGHT

- Fight as a last resort and only when your life is in imminent danger
- Attempt to incapacitate the shooter
- Act with as much physical aggression as possible
- Improvise weapons or throw items at the active shooter
- Commit to your actions . . . your life depends on it

You have three options:

1 RUN

- Have an escape route and plan in mind
- Leave your belongings behind
- Evacuate regardless of whether others agree to follow
- Help others escape, if possible
- Do not attempt to move the wounded
- Prevent others from entering an area where the active shooter may be
- Keep your hands visible
- Call 911 when you are safe

2 HIDE

- Hide in an area out of the shooter's view
- Lock door or block entry to your hiding place
- Silence your cell phone (including vibrate mode) and remain quiet

The first officers to arrive on scene will not stop to help the injured. Expect rescue teams to follow initial officers. These rescue teams will treat and remove injured.

Once you have reached a safe location, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave the area until law enforcement authorities have instructed you to do so.

COPING

WITH AN ACTIVE SHOOTER SITUATION

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- Attempt to take the active shooter down as a last resort

Contact your building management or human resources department for more information and training on active shooter response in your workplace.

**CALL 911 WHEN IT
IS SAFE TO DO SO**

PROFILE

OF AN ACTIVE SHOOTER

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

CHARACTERISTICS

OF AN ACTIVE SHOOTER SITUATION

- Victims are selected at random
- The event is unpredictable and evolves quickly
- Law enforcement is usually required to end an active shooter situation



HOW TO RESPOND

WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

1. RUN

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

2. HIDE

- Hide in an area out of the shooter's view
- Block entry to your hiding place and lock the doors
- Silence your cell phone and/or pager

3. FIGHT

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the shooter
- Act with physical aggression and throw items at the active shooter

**CALL 911 WHEN IT
IS SAFE TO DO SO**

HOW TO RESPOND

WHEN LAW ENFORCEMENT ARRIVES

- Remain calm and follow instructions
- Put down any items in your hands (i.e., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not stop to ask officers for help or direction when evacuating

INFORMATION

YOU SHOULD PROVIDE TO LAW
ENFORCEMENT OR 911 OPERATOR

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons held by shooters
- Number of potential victims at the location

Risk Management Handbook



ABC Unified School District
16700 Norwalk Boulevard, Cerritos, CA 90703 (562) 926-5566

Notes from the Risk Management Staff

We have developed this 'desk top' Risk Management Handbook to present the procedures, samples and forms as a guideline, to meet your specific site needs.

We invite your suggestions and recommendations as to the information or subjects that will help you to manage your employee injuries and property and liability risks.

If you have any questions, regarding the information in this Handbook, please contact the Risk Management Department at ext. 21212.

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Directory/Contact Person

JOSHIE COX

Director of Purchasing/
Risk Management
Extension 21212

Responsible for the overall management of the Risk Management Department.

Responsible for the day to day operation of identification of risk and loss exposures inherent in District operations.

Initiates District property and liability protection procedures by evaluating all risk and loss exposures at the various sites.

Establish and monitor documents pertaining to risk, indemnification, insurance and liability.

Responsible for emergency drill operation and reports to the Incident Commander.

Point of contact for disaster mitigation planning

Chairs the Safety Committee

Responsible for the overall management of workers compensation and the return to work program.

Performs analysis on workers compensation occurrence and provides appropriate safety training for high risk jobs.

Responsible for Use of Facilities approval

JUDY BROWN

Insurance Assistant
Extension 21212

Duties include Student Accident Report, Bloodborne

Pathogens, Minutes for the Safety Committee.

Distribution of Forms related to Risk Management

Collects certificates of insurance, maintains effective log

Responsible for day to day duties relating to workers compensation and is first point of contact

Maintains CAL-OSHA log and prepares required reports

Act as liaison between District and Industrial Medical Clinics

Work with payroll regarding workers comp payments

STAN Woi

Accounting Technician
Extension 21286

Duties include processing of Use of Facilities payments

USE OF FACILITIES

Procedures for Submitting Requests

1. **Use of Facilities Application Form:** Fill out all information requested on the top portion of the form.
2. **Certificate of Insurance:** ABCUSD has determined that it is necessary for user to purchase an insurance policy to protect both you and the District from possible incidents resulting from your use of school property. The following information will assist you in obtaining the required \$2,000,000 general liability insurance policy for your event. This request will require an extra cost, which will be incurred by you from the insurance carrier you choose.
 - a. Expect a minimum of at least ten (10) days to obtain the proper insurance policy.
 - b. When purchasing the insurance policy, the insurance company must be an "A" rating carrier.
 - c. Under "Certificate Holder" it must name ABC Unified School District 16700 Norwalk Blvd., Cerritos, CA 90703. Under "Description of Operations/Location," it must state that the Certificate Holder is to be listed as Additional Insured (ABCUSD requires a second page which indicates this). Also on the policy or in an attached letter, it must state the site of your application, date and time.
 - d. Under "Limits" for "General Aggregate" the monetary value must be a minimum of \$4,000,000 (Two Million). Each occurrence must be a minimum of \$2,000,000. Under "General Liability" the box occur must be checked.
 - e. The policy will be reviewed by the Risk Manager.
3. **Initial Submission of Use of Facilities Application and Insurance Certificate:** Submit the Use of Facilities application and insurance certificate to the school site of the desired facility. If the certificate of insurance is not immediately available the Use of Facility form will not be processed until the certificate is received by the ABCUSD Risk Management Department. **Fax copies will not be accepted.**

Applications should be submitted to the school site or the Risk Management Department fifteen (15) days prior to the date(s) of use. Any documentation required, such as a city permit, must be received by the site or the Risk Management Department ten (10) days prior to the date of use. Use may be denied if applications are not complete and supporting documents are not submitted in a timely manner.
4. **Confirmation Copy:** After final approval, a confirmation copy will be sent to the requesting party. This approved Use of Facility Request (yellow copy) must be in the possession of the applicant during the time of use for ABCUSD facilities. A copy will be sent to the school so the school can secure custodial services for the event if needed.
5. **Schedule of Fees:** There are two costs that will be charged to a requesting party, a room or field charge and a custodial charge. **An additional one hour custodial charge is always added on to the time of use** (for opening and closing of facility). **All payments shall be made in advance of use.** Repairs to facilities or equipment will be charged to the user.
6. **Billings:** Rental fees and/or charges for services will be paid in the Risk Management Department.
7. **Submittals required for the Civic Center Act:**
 - a. Notarized Roster of participants - Name, Address, Birthdays, School Attending, Phone Number
 - b. Non-Profit Certificate from Los Angeles County or State of California
8. **Timeliness:** Late and/or incomplete application will be not be approved. Application, submittals and insurance due 15 days prior to use date.

If you have any questions about procedures, please call (562) 926-5566, ext. 21212.

Use of Facilities Primer

Cost Use Fee vs Fair Rental Value

Groups under the civic center act will be charged the cost use fee. Others will be charged the Fair Rental Value.

Non-Civic Center groups include those who perform the following:

- Admission is charged
- Contributions solicited
- Net receipts are not to be expended for charity or for the welfare of District students

Only the Superintendent may waive the use fee for Civic Center users.

No restroom facilities will be furnished to no-charge users.

Steps to Apply for Use of Facilities

1. Fill out District application form and submit to school administrator for approval, 15 working days prior to intended use. Incomplete application will be rejected.
2. School administrator reviews to see if there is a conflict to school operation, maintenance or security.
 - Use will not be granted on nights when no custodian is on duty
3. If approved, School administrator forwards application to Risk Management
4. Risk Management contacts user for:
 - Certificate of Insurance
 - Roster to show District student participation
 - Non-Profit certification from IRS or Franchise Tax Board
5. Risk Management calculates the use fee and invoice user.
6. User submits payment at least 10 working days prior to use.
7. Change in schedule or cancellation must be given 48 hours prior intended use.
8. Any approved use may be revoked without previous notice where conflicting dates have resulted or need by school has subsequently developed. For other causes, reasonable notice for revoke application will be given.

Cost Schedule

1. Use time or minimum use bundle, whichever is more.
2. Minimum of 3 hours custodial time at 1.5 times regular rate when custodian not on duty plus one hour prep time for opening and closing the school..
3. One hour of custodial hour is added when custodian is not on duty
4. If set-up is required additional custodial time will be charged
5. Cost will be increased annually per Consumer Price Index, rounded to the nearest .25
6. When free use is granted by the Superintendent, no personnel is furnished except employee in charge, whose salary shall be paid by the user.
7. A charge may applied for request of equipment not in civic center act.

Restrictions

1. Use to commit Illegal acts.
2. Interferes with regular conduct of school or school work
3. Use that is discriminatory
4. Use involving possession, consumption or sale of alcoholic beverages or restricted substances on school property.
5. Not for political campaign
6. No telephone use.
7. No gambling allowed.

Liability

1. Damage, breakage or loss of District property shall be paid by user even though loss was caused by a person or persons not belonging to the group. Failure to pay shall be grounds for refusal of future applications.
2. Cost shall be established by Risk Management.
3. Improper use or misconduct to District rules and regulation may result in termination of current agreement and denial of future applications.
4. Responsibility of the users to know the rules of conduct.

ABC UNIFIED SCHOOL DISTRICT

Rules for Use of Facilities (Regulation 3515.4)

1. **LIABILITY** - Any individual, group or organization using school property for civic center or other purposes shall hold the District, Its Governing Board, the individual members thereof, and all District officers, agents and employees free and harmless from any loss, damage, liability, cost or expense that may arise during, or be caused in any way, by such use or occupancy of school property. School property shall be protected from any damage or mistreatment, and applicants shall be responsible for the condition in which they leave the school building.
2. **APPLICATION PROCESSING TIME** - Applications should be submitted to the school site or the Business Office **15 days prior to the dates of use**. The site administrator will initial the application form signifying that there is no conflict with school activities. Any documentation required such as a Certificate of Insurance or a city permit must be received by the site or the Business Office **ten (10) days prior to the date of use**. Use may be denied if applications and supporting documents are not submitted in a timely manner. Final approval is granted by the Risk Management Department.
3. **INSURANCE PROCEDURES** - All users must provide District with a Certificate of Insurance evidencing \$2,000,000 in General Liability. Please indicate ABC Unified School District as the additional insured. An **original** certificate must be on file in the Risk Management Office prior to the scheduled event. **The District shall require excess insurance if the activity is of a higher risk. (Permission will not be granted until all necessary documents are received by the Risk Management Office.**
4. **DAMAGE** - Any breakage, damage, or loss of District property shall be paid by the organization making application even though such loss was caused by a person, or persons, who does not officially belong to the group. Costs shall be established by the office of the Assistant Superintendent-Business and Operations and a proper invoice submitted to the responsible organization. Failure to pay for such damage promptly shall be grounds for refusal of future applications and grounds for civil action in the courts of California.
5. **CLEANLINESS** - Groups must observe the ordinary rules of cleanliness and shall not leave any facility used littered with paper or trash. If facilities are left littered and unsanitary, the using organization will be invoiced for the cost necessary to clean the facility for school use. Depending on the size and activity of the group, a cleaning deposit will be required.
6. **IMPROPER PURPOSES** - All requests for the use of school premises shall be denied where the proposed use is inconsistent with the proper and regular use of the facilities or where the purpose of the meeting is immoral, obnoxious, or injurious.
7. **ILLEGAL USES** - Any use contrary to or in violation of any law, or of these rules and regulations, shall be grounds for cancellation of the permit and for removing the users from the property, and may be grounds for barring such individual, group or organization from further use of the facilities of this District.

8. **SCHOOL-NOT-IN-SESSION USE** - Saturday, Sunday and holiday use of the buildings and grounds by organizations will be charged according to the approved Schedule of Fees. Holiday, as used above, shall be defined as all legal holidays and all local board holidays for all employees as adopted on the school calendar.
9. **LATE HOUR USE** - All meetings and functions held during the week (Monday through Friday) must close by 11:30 p.m. Groups using facilities on Saturdays and/or Sundays must vacate the premises not later than 11:30 p.m. If a clean-up period is required, it should be scheduled so that it is completed and a building can be locked at 12:00 midnight.
10. **MAXIMUM FREE USE** - The maximum free use of any building shall not exceed four (4) hours per day. Free use shall apply to those organizations that qualify under the provisions of the Civic Center Act.
11. **SMOKING** - No smoking will be permitted on school property. This is a **FIRE REGULATION**.
12. **IMPROPER CONDUCT** - There shall be no profane language, quarreling, fighting, gaming, or use of intoxicants or narcotics in or about the school buildings or premises. Violation of this rule shall be sufficient cause for denying further use of school premises to the organization.
13. **MAXIMUM ATTENDANCE** - The number of people present shall not exceed the posted seating capacity for the building. This is a **FIRE REGULATION**.
14. **NON-SCHOOL SPONSORED USE** - Authorization for use will not be granted for weddings, showers and/or receptions, family reunions, funerals, dances sponsored by the community, picnics on school grounds, or any other personal, non-District related function, nor are swap meets and rummage sales allowed on District property unless they are **school sponsored**.
15. **LEGAL PURPOSE CERTIFICATION** - All applicants will be required to certify under penalty of perjury that the school property will not be used for the commission of any act which prohibited by law, or for the commission of any crime including, but not limited to, the crimes specified in Sections 11400 and 11401 of the California Penal Code.
16. **SCHOOL EQUIPMENT USE AND SET-UP** - School furniture or apparatus may not be removed or displaced by any group without permission from and under the supervision of the school district employee in charge. If room furniture or equipment set-up is required, a fee will be charged to cover custodial time for set-up and for restoration of the room to its normal configuration.
17. **RELIGIOUS USE** - Use of school buildings may be granted to any church or religious organization for the purpose of conducting religious services. Such use may only be provided under the leasing power of the Board of Education.

18. **EXEMPTED FEE COLLECTION** - A small collection, not to exceed one dollar (\$1.00) to pay for refreshments on the evening of the meeting shall not be considered a charge type meeting by the District.
19. **USE OF GROUNDS** - Personnel, restroom facilities, or other building facilities will not be furnished by the District to organizations primarily using the school grounds without charge. However, the District may make continued use conditional upon a fee for opening and closing restrooms if the users have not made adequate alternative provisions.
20. **FIRE PROTECTION** - No candles, explosives, fireworks or any pyrotechnic devices will be allowed on District Property.
21. **USE OF CHEMICALS PROHIBITED** - The use of chemicals to “burn” lines on school grounds/ turf is strictly prohibited. Alternatives approved are chalking, orange cones and wet-able turf paint.
22. **BUILDING USE RESTRICTIONS** - Classrooms are not available for community use except when such use has previously been approved by the Assistant Superintendent-Business and Operations. Scout groups may use classrooms only when use has been authorized by the school principal’s signature on an “Application for Use of School Facilities” and confirms that such use will not conflict with educational programs at that location.
23. **ADULT SUPERVISION** - All juvenile organizations or groups seeking use of school premises must have adult sponsorship and adequate adult supervision. Sponsors and supervisors of such groups must at all times exercise control and maintain a high standard of conduct with all members of the group. The school principal will require a permit from local police authorities for large groups.
24. **STAGE EQUIPMENT USE** - Persons or organizations using school premises which include a stage and stage equipment shall not be permitted to remove or displace furniture or apparatus. Pianos shall not be moved on or off the stage, except under the direction of the custodian in charge. Any additional props shall be flameproof as required by law. No change shall be made to curtains, lights, ceiling pieces, or other equipment without prior written approval from the District. No dressing space shall be provided except regular dressing rooms connected with the multipurpose building and stage; nor shall access to other buildings, rooms, toilets or lavatories other than those in the multipurpose building or approved on the application form be permitted. The schools will not furnish storage facilities to outside organizations.
25. **SCHOOL EQUIPMENT-SPECIAL OPERATOR REQUIRED** - Organizations granted the use of school buildings or grounds under the Civic Center Act may be permitted, at the discretion of the office of the principal, to use equipment which needs an operator, such as motion picture projectors, public address systems, etc., provided that the operator is a District employee or a principal approved volunteer. School equipment is not to be loaned or rented for use outside of school property. See schedule of fees for cost of renting this equipment on school premises.

26. **CONFLICTING RESERVATIONS** - Any approved application for use of school facilities may be revoked without previous notice where conflicting dates have resulted or where need of the property for public school purposes has subsequently developed. For other cause, permits may be revoked at any time upon reasonable notice.
27. **POLITICAL CAMPAIGN USE** - School premises shall not be used by any person or group as its political campaign headquarters.
28. **TELEPHONE AND MAIL SERVICE** - The school office shall assume no responsibility for mail for a non-school group and shall not permit the use of the school telephone or school mail by any such group or representative thereof.
29. **TIME OF OPENING** - School will not be opened earlier than called for on the application in order that decorations or special arrangements can be made. School employees are not obligated to have the building open at any time other than the time on the approved application.
30. **GROUPS OVER 3,000** - You must call Risk Management prior to signing any use permit when the request is for over 3,000 in attendance. Special provisions must be made with other agencies if use is granted. A deposit may be required. This requires 20 working days.

CUSTODIAN MUST BE PRESENT DURING USE OF BUILDINGS OR GROUNDS

ABC UNIFIED SCHOOL DISTRICT
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 Ext. 21212 - Fax # (562) 802-3846

APPLICATION AND AGREEMENT FOR THE USE OF SCHOOL FACILITIES

Date of Application _____

The undersigned requests permission to use the following school premises as indicated below:

Facility: _____

☐ Multipurpose Room

☐ Classroom(s): Specify below _____

☐ Kitchen (Also call Nutrition Services Ext. 21278)

Other _____

Month	Day of Month	Time (Bldgs. close at 11:00 p.m.) From To	No. of Attendees
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Facility will be furnished "as is" unless requests for furniture and equipment are indicated below. If equipment is available, a fee for its use may be assessed by the Risk Management Office according to the District Fee Schedule.

EQUIPMENT/FURNITURE NEEDED: _____

1. What is the purpose of the meeting: _____
2. Admission charged: ☐ No ☐ Yes \$ _____
3. Will contributions be solicited or accepted? ☐ No ☐ Yes \$ _____
4. Membership dues? ☐ No ☐ Yes \$ _____
5. If yes on 3, 4, or 5 for what purpose will the net proceeds be used? _____

Security/Cleaning Deposit Required: \$ _____

Attach additional page if necessary

"NOTIFICATION OF TAXABILITY OF POSSESSORY INTEREST"
"THE RIGHT TO POSSESSION OF THE PROPERTY LEASED MAY SUBJECT THE LESSEE TO PROPERTY TAXATION PURSUANT TO CALIFORNIA REVENUE AND TAXATION CODE SECTION 107 AND FOLLOWING."

STATEMENT OF INFORMATION

IT IS THE RESPONSIBILITY OF EACH ORGANIZATION OR GROUP REQUESTING USE OF DISTRICT FACILITIES TO BE THOROUGHLY FAMILIAR WITH AND TO STRICTLY ABIDE BY THE DISTRICT'S RULES AND REGULATIONS PERTAINING TO THE USE OF FACILITIES AND THE CONDUCT OF ALL MEETINGS. A COPY OF THESE RULES AND REGULATIONS IS PRINTED ON THE BACK OF THE USER'S (YELLOW) COPY OF THIS CONTRACT. AND APPLICANT CERTIFIES RECEIPT OF THESE RULES AND AGREES THAT FACILITY USE IS CONTINGENT UPON FULL COMPLIANCE WITH THESE RULES AS WELL AS ANY OTHER CONDITIONS SPECIFIED BY THE SITE ADMINISTRATOR. IF THE FACILITY IS BEING USED BY A NON-PROFIT GROUP ORGANIZED TO PROMOTE YOUTH AND SCHOOL ACTIVITIES, USER CERTIFIES THAT NO REASONABLE ALTERNATIVE IS AVAILABLE.

ALL PERMISSIVE USERS, WHOSE USE IS NOT MANDATED BY THE CIVIC CENTER ACT, AGREE BY THEIR SIGNATURE TO HOLD THE ABC UNIFIED SCHOOL DISTRICT, ITS GOVERNING BOARD AND THE INDIVIDUAL MEMBERS THEREOF AND ALL DISTRICT OFFICERS, AGENTS AND EMPLOYEES FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, OR EXPENSE THAT MAY ARISE OUT OF, OR IN ANY WAY BE CAUSED BY, SUCH USE OR OCCUPANCY OF SCHOOL PROPERTY. THE PROVISION OF THIS CLAUSE SHALL NOT BE LIMITED TO THE AVAILABILITY OR COLLECTABILITY OF INSURANCE COVERAGE.

Applicant must submit this form to the Site Principal no less than fifteen (15) working days prior to the date of use to insure time for processing. Applicant acknowledges that the District's determination to rent this facility is contingent upon approval by the Site Principal and by the District Risk Management Department. Permission will not be granted until all necessary documents such as certificates of insurance are received by the District. User will be mailed the yellow copy of this form when permission is granted. A copy of the form should be carried by the user as proof of permission for facility use. Failure to do so may cause removal from facility even if approval has already been granted. When removed, user shall not be entitled to any refunds.

Name of Organization _____

Name of Representative/Agent (Please print) _____

Title _____

Signature of Representative _____

Address _____

Work Phone # () _____ Other Phone # () _____

PLEASE DO NOT WRITE BELOW THIS LINE

This request must be submitted to Risk Management no less than ten (10) working days prior to event to insure that necessary processing may be completed. Late request may cause application to be denied. The above request will not conflict with the educational program, and the facility is available at the time requested.

Principal's Initials _____ Approving Signature _____ Date _____

Comments or Conditions (optional): _____

Additional conditions for facility use are attached and are a binding part of the contract. ☐ Yes ☐ No Number of pages _____

DATE APPLICATION RECEIVED BY RISK MANAGEMENT OFFICE _____ ☐ Approved ☐ Not Approved

PAYMENT RECORD: _____

Fee Charged	Cash Receipt #	Exempt <input type="checkbox"/>	Date Rec'd	Amount Rec'd	Rec'd by
-------------	----------------	---------------------------------	------------	--------------	----------

Distribution: White - Risk Management Blue & Green - School Principal

Yellow - Applicant (upon approval)

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YY)
06/11/2008

PRODUCER

Serial # 102693

LEGENDS ENVIRONMENTAL INS.SVCS,LLC
2165 N GLASSELL STREET
ORANGE, CA 92865
LICENSE #0C79875

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC#

JRED

GAS EQUIPMENT SYSTEMS, INC.
8753 LION STREET
RANCHO CUCAMONGA, CA 91730

INSURER A: EVANSTON INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR - GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	08PKG01055	6/13/08	6/13/09	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A		PROFESSIONAL LIABILITY CLAIMS MADE	08PKG01055	6/13/08	6/13/09	\$2,000,000 - POLICY AGGREGATE \$2,000,000 - EACH CLAIM RETRO DATE OF 6/13/00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

ABC USD IS NAMED AS ADDITIONAL INSURED WITH RESPECTS TO WORK PERFORMED FOR THEM BY THE NAMED INSURED.

CERTIFICATE HOLDERABC USD
ATTN: RISK MANAGEMENT
16700 NORWALK BOULEVARD
CERRITOS, CA 90703**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE OF INDEPENDENT INSURANCE AGENCY

STUDENT ACCIDENTS

Student Medical Emergencies

FIRST AID

Minor injuries

The first-aid box should be available in the classroom and should contain appropriate supplies such as adhesive bandages, cotton balls, soap, scissors, safety pins, tweezers, roll of gauze bandage, adhesive tape, sterile gauze pads, large clean cloth, etc.

Each classroom should have a district-approved procedure chart which outlines the steps to be taken for emergency care, and this should be available in or near the emergency first-aid kit.

Health Office Visits

A pupil sent to the health office should have an accompanying type of referral stating the name, time, date, room number, reason for referral, and the sender's initials. The health office staff should utilize this referral form as a method of communicating back to the referring person the action taken, by whom, and the time.

Documentation should be entered into a district approved form for each pupil seen in the health office. Name, date, reason for visit, action, care provided, and by whom should be stated.

Referrals

If the injury/illness requires additional attention, referral should be given to parents instructing them to seek health-advisory care. A copy of the referral should be placed in the pupil health record, and if the incident is a school related injury, a copy should be attached to the accident report.

The responsibility of care of the pupil should always remain with the parents/guardian. However, the nurse does have an obligation for the health and welfare of the student. Follow-up (especially of school-related incidents) by personal contacts, either a telephone call or a home visit, allows for an exchange of information and for additional counseling and recommendations. The information obtained should be updated on the pupil's health record. The returned referral should be posted with the accident report.

Serious Injuries

In the case of serious injury or illness, immediate attention to the care of the victim should be given by the nurse (if present) or other designated person who is qualified in first aid. The person giving care must know the limits of his/her capabilities and exercise reasonable care under the circumstances by following the prescribed outline in first-aid book or flip-chart.

Student Medical Emergencies

(continued)

Dire Emergency

There may be instances where a dire medical crisis may occur during school and/or the extending day activity. These instances are rare and are usually unpredictable and can include such conditions as cardiac arrest, anaphylactic shock, complications from seizures, aspiration and choking, drowning, head injuries and related accidents, violent attacks towards others and self, etc.

The method of handling this kind of medical emergency should be the same as handling any serious emergency situation.

Naturally, the first course of action in any medical emergency situation is first aid. Size up the situation, do the best you can, use common sense and, do what needs to be done first. (Do not panic.)

While first aid is being rendered to revive and/or maintain the status of the pupil, have some one else-call the Paramedic/ambulance.

After paramedics have been called, notify parents and apprise them of the situation. Request they wait for the second call unless school knows where the pupil will be taken for emergency care. Notify the site administrator, and/or supervisor (follow the chain of command at your school site).

Continue (always) with life support measures until the paramedics arrive. Once they arrive, they take over. They have a standard set of protocols, procedures, and RX for emergency situations such as this.

Have brief vital statistics available for the paramedics/ambulance attendants such as pupils name, birth date, address, parents name, pupil's health history, and present problem.

Find out where they are taking the pupil (usually it is the nearest emergency hospital). Call parents/guardian again and apprise them of where the pupil is being taken. In a separate car, the school nurse (if not available, other designated school personnel) should go to the hospital to supply emergency card and health folder and also to be present with the parents/guardian. Hospitals may have hospice type facilities/care available; if necessary, request this resource as indicated.

When the child has arrived at the hospital, the attending physician takes over. It is his responsibility to counsel and apprise the parents/guardian of the condition/progress of the student.

The private medical doctor of the pupil may be notified of the situation, as he may choose to be present.

Student Medical Emergencies

(continued)

Pupil Refusing First Aid

For whatever reason whether personal, family, or other beliefs, at times a pupil may object to first aid.

Forcing the first-aid treatment is not only against the pupil's constitutional rights, but may also leave the pupil in a worst condition. (Naturally this depends upon the nature and degree of the injury/illness and the consequences if the first aid is not given). This refusal becomes a parent responsibility and the parents should be promptly notified.

If the parent and those listed on the emergency card are not available, the procedure followed should depend on the nature and extent of injury/illness and the school's policies.

Some points to consider:

- The pupil should be maintained/supervised at school until parents are available.
- The medical provider listed on the emergency card can be called.
- The pupil can be taken home via car with an accompanying note and a follow-up call.
- The pupil can be sent home via bus with an - accompanying note and a follow-up call.
- The ambulance/paramedic can be notified.
- The local police/sheriffs department can be notified.

Reimbursement for Ambulance

California Ed. Code 49474 indicates ambulance services may be paid for by the school District for pupils, instructors, spectators and other individuals in attendance at an athletic activity under the jurisdiction of the school. School personnel are not responsible for fees when calling for ambulance service at the school or the extended school activity.

