



2025 Comprehensive School Safety Plan

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SCHOOL SAFETY PLAN

INTRODUCTION - SAFETY

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

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

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

Preparedness

School Site Leadership will ensure staff and student preparedness by following the policies provided from the Administration of Pivot Charter School. The Administration will conduct regular trainings with staff and students to ensure that disaster procedures will be followed in the event of an emergency. Staff will ensure preparedness by following the policies and trainings provided by Pivot Charter School.

A. CHILD ABUSE REPORTING PROCEDURES

Child Abuse Reporting Procedures

Pivot Charter School officials and employees are mandated reporters. As mandated reporters, school officials and employees are required to immediately report suspected child abuse and/or neglect or maltreatment to the Local County Children’s Services Division (CSD) for investigation. Such reports are confidential and all staff are prohibited from providing any specific information regarding a report to parents/guardians. All Pivot employees receive annual mandated reporting training.

Pivot Charter School also has an obligation to cooperate and participate in any process that is triggered by CSD, a law enforcement agency or peace officer to assure the safety of children.

Reporting Procedures

There are no absolute guidelines specifying what constitutes evidence for reporting suspected child abuse. The general rule is "When In Doubt, Report".

1. Contact the appropriate local authority and report suspected abuse. When there is physical injury and/or cause to fear for the child's immediate safety call the local law enforcement agency:
 - i. The telephone report must be made immediately or as soon as practically possible, upon suspicion of abuse. The verbal report will include:
 - a. The name of the person making the report
 - b. The name of the child, parents' name, addresses, and phone number.
 - c. The present location of the child.
 - d. The nature and extent of any injury.
 - e. Any other information request by the child protective agency.

At the time the verbal report is made, the mandated reporter shall note the name of the official contacted, the date and time contacted, and any instructions or advice received. **RETAIN COPY FOR FUTURE REFERENCE.**

2. Within thirty-six (36) hours of making the telephone report, the mandated reporter must complete and mail a written report to the local child protective agency.

The written report shall include completion of the required [Standard Department of Justice Suspected Child Abuse Form \(oag.ca.gov\)](https://oag.ca.gov).

The Department of Justice forms are also available from the school Crisis Team. The school Crisis Team will assist the mandated reporter in completing the verbal and written report.

Reporters should request assistance from the school Crisis Team in completing and mailing the form; however, the mandated reporter is still responsible for ensuring that the written report is correctly filed.

3. It is better to work with a school Crisis Team throughout all three steps. However, employees reporting child abuse to a child protective agency are required to notify the school Crisis Team or designee as soon as possible after the initial verbal report by telephone.

Prohibited Actions

- Never contact the child's or the alleged perpetrator's parent or guardian if indicators point to possible abuse or if abuse is suspected prior to making a report.
- Never conduct an investigation of any kind once abuse or neglect is suspected or prior to making a report.
- No removal or arranging of any clothing to provide a visual inspection of the underclothing, breast, buttocks, or genitalia of a pupil is permitted.

Release of Child to a Peace Officer

When a child is released to a peace officer and taken into custody as a victim of suspected child abuse, the Executive Director and/or Site Administrator shall NOT notify the parent or guardian as required in other instances of removal of a child from school, but rather shall provide the peace officer with the address and telephone number of the child's parent or guardian.

It is the responsibility of the peace officer to notify the parent or guardian of the situation. Peace officers will be asked to sign an appropriate release or acceptance of responsibility form.

When School Employees are Accused of Child Abuse

Regardless of who the child abusers may be, parents, relatives or school staff, the responsibility of mandated reporters is to:

- Identify incidents of suspected child abuse, and
- Report the suspected abuse to the proper authorities.

DETERMINING WHETHER OR NOT THE SUSPECTED ABUSE ACTUALLY OCCURRED IS NOT THE RESPONSIBILITY OF THE SCHOOL EMPLOYEE. Such determination and follow-up investigation is the responsibility of the child protective agency or local police agency.

Pending the outcome of an investigation by a child protective agency and prior to the filing of formal charges, a suspect employee may be subject to reassignment or a paid leave of absence.

Disciplinary action resulting from the filing of formal charges or upon conviction shall be accordance with district and/or charter school policies, and regulations. The Executive Director or designee should consult with legal counsel in implementing either suspension or dismissal.

Consequences for Failing to Report

A violation of these policies and the law may lead to disciplinary action, up to and including dismissal from Pivot. Also, failure to report suspected child abuse is a misdemeanor punishable by imprisonment in the county jail for a maximum of six months, a fine up to \$1,000, or both.

Generally, Pivot employees are immune from civil and criminal liability when reporting suspected child abuse as required by law.

Mandated Reporting/Notification

California Safe School Assessment (CSSA) Reporting

The California Safe Schools Assessment (CSSA) Program was created by the California Legislature to provide consistency among school districts throughout the State in the collection and reporting of information relating to school crime on campus. Schools are required to maintain an internal reporting system that will ensure the submittal of accurate data that reflects the current state of school safety on local campuses.

Responsibility of Administrator:

- At every K-12 school site, one person shall be designated as the CSSA Site Recorder. The recorder may be a principal, assistant principal, school dean or student discipline coordinator.

Responsibility of Site Recorder:

- The Site Recorder shall record and report the occurrence of all crimes as listed in California Safe Schools Assessment - Reporting School Crime / Incidents.

- The Site Recorder shall crosscheck completed CSSA reports using Illuminate with suspensions, opportunity transfers, expulsions and other disciplinary proceedings to ensure that all reportable incidents have been recorded.

Human Trafficking Prevention

California has the highest number of incidents of human trafficking in the U.S., and all students may be vulnerable. Pivot believes it is a priority to inform our students about (1) prevalence, nature of and strategies to reduce the risk of human trafficking, techniques to set healthy boundaries, and how to safely seek assistance, and (2) how social medial and mobile device applications are used for human trafficking.

In accordance with the California Healthy Youth Act, Pivot will provide age-appropriate instruction on the prevention of human trafficking, including sexual abuse, assault, and harassment. You have the right to excuse your child from all or part of instruction on prevention of human trafficking. An opt-out form is available from your Educational Coordinator for your convenience. Your consent for this instruction is NOT required. If we do not receive a written request to excuse your child, your child will be included in the instruction.

Information and materials for parents/guardians about the curriculum and resources on prevention of human trafficking and abuse, including sexual abuse, assault, and harassment are available on Pivot's website for your review.

B. EMERGENCY DISASTER AND CRISIS RESPONSE

Disaster Response

Pivot Charter School follows the State of California Standardized Emergency Management System ("SEMS") which serves as the foundation of California's emergency response system and the cornerstone for the response phase of emergency management. This plan also follows the Federal guidelines established by National Incident Management System ("NIMS") which identifies concepts and principles that answer how to manage emergencies from preparedness to recovery regardless of their cause, size, location, or complexity.

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

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

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

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

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

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

Disaster Procedures

Overview – What is an Emergency?

An emergency is a duly proclaimed existence of conditions of disaster or extreme peril to the safety of persons or property at Pivot Charter School caused by air pollution, fire, flood or floodwater, storm, epidemic, riot, earthquake, intruder or other causes. This may be beyond the control of the services, personnel, equipment and facilities of Pivot Charter School and require the combined efforts of the local City or other political subdivisions. School facilities must be prepared to respond to an emergency or traumatic event in an organized and timely manner so that students and staff can continue to function effectively without additional trauma or the development of additional emergencies.

Purpose of Emergency Plan

To effectively handle an emergency, emergency response procedures must be established, and an Emergency Response Team must be organized before an emergency occurs. This Charter School Safety Plan is organized, and all staff members are trained, in order to effectively prepare for maximum safety, efficiency and communication in the event of an emergency. The Incident Command System (ICS) will be used to manage all emergencies that occur within the school. We encourage the use of ICS to perform non-emergency tasks to promote familiarity with the system. All site personnel must complete training on the Charter School Safety Plan. Students and parents must also understand that contingency preparation and procedures are necessary and are conducted for their safety and well-being.

Planning, preparation, and training will help staff personnel learn the proper course of action in an emergency. This plan will provide step-by-step guidelines to help deal with emergencies that may

occur. This plan cannot foresee all possible circumstances of an emergency. Staff must be prepared to evaluate all the circumstances and make sound judgments based on the situation. Staff will receive annual training in the emergency response plan.

Drills will be conducted periodically to test the effectiveness of the plan.

Fire Drills

A fire drill occurs whenever the fire alarm has been activated on a date specified. 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.

Designated evacuation routes shall be posted in each room. Teachers shall be prepared to select alternate exits and direct their classes to these exits in the event the designated evacuation route is blocked. Evacuation areas will be established away from fire lanes. Students are to remain with their teacher in the evacuation area. Teachers shall take their class rosters, take roll once in the evacuation area, and be prepared to identify missing students to administrators and/or designees.

A fire drill shall be held every month. Site Administrator/Regional Director or designated Safety Officer will log the date, time, and type of drill in the Emergency Drill Record.

Evacuation Procedures

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

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

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

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

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

Code Red Staff Guidelines for Fire

- WHEN FIRE ALARM HAS SOUNDED OR SMOKE AND OR FIRE IS DETECTED, STAFF LOOK AROUND TO MAKE MENTAL NOTE OF DAMAGE AND DANGERS. CHECK TO SEE IF THERE IS ANY INJURIES
- EXIT BUILDING
- **Site Coordinator:** Code Red 
 - Head to Main Entrance Emergency Exit Door.
 - Prop Open Emergency Door.
 - Clear Students from Front Lobby and Front Office.
 - Grab Emergency Binder.
 - When clear → EXIT
- **Site Administrator:** Code Red 
 - Call 911.
 - Clear Students from Storage Rooms, Bathrooms, Kitchen and Staff Room.
 - Final Sweep of Building.
 - When clear → EXIT Building to Safe Area.
 - Verify Roll Call for all students & staff.
 - Contact Executive Director (Jayna).
 - Contact Director of Student Services (Kareen).
- **Elementary EC/Assistant:** Code Red 
 - Line up Elementary students near Elementary emergency exit door.
 - Clear Elementary Students from Computer Lab, Bathroom, Classroom.
 - Grab Elementary daily roll sheet and Emergency Backpack.
 - Take Elementary Students to outside safe area – make sure all students get out.
 - Take Roll for Elementary Students.
- **Middle School EC's – if separate from High School Area:** Code Red 
 - Line up Middle School students near Middle School emergency exit door.
 - Clear Middle School Students from Computer Lab, Bathroom, Classrooms/Workshops.
 - Grab Middle School daily roll sheet and Emergency Back Pack.

- Take Middle School Students to outside safe area – make sure all students get out.
- Take Roll for Middle School Students.
- **High School or Main School Learning Lab EC's:** Code Red 
 - Line up students near the emergency exit door.
 - Clear Students from Computer Lab, Bathroom, Classrooms/Workshops.
 - Grab Student School daily roll sheet and Emergency Back Pack.
 - Take Students to outside safe area – make sure all students get out.
 - Take Roll for High School/Main School Learning Lab Students.
- **ES's, Counselor's, Additional Site Staff:** Code Red 
 - Take students you are working with to the Emergency Exit.
 - Clear Students from the area, including any separate Bathroom area, to the Emergency Exit.
 - Take Students to outside safe area – make sure all students and staff get out.
 - Make sure students join the correct group in the safe area for roll call.

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

Code Yellow Staff Guidelines for Earthquakes



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



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

- **Site Coordinator:** Code Yellow 
 - Head to Main Entrance Emergency Exit Door.
 - Prop Open Emergency Door.
 - Clear Students from Front Lobby and Front Office.
 - Grab Emergency Binder.
 - When clear → EXIT

- **Site Administrator:** Code Yellow 
 - Call 911.
 - Clear Students from Storage Rooms, Bathrooms, Kitchen and Staff Room.
 - Final Sweep of Building.
 - When clear → EXIT Building to Safe Area.
 - Verify Roll Call for all students & staff.
 - Contact Executive Director (Jayna).
 - Contact Director of Student Services (Kareen).

- **Elementary EC/Assistant:** Code Yellow 
 - Line up Elementary students near Elementary emergency exit door.
 - Clear Elementary Students from Computer Lab, Bathroom, Classroom.

- Grab Elementary daily roll sheet and Emergency Backpack.
- Take Elementary Students to outside safe area – make sure all students get out.
- Take Roll for Elementary Students.

- **Middle School EC's – if separate from High School Area:** Code Yellow 
 - Line up Middle School students near Middle School emergency exit door.
 - Clear Middle School Students from Computer Lab, Bathroom, Classrooms/Workshops.
 - Grab Middle School daily roll sheet and Emergency Back Pack.
 - Take Middle School Students to outside safe area – make sure all students get out.
 - Take Roll for Middle School Students.

- **High School or Main School Learning Lab EC's:** Code Yellow 
 - Line up students near the emergency exit door.
 - Clear Students from Computer Lab, Bathroom, Classrooms/Workshops.
 - Grab Student School daily roll sheet and Emergency Back Pack.
 - Take Students to outside safe area – make sure all students get out.
 - Take Roll for High School/Main School Learning Lab Students.

- **ES's, Counselor's, Additional Office Staff:** Code Yellow 
 - Take students you are working with to the Emergency Exit.
 - Clear Students from the area, including any separate Bathroom area, to the Emergency Exit.
 - Take Students to outside safe area – make sure all students and staff get out.
 - Make sure students join the correct group in the safe area for roll call.

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

Crisis Response

Emergency Codes - Student Crisis

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

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

Code: “21” Threat

Code: “51” Suicidal Student

Code: “91” Medical Emergency

Emergency Code “21” Threat

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

Suicide Prevention Policy

Pivot Charter School maintains a policy on student suicide prevention in accordance with Education Code Section 215. This policy is posted on the school website, and procedures are consistent with that policy.

Emergency Code “51” Suicidal Student

All talk of suicide should be reported. Do not use your own judgment in determining if student is actually suicidal or not. The following is a non-exhaustive list of students who are considered in crisis until determined otherwise:

- Direct: Students expressing thoughts of suicide either verbally or written
 - (i.e., I want to die, I don’t want to live anymore, I want to kill myself, I don’t want to be here anymore)
- Preoccupation with thoughts/discussion of suicide
- A plan for suicide (i.e.: method by which they would kill themselves)
 - Even if the plan does not appear to be a feasible method, it does not matter. It is still a plan.
- Discussion of wanting to hurt themselves or acts of self-harm (i.e., cutting)
- Writing about suicide
 - (i.e., assignments, discussion, or paper left behind at resource center)
- Reports from other students or parents that there is concern about student safety or suicide.
- Indirect discussion about suicide
 - (i.e., Students talking to students, not wanting to live anymore)
- Suicide attempt on campus
- Cutting or signs of cutting
- Text messages about wanting to hurt self

Emergency Code “51” Suicidal Student – On Campus

1. Act immediately
 - a. Do not wait for a convenient time. You must take action NOW!
2. Do Not Leave Student alone
3. Remain Calm
4. Seek Support: Via Text Contact Pivot Crisis Team: (Indicate Code 51 and urgent)

- a. CRISIS TEAM: Contact the following in a group message:
 - i. Director of Student Services
 - ii. Counselor(s)
 - iii. Site Administrator

Recommendation: Save the group in your phone.
- b. Crisis team will further instruct you with a response protocol after an evaluation of the situation.
5. Move student to a private room nearest you, but not alone without adult supervision.
 - a. Quietly tell a staff member that you have a code 51, and can they assist you.
 - b. Do not take student outside or away from the immediate area.
6. Remove any sharp objects that could be used to cause harm to self or others.
 - a. Scissors, pens, pencils, letter openers, paperclips, etc.
 - b. Do this casually, like you're cleaning up the space
7. Do not allow student to leave school. Student needs to remain at school until a crisis plan is determined.
 - a. If student refuses to stay, find out where they are going, and do your best to convince them to stay.
 - b. Do not physically restrain student.
 - c. Alert Crisis team
8. Protect student's privacy
 - a. Unless helping with this situation, do not talk to others about situation
 - b. NEVER talk to other students or other parents
9. Follow situation through to completion or released by an administrator.
 - a. If you are involved in the situation, it is essential that you follow the situation through. If you have obligations, admin will assist you to get coverage.
 - b. If you have a personal situation and have to leave, speak to your regional or program director to be released.
 - c. Do not just leave
10. The crisis administration team will determine the course of actions.
 - a. These steps may include police involvement, suicide assessment, county mental health, parents, etc.
 - b. Team will assess situation and assist you to respond with best practices
 - i. Including when to contact parents.
 - ii. Parents must always be contacted but team will instruct for timing.

Emergency Code "51" Suicidal Student – Off Campus

- Do not ignore communication about suicide, dying, self-harm or other, you must act now, not later, even if it is an inconvenient time.
 - If students communicate in anyway with you about suicide or talk about dying you are obligated to immediately act.
 - Includes: Reports from other students, self-reporting, reports from parents
 - Student is off campus or after program time.
 - If student self-reports, ask student for their location, and if they are safe.
1. Seek Support: Via Text Contact Pivot Crisis Team: (Indicate Code 51 and urgent)
 - a. CRISIS TEAM: Contact the following in a group message:
 - i. Director of Student Services
 - ii. Counselor(s)
 - iii. Site Administrator

Recommendation: Save the group in your phone.
 - b. Crisis team will further instruct you with a response protocol after an evaluation of the situation.
 2. Gather student's demographic information: Name, address, age, and parent's information, phone numbers. (School Pathways Dashboard)

3. If you are the person who received the text message or phone call, you will be responsible for calling local PD to do a safety check after crisis team provides you with instructions.
 - a. Crisis Team will guide you through this after you text them, but be prepared to have to make the phone call.
 - b. Always get the officer's contact information: Name, Badge #, and contact.
4. Do not contact parents until authorities (PD) or crisis team instructs you to do so.

NOTE: Immediate Danger: If a student is actively committing suicide or you are unable to get a hold of anyone, you can always call "911" or call the local Police Dept. to request a Safety Check to the student's home. Always get an officer's contact info: Name, phone number and badge number.

Emergency Code "91" Medical Emergency

- Follow CPR and First Aid Training Protocols.
- Call 911 for emergency help.
- Consult with Counselor, Site Administrator, Director of Student Services or Executive Director.

Suicide Crisis and Prevention Hotlines

Resources:

[988 Suicide and Crisis Lifeline](#) – Call or text 988 free and confidential support for people in distress, prevention and crisis response for you or loved ones in English or Spanish

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

[The Trevor Lifeline](#) - National organization providing crisis and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) Youth 866-4-U-TREVOR (866-488-7386) <https://www.thetrevorproject.org/>

C. SUSPENSION AND EXPULSION

Incident Reports and Student Behavior Policy

All students at Pivot Charter School are required to behave in a way that is inclusive, respectful and school-appropriate.

By attending the resource center or entering any virtual school setting (workshops, office hours, homerooms, pep rallies), students are agreeing to abide by all behavior policies and expectations. Not abiding by policies and expectations or disrupting the learning of other students can result in consequences or disciplinary action. Disciplinary actions such as suspension or expulsion may result based on the nature of the incidents. See consequences below.

Consequences of Incident Reports

1. If a student violates any of the policies listed above, staff will redirect the student and notify the parents of the incident. However, this procedure is only for behaviors that are not covered within the suspension and expulsion policy. If a behavior falls under the suspension and expulsion policy, that policy will be followed. The EC, parent, and student will work to develop a strategy to avoid the behavior in the future.
2. If a student continues to repeat the behavior or if a student refuses to comply with redirection given by a teacher or staff member
 - a. The site administrator is notified of the situation. In some cases, students are pulled to a separate space.
 - b. The parent may be called immediately to come and get the student.
 - c. An incident report is created by the staff member who most directly witnessed the behavior and shared with the EC, site administrator and Kareen.
 - d. A formal SST meeting is held with an administrator, in some cases prior to the student returning to campus, to develop a plan to address the behavior using specific behavior interventions.
3. If behavior persists despite intervention, students may be referred to virtual support only rather than attending the supplemental site-based program to meet the best interest of the student in achieving their academic goals. This determination will be made by a committee of Pivot administrators. Families will be notified in writing of this determination and will have the right to request an appeal.

Please refer to the Suspension and Expulsion Policies for violations that could result in suspension or expulsion.

Suspension and Expulsion Policy and Procedures

The following Pupil Suspension and Expulsion Policy has been established in order to promote learning and protect the safety and well-being of all students at Pivot Charter School.

When the policy is violated, it may be necessary to suspend or expel a student from regular classroom instruction. In creating this policy, the Charter School has reviewed Education Code Section 48900 et seq. which describes the noncharter schools' list of offenses and procedures to establish its list of offenses and procedures for suspensions and expulsions. The language that follows closely mirrors the language of Education Code Section 48900 *et seq.*

This policy shall serve as the charter school's policy and procedures for student suspension and expulsion. The Charter School is committed to annual review of policies and procedures surrounding suspensions and expulsions and, as necessary, modification of the lists of offenses for which students are subject to suspension or expulsion. The policy may be amended from time to time without the need to amend the charter so long as the amendments comport with legal requirements.

Staff shall enforce disciplinary rules and procedures fairly and consistently among all students. This policy and its procedures will clearly describe discipline expectations, and it will be printed and distributed as part of the Student Handbook, which is sent to each student at the beginning of the school year. The Charter School administration shall ensure that students and their parents/guardians are notified in writing upon enrollment of all discipline policies and procedures.

Discipline includes, but is not limited to, advising and counseling students, conferring with parents/guardians, detention during and after school hours, use of alternative educational environments, suspension, and expulsion.

Corporal punishment shall not be used as a disciplinary measure against any student. Corporal punishment includes the willful infliction of or willfully causing the infliction of physical pain on a student. For purposes of the policy, corporal punishment does not include an employee's use of force that is reasonable and necessary to protect the employee, students, staff or other persons or to prevent damage to school property.

Suspended or expelled students shall be excluded from all school and school-related activities unless otherwise agreed during the period of suspension or expulsion.

A student identified as an individual with disabilities or for whom charter school has a basis of knowledge of a suspected disability pursuant to the Individuals with Disabilities Education Improvement Act of 2004 or who is qualified for services under Section 504 of the Rehabilitation Act of 1973 is subject to the same grounds for suspension and expulsion and is accorded the same due process procedures applicable to regular education students except when federal and state law mandates additional or different procedures. The Charter School will follow all applicable federal and state laws when imposing any form of discipline on a student identified as an individual with disabilities or for whom Charter School has a basis of knowledge of a suspected disability or who is otherwise qualified for such services or protections in accordance with due process to such students.

No student shall be involuntarily removed by the Charter School for any reason unless the parent or guardian of the student has been provided written notice of intent to remove the student no less than five school days before the effective date of the action. The written notice shall be in the native language of the student or the student's parent or guardian or, if the student is a foster child or youth or a homeless child or youth, the student's educational rights holder, and shall inform him or her of the basis for which the pupil is being involuntarily removed and his or her right to request a hearing to challenge the involuntary removal. If a parent, guardian, or educational rights holder requests a hearing, the Charter School shall utilize the same hearing procedures specified below for expulsions, before the effective date of the action to involuntarily remove the student. If the student's parent, guardian, or educational rights holder requests a hearing, the student shall remain enrolled and shall not be removed until the Charter School issues a final decision. As used herein, "involuntarily removed" includes disenrolled, dismissed, transferred, or terminated, but does not include removals for misconduct which may be grounds for suspension or expulsion as enumerated below.

A. Grounds for Suspension and Expulsion of Students

A student may be suspended or expelled for prohibited misconduct if the act is related to school activity or school attendance that occur at any time, including, but not limited to, any of the following:

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

B. Enumerated Offenses - Suspension

1. **Discretionary Suspension Offenses:** A student may be suspended for any of the following acts when it is determined the pupil:

- a) Caused, attempted to cause, or threatened to cause physical injury to another person.

- b) Willfully used force of violence upon the person of another, except self-defense.
- c) Unlawfully possessed, used, or otherwise furnished, or was under the influence of any controlled substance, as defined in Health and Safety Code 11053-11058, alcoholic beverage, or intoxicant of any kind.
- d) Unlawfully offered, arranged, or negotiated to sell any controlled substance as defined in Health and Safety Code 11053-11058, alcoholic beverage or intoxicant of any kind, and then sold, delivered or otherwise furnished to any person another liquid substance or material and represented same as controlled substance, alcoholic beverage or intoxicant.
- e) Committed or attempted to commit robbery or extortion.
- f) Caused or attempted to cause damage to school property or private property, which includes but is not limited to, electronic files and databases.
- g) Stole or attempted to steal school property or private property, which includes but is not limited to, electronic files and databases.
- h) Possessed or used tobacco or products containing tobacco or nicotine products, including but not limited to cigars, cigarettes, miniature cigars, clove cigarettes, smokeless tobacco, snuff, chew packets and betel. This section does not prohibit the use of a pupil's own prescription products.
- i) Committed an obscene act or engaged in habitual profanity or vulgarity.
- j) Unlawfully possessed or unlawfully offered, arranged, or negotiated to sell any drug paraphernalia, as defined in Health and Safety Code 11014.5.
- k) Disrupted school activities or otherwise willfully defied the valid authority of supervisors, teachers, administrators, other school officials, or other school personnel engaged in the performance of their duties.
 - Except as provided in Education Code Section 48910, a pupil enrolled in kindergarten or any of grades 1 to 3, inclusive, shall not be suspended for any of the acts enumerated in this subdivision.
 - Except as provided in Education Code Section 48901.1:
 - 1.(a) A pupil enrolled in a charter school in kindergarten or any grades 1 to 5, inclusive, shall not be suspended on the basis of having disrupted school activities or otherwise willfully defied the valid authority of supervisors, teachers, administrators, school officials, or other school personnel engaged in the performance of their duties, and those acts shall not constitute grounds for a pupil enrolled in a charter school in kindergarten or any grades 1 to 12 inclusive, to be recommended for expulsion.
 - (b) A pupil enrolled in a charter school in any of grades 6 to 8, inclusive, shall not be suspended on the basis of having disrupted school activities or otherwise willfully defied the valid authority of supervisors, teachers, administrators, school officials, or other school personnel engaged in the performance of their duties. This subdivision is inoperative on July 1, 2025.
- l) Knowingly received stolen school property or private property, which includes but is not limited to, electronic files and databases.