Accident Reports/Documentation

Accident report forms should be available at each school site. The supervising person at the time of the incident should initiate the Student Accident report form # 7803 after attending to the immediate needs of the pupils. The Student Accident report should be completed in accordance with District Policy.

First Aid Kit/Snake Bite Kit on a Field Trip

Each bus shall carry a first-aid kit in an easily accessible place. If it is not visible, a sign shall indicate its location. The teacher, or designated persons, shall have the first-aid field kit (and ideally the emergency type of flip chart) immediately available at all times whenever they depart from the bus (C.E.C. 32041) Procedure.

Student Medical Emergencies

(continued)

The suggested sequence of events for suspected injuries is as follows:

- Go to injured/ill student. Reassure both student and instructional staff.
- Quickly assess degree of condition; give emergency care.
- If not contraindicated, move-student-to nurse's office via most prudent method, stretcher, chair, or may walk.
- Maintain emergency care.
- Notify site administrator of serious accident or illness and action taking place.
- Make decision as to most appropriate disposition of the case.
- Notify parent/guardian/responsible person as designated on the emergency card.
- In a serious emergency, if unable to reach anyone listed on emergency card, take student to a private M.D., or emergency hospital, or call paramedics or an ambulance.
- Initiate and complete accident report.
- Record- incident on Pupil Health Record.
- Follow up as indicated and notify administration and instructional staff.

First Aid/Transportation Rights

California Ed. Code 35350 indicates that student may be transported in an emergency arising from illness or injury and parental consent is not required under these circumstances.

California Ed. Code. 49407 indicates no school personnel or physician or hospital treating any pupil shall be held liable for the, reasonable treatment of the child if the parent/guardian cannot be reached, unless the parent/guardian have previously filed a written objection for medical treatment other than first aid. In essence this means the school may give first aid to any student and hospital/doctor may render medical treatment even though parents/guardian are not available if there is no prior written objection to medical treatment filed with the school site. California Ed. Code 25.8 indicates minors in the care of an adult other than parents/guardian can receive medical treatment/surgery if a written authorization is signed by the parent/guardian to this effect.

Guidelines When Calling an Ambulance or Paramedics

ABC Unified School District has a contract with the following ambulance service: AMR Ambulance Service: 1-888-463-3727 or 1-562-808-2100

When calling ambulance/paramedics, (the site administrator if available, should be involved) the following information should be communicated:

- The location of the emergency situation - address, cross streets, and restrictions involved (building is behind or obscured by another building, access gates, road is being repaired, etc.)
- The telephone number you are calling from.
- What happened--choking, fall, fire, etc.
- How many persons are involved and how much help is needed (car accident, eight victims vs. car accident -one victim).
- What is currently being done for the victims.

Student Medical Emergencies

(continued)

Whenever a field trip is in an area which is commonly known to be infested by poisonous snakes, the first- aid kit shall include a snakebite kit (C.E.C. 3204) (7).

Each nurse should check with the local poison center - prior to the field trip in reference to infested areas involved and the current first-aid provision.

Any school employee who willfully violates the provisions of C.E.C. 32041-32043 is guilty of a misdemeanor.

Field Trip Routine and School Bus Runs

The following are some recommendations for bus trips:

- Know the pupils, have updated emergency card health information, including limitations of the pupil and the medication being taken. (Have an emergency card on the instructional and accompanying personnel, parents, etc., too.)
- Do not allow toys or food (especially peanuts) while busing young pupils.
- Know the route and the potential hazards of the area (climate, road, etc.).
- Know, the community resources to and from the area of destination (telephone numbers, business hours, services offered, limitation etc.).
- Have a geographic map and time line of the individual students pickup and drop off locations plotted and available at the' school site.
- Have several dimes taped on the first-aid kit (for public telephone calls).
- Know the line of authority at your school site in the event of an emergency (what information to give, who to call, where to call, and the number to call, including after school hours).
- Always evaluate the scene and circumstances and then determine a course of action based on principles of standard first aid, common sense, and school policies.

Procedure for Narcotics Medication

The following guidelines should be followed in the securing and handling of a student's narcotics or controlled substances. These guidelines are a directive from Risk Management under the advisement of the district's legal consultant.

Logging in narcotics or controlled substances into the nurse's office:

1. School staff must log on Medication Log how much medication was received, from whom and when.
2. Record on the Medication Log how the medication is to be dispensed.
3. Person assisting student with their medication must initial the date and time and provide a signature with initials in the designated area. This log is subject to subpoena.
4. Narcotics and controlled substances must be locked at all times. Establish key control for cabinet (decide where the key is to be kept and who has access). Key Control records will be subpoenaed.
5. Submit work orders in a timely manner when a lock has been tamper with or key is lost.
6. All controlled substances are to be sent home during winter and spring recess. All student medications must be removed from the nurses' office by the last day of school. Student/parent must sign out medications when they are picked up.

When a student's controlled substance is missing or stolen:

1. Make an accounting of how much medication is missing (refer to medication log).
2. Immediately inform the Principal and police of the incident/situation.
3. Get a copy of the police report and write an incident report. Send a these reports to Risk Management.
4. Notify student's parent so replacement meds can be acquired.
5. Principals need to conduct a discreet investigation to obtain information regarding the theft.

Recommended Guidelines for Students on Restricted Activity

There has been a growing concern on how to monitor and supervise a child who has been placed on Restricted Activity. Please consider the following guidelines when accommodating a child who is returning to school after suffering a fracture or severe sprain, recovering from a long-term illness, hospitalization or surgical procedure.

Recommended Guidelines at the Elementary Level:

When considering the appropriate placement of a student during recess always make sure the student is within the sight of the supervising adult.

1. Place the child in the nurses' office with a book or quiet activity.
2. Have the student sit in the school's detention area with a friend and classroom game, book or preplanned activity.
3. Place the student in another classroom such as the library, computer lab or have the student be a mentor in a classroom (lower grade).
4. Have the student sit in the School Office or a room adjacent to the office with a book or quiet activity.

Secondary School Sites:

1. Develop a 504 plan to address the students needs, i.e. Note taking, use of tape recorder etc.

We hope that these suggestions provide some direction on how to monitor a child who has been placed on restricted physical activity during school time. Again we emphasize that the child must be within the sight of the supervising adult and not have access to the playground area. Please continue to restrict the child's activities as per the doctor's order.

What To Do In Case of a Serious Student Accident or Illness

Listed below are guidelines for a serious or potentially serious illness or injury. Please continue to handle routine accidents as you now do by sending a Student Accident Report to Risk Management.

1. If the accident/illness appears life threatening, call 911.
2. Contact parent or designated alternate.
3. Notify Risk Management at extension 21212.
4. Notify Director of Schools at extension 21120.
5. Send Accident Report to Risk Management within 24 hours (sample attached). If applicable, ask Risk Management for suggestions as to how to complete report. You may wish to make a full report on a separate piece of paper so you can list all witnesses and special circumstances. Remember, any written statement will be subject to subpoena.
6. ***Do not release accident report or other written statements to parent, and ask staff not to discuss accident with anyone unless you ask them to do so. Any District-approved investigator will carry proper Identification and will be introduced or accompanied by someone from Risk Management.***
7. Answer basic questions for a parent, e.g., “Your son fell down while playing baseball,” but don’t offer extra information and ask staff not to do so, e.g., “no nurse was on duty,” “only one supervisor was on duty,” “that wooden equipment is hazardous,” etc. Refer the parent to Risk Management for further information.

I believe that your continuing to follow these guidelines will reduce our District liability exposure. Please call me at extension 21212 if I can provide additional information.

Guidelines for Handling Accident Reports

ACCIDENT REPORTS: are to be completed by personnel who are responsible for the student at the time of the incident or overseeing the incident, such as the student's teacher, office staff or witness. A nurse will complete the first aid section when they are involved in providing first aid.

The following Guidelines are to assist staff in the determination of the necessity of completing an Accident Report. Risk Management should be called whenever there is any question as to whether a report should be developed.

REGARDING THE NATURE OF THE INJURY: "Accident Reports" should be submitted by the school when the student's:

1. Injury is the result of unusual circumstances.
2. Injury is result of incorrect use of equipment.
3. The injury is the result of faulty equipment.
4. The injury involves multiple body parts.
5. The injury is the result of a human or animal bite. Students who sustain a bug bite, such as bee, wasp, ant, or have a reaction to coming in contact with a plant should be sent home with the **INSECT STINGIBITE** report. **Office staff should notify M&O for the removal of nests, plants, hives, and insects.**
6. When the child experiences an **ANAPHYLACTIC EPISODE** due to exposure to a substance.
7. Head injury: that results in visible tissue trauma, such as swelling, contusion, loss of consciousness, dizziness or any other symptoms referred to on the "Head Injury Parent Information" sheet. Any student who suffers a **HEAD INJURY** should have the "Head Injury Parent Information" alert sent home with the student regardless of the severity of the injury.
8. When a student collapses or becomes unconscious: whether it is associated with an injury or not.
9. When there is a medication error

Procedure for Reporting Student Accidents

1. When a student is injured on campus during the school day, during after school sports activities, while participating in interscholastic/intermural sports on or off district premises, or when an injury is reported to staff either before school begins or after school, a Student Accident Report must be completed as soon as possible. (Incidental scrapes and bruises do not have to be reported.) If in doubt, it is safer to document an injury rather than not to do so.
2. The school employee who either witnesses the injury or is supervising the student at the time of the injury should complete the Student Accident Report.
3. This report should be submitted to the Principal or his/her designee and to any adult witness when available. Send the report to the Risk Management Department as soon as possible.
4. If a student is seriously injured, telephone the Risk Management Department prior to sending your written report so that details and facts may be gathered without delay. This information will be forwarded to our insurance carrier for defense of the District in case of litigation at a later date. If pertinent facts develop, a supplemental report should be sent to Risk Management.
5. In addition to information provided in the report, please be sure to write background comments regarding any contributing factors of the accident. Witness information is very important and must not be missed. Log any comments made by parents when called and staple all witness reports.
6. The Student Accident Report is for the CONFIDENTIAL use of the ABC Unified School District and for District legal counsel. **NO NOT DISTRIBUTE TO STUDENTS, PARENTS OR OTHERS WHO MAY REQUEST COPIES.**
7. Student Accident Reports should be filled in completely and legibly.
8. Distribution:
 - A. White and yellow copies to Risk Management
 - B. Pink copy to school/accident site - In a separate file, not in student's Health folder or cum.

(SEE FOLLOWING PAGE FOR REPORT)

ABC UNIFIED SCHOOL DISTRICT

Risk Management Department

STUDENT ACCIDENT REPORT

The school employee who either witnesses the student injury or is supervising the student at the time of the injury should complete this form. The report should be submitted immediately to the principal's office for signature and mailed as soon as possible to the Risk Management Department. If pertinent facts develop, notify the Risk Management Department by means of a supplemental report.

THIS REPORT IS FOR THE **CONFIDENTIAL** USE ONLY OF THE ABC UNIFIED SCHOOL DISTRICT AND FOR LEGAL COUNSEL FOR THE PURPOSE OF DEFENDING THE DISTRICT AND ITS EMPLOYEES IN LITIGATION. DO NOT DISTRIBUTE COPIES TO STUDENTS, PARENTS OR OTHER REQUESTING PARTIES.

SCHOOL DISTRICT		SCHOOL	
SCHOOL ADDRESS			PHONE NO.
STUDENT'S NAME			AGE
HOME ADDRESS			GRADE
WHERE DID ACCIDENT OCCUR?			DATE
HOW DID ACCIDENT OCCUR?			TIME
NATURE OF INJURY			
FIRST AID APPLIED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF FIRST AID ADMINISTERED		WHO ADMINISTERED IT?
DOES INJURED STUDENT HAVE SCHOOL ACCIDENT INSURANCE COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS ANY SCHOOL RULES VIOLATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, EXPLAIN		
WITNESSES PRESENT AT TIME OF ACCIDENT			
NAME	ADDRESS	PHONE NUMBER	
HAVE PARENTS CONTACTED SCHOOL? IF YES, EXPLAIN BELOW <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE PARENTS CONTACTED BY SCHOOL? IF YES, EXPLAIN BELOW <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE PARENTS OR STUDENT TOLD THEY WOULD BE CONTACTED AGAIN? EXPLAIN BELOW <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS (To be prepared by adult witness if available; attach additional sheet if necessary.) Additional sheet attached: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name: _____ Position: _____ Did you witness accident?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
REPORT PREPARED BY:	POSITION	DATE	PRINCIPAL OR DESIGNEE'S SIGNATURE:
			DATE
			ADULT WITNESS' SIGNATURE (if available)

Distribution: White, Yellow & Pink = Risk Management
Goldenrod = School/Accident Site

Student Accident Insurance

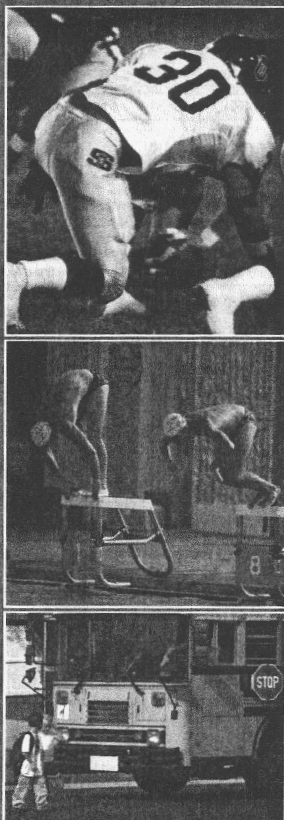
Student Accident Insurance Coverage brochures (Myers-Stevens) is provided by the school sites at the beginning of each school year, additional brochures may be requested from the Risk Management Office. This insurance coverage is optional and there were three plans offered to parents at an economical premium.

Interscholastic Sports Insurance

Interscholastic Sports Insurance is required for student playing sports. These are sent out from the schools during June and can retroactively cover the start of football practice in May. Be sure to submit your request for the interscholastic sports insurance in May to Risk Management.

CLAIM FORMS CAN BE OBTAINED FROM THE RISK MANAGEMENT OFFICE AT EXT. 21212

STUDENT ACCIDENT & HEALTH INSURANCE



Attention Parents!

Children have accidents. Treatment can be expensive... sometimes, very expensive. That's why your school (and 1,000s of others) makes affordable insurance coverage available to you and your child as described within. These plans can help you prepare for those emergencies that life throws at all of us.

You can choose from "School-Time only" or plans that protect your child 24/7. A Student Health Care plan (covers accidents and illness) and Dental Accident plan are also available. There's even an option for your entire family's prescription drug needs. Even if you have other coverage, these plans can still help you "fill in the gaps."

Your enrollment form is attached. Call us if you need help or have questions.

Are your kids ready for School?

- ✓ New Clothes
- ✓ Books
- ✓ Supplies
- ✓ **INSURANCE**

For Questions Call:



Myers-Stevens & Toohy & Co., Inc.
(800) 827-4695
CA License #0425842



PB-0238

EASY ENROLLMENT!
Checks, money orders or credit cards accepted.



CA SR 722 03/07

ATHLETIC TEAM INSURANCE

(Education Code 32221.5)

ENGLISH

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the Healthy and Medical Programs Information Line at 1-800-880-5305.

SPANISH

Según la ley estatal, los distritos escolares tienen la obligación de velar por que todos los miembros de la escuela athletice equipos tienen lesiones accidentales de seguros que cubre los gastos médicos y hospitalarios. Este seguro que puede satisfacerse por el distrito escolar o de otro tipo de seguros que ofrecen beneficios para la salud que cubren los gastos médicos y hospitalarios. Algunos alumnos pueden calificar para inscribirse en ningún costo o de bajo costo a nivel local, estatal, o federal de seguro de salud patrocinado programas. La información sobre estos programas se puede obtener llamando a la Saludables y Programs Médicos en Línea de Información al 1-800-880-5305.

PORTUGUESE

Ao abrigo do direito estatal, os distritos escolares são necessárias para garantir que todos os membros da escola athletice quipas têm lesões acidentais seguro que cobre as despesas médicas e hospitalares. Este seguro exigência pode ser satisfeita pelo distrito escolar que oferece seguro saúde ou outros benefícios que cobrem as despesas médicas e hospitalares. Alguns alunos podem beneficiar de matricular nos sem custo ou de baixo custo local, estadual, federal ou programas patrocinados seguro saúde. Informações sobre esses programas podem ser obtidas pelo telefone da Sadia e Programas Medical Information Line em 1-800-880-5305.

KOREAN

가주법에 의하면, 교육구는 학교의 모든 운동 팀이 사고시 치료비와 병원비를 납부할 수 있는 상해보험을 갖도록 되어 있습니다. 이 요구 조건은, 교육구가 사고시 치료비와 병원비를 납부할 수 있는 보험을 제공하면 됩니다. 어떠한 학생은 지역이나 주, 혹은 연방 정부가 보조하는 무가 혹은 저가의 의료 보험 프로그램에 가입할 자격이 될 겁니다. 이러한 프로그램에 관한 정보는 “건강 및 의료 프로그램 정보 센터”의 무료 전화 1-800-880-5305를 사용해서 얻을 수 있습니다.

MANDARIN CHINESE

在加州法律的規定下，加州學區必須確保所有的學校運動隊員有包括醫療及住院費用的意外傷害險。這個保險要求要符合學校提供的保險或其他包括醫療及住院費的保險。一些學生也許有資格申請零花費或低花費的當地的、州的或是聯邦的保險計畫。如果您想獲得那些計畫的資訊，請撥打 1-800-880-5350 到 Healthy and Medical Programs Information Line 去詢問。

HEAT ILLNESS PREVENTION

Children are much more susceptible to heat illness than adults are. They absorb more heat and sweat less than adults do. Be aware of the signs and symptoms and take immediate action to cool the child. Please follow these guidelines during warm weather (Hot Weather and Extreme Heat) conditions.

HOT WEATHER PRECAUTIONS will be taken for temperatures falling between **90-95 degrees**. When we are experiencing temperatures between 90-95 degrees student's outside activities should be modified. This should include:

1. Staying indoors as much as possible and limit exposure to the sun.
2. If you are plan to spend short periods outdoors, do so in the early part of the morning. Keep students inside or in the shade during the hottest part of the day (10:00 am - 2:00 pm)
3. Be aware of any preexisting medical conditions, which may cause a child to be more heat sensitive.
4. Encourage students to dress in loose-fitting, lightweight, and light-colored clothes that cover as much skin as possible.
5. Students may wear sunscreen.
6. The most important measure to prevent heat strokes is to avoid becoming dehydrated and to avoid vigorous physical activities in hot and humid weather. Children are less likely to feel thirsty when they play or exercise for a long time. They need to be reminded to drink fluids
7. When exercising:
 - Drink 2 cups of water 2 hours before an event/practice.
 - During exercise, drink $\frac{1}{4}$ cup of water every 15 minutes.

Temperatures **over 95 degrees is considered EXTREME HEAT**. In extreme heat and high humidity, evaporation is slowed and the body must work extra hard to maintain a normal temperature. Students are at risk for heat illness. When we are experiencing temperatures over 95 degrees all outside physical education activities/sports programs should be suspended.

Caution: Heat illness can develop.

Heat exhaustion:

Student sweats profusely and loses lots of water.

Symptoms include: nausea, vomiting, dizziness, fainting, and mild confusion.

Treatment: Move to cool location and give fluids. Cool body down by applying ice packs to the student's neck or fanning. If symptoms do not resolve rapidly, call for emergency assistance to have student transferred to an emergency facility.

Heat Stroke:

Extreme buildup in body heat with a failure of the body to regulate the temperature. Temperature of 104 and above is a **life-threatening condition**.

Employees

Cal/OSHA's rules require employers to take four basic steps to prevent heat illness:

- Train all employees about the dangers and prevention
- Provide enough fresh water so that each employee can drink at least one quart per hour and encourage them to do so
- Provide access to shade for at least five minutes of rest when an employee believes he or she needs a preventative recovery period

Treatment: Rapid cooling measures, call 911 for emergency assistance and transport to an emergency medical facility.

If you have questions, please consult your school nurse or call Health Services at Ext. 21155.
Penny Goforth, RN., M.Ed. Head of Health Services

More information on preventing heat illness is available on the Web at <http://www.dir.ca.gov/DOSH/HeatIllnessInfo.html>.

PROPER CLEANING OF TOYS AND EQUIPMENT IN THE PRESCHOOL ENVIRONMENT

- The primary reason for cleaning toys and equipment is to decrease the spread of communicable diseases (e.g. routine viruses such as respiratory (colds) and gastro-intestinal (vomiting/diarrhea), flu, conjunctivitis (pink eye) and staph infections (impetigo and MRSA).
- The cleaning of toys and equipment is very vital because of the age of our 3-5 year old children.
- This age group spreads communicable disease and illnesses through nasal drainage, unprotected coughing and sneezing, and drainage from open wounds.
- Children at this developmental level are particularly very oral (mouthing) and tactile (touching) of the toys and equipment.
- The toys and equipment are to be cleaned on a **daily basis** according to each classroom schedule and immediately after contamination with body fluids or when soiled.
- Toys, equipment and tabletops are cleaned with a diluted bleach solution (1-tablespoon bleach with 4 cups water) in spray bottles prepared by staff on a daily basis. Chlorox Wipes may be used but are not available in warehouse.
- Staff will use throwaway **paper cloth towels** in the cleaning process and when cleaning routine spills.
- Under the definition of Differential Compensation found in the District's Contract, Instructional Aides at the Early Intervention Program receive a differential per month for performance of distasteful duties related to the care of infants and preschool students.

CLEANING AND SANTIZING FOOD CONTACT SURFACES

Proper Cleaning of Eating Utensils In the school setting

District guidelines on cleaning and sanitizing food contact surfaces and items

PURPOSE: To prevent food borne illness by ensuring that all food contact surfaces are properly cleaned and sanitized.

Cleaning of dishes and eating utensils is a three-step process. Items will need to be washed, rinsed and disinfected. When a three-compartment sink is not available, use a couple of dishpans in combination with the sink.

This dishwashing station will include:

- An area for scraping or rinsing food into garbage containers.
- Drain boards to hold both soiled and clean items.
- A thermometer to measure water temperature.
- Clock with a second hand to monitor how long items have been immersed in the sanitizing sink.
- Dish rack with a drain board to allow dishes and utensils to air dry.

Cleaning process:

- Scrape and rinse all items before washing.
- Wash items in the first sink in a detergent solution. Water temperature should be at least 110 degrees.
- Immerse or spray-rinse items in second sink. Water temperature should be at least 110 degrees. If using immersion method of rinsing, replace water when it becomes cloudy or dirty.
- Immerse items in third sink a chemical-sanitizing solution mixed at a concentration specified on the manufacturer's label.
- Air-dry all items on a drain board.

BLOODBORNE PATHOGENS

WASH Your hands with liquid soap and running water, do not use bar soap:

- before preparing food, before & after eating;
- after using the restroom;
- before and after administering first aid;
- after contact with any body fluids (blood, saliva, vomitus, feces, urine, semen, menstrual flow, wound drainage, nasal discharge, ect.);
- and after removing disposable gloves.

WEAR disposable gloves whenever you will be:

- touching any body fluids; particularly blood;
- examining the mouth or assisting with dental care;
- Coming in physical contact with anyone who has open cuts, lesions, etc.

USE care when disposing of trash

- Use trash containers lined with plastic bags when disposing refuse that contains blood /body fluids.
- Put needles, syringes, or other sharp objects in special puncture-proof containers. (Do not bend, break or recap needles.)
- Tie plastic bag and discard each day.

USE disinfectants.

- Clean all areas soiled with blood and body fluids (table tops, toilets, sinks, desks, etc.) with a fresh solution of one part chlorine bleach to 10-100 parts water, or with a tuberculocidal disinfectant approved by the Environmental Protection Agency.

Bloodborne Pathogens

What is AIDS/HIV Infection?

AIDS (Acquired Immune Deficiency Syndrome) is the advanced stage of HIV (Human immunodeficiency Virus) infection. The virus attacks the body's immune system, leaving it open to life-threatening infections and malignancies. The virus may also directly attack the central nervous system. Persons infected with HIV often have no apparent symptoms and usually appear to be in good health. More than half of the persons in the United States who have been diagnosed with AIDS (the advanced stage of HIV) have died. HIV is transmitted through blood, semen, vaginal secretions and breast milk.

What is Hepatitis B?

Hepatitis B is an infection of the liver caused by a virus present in blood and other body fluids of infected persons. Less than 50% of the people who become infected show symptoms of illness. The symptoms — like those of Hepatitis A — include fatigue, mild fever, muscle/joint aches, nausea, vomiting, loss of appetite, and abdominal pain. In some patients, the urine turns dark and the skin becomes yellow. Symptoms may begin to appear up to six months after exposure to the virus. Death is not common in Hepatitis B, but 5- 10% of those infected become long-term carriers. Up to 25% of the carriers may develop serious chronic liver disease. Blood, saliva and semen are the only body fluids which have been found to transmit Hepatitis B.

How, Do They Spread?

Both HIV and Hepatitis B can be spread in the following ways:

- 1) any sexual activity involving direct contact with semen, blood or vaginal secretion of an infected person;
- 2) sharing intravenous (IV) needles and/or syringes with someone who is infected;
- 3) penetrating the skin with unsterile objects, such as those used for tattooing, ear piercing, etc.;
- 4) direct contact of infected blood with cuts, broken skin or mucous membranes of the eye or mouth;
- 5) receiving blood transfusions or blood products from someone who is infected (an HIV screening test has been used since 1985 that has reduced the risk of AIDS to 1 in 68,000 in California);
- 6) being born to an infected mother.

A person infected with HIV or Hepatitis B can transmit the infection even though they may not appear ill. Some people may carry the virus(es) for years without showing symptoms.

Bloodborne Pathogens

How can HIV and Hepatitis B be Prevented?

There is no vaccine to prevent AIDS/HIV infection. There is safe and effective vaccine to combat Hepatitis B.

In the Classroom

The way you are most likely to be exposed to AIDS/HIV infection and Hepatitis B in the school setting is when your broken skin comes directly in contact with the blood of an infected person.

The spread of Hepatitis B may sometimes occur in special education setting and classrooms attended by developmentally delayed students who became Hepatitis B carriers while in hospital or residential facilities. The risk of transmitting Hepatitis B in these special education classroom setting can be almost eliminated by good environmental and personal hygiene. Ask your physician about receiving a protective vaccine.

Other Setting

Sexual intercourse and sharing intravenous equipment are the behaviors that most often transmit the viruses that cause Hepatitis B and HIV infections. The major risk of exposure to Hepatitis B, HIV/AIDS, and sexually transmitted diseases in general, can be virtually eliminated if:

- your sexual relationship is mutually monogamous and neither you nor your partner is infected; and
- you refrain from sharing intravenous equipment

Proper use of condoms combined with water-based lubricants containing spermicide during sexual intercourse greatly reduces the risk of transmission of these diseases. Intravenous equipment and any equipment used to penetrate the skin should not be shared.

Bloodborne Pathogens

Exposure Incident Report What is A Reportable Incident?

All three of the conditions listed below must have occurred in the same injury to have an incident that requires a written report to be sent to the Risk Management Department; otherwise the form must be maintained at the nurses office.

1. Involves body fluids of at least two people.
2. One of the persons must be an employee.
3. Blood or body fluid must have entered the body through the eyes, mouth, cracked or broken skin; OR needle stick.

Listed below are samples of types of injuries that **do not** require a written report to Risk Management:

1. **Injury:** Student cuts himself with an exacto knife.
Treatment: First aid, thorough cleansing with soap and water, check status of tetanus immunization, possible medical attention depending on size of cut.
2. **Injury:** Child scratches adult and adult bleeds.
Treatment: Thorough cleansing with soap and water, bandaid if necessary.
3. **Injury:** Someone vomits (bloody or not) on your arm (intact skin).
Treatment: Thorough cleansing with soap and water.
4. **Injury:** You touch bloody Kleenex tissue, paper towel, etc. with intact skin.
Treatment: Thorough cleansing with soap and water.
5. **Injury:** You touch blood (wet or dry) with your clothing.
Treatment: Thorough cleansing with soap and water.