- m) Possessed an imitation firearm, i.e., a replica of a firearm that is so substantially similar in physical properties to an existing firearm as to lead a reasonable person to conclude that the replica is a firearm.
- n) Harassed, threatened, or intimidated a student who is a complaining witness or witness in a school disciplinary proceeding for the purpose of preventing that student from being a witness and/or retaliating against that student for being a witness.
- o) Unlawfully offered, arranged to sell, negotiated to sell, or sold the prescription drug Soma.
- p) Engaged in, or attempted to engage in hazing. For the purposes of this subdivision, “hazing” means a method of initiation or pre-initiation into a pupil organization or body, whether or not the organization or body is officially recognized by an educational institution, which is likely to cause serious bodily injury or personal degradation or disgrace resulting in physical or mental harm to a former, current, or prospective pupil. For purposes of this section, “hazing” does not include athletic events or school-sanctioned events.
- q) Made terroristic threats against school officials and/or school property, which includes but is not limited to, electronic files and databases. For purposes of this section, "terroristic threat" shall include any statement, whether written or oral, by a person who willfully threatens to commit a crime which will result in death, great bodily injury to another person, or property damage in excess of one thousand dollars (\$1,000), with the specific intent that the statement is to be taken as a threat, even if there is no intent of actually carrying it out, which, on its face and under the circumstances in which it is made, is so unequivocal, unconditional, immediate, and specific as to convey to the person threatened, a gravity of purpose and an immediate prospect of execution of the threat, and thereby causes that person reasonably to be in sustained fear for his or her own safety or for his or her immediate family's safety, or for the protection of school property, which includes but is not limited to, electronic files and databases, or the personal property of the person threatened or his or her immediate family.
- r) Committed sexual harassment, as defined in Education Code Section 212.5. For the purposes of this section, the conduct described in Section 212.5 must be considered by a reasonable person of the same gender as the victim to be sufficiently severe or pervasive to have a negative impact upon the individual's academic performance or to create an intimidating, hostile, or offensive educational environment. This section shall apply to pupils in any of grades four to 12, inclusive.
- s) Caused, attempted to cause, threaten to cause or participated in an act of hate violence, as defined in subdivision (e) of Section 233 of the Education Code. This section shall apply to pupils in any of grades 4 to 12, inclusive.
- t) Intentionally harassed, threatened or intimidated school personnel or volunteers and/or a student or group of students to the extent of having the actual and reasonably expected effect of materially disrupting class work, creating substantial disorder and invading the rights of either school personnel or volunteers and/or student(s) by creating an intimidating or hostile educational environment. This section shall apply to pupils in any of grades 4 to 12, inclusive.
- u) Engaged in an act of bullying, including, but not limited to, bullying committed by means of an electronic act.
 - 1) “Bullying” means any severe or pervasive physical or verbal act or conduct, including communications made in writing or by means of an electronic act, and including one or more acts

committed by a student or group of students which would be deemed hate violence or harassment, threats, or intimidation, which are directed toward one or more students that has or can be reasonably predicted to have the effect of one or more of the following:

- i. Placing a reasonable student (defined as a student, including, but is not limited to, a student with exceptional needs, who exercises average care, skill, and judgment in conduct for a person of his or her age, or for a person of his or her age with exceptional needs) or students in fear of harm to that student's or those students' person or property.
- ii. Causing a reasonable student to experience a substantially detrimental effect on his or her physical or mental health.
- iii. Causing a reasonable student to experience substantial interference with his or her academic performance.
- iv. Causing a reasonable student to experience substantial interference with his or her ability to participate in or benefit from the services, activities, or privileges provided by the Charter School.

2) "Electronic Act" means the creation or transmission originated on or off the school site, by means of an electronic device, including, but not limited to, a telephone, wireless telephone, or other wireless communication device, computer, or pager, of a communication, including, but not limited to, any of the following:

- i. A message, text, sound, video, or image.
- ii. A post on a social network Internet Web site including, but not limited to:
 - (a) Posting to or creating a burn page. A "burn page" means an Internet Web site created for the purpose of having one or more of the effects as listed in subparagraph (1) above.
 - (b) Creating a credible impersonation of another actual pupil for the purpose of having one or more of the effects listed in subparagraph (1) above. "Credible impersonation" means to knowingly and without consent impersonate a pupil for the purpose of bullying the pupil and such that another pupil would reasonably believe, or has reasonably believed, that the pupil was or is the pupil who was impersonated.
 - (c) Creating a false profile for the purpose of having one or more of the effects listed in subparagraph (1) above. "False profile" means a profile of a fictitious pupil or a profile using the likeness or attributes of an actual pupil other than the pupil who created the false profile.
- iii. An act of cyber sexual bullying.
 - (a) For purposes of this clause, "cyber sexual bullying" means the dissemination of, or the solicitation or incitement to disseminate, a photograph or other visual recording by a pupil to another pupil or to school personnel by means of an electronic act that has or can be reasonably predicted to have one or more of the effects described in subparagraphs (i) to (iv), inclusive, of paragraph (1). A photograph or other visual recording, as described above, shall include the depiction of a nude, semi-nude, or sexually explicit photograph or other visual recording of a minor where the minor is identifiable from the photograph, visual recording, or other electronic act.
 - (b) For purposes of this clause, "cyber sexual bullying" does not include a depiction, portrayal, or image that has any serious literary, artistic, educational, political, or scientific value or that involves athletic events or school-sanctioned activities.

3) Notwithstanding subparagraphs (1) and (2) above, an electronic act shall not constitute pervasive conduct solely on the basis that it has been transmitted on the Internet or is currently posted on the Internet.

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

w) Possessed, sold, or otherwise furnished any knife unless, in the case of possession of any object of this type, the student had obtained written permission to possess the item from a certificated school employee, with the Executive Director or designee's concurrence.

2. **Non-Discretionary Suspension Offenses:** Students must be suspended and recommended for expulsion for any of the following acts when it is determined the pupil:

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

b) Brandishing the knife at another person.

c) Unlawfully selling a controlled substance listed in Health and Safety Code Section 11053, et seq.

d) Committing or attempting to commit a sexual assault or committing a sexual battery as defined in Education Code Section 48900(n).

C. Suspension Procedure

Suspensions shall be initiated according to the following procedures:

1. **Conference:** Suspension shall be preceded, if possible, by a conference conducted by the Executive Director or the Executive Director's designee with the student and his or her parent and, whenever practical, the teacher, supervisor or school employee who referred the student to the Executive Director.

The conference may be omitted if the Executive Director or designee determines that an emergency situation exists. An "emergency situation" involves a clear and present danger to the lives, safety or health of students or school personnel. If a student is suspended without this conference, both the parent/guardian and student shall be notified of the student's right to return to school for the purpose of a conference.

At the conference, the pupil shall be informed of the reason for the disciplinary action and the evidence against him or her and shall be given the opportunity to present his or her version and evidence in his or her defense, in accordance with Education Code Section 47605(b)(5)(J)(i).

This conference shall be held within two (2) school days, unless the pupil waives this right or is physically unable to attend for any reason including, but not limited to, incarceration or hospitalization.

No penalties may be imposed on a pupil for failure of the pupil’s parent or guardian to attend a conference with school officials. Reinstatement of the suspended pupil shall not be contingent upon attendance by the pupil’s parent or guardian at the conference.

For suspensions of fewer than 10 days, Pivot Charter School will provide oral or written notice of the charges against the student. If the student denies the charges, the school will provide an explanation of the evidence that supports the charges, and an opportunity for the student to present his or her side of the story.

For expulsions or suspensions of 10 days or more, Pivot Charter School will provide timely, written notice of the charges against the student and an explanation of the student's basic rights. Within a reasonable number of days, Pivot will also hold a hearing adjudicated by a neutral officer, at which the student has a fair opportunity to present testimony, evidence, and witnesses, to confront and cross-examine adverse witnesses, and at which the student has the right to bring legal counsel or an advocate.

2. Notice to Parents/Guardians: At the time of suspension, the Executive Director or designee shall make a reasonable effort to contact the parent/guardian by telephone or in person. Whenever a student is suspended, the parent/guardian shall be notified in writing of the suspension and the date of return following suspension. This notice shall state the specific offense committed by the student. In addition, the notice may also state the date and time when the student may return to school. If school officials wish to ask the parent/guardian to confer regarding matters pertinent to the suspension, the notice may request that the parent/guardian respond to such requests without delay.

3. Suspension Time Limits/Recommendation for Expulsion: Suspensions, when not including a recommendation for expulsion, shall not exceed five (5) consecutive school days per suspension.

Upon a recommendation of expulsion by the Executive Director or Executive Director’s designee, the pupil and the pupil’s parent/guardian or representative will be invited to a conference to determine if the suspension for the pupil should be extended pending an expulsion hearing. In such instances when the Charter School has determined a suspension period shall be extended, such extension shall be made only after a conference is held with the pupil or the pupil’s parents, unless the pupil and the pupil’s parents fail to attend the conference.

This determination will be made by the Executive Director or designee upon either of the following determinations: 1) the pupil’s presence will be disruptive to the education process or 2) the pupil poses a threat or danger to others. Upon either determination, the pupil’s suspension will be extended pending the results of an expulsion hearing.

D. Enumerated Offenses – Expulsion

1. **Discretionary Expellable Offenses**: Students may be recommended for expulsion for any of the following acts when it is determined the pupil:

- a) Caused, attempted to cause, or threatened to cause physical injury to another person.
- b) Willfully used force of violence upon the person of another, except self-defense.

- c) Unlawfully possessed, used, sold or otherwise furnished, or was under the influence of any controlled substance, as defined in Health and Safety Code 11053-11058, alcoholic beverage, or intoxicant of any kind.
- d) Unlawfully offered, arranged, or negotiated to sell any controlled substance as defined in Health and Safety Code 11053-11058, alcoholic beverage or intoxicant of any kind, and then sold, delivered or otherwise furnished to any person another liquid substance or material and represented same as controlled substance, alcoholic beverage or intoxicant.
- e) Committed or attempted to commit robbery or extortion.
- f) Caused or attempted to cause damage to school property or private property, which includes but is not limited to, electronic files and databases.
- g) Stole or attempted to steal school property or private property, which includes but is not limited to, electronic files and databases.
- h) Possessed or used tobacco or products containing tobacco or nicotine products, including but not limited to cigars, cigarettes, miniature cigars, clove cigarettes, smokeless tobacco, snuff, chew packets and betel. This section does not prohibit the use of a pupil's own prescription products.
- i) Committed an obscene act or engaged in habitual profanity or vulgarity.
- j) Unlawfully possessed or unlawfully offered, arranged, or negotiated to sell any drug paraphernalia, as defined in Health and Safety Code 11014.5.
- k) Knowingly received stolen school property or private property, which includes but is not limited to, electronic files and databases.
- l) Possessed an imitation firearm, i.e., a replica of a firearm that is so substantially similar in physical properties to an existing firearm as to lead a reasonable person to conclude that the replica is a firearm.
- m) Harassed, threatened, or intimidated a student who is a complaining witness or witness in a school disciplinary proceeding for the purpose of preventing that student from being a witness and/or retaliating against that student for being a witness.
- n) Unlawfully offered, arranged to sell, negotiated to sell, or sold the prescription drug Soma.
- o) Engaged in, or attempted to engage in hazing. For the purposes of this subdivision, "hazing" means a method of initiation or pre-initiation into a pupil organization or body, whether or not the organization or body is officially recognized by an educational institution, which is likely to cause serious bodily injury or personal degradation or disgrace resulting in physical or mental harm to a former, current, or prospective pupil. For purposes of this section, "hazing" does not include athletic events or school-sanctioned events.
- p) Made terroristic threats against school officials and/or school property, which includes but is not limited to, electronic files and databases. For purposes of this section, "terroristic threat" shall include any statement, whether written or oral, by a person who willfully threatens to commit a crime which will

result in death, great bodily injury to another person, or property damage in excess of one thousand dollars (\$1,000), with the specific intent that the statement is to be taken as a threat, even if there is no intent of actually carrying it out, which, on its face and under the circumstances in which it is made, is so unequivocal, unconditional, immediate, and specific as to convey to the person threatened, a gravity of purpose and an immediate prospect of execution of the threat, and thereby causes that person reasonably to be in sustained fear for his or her own safety or for his or her immediate family's safety, or for the protection of school property, which includes but is not limited to, electronic files and databases, or the personal property of the person threatened or his or her immediate family.

q) Committed sexual harassment, as defined in Education Code Section 212.5. For the purposes of this section, the conduct described in Section 212.5 must be considered by a reasonable person of the same gender as the victim to be sufficiently severe or pervasive to have a negative impact upon the individual's academic performance or to create an intimidating, hostile, or offensive educational environment. This section shall apply to pupils in any of grades 4 to 12, inclusive.

r) Caused, attempted to cause, threaten to cause or participated in an act of hate violence, as defined in subdivision (e) of Section 233 of the Education Code. This section shall apply to pupils in any of grades 4 to 12, inclusive.

s) Intentionally harassed, threatened or intimidated school personnel or volunteers and/or a student or group of students to the extent of having the actual and reasonably expected effect of materially disrupting class work, creating substantial disorder and invading the rights of either school personnel or volunteers and/or student(s) rights by creating an intimidating or hostile educational environment. This section shall apply to pupils in any of grades 4 to 12, inclusive.

t) Engaged in an act of bullying, including, but not limited to, bullying committed by means of an electronic act.

1) "Bullying" means any severe or pervasive physical or verbal act or conduct, including communications made in writing or by means of an electronic act, and including one or more acts committed by a student or group of students which would be deemed hate violence or harassment, threats, or intimidation, which are directed toward one or more students that has or can be reasonably predicted to have the effect of one or more of the following:

i. Placing a reasonable student (defined as a student, including, but is not limited to, a student with exceptional needs, who exercises average care, skill, and judgment in conduct for a person of his or her age, or for a person of his or her age with exceptional needs) or students in fear of harm to that student's or those students' person or property.

ii. Causing a reasonable student to experience a substantially detrimental effect on his or her physical or mental health.

iii. Causing a reasonable student to experience substantial interference with his or her academic performance.

iv. Causing a reasonable student to experience substantial interference with his or her ability to participate in or benefit from the services, activities, or privileges provided by the Charter School.

2) "Electronic Act" means the creation or transmission originated on or off the schoolsite, by means of an electronic device, including, but not limited to, a telephone, wireless telephone,

or other wireless communication device, computer, or pager, of a communication, including, but not limited to, any of the following:

- i. A message, text, sound, video or image.
- ii. A post on a social network Internet Web site including, but not limited to:
 - (a) Posting to or creating a burn page. A “burn page” means an Internet Web site created for the purpose of having one or more of the effects as listed in subparagraph (1) above.
 - (b) Creating a credible impersonation of another actual pupil for the purpose of having one or more of the effects listed in subparagraph (1) above. “Credible impersonation” means to knowingly and without consent impersonate a pupil for the purpose of bullying the pupil and such that another pupil would reasonably believe, or has reasonably believed, that the pupil was or is the pupil who was impersonated.
 - (c) Creating a false profile for the purpose of having one or more of the effects listed in subparagraph (1) above. “False profile” means a profile of a fictitious pupil or a profile using the likeness or attributes of an actual pupil other than the pupil who created the false profile.
- iii. An act of cyber sexual bullying.
 - (a) For purposes of this clause, “cyber sexual bullying” means the dissemination of, or the solicitation or incitement to disseminate, a photograph or other visual recording by a pupil to another pupil or to school personnel by means of an electronic act that has or can be reasonably predicted to have one or more of the effects described in subparagraphs (i) to (iv) , inclusive, of paragraph (1). A photograph or other visual recording, as described above, shall include the depiction of a nude, semi-nude, or sexually explicit photograph or other visual recording of a minor where the minor is identifiable from the photograph, visual recording, or other electronic act.
 - (b) For purposes of this clause, “cyber sexual bullying” does not include a depiction, portrayal, or image that has any serious literary, artistic, educational, political, or scientific value or that involves athletic events or school-sanctioned activities.

3) Notwithstanding subparagraphs (1) and (2) above, an electronic act shall not constitute pervasive conduct solely on the basis that it has been transmitted on the Internet or is currently posted on the Internet.

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

v) Possessed, sold, or otherwise furnished any knife unless, in the case of possession of any object of this type, the student had obtained written permission to possess the item from a certificated school employee, with the Executive Director or designee’s concurrence.

2. Non-Discretionary Expellable Offenses: Students must be recommended for expulsion for any of the following acts when it is determined pursuant to the procedures below that the pupil:

- a) Possessed, sold, or otherwise furnished any firearm, explosive, or other dangerous object unless, in the case of possession of any object of this type, the students had obtained written permission to possess the item from a certificated school employee, with the Executive Director or designee's concurrence.
- b) Brandishing a knife at another person.
- c) Unlawfully selling a controlled substance listed in Health and Safety Code Section 11053, et seq.
- d) Committing or attempting to commit a sexual assault or committing a sexual battery as defined in Education Code Section 48900(n).

If it is determined by the Administrative Panel and/or Board of Directors that a student has brought a firearm or destructive device, as defined in Section 921 of Title 18 of the United States Code, on to campus or to have possessed a firearm or dangerous device on campus, the student shall be expelled for one year, pursuant to the Federal Gun Free Schools Act of 1994. In such instances, the pupil shall be provided due process rights of notice and a hearing as required in this policy.

The term "firearm" means (A) any weapon (including a starter gun) which will or is designed to or may readily be converted to expel a projectile by the action of an explosive; (B) the frame or receiver of any such weapon; (C) any firearm muffler or firearm silencer; or (D) any destructive device. Such term does not include an antique firearm.

The term "destructive device" means (A) any explosive, incendiary, or poison gas, including but not limited to (i) bomb, (ii) grenade, (iii) rocket having a propellant charge of more than four ounces, (iv) missile having an explosive or incendiary charge of more than one-quarter ounce, (v) mine, or (vi) device similar to any of the devices described in the preceding clauses.

E. Authority to Expel

As required by Education Code Section 47605(b)(5)(J)(ii), students recommended for expulsion are entitled to a hearing adjudicated by a neutral officer to determine whether the student should be expelled. The procedures herein provide for such a hearing and the notice of said hearing, as required by law.

A student may be expelled either by the neutral and impartial Board following a hearing before it or by the Board upon the recommendation of a neutral and impartial Administrative Panel to be assigned by the Board as needed. The Administrative Panel shall consist of at least three members who are certificated and neither a teacher of the pupil nor a member of the Board. Each entity shall be presided over by a designated neutral hearing chairperson. The Administrative Panel may recommend expulsion of any student found to have committed an expellable offense, and the Board of Directors shall make the final determination.

F. Expulsion Procedures

Students recommended for expulsion are entitled to a hearing to determine whether the student should be expelled. Unless postponed for good cause, the hearing shall be held within thirty (30) school days after the Executive Director or designee determines that the pupil has committed an expellable offense.

In the event an Administrative Panel hears the case, it will make a recommendation to the Board for a final decision whether to expel. The hearing shall be held in closed session (complying with all pupil confidentiality rules under

FERPA) unless the student makes a written request for a public hearing in open session three (3) days prior to the date of the scheduled hearing.

Written notice of the hearing shall be forwarded to the student and the student's parent/guardian at least ten (10) calendar days before the date of the hearing. Upon mailing the notice, it shall be deemed served upon the pupil. The notice shall include:

1. The date and place of the expulsion hearing.
2. A statement of the specific facts, charges and offenses upon which the proposed expulsion is based.
3. A copy of the Charter School's disciplinary rules that relate to the alleged violation.
4. Notification of the student's or parent/guardian's obligation to provide information about the student's status at the school to any other school district or school to which the student seeks enrollment.
5. The opportunity for the student and/or the student's parent/guardian to appear in person or to employ and be represented by counsel or a non-attorney advisor.
6. The right to inspect and obtain copies of all documents to be used at the hearing.
7. The opportunity to confront and question all witnesses who testify at the hearing.
8. The opportunity to question all evidence presented and to present oral and documentary evidence on the student's behalf including witnesses.

G. Special Procedures for Expulsion Hearings Involving Sexual Assault or Battery Offenses

Pivot Charter School may, upon a finding of good cause, determine that the disclosure of either the identity of the witness or the testimony of that witness at the hearing, or both, would subject the witness to an unreasonable risk of psychological or physical harm. Upon this determination, the testimony of the witness may be presented at the hearing in the form of sworn declarations that shall be examined only by Pivot Charter School or the hearing officer. Copies of these sworn declarations, edited to delete the name and identity of the witness, shall be made available to the pupil.

1. The complaining witness in any sexual assault or battery case must be provided with a copy of the applicable disciplinary rules and advised of his/her right to (a) receive five days' notice of his/her scheduled testimony, (b) have up to two (2) adult support persons of his/her choosing present in the hearing at the time he/she testifies, which may include a parent, guardian, or legal counsel, and (c) elect to have the hearing closed while testifying.
2. The Charter School must also provide the victim a room separate from the hearing room for the complaining witness' use prior to and during breaks in testimony.
3. At the discretion of the Administrative Panel, the complaining witness shall be allowed periods of relief from examination and cross-examination during which he or she may leave the hearing room.

4. The Administrative Panel may also arrange the seating within the hearing room to facilitate a less intimidating environment for the complaining witness.
5. The Administrative Panel may also limit time for taking the testimony of the complaining witness to the hours he/she is normally in school if there is no good cause to take the testimony during other hours.
6. Prior to a complaining witness testifying, the support persons must be admonished that the hearing is confidential. Nothing in the law precludes the entity presiding over the hearing from removing a support person whom the presiding person finds is disrupting the hearing. The person conducting the hearing may permit any one of the support persons for the complaining witness to accompany him or her to the witness stand.
7. If one or both of the support persons is also a witness, the school must present evidence that the witness' presence is both desired by the witness and will be helpful to the school. The person presiding over the hearing shall permit the witness to stay unless it is established that there is a substantial risk that the testimony of the complaining witness would be influenced by the support person, in which case the presiding official shall admonish the support person or persons not to prompt, sway, or influence the witness in any way. Nothing shall preclude the presiding officer from exercising his or her discretion to remove a person from the hearing whom he or she believes is prompting, swaying, or influencing the witness.
8. The testimony of the support person shall be presented before the testimony of the complaining witness and the complaining witness shall be excluded from the courtroom during that testimony.
9. Especially for charges involving sexual assault or battery, if the hearing is to be conducted in the public at the request of the pupil being expelled, the complaining witness shall have the right to have his/her testimony heard in a closed session when testifying at a public meeting would threaten serious psychological harm to the complaining witness and there are no alternative procedures to avoid the threatened harm. The alternative procedures may include videotaped depositions or contemporaneous examination in another place communicated to the hearing room by means of closed-circuit television.
10. Evidence of specific instances of a complaining witness' prior sexual conduct is presumed inadmissible and shall not be heard absent a determination by the person conducting the hearing that extraordinary circumstances exist requiring the evidence be heard. Before such a determination regarding extraordinary circumstances can be made, the witness shall be provided notice and an opportunity to present opposition to the introduction of the evidence. In the hearing on the admissibility of the evidence, the complaining witness shall be entitled to be represented by a parent, legal counsel, or other support person. Reputation or opinion evidence regarding the sexual behavior of the complaining witness is not admissible for any purpose.

H. Special Procedures for the Consideration of Suspension and Expulsion or Involuntary Removal of Students With Disabilities

1. Notification of SELPA

The Charter School shall immediately notify the SELPA and coordinate the procedures in this policy with the SELPA of the discipline of any student with a disability or student that the Charter School or the SELPA would be deemed to have knowledge that the student had a disability.

2. Services During Suspension

Students suspended for more than ten (10) school days in a school year shall continue to receive services so as to enable the student to continue to participate in the general education curriculum, although in another setting (which could constitute a change of placement and the student’s IEP would reflect this change), and to progress toward meeting the goals set out in the child’s IEP/504 Plan; and receive, as appropriate, a functional behavioral assessment and behavioral intervention services and modifications, that are designed to address the behavior violation so that it does not recur. These services may be provided in an interim alternative educational setting.

3. Procedural Safeguards/Manifestation Determination

Within ten (10) school days of a recommendation for expulsion or any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the charter school, the parent, and relevant members of the IEP/504 Team shall review all relevant information in the student's file, including the child's IEP/504 Plan, any teacher observations, and any relevant information provided by the parents to determine:

- a. If the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability; or
- b. If the conduct in question was the direct result of the local educational agency's failure to implement the IEP/504 Plan.

If the Charter School, the parent, and relevant members of the IEP/504 Team determine that either of the above is applicable for the child, the conduct shall be determined to be a manifestation of the child's disability.

If the Charter School, the parent, and relevant members of the IEP/504 Team make the determination that the conduct was a manifestation of the child's disability, the IEP/504 Team shall:

- a. Conduct a functional behavioral assessment and implement a behavioral intervention plan for such child, provided that the charter school had not conducted such assessment prior to such determination before the behavior that resulted in a change in placement;
- b. If a behavioral intervention plan has been developed, review it and modify it, as necessary, to address the behavior; and
- c. Return the child to the placement from which the child was removed, unless the parent and the charter school agree to a change of placement as part of the modification of the behavioral intervention plan.