**OSHA defines an exposure incident as a specific eye, mouth or mucous membrane, non-intact skin, parental (needle puncture) contact with potentially infectious material that results from the performance of an employee's duties.*

ABC Unified School District
Bloodborne Pathogens Exposure Control Plan

EXPOSURE INCIDENT REPORT

To be completed by the Employee

Name: _____ SSN: _____

Site (where incident occurred) _____ Date: _____ Time: _____

CHECK PERSONAL PROTECTIVE EQUIPMENT USED:

- ☐ Gloves ☐ Resuscitation Device
☐ Other (explain) _____

CHECK ROUTE OF EXPOSURE:

- ☐ Blood splash to eyes ☐ Blood splash to mouth ☐ Blood to non-intact shin
☐ Needle stick ☐ Mouth to mouth
☐ Other (explain) _____

CIRCUMSTANCES UNDER WHICH INCIDENT OCCURRED (explain)

Source Individual: _____

Consent obtained ____ Yes ____ No (explain) _____

Employee Signature _____ **Date** _____

To be completed by Site Supervisor (Contact Risk Management immediately once an exposure incident has occurred. Give the Employee a copy of this form immediately as receipt).

Explain how the exposure incident occurred, including date, time and location of the incident:

Verification of the route and circumstances of the blood exposure:

Witness(es) to the exposure incident: _____

Supervisor's Signature: _____ Date _____

Send a copy to the Director of Risk Management and retain a copy for your files.

Bloodborne Pathogens Exposure Control Plan

BODY FLUID INCIDENT LOG

Date	Time	Name of Employee	Name of Source Individual (if known)	Description of Incident and Body Fluid Involved	Possible Exposure		PPE in use		Risk Mgmt. Notified	
					YES	NO	YES	NO	Date	Time

SAFETY/DISASTER PREPAREDNESS

DISASTER COMMUNICATION RADIO

Once a month during the school year, Risk Management conducts **MOCK EMERGENCY RADIO** drills at each school site and at the District Office complex. These drills are conducted using the emergency communication radios. In the event of a major disaster during school hours these radios will prove to be a vital means of communicating important information between staff members and emergency officials alike.

Below is a handy reference guide to assist you or your alternate **DISASTER COMMUNICATION RADIO** user.

As a reminder, your **DISASTER COMMUNICATION RADIO** should be turned on each day and your battery should always be in a charged status. Channel 3 is **DEDICATED FOR EMERGENCIES ONLY** and should be used accordingly, someone in your office should always know where the radio is located and trained to use the radio in case you are absent.

HAND HELD RADIO INSTRUCTIONS

In an event of an emergency or disaster follow the directions below to receive communications. Make sure your radios are always charged and turned on.

1. Turn hand held set to **channel #3**
2. Press middle button until you hear 2 sounds
3. Scroll to desired site by pressing button "C" or "D"
Example: All channels, Aloha, Bragg, etc.
4. Press and hold top button to speak
5. When finished, press middle button until you hear 2 sounds and display reads "Mute".
6. Return hand held set to **channel #1.**

SAFETY

FIRST AID SUPPLIES WORKSHEET

The following medical supplies are suggested for every 150 people at your site. After analyzing what injuries you could expect, we developed a list of practical first aid supplies in quantities that will allow you to treat the expected number of injured in the event of a large disaster.

Figure the number of people at your site and divide by 150 to get your multiplier.
(Example: 600 people divided by 150 equals 4, so 4 is your multiplier.)

Item	Units	Times	Your Multiplier	Equals	Needed Units
Stretcher for transporting injured	2	X		=	
Latex Gloves (Pr.) Protection from body fluids	50	X		=	
Trauma Dressing 5x9 for control of severe bleeding	15	X		=	
Gauze Dressing 4x4 for control of moderate bleeding	15	X		=	
Triangular Bandage for arm sling/pressure dressings	15	X		=	
Gauze Roll Bandage for securing dressings	10	X		=	
Butterfly Bandages to assist in closing lacerations	25	X		=	
Band-Aids for small-scrapes	25	X		=	
Log cardboard splint for broken leas	4	X		=	
Arm Cardboard Splint for broken arms	5	X		=	
Ice Packs to reduce swelling	5	X		=	
Sterile Water Packs 4oz. treating burns / flushing wounds	20	X		=	
Rolls of Tape securing bandages and dressings	5	X		=	
Roll of Duct Tape used for triage tags / securing splints	1	X		=	
Emergency Thermal Blankets treatment of shock, warmth	10	X		=	
Paramedic Scissors heavy duty cutting of clothing	2	X		=	
Tweezers removal of glass & wood splinters	1	X		=	
Antiseptic Wipes cleansing around wounds	100	X		=	
Triple Antibiotic Ointment minor wounds	25	X		=	
First Aid Guide Provides treatment measures	1	X		=	

EMERGENCY LABEL FORM

EMERGENCY LABEL

Child's Name _____

Mother/Guardian _____

Father/Guardian _____

Phone # _____

In an emergency my child can be released to:

Name	Relation	Phone #
------	----------	---------

Name	Relation	Phone #
------	----------	---------

Your child will be released ONLY to those named above. You are responsible for notifying the school, in writing, of any changes. In the event you cannot be contacted and your child is in need of emergency medical attention, do you authorize medical treatment for her/him?

Yes _____ No _____

Parent Signature/Guardian	Date
---------------------------	------

7808 RM (1097-82/1*)

ABC Unified School District

RISK MANAGEMENT

SITE SAFETY COMMITTEE GUIDELINES

The overall basic function of the Site Safety Committee is to create and maintain an active interest in safety and to reduce accidents and promote safety awareness at the site.

GENERAL DUTIES:

1. To make systematic inspection tours of the school sites, and to report existing hazards; to make recommendations for the correction of the hazards.
2. Review all accidents since the last meeting to determine the cause and to make recommendations for the prevention of similar incidents.
3. To promote safety awareness and accident prevention.
4. Discuss and act upon accident prevention suggestions from employees or District safety committee members.
5. Assist various departments in the development of their safety rules and programs.
6. Implement District safety policies.
7. Identify and recommend site safety training topics.
8. Meet on a monthly basis. Preferably the meetings should be at the same time each month to make scheduling easier and promote program continuity.
9. Maintain records of each meeting and the committee's outside activities such as inspections and training, and then forward records to the District Safety Committee.
10. Maintain structure, organization and format for the function of the committee. This should include the election or appointment of a chairperson and designation of special activity committees if there are to be any.
11. The committee should confine their activities to the functions of a Site Safety Committee, to promote safety awareness and the prevention of accidents.

MONTHLY SAFETY COMMITTEE MINUTES AND AGENDA REPORT

Site: _____ Date of Meeting: _____

Members in Attendance (Names and Positions):

_____	_____
_____	_____
_____	_____
_____	_____

Order of business each month:

1. Review site accident reports, actions taken, corrections completed or still pending.
2. Accident Report Log updated.
3. Review site inspection checklist, actions taken, corrections completed still pending.
(Note work order number, if applicable).
4. Attach hazard reports. (Note work order number, if applicable).
5. Other....

Signature of Site Safety Chairperson

(Attach copies of site accident reports, site inspection checklist and hazard reports to the Safety Committee Minutes and Agenda Report and mail to the Risk Manager /Risk Management by the 10th of each month, excluding July and August. Retain original copies on file at the site.)

District Safety Committee Review

Date: _____ Chairperson: _____

Recommendations to site and/or maintenance: _____

ABC Unified School District HAZARDOUS CONDITION REPORT FORM

Blank forms should be available to all employees at each site

School/Site/Department _____ Date _____

Specify the room/area where the hazardous condition is located _____

When was the hazardous condition identified? Date _____ Time _____

Describe the hazardous condition _____

Name of person filing this report: _____

Work location: _____

Call _____ between the hours of _____ and _____ to speak
phone number/ext.

to the contact person named above.

What has been done to eliminate or reduce the hazardous condition? _____

and/or a work order was initiated: # _____ Date: _____

Site Administrator: _____ Date: _____
Signature

Safety Committee's action:

_____ No further action required, condition is corrected or non-hazardous.

_____ Further action is required, condition is hazardous.

*Distribution: 1. Original to Principal/Site Manager 2. Principal/Site Manager send a copy to: a. Risk Manager
3. Attach a copy to your monthly site safety meeting report*

ABC UNIFIED SCHOOL DISTRICT

Safety Committee

ACCIDENT REPORT LOG

SITE: _____

Report Number	Date of Accident	Extent of Injuries	Time Loss Accident (Yes/No)	Date Reported to Risk Management

RETAIN AT ORIGINATING SITE - DUPLICATE AS NECESSARY - MAINTAIN ONGOING ACCIDENT RECORD AND SUMMARY. ASSIGN REPORT NUMBERS BY YEAR AND IN THE ORDER RECEIVED (91-1, 91-2, 92-1, 92-2 ETC.)

SITE SAFETY INSPECTION CHECKLIST

This checklist is intended only as a guide. Inspect the areas pertinent to your site. Please return this report to the Risk Management Department by the 10th of each month (September-June). Look for other unsafe conditions and report them so corrective action can be taken.

	<u>S</u>	<u>U/S</u>
<u>PLAYGROUND EQUIPMENT</u> (Suggested Minimum Frequency - Weekly)		
1. Swing sets securely anchored	()	()
2. Swing set seats, chains and hooks in safe condition	()	()
3. Backstops securely anchored	()	()
4. Backstop fencing in safe condition	()	()
5. Slide ladder secure	()	()
6. Slides free of cracks and sharp edges	()	()
7. Slides securely anchored	()	()
8. Climbing apparatus securely anchored	()	()
9. Climbing apparatus free of sharp edges	()	()
10. Cushioning material under all equipment	()	()
<u>ATHLETIC FACILITY</u> (Suggested Minimum Frequency - Weekly)		
11. Weights and equipment properly tacked and stored	()	()
12. Cables on apparatus securely attached and in good condition	()	()
13. Gymnastics equipment in good condition	()	()
14. Basketball hoops free of sharp edges	()	()
<u>GROUND AND FIELDS</u> (Suggested Minimum Frequency - Weekly)		
15. Blacktop and sidewalks free of holes or cracks	()	()
16. No dirt or water flowing on sidewalk	()	()
17. Area free of debris and broken glass	()	()
18. Shrubs and trees — no branches hanging over walkways	()	()
19. Fencing free of sharp corners and edges	()	()
20. Field is level, free of holes and foreign objects	()	()
21. Sprinklers in proper repair and not protruding	()	()
<u>AUDITORIUM AND GYMNASIUM</u> (Suggested Minimum Frequency - Monthly)		
22. Stairs, ramps, floors and aisles are kept clean and dry	()	()
23. Floors free of tripping hazards	()	()
24. Seats free of splinters, torn upholstery, or loose hardware	()	()
25. Bleacher seats and steps tight and in good condition	()	()
26. Stage rigging, ropes, blocks and tackles are in good repair	()	()
27. Stairs are equipped with treads and handrails	()	()

S = Safe, **U/S** = Unsafe

INDUSTRIAL ARTS (Suggested Minimum Frequency - Weekly)**S****U/S**

- | | | |
|--|-----|-----|
| 28. All materials safely racked or stored | () | () |
| 29. Floors clean, and free from tripping/slipping hazards | () | () |
| 30. Extension cords and cables secured | () | () |
| 31. Oily rags kept in closed metal containers | () | () |
| 32. Guards provided on machinery | () | () |
| 33. Ladders maintained in good condition | () | () |
| 34. Grinding wheels have guards/shields; tool rests adjusted | () | () |

SWIMMING POOL (Suggested Minimum Frequency - Monthly)

- | | | |
|--|-----|-----|
| 35. Pool ladders anchored and free of rust and corrosion | () | () |
| 36. Diving board platforms free of signs of excessive wear | () | () |
| 37. Diving board platforms covered with nonskid material | () | () |
| 38. All surfaces free of cracks and foreign matter | () | () |

MISCELLANEOUS (Suggested Minimum Frequency - As Needed)**YES****NO**

- | | | |
|--|-----|-----|
| 39. Have fire extinguishers been properly maintained/charged | () | () |
| 40. Are First Aid kits properly stocked | () | () |
| 41. Are hallway exits properly marked | () | () |
| 42. Is access to electrical, gas and water shut off unobstructed | () | () |
| 43. Are electrical gas and water shut off valve locations posted | () | () |
| 44. Emergency lights working | () | () |
| 45. Has fire alarm been tested? | () | () |
| 46. Radio/cell phone tested and batteries recharged | () | () |
| 47. Are access to all exits, doors, electrical, gas and water unobstructed | () | () |

COMMENTS (Describe unsafe conditions not listed above)

Have work orders been issued for correction of "Unsatisfactory" conditions? _____

Work order number(s) _____

Inspected By: _____ Date: _____

Site Administrator: _____ Date: _____

SAFETY - ERGONOMICS

TEN “ERGO” TIPS

1. Keep the computer monitor at eye level or below. This saves strain on muscles in the back of the neck.
2. Keep the wrists in a neutral position, not flexed upward or downward. A foam wrist rest or a rolled-up towel in front of the keyboard can help keep the wrists neutral.
3. Do not lean or reach forward to the keyboard.
4. Type with a light touch. Recent evidence indicates that a “finger pounding” typing style is associated with a higher incidence of carpal tunnel syndrome.
5. When not actually typing or using the mouse, rest your hands in your lap.
6. When writing longhand, use a thicker pen with a friction grip on the barrel - it is much easier to hold.
7. Use chair with adjustable armrests.
8. Keep keyboard flat. This avoids typing with wrists cocked upwards, which can strain both the back of the wrist and the palm side of the wrist.
9. Alternate job tasks frequently, when possible.
10. Avoid sitting in one position for too long. Take a stretch break at least every hour, even if it is only for 30 seconds or so.

EMPLOYEE SAFETY

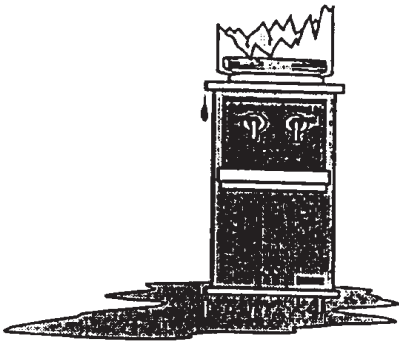
Watch Your Step!

Five Reminders To Prevent SLIPS, TRIPS, AND FALLS



1. Clean up **WET** surfaces

2. Avoid short cuts



3. Get rid of clutter



4. Use a ladder or step stool



5. Turn **ON** the lights



RESPONSE FOR THE PERSON RECEIVING A BOMB THREAT

BE CALM AND COURTEOUS. DO NOT INTERRUPT THE CALLER.

1. Keep the caller on the line as long as possible. Ask the caller to repeat the message and record every word spoken by the caller.

Fill out the Bomb Threat Form

2. Ask for the location of the bomb and the time of possible detonation.
3. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent persons.
4. Pay particular attention to background noises such as motors running, music, traffic, and any other noise which may give a clue as to the location of the caller.
5. Listen closely to the voice (male, female), voice quality (calm, excited), accents and speech impediments.
6. Immediately after the caller hangs up, report the call to the site administrator.
7. The site administrator or designee is to immediately call 911 to report the bomb threat.

(Since law enforcement personnel will want to talk firsthand with the person who received the call, he/she should remain available until officers arrive)

ABC Unified school District RISK MANAGEMENT

BOMB THREAT INFORMATION FORM

Be Calm! Be Courteous! Listen Carefully! Do Not Interrupt!

Write out the exact words of the original threat: _____

(Try to keep the caller talking - ask questions, see below):

When will the bomb explode? _____ Time remaining? _____

Where is the bomb now? _____ What Area? _____

What kind of bomb is it? _____ What does it look like? _____

What will cause it to explode? _____

Why did you place the bomb? _____

Do you realize innocent people could be hurt?

Where are you calling from? _____

Description of caller's voice:

Speech:

Manner:

_____ Male	_____ Loud	_____ Distinct	_____ Calm
_____ Female	_____ Soft	_____ Distorted	_____ Angry
_____ Adult	_____ Fast	_____ Slurred	_____ Rational
_____ Child	_____ Slow	_____ Nasal	_____ Irrational
_____ Familiar	_____ Lisp	_____ Pleasant	_____ Coherent
_____ Disguised	_____ Stutter	_____ High Pitch	_____ Incoherent
_____ Muffled	_____ Raspy	_____ Deep	_____ Emotional
_____ Intoxicated			_____ Laughing
_____ Accent			
_____ Other _____			

Background Noises:

_____ Quiet	_____ Trains	_____ Children	_____ Street Traffic
_____ Music	_____ Airplanes	_____ Animals	_____ Mixed Noises
_____ Voices	_____ Party	_____ Machinery	_____ Office Machines
_____ Other _____			

Exact time of call: _____ Date _____

Telephone call received at site: _____ Ext. _____

Time caller hung up _____ Name of person taking the call _____

Reported call immediately to: _____

Procedures for Intruder Lock Down Disturbances/Shootings

If any of the following is perceived:

- Intruders on campus or nearby
- Gunfire
- A safety hazard reported by police

These actions are taken:

1. Sound one long continuing bell ("clear yard" signal) and contain all students and staff in buildings.
2. Secure all doors, windows and gates leading in or out of the school site.
3. Only authorized personnel are to be allowed in or out of site.
4. Hang "Intruder Lockdown" sign on the outside of the door.
5. Sign all authorized personnel in/out noting time, date, telephone number and reason for visit.
6. Activate "Drop/Take Cover" as needed.
7. Notify Cerritos Sheriff at (562) 860-0044.
8. Notify Deputy Superintendent at ext. 21163.
9. Keep all students and staff contained until the safety of all is assured.
10. If school closure is to take place, activate evacuation procedures.

**ABC UNIFIED SCHOOL DISTRICT
Board Policy****BUSINESS AND NON-INSTRUCTIONAL OPERATIONS****EMERGENCIES AND DISASTER PREPAREDNESS PLAN**

In order to save lives and protect property, all district staff and students must be prepared to respond quickly and responsibly to emergencies, disasters, and events which threaten to result in a disaster.

The Superintendent or designee shall develop and maintain a disaster preparedness plan which details provisions for handling all foreseeable emergencies and disasters. The Superintendent or designee may appoint a committee to regularly review the disaster preparedness plan and recommend changes.

The principal or designee shall augment the district plan with working plans and procedures specific to each school. He/she shall present a copy of these site plans and procedures to the Superintendent.

District and site plans shall address at least the following situations:

1. Fire on or off school grounds which endangers students
2. Natural or man-made disasters
(cf. 3516.3 - Earthquake Emergency Procedure System)
3. Bomb threat or actual detonation
(cf. 3516.2 - Bomb Threats)
4. Attack or disturbance by individuals or groups
(cf. 0450 - Comprehensive Safety Plan)
(cf. 1400 - Relations between Other Governmental Agencies and the Schools)
(cf. 3514 - Environmental Safety) (cf. 3515 - Campus Security)
(cf. 3515.2 - Disruptions)
(cf. 3530 - Risk Management/Insurance) (cf. 5131.4 - Campus Disturbances)

The Superintendent or designee should ensure that the plan includes:

1. Procedures for personal safety and security
2. Ways to ensure smooth administrative control of operations during a crisis
3. Procedures to establish a clear, effective communications system
4. Guidelines for law enforcement involvement, including specific steps for law enforcement intervention depending upon the intensity of the crisis

The Superintendent or designee shall use state-approved Standard Emergency Management System guidelines when updating district and site-level emergency and disaster preparedness plans.

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

The Superintendent or designee shall consult with city and/or county agencies so that district and site plans may provide the best possible way of handling each situation and also provide for emergency communications systems between these agencies and each district school.

The Superintendent or designee may provide a plan which allows bus seating capacity limits to be exceeded when a disaster or hazard requires students to be moved immediately to ensure their safety. (Education Code 38051)

(cf. 3543 - Transportation Safety and Emergencies)

Disaster preparedness exercises shall be held regularly at each school site and shall demonstrate how safety procedures may be applied to various types of emergencies. All students and employees shall receive instruction regarding emergency plans.

The Board encourages all employees to become proficient in first aid and cardiopulmonary resuscitation (CPR). The Superintendent or designee shall ascertain that at least one staff member at each school holds a valid certificate in these areas. The Superintendent or designee shall provide for CPR inservice training to be offered at least once a year for district staff.

*Legal Reference:*EDUCATION CODE

32000-32004 Uniform fire signals (with requirement that every school building with capacity of 50 or more students be provided with a fire warning system)

32040 Duty to equip school with first aid kit

35295-35297 Earthquake emergency procedures

38051 Operating overloaded bus

38132 Mass care and welfare shelters

46390-46392 Emergency average daily attendance in case of disaster 49505 Natural disaster; meals for homeless students; reimbursement

GOVERNMENT CODE

3100 Public employees as disaster service workers

8607 Standard emergency management system

CODE OF Regulations. TITLE 5

550 Fire drills

560 Civil defense and disaster preparedness plans

CODE OF REGULATIONS. TITLE 19

2400 et seq. Standardized Emergency Management System Regulations

*Management Resources:*CODE PROGRAM ADVISORIES

0224.94 Contingency Planning for School Campus Emergencies, CIL: 93/94-04

GOVERNOR'S OFFICE OF EMERGENCY SERVICES

Standardized Emergency Management System (SEMS) Guidelines. March 1995

SEMS Approved Course of Instruction. March 1995

Board policy

adopted: 8.4.86

revised: 1.12.99

**ABC UNIFIED SCHOOL DISTRICT
Administrative Regulation****BUSINESS AND NON-INSTRUCTIONAL OPERATIONS****EMERGENCIES AND DISASTER PREPAREDNESS PLAN**

The district disaster preparedness plan shall be available to staff, students and the public in the office of the Superintendent and in the office of each principal. Individual school site disaster plans shall be provided to each teacher and shall be available for public inspection at the principal's office. The principal shall make certain that students and staff are familiar with their site plan.

The Governing Board shall grant the use of school buildings, grounds and equipment to public agencies, including the American Red Cross, for mass care and welfare shelters during disasters or other emergencies affecting the public health and welfare. The Board shall cooperate with such agencies in furnishing and maintaining whatever services it deems necessary to meet the community's needs. (Education Code 38132)

Release of Students

The following procedures shall be followed in releasing students in the event of an emergency or disaster:

1. The principal or designee shall receive authorization from the Superintendent or designee before releasing students.
2. Individual students shall not leave a school site without receiving permission from the principal or designee.
3. If possible, staff shall release students only to persons authorized on the student emergency card.
4. In absence of an emergency card or in an emergency in which reference to the emergency card is impossible, individual students shall be released, upon presentation of identification, to parents/guardians, persons authorized by the parents/guardians, or to authorized persons representing public agencies that may take responsibility, when necessary, for the safety of the student.
5. The principal or designee shall record the release of all students.

Role of Staff

School staff are considered disaster service workers and are subject to disaster service activities assigned to them. (Government Code 3100)

(ef. 4112.3/4212.3/4312.3 - Oath or Affirmation)

During an emergency, staff shall fulfill the following roles: (ef. 4119.3 - Duties of Personnel)

1. The principal or designee shall assume overall control and supervision of activities at the school site during an emergency. He/she shall have authority to use discretionary judgment in emergency situations which do not permit execution of prearranged plans. The principal or designee shall:
 - a. Direct evacuation of buildings

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

- b. Arrange for transfer of students when their safety is threatened
 - c. Inform the Superintendent or designee of all emergency actions taken as soon as possible
 - d. Schedule periodical fire drills and other disaster preparedness exercises and keep appropriate records
 - e. Post directions for fire drills and civil defense drills in classrooms, multipurpose rooms, etc.
2. Teachers shall be responsible for supervision of students in their charge. Teachers shall:
- a. Direct evacuation of students in their charge in accordance with the principal's instruction
 - b. Give the DROP command as necessary
 - c. Take attendance, stay with the students, and provide supervision
 - d. Report missing students to the principal or designee
 - e. Send students in need of first aid to the school nurse or a person trained in first aid
3. Custodians are responsible for the use of emergency equipment, the handling of supplies and the use of available utilities. Custodians shall:
- a. Survey and report damage to the principal
 - b. Direct rescue operations as required
 - c. Direct fire-fighting efforts until regular fire-fighting personnel take over
 - d. Control main shutoff valves for gas, water and electricity and ascertain that no hazard results from broken gas, water mains or fallen electrical lines
 - e. Disburse supplies and equipment as needed
4. The school secretary and secretarial staff shall:
- a. Report a fire or disaster to the appropriate authorities
 - b. Answer telephones and monitor radio emergency broadcasts
 - c. Provide for the safety of essential school records and documents
 - d. Assist the principal as needed
5. The school nurse shall:
- a. Administer first aid
 - b. Supervise the administration of first aid
 - c. Organize first aid and medical supplies

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

6. The cafeteria manager shall direct the use and preparation of the cafeteria stock and water supply whenever the feeding of students becomes necessary during a disaster.
7. The bus driver(s) shall:
 - a. Supervise students if a disaster occurs while they are on the bus
 - b. Issue the command as necessary while students are on the bus
 - c. Transfer students to a new location when directed by the principal
 - d. Assist the custodian in damage control

District-Level Emergency Plan

1. The staff member designated by the superintendent as the disaster preparedness coordinator shall review annually and update as needed the district emergency preparedness policies and administrative guidelines.
2. A disaster preparedness committee shall be formed and meet on an as needed basis to assist in the review and updating of the policies and administrative guidelines.
 - a. The committee shall include:
 - Assistant Superintendent-Business & Operations
 - Assistant Superintendent-Educational Services
 - Director-Nutrition
 - Head of Program-Health Services
 - Risk Manager
 - two elementary site administrators
 - two secondary site administrators
3. In the event of an emergency, district supplies and services shall be made available to local sites when authorized by the Superintendent or his/her designee.
 - a. Maintenance and operations' personnel shall be assigned to each site and report to the assigned site to provide assistance in the event of an emergency.
 - b. Buses shall be assigned to each school and report to the assigned school in the event of an emergency to provide a communication system between sites and the district emergency command center.
 - c. Water, additional medical supplies, and food shall be supplied as needed to sites when authorized by the Superintendent or his/her designee in event of an emergency.
 - d. Equipment from the maintenance and operations facility shall be dispatched to local sites when authorized by the Superintendent or his/her designee in event of an emergency.
4. If telephone service has not been interrupted, it is expected that the telephone system would be used to contact M.O.T.F. and emergency agencies as necessary. If telephone communications have been interrupted, two-way radios shall be used for "first contact" communications between the M.O.T.F. base station and school sites.

Buses will be dispatched to assigned sites for continued radio communications if possible.

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

The sites are not to call the base station. The base station at M.O.T.F. will call each site in alphabetical order, first the elementary, then junior high and then high schools.

ON FIRST CONTACT: When the school name is called, give the following statistics only:

critically injured

dead

critical hazard condition such as gas leaks, fires, blocked exits, etc.

NO NAMES, NO PROPERTY DAMAGE, NO MINOR INJURIES, (this information will be required in the follow-up or second contact)

M.O.T.F. base station will notify the Lakewood Sheriffs Department. They will contact emergency personnel and give notification of the nearest emergency medical facility.

ON SECOND CONTACT: M.O.T.F. base station will call in the same order as stated above. At this time, however, report major damage. M.O.T.F. will dispatch personnel and/or contact the appropriate emergency agency to give assistance.