If the Charter School, the parent, and relevant members of the IEP/504 Team determine that the behavior was not a manifestation of the student’s disability and that the conduct in question was not a direct result of the failure to implement the IEP/504 Plan, then the Charter School may apply the relevant disciplinary procedures to children with disabilities in the same manner and for the same duration as the procedures would be applied to students without disabilities.

4. Due Process Appeals

If the parent of a child with a disability disagrees with any decision regarding placement or the manifestation determination, or if the Charter School believes that maintaining the current placement of the child is substantially likely to result in injury to the child or to others, they may request an expedited administrative hearing through the Special Education Unit of the Office of Administrative Hearings or by utilizing the dispute provisions of the 504 Policy and Procedures.

When an appeal relating to the placement of the student or the manifestation determination has been requested by either the parent or the Charter School, the student shall remain in the interim alternative educational setting pending the decision of the hearing officer in accordance with state and federal law, including 20 USC Section 1415(k), until the expiration of the forty-five (45) day time period provided for in an interim alternative educational setting, unless the parent and the Charter School agree otherwise.

5. Special Circumstances

Charter school personnel may consider any unique circumstances on a case-by-case basis when determining whether to order a change in placement for a child with a disability who violates a code of student conduct.

The Executive Director or designee may remove a student to an interim alternative educational setting for not more than forty-five (45) school days without regard to whether the behavior is determined to be a manifestation of the student’s disability in cases where a student:

- a. Carries or possesses a weapon, as defined in 18 USC 930, to or at school, on school premises, or to or at a school function;
- b. Knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises, or at a school function; or
- c. Has inflicted serious bodily injury, as defined by 20 USC 1415(k)(7)(D), upon a person while at school, on school premises, or at a school function.

6. Interim Alternative Educational Setting

The student's interim alternative educational setting shall be determined by the student's IEP/504 Team.

7. Procedures for Students Not Yet Eligible for Special Education Services

A student who has not been identified as an individual with disabilities pursuant to IDEA and who has violated the Charter School’s disciplinary procedures may assert the procedural safeguards granted under

this administrative regulation only if the Charter School had knowledge that the student was disabled before the behavior occurred.

The Charter School shall be deemed to have knowledge that the student had a disability if one of the following conditions exists:

- a. The parent/guardian has expressed concern in writing, or orally if the parent/guardian does not know how to write or has a disability that prevents a written statement, to charter school supervisory or administrative personnel, or to one of the child's teachers, that the student is in need of special education or related services.
- b. The parent has requested an evaluation of the child.
- c. The child's teacher, or other charter school personnel, has expressed specific concerns about a pattern of behavior demonstrated by the child, directly to the director of special education or to other charter school supervisory personnel.

If the Charter School knew or should have known the student had a disability under any of the three (3) circumstances described above, the student may assert any of the protections available to IDEA-eligible children with disabilities, including the right to stay-put.

If the Charter School had no basis for knowledge of the student's disability, it shall proceed with the proposed discipline. The Charter School shall conduct an expedited evaluation if requested by the parents; however, the student shall remain in the education placement determined by the Charter School pending the results of the evaluation.

The Charter School shall not be deemed to have knowledge that the student had a disability if the parent has not allowed an evaluation, if the parent has refused services, or if the student has been evaluated and determined to not be eligible.

I. Record of Hearing

A record of the hearing shall be made and may be maintained by any means, including electronic recording, as long as a reasonably accurate and complete written transcription of the proceedings can be made.

J. Presentation of Evidence

While technical rules of evidence do not apply to expulsion hearings, evidence may be admitted and used as proof only if it is the kind of evidence on which reasonable persons can rely in the conduct of serious affairs. A recommendation by the Administrative Panel to expel must be supported by substantial evidence that the student committed an expellable offense.

Findings of fact shall be based solely on the evidence at the hearing. While hearsay evidence is admissible, no decision to expel shall be based solely on hearsay. Sworn declarations may be admitted as testimony from witnesses of whom the Board or Administrative Panel determines that disclosure of

their identity or testimony at the hearing may subject them to an unreasonable risk of physical or psychological harm.

For expulsions or suspensions of 10 days or more, Pivot Charter School will provide timely, written notice of the charges against the student and an explanation of the student's basic rights. Within a reasonable number of days, Pivot will also hold a hearing adjudicated by a neutral officer, at which the student has a fair opportunity to present testimony, evidence, and witnesses, to confront and cross-examine adverse witnesses, and at which the student has the right to bring legal counsel or an advocate.

If, due to a written request by the expelled pupil, the hearing is held at a public meeting and the charge is committing or attempting to commit a sexual assault or committing a sexual battery as defined in Education Code Section 48900, a complaining witness shall have the right to have his or her testimony heard in a session closed to the public.

The decision of the Administrative Panel shall be in the form of written findings of fact and a written recommendation to the Board who will make a final determination regarding the expulsion. The final decision by the Board shall be made within ten (10) school days following the conclusion of the hearing. The decision of the Board is final.

If the Administrative Panel decides not to recommend expulsion, the pupil shall immediately be returned to his/her educational program.

K. Written Notice to Expel

The Executive Director or designee, following a decision of the Board to expel, shall send written notice of the decision to expel, including the Board's adopted findings of fact, to the student or parent/guardian. This notice shall also include the following:

- a. Notice of the specific offense committed by the student
- b. Notice of the student's or parent/guardian's obligation to inform any new district in which the student seeks to enroll of the student's status with the Charter School

The Executive Director or designee shall send a copy of the written notice of the decision to expel to the District. This notice shall include the following:

- a. The student's name
- b. The specific expellable offense committed by the student

L. Disciplinary Records

The Charter School shall maintain records of all student suspensions and expulsions at the Charter School. Such records shall be made available to the District upon request.

M. No Right to Appeal

The pupil shall have no right of appeal from expulsion from the Charter School as the Charter School Board's decision to expel shall be final.

N. Expelled Pupils/Alternative Education

Parents/guardians of pupils who are expelled shall be responsible for seeking alternative education programs including, but not limited to, programs within the county or their school district of residence.

O. Rehabilitation Plans

Students who are expelled from the school shall be given a rehabilitation plan upon expulsion as developed by the Board at the time of the expulsion order, which may include, but is not limited to, periodic review as well as assessment at the time of review for readmission. The rehabilitation plan should include a date not later than one year from the date of expulsion when the pupil may reapply to the school for readmission.

P. Readmission

The decision to readmit a pupil or to admit a previously-expelled pupil from another school district or charter school shall be in the sole discretion of the Executive Director or Director of Student Services after the Executive Director or the Director of Student Services has met with the pupil and parent/guardian or representative to determine whether the pupil has successfully completed the rehabilitation plan and to determine whether the pupil poses a threat to others or will be disruptive to the school environment. The Executive Director or Director of Student Services will notify the parent/legal guardian of their decision in writing to the email provided by the parent/legal guardian within 5 business days of parental meeting, assuming that all required documentation was presented to the school. If the parent/legal guardian wishes to appeal the decision of the Executive Director/Director of Student Services, they may submit their request in writing, providing documentation and testimony supporting their appeal. The Executive Director/Director of Student Services will submit the appeal to the Board at the next regularly scheduled Governing Board decision. The Board shall make a final decision regarding admission during the closed session of a public meeting, reporting out any action taken during closed session consistent with the requirements of the Brown Act. The decision of the Governing Board shall be final. The Decision will be provided to the parent/legal guardian in writing to the email provided to the school, within 5 business of the Governing Board meeting. The pupil's admission is also contingent upon the Charter School's capacity at the time the student seeks readmission.

Notice to Teachers

The Charter School shall notify teachers of each pupil who has engaged in or is reasonably suspected to have engaged in any of the acts listed in Education Code Section 49079 and the corresponding enumerated offenses set forth above.

Procedures for Notifying Teacher(s) of Dangerous Pupil(s)

Pursuant to Education Code Section 49079, Pivot shall inform a student's teacher of any student who has engaged in, or is reasonably suspected to have engaged in, any of the acts described in any of the subdivisions, except subdivision (h) (smoking) of Education Code Section 48900 during the three (3) previous school years. Pursuant to Welfare and Institutions Code Section 827, similar notification shall be given on any student who has committed certain acts enumerated in Section 827. Information regarding the student must be shared in a timely manner, but no later than seven (7) school days after the information is received. This information shall be based upon any records that Pivot maintains in its ordinary course of business. The information provided is for teachers only. All information regarding suspension and expulsion is CONFIDENTIAL, is not to be shared with any student(s) or parent(s). Teachers are asked to secure the list so students and others may not view it.

D. TITLE IX, HARASSMENT, INTIMIDATION, DISCRIMINATION & BULLYING POLICY

Discrimination, sexual harassment, harassment, intimidation, and bullying are all disruptive behaviors, which interfere with students' ability to learn, negatively affect student engagement, diminish school safety, and contribute to a hostile school environment. As such, Pivot Charter School prohibits any acts of discrimination, sexual harassment, harassment, intimidation, and bullying altogether. This policy is inclusive of instances that occur on any area of the school campus, at school-sponsored events and activities, regardless of location, through school-owned technology, and through other electronic means.

As used in this policy, discrimination, sexual harassment, harassment, intimidation, and bullying are described as the intentional conduct, including verbal, physical, written communication or cyber-bullying, including cyber sexual bullying, based on the actual or perceived characteristics of mental or physical disability, sex (including pregnancy and related conditions, and parental status), sexual orientation, gender, gender identity, gender expression, immigration status, nationality (including national origin, country of origin, and citizenship), race or ethnicity (including ancestry, color, ethnic group identification, ethnic background, and traits historically associated with race, including, but not limited to, hair texture and protective hairstyles such as braids, locks, and twist), religion (including agnosticism and atheism), religious affiliation, medical condition, genetic information, marital status, age or association with a person or group with one or more of these actual or perceived characteristics or based on any other characteristic protected under applicable state or federal law or local ordinance. Hereafter, such actions are referred to as "misconduct prohibited by this Policy."

To the extent possible, the Charter School will make reasonable efforts to prevent students from being discriminated against, harassed, intimidated, and/or bullied, and will take action to investigate, respond, address and report on such behaviors in a timely manner. Pivot Charter School school staff that witness acts of misconduct prohibited by this Policy will take immediate steps to intervene when safe to do so.

Moreover, Pivot Charter School will not condone or tolerate misconduct prohibited by this Policy by any employee, independent contractor or other person with whom Pivot Charter School does business, or any other individual, student, or volunteer. This Policy applies to all employees, students, or volunteer actions and

relationships, regardless of position or gender. Pivot Charter School will promptly and thoroughly investigate and respond to any complaint of misconduct prohibited by this Policy in a manner that is not deliberately indifferent and will take appropriate corrective action, if warranted. Pivot Charter School complies with all applicable state and federal laws and regulations and local ordinances in its investigation of and response to reports of misconduct prohibited by this Policy.

Title IX, Harassment, Intimidation, Discrimination and Bullying Coordinator ("Coordinator"):

Kareen Poulsen (Director of Student Services)
707-843-4676
kpoulsen@pivotcharter.org
2999 Cleveland Avenue
Santa Rosa, CA 95403

Prohibited Unlawful Harassment

- Verbal conduct such as epithets, derogatory jokes or comments or slurs.
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement or interfering with work or school because of sex, race or any other protected basis.
- Retaliation for reporting or threatening to report harassment.
- Deferential or preferential treatment based on any of the protected characteristics listed above.

Prohibited Unlawful Harassment under Title IX

Title IX (20 U.S.C. § 1681 *et seq.*; 34 C.F.R. § 106.1 *et seq.*) and California state law prohibit discrimination and harassment on the basis of sex. In accordance with these existing laws, discrimination and harassment on the basis of sex in education institutions, including in the education institution's admissions and employment practices, is prohibited. All persons, regardless of sex, are afforded equal rights and opportunities and freedom from unlawful discrimination and harassment in education programs or activities conducted by Pivot Charter School.

Pivot Charter School is committed to providing a work and educational environment free of sexual harassment and considers such harassment to be a major offense, which may result in disciplinary action. Inquiries about the application of Title IX and 34 C.F.R. Part 106 may be referred to the Coordinator, the Assistant Secretary for Civil Rights of the U.S. Department of Education, or both.

Sexual harassment consists of conduct on the basis of sex, including but not limited to unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct on the basis of sex, regardless of whether or not the conduct is motivated by sexual desire, when: (a) Submission to the conduct is explicitly or implicitly made a term or a condition of an individual's employment, education, academic status, or progress; (b) submission to, or rejection of, the conduct by the individual is used as the basis of employment, educational or academic decisions affecting the individual; (c) the conduct has the purpose or effect of having a negative impact upon the individual's work or academic performance, or of creating an intimidating, hostile, or offensive work or educational environment; and/or (d) submission to, or rejection of, the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs, or activities available at or through the educational institution.

It is also unlawful to retaliate in any way against an individual who has articulated a good faith concern about sexual harassment against themselves or against another individual.

Sexual harassment may include, but is not limited to:

- Physical assaults of a sexual nature, such as:
 - Rape, sexual battery, molestation or attempts to commit these assaults.
 - Intentional physical conduct that is sexual in nature, such as touching, pinching, patting, grabbing, brushing against another's body, or poking another's body.

- Unwanted sexual advances, propositions or other sexual comments, such as:
 - Sexually oriented gestures, notices, remarks, jokes, or comments about a person's sexuality or sexual experience.
 - Preferential treatment or promises of preferential treatment to an individual for submitting to sexual conduct, including soliciting or attempting to solicit any individual to engage in sexual activity for compensation or reward or deferential treatment for rejecting sexual conduct.
 - Subjecting or threats of subjecting a student or employee to unwelcome sexual attention or conduct or intentionally making the student's or employee's performance more difficult because of the student's or the employee's sex.

- Sexual or discriminatory displays or publications anywhere in the work or educational environment, such as:
 - Displaying pictures, cartoons, posters, calendars, graffiti, objections, promotional materials, reading materials, or other materials that are sexually suggestive, sexually demeaning or pornographic or bringing or possessing any such material to read, display or view in the work or educational environment.
 - Reading publicly or otherwise publicizing in the work or educational environment materials that are in any way sexually revealing, sexually suggestive, sexually demeaning or pornographic.
 - Displaying signs or other materials purporting to segregate an individual by sex in an area of the work or educational environment (other than restrooms or similar rooms).

The illustrations of harassment and sexual harassment above are not to be construed as an all-inclusive list of prohibited acts under this Policy.

Prohibited Bullying

Bullying is defined as any severe or pervasive physical or verbal act or conduct, including communications made in writing or by means of an electronic act. Bullying includes one or more acts committed by a student or group of students that may constitute sexual harassment, hate violence, or creates an intimidating and/or hostile educational environment, directed toward one or more students that has or can be reasonably predicted to have the effect of one or more of the following:

1. Placing a reasonable student or students in fear of harm to that student's or those students' person or property.
2. Causing a reasonable student to experience a substantially detrimental effect on his or her physical or mental health. Causing a reasonable student to experience a substantial interference with his or her academic performance.
3. Causing a reasonable student to experience a substantial interference with his or her ability to participate in or benefit from the services, activities, or privileges provided by Pivot Charter School.

Cyberbullying is an electronic act that includes the transmission of harassing communication, direct threats, or other harmful texts, sounds, or images on the Internet, social media, or other technologies using a telephone, computer, or any wireless communication device. Cyberbullying also includes breaking into another person's electronic account and assuming that person's identity in order to damage that person's reputation.

Electronic act means the creation and transmission originated on or off the schoolsite, by means of an electronic device, including, but not limited to, a telephone, wireless telephone, or other wireless communication device, computer, or pager, of a communication, including, but not limited to, any of the following:

1. A message, text, sound, video, or image.
2. A post on a social network Internet Web site including, but not limited to:
 - a. Posting to or creating a burn page. A "burn page" means an Internet Web site created for the purpose of having one or more of the effects as listed in the definition of "bullying," above.
 - b. Creating a credible impersonation of another actual student for the purpose of having one or more of the effects listed in the definition of "bullying," above. "Credible impersonation" means to knowingly and without consent impersonate a student for the purpose of bullying the student and such that another student would reasonably believe, or has reasonably believed, that the student was or is the student who was impersonated.
 - c. Creating a false profile for the purpose of having one or more of the effects listed in the definition of "bullying," above. "False profile" means a profile of a fictitious student or a profile using the likeness or attributes of an actual student other than the student who created the false profile.
3. An act of "Cyber sexual bullying" including, but not limited to:
 - a. The dissemination of, or the solicitation or incitement to disseminate, a photograph or other visual recording by a student to another student or to school personnel by means of an electronic act that has or can be reasonably predicted to have one or more of the effects described in definition of "bullying," above. A photograph or other visual recording, as described above, shall include the depiction of a nude, semi-nude, or sexually explicit photograph or other visual recording of a minor where the minor is identifiable from the photograph, visual recording, or other electronic act. "Cyber sexual bullying" does not include a depiction, portrayal, or image that has any serious literary, artistic, educational, political, or scientific value or that involves athletic events or school-sanctioned activities.
4. Notwithstanding the definitions of "bullying" and "electronic act" above, an electronic act shall not constitute pervasive conduct solely on the basis that it has been transmitted on the Internet or is currently posted on the Internet.

Formal Complaint of Sexual Harassment means a written document filed and signed by a complainant who is participating in or attempting to participate in Pivot Charter School's education program or activity or signed by

the Coordinator alleging sexual harassment against a respondent and requesting that Pivot Charter School investigate the allegation of sexual harassment.

Respondent means an individual who has been reported to be the perpetrator of conduct that could constitute sexual harassment.

Bullying and Cyberbullying Prevention Procedures

Pivot Charter School has adopted the following procedures for preventing acts of bullying, including cyberbullying.

1. Cyberbullying Prevention Procedures

Pivot Charter School advises students:

- a. To never share passwords, personal data, or private photos online.
- b. To think about what they are doing carefully before posting and by emphasizing that comments cannot be retracted once they are posted.
- c. That personal information revealed on social media can be shared with anyone including parents, teachers, administrators, and potential employers. Students should never reveal information that would make them uncomfortable if the world had access to it.
- d. To consider how it would feel receiving such comments before making comments about others online.

Pivot Charter School informs Charter School employees, students, and parents/guardians of Pivot Charter School's policies regarding the use of technology in and out of the classroom. Pivot Charter School encourages parents/guardians to discuss these policies with their children to ensure their children understand and comply with such policies.

2. Education

Pivot Charter School employees cannot always be present when bullying incidents occur, so educating students about bullying is a key prevention technique to limit bullying from happening. Pivot Charter School advises students that hateful and/or demeaning behavior is inappropriate and unacceptable in our society and at Pivot Charter School and encourages students to practice compassion and respect each other.

Charter School educates students to accept all student peers regardless of protected characteristics (including but not limited to actual or perceived sexual orientation, gender identification, physical or cognitive disabilities, race, ethnicity, religion, and immigration status) and about the negative impact of bullying other students based on protected characteristics.

Pivot Charter School’s bullying prevention education also discusses the differences between appropriate and inappropriate behaviors and includes sample situations to help students learn and practice appropriate behavior and to develop techniques and strategies to respond in a non-aggressive way to bullying-type behaviors. Students will also develop confidence and learn how to advocate for themselves and others, and when to go to an adult for help.

Pivot Charter School informs its employees, students, and parents/guardians of this Policy and encourages parents/guardians to discuss this Policy with their children to ensure their children understand and comply with this Policy.

3. Professional Development

Pivot Charter School annually makes available the online training module developed by the California Department of Education pursuant Education Code section 32283.5(a) to its certificated employees and all other Pivot Charter School employees who have regular interaction with students.

Pivot Charter School informs certificated employees about the common signs that a student is a target of bullying including:

- Physical cuts or injuries
- Lost or broken personal items
- Fear of going to school/practice/games
- Loss of interest in school, activities, or friends
- Trouble sleeping or eating
- Anxious/sick/nervous behavior or distracted appearance
- Self-destructiveness or displays of odd behavior
- Decreased self-esteem

Charter School also informs certificated employees about the groups of students determined by Pivot Charter School, and available research, to be at elevated risk for bullying. These groups include but are not limited to:

- Students who are lesbian, gay, bisexual, transgender, or questioning youth (“LGBTQ”) and those youth perceived as LGBTQ; and
- Students with physical or learning disabilities.

Pivot Charter School encourages its employees to demonstrate effective problem-solving, anger management, and self-confidence skills for Pivot Charter School’s students.

Grievance Procedures

1. Scope of Grievance Procedures

Pivot Charter School will comply with its Uniform Complaint Procedures (“UCP”) policy when investigating and responding to complaints alleging unlawful harassment, discrimination, intimidation or bullying against a

protected group or on the basis of a person’s association with a person or group with one or more of the protected characteristics set forth in the UCP that:

- a. Are written and signed;
- b. Filed by an individual who alleges that that individual has personally suffered unlawful discrimination, harassment, intimidation or bullying, or by one who believes any specific class of individuals has been subjected to discrimination, harassment, intimidation or bullying prohibited by this part, or by a duly authorized representative who alleges that an individual student has been subjected to discrimination, harassment, intimidation, or bullying; and
- c. Submitted to the Pivot Charter School UCP Compliance Officer not later than six (6) months from the date the alleged unlawful discrimination, harassment, intimidation or bullying occurred, or the date the complainant first obtained knowledge of the facts of the alleged discrimination, harassment, intimidation or bullying.

The following grievance procedures shall be utilized for reports of misconduct prohibited by this Policy that do not comply with the writing, timeline, or other formal filing requirements of a uniform complaint. For formal complaints of sexual harassment, Pivot Charter School will utilize the following grievance procedures in addition to its UCP when applicable.

2. Reporting

All staff are expected to provide appropriate supervision to enforce standards of conduct and, if they observe or become aware of misconduct prohibited by this Policy, to intervene when safe to do so, call for assistance, and report such incidents. The Board requires staff to follow the procedures in this policy for reporting alleged acts of misconduct prohibited by this Policy.

Any student who believes they have been subject to misconduct prohibited by this Policy or has witnessed such prohibited misconduct is encouraged to immediately report such misconduct to the Coordinator:

Kareen Poulsen (Director of Student Services)
707-843-4676
kpoulsen@pivotcharter.org
2999 Cleveland Avenue
Santa Rosa, CA 95403

Complaints regarding such misconduct may also be made to the U.S. Department of Education, Office for Civil Rights. Civil law remedies, including, but not limited to, injunctions, restraining orders, or other remedies or orders may also be available to complainants.

While submission of a written report is not required, the reporting party is encouraged to submit a written report to the Coordinator. Pivot Charter School will investigate and respond to all oral and written reports of misconduct prohibited by this Policy in a manner that is not deliberately indifferent. Reports may be made anonymously, but formal disciplinary action cannot be based solely on an anonymous report.

Students are expected to report all incidents of misconduct prohibited by this Policy or other verbal, or physical abuses. Any student who feels they are a target of such behavior should immediately contact an Educational Coordinator, an Educational Specialist, counselor, the Site Administrator, Administrator, a staff person or a family member so that the student can get assistance in resolving the issue in a manner that is consistent with this Policy.

Pivot Charter School acknowledges and respects every individual's right to privacy. All reports shall be investigated in a manner that protects the confidentiality of the parties and the integrity of the process to the greatest extent possible. This includes keeping the identity of the reporter confidential, as appropriate, except to the extent necessary to comply with the law, carry out the investigation and/or to resolve the issue, as determined by the Coordinator or administrative designee on a case-by-case basis.

Pivot Charter School prohibits any form of retaliation against any individual who files a report or complaint, testifies, assists, participates, or refuses to participate in any investigation or proceeding related to misconduct prohibited by this Policy. Such participation or lack of participation shall not in any way affect the status, grades, or work assignments of the individual. Individuals alleging retaliation in violation of this Policy may file a grievance using the procedures set forth in this Policy. Knowingly making false statements or knowingly submitting false information during the grievance process is prohibited and may result in disciplinary action.

All supervisors of staff will receive sexual harassment training within six (6) months of their assumption of a supervisory position and will receive further training once every two (2) years thereafter. All staff, and any individual designated as a coordinator, investigator or decision-maker will receive sexual harassment training and/or instruction concerning sexual harassment as required by law.

3. Supportive Measures

Upon the receipt of an informal or formal complaint of sexual harassment, the Coordinator will promptly contact the complainant to discuss the availability of supportive measures. The Coordinator will consider the complainant's wishes with respect to supportive measures, inform the complainant of the availability of supportive measures with or without the filing of a formal complaint of sexual harassment, and explain the process for filing a formal complaint of sexual harassment.

Supportive measures are non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge to the complainant or the respondent before or after the filing of a formal complaint of sexual harassment or where no formal complaint of sexual harassment has been filed. Such measures are designed to restore or preserve equal access to Pivot Charter School's education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties or Pivot Charter School's educational environment, or deter sexual harassment. Supportive measures available to complainants and respondents may include but are not limited to counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, changes in work locations, leaves of absence, increased security and monitoring of certain areas of the campus, and other similar measures. Pivot Charter School will maintain as confidential any supportive measures provided to the complainant or respondent, to the extent that maintaining such confidentiality would not impair the ability of Pivot Charter School to provide the supportive measures.

4. Investigation and Response

Upon receipt of a report of misconduct prohibited by this Policy from a student, staff member, parent, volunteer, visitor or affiliate of Pivot Charter School, the Coordinator (or administrative designee) will promptly initiate an investigation. In most cases, a thorough investigation will take no more than twenty-five (25) school days. If the Coordinator (or administrative designee) determines that an investigation will take longer than twenty-five (25) school days and needs to be delayed or extended due to good cause, the Coordinator (or administrative designee) will inform the complainant of the reasons for the delay or extension and provide an approximate date when the investigation will be complete.