All site emergency plans shall be on file in the Risk Management Office.

Site Emergency Plans

1. Site administrators shall develop local site emergency preparedness plans following the general guidelines below.
 - a. Local site plans shall include:
 - 1) The roles and responsibilities of staff member in an emergency including assignments to fill positions outlined in the emergency organization plan (Exhibit 3516)
 - 2) Evacuation routes from all classrooms and offices and alternate routes in the event the main route is blocked.
 - 3) Designation of
 - (a) Emergency assembly area. (This area should be in an easily accessible, fenced location on the campus, away from poles, trees, high voltage wiring and the fence.)
 - (b) Emergency operations area. (This should be located near the emergency assembly area and will be the site of emergency operations. It should be accessible to telephone or other communication devices.)
 - (c) Parent communication/check-out center. (This should be located near to-but separated from-the emergency assembly area. Ideally, it should be adjacent to a gate.)
 - (d) Triage first aid area.
 - 4) Provisions for portable means of identifying to whom pupils may be released and authorization for emergency medical treatment. It is suggested that the Emergency Authorization/Health Information Card (4501-HS) be used for this information. These cards may be stored in a file box for easy transport.

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

- 5) Emergency utilities shut off plan
- 6) A written inventory of supplies and equipment and their location.
 - (a) Emergency supplies and equipment for the short-term, immediate needs of students and staff shall be stored at each site in an easily accessible location.
 - (b) Each site shall have the following supplies and equipment necessary for twenty-four hour emergencies:
 - (1) General supplies which shall be stored in a large plastic trash barrel on wheels include:
 - Axe
 - Chisel/knife
 - Chlorine tablets (water purification)
 - Crescent wrench
 - Crowbar
 - Hammer/nails
 - Kleenex (2 boxes)
 - Large plastic trash bags with ties
 - Masking tape (1" roll)
 - Matches (2 packages)

Means of identifying staff members and student runners

- Notebook/pens/evacuation forms
- Nylon line (200 feet)
- One battery-operated bullhorn
- One battery-operated radio and batteries
- One large flashlight and batteries
- Paper towels (2 rolls)
- Plastic buckets/pans
- Plastic wrap (1 roll)
- Pliers
- Rope (25 feet)
- School emergency plot plan
- Screwdrivers (1 phillips, 1 straight bit)
- Shovel (short handled)
- Small paper cups (1 box 100/box)

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

(2) Medical supplies:

- One Tri-Med Rescue Kit

Additional supplies to be added to rescue kit:

- Ace bandages
- Ammonia inhalants
- Antacid tablets
- Band-Aids
- First aid instruction cards (include in plastic barrel)
- Penlight
- Safety pins
- Sanitary napkins
- Soap (Phisoderm)
- Sugar cubes
- Tape
- Triage tags (include in plastic barrel)
- Tweezers
- Two gallons water (medicinal purposes, include in barrel)
- Tylenol

(3) Drinking water

- Bottled water equivalent 1 cup/person

7) A school plot plan which identifies locations of:

- All emergency supplies and equipment
- All existing doors and gates
- Designated areas for emergency assembly
- Emergency operations, parent communications/check out and triage/first aid
- Fire alarms and extinguishers
- Water, gas and electrical shut-offs.

- b. This plan shall be maintained in the school office, and key procedures shall be posted in offices and classrooms.

Standard Emergency Procedures1. Earthquake

- a. Indoors - When the earth begins to shake, Drop to knees with back to windows. Get under a desk or other sturdy object and grasp the object with both hands holding tight. Keep eyes shut. Listen for instructions.
- b. Outdoors - Move to open area away from buildings, trees and over-head wires. Drop to knees and hold on to some object if possible. Stay in the clear. Listen for instructions.
- c. After the shaking stops - Walk to emergency assembly areas. Remain quiet.

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

- d. Do not return children to class until authorized to do so by the appropriate district, city or county authority. Implement Emergency Organization Plan.

2. Fire

- a. Determine possibility and location of fire.
- b. Notify fire department.
- c. Sound fire alarm.

If fire is inoperable, announce fire alarm through continuous “beep” in bullhorn siren and/or through prearranged verbal or visual signal.

- d. Evacuate buildings according to site emergency plans if the regular alarm is sounded or an alternative alarm is sounded.
- e. Check all rooms to be certain they are evacuated.
- f. Remove portable communications equipment from building.
- g. If possible, protect school’s vital records; remove from building, if necessary.
- h. Consult with fire department personnel before directing students and staff to return to building.
- i. Give all clear signal (one long bell) if there is no fire or all is clear.
- j. Reset alarm system within reasonable length of time.

3. Smog Alerts

- a. Schools will be notified by a staff member from the district office in the event of a predicted or actual smog alert (administrative regulation 3519.2).

b. Predicted Alert

- 1) Request students and staff to carpool on day of predicted smog alert.
- 2) Prepare to cancel athletic contests and games if smog alert is declared.

c. First Stage Alert

- 1) Discontinue all strenuous outside activities for students. Strenuous activity is any activity that results in breathing by mouth rather than by nose, including calisthenics, running, and other outdoor sports.

Strenuous inside activities in a large gymnasium may be allowed for high school students, if gymnasium doors and windows are closed; and if there is, in the judgment of the administrator in charge, enough oxygen to sustain both the heightened respiratory level of the competitors and the spectators inside the gymnasium.

- 2) Ask employees and students to carpool, if possible.

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)d. Second Stage Alert

- 1) Discontinue all strenuous outdoor and indoor activities for students.
- 2) Keep students inside building.
- 3) Cancel or postpone athletic contests if alert is called at least one hour before start of the activity, if an event is in progress, the principal or designee should temporarily halt the event until the episode has ended.

e. School site administrators may call the Air Quality Management District directly for smog alert updates at (800) 242-4666.

f. Sites are in the following air monitoring zones:

- 1) Area 4 - Aloha, Bragg, Burbank, Carver, Cerritos Elementary, Elliott, Furgeson, Hawaiian, Juarez, Kennedy, Leal, Melbourne, Nixon, Palms, and Willow Elementary Schools; Faye Ross, Haskell, Fedde, and Tetzlaff Middle Schools; Artesia, Cerritos, and Gahr High Schools; and Maintenance and Operations.
- 2) Area 5 - Gonsalves, Niemes, Stowers, and Wittmann Elementary Schools; Carmenita Middle School; Tracy and Whitney High Schools, Adult School, District Office, Warehouse, and Nutrition Services.

4. Explosion/Gunfire

- a. Indoors - DUCK AND HOLD
- b. Outdoors - Seek protection (curb, bench, ditch or gutter). DUCK AND COVER facing away from disaster.
- c. Evacuate children to emergency assembly area(s) or building(s), if appropriate.
- d. Notify Fire Department or Sheriff's Department.
- e. Notify Switchboard. Switchboard notifies Superintendent, and/or Assistant Superintendent.
- f. If fire results, follow procedures for "FIRE" outlined in these Rules and Regulations.
- g. Implement site level Emergency Organization Plan, (Exhibit) as necessary.

5. Bomb Threat

- a. Ask the question of the informant, "WHERE AND AT WHAT TIME?" Obtain as much information as possible from the informant. (Buildings must be cleared when specific information is received.)
- b. Notify the administrator in charge.
- c. Administrator notifies the Sheriffs Office (866-9061 - complaint desk).
- d. Notify the Switchboard of action taken. Switchboard notifies Superintendent, and/or Assistant Superintendent.

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

- e. Principal or administrator in charge makes decision for action in conference with the uniformed officer.
- f. Notify custodial help to stand by in the event of a search.
- g. Evacuate buildings, if indicated, following established evacuation procedures. Implement dispersal procedure, if necessary.
- h. Follow site level emergency organization plan, if necessary.

6. Disturbances. Disorders or Demonstrations

- a. Establish specific responsibilities.
- b. Notify Switchboard of anticipated disturbances. Superintendent, and/or Assistant Superintendent. Switchboard notifies
- c. Contact appropriate community resources from whom assistance may be desired:
 - 1) PT A, other community groups
 - 2) Local Fire Department
 - 3) Sheriff's Department
 - 4) Others
- d. Consult with district representatives to determine additional school district resources which may be of help.

7. Student Disorder

- a. Notify Switchboard. Switchboard notifies Superintendent, and/or Assistant Superintendent.
- b. Notify pupils via bullhorn, public address system or other appropriate means, in the presence of adult witnesses, to end the disorder by returning to assigned classes.
 - 1) Students should be warned that by remaining on campus, but not going to classes, they risk suspension and/or arrest.
 - 2) Staff members should be assigned the responsibility of verifying the audibility of all announcements. (Tape record if possible).
 - 3) In high schools, students may be given the additional alternative of leaving the campus immediately.
- c. If a pupil persists in the disruptive activity following a second warning and after a reasonable time (2-3 minutes), the pupil is to be notified of suspension and directed to leave campus.
- d. If the pupil continues the disruptive activity after notification of suspension, the principal may proceed with arrest of the pupil under the provisions of Section 626.8, California Penal Code, and Section 16701, California Education Code.

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)8. Employee Disturbance

- a. Notify Switchboard. Switchboard notifies superintendent, and/or Assistant Superintendent.
- b. If the disturbance occurs during assigned work hours after the employee has reported for work, adopt the following procedure in the presence of an adult witness:
 - 1) Request that the employee desist from participation and return to work assignment.
 - 2) If, after a reasonable time (2-3 minutes), the employee refuses to comply with the request, the employee is to be directed to the school principal or level director.
 - 3) If, after a reasonable time (2-3 minutes), the employee has not complied with the request, notify the employee that he/she is guilty of insubordination and subject to arrest in accordance with Section 26.8, California Penal Code and Section 16701, California

Education Code. If the employee's presence continues to disrupt the activity of the school, proceed to cause the arrest to be made by a sheriff's deputy.

9. Employee Disturbance - General Public

- a. Notify Switchboard. Switchboard notifies Superintendent, and/or Assistant Superintendent.
- b. If conduct of an adult who is not an employee of the district but whose conduct on the school premises or adjacent territory interferes with the orderly processes of the school, warn the adult, in the presence of an adult witness, that he/she is subject to arrest.
- c. If, after a reasonable time (2-3 minutes), the adult has not complied with the request to desist, proceed to cause a citizen's arrest or cause the arrest to be made by a Sheriff's deputy.

10. Use of Law Enforcement Agency

- a. If the disorder is beyond the capacity of the administrator to control, call the appropriate law enforcement agency. (Los Angeles County Sheriff's Department, Lakewood Station - phone 866-9061 or 911.)
- b. Provide school resources to the law enforcement agency, if requested.
- c. Staff should recognize that the law enforcement agency will be in charge when it responds to the call for assistance.

11. Closing of School (Should be considered only when all other alternatives have failed).

- a. Secure permission from Superintendent, and/or Assistant Superintendent, if closing is approved, and:
 - 1) Notify on-site security personnel, if any.
 - 2) Notify Sheriff's Station.

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

- 3) Make sure only necessary exits are open.
- 4) Instruct staff to supervise pupils who are not released.
- 5) During school hours, release students only to parents or authorized adults.
- 6) Remain on premises until safety of all pupils is assured.

12. Dispersal

- a. Secure approval to leave site from Superintendent, and/or Assistant Superintendent.
- b. Notify Switchboard.
- c. Switch bells to manual control.
- d. Notify Sheriff of your plans.
- e. Implement dispersal plan which may be one or a combination of the following:
 - 1) Movement of pupils to another part of the facility
 - 2) Transporting of pupils to another school or facility.
 - 3) Dispersing pupils to their homes.
- f. Instruct staff to supervise pupils who are not released and to release these pupils only to parents or other authorized adults using procedures outlined in "Site Level Emergency Organization Plan".
- g. Post signs at site to inform parents of dispersal location.

Other Factors to be considered:

- a. Dispersal of students should be considered only when occupation of the school site becomes untenable for pupils and staff.
- b. Since pupils are safer on the school premises under the supervision of school staff in almost all emergency occurrences, every alternative to partial or total dispersal should be considered.
- c. If, after consultation with the Superintendent and/or Assistant Superintendent Dispersal is deemed absolutely necessary, it should be carried out according to the carefully developed plans as outlined above.

13. Emergency Use of Schools

- a. Identify purpose for which school is to be used.
- b. Obtain authorization for an agency to use the site from the Superintendent or his designee.
- c. Secure proper identification from agency representative(s) before permitting the use of any part of the school facility.

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

- d. The principal, Assistant Superintendent, Superintendent, or assigned designee shall be in charge of emergency use of a school until such time that authorized military or law enforcement personnel take charge.
- e. The principal shall notify the following in the event a school is to be used for emergencies: one cabinet-level administrator and one designated Maintenance and Operations administrator, and the Switchboard.
- f. Assign school staff as necessary to prevent any abuse or damage to school property or equipment.
- g. Designate areas of the facility to be used.
- h. If school supplies are used by the agency, obtain a receipt from the agency administrator in charge of confirming the kind and quantity of supplies used.

14. Power Blackout

- a. Determine probable cause of the blackout, particularly to identify if the problem is restricted to the site or is of an area-wide nature.
- b. Turn off all electrical utilities and switches, but do not turn off the main switch.
- c. Notify and provide situation and status reports to M.O.T.F. who notifies the Superintendent and/or the Assistant Superintendent. This may be accomplished by telephone or through in-person notification by a designated school representative.
- d. If classrooms are too dark after opening doors and curtains, move students into pre-established areas and continue classroom activities if possible. Keep students calm.
- e. Instruct all staff to remain with their assignment.
- f. In the event of a general power blackout, it is likely that traffic signals will not be working. Therefore, children are not to be released without the prior approval of the Superintendent or designee. In the event that the site is untenable, steps should be taken to disperse the students to another school or appropriate facility following standard dispersal procedures.

15. Severe Weather

- a. When a prolonged rain, severe heat, flooding, or other weather-related emergency creates conditions at an individual school which appear to be serious enough to close the school, follow dispersal procedures as outlined above in section "12."
- b. In the event the temperature rises above a comfortable level in the site, and it is determined by the site administrator that adequate circulation is unavailable, move children into outside shaded areas and curtail all strenuous activities.
- c. If a tornado or severe thunderstorm watch is received, or if conditions appear to be favorable for a tornado, monitor battery-operated radio for information on either a tornado warning or the sighting of a tornado within 15 miles.

EMERGENCIES AND DISASTER PREPAREDNESS PLAN (continued)

- 1) Tornadoes may accompany severe thunderstorm. Look for heavy black, boiling clouds, heavy thunder and lightning, heavy rains and/or hail, and strong winds.
- d. If a tornado warning is received or if a tornado touches down south, southwest or west of the site within 15 miles of the school, DUCK AND COVER under heavy furniture, blankets, towels, or other protective covering in the center part of the building, preferably near inside walls.
 - 1) Stay away from outside walls, windows and large rooms such as the gym, cafeteria, and auditorium.
 - 2) Open doors and windows away from the path of the tornado slightly, to reduce damage.
 - 3) Close curtains and all windows.
 - 4) All personnel in portable buildings shall evacuate to the site's main building(s).
- e. If a roaring wind sound is heard, move to the center of the room or building, away from windows, and DUCK AND HOLD as indicated above.

ABC UNIFIED SCHOOL DISTRICT
Administrative Regulation

BUSINESS AND NON-INSTRUCTIONAL OPERATIONS

FIRE DRILLS AND FIRES

Principals shall hold fire drills at least once a month in all elementary and middle schools and at least twice each school year in all high schools. (Code of Regulations, Title 5, Section 550)

1. Whenever the fire signal is given, all students, teachers, and other employees shall quickly leave the building in an orderly manner. Teachers shall ascertain that no student remains in the building.
2. Teachers shall be prepared to select alternate exits and shall direct their classes to these exits whenever the designated escape route is blocked.
3. The principal or designee shall keep a record of each fire drill conducted and file a copy of this record with the office of the Superintendent or designee.

When a fire is discovered in any part of the school, the following actions shall be taken:

1. The principal or designee shall sound fire signals.
2. The principal or designee shall call 911.
3. Students and adults shall leave the building and go directly to outside assembly areas.
4. Staff shall give students clear direction and supervision and help retain calm.
5. In outside assembly areas, teachers shall take roll, report missing students, and provide assistance to any injured students.
6. If the fire is extensive, students shall be taken to an alternate location for protective custody until parents/guardians can pick them up or until they can be safely transported to their homes.

(ef. 3516 - Emergency and Disaster Preparedness Plan)

Legal Reference:

EDUCATION CODE

32000-32004 Uniform fire signals

32040 Duty to equip school with first aid kit

CODE OF REGULATIONS. TITLE 5

550 Fire drills

Regulation

approved: 3.15.88

revised: 11.17.98

ABC UNIFIED SCHOOL DISTRICT

EMERGENCY DRILL REPORT

MONTH _____

SCHOOL _____

NOTE: Fire evacuation drills are to be conducted once each month by elementary and middle schools and two times a year by high schools.

Earthquake drills are to be held two times each year by elementary and middle schools and once a year by high schools.

Our emergency drill for this month was held on _____

Please check one:

() Fire Evacuation Drill () Earthquake Drill

Principal's Signature

**ABC UNIFIED SCHOOL DISTRICT
Administrative Regulation**

BUSINESS AND NON-INSTRUCTIONAL OPERATIONS

BOMB THREATS

Receiving Threats

Any staff member receiving a telephoned bomb threat shall try to keep the caller on the line so as to gather information about the location and timing of the bomb and the person(s) responsible. He/she should also try to determine the caller's gender and age and should take note of any distinctive features of voice or speech and any background noises such as music, traffic, machinery or other voices.

Staff members who customarily receive telephone calls or handle packages shall receive training related to bomb threats.

Procedures

1. Any employee who receives a bomb threat shall immediately call 911 and also report the threat to the principal or designee. If the threat is in writing, he/she shall place the message in an envelope and take note of where and by whom it was found.
2. Any student or employee seeing a suspicious package shall promptly notify the principal or designee.
3. The principal or designee shall immediately use fire drill signals and institute standard evacuation procedures as specified in the emergency plan.

(ef. 3516 - Emergency and Disaster Preparedness Plan)

(ef. 3516.1 - Fire Drills and Fires)

4. The principal or designee shall turn off any two-way radio equipment which is located in a threatened building.

Law enforcement and/or fire department staff shall conduct the bomb search. School police officers may assist in this search. No other school staff shall search for or handle any explosive or incendiary device.

Except for school police officers, no staff or students shall reenter the threatened building(s) until the law enforcement and/or fire department staff advises the principal or designee that reentry is safe.

Any student who makes a bomb threat shall be subject to disciplinary procedures.

(ef. 5144.1 - Suspension and Expulsion/Due Process)

BOMB THREATS (continued)

Legal Reference:

EDUCATION CODE

44810 Willful interference with classroom conduct

48900 Grounds for suspension or expulsion

51202 Instruction in personal and public health and safety

PENAL CODE

17 Felony, misdemeanor, classification of offenses

148. 1 False report of explosive or facsimile bomb

245 Assault with deadly weapon or force likely to produce great bodily injury; punishment

594 Vandalism; penalty

**ABC UNIFIED SCHOOL DISTRICT
Administrative Regulation**

BUSINESS AND NON-INSTRUCTIONAL OPERATIONS

EARTHQUAKE EMERGENCY PROCEDURE SYSTEM

The Superintendent or designee shall establish an emergency procedure system to be followed in case of earthquakes. This system shall include, but not be limited to, the following: (Education Code 35297)

1. A school building disaster plan, ready for implementation at any time, for maintaining the safety and care of students and staff
2. A DROP AND HOLD procedure in which students and staff members:
 - a. Take cover under a table or desk
 - b. Drop to their knees
 - c. Protect their head with their arms
 - d. Face away from the windows
3. Protective measures to be taken before, during and after an earthquake
4. A training program to ensure that all students and all certificated and classified staff are aware of, and properly skilled in, the earthquake emergency procedure system School disaster plans shall outline roles, responsibilities and procedures for students and staff.

(cf. 3516 - Emergency and Disaster Preparedness Plan)

DROP procedures may be expanded to ensure that students get under stationary desks or tables where available, or otherwise get next to an inside wall or under an inside doorway. Students should stay in the drop position until the emergency is over or until further instructions are given.

Earthquake Education

DROP procedures shall be practiced at least once each school quarter in elementary schools and at least once each semester in secondary schools. (Education Code 35297)

Students also shall be taught to take the following safety precautions during an earthquake if adults are not present to give specific directions:

1. If you are in the open, stay there.
2. Move away from buildings, trees, and exposed wires.
3. After the earthquake, if you are on your way to school, continue to school.
4. After the earthquake, if you are on your way home, continue home.

EARTHQUAKE EMERGENCY PROCEDURE SYSTEM (continued)

Earthquake While Indoors at School

When an earthquake occurs, the following actions shall be taken inside buildings and classrooms:

1. Teachers shall have students perform the DROP procedure.
2. As soon as possible, teachers shall move the students away from windows and out from under heavy suspended light fixtures.
3. Teachers shall have students leave the building in an orderly manner when the earthquake is over.

Earthquake While on School Grounds

When an earthquake occurs, the following actions shall be taken by teachers or other persons in authority and students who are on school grounds:

1. The teacher shall direct students to walk away from buildings, trees, poles, or exposed wires.
2. The teacher shall have students perform the DROP procedure, covering as much skin surface as possible, closing eyes, and covering ears.
3. Teachers and students shall stay in the open until the earthquake is over, or until further directions are given.

Earthquake While on the Bus

When students are on the school bus and an earthquake occurs, the following actions shall be taken:

1. The bus driver shall pull to the side of the road away from any buildings, poles, wires, overhead structures or bridges, if possible, and have students perform the DROP procedure.
2. The driver shall set the brakes, turn off the ignition, and wait until the earthquake is over before proceeding on the route.
3. As soon as possible, the driver shall contact the director of transportation for instructions.

Legal Reference:

EDUCATION CODE

35295-35297 Emergency earthquake procedures

Regulation

approved: 3.15.88

revised: 11.17.98

**ABC UNIFIED SCHOOL DISTRICT
Board Policy**

BUSINESS AND NON-INSTRUCTIONAL OPERATIONS

AIR POLLUTION

The district acknowledges the potentially adverse effects of air pollution and accepts the responsibility for:

1. Instructing students about the effects of air pollution upon land and animal life.
2. Notifying all students and staff members when air pollution episodes are predicted or declared
3. Modifying school programs and work assignments for the protection of students and employees when air pollution episodes are declared.
4. Cooperating with other governmental agencies and with the community in efforts to reduce air pollution.

Procedures shall be established for modifying school programs, work assignments, and staff and student travel during the period of an air pollution episode.

Legal Reference:

*South Coast Air Quality Management
District Regulation
VII Emergencies*

ABC UNIFIED SCHOOL DISTRICT
Administrative Regulation

BUSINESS AND NON-INSTRUCTIONAL OPERATIONS

AIR Pollution

Air Pollution Episodes-Modification of School Programs, Work Assignments

Notification from the South Coast Air Quality Management District office or the Los Angeles County Superintendent of Schools that an air pollution episode has been predicted or declared will be received by the Risk Management Department. The Risk Management Department shall initiate notification.

Once a health advisory has been declared and the notification has been transmitted, the procedures required by these regulations shall remain in effect until notification has been received that the episode has ended or until sunset, whichever occurs first. Upon receipt of notification, all district schools and offices shall take action as prescribed in the following sections.

1. Predicted Stage I Episode
 - a. All principals and work location supervisors shall advise all staff members of the predicted episode.
 - b. The cooperation of staff and high school students for reduced use of personal vehicles on the following day shall be sought.
 - c. School staffs shall be prepared to modify programs requiring prolonged or strenuous physical activity on the day of the predicted advisory.
2. Declared Stage I Episode - During an air pollution episode, strenuous physical activities for all students shall be discontinued. All elementary students and, when practical, secondary students shall be allowed to remain indoor, if the school is air-conditioned. Students having respiratory difficulties aggravated by smog, students who have notes from doctors, and students who are complaining about the effects of the smog must be allowed to remain indoors.
 - a. Extra Curricular Events
 - 1) The principal or designee shall postpone, cancel, or relocate a "home" athletic event if the air pollution episode has been declared for the game site area one hour before the event is scheduled to begin.
 - 2) Required outdoor activities, such as practice sessions, shall be limited to those that do not require prolonged or strenuous physical activities.
 - b. District Activities - District vehicular activities shall be reduced with pooling. District vehicle use should be limited to emergency repair response, school- to home busing or return to the district of students and staff who are away from the district. Where possible, the district will use diesel engine buses.
 - c. Definitions - In determining whether a proposed activity can be conducted during a declared advisory, supervising personnel shall examine each proposed activity to determine its potential for increasing the respiration rate for a period not to exceed 10 minutes. The intensity of an activity may be the deciding factor as to whether it shall be included or excluded from the program of the day.

AIR POLLUTION (continued)

3. Predicted Stage II Episode - Upon notification that a stage II air pollution episode is predicted for the following day, all principals and site administrators shall request employees to implement their emergency ridesharing plans or effect, in some other way, a reduction in their personal vehicular usage.

High school site administrators shall also encourage students to carpool on the day of the predicted stage II smog episode.

All sites should be prepared to cancel or relocate a “home” athletic event on the day of the predictable advisory.

4. Declared Stage II Episode - During a stage II episode, all physical activities by all students shall be discontinued. All elementary and secondary students shall be required to remain inside. All field trips shall be cancelled.
 - a. Extra-Curricular Activities - During a stage II advisory, all athletic contests and other strenuous extra-curricular activities shall be curtailed or postponed.
 - b. District Activities
 - 1) Supervisors shall require all employees working outside their regular work site or office to return to their own facility. Employees shall remain inside during a stage II episode, except those employees who must provide emergency services or transportation of students home.
 - 2) All non-essential driving shall be curtailed. District vehicular activity shall be limited to necessary busing of students home and extreme or emergency responses.
 - 3) All supervisors shall request all employees to curtail all non-essential personal driving. Carpooling or use of public transportation shall be encouraged.
5. Declared Stage III Episode - In the event of a stage III episode and upon the declaration of the governor that an air pollution disaster and/or impending state of emergency exists, the district will operate as though the day were a national holiday.

**ABC UNIFIED SCHOOL DISTRICT
Board Policy****BUSINESS AND NON-INSTRUCTIONAL OPERATIONS****EMERGENCY COMMUNICATIONS/AUTHORITY**

The Governing Board supports the preparation of procedures and administrative guidelines that will lead to clear, timely, and factual communications in time of an emergency. The Superintendent shall have paramount authority and shall serve as the District's spokesperson in all major emergency situations. The Superintendent may designate other appropriate spokesperson(s) and may designate lines of authority to act in his/her absence.

ABC UNIFIED SCHOOL DISTRICT
Administrative Regulation

BUSINESS AND NON-INSTRUCTIONAL OPERATIONS

EMERGENCY COMMUNICATIONS/AUTHORITY

1. Line of authority - The Superintendent is the chief spokesperson in event of an emergency and has paramount authority to direct emergency activities. The Superintendent shall be in charge of the Emergency Command Center in the event of a major disaster. In the event of the Superintendent's absence, the following line of authority is established to direct emergency procedures:
 - a. Assistant Superintendent-Business or Assistant Superintendent Human Resources
 - b. Assistant Superintendent-Educational Services
2. Site Administrator - The site administrator shall, as effectively as possible, keep appropriate law enforcement and district officials aware of the status of the emergency at the site. Such notification may require the use of alternate communications systems, such as in-person contacts by an assigned staff member. In the event continuous communications between the school and district office are necessary, the administrator, with the approval of the level director, may request that portable communications equipment be delivered to the site.
 - a. When emergency notification is received, the site administrator shall notify the appropriate administrator of the nature of the emergency and the action to be taken.
 - b. The site administrator shall then notify the Sheriffs Department. If the Assistant Superintendent-Business is unavailable, the site administrator shall still proceed with Sheriff's Department notification. In all instances where an emergency situation involves an unlawful act, threats to property and/or student safety, the Sheriff's Department will be notified.
 - c. It is imperative that a log exists showing appropriate notification was made by school district personnel.
 - d. In the event of an earthquake which affects the entire district, site administrators are to notify the Emergency Command Center by cellular phone, radio (buses with radio equipment will be dispatched to each site in event of a major disaster), or runner. In a major earthquake Sheriff and city officials are not to be contacted directly.
3. Switchboard
 - a. When notification is received by a switchboard operator of an emergency situation, Le. bomb threats, police action, power failure, etc., the operator shall secure as much specific information from the caller as possible.
 - b. In the case of a bomb threat or police action, the general guidelines of the bomb threat checklist in the district's adopted emergency preparedness plan shall be followed.
 - 1) The operator shall first notify the administrator of the school or district site directly involved with all specific information received. The administrator will notify the Sheriffs Department.