At the conclusion of the investigation, the Coordinator (or administrative designee) will meet with the complainant and, to the extent possible with respect to confidentiality laws, provide the complainant with information about the investigation, including any actions necessary to resolve the incident/situation. However, the Coordinator (or administrative designee) will not reveal confidential information related to other students or employees.

For investigations of and responses to formal complaints of sexual harassment, the following grievance procedures will apply:

- Notice of the Allegations
 - Upon receipt of a formal complaint of sexual harassment, the Coordinator will give all known parties written notice of its grievance process, including any voluntary informal resolution process. The notice will include:
 - A description of the allegations of sexual harassment at issue and to the extent known, the identities of the parties involved in the incident, the conduct allegedly constituting sexual harassment, and the date and location of the alleged incident;
 - A statement that the respondent is presumed not responsible for the alleged conduct until a final decision is reached;
 - A statement that the parties may have an advisor of their choice, who may be an attorney, and may inspect and review evidence; and
 - A statement that Pivot Charter School prohibits an individual from knowingly making false statements or knowingly submitting false information during the grievance process.

Emergency Removal

- Pivot Charter School may place a non-student employee respondent on administrative leave during the pendency of a formal complaint of sexual harassment grievance process in accordance with Pivot Charter School's policies.
- Pivot Charter School may remove a respondent from Pivot Charter School's education program or activity on an emergency basis, in accordance with Pivot Charter School's policies, provided that Pivot Charter School undertakes an individualized safety and risk analysis, determines that an immediate threat to the physical health or safety of any student or other individual arising from the allegations of sexual harassment justifies removal, and provides the respondent with notice and an opportunity to challenge the decision immediately following the removal.
- This provision may not be construed to modify any rights under the IDEA, Section 504, or the ADA.

Informal Resolution

- If a formal complaint of sexual harassment is filed, Pivot Charter School may offer a voluntary informal resolution process, such as mediation, to the parties at any time prior to reaching a

determination regarding responsibility. If Pivot Charter School offers such a process, it will do the following:

- Provide the parties with advance written notice of:
 - The allegations;
 - The requirements of the voluntary informal resolution process including the circumstances under which the parties are precluded from resuming a formal complaint of sexual harassment arising from the same allegations;
 - The parties' right to withdraw from the voluntary informal resolution process and resume the grievance process at any time prior to agreeing to a resolution; and
 - Any consequences resulting from participating in the voluntary informal resolution process, including the records that will be maintained or could be shared; and
 - Obtain the parties' advance voluntary, written consent to the informal resolution process.
 - Pivot Charter School will not offer or facilitate an informal resolution process to resolve allegations that an employee sexually harassed a student.
- Investigation Process
 - The decision-maker will not be the same person(s) as the Coordinator or the investigator. Pivot Charter School shall ensure that all decision-makers and investigators do not have a conflict of interest or bias for or against complainants or respondents.
 - In most cases, a thorough investigation will take no more than twenty-five (25) school days. If the investigator determines that an investigation will take longer than twenty-five (25) school days and needs to be delayed or extended due to good cause, the investigator will inform the complainant and any respondents in writing of the reasons for the delay or extension and provide an approximate date when the investigation will be complete.
 - The parties will be provided with an equal opportunity to present witnesses, to inspect and review any evidence obtained that is directly related to the allegations raised, and to have an advisor present during any investigative meeting or interview.
 - The parties will not be prohibited from discussing the allegations under investigation or to gather and present relevant evidence.
 - A party whose participation is invited or expected at an investigative meeting or interview will receive written notice of the date, time, location, participants, and purpose of the meeting or interview with sufficient time for the party to prepare to participate.
 - Prior to completion of the investigative report, Pivot Charter School will send to each party and the party's advisor, if any, a copy of the evidence subject to inspection and review, and the parties will have at least ten (10) days to submit a written response for the investigator's consideration prior to the completion of the investigation report.
 - The investigator will complete an investigation report that fairly summarizes relevant evidence and send a copy of the report to each party and the party's advisor, if any, at least ten (10) days prior to the determination of responsibility.
- Dismissal of a Formal Complaint of Sexual Harassment
 - If the investigation reveals that the alleged harassment did not occur in Pivot Charter School's educational program in the United States or would not constitute sexual harassment even if proved, the formal complaint with regard to that conduct must be dismissed. However, such a dismissal does not preclude action under another applicable Pivot Charter School policy.
 - Pivot Charter School may dismiss a formal complaint of sexual harassment if:
 - The complainant provides a written withdrawal of the complaint to the Coordinator;
 - The respondent is no longer employed or enrolled at Pivot Charter School; or

- The specific circumstances prevent Pivot Charter School from gathering evidence sufficient to reach a decision on the formal complaint or the allegations therein.
- If a formal complaint of sexual harassment or any of the claims therein are dismissed, Pivot Charter School will promptly send written notice of the dismissal and the reason(s) for the dismissal simultaneously to the parties.

Determination of Responsibility

- The standard of evidence used to determine responsibility is the preponderance of the evidence standard.
- Pivot Charter School will send a written decision on the formal complaint to the complainant and respondent simultaneously that describes:
 - The allegations in the formal complaint of sexual harassment;
 - All procedural steps taken including any notifications to the parties, interviews with parties and witnesses, site visits, and methods used to gather other evidence;
 - The findings of facts supporting the determination;
 - The conclusions about the application of Pivot Charter School's code of conduct to the facts;
 - The decision and rationale for each allegation;
 - Any disciplinary sanctions the recipient imposes on the respondent, and whether remedies designed to restore or preserve equal access to the education program or activity will be provided to the complainant; and
 - The procedures and permissible bases for appeals.

5. Consequences

Students or employees who engage in misconduct prohibited by this Policy, knowingly make false statements or knowingly submit false information during the grievance process may be subject to disciplinary action up to and including expulsion from Pivot Charter School or termination of employment. The Coordinator is responsible for effective implementation of any remedies ordered by Pivot Charter School in response to a formal complaint of sexual harassment.

6. Right of Appeal

Should the reporting individual find Pivot Charter School's resolution unsatisfactory, the reporting individual may, within five (5) business days of notice of Pivot Charter School's decision or resolution, submit a written appeal to the Executive Director of Pivot Charter School, who will review the investigation and render a final decision.

The following appeal rights and procedures will also apply to formal complaints of sexual harassment:

- The complainant and the respondent shall have the same appeal rights and Pivot Charter School will implement appeal procedures equally for both parties.
- Pivot Charter School will notify the other party in writing when an appeal is filed.
- The decision-maker for the appeal will give both parties a reasonable, equal opportunity to submit a written statement in support of, or challenging, the outcome; issue a written decision describing the result of the appeal and the rationale for the result; and provide the written decision simultaneously to both parties.

7. Recordkeeping

All records related to any investigation of complaints under this Policy are maintained in a secure location.

Pivot Charter School will maintain the following records for at least seven (7) years:

- Records of each sexual harassment investigation, including any determination of responsibility; any audio or audiovisual recording or transcript; any disciplinary sanctions imposed on the respondent; and any remedies provided to the complainant.
- Records of any appeal of a formal sexual harassment complaint and the results of that appeal.
- Records of any informal resolution of a sexual harassment complaint and the results of that informal resolution.
- All materials used to train Title IX coordinators, investigators, decision-makers, and any person who facilitates an informal resolution process.
- Records of any actions, including any supportive measures, taken in response to a report or formal complaint of sexual harassment.

E. PROVISIONS ON SCHOOLWIDE DRESS CODE

Dress Code Policy

All students at Pivot Charter School are required to behave in a way that is inclusive, respectful and school-appropriate. This extends to clothing worn on campus, at school events, or while on school-related virtual meetings. All clothing should be free of offensive (or possibly offensive) language or symbols. The Executive Director or designee shall be the final judge as to the appropriateness, neatness, and cleanliness of the apparel, or whether or not apparel is disruptive, distracting, or in violation of the dress code.

The minimum standard of dress is as follows:

- Shoes shall be worn. Closed toe shoes must be worn when participating in lab activities and physical education activity classes.
- Clothing with ornamentation, displaying, or advertising of substances illegal for minors is prohibited. This includes clothing or accessories depicting these substances as well as those which advertise companies that produce or sell these substances.
- Suggestive phrases, designs, markings, Violent language or images, or profanities are prohibited.
- Shirts must cover the entirety of the torso (no skin showing on the stomach or back). Shirt must not be sheer or "see through."
- When fitted properly at the waist, clothing, including pants, skirts, and dresses, may not contain sizeable holes above the knee. Undergarments should not be visible.
- Pants and trousers must fit with no sagging that exposes undergarments. Pants must be secured around the waist.
- Students must not wear face coverings other than a medical mask that Pivot provides or is brought from home or if the student has received a religious exemption ahead of time.

Students are expected to adhere to the above guidelines when dressing for school. Pivot Charter School will work with students to understand what is and is not appropriate for school. If there are violations to the dress code the following steps will be taken:

First Incident: The student will be asked to address the dress code violation with a staff member, after the parent has been notified and invited to participate. A solution may be agreed upon such as:

- A sweatshirt with an alcohol, tobacco or marijuana company may be asked to be taken off and stored for the duration of the activity if the student has a shirt on underneath.
- If undergarments are exposed, a student may simply be able to readjust their pants or leggings to cover the undergarments.
- Wearing a Pivot shirt in place of the dress code violation.

If a solution is not available or cannot be agreed upon, the student may need to be provided with new attire by the parent or guardian or be picked up by the parent or guardian.

Subsequent Offenses: The student will not be permitted to participate in the activity in question until a meeting with the student, parent, site administrator, and Director of Student Services. In the meeting, additional procedures or consequences will be discussed

F. PROCEDURES FOR SAFE INGRESS AND EGRESS

Procedures for Safe Transportation, Parking, Ingress and Egress

Each school site shall have a parent, student, and staff parking plan. The parking plan will be made available to all families and be included in the Student and Parent Handbook provided to families at the beginning of each school year.

Parents have access to short term drop-off and pick-up parking spots near the school entrance. Parents of elementary students are always required to walk their students to and from the elementary classroom. Parents of Middle School and High School students may drop-off or pick-up from the short term parking spots when a teacher supervisor is present, otherwise parents are required to walk their student into the entrance. Supervision shall be 15 minutes before and after site program time start and finish.

Students will have designated parking spots within visual eyesight of the staff supervisors. Students are to park in the designated areas only, and then enter the school immediately. Students are not to be in their cars before, during, or after school except to arrive or depart. If a student forgot something in their car during school, the student is required to get permission and have a staff member supervise them going to their car.

Staff are to park away from the building and away from neighboring business, leaving the nearby spots open for transitional parking for student drop-off and pick-up, student parking, and neighboring business parking. Staff may have designated parking areas away from the school site as needed, and may be asked to move or park in an alternative parking.

Site Administrators and staff will ensure that students are following the parking policy at each school site. Site supervision schedules will include parking lot supervision near the school drop-off and entrance area. Supervision shall be 15 minutes before and after site program time start and finish.

Students must be prepared for safe travel to and from school. As a significant number of pedestrian fatalities are school-age children, it is critical that children understand the dangers of street travel and how to avoid needless tragedies.

School personnel will discuss the following safety issues with students and parents, distribute and post materials, as appropriate:

- ✓ Traffic and pedestrian safety
- ✓ Bicycle Helmet Law
- ✓ Drop-off, pick-up, and parking procedures
- ✓ Exiting and entering a car
- ✓ Seat belt law use

Responsibility of Site Administrators

- Assess traffic, warning signs, parent loading zones, crosswalks, traffic signals, stop signs, etc.
- Review, distribute and post “Back-to-School Safety Tips”.
- Inform students, staff and parents of designated “Safe Routes”, student drop-off and pick-up points, and safety procedures to be observed whenever there are moving vehicles in or around the school. This information should include bike helmet usage and should be distributed in a brochure to students and parents at the start of the school year.
- Report continuing traffic non-compliance problems to local enforcement agency.

Traffic Patterns And Drop-Off/Pick-Up Points

Each Pivot Charter School is required to develop appropriate protocols to minimize traffic congestion and enhance pedestrian safety around the school site.

Responsibility of Administrator

- Administrator is to ensure through daily monitoring by designated staff that loading and unloading areas are “curbside” and designated to minimize student proximity to moving vehicles and that these areas are readily accessible to students.
- School personnel are to ensure that appropriate traffic and pedestrian signs are posted in the vicinity of the school.
- School personnel are to develop a student drop off and pick up plan and distribute plan to parents.
- All designated drop-off/pick-up points are safe and at “curbside.”
- Local Police Department is contacted for assistance relating to traffic enforcement during drop-off and pick-up times as necessary to ensure student safety and minimize traffic congestion.
- Proper supervision is provided at any bus loading and unloading areas.

For more information on safety drop-off and pick-up procedures, refer to the School Safety Plan Appendices.

G. SAFE AND ORDERLY ENVIRONMENT

A Safe and Orderly Environment Conducive to Learning

Releasing Students

Pivot school employees are responsible for releasing students to parents, legal guardians or other persons designated by parents or legal guardians, unless formally modified by a court order served to the school.