EMERGENCY COMMUNICATIONS/AUTHORITY (continued)

- 2) The operator shall then notify the appropriate administrator's office and the Superintendent's office.
- c. In the case of a power failure or other such facility problems at a school or district site, the operator shall notify the M.O.T.F. division, the appropriate administrator and the Superintendent's office.
- d. In event of smog alert or chemical leak, the switchboard shall notify the office of the Superintendent, and the Risk Manager.

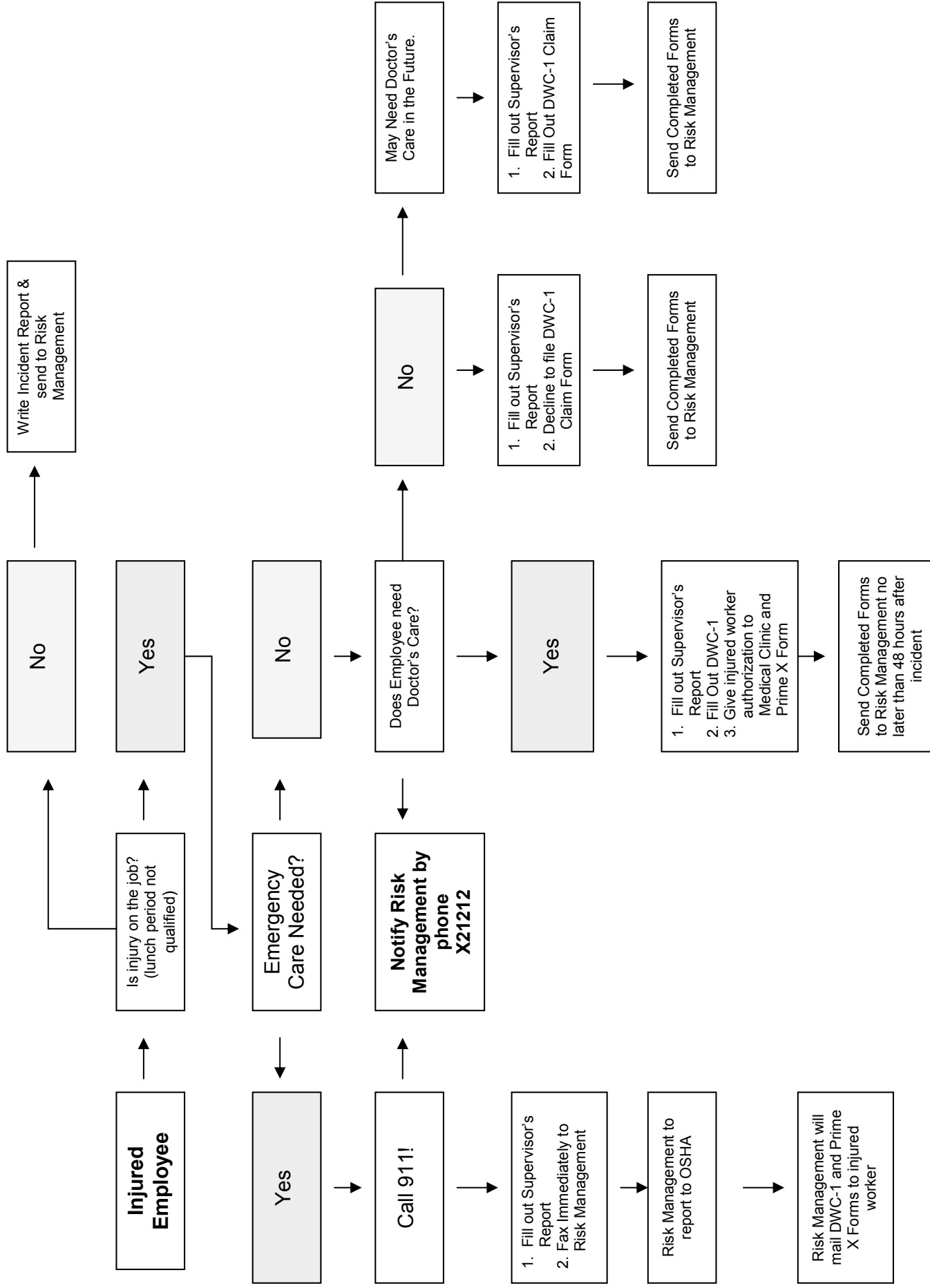
4. Director/Administrator

The administrator shall keep the Superintendent's office informed on emergency situations requiring police action or response from other emergency agencies, or in all instances where an emergency is of a magnitude to draw public attention or require specific action by the school district.

5. Superintendent's Office

Should the Superintendent be unavailable, the Superintendent's office shall notify the administrator in authority at the time. The Superintendent's office will keep the switchboard operators informed on information pertinent to public inquiry regarding the situation.

Risk Management Workers Comp Flow Chart



PROCEDURES TO FOLLOW IN THE EVENT OF AN EMPLOYEE INJURY

1. **Immediately report any injury/illness to principal or immediate supervisor** and notify Risk Management immediately at extension 21212. In the event of serious injury call 911!
2. Give the employee the Employee's Claim form /DWC-1. They must complete numbers 1-8 only. Please send original to Risk Management along with the Supervisor's Report as quickly as possible. You must provide the employee with a copy of the DWC-1 as a temporary receipt. Give the Supervisor's Report's to Risk Management ONLY and as soon as possible.
3. Give the principal/supervisor the Supervisor's Report of injury. ****The employee is never to fill out the Supervisor's Report.**
4. Give the employee an authorization for medical treatment, if requested. Send the employee to the designated clinic assigned to your site. Please do not send the employee to the clinic for the following (check with Risk Management first):
 - a. Mental stress
 - b. Injuries that were not reported timely or witnessed.
5. Give the employee the "**Prime Prescription form**" to take to the pharmacy.
6. The injured worker may drive him/herself to the clinic, or you may call the clinic for shuttle service; however, if the injury is life threatening, call the ambulance service or 911. Please do not let impaired employees drive.
7. The employee may not go to his/her own physician for a work-related injury unless a Designated Doctor form is on file with Risk Management prior to that specific injury. Call Risk Management to verify if the employee has a pre-designated physician on file.
8. **If you are unable to accommodate an employee with work restrictions, please call Risk Management and we will place the employee in a temporary alternate position until they are able to return to regular duties.** Please send the doctor's work status reports to Risk Management. The work status reports must be sent to Risk Management for each doctor's visit until the employee is discharged. Notify Risk Management of absence taken by employees under Modified Duty.
9. Workers' compensation time must be authorized by Risk Management. Please contact Risk Management before sending timesheets/timecards marked with workers' comp time for prior approval.
10. NEVER MARK THE DATE OF INJURY AS WORKERS' COMPENSATION TIME. THE DATE OF INJURY IS TO BE ABSORBED AND MARKED PRESENT.

If you require any assistance, please do not hesitate to contact Judy Brown or Joshie Cox at ext. 21212.

Ambulance Service:
AMR (888) 463-3727

notice to employees

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries and illnesses covered includes, but may not be limited to, strains, sprains, cuts, cumulative or repetitive fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or claims administrator if you have questions.

All work related injuries must be reported to your supervisor immediately. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

Workers' Compensation Benefits include

MEDICAL CARE - All medical treatment - without a deductible or dollar limit. Costs are paid directly by the claim administrator, so you should never see a bill. For dates of injury on or after 1/1/04 there is a limit on some medical treatment.

You may be eligible to treat with your personal physician should you become injured on the job. If eligible, you must notify your employer in writing before you are injured. If you have questions please contact your employer who is required to provide written information regarding workers' compensation benefits to all new employees.

PAYMENT FOR LOST WAGES - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income, subject to state limits, until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to a maximum set by state law. Payments aren't made for the first three days unless you're hospitalized as an inpatient or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving dependents.

REHABILITATION - For the date of injury 12/31/03 and prior - If the injury or illness prevents you from returning to your usual job, you may qualify for vocational rehabilitation. For dates of injury on or after 1/1/04 - you may be entitled to a Supplemental Job Displacement Voucher, if your employer is not able to return you to work within 60 days after temporary disability ends.

In the event of a work injury

1. Be sure first aid is given.
2. If emergency medical treatment is needed call 911.
3. See that the injured employee is taken to a doctor or hospital, if necessary.
4. Report all injuries immediately to your supervisor or
Joshie Cox _____ at ext 21212
Employer Representative Phone Number
5. Contact your employer representative or claim administrator if you have questions about workers' compensation. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation at _____
6. Hear recorded information and a list of local offices by calling toll-free 800 736-7401 or visit www.dir.ca.gov.

Claims Administered by:

Claims Administrator: Keenan & Associates
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Carrier/Self Insured _____
Policy expiration date: _____

Emergency numbers:

Ambulance: _____ 911
Fire Department: _____ 911
Police: _____ 911
Hospital _____ 911
Physician _____

If this policy has expired contact the labor commissioner (213) 620-6630.

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years. (Insurance Code Section 1871.4)

Procedure for Assigning Pre-Designated Physician

On March 14, 2006 the rules outlining employee's rights to pre-designate your personal treating physician, in the event of an industrial injury or illness, have changed. Effective March 14, 2006 to be eligible an employee must meet the criteria:

1. The employee must notify the employer in writing of their personal physician/medical facility prior to the injury or illness. (see form on next page) The personal physician must be the employee's primary care physician who has previously directed their medical care and retains their medical history and records. The primary care physician must either be a:
 - General Practitioner or,
 - Family Practitioner or
 - Board Certified Internist or,
 - Pediatrician
2. The medical facility should meet the following requirements:
3. The employee's personal physician must provide written documentation, prior to the injury or illness that they agree to be pre-designated under the Workers Compensation guidelines.

Kaiser is allowed as Pre-designated Doctor/Facility effective January 1, 2007 with certain criteria under the Workers Compensation program. In addition, we can offer you a list of Medical Provider Network (MPN) physicians to provide you with qualified care. Please know that the District has contracted with excellent providers should you wish to use doctors and clinics.

**ABC Unified School District
Risk Management Department**
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21218

**WORKER'S COMPENSATION
Pre-Designation of Personal Physician**

If your employer offers group health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O) if you notify your employer in writing, prior to the injury. Per Labor Code 4600 **to qualify as the your pre-designated, personal physician, the physician must agree, in writing to treat you for a work related injury,** must have previously directed your medical care and must retain your medical history and records. Your pre-designated physician must be a general practitioner, family practitioner, board certified or board eligible internist, pediatrician or obstetrician-gynecologist

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer in writing prior to being injured on the job and provide written verification that your personal physician meets the above requirements and agrees to be pre-designated. Otherwise, you will be treated by one of your employers' designated worker's compensation medical providers.

EMPLOYEE NAME: _____

- ☐ **I acknowledge receipt of this form and elect not** to pre-designate my personal physician at this time. I understand that I will receive medical treatment from my employer's medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: _____ **Date:** _____

- ☐ **If I am Injured on the job, I wish to be treated by my personal physician*:**

Name of Physician _____ Phone Number _____

Physician Address _____

*This physician is my personal physician who has previously directed my medical care and retains my medical history and records.

Employee Signature: _____ **Date:** _____

A Personal Physician must be willing to be pre-designated and treat you for a worker's compensation injury. ***The remainder of this form is to be completed by your physician and returned to your Employer.***

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other written documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).

PERSONAL PHYSICIAN NAME: _____

- ☐ **I agree to treat** the above named employee In the event of an industrial accident or Injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.
- ☐ **I do not agree to treat** the above employee In the event of an Industrial accident or Injury.
- ☐ **I do not qualify as the employees' personal physician.** I am not an M.D. or D.O. or do not meet the criteria outlined above.

Physician Signature

Date

Please return completed form to:

ABCUSD Risk Management: Judy Brown Fax (562) 404-7510



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL
TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provée copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/Copia del Empleador ☐ Employee copy/ Copia del Empleado

☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you will receive temporary disability payments. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Si Ud. se lesiona o se enferma, ya sea física o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación para trabajadores. Se adjunta el formulario para presentar un reclamo de compensación para trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el/la administrador(a) de reclamos, quien es responsable del manejo de su reclamo, le notificará a usted, lo referente a su elegibilidad para beneficios.

Para presentar un reclamo, complete la sección del formulario designada para el "Empleado", guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador", le dará a Ud. una copia fechada, guardará una copia, y enviará una al/la administrador(a) de reclamos. Los beneficios no pueden comenzar hasta, que el/la administrador(a) de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador(a) de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador(a) de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Para lesiones que ocurren en o después de 1/1/04, hay un límite de visitas para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con toda la responsabilidad para dar el tratamiento para su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico pre-designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas especiales que son aplicables cuando su empleador ofrece una Organización del Cuidado Médico (HCO) o después de 1/1/05 tiene un Sistema de Proveedores de Atención Médica. Hable con su empleador para más información. Si su empleador no ha colocado un poster describiendo sus derechos para la compensación para trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

El empleador autorizará todo tratamiento médico consistente con las directivas de tratamiento aplicables a la lesión o enfermedad, durante el primer día laboral después que el empleado efectúa un reclamo para beneficios de compensación, y continuará proveyendo este tratamiento hasta la fecha en que el reclamo sea aceptado o rechazado. Hasta la fecha en que el reclamo sea aceptado o rechazado, el tratamiento médico será limitado a diez mil dólares (\$10,000).

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación para los trabajadores, sus expedientes médicos no tendrán la misma privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un(a) juez de compensación para trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el/la juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Vocational Rehabilitation (VR): If a doctor says your injury or illness prevents you from returning to the same type of job and your employer doesn't offer modified or alternative work, you may qualify for VR. If you qualify, your claims administrator will pay the costs, up to a maximum set by state law. VR is a benefit for injuries that occurred prior to 2004.

Supplemental Job Displacement Benefit (SJDB): If you do not return to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation, or you can hear recorded information and a list of local offices by calling **(800) 736-7401**. You may also go to the DWC web site at www.dir.ca.gov. Link to Workers' Compensation.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado(a) de noche, o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atienda, el/la administrador(a) de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado, u otro trabajo, podría extenderse o no temporalmente, dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Rehabilitación Vocacional: Si el doctor dice que su lesión o enfermedad no le permite regresar a la misma clase de trabajo, y su empleador no le ofrece trabajo modificado o alterno, es posible que usted reúna los requisitos para rehabilitación vocacional. Si Ud. reúne los requisitos, su administrador(a) de reclamos pagará los costos, hasta un máximo establecido por las leyes estatales. Este es un beneficio para lesiones que ocurrieron antes de 2004.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. no vuelve al trabajo en un plazo de 60 días después que los pagos por incapacidad temporal terminan, y su empleador no ofrece un trabajo modificado o alterno, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador(a) de reclamos pagará los costos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente. Este es un beneficio para lesiones que ocurren en o después de 1/1/04.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que vivan en el hogar, que dependían económicamente del/de la trabajador(a) difunto(a).

Es ilegal que su empleador le castigue o despidan, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por atestiguar en el caso de compensación para trabajadores de otra persona. (El Código Laboral sección 132a). Si es probado, puede ser que usted reciba pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios, y gastos hasta un límite establecido por el estado.

Ud. tiene derecho a estar en desacuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador(a) de reclamos, para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios de Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División estatal de Compensación al Trabajador (*Division of Workers' Compensation - DWC*), o puede escuchar información grabada, así como una lista de oficinas locales, llamando al **(800) 736-7401**. Ud. también puede ir al sitio electrónico en el Internet de la DWC en www.dir.ca.gov. Enlázese a la sección de Compensación para Trabajadores.

Ud. puede consultar con un(a) abogado(a). La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un(a) abogado(a), sus honorarios se tomarán de sus beneficios. Para obtener nombres de abogados de compensación para trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó vaya a su sitio electrónico en el Internet en www.californiaspecialist.org.

ABC Unified School District

SUGGESTED ACCIDENT INVESTIGATION CHECKLIST

When reporting an accident to the Risk Management Department, the notes you take will be important to determine what happened, and to give clues for avoiding future incidents. The information that you record should focus on the Who, What, When, Where, How and Why facts of the accident. This list of sample questions that you may need to ask during an investigation will help you document many aspects of the accident scene.

Use this checklist to complete your Supervisor's Report

Who...

- ☐ Was involved in the accident?
- ☐ Was injured?
- ☐ Witnessed the accident?
- ☐ Reported the accident?
- ☐ Notified emergency medical services personnel?

What...

- ☐ Happened?
- ☐ Company property was damaged?
- ☐ Evidence was found?
- ☐ Was done to secure the accident scene?
- ☐ Was done to prevent the recurrence of the accident?
- ☐ Level of medical care did the victim(s) require?
- ☐ Was being done at the time of the accident?
- ☐ Tools were being used?
- ☐ Was the employee told to do?
- ☐ Machine was involved?
- ☐ Operation was being performed?
- ☐ Instructions had been given?
- ☐ Precautions were necessary?
- ☐ Protective equipment should have been used?
- ☐ Did others do to contribute to the accident?
- ☐ Did witnesses see?
- ☐ Safety rules were violated?
- ☐ Safety rules were lacking?
- ☐ New safety rules or procedures are needed?

When...

- ☐ Did the accident happen?
- ☐ Was it discovered?
- ☐ Was the accident reported?
- ☐ Did the employee begin the task?
- ☐ Were the hazards pointed out to the employee?
- ☐ Did the supervisor last check the employee's progress?

Where...

- ☐ Did the accident happen
- ☐ Was the employee's supervisor when the accident occurred?
- ☐ Were co-workers when the accident occurred?
- ☐ Were witnesses when the accident occurred?
- ☐ Does this condition exist elsewhere in the facility?
- ☐ Is the evidence of this investigation going to be kept?

How...

- ☐ Did the accident happen?
- ☐ Was the accident discovered?
- ☐ Were employees injured?
- ☐ Was the equipment damaged?
- ☐ Could the accident have been avoided?
- ☐ Could the supervisor have prevented the accident from happening?
- ☐ Could co-workers avoid similar accidents?

Why...

- ☐ Did the accident happen?
- ☐ Were employees injured?
- ☐ Did the employees behave that way?
- ☐ Wasn't protective equipment used?
- ☐ Weren't specific instructions given to the employee?
- ☐ Was the employee in that specific position or place?
- ☐ Was the employee using that machine or those tools?
- ☐ Didn't the employee check with the supervisor? Wasn't the supervisor there at the time?

ABC Unified School District
Risk Management Department
Supervisor's Report of Employee Injury

1. Employee Name: _____ 2. Job Title: _____

3. Site/Department in which regularly employed: _____

4. ☐ Male ☐ Female

5. Was an Employee Claim form (DWC-1) offered to employee? ☐ Yes ☐ No

If no, why? _____

6. Date of Injury/Illness: _____ Hour: _____ ☐ AM ☐ PM

7. Date reported: _____ Hour: _____ ☐ AM ☐ PM

8. Supervisor: _____

9. Complete name(s) and title(s) of witness(es): _____

10. Exactly where did injury/illness occur? _____

11. Nature of injury/illness and body part affected (**Be specific, i.e. crushed right little toe**) _____

12. Explain exactly how injury/illness occurred: _____

13. Object/substance that was directly involved: _____

14. Is employee off work? ☐ Yes ☐ No

15. Is employee on modified/light duty? ☐ Yes ☐ No

16. Was first aid (at site) administered? ☐ Yes ☐ No

17. Did employee seek medical attention? ☐ Yes ☐ No

Which facility? _____

18. Did an unsafe condition contribute to employee's injury/illness? ☐ Yes ☐ No

If yes, please explain: _____

19. Work Order number: _____

20. Did the employee commit an unsafe act? ☐ Yes ☐ No

If yes, please explain: _____

21. Personal factors that could have contributed to the injury/illness:

☐ Personal protective equipment (PPE) not in use ☐ Employee's improper attitude toward personal safety

☐ Lack of knowledge or skill ☐ No unsafe personal factor

☐ **Other:** _____

22. What have you personally done to prevent similar injuries/illnesses? _____

23. Could this injury have been prevented? _____

24. Comments: _____

Signature: _____ Date: _____

Distribution: White & Yellow = Risk Mgmt., Pink = Site copy



ABC Unified School District

Risk Management Department
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566, 21212

Work Site: _____

Date of Injury: _____

Description of Injury: _____

I have been offered the Employee's Claim for Workers' Compensation Benefits form and have declined to treatment at this time.

Print Your Name: _____

Signature: _____

Date: _____

*** If employee is offered a claim form and they decline. Have them sign this form in lieu of claim form and send this and supervisor's report to Risk Management.**

ABC Unified School District

WORKERS' COMPENSATION PRIMARY CLINICS

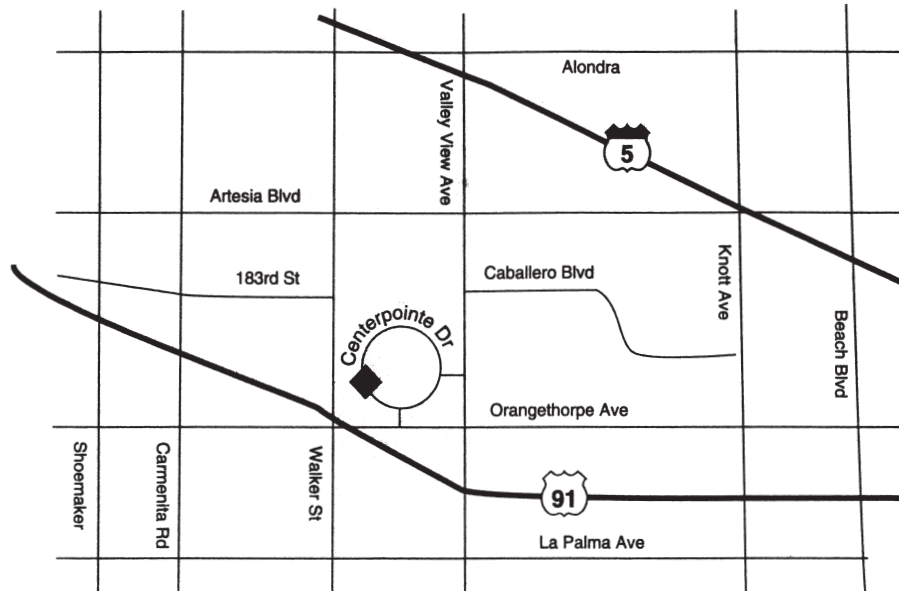
Listed below are two designated medical clinics for ABC personnel. Should any employee be dissatisfied with their visit to either of these facilities, please contact Judy Brown at extension 21212.

PLEASE CONTACT THE RISK MANAGEMENT DEPARTMENT PRIOR TO SENDING ANY EMPLOYEE TO EITHER OF THESE FACILITIES.

**Concentra Medical
26 Centerpointe Drive Suite 11
La Palma, CA 90623
(714) 522-8020**

**Health First
13440 E. Imperial Blvd.
Santa Fe Springs, CA 90670
(562) 926-3440**

La Palma Location



Concentra La Palma

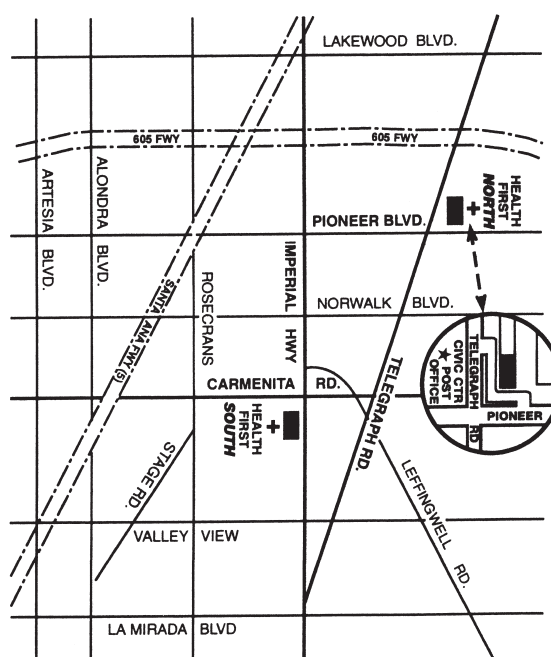
26 Centerpointe Drive, Suite 115, La Palma, California 90623

PHONE: (714) 522-8020 FAX: (714) 522-7833

Hours: 24 Hours 7 Days a Week

All patients are seen on a walk-in basis. Work-related injuries receive immediate triage assessment.

Health First Medical Group



(South)

HEALTH FIRST MEDICAL GROUP

13440 E. Imperial Highway

Santa Fe Springs, CA 90670

(562) 926-5566

(North)

HEALTH FIRST MEDICAL GROUP

11817 E. Telegraph Road

Santa Fe Springs, CA 90670

(562) 949-9328

(Employee Needs to Complete this Form)



Temporary Prescription Services ID

Important Benefit Information

Attention Injured Worker:

The attached injured worker prescription Instructions Identify you as a member of ExpressComp Program. It is important when filling prescriptions that you present this Temporary Prescription Service ID form to your pharmacist before obtaining your prescription. If you have any questions about your injured worker drug program or to locate a participating pharmacy, please contact Customer Service toll-free at 1-877-595-3665.

NOTICE TO INJURED WORKER

This injured worker Temporary Prescription Services ID form **MUST BE PRESENTED** to your pharmacist when you fill your initial prescription(s). Use of this card allows you to get immediate pharmacy service for your work-related injury but, does not constitute the acceptance of compensability of your claim.

Keenan & Associates Express Scripts ExpressComp Authorization for Prescription Services 9 digit ID number, Pre-printed group number, and date of birth are required fields to process on-line. ID# _____ Social Security Number here _____ DATE OF INJURY ____/____/____ CCYY/MM/DD GROUP # KEENAN1 EMPLOYEE DATE OF BIRTH ____/____/____ EMPLOYEE NAME <input type="text"/> <input type="text"/> <input type="text"/> FIRST MI LAST	EMPLOYEE MAILING ADDRESS _____ STREET _____ CITY STATE ZIP EMPLOYER'S NAME ABC Unified School District EMPLOYER'S WORK LOCATION _____ <i>Help Desk: This is a POS program through Express Scripts only. For assistance call the Express Scripts Help Desk at toll-free number 1-817-595-3665.</i>
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Attention Pharmacist:

Keenan & Associates' injured worker prescription benefit program is administered by Express Scripts. The following are the steps necessary to submit a claim.

Please follow the action steps listed below to enter the claim. Be sure you are using NCPDP version 3.2 allowing for faster service.

Step 1	Enter Bin Number 003858
Step 2	Enter Processor Control A4
Step 3	Enter the Group Number as it appears above: KEENAN1
Step 4	Enter the injured worker's SSN# XXX-XX-XXXX
Step 5	Enter first name & last name
Step 6	Enter the injured worker's date of birth

NEED ASSISTANCE? **Pharmacist,** if you have any questions while processing the claim, please call Express Scripts Help Desk toll-free number at 1-877-595-3665.

WORKERS' COMPENSATION DOCTOR AND/OR THERAPY APPOINTMENTS

All employees who return to work from a work related injury are required to see the doctor or physical therapist, must make every attempt to schedule these appointments before or after their regular work schedule. If you are having problems making your appointments before or after work, please call Judy Brown, extension 21212 for assistance.

If appointments cannot be made before or after your work schedule, then the time off work must be marked on the time sheet or time card as workers' compensation or sick. If you still have time left on your 60 days of workers' compensation, the appointment time will be deducted from those days. If you have already used your 60 days of workers' compensation, the appointment time will be taken from your sick leave. If the doctor or physical therapist appointments are less than 4 hours, you will need to fill out a partial day absence form, and the time will be reported on the time sheet or time card in either 4 or 8-hour increments. In order to record your appointment time correctly on the time sheets; please ask the doctor's office to stamp your visit time in and out on the reporting form.

Thank you for your cooperation. If you have any questions regarding this memo, please call Judy Brown, extension 21212 or Joshie Cox, extension 21218.

RISK MANAGEMENT DEPARTMENT

RETURN TO WORK PROGRAM GUIDELINES FOR WORK RELATED INJURY OR ILLNESS

DEFINITION: Modified duty is **temporary** duty provided to a disabled employee who cannot perform his or her regular job duties for a specified period of time. The temporary assignment is provided while an individual is recuperating from a work incurred injury or illness. To be eligible for modified duty, it must be deemed by the treating doctor that the injured worker will be able to return to his/her usual and customary occupation within an identified period of time.

1. All modified duty assignments shall be approved in advance of beginning modified duty by the employee's immediate supervisor and the district risk manager.
2. Modified duty assignments may be considered for a maximum of thirty work days. The Risk Manager may grant an additional approval of up to thirty work days, upon presentation of appropriate medical information indicating the employee is physically progressing toward return to normal duties.
3. Modified duty assignments shall be approved only if appropriate work is available and for that period of time as determined by the Risk Manager. The intent is to not create positions just to accommodate injured employees.
4. The Risk Manager may restrict the number of modified duty assignments that are available within one department or classification. In the event that two or more qualified individuals are eligible for modified duty on the same day, they shall be provided duties in order of seniority. If a more senior employee is waiting for duties to become available, he/she will be given modified duties before a less senior employee is given an extension.
5. All modified duty assignments shall be approved in accordance with a physician's written statement of ability to work without risk of re-injury with approved tasks listed. The written modified duty authorization from the treating physician shall be submitted to the direct supervisor within three days of receipt by the injured worker, and must be submitted to the Risk Manager prior to approval of any modified duty assignment.
6. The modified duty assignment may be terminated by Risk Manager anytime that the employee is unable to perform the specified modified duties satisfactorily or the employee refuses to do any part of the assignment.
7. Even though an injured worker has been authorized by the treating physician to return to work, the employee may elect to use sick leave or vacation time if they so desire.

These guidelines are intended to be of assistance, but please feel free to call the Risk Manager if you have any questions or concerns regarding modified duty.

MODIFIED DUTY NOTICE

Employee Name: _____

Classification: _____

Work Location: _____

Date of Injury: _____

Description of work restrictions: _____

(The doctors' status report, with restrictions, must be attached)

Date assigned to Modified Duty: _____

Description of modifications made to meet work restrictions:

Date assignment ends or reviewed: _____

Employee's signature: _____

Lead Worker's/Supervisor's signature: _____

Date: _____

For Use by Risk Management

Approved by Risk Manager: _____

Date of Approval: _____

Follow-up action recommended: _____

Please forward one copy to Risk Management

DISTRICT-SPONSORED FIELD TRIP-VOLUNTARY ATTENDANCE
PARENT PERMISSION AND ASSUMPTION OF RISK

DATE: _____

Student's Name _____ has my permission to participate in the following field trip:

Destination/Nature of Activity _____
(Please be specific (e.g., Concert at UCLA.)

Special Instructions: _____
(e.g., Bring sack lunch.)

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Position: _____
School: _____

Person in charge: _____

Type of Transportation: ☐ School Bus/Vehicle ☐ Walking ☐ Other _____
(Please Specify)

Health or special needs: Check as appropriate.

	My student has no special health needs the staff should be aware of and no medication required on the trip.
	My student has a special need, and instructions are attached.
	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As stated in California Education Code Section 35330, I understand that I hold the ABC Unified School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

Work (____) _____

Signature (Parent/Guardian)

(Please Print Name)

Home (____)

Area Code

Telephone

Home

Address: _____ Age of Student: _____ Date of Birth: _____

Student's Signature

Family Medical

Insurance Carrier: _____

(e.g., Blue Cross)

Policy

Number: _____

In the event of an emergency, please contact:

Work (____) _____

Name

Relationship)

Home (____)

Area Code

Telephone

ASISTENCIA VOLUNTARIA - EXCURSION PATROCINADA POR - EL DISTRITO

Fecha : _____

Nombre del Estudiante : _____ tiene mi permiso para participar en la siguiente excursión:

Destino/Clase de Actividad : _____
Por favor especifique (como, Concierto en UCLA.)

Instrucciones Especiales: _____
(por ejemplo, Traer bolsa de almuerzo.)

Fecha de Salida: _____ Hora: _____ Fecha de Regreso: _____ Hora: _____

Persona encargada: _____ Posición: _____ Escuela: _____

Tipo de Transportación : ☐Autobús de Escuela/Vehículo ☐Caminando ☐Otro: _____
(Por favor especifique)

Salud o necesidades especiales: Marque la casilla apropiada.

<input type="checkbox"/>	Mi estudiante <u>no</u> tiene necesidades especiales de salud que el personal tenga que estar al tanto de ello y no necesita ninguna medicina para el viaje.
<input type="checkbox"/>	Mi estudiante tiene una necesidad especial, las instrucciones van adjuntas.
<input type="checkbox"/>	Otro: _____

En el evento de enfermedad o lesión, doy consentimiento a cualquier examen médico, radiografía, anestésico, diagnóstico quirúrgico o dental, o tratamiento y cuidado en el hospital que estén considerados necesarios en la mejor decisión del doctor, quirúrgico, o dentista y actuar por o bajo la supervisión de un miembro del personal, médico del hospital o facilidad de provisión de servicios médicos o dentales.

Yo entiendo que los participantes deben atenerse a todas las reglas y regulaciones conducidas durante el viaje.

Según declara La Sección del Código 35330 de Educación de California, yo entiendo que no hago responsables de ningún cargo o responsabilidad al Distrito Escolar Unificado, sus oficiales, agentes y empleados, lo cual podría presentarse en la conexión con la participación de mi hijo-a en esta actividad.

Firma del Padre/Madre/Guardián _____ Por favor imprima el nombre _____ Trabajo (____) _____
Casa (____) _____
Código _____ Teléfono _____
Fecha: _____

Firma del Estudiante _____ Fecha de Nacimiento _____
Seguro Médico de la Familia: _____ Número de Póliza: _____
(por ejemplo, Blue Cross)

En el evento de una emergencia, por favor póngase en contacto con: Trabajo (____) _____
Casa (____) _____
Código _____ Teléfono _____
Nombre _____ Relación _____

Administrative Regulation AR 3541.1(b)

School Guidelines on Field Trip

1. Cost of the field trip shall be within financial limitations of the district.
2. Trips are to be taken via school bus or contract bus rather than private passenger cars, whenever possible.
2. Field trip schedules shall not interfere with home-to-school schedules.
4. Where field trip schedules for more than one class are similar, classes are encouraged to consolidate, providing transportation facilities permit.
5. All field trips must be approved by the principal before arrangements are made.
6. All field trips shall be supervised by certificated employees of the district. The principal will determine the number required for such supervision. Only personnel authorized by the principal shall be permitted to ride the bus.
7. Pupil behavior on the buses, or other school-owned vehicles, must conform to existing conduct code provisions. The driver shall be in command of the bus and is to be assisted by the assigned employee in maintaining approved pupil conduct.
8. For every field trip, the involved school will be charged for transportation, including operating costs and driver time.
9. School district funds from other sources may be used for field trips.
10. In the event the field trip is cancelled, two (2) days written notice shall be given to the transportation supervisor.
11. Walking field trips may be taken providing prior approval is secured from the principal and an appropriate field trip permission form is submitted for each participant.
12. Parents or guardian shall be advised of a planned field trip via written notice from the teacher and the principal giving time, place to be visited and special instructions for dress and lunch. Permission, signed by the guardian, shall be submitted to the teacher and/or principal annually at the beginning of the school year.
13. Saturday field trips may be permitted and scheduled if the trip cannot be completed satisfactorily on a regular school day.
14. Each school shall be responsible for its field trips. Responsibility shall include consideration of:
 - a. Education benefits
 - b. Time required for trip
 - c. Cost of trip
15. Pupils shall not be required to pay for required field trips except during intersession periods.
16. All field trips shall also conform with administrative regulation 6153.

NON-INSTRUCTIONAL OPERATIONS

Use of Privately-owned Vehicles

Guidelines for Use of Personal Cars in Transporting Students

1. **Driver*** must possess:
 - a. Valid driver's license
 - b. Proof of automobile insurance (minimum liability as required by the State of California)
 - c. DMV K-4 report (The report must be obtained from the Department of Motor Vehicles)

***Includes district employees, volunteers, etc.**

2. Number of passengers (including driver) may not exceed the number of permanently attached seats. In no case can the number of passengers, including driver, exceed the number of available seat belts. At no time shall the driver's vision be obstructed.
3. Trip routes to points outside of the district in excess of ten (10) miles must be approved in advance by the site administrator/program director or designee.
4. The limit on the distance of transporting students in private vehicles shall be a radius of 125 miles.
5. Drivers must be adults (21 years or older) for trips beyond a 20-mile radius. Use of Personal Vehicle Form must be completed and on file before a trip is taken (See regulation 3544.21 (a))
6. Consent slips from parents must be on file prior to trip.*
7. Use of personal cars where hazardous road conditions exist is prohibited (to include hazardous conditions declared by California Highway Patrol, or other city, county, state or federal agencies authorized to monitor road conditions).
8. Use of Personal Vehicle Form, which will be provided by the district, must be completed before a trip is authorized.**

**In cases where the same driver is authorized to transport students throughout the year for illness or disciplinary purposes, the consent slip will not be required and a Use of Personal Vehicle Form need be submitted only once a year. The section referring to destination and date of trip should indicate 'as needed for illness or disciplinary purposes.'

ABC Unified School District
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21212

Risk Management Department

Student Use of Private Vehicle

NOTE: Although the District is providing transportation for a specific activity, there may be instances where a student wishes to provide for his/her transportation. It is important that parents/guardians agree in writing.

Student Name: _____

Activity(ies) _____

I understand the ABC Unified School District is providing transportation to and from the above activity. However, I do not wish to avail myself of the transportation provided by the District.

The above student hereby requests permission to provide for his/her own transportation at his/her own expense.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH THE DISTRICT MAY ASSIST IN COORDINATING TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

I ALSO UNDERSTAND THAT THE DRIVER IS NOT DRIVING AS AN AGENT OF OR ON BEHALF OF THE DISTRICT

Student Signature

Date

Parent/Legal Guardian
(If Student under 18 years of age)

Date

District Approval Signature

Date

**ABC Unified School District
RISK MANAGEMENT DEPARTMENT**

USE OF PERSONAL VEHICLE

☐ Driver is 21 years or older

Name of Driver

Driver's License #

Address

Telephone Number

Name of Insurance Carrier

Policy Number

Vehicle Make

Model (e.g. van, sedan)

Year
(e.g.) School year

Purpose for requesting use of personal vehicle:

General use during period from _____ to _____

Destination: _____

Date of Trip: _____

No. of students to be transported _____ No. of seat belts: _____

I certify that the described above vehicle is mechanically safe and that all safety related devices on the vehicle such as brakes, tires, windshield wipers, steering equipment, lights and the speedometer are in working condition. If I am driving in connection with a field trip, I have received Field Trip Permission Forms from all involved students and am carrying same in the vehicle on this trip. I have read and complied with all relevant provisions in Board Policy Administrative Regulation 6153 pertaining to Field Trips, and I have reviewed the Guidelines for Use of Personal Vehicle on the back of this form.

I further understand that while transporting students to and from a school-authorized activity, my personal automobile liability insurance is primary coverage. I acknowledge that I am not a 'specified Insured' covered by the ABC Unified School District. Therefore, I agree to and do hereby indemnify and hold harmless the District, its officers, agents and employees from every claim or demand made and every liability, loss, damage, or expense of any nature whatsoever which may be incurred by reason of the transportation of myself and/or students to and from school-authorized activities. I further certify that the vehicle which I will be driving is covered by no less than the minimum statutory liability, property and body injury insurance specified by California State Law, and I have attached proof of such insurance and a copy of a valid driver's license to this form.

Driver of Vehicle

Date

- ☐ Photocopy of Driver's License attached
☐ Photocopy of Insurance attached

☐ DMV Report attached

Supervisor's Approval

School/Principal/Manager

ABC Unified School District

REQUEST & AUTHORIZATION FOR USE OF VOLUNTEER DRIVER AND PRIVATE VEHICLE FOR A SCHOOL EVENT OR TRIP

Authorization is hereby requested for use of volunteer driver(s) in private vehicles for the following special trip(s):

Date(s)	Time(s) of Departure	Return
Destination/To	From (Site)	
Purpose		

It is understood that this trip is subject to the following conditions:

1. The District's liability insurance does not cover damage to private vehicles or passengers, but merely protects the District in the event of a claim of negligence in organizing the trip. The driver's personal automobile insurance provides the primary coverage.
2. The trip must be optional and all students MUST have the prior consent of their parent or guardian.
3. The driver must attach a copy of a valid California Driver's License, a DMV report issued within the last 90 days and a copy of proof of insurance as follows: Public Liability & Bodily Injury - \$100,000/\$300,000 per accident; Property. Damage \$50,000 per accident; Medical Payments - \$2,000.
4. Vehicles must be registered in California and be in proper mechanical condition.
5. Vehicles may not be overloaded; each passenger must have and use a seatbelt restraint.
6. An appropriate District Consent Form must be completed for each participant. Students must have on file a "District Sponsored Field Trip Form," # 7801-RM. Volunteers or Parents must have on file Voluntary Excursion/Field Trip Waiver Notice and Medical Authorization-Adult Volunteer or Parent, # 7800-RM.
7. The transporting of pupil-personnel is limited to vehicles, which meet the requirements as outlined by the motor vehicle code of the State of California. The transporting of pupils/personnel in pickup trucks or vans with substandard passenger accommodations is expressly prohibited. A copy of rules relating to transportation of students is available from the ABC Unified School District Transportation Department, and it is the responsibility of the driver to obtain, read and abide by all rules. By signature below, driver certifies that he/she has knowledge of these rules and that the vehicle is in proper and safe working order.
8. In no instance is a student authorized to transport another student.
9. It is the policy of the District to discourage use, or private vehicles for transportation of students. Requester certifies that a diligent effort has been made to obtain District or approved commercial transportation and no such transportation is available or feasible.

Site Requesting

Individual's Name

I have read, and understand, the list of conditions and agree to comply with each of the requirements listed.

Driver's Signature (as it appears on license)

Date

Driver's License # Auto License #

Insurance Co. & Policy #

Driver's Home Address

Driver's Phone

Authorization is hereby granted/denied for _____ to transport a maximum of _____ students in his/her private vehicle on the date(s) and time(s) to the destination specified above. Parents/guardian of all student passengers have been provided with a copy of this form.

Authorized By

Title

Date

**ABC UNIFIED SCHOOL DISTRICT
Administrative Regulation****NON-INSTRUCTIONAL OPERATIONS****STUDENT USE OF VEHICLES**

In those instances where student drivers and/or student vehicles are necessary, the following precautions should be taken by each teacher or activity supervisor:

1. Require the signing of an Off Campus Activity Permission Form, furnished by the district, by all presently foreseeable student drivers of a student vehicle and by student passengers in a student vehicle. The form [E 3544.21 (a)] must be completed and signed by a parent or guardian.
2. Require the completion of the Use of Personal Vehicle Form before authorizing a student driver to use a private vehicle. Uninsured students shall not be authorized to drive or transport other students. [E 3544.21 (b)]
3. Upon request, the district transportation division, through the State Department of Motor Vehicles (DMV), will check on all student drivers who use a private vehicle to transport themselves or other students on school business.

As much as possible, all off-campus class activities (bowling, golf, work experience, research, etc.) should be scheduled prior to the first on-campus class or after the last on-campus class.

Any student who drives a motor vehicle to school shall park the vehicle in an area designated by the principal of the school. Except in the area designated by the principal for parking vehicles, no vehicle driven by a student to school shall be parked at a point closer than one-fourth (1 /4) mile from the nearest point of the campus.

In order to provide for the maximum safety of pupils and at the same time provide reasonable flexibility to the instructional program, regulations regarding the use of privately-owned vehicles by employees, parents or students shall be developed, such regulations to include but not be limited to the following:

1. Minimum age levels
2. Equipment safety checking procedure
3. Restrictions on distances
4. Type of activities

Guidelines for Use of Personal Cars in Transporting Students

1. Driver* must possess:

STUDENT USE OF VEHICLES (continued)

- a. Valid driver's license
- b. Minimum liability insurance as required by the State of California

*Includes all district employees, volunteers, etc.

- 2. Number of passengers (including driver) may not exceed the number of permanently attached seats. In no case can the number of passengers, including driver, exceed the number of available seat belts. At no time shall the driver's vision be obstructed.
- 3. Trip routes to points outside of the district in excess of ten (10) miles must be approved in advance by the site administrator/program director or designee.
- 4. The limit on the distance of transporting students in private vehicles shall be a radius of 125 miles.
- 5. Drivers must be adults (21 years or older) for trips beyond a 20-mile radius. Use of Personal Vehicle Form must be completed and on file before a trip is taken. [See form E 3544.21 (b)]
- 6. Consent slips from parents must be on file prior to a trip.*
- 7. Use of personal cars where hazardous road conditions exist is prohibited (to include hazardous conditions declared by California Highway Patrol, or other city, county, state or federal agencies authorized to monitor road conditions).
- 8. Use of Personal Vehicle Form, which will be provided by the district, must be completed before a trip is authorized.*

*In cases where the same driver is authorized to transport students throughout the year for illness or disciplinary purposes, the consent slip will not be required and a Use of Personal Vehicle Form need be submitted only once a year. The section referring to destination and date of trip should indicate "as needed for illness or disciplinary purposes."

Regulation

approved: 7/5/78

revised: 11 /17/98

ABC Unified School District
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21212

Risk Management Department

NON-DISTRICT TRANSPORTATION NOTICE

The undersigned hereby acknowledges and understands that the District is **NOT** providing transportation to school-sponsored activities and that it is the responsibility of the undersigned to arrange for transportation.

As parent/legal guardian, I hereby authorize and give permission for my child, _____ to drive himself/herself or to ride as a passenger in a vehicle driven by another parent or volunteer.

Section 11580.9 of the California Insurance Code specifies that the party who owns a vehicle is responsible for primary coverage and that another party, cannot provide primary coverage for a vehicle owned by another individual or business

The undersigned acknowledges and understands that the driver is NOT driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH THE DISTRICT. MAY ASSIST IN COORDINATING THE TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

Parent/Guardian's Signature

Date

Student's Signature

Date

PROCEDURES FOR BORROWING A DISTRICT-OWNED VEHICLE:

From time to time there may be an occasion wherein your site may need to contact the Transportation Department or Tracy High School to borrow a District-owned vehicle.

The District is responsible for the negligence of an employee or volunteer who is acting as an agent of the District while driving a private or district owned vehicle.

Whether you are transporting students, personnel or school equipment the form on the following page must be filled out and approved by your site administrator prior to borrowing the district vehicle.

The following documentation is required:

1. A photocopy of your Driver's License.
2. Proof of your automobile insurance (insurance card or Declarations page). You must have minimum liability insurance coverage as required by the State of California.
3. DMV K-4 report. You may obtain this form from the Department of Motor Vehicles.

After your site administrator has approved the **PERMISSION TO BORROW A DISTRICT-OWNED VEHICLE** form, send this form and all documentation to Risk Management prior to borrowing the district-owned vehicle. If you have any questions, I can be reached at ext. 21212.

Note: You must fill out the Permission to Borrow a District-Owned Vehicle form each new school year and provide the necessary documentation along with the request.

ABC Unified School District

Permission to Borrow a District-Owned Vehicle

The District is responsible for the negligence of an employee who is acting as an agent of the District while driving a private vehicle, a district-owned vehicle or a rented vehicle. If you are driving on behalf of the District, the following documentation is required:

1. A photocopy of your Driver's License.
2. Proof of your automobile insurance (insurance card or Declarations page which indicates the expiration date of insurance). You must have minimum liability insurance coverage as required by the State of California.
3. Driving record check from the Department of Motor Vehicles (DMV K-4 report). You can obtain this form from the DMV.

Purpose of trip:_____ School site:_____

Name:_____ Address:_____

Phone Number:_____ Driver's License #:_____

Signature:_____ Date:_____

I certify that the above information is correct and that the insurance coverage is in force.

Site Administrator Approval:_____ Date:_____

NOTE: After the site administrator has approved this form; send this form and all necessary documentation to the Risk Management office prior to borrowing the vehicle.

This form will need to be filled out each school year and sent to the Risk Management Office along with the necessary documentation request above.

SWIMMING PERMISSION SLIP

Date _____

ABC Unified School District

School Name _____

PERMISO PARA IR A NADAR

Estimados Padres,

Queremos proporcionarle a los estudiantes la oportunidad de tener la experiencia para ir a nadar con seguridad. Solo los estudiantes que se comporten prudentemente en las actividades de natación podrán participar. Por favor ayúdenos a planear completando las siguientes preguntas.

Su hijo/a necesita traer su traje de baño y una toalla en los días en que hay juegos con agua y en los días que van a nadar. Usted recibirá una nota con el horario acerca de estos días.

Gracias.

.....

RECORTES ESTA PARTE Y REGRESELA A LA MAESTRA DE SU HIJO/A

Nombre del Estudiante _____ Grado _____

El permiso para ir a nadar en una piscina pública solo será aceptado solamente cuando los padres hayan contestado SÍ a todas las preguntas.

1. Sabe nadar su hijo/a? Sí o NO
2. Puede su hijo/a cruzar el ancho de la piscina dos veces nadando sin parar?
 Sí o NO
3. Esta bien si SU hijo/a va a nadar?
 Sí o NO
4. Mi hijo/a puede participar en la actividad planeada para ir a nadar.
 Sí o NO

Yo entiendo, acepto, y estoy de acuerdo de que el distrito, los empleados, oficiales, agentes y voluntarios no son responsables si su hijo/a sufre una lesión o enfermedad asociado con la participación en esta actividad.

Firma de Padre

Fecha

ABC Unified School District

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION -ADULT

Name: _____

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

Method of

Transportation: ☐ Own Automobile ☐ District Bus/Vehicle ☐ Other

As stated in California Education Code Section 35330, I understand that I hold ABC Unified School District, its officers, agents and employees harmless from any and all liability or claims arising out of or in connection with my participation in this activity.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature: _____ Date: _____

Address: _____ Phone: _____

Medical Insurance Carrier _____ Policy No. _____ Address _____

In the event of illness or accident, please notify:

Name Address Phone

If there are any special medical problems, kindly attach a description of the problem to this sheet.
Thank you for your cooperation

Distribution: White - Trip Leader, Yellow - Site Manager, Pink - Risk Management

7800-RM (Rev. 4/02-131/19)

DISTRITO ESCOLAR UNIFICADO ABC
DEPARTAMENTO DE ADMINISTRACION DE RIESGOS
16700 Norwalk Boulevard, Cerritos CA 90703

**NOTICIA DE EXCURSION/VIAJE VOLUNTARIO
Y AUTORIZACION MEDICA - ADULTO O PADRES**

Nombre: _____

Destino/Clase de Actividad: _____
Por favor especifique (Concierto en UCLA, etc)

Propósito de su Asistencia (Acompañante, etc.) _____

Fecha de Salida: _____ Hora: _____ Fecha de Regreso: _____ Hora: _____

Método de Transportación: ☐ Su propio automóvil ☐ Autobus del Distrito/Vehículo ☐ Otro: _____

Según declara la Sección del Código 35330 de Educación de California, yo entiendo que no hago responsables de ningún cargo o responsabilidad al Distrito Escolar Unificado, sus oficiales, agentes y empleados, lo cual podría presentarse en la conexión con mi participación en esta actividad.

En el evento de enfermedad o lesión, doy consentimiento a cualquier radiografía, examen médico, anestético, diagnóstico quirúrgico o dental y/o tratamiento y cuidado en el hospital por un doctor licenciado y/o un quirúrgico según sea necesario para mi seguridad y bienestar. Se entiende que los gastos serán responsabilidad del paciente.

_____ Firma	_____ Fecha
	Trabajo () _____ - _____
_____ Dirección: Número Calle Ciudad Código Postal	Casa () _____ - _____
Compañía de seguro de Salud _____ (por ejemplo, Kaiser, etc.)	Número de Póliza _____

En el evento de enfermedad o lesión, por favor notifique a:

Nombre: _____ Relación: _____

_____ Dirección: Número Calle Ciudad Código Postal	Trabajo () _____ - _____ Casa () _____ - _____
---	---

Si hay alguna instrucción especial médica, por favor escriba una nota y envíela adjunta a esta hoja y marque la casilla apropiada.

- ☐ Instrucciones adjuntas
☐ No instrucciones adjuntas

PROPERTY AND LIABILITY

VOLUNTEERS WITHIN THE DISTRICT

Legislation was passed in September 1997 that mandates assurances that all individuals who have contact with students have no criminal record of a violent or serious felony. We are pleased to report the Human Resources office has a LiveScan fingerprint machine. At this time, we are fingerprinting individuals who volunteer 5 or more hours a week **(including, but not limited to: classroom volunteers, PTA and other service group volunteers/boosters, field trip chaperones for overnight trips, and any other individuals who volunteer 5 or more hours per week.)** Please make certain that volunteers are properly cleared prior to service.

The process of sending a volunteer for fingerprinting:

- Call Human Resources with the name of the volunteer and the site where they will be working.
- The cost of fingerprinting is \$40.00 per volunteer (personal checks will not be accepted.)
- Notify Human Resources if the school is paying the fee and the budget number to cover the fingerprinting cost. Schools will be charged back the fee via the expenditure transfer process.
- It will take approximately one week for fingerprint clearance from the Department of Justice. Human Resources will notify the site when prints have cleared.

We do not fingerprint parents or legal guardians who volunteer. We ask that all volunteers who work less than 5 hours per week, or are parents or legal guardians provide us the assurance that they have no criminal record of a violent or serious felony.

In addition, Education Code Section 35021 states that a person who is required to register as a sex offender may not supervise pupils during breakfast or lunch periods or serve as non-teaching volunteer aides.

In order to inform all volunteers of this information, insure (as much as possible) that they are not prohibited from volunteering, and to give them other information, you will need to have all volunteers sign the attached letter. Please use the sample letter and print on your school letterhead. Once signed by the volunteer, the letter should be kept on file at your site as long as the person continues to volunteer. We have translated the letters into Korean, Chinese, and Spanish for your convenience.

It is the school's responsibility to manage the clearance of its volunteers by ensuring that each has fingerprint and TB clearance and a signed volunteer letter on file.

Should you have any questions, please do not hesitate to contact Human Resources at (562) 926-5566, extension 21173.

Dear Volunteer:

Thank you very much for volunteering your time for our students. We truly appreciate your help.

All persons who volunteer at a school site and are in contact with students must have a current tuberculin test on file at our school site. The test must be retaken every four years. Please see the school secretary for a list of times and sites where you may obtain the test for a nominal fee.

Should you be injured while you are volunteering at our school, you are covered by the District's workers' compensation program. It is extremely important that you report all injuries to the office immediately.

The State of California Education Code Section 35021 states that a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code, may not supervise pupils during breakfast or lunch periods or serve as non-teaching volunteer aides.

Education Codes 45125 and 45125.1 prohibits contact with students by anyone who has been convicted of a serious or violent felony.

Should you have any questions, or need additional information, please do not hesitate to contact me. Again, thank you very much for donating your time for our students.

Sincerely,

Principal

By signing below, you are verifying that you have read the above and that you are permitted to be a volunteer as stated in Education Code Sections 35021, and have not been convicted of a serious or violent felony.

Name (please print)

Date

Signature

Home Telephone Number

Street Address

City, State, Zip Code

DISTRICT EMPLOYEE'S CHILDREN AT WORK

In line with our Board Policy 6116, children of our district employees, regardless of classification, are not permitted to accompany their parents to the work place, be it a school site or within a department. Employee's children in the work place require their parent/guardian's attention which distracts our employees from our primary focus on student achievement and from providing the support required to attain that goal. Of equal importance, is the many problematic liability and insurance issues that are created by having employee children in the work place. Therefore, employees whose children require day care may not at any time bring them along to work as a day care option.

Please insure that this message is clearly delivered to all the employees under your supervision. In addition, please respond with the same clear message, should you encounter employees who have brought their children to work with them.

Regardless of the situation, the message must always be the same. However, as I know you will, please exercise compassion and understanding as you problem-solve with the employee regarding the fact that their children may not remain in the work place.

ABC UNIFIED SCHOOL DISTRICT
Board Policy

INSTRUCTION

CLASSROOM INTERRUPTIONS

The Board of Education recognizes the importance of providing students with sustained, uninterrupted instruction. Allowing interruptions during class time implies to students that what is occurring in the classroom lacks value. Therefore, interruptions and distractions must be controlled and minimized to ensure that teachers can dedicate classroom time to the instruction of students.

The Board, Superintendent, or Superintendent's designee may regulate the possession or use of any electronic signaling device that operates through the transmission or receipt of radio waves, including, but not limited to, paging and signaling equipment, by pupils of the school district while the pupils are on campus, while attending school-sponsored activities, or while under the supervision and control of school district employees.

No pupil shall be prohibited from possessing or using an electronic signaling device that is determined by a licensed medical provider to be essential for the health of the pupil and use of which is limited to purposes related to the health of the pupil.

Legal Reference

EDUCATION CODE

32212 Legislative Intent

48901.5 Electronic Signaling Devices

Policy

approved 04.01 .85

revised 02.18.03

CELL PHONE POLICY

On July 1, 2008, California drivers are restricted from USING A HANDHELD WIRELESS TELEPHONE WHILE OPERATING A MOTOR VEHICLE (VC 23123).

The District Has Adopted The Following Position For All Employees On Duty:

Employees are not to talk on a cell phone or Direct Connect walkie-talkie features while driving a motor vehicle, with or without a hands free device. While the law allows for hands-free devices, the district considers it inevitable that users will interact with their cellular telephone base units for any number of reasons which serves to be a source of continued distraction to the driver and a liability to both the employee and the school district.

Employees on duty must safely pull their motor vehicle over to a stop, or wait until they reach their destination prior to using their cell phone or Direct Connect walkie-talkie features, with or without a hands-free device.

Exceptions to the above includes:

1. When making an emergency call to law enforcement, health care provider, fire department, or other emergency services.
2. School bus drivers may use a two-way radio for district business operated by a "push- to-talk" feature.

Violations resulting in citation by enforcement agencies such as the police, highway patrol or sheriffs shall be the sole responsibility of the driver.

INFORMATION CONCERNING EMPLOYEES USE OF PRIVATE VEHICLES

Section 11580.9 of the California Insurance Code specifies that the party who owns a vehicle is responsible for primary coverage and that another party, including an employer, cannot provide primary coverage for a vehicle owned by another individual or business. This section of the insurance code governs our operations at ABC, and the code is mandatory, not permissive or discretionary. In addition, our liability carrier, Southern California RELiEF, is bound by this code and is not allowed to provide primary coverage for employees' vehicles. This is not a new law, and in fact ABC's Board Policy and Administrative Regulation adopted in 1977 specify procedures for our employees' use of their personal vehicles and state, in part:

Any employee or authorized volunteer, while engaged in authorized activities within the scope of his/her assigned duties, is covered by District insurance for damages caused to persons or property as a result of negligence of the employee or volunteer. However, when privately-owned vehicles are used on authorized school business, the drivers' personal liability insurance will go first to settle any claims. District insurance will cover the unpaid excess up to the policy limits. Collision damage to privately-owned vehicles owned by either employees or volunteers is not covered by District insurance.

In a recent conversation with a representative of our liability insurance joint powers authority, a discussion of ABC's memorandum of coverage confirmed that the District's insurance protects an employee as soon as his/her limit of coverage is reached. For example, an employee who had a \$50 thousand limit of coverage on his automobile would be covered on that policy for the first \$50 thousand of liability. The District's policy would step in at \$50,000.01 and our layers of excess coverage would extend up to \$25 million. The employee's private property would not be at risk.

Also addressed was a question regarding whether or not an employee's transportation of students or other individuals could be construed as "livery service" or as the "operation of a public conveyance" and as such would not be coverable under private insurance. Laws regarding livery service and the operation of a public conveyance would be operable only if a person or company were transporting other individuals or cargo as his/her primary work activity and were being paid directly for doing so. For example, truck drivers and operator of limousines might fall in this category. The fact that an employee transports others in the course of his regular job duties does not make him ineligible for private insurance and does not cause him to fall under separate insurance provisions.

It is unfortunate that ABC is not in a position where it can offer anyone who drives a vehicle in the course of duty and provides invaluable services to our students, such as assisting them in seeking employment or providing emergency transportation, the use of a District-owned vehicle. This is not possible. However, it should provide assurance to individuals who drive their own vehicles in the course of their employment (or as a part of their volunteer duties) if they know that their own insurance is backed by up to \$25 million in District excess insurance.

**ABC UNIFIED SCHOOL DISTRICT
Board Policy****BUSINESS****PERSONAL PROPERTY CLAIMS ADMINISTRATION****Personal Property Loss or Damage-Necessary Personal Prostheses & Clothing**

When an employee suffers loss of or damage to personal property or prostheses necessarily worn or carried by the employee such as eyeglasses, hearing aids, dentures, watches, or articles of clothing, the employee may be reimbursed for the repair or replacement of the property provided that:

- a. The property was stolen or damaged while the employee was acting within the course and scope of his/her employment during the employee's regularly assigned work hours or assigned extracurricular duties;
- b. The damage is known to be the result of the direct action, intentional or non-intentional, of another person without fault of the employee;
- c. The amount of reimbursement or replacement is not less than \$25 nor more than \$500 and does not exceed the actual value of the property or the actual cost of repairing the property at the time of loss;
- d. The loss is not the result of a mysterious disappearance; i.e., the loss is attributable to a definite act or occurrence.
- e. The claim is reported to Risk Management within five (5) working days of the employee's knowledge of the incident on a claim form signed by the employee's immediate supervisor.

Personal Property Loss or Damage—Equipment Loaned to District

When an employee suffers loss or damage to personal property which has been loaned to the school, the employee may be reimbursed provided that the employee carries insurance on the property and provided that:

- a. The equipment or property was loaned for purposes directly related to the instructional program or support of the program.
- b. Prior approval for the use of the personal property in the schools was given before the property was brought to school and authorization was received on the "Authorization for Use of Non-District-Owned Property" form. This approval shall be granted for a period not to exceed one year.
- c. The value was agreed upon in writing by the person or persons bringing the property and the school administrator or designee. Items valued in excess of \$1,000 cannot be accepted for loan without proof of insurance coverage being given to the site administrator. Items in excess of \$2,500 will only be accepted for loan if there is proof of insurance coverage and

PERSONAL PROPERTY CLAIMS ADMINISTRATION (continued)

appraisal and if there is a compelling instructional need which is approved by the Director-Elementary & Middle Schools or the Deputy Superintendent prior to the article being brought to the District.

- d. No reimbursement shall be made for under \$50 and the employee acknowledges that reimbursement of the loss will be limited to the amount of the insurance deductible or \$250, whichever is less, and that no further claims against the District will be filed in case of loss or damage to the loaned equipment.

Damage to or Loss of a Vehicle Owned by an Employee

Compensation for an employee's automobile due to vandalism or theft shall be paid for an employee's vehicle which is covered under a comprehensive automobile insurance policy provided that:

- a. Damage or loss occurred while employee was on active duty during his/her assigned work hours.
- b. Damage or loss was promptly reported to the employee's supervisor, and the supervisor has reasonable cause to believe that the damage occurred while the employee was on duty on District premises or on duty at a school-sponsored, employment-required function.
- c. Loss must be reported to the Sheriff's Department.
- d. No reimbursement shall be made for under \$50, and the employee acknowledges that reimbursement for the loss will be limited to the amount of the insurance deductible or \$250, whichever is less, and that no further claims against the District will be made in case of loss or damage to said vehicle.
- e. Claims must be reported in writing to Risk Management within five (5) working days of knowledge of the incident on a form provided by the District. A Sheriff's report shall accompany the employee's request for reimbursement form.
- f. Reimbursement shall not be made in the case of collision, theft of optional equipment attached to or housed in the vehicle such as a radio, tape deck, tapes or cassettes; or theft or damage to any contents of the vehicle including personal prosthetic devices or clothing in the vehicle.
- g. An employee is limited to one claim for automobile insurance reimbursement per school year commencing on July 1 and ending on June 30.

The District shall, to the extent of any reimbursement paid under this policy, be subrogated to any right of the employee to recover compensation for such damaged or stolen property.

Legal Reference:

EDUCATION CODE

35213 Reimbursement for loss, destruction, or damage of personal property

ABC Unified School District

DEDUCTIBLE REIMBURSEMENT REQUEST

ABC Unified School District

**DEDUCTIBLE REIMBURSEMENT REQUEST
FOR VEHICLE BURGLARY OR VANDALISM
(BP 3515.41(b))**

Name of Employee	Date Reported
Address	Phone No.
Work Location:	
Date of Loss/Damage:	
Site Where Loss Occurred:	

☐ I certify that I have comprehensive or collision insurance under which a claim for this loss can be made. Amount of deductible is: _____

Name of employee's insurance carrier: _____
Carrier's Address: _____
(Attach copy of Declarations page of vehicle insurance policy.)

DESCRIPTION OF LOSS/DAMAGE

Loss Discovered by	Date	Time
Date/Time Police were notified	Police Report No.	

NOTE: Please attach a copy of the police report and the receipt indicating a police report was filed.

AUTHORIZATION FOR RIGHT OF SUBROGATION

I hereby assign to the District right of subrogation to the extent of any payment made by the District and agree to reimburse the District to the extent that any portion of the loss paid by the District is recovered from any person responsible for the loss or through any insurance payment.

VERIFICATION OF REPAIR

Employee Signature

Repairs and/or replacement for damage to vehicles must be verified or reimbursement request will not be honored. Receipts for all work completed must be submitted to Risk Management before request is processed.

CERTIFICATION OF PRINCIPAL OR SUPERVISOR

The foregoing has been reported to me by the named employee.

Signature (Principal or Supervisor)	Date
-------------------------------------	------

Distribution: White - Risk Mgmt.
Yellow - Employee

Attachments: Insurance Declaration Page
Paid Invoice
Police Report

ABC UNIFIED SCHOOL DISTRICT

16700 Norwalk Boulevard

Cerritos California 90703

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

Return completed claim form to:

Note:

This form must be clearly
printed and/or typed.

Risk Management Department
(562) 926-5566 ext. 21212

1. Claims for death, injury to person, or to personal property must be filed no later than six (6) months after the occurrence (Gov. Code Sec. 911.2).
2. Claims for damages to real property must be filed no later than one year after the occurrence (Gov. Code Sec. 911.2).

NAME OF CLAIMANT _____ DOB _____ PHONE NO. _____

ADDRESS _____ CITY _____ ZIP _____

WHEN did damage or injury occur? _____

WHERE did damage or injury occur? _____

HOW and under what circumstances did damage or injury occur? _____

WHAT particular action by the District or its employees caused the alleged damage or injury?
(Include names of employees, if known. Attach additional sheets if necessary) _____

WHAT sum do you claim? Include the estimated amount of any prospective loss insofar
as it may be known at the time of the presentation of this claim, together with the basis of
computation of the amount claimed: (Attach estimates or bills, if possible)

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL AMOUNT CLAIMED \$ _____

NAMES and addresses of witnesses, Doctors and Hospitals: _____

DATE _____

SIGNATURE OF CLAIMANT _____

NOTICE: Section 72 of the California Penal Code provides: "Every person who, with intent
to defraud, presents for payment to any School District any false or fraudulent
claim, is guilty of a felony punishable by fine and/or imprisonment.

**ABC UNIFIED SCHOOL DISTRICT
Administrative Regulation****BUSINESS****PERSONAL PROPERTY CLAIMS ADMINISTRATION**Use of Non-District-Owned Equipment

The Board of Education recognizes the practice of utilizing non-District-owned materials by employees to provide enrichment or supplement classroom instruction. In addition, an employee whose primary responsibility is other than the classroom may utilize his/her own equipment in the performance of his/her duties and responsibilities.

The District will authorize the use and housing of the materials or equipment based upon the request and approval of the immediate supervisor provided that all of the following conditions are met:

1. The personal property is used on a regular or unit-of-work basis.
2. The materials or equipment are used in direct relation to the District instructional objectives for a particular grade level or program
3. The materials or equipment provide a more efficient means for accomplishing the goals and objectives of the employee and the task.
4. The equipment or materials are unobtainable through the school or program budget.

Personal equipment or materials are not to be stored on a yearly basis in a classroom or storage area unless directly related to daily activities and prior approval from the immediate supervisor has been obtained. An "Authorization for Use of Non-District-Owned Equipment" form must be completed for all items that have a value in excess of fifty dollars (\$50.00), and the form must be on file in the site administrator's office prior to the use of the personal property in order to qualify for reimbursement under District Policy 3333. Claims of less than \$50 will not be accepted, and approval must be renewed yearly. The final decision to authorize the employee's use of non-district-owned equipment will be made by the individual division head or, in the case of school personnel, the site administrator. Acceptance of the loan of any equipment valued in excess of \$2,500 must be authorized by the Director-Curriculum/Instruction & Schools, Assistant-Superintendent Academics Services, and a copy of the "Authorization" shall be sent to Risk Management prior to the equipment being brought on District property.

Regulation

approved: 3/16/93

revised: 11/17/98

AUTHORIZATION FOR USE OF NON-DISTRICT-OWNED EQUIPMENT

The ABC Unified School District appreciates your contributing to the educational program by loaning the personal property described below. In order to be eligible for reimbursement of your insurance deductible should a loss occur, this form must be on file with your site administrator or other administrator pursuant to the procedures designated in Administrative Regulation E3515.41

ARTICLE(S)	VALUE	CONDITION

Place where articles will located: _____

Time Period of Loan: _____ through _____

Loaned articles must be covered by homeowner's or personal property insurance in order for the owner to be eligible for deductible reimbursement should the property be damaged or stolen. Owners should check their policies in regard to covered items and exclusions. **ITEMS VALUED IN EXCESS OF \$1,000 CANNOT BE ACCEPTED FOR LOAN WITHOUT PROOF OF INSURANCE COVERAGE, AND ITEMS VALUED IN EXCESS OF \$2,500 CANNOT BE ACCEPTED FOR LOAN TO THE DISTRICT WITHOUT PROOF OF APPRAISAL AND PRIOR APPROVAL OF THE DIRECTOR-CURRICULUM/INSTRUCTION & SCHOOLS OR THE ASSISTANT SUPERINTENDENT-EDUCATIONAL SERVICES.** In the event of the loss of an item(s), the District shall reimburse the owner for the owner's insurance deductible up to \$500 upon receipt of proof of payment from the property owner's insurance company.

OWNER'S AGREEMENT AND RELEASE: I certify that I am the legal owner of the above personal property, that the property is adequately insured, and that I will submit no claim against the District should this property be stolen or damaged other than a claim for insurance deductible reimbursement.

Owner of _____
Equipment: Name (Please Print) Signature

Date () Phone Number

ACCEPTANCE AND APPROVAL: _____
Principal/Site Administrator Date
School: _____

Approved by Director-Curriculum/Instruction & Schools or Assistant Superintendent-Educational Services, if property value exceeds \$2,500.

Name Title Date

GENERAL GUIDELINES - USE OF DISTRICT EQUIPMENT

Whenever District equipment (musical instruments, computers, etc.) is loaned to employees, loan agreements should be signed by the borrower. This will identify the equipment involved, its condition, value and the responsibilities of the parties. (See sample form) EQUIPMENT SHOULD ONLY BE LOANED WHEN THERE IS A DISTRICT BENEFIT INVOLVED.

OFF-SITE PERSONAL USE

Many Districts allow employees to use District equipment - e.g., power mowers, power tools, carpet cleaners, ladders, etc. - for their personal purposes. Sometimes this even involves the employee using the equipment for a “moonlighting” job outside the District. Use of this equipment for any of these purposes could be considered a “misuse of public funds” and creates significant liability exposures.

When the employee is using the equipment in the course and scope of his /her employment with the District, he/she would be covered by Workers’ Compensation if any injury occurred. If he/she is using the equipment for personal purposes and is injured, a liability claim against the District could be filed alleging the equipment was in a dangerous and defective condition. A product liability claim of this type has a high exposure to loss and defense costs.

Also, the District has no control over how the equipment is used and who is using it. A person with no training or a minor could be seriously injured.

Employees shall use District equipment **(including vehicles)** only for District-related tasks involving the performance of their assigned duties and responsibilities. For instance, employees are not permitted to their assigned District vehicle to complete personal errands during their lunch period. If an accident and/or damage to a District vehicle occurs while the vehicle is being used for non-District personal purposes, this may create the cause for the District to seek damage recovery from involved employees and/or appropriate and related disciplinary action. Adherence to this principle, and the proper use of all District vehicles, is critical.

Adequate care and maintenance shall be exercised to ensure the District property is kept in good condition. Report all accidents or damages involving District vehicle immediately to Sue Highland, x22407, (Cell #562-755-0098) and/or the MOT office x22403.

Legal Reference

Administrative Regulation AR 3512(a) and (b) Equipment

Administrative Regulation AR 3515.4 Recovery for Property Loss or Damage Administrative

Regulation AR 4218(a) & (b) Disciplinary Action

ABC Unified School District

PROPERTY LOAN AGREEMENT – EMPLOYEE

School or Department: _____

Borrower's name: _____ Return due date _____

Item: _____ Serial #: _____

Condition of equipment: _____

Value of equipment: _____

Date/Time check out: _____

BORROWER TO COMPLETE:

Automobile insurance company: _____

Policy no. _____ Expiration date _____

Homeowner's or renter's insurance co. _____

Policy no. _____ Expiration date _____

The borrower of this equipment certifies that the equipment will be used for school business purposes, and the borrower of the equipment agrees to return the equipment in the same condition as when received from the District. The borrower further agrees to reimburse the District for any and all expenses resulting from loss of or damage to the borrowed equipment. Borrower will not loan equipment to any other person and agrees to return equipment no later than the "Due Date" above.

Signed (employee): _____ Date: _____

Print name: _____

Address: _____

Approved: _____

Principal

Date

Date/Time checked in: _____

Received by: _____

Student Personal Property Loss

ABC Unified School District is not insured for loss of personal property belonging to students. We will not reimburse for such a loss unless a staff member explicitly and specifically accepted a students' property for safekeeping.

Students personal property, whether it is used in the classroom or brought on the premises for personal reasons, (bicycles, backpacks, musical instruments, radios, CD players, skates, skateboards, etc.) are not covered under district insurance or Board policy. Therefore, we ask that students not bring personal property to school since we cannot assume responsibility.

DISTRICT CANNOT ACCEPT RESPONSIBILITY FOR LOST ITEMS EVEN IF THEY ARE PLACED IN A LOCKER.

Instructions for Reporting Break-ins, Loss of School Equipment, Damage to School Buildings, etc.

1. Report break-ins, loss or damage to Risk Management by phone ext. 21212 as soon as possible. A police report will need to be filed. Please obtain a report number and send the number along with the following information:
 - a. **WHO** discovered incident
 - b. **APPROXIMATE** time of loss
 - c. **HOW** entry was gained
 - d. **APPROXIMATE** amount of loss
2. Fill out form #6913-RM, "Report of Loss, Entry and Damage." A copy of this form is attached for your reference, and the form may be ordered from Graphics.
3. If you are requesting equipment replacement, (if equipment is more than 5 years old District will not replace) submit a requisition to Risk Management containing the following information:
 - a. The description of new item (call Purchasing if you do not know what vendor to use, or type "Best Source" in area on requisition where vendor's name would be placed).
 - b. Type your location in the right-hand box at top of requisition for delivery to your site. **Be sure to include the Property control number* and a copy of the Original purchase order.**
 - c. Type date of loss on the requisition.
 - d. Put your budget number on the requisition.
 - e. When you receive your replacement equipment, you will need to send a copy of all confirming requisitions to the Risk Management office. This documentation is necessary in order to close out the claim file.
4. Submit #2, and #3 to the Risk Management Department (to my attention) for maximum efficiency for replacement of necessary equipment. Please forward all documents no later than 30 days subsequent to the loss.

*Equipment that costs \$500 or more should be reflected on the property control inventory on the IFAS software program (mainframe). Attach a copy of your property control number and send to Risk Management along with your "Report of Loss" form.

Attachment: Report of Loss, Entry and Damage

ABC Unified School District

RISK MANAGEMENT DEPARTMENT Report of Loss, Entry and Damage

☐ Burglary
☐ Mysterious Disappearance
☐ Fire
☐ Vandalism/Malicious Mischief
☐ Other (Please describe) _____

Date: _____

School/Location _____ Date of Loss, Entry or Damage _____

Briefly describe the Incident: _____

Items Missing or Destroyed	P.C.#	Serial #	Unit Cost	Dist. Use

Attach copy of Maintenance Work Orders

Attach copy of Sheriff's File Number

In order to pursue Insurance reimbursement, this report must be complete with property control numbers and all other necessary documents. Keep one copy for your office file. If you have any questions, call Risk Management at ext. 21212.

REPLACEMENT OF EQUIPMENT

Support Services will replace stolen and/or destroyed equipment based on the straight-line method of depreciation:

Age of Equipment	Replacement Amount
1	80%..... of the purchase price
2	60%of the purchase price
3	40% of the purchase price
4	20%of the purchase price

Equipment five (5) years or older will not be replaced by Support Services.

A copy of the original purchase order and other appropriate documentation must accompany the requisition for replacement of equipment. Items over \$500.00 must have a preassigned inventory control number.

Items classified as supplies will not be replaced by the District.

Request for Certificates of Insurance for Special Events

Your site may have a scheduled event that cannot be accommodated at your school and the event/ activity may need to be held off-campus. An example of this may be your Christmas program held at a city building or your Spring Sing program that may be held at a park or city theatre.

This would be identified as ABCUSD entering into a Use of Facilities contract with an outside party. Your school site may also be entering into a contract with an Outdoor Camp or your athletic team may be traveling to another school district's gym for a game or your site may be conducting your prom at a local college or amusement park (i.e. Knott's Berry Farm).

Each and every one of the above examples will require that ABCUSD issue a certificate of insurance indicating General Liability to the outside contractor.

In order to process your request for insurance expediently, Risk Management will need the following information:

1. Name, address, telephone number and fax number of the contact person you are entering into the contract with.
2. A description of the operations (example: Whitney HS using the Carpenter Performing Arts Center for the Winter Concert)
3. List the event time of ABCUSD arrival and departure from the facility and the date of the event.
4. Indicate the number of students participating in the event.

Call Risk Management at extension 21212 if you have any further questions.

CONSULTANT AGREEMENTS

Board approval is needed for consultant contracts, as well as indemnity form, Property and Liability insurance naming the District as additionally insured, DE542, W9 and Fingerprinting (fingerprinting required only if working with students without district supervision). Business Operators Policy (BOP) may be used instead of the regular certificate of insurance if your consultant is a small business owner.

Insurance for consultants includes general liability insurance, automobile insurance and workman's compensation insurance. Workman's compensation insurance is needed for corporation and partnership. Sole Proprietors do not need workman compensation insurance but needs a certification of sole proprietorship. Only the Chief Financial Officer can waive the requirement of insurance.

Note: Always try to use our own contract because it was designed to give us the best protection. Also all consultants are to provide their own materials for training, presentation etc. except when you pre-agree to loan them anything. In that case always put it in writing and signed by both you and the consultants. We can only pay the consultant whatever the contract dictates, nothing more.

ABC Unified School District

Purchasing, Warehouse and Risk Management Department
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21218

Hold Harmless and Indemnification Agreement

_____ shall indemnify, save, and hold harmless ABC Unified
(Name of Entity)

School District, its officers, agents, and employees from and against every claim or demands, debts, liens, liability, losses, damages, costs, expenses (including, but not by way of limitation, legal and investigation expenses or liabilities incurred of any kind or nature, whether or not litigation has commenced), judgements or obligations, actions or causes of action whatsoever, for or in connection with injury, damage or loss (including, but not limited to death) to any person or property unless such injury, damage or loss results from or is connected with the sole negligence or error or omission of ABC Unified School District. The provision of this clause shall not be limited to the availability or collectability of insurance coverage.

_____ shall agree to pay for damages or losses to District property as a result of or arising out of negligence or willful misconduct on the part of the Consultant, its officers, agents, or employees connected with this Agreement.

For ABC Unified School District

Signature

Print Name

Name of Company/Individual

Date

Date

**ABC UNIFIED SCHOOL DISTRICT
AGREEMENT FOR CONSULTANT/INDEPENDENT CONTRACTOR SERVICES**

THIS AGREEMENT is hereby entered into by the **ABC UNIFIED SCHOOL DISTRICT**, hereinafter referred to as **DISTRICT**, and

Consultant

Social Security Number

Mailing address

hereinafter referred to as **CONSULTANT**.

CONSULTANT agrees to provide to DISTRICT the services enumerated in Section "G" of this Agreement under the following terms and conditions:

A. Services shall begin on _____ and shall be completed on or before _____.

B. CONSULTANT understands and agrees that s/he and all of her/his employees are not employees of the DISTRICT and are not entitled to benefits of any kind or nature normally provided employees of the DISTRICT and/or to which DISTRICT employees are normally entitled, including, but not limited to, STATE Unemployment Compensation or Works' Compensation. CONSULTANT shall assume full responsibility for payment of all Federal, State and local taxes or contributions including Unemployment Insurance, Social Security, and Income Taxes with respect to CONSULTANT's employees.

C. CONSULTANT shall furnish, at own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement.

D. In the performance of the work herein contemplated, CONSULTANT is an independent contractor, with the authority to control and direct the performance of the details of the work, DISTRICT being interested only in the results obtained.

E. CONSULTANT agrees to defend, indemnify and hold harmless the DISTRICT, its Board of Education, employees and agents from any and all liability or loss arising in any way out of CONSULTANT's negligence in the performance of this Agreement, including but not limited to any claim due to injury and/or damage sustained by CONSULTANT, and/or the CONSULTANT's employees or agents.

F. CONSULTANT shall provide DISTRICT with a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by DISTRICT. Consultant shall also provide proof of workers compensation insurance or certify exception due to sole proprietorship.

G. Services to be rendered to the DISTRICT by the CONSULTANT are as follows:

H. Neither party shall assign or delegate any part of this Agreement without the written consent of the other party.

I. CONSULTANT shall certify to District that no persons/employees who will be performing the work have been convicted of a violent or serious felony by completing a fingerprint background check through the Department of Justice.

J. The work completed herein must have the approval of the DISTRICT and shall be subject to the DISTRICT's general right of inspection and supervision to secure the satisfactory completion thereof. CONSULTANT agrees to comply with the Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to CONSULTANT, CONSULTANT's business, equipment, and personnel engaged in operations covered by this Agreement or accruing out of the performance of such operations.

K. Payments will be made by the DISTRICT to the CONSULTANT as follows: \$ _____ per day, or \$ _____ per hour, not to exceed \$ _____. This agreement may be terminated by either party notifying the other in writing, at least days prior to the date of termination. The CONSULTANT shall complete a IRS form W-9 and an EDD form DE542 and submit with this agreement.

THIS AGREEMENT IS ENTERED INTO THIS _____ DAY OF _____, 200__ (Board Approval Date)

FOR THE DISTRICT:

FOR THE CONSULTANT:

Toan Nguyen, Chief Financial Officer

Signature

Print Name and Title

NOTE: Paragraph "F" above are hereby waived if this waiver is signed below by the District Representative who has authorized this agreement by signing above.

Toan Nguyen, Chief Financial Officer

Date

ABC Unified School District
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21218

**CERTIFICATION BY INDEPENDENT CONSULTANT
CRIMINAL RECORD CHECK
AB 1610, 1612, 2102**

To the Governing Board of ABC Unified School District:

I, _____, certify that:

1. I have carefully read and understood Education Code section 45125.1, Notice to Contractors Regarding Criminal Record Checks required by the passage of AB 1610, 1612, and 2102. I shall provide for the submission of fingerprints of employees who may have more than limited contact with ABC Unified School District students to the California Department of Justice (CDOJ) in a manner authorized by the CDOJ. Such clearance documents, when received from the CDOJ, shall be kept on file and made available for inspection upon request.
2. Due to the nature of the work I will be performing for the District, my employees may have unsupervised contact with students of the District and shall not permit any contractor employees or independent consultant to come in contact with ABC Unified School District students until CDOJ clearance is ascertained.
3. None of the employees who will be performing the work have been convicted of a violent or serious felony as defined in the Notice and in Penal Code section 667.5 and 1192.7 and this determination was made by a fingerprint check through the Department of Justice. I will be responsible for the cost of the fingerprinting check.

I declare under penalty of perjury that the foregoing is true and correct and I may be subject to additional financial penalties including but not limited to attorney fees. I will also be liable for penalties, investigation expenses for demands and claims that may arise from inaccuracy of the statement made here.

Executed at _____, California, on _____.
(Date)

Company

Signature and Date

ABC Unified School District

Typed or Printed Name and Title

Education Code 45125.1

45125.1. (a) Except as provided in subdivisions (b) and (c), if the employees of any entity that has a contract with a school district, as defined in Section 41302.5, to provide any of the following services may have any contact with pupils, those employees shall submit or have submitted their fingerprints in a manner authorized by the Department of Justice together with a fee determined by the Department of Justice to be sufficient to reimburse the department for its costs incurred in processing the application: (1) School and classroom janitorial. (2) Schoolsite administrative. (3) Schoolsite grounds and landscape maintenance. (4) Pupil transportation. (5) Schoolsite food-related. (b) This section shall not apply to an entity providing any of the services listed in subdivision (a) to a school district in an emergency or exceptional situation, such as when pupil health or safety is endangered or when repairs are needed to make school facilities safe and habitable. (c) This section shall not apply to an entity providing any of the services listed in subdivision (a) to a school district when the school district determines that the employees of the entity will have limited contact with pupils. In determining whether a contract employee has limited contact with pupils, the school district shall consider the totality of the circumstances, including factors such as the length of time the contractors will be on school grounds, whether pupils will be in proximity with the site where the contractors will be working, and whether the contractors will be working by themselves or with others. If a school district has made this determination, the school district shall take appropriate steps to protect the safety of any pupils that may come in contact with these employees. (d) A school district may determine, on a case-by-case basis, to require an entity providing schoolsite services other than those listed in subdivision (a) or those described in Section **45125.2** and the entity's employees to comply with the requirements of this section, unless the school district determines that the employees of the entity will have limited contact with pupils. In determining whether a contract employee will have limited contact with pupils, the school district shall consider the totality of the circumstances, including factors such as the length of time the contractors will be on school grounds, whether pupils will be in proximity with the site where the contractors will be working, and whether the contractors will be working by themselves or with others. If a school district makes this determination, the school district shall take appropriate steps to protect the safety of any pupils that may come in contact with these employees. If a school district requires an entity providing services other than those listed in subdivision (a) and its employees to comply with the requirements of this section, the Department of Justice shall comply with subdivision. (e) (1) The Department of Justice shall ascertain whether the individual whose fingerprints were submitted to it pursuant to subdivision (a) has been arrested or convicted of any crime insofar as that fact can be ascertained from information available to the department. Upon implementation of an electronic fingerprinting system with terminals located statewide and managed by the Department of Justice, the department shall ascertain the information required pursuant to this section within three working days. When the Department of Justice ascertains that an individual whose fingerprints were submitted to it pursuant to subdivision (a) has a pending criminal proceeding for a felony as defined in Section 45122.1 or has been convicted of a felony as defined in Section 45122.1, the department shall notify the employer designated by the individual of that fact. The notification shall be delivered by telephone or electronic mail to the employer. (2) The Department of Justice, at its discretion, may notify the school district in instances when the employee is defined as having a pending criminal proceeding described in Section 45122.1 or has been convicted of a felony as defined in Section 45122.1. (3) The Department of Justice may forward one copy of the fingerprints to the Federal Bureau of Investigation to verify any record of previous arrests or convictions of the applicant. The Department of Justice shall review the criminal record summary it obtains from the Federal Bureau of Investigation and shall notify the employer only as to whether or not an applicant has any convictions or arrests pending adjudication for offenses which, if committed in California, would have been punishable as a violent or serious felony. The Department of Justice shall not provide any specific offense information received from the Federal Bureau of Investigation. The Department of Justice shall provide written notification to the contract employer only concerning whether an applicant for employment has any conviction or arrest pending final adjudication for any of those crimes, as specified in Section 45122.1, but shall not provide any information identifying any offense for which an existing employee was convicted or has an arrest pending final adjudication. (f) An entity having a contract as specified in subdivision (a) and an entity required to comply with this section pursuant to subdivision (d) shall not permit an employee to come in contact with pupils until the Department of Justice has ascertained that the employee has not been convicted of a felony as defined in Section 45122.1. (1) This prohibition does not apply to an employee solely on the basis that the employee has been convicted of a felony if the employee has obtained a certificate of rehabilitation and pardon pursuant to Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code. (2) This prohibition does not apply to an employee solely on the basis that the employee has been convicted of a serious felony that is not also a violent felony if that employee can prove to the sentencing court of the offense in question, by clear and convincing evidence, that he or she has been rehabilitated for the purposes of schoolsite employment for at least one year. If the offense in question occurred outside this state, then the person may seek a finding of rehabilitation from the court in the school district in which he or she is resident. (g) An entity having a contract as specified in subdivision (a) and an entity required to comply with this section pursuant to subdivision (d) shall certify in writing to the school district that neither the employer nor any of its employees who are required by this section to submit or have their fingerprints submitted to the Department of Justice and who may come in contact with pupils have been convicted of a felony as defined in Section 45122.1. (h) An entity having a contract as specified in subdivision (a) on the effective date of this section and an entity required to comply with this section pursuant to subdivision (d) by a school district with which it has a contract on the effective date of the amendments made to this section during the 1997-98 Regular Session shall complete the requirements of this section within 90 days of that date. (i) For purposes of this section, a charter school shall be deemed to be a school district. (j) Where reasonable access to the statewide electronic fingerprinting network is available, the Department of Justice may mandate electronic submission of the fingerprint cards and other information required by this section.

**ABC UNIFIED SCHOOL DISTRICT
AGREEMENT FOR CATERING SERVICES**

THIS AGREEMENT is hereby entered into by the ABC UNIFIED SCHOOL DISTRICT, hereinafter referred to as DISTRICT, And

Caterer

Social Security Number OR Tax ID#

Mailing address

hereinafter referred to as CATERER.

CATERER agrees to provide to DISTRICT the catering services per Proposal submitted by the CATERER dated _____ to become part of this Agreement under the following terms and conditions:

A. Services shall begin on _____ and shall be completed on or before _____.

B. CATERER understands and agrees that s/he and all of her/his employees are not employees of the DISTRICT and are not entitled to benefits of any kind or nature normally provided employees of the DISTRICT and/or to which DISTRICT employees are normally entitled, including, but not limited to, STATE Unemployment Compensation or Works' Compensation. CATERER shall assume full responsibility for payment of all Federal, State and local taxes or contributions including Unemployment Insurance, Social Security, and Income Taxes with respect to CATERER's employees.

C. CATERER shall furnish, at own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement.

D. In the performance of the work herein contemplated, CATERER is an independent contractor, with the authority to control and direct the performance of the details of the work, DISTRICT being interested only in the results obtained.

E. CATERER agrees to defend, indemnify and hold harmless the DISTRICT, its Board of Education, employees and agents from any and all liability or loss arising in any way out of CATERER's negligence in the performance of this Agreement, including but not limited to any claim due to injury and/or damage sustained by CATERER, and/or the CATERER's employees or agents.

F. CATERER shall provide DISTRICT with a Certificate of Insurance showing general liability insurance with a minimum limits of \$1,000,000 per occurrence/ \$2,000,000 aggregate, naming the DISTRICT as additionally insured/ losspayee, automobile coverage as required by DISTRICT. Caterer shall also provide proof of workers compensation insurance or certify exception due to sole proprietorship. All insurance must be California Admitted with a minimum rating of A from AM Best Co. ATTACH CERTIFICATE OF INSURANCE TO THIS AGREEMENT

G. Services to be rendered to the following Site and Address: _____

H. Neither party shall assign or delegate any part of this Agreement without the written consent of the other party.

I. CATERER certifies by signing below that no persons/employees who will be performing the work have been convicted of a violent or serious felony by completing a fingerprint background check through the Department of Justice.

J. The work completed herein must have the approval of the DISTRICT and shall be subject to the DISTRICT's general right of inspection and supervision to secure the satisfactory completion thereof. CATERER agrees to comply with the Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to CATERER, CATERER's business, equipment, and personnel engaged in operations covered by this Agreement or accruing out of the performance of such operations.

K. Payments will be made by the DISTRICT to the CATERER as follows:

\$ _____, not to exceed \$ _____.

This agreement may be terminated by either party notifying the other in writing, at least fourteen (14) days prior to the date of termination with no financial penalty. If CATERER FAILS TO DELIVER as contracted, CATERER will be responsible for any incremental cost associated with securing a replacement. CATERER WILL BE RESPONSIBLE for cost associated but limited to the collection of monies owed to the DISTRICT.

THIS AGREEMENT IS ENTERED INTO THIS _____ DAY OF _____, 200__

FOR THE DISTRICT:

FOR THE CATERER:

Toan Nguyen, Chief Financial Officer

Signature

Print Name and Title

ABC Unified School District
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21218

For Corporations and Companies

**CONTRACTOR'S CERTIFICATE
REGARDING WORKERS' COMPENSATION**

Labor Code Section 3700.

“Every employer except the State shall secure the payment of compensation in one or more of the following ways:

(a) By being insured against liability to pay compensation in one or more insurers duly authorized to write compensation insurance in this State.

(b) By securing from the Director of Industrial Relations a certificate of consent to self-insure, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his employees.

(c) * * * * “

I am aware of the provisions of §3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of this contract. I shall be solely responsible for the consequences of any violation of the Labor Code.

Name of Company

Print Name and Title

Address

Signature

Date

(In accordance with Article 5 [commencing at Section 1860], Chapter 1, Part 7, Division 2 of the Labor Code, the above certificate must be signed and filed with ABC Unified School District prior to performing any work under this contract.) Violation of this code constitute breach of contract and can result in nonpayment of services or termination of the use of facilities.

ABC Unified School District
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21218

For Sole Proprietor Only

INDEPENDENT CONSULTANT

Waiver on Workers Compensation

I _____, (Name and Title) hereby request waiver on Workers' Compensation Insurance because I am the sole proprietor and operator of my company, _____. I certify by penalty of law that I do not employ workers to perform any and/or all part of this contract with ABC Unified School District.

If injuries are sustained arising out of and in the course of this contract, I will not seek medical or financial compensation from ABC Unified School District. I certify that I will be liable for all expenses arising from said injuries. My family shall also not be entitled to any type of compensation for (1) medical care, (2) temporary disability benefits, (3) permanent disability benefits, (4) vocational rehabilitation services, (5) supplemental job displacement benefits, and (6) death benefits due to my injuries or death.

Signature

Print Name and Title

Date

INSTRUCTIONS FOR COMPLETING THE REPORT OF INDEPENDENT CONTRACTOR(S)

WHO MUST REPORT:

Any business or government entity (defined as a "Service-Recipient") that is required to file a Federal Form 1099-MISC for service performed by an independent contractor (defined as a "Service-Provider") must report. You must report to the Employment Development Department within twenty (20) days of EITHER making payments of \$600 or more OR entering into a contract for \$600 or more with an independent contractor in any calendar year, whichever is earlier. This information is used to assist state and county agencies in locating parents who are delinquent in their child support obligations.

An independent contractor is further defined as an individual who is not an employee of the business or government entity for California purposes and who receives compensation or executes a contract for services performed for that business or government entity either in or outside of California. For further clarification, request *Information Sheet: Employment Work Status Determination* (DE 231ES). See below for additional information on how to obtain forms.

YOU ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION THAT APPLIES:

Service-Recipient (Business or Government Entity):

- Federal employer identification number
- California employer account number
- Social security number
- Service-recipient name/business name, address, and telephone number

Service-Provider (Independent Contractor):

- First name, middle initial, and last name
- Social security number
- Address
- Start date of contract (if no contract, date payments equal \$600 or more)
- Amount of contract including cents (if applicable)
- Contract expiration date (if applicable)
- Ongoing contract (check box if applicable)

HOW TO COMPLETE THIS FORM:

If you use a typewriter or printer, ignore the boxes and type in UPPER CASE as shown. Do not use commas or periods.

FIRST NAME	MI	LAST NAME
IMOGENE	A	SAMPLE
SOCIAL SECURITY NO.	STREET NO.	STREET NAME
123456789	12345	MAIN STREET
		UNIT / APT.
		301

If you **handwrite this form**, print each letter or number in a separate box as shown. Do not use commas or periods.

FIRST NAME	MI	LAST NAME
I M O G E N E	A	S A M P L E
SOCIAL SECURITY NO.	STREET NO.	STREET NAME
1 2 3 4 5 6 7 8 9	1 2 3 4 5	M A I N S T R E E T
		UNIT / APT.
		3 0 1

GENERAL INFORMATION:

If you have any questions concerning this reporting requirement, please call (916) 657-0529. You may also contact your local Employment Tax Customer Service Office listed in your telephone directory in the State Government section under "Employment Development Department," Or you may access our Internet site at www.edd.ca.gov.

To obtain additional DE 542 forms:

- Visit our Internet site at www.edd.ca.gov; or
- For 25 or more forms, telephone (916) 322-2835
- For less than 25 forms, telephone (916) 657-0529

To obtain information for submitting *Report of Independent Contractors* on magnetic media, call (916) 651-6945.

HOW TO REPORT:

Please record the information in the spaces provided and mail to the following address or fax to (916) 319-4410.

EMPLOYMENT DEVELOPMENT DEPARTMENT
P. O. Box 997350, Document Management Group, MIC 96
Sacramento, CA 95899-7350

DOCUMENTING AN INCIDENT

WHAT IS AN INCIDENT?

An incident is defined as an event or occurrence.

WHAT IS AN INCIDENT REPORT?

It is a form of documentation written for various reasons. It is a clear, concise and objectively written report of an event or occurrence on your campus that should be reported to your immediate supervisor and the Risk Management Department.

An example of an incident report may be:

1. An infant at the Infant Center is wheezing very badly and the nurse at your site is not available. The Day Care teacher is very concerned and decides that she should call 911. 911 responds to the situation and feels that the child should immediately be transported to the hospital. The parents are notified of this situation and will meet their child at the hospital.
THIS IS AN INCIDENT THAT SHOULD BE REPORTED TO THE IMMEDIATE SUPERVISOR, DOCUMENTED AND SENT TO THE RISK MANAGEMENT DEPARTMENT.
2. Two (2) female students engage in a fight on your campus and an SIA runs over to stop the fight. But before the fight can be stopped, ABCUSD property is damaged and the SIA is injured and the perpetrator of the fight is accidentally knocked down by the district employee.
THIS IS AN INCIDENT THAT SHOULD BE REPORTED TO THE IMMEDIATE SUPERVISOR, DOCUMENTED AND SENT TO THE RISK MANAGEMENT DEPARTMENT.
3. A parent on their way to pick up their student after school slips on a dip in the asphalt. This parent falls to the ground, scrapes her elbow and possibly twists his ankle. A custodian and a teacher working in his classroom witness the event.
THIS IS AN INCIDENT THAT SHOULD BE REPORTED TO THE IMMEDIATE SUPERVISOR, DOCUMENTED BY WHOMEVER WITNESSED THE INCIDENT AND SENT TO THE RISK MANAGEMENT OFFICE.

These are just a few examples of **incidents** that may occur at your sites and that may or may not pose a significant liability exposure to the District. If you or any staff members are unsure as to what may or may not be an **incident**, please call me at extension 21212.

NOTE: Do not release or discuss any information about an **incident** to anyone. Please ask staff members to refrain from making comments or unsolicited remarks about the situation. Remember any verbal or written statements about **“incident”** is subject to subpoena should the District become involved in a lawsuit.

INCIDENT REPORT

An Incident Report is a form of documentation written for various reasons. Incident Reports should be typed or printed in black ink only. Incident Reports should be written exactly or as closely to the actual incident. They should be written clearly, concisely and objectively. A copy of the written incident report should be maintained at your site.

Integrated Pest Management (IPM)

The District has adopted an Integrated Pest Management (IPM) program also known as the Healthy Schools Act of 2000. This policy was implemented districtwide beginning on July 1, 2001. Prior to the beginning of each school year parents/guardians receive (mailed home in summer mailer packet) a written notification of expected pesticide use on school sites and an attached list of the pesticides that ABC Unified intends to use. Parents/guardians who may request prior notification of pesticide applications return the bottom portion of the letter and are placed on a registry. Those parents/guardians listed on the registry will be notified at least 72 hours before pesticides are applied.

IPM COMPLIANCE GUIDELINES

Annual Notification Letter sent out to parents

- Identifies products/active ingredients to be used in the school year.
- Contains internet location of department of pesticide regulation
- Provides opportunity for registry to parents for prior notification

REGISTRY REQUIREMENTS

- Registry must be available for any staff or students who wish to be notified of each pesticide application
- For all registrants, the school site must provide a 72 hour advance notice
- Notification must include product name, active ingredients and intended date of application
- Recordkeeping is maintained at school site in the IPM Site Activity Logbook. **NOTE:** The law requires each school to maintain records of pesticide use for a period of **4 years** and make the records available to the public upon request.
- All licensed and certified pest control operators must record all site applications in the IPM Site Activity Logbook.

WARNING SIGNS ARE POSTED BY DISTRICT CHEMICAL ENGINEER

Exception: Outside licensed and certified pest control operators are responsible for their own sign posting

- At least 72 hours prior to an application of pesticide
- 72 hours after pesticide application
- Must be visible to all persons entering the treated area

MISSED PRODUCT: If a product is necessary and is not included in annual notification, the District must provide a 72-hour notice prior to the application.

EXCEPTION: Emergency circumstances that warrant an immediate response.

ABC Unified School District

16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566

NOTIFICATION OF EXPECTED PESTICIDE USE ON SCHOOL SITES

The Healthy Schools Act of 2000 was signed into law in September 2000, and requires that all schools provide parents or guardians of students with annual written notification of expected pesticide use on school sites. Attached to this letter is a list of pesticides that the School district intends to use in your school this year.

You can find more information regarding these pesticides at the Department of Pesticide Regulation web site at <http://www.cdnr.ca.gov>

Parents or guardians may request prior notification of individual pesticide applications at the school site. Beginning September 2007, parents or guardians listed on this registry will be notified at least 72 hours before pesticides are applied. If you would like more notification other than the annual notification, please sign and return the second attachment form to the attention of the school principal. If you return the second attachment, **Request for individual Pesticide Application Notification**, notification will be sent home with your student.

Every effort will be made to apply pesticides after school hours or on weekends.

ABCUSD/ Approved List of Pesticides (Only when needed)

Name of Pesticide	Target Pest	Active Ingredient	EPA Registration #
Advance Granular Ant Bait	Carpenter Ants & Various others	Abamectin Bl.	499-370
Amdro Pro Fire Ant Bait	Fire Ants	Hydramethylnone	241-357
Azatrol EC	Insecticide/Various	Azadirachtin	2217-836
Barricade	Preemergence/weeds	Prodiamine	9198-214
CB441 Carbohydrate Gel	Ants	Othoboric Acid	9444-209
Deadline M-Ps	Snails, Slugs	Metaldehyde	64844-2
Distance Fire Ant Bait	Fire Ants Big Head	Pyridine	021-172859639
Dragnet SFR	Termiticide/Insecticide	Permethrin	279-3062
Drax Ant Gel	Ants	Othoboric Acid	9444-131
Eco Exempt D	Dust/Insecticide/Various Insects	Euganol (clove oil)	Lot 30520005
Eco Exempt G	Various Insects	Euganol (clove oil)	39578-TXI
Eco Exempt IC	Various Insects	Rosemary Oil	23036
Enviro - Sect.	Various Insects	Z-Phenethyl Propionate Eugenol	E1-90-2
Fluor Guard	Ants	Ethyl perfluoro Octane	1812-348-279
Fumitoxin	Gophers	Aluminum Phosphide	5857-1
Fusilade II	Postemergence/grass	Fluazifog - P - Butyl	10182-393
Garlon4	Weeds	Triclopyr	62719-40
Gentrol IGR	Fleas, Cockroachs & various pests	Hydroprene	2724-351-50809
Gentrol Point Source - IGR	Roaches, Fleas, Storage pests	Hydroprene	2724-469
Hydra Turf	Soil Conditioner	Linear Alcohol Ethoxylate	103530600
M. Pede	Africanized Honey Bees	Potassium salts of fatty acids	53219-6
Max Force - Carpenter Ant Bait Gel	Carpenter	Fipronil	64248-21
Max Force - FC	Roaches	Fipronil	64248-12
Max Force - Roach Bait Gel	Roaches	Hydramethylnone	64248-5
Max Force Ant Bait Gel	Ants	Fipronil	6424B-21
PCO Fogger	Various Insects	Pyrethrin	9444-166
Pendulum Aqua Cap	Preemergence/weeds	Pendimethalin	241-416
Pennant	Weeds	Metolachlor	100-691
ProCitra-DL	Botanical/Insecticide	d-Limonene	499-497
Rodenticide	Rats / Mice	Difethialone	7173-218
Roundup	Weeds	Glyphosate	524-475
Speedzone	Postemergence/weeds	Carfentrazone-ethyl,2,-4D	2217-835
STA-LO	Plant Growth Regulator	Diethanolamine salt of Mefluidide	104130200
Suspend SC	Fleas, Ticks & Fire Ants	Deltamethrin	432-763
Termidor S.C.	Subterrlan Termites	Fipronil - Subterrban	432-901
Tim-Bor	Dry Wood Termites	Disodium Octaborate	1624-39
Victor Poison Free	Ants, Roaches, Wasps	Mint Oil	5,998,484
Vikane	Termites	Sulfuryl Fluroide	62719-4
		Methanearsonate Dimethylamine	
		Salt	



ABC Unified School District
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21212

Risk Management Department

REQUEST FOR INDIVIDUAL PESTICIDE APPLICATION NOTIFICATION

I understand that, upon request, the school district is required to supply information about individual pesticide applications at least 72 hours before application. I would like a notice to be sent home with my child before each pesticide application at this school.

NAME OF SCHOOL _____

PLEASE PRINT NAME _____
(Parent/Guardian)

NAME OF STUDENT _____

You must return this form to your school.

.....

**SOLICITUD DE NOTIFICACION SOBRE APLICACION INDIVIDUAL DE
PESTICIDA**

Entiendo que, a través de esta solicitud, se requiere que el distrito escolar proporcione información sobre aplicaciones individuales de pesticide cuando menos 72 horas antes de dicha aplicación. Yo quiero que se me notifique antes de cada aplicación de pesticide en esta escuela.

NOMBRE DE LA ESCUELA _____

POR FAVOR ESCRIBA SU NOMBRE EN LETRA DE MOLDE

Padre/Madre/Guardian

NOMBRE DEL ESTUDIANTE _____

DOMICILIO _____

Esta forma deberá ser regresada a su escuela.

PARENT REQUIRING 72 HOUR NOTIFICATION

[illegible]

SCHOOL YEAR: _____

INTEGRATED PEST MANAGEMENT SITE ACTIVITY LOG

Site Name: _____ Fiscal Year: _____

[illegible]

ABC UNIFIED SCHOOL DISTRICT

Procedures for Cal/OSHA Visits

Because Cal/OSHA now has the authority to fine school districts, the possibility of an unexpected visit is now more likely than in the past. A visit from Cal/OSHA may result from an employee complaint, a drive-by observation by a Cal/OSHA representative, incidents where death, multiple injuries, or other unusual circumstances arise. There is no way to stop a visit from Cal/OSHA once it is initiated.

Generally, the first notice your site may have of a pending visit from Cal/OSHA is when the representative arrives at your site and presents his or her credentials. At that point, it is important to manage the visit correctly. If the visit was motivated by a complaint, do not expect the representative to disclose any information which may identify the complainant (disclosure is prohibited by law). However, the representative may disclose the type of trigger that resulted in the visit.

If entry to the Cal/OSHA representative is denied, or if site personnel refuse to cooperate, an inspection warrant may be sought to compel entry under threat of arrest or other legal action.

It is important to have a procedure to be followed by staff that includes the following:

1. Greet the representative and ask for identification if not offered.
2. Make the representative comfortable if she/he is required to wait while you call Risk Management (extension 21212). Risk Management will call MOT to send an MOT designee to meet with the Cal/OSHA inspector at your site.
3. If you are unable to reach anyone at Risk Management, call MOT directly and explain the situation. Ask that someone from MOT meet with the inspector at your site.
4. If for some reason Risk Management or MOT cannot be contacted, ask if the inspector can return later to proceed with the inspection.
5. Be ready to provide the inspector with the Injury and Illness Prevention Plan (IIPP-SB 198) that has been provided to your site by the Risk Management Department.

The recent passage of Assembly Bill 1127 now allows Cal/OSHA to fine school districts. Cal/OSHA also has the authority to shut down a classroom(s) if they feel health/safety issues are of concern. Therefore, make sure that your Site Safety Committee is continuously working to help your site adhere to safety rules and regulations (exits not blocked, fire extinguishers in working order, proper posting of workers' comp. information, etc.) prior to a site walk-through by a Cal/OSHA inspector. The inspector could also ask to see copies of your Safety Committee meeting minutes.

Hopefully the above procedures will help to ease your anxiety level if and when you receive a visit from a Cal/OSHA inspector.

If you wish to discuss this further, or have any questions, please call me at extension 21212.

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