In the event that employees are uncertain of the propriety of releasing a student, they should locate or contact the Site Administrator, Site Administrator's designee, Director of Student Services or Executive Director before releasing the student.

Visitors Policy

Pivot encourages interested members of the community to visit our schools. To avoid potential disruptions to learning, to provide visitors with the information they need, and for the safety of students and staff, ALL visitors should register immediately upon entering any school building or grounds. Visitors shall sign in at the beginning of their visit, receive a visitor badge, and sign out at the end of their visit. Students from other schools as well as students who have ended their school day are not to be on campus unless accompanied by parents/guardians or with the permission of the site administrator.

In registering as a visitor, the sign-in form will include spaces for the following information:

- Name;
- His/her purpose for entering school grounds;
- Time in and out

At his/her discretion, the Site Administrator, office manager or designee may also request:

- proof of identity
- address
- occupation and company affiliation
- age (if less than 21); and any other information consistent with law.

Visitor Restrictions During School Hours

For the safety of our students and staff, Pivot Charter Schools will not allow visitors on campus during the hours of **8:00 AM - 1:00 PM**. If a meeting with a family needs to be scheduled, as we still encourage meeting with families face to face, during this time, the following procedures must be followed:

1. The teacher scheduling the meeting **must inform** the site coordinator/front office staff in advance.
2. The teacher must personally **meet the family at the door** upon their arrival.
3. The site coordinator/front office **is not responsible** for identifying or admitting visitors between 8:00 AM - 1:00 PM.

A sign will be posted at the entrance explaining this policy, including contact phone numbers, emails, and a QR code where drop-in visitors may schedule an appointment during designated times outside of restricted hours.

Parents and guardians with a scheduled visit during the school day for any purpose should also be requested to sign into the visitor log or a special log for parents. This applies to parents and guardians who are picking up a student early (e.g. for a medical reason) or dropping off a student late (e.g. tardy), as well as parents and guardians who are on campus to volunteer in their child's classroom.

The Site Administrator or designee may refuse to register any visitor if he or she reasonably concludes that the visitor's/outsider's presence would disrupt the school, students or employees, would result in damage to property, or would result in the distribution or use of a controlled substance. (Penal Code 627.4).

The Site Administrator or designee may request that a visitor/outsider who has failed to register, or whose registration privileges have been denied or revoked, to promptly leave school grounds. If necessary, the principal or designee may call the local police to enforce the departure of the visitor/outsider.

All schools will inform parents annually about the school's policies regarding visitors/outsiders, and remind parents that to maximize safety and security they should also register when visiting the school.

Fingerprinting Policy

For the protection of students, California State law requires criminal background checks for all public school employees, as well as any individual working alone with minors in a school setting. In most cases, fingerprinting is completed with a "Live Scan" machine which takes an electronic picture of the fingerprints (rather than using an ink pad). The fingerprints are then compared to the Federal Bureau of Investigations (FBI) and/or Department of Justice (DOJ) databases.

Who should be fingerprinted

All new school site employees must be fingerprinted and cleared before they begin work. Individuals who were previously fingerprinted when they worked in another school district must be fingerprinted again to ensure that Pivot is notified if the person subsequently commits a felony or misdemeanor.

In addition, volunteers with ongoing supervision of, or interaction with, students are required to submit a criminal background check, be fingerprinted, and show proof of a negative tuberculosis ("TB") test as a condition of service. Until the background checks are complete, the volunteer may not commence service. This policy also applies to parents/guardians of Pivot students who volunteer at the school and may have the occasion to be alone with a Pivot student other than their own child.

Individuals who wish to work or volunteer at Pivot Charter School should plan to get fingerprinted as quickly as possible to avoid delays in commencing work or volunteer activities.

Who pays for fingerprinting/TB check

Employees can get reimbursed for Live Scan (fingerprinting) services which is a condition of employment. Volunteers are requested to cover the cost of their own fingerprinting and TB checks. If a potential volunteer is not able to pay for such checks, then the cost may be paid by the school.

H. PROCEDURES FOR TACTICAL RESPONSES

Tactical Responses to Criminal Incidents

The recent threats across the country are a reminder to California educators to be vigilant and to proactively address student safety, including by paying close attention to the tactical response components of school safety plans. "tactical response" means the "steps taken to safeguard pupils and staff, to secure the affected school premises, and to apprehend the criminal perpetrator or perpetrators." Pivot Charter School coordinates with

local law enforcement and ensures that procedures recommended by local law enforcement are incorporated in the overall plan.

Taking Action (RUN, HIDE, FIGHT)

In the event of an Active Interior Threat, individuals should quickly determine the most reasonable way to protect their own life. Typically, the best response to an active shooter situation will be for individuals to either: Run (Evacuate); Hide; or Fight (Take action against the active shooter within their ability). Local Safety Support Services (Chico Fire/Police Department) as well as Cal OES, FEMA and Homeland Security recommend the “RUN, HIDE, FIGHT” protocol in response to an Interior Threat situation.

Recognize signs of potential violence around and what to expect after an active interior threat takes place. Remember during an active threat to RUN. HIDE. FIGHT.

Be Informed

- Sign up for an active shooter training.
- If you see something, say something to an authority right away.
- Sign up to receive local emergency alerts and register your work and personal contact information with any work sponsored alert system.
- Be aware of your environment and any possible dangers.

Make a Plan

- Make a plan with your family, school, or organization, and ensure everyone knows what they would do, if confronted with an active shooter.
- Look for the two nearest exits anywhere you go, and have an escape path in mind and identify places you could hide.
- Understand the plans for individuals with disabilities or other access and functional needs.

Bomb Threats

- In the case of a bomb threat at Pivot Charter School, the facility will be immediately evacuated according to the fire evacuation plan, appropriate emergency personnel will be summoned. Students and guides will not re-enter the building until it has been deemed safe by emergency personnel.

Lockdown

- A school lockdown is an emergency protocol established to protect people inside a school facility from a dangerous or external event. The term “lockdown” can be defined as an emergency course of action taken by an agent of authority such as school Superintendent; Executive Director, or police force, to contain and confine people in a building, controlling their movement so that a threat or problem can be located and resolved immediately with the least amount of casualties and chaos.
- Lockdown drills are conducted as scheduled by the Administration annually at the school in accordance with school procedures and observed by local law enforcement personnel.

Code White Staff Guidelines for Lockdown

- LOCKDOWN PROCEDURE: Code White 
 - INTRUDER OR SUSPICIOUS INDIVIDUAL
 - PERSON WITH A WEAPON OR A GUN
 - WEATHER RELATED EVENT see Shelter In Place Below
 - FOR CONTAMINANT BASED SHELTER-IN-PLACE LOCKDOWN, see below.

- ALL STAFF Code White 
 - RUN – HIDE – FIGHT Mindset
 - Running away is the best option if the assailant is not near and there is a clear escape route.
 - Hiding in a safe place is typical if there are no clear escape routes and the assailant is not in the immediate vicinity.
 - Attacking the assailant is an option if there are no escape routes or no hiding places and the perpetrator is near (for non-elementary students).
 - Any students that run must text or call their EC or Site Administrator as soon as they are able
 - If students cannot safely run with a clear escape route, then STAY WHERE THEY ARE.
 - LOCK and BARRICADE DOORS
 - GO TO DESIGNATED SAFE AREA IN EACH SCHOOL-AWAY FROM WINDOWS AND DOOR.
 - SHOULD BE INTERIOR, AGAINST WALL, OUT OF LINE OF SITE FROM DOORS/WINDOWS.
 - TURN OUT LIGHTS AND COMPUTER MONITORS
 - STAY CALM
 - KEEP ALL STUDENTS QUIET
 - If you cannot safely run, and you cannot hide from an intruder with a weapon, and the perpetrator is near, fight to save yourself and others as you are able (exception is elementary students).
 - SITE ADMINISTRATOR TO ISSUE ALL CLEAR BASED ON LAW ENFORCEMENT DIRECTIVE

I. SUPPORTING CRISIS POLICIES

Shelter-in-Place

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

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

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

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

Crisis Communication Plan

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

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

- Google Chat (Primary)
- Cell Phones (Secondary)
- Hard Lines (As Needed)

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

parties or family members. Staff members will be briefed on the following elements to share with students and family members as assigned:

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

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

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

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

Students want to know:

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

Plan Updates and Training

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

- Emergency Operations Plan
- Hazard Analysis
- Improvement

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

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

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

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

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

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

Training Schedule

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

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

Earthquake drills shall be held quarterly for elementary and middle school students, and once a semester for secondary students. Consider participation in The Great California Shakeout annually in October <https://www.shakeout.org/california/>

Fire drills shall be held monthly for elementary, quarterly for middle school students, and once a semester for secondary students.

Lockdown procedures and drills will be held once a semester for all students.

Local Emergency Care and Welfare Shelter – Pivot Charter School Administration will communicate with the Butte County Department of Education, American Red Cross, Chico City Manager or any applicable agency to provide local emergency care and welfare.

Disaster Service Workers

Under California law, all public employees are disaster service workers. As such, before beginning employment with the Charter School, employees must take the oath or affirmation required by law. In the event of natural, manmade or war-caused emergencies which result in conditions of disaster or extreme peril to life, property and resources, all school employees are subject to disaster service activities as assigned to them by their supervisors.

Government Code – 3100

It is hereby declared that the protection of the health and safety and preservation of the lives and property of the people of the state from the effects of natural, manmade, or war-caused emergencies which result in conditions of disaster or in extreme peril to life, property, and resources is of paramount state importance requiring the responsible efforts of public and private agencies and individual citizens. In furtherance of the exercise of the police power of the state in protection of its citizens and resources, all public employees are hereby declared to be disaster service workers subject to such disaster service activities as may be assigned to them by their supervisors or by law.

Use of School Facilities

The 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.

J. Instructional Continuity Plan

In the event of a natural disaster or emergency that disrupts normal school operations, the school is committed to ensuring uninterrupted access to instruction for all students. To support continuity of learning, students will be provided with a school-issued laptop and a wireless hotspot as needed, enabling them to access their online curriculum from any location with cellular coverage. In addition to independent access to curriculum, the school will continue to provide direct instruction online, including workshops in core content areas led by credentialed teachers. Online tutoring with credentialed teachers will also be available to support student learning. Furthermore, all special education services will continue to be delivered in a virtual environment, ensuring that students with IEPs receive the support and accommodations outlined in their plans. These measures ensure that every student can maintain academic progress and receive appropriate support, even during emergency situations.

HEALTH & SAFETY MANUAL

SAFETY MANUAL POLICIES AND PROCEDURES

Emergency Cards

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

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

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

Distribution

The School Safety Plan & Health and Safety Manual are distributed annually to individual administrative personnel and departments within Pivot Charter School. It is also available for staff in the Pivot Official Documents Folder titled Manuals.

Facility Safety

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

TRANSPORTATION SAFETY PLAN

Because Pivot provides transportation to or from a school activity, the School Board of Directors ("Board") approved the following transportation safety plan, which contains procedures for School personnel to follow to ensure the safe transportation of students. A copy of this Plan will be kept at each School and will be made available upon request to an officer of the Department of the California Highway Patrol. Students shall be informed that any violation of School policies and procedures, including violation of safety procedures on a school bus or school activity bus, could result in discipline pursuant to the School's discipline policy.

Definitions

1. "School bus" is any motor vehicle designed, used, or maintained for the transportation of a School pupil at or below the grade 12 level to or from School or to and from School activities.
2. "School activity bus" is any motor vehicle, other than the school bus, operated by a common carrier, or by and under the exclusive jurisdiction of a publicly owned or operated transit system, or by a passenger charter-party carrier, used under a contractual agreement between School and carrier to transport School pupils at or below the grade 12 level to or from a School activity, or used to transport students from residential schools, when the students are received and discharged at off-highway locations where

a parent or adult designated by the parent is present to accept the student or place the student on the bus.

School Staff Procedures for Safe Transportation

School staff members should always be involved and active in the supervision of the loading and unloading of students at school sites and on activity trips. It is the responsibility of school staff members to ensure that students during the loading and unloading procedures follow all safety rules and regulations as outlined in this safety plan. This supervision is intended to help in the prevention of possible injury to students while loading and unloading and is designed to minimize the exposure of students to unsafe conditions while loading or unloading a van or other form of transportation.

School staff members should be thoroughly familiar with these procedures and involved in the enforcement of these procedures. If at any time a staff member is not familiar with these procedures or has questions regarding them, they should contact the business office at (530) 636-4362.

The following items shall be considered while supervising student in the school drop off and pick up areas:

- Students, while on school sites, or other trip locations, and before actually getting into a car or van, shall be the primary responsibility of the school site staff member.
- Students shall be accountable for their orderly conduct.
- Students are not to run, horseplay, or deviate from the walking pathways or sidewalks at loading zones.
- Students shall wait for their pick up vehicle either inside the waiting area or in a designated spot outside that is supervised by school staff.

If a parent or guardian or school van is running late to a school site or activity trip or arrives after the students have been waiting:

1. School site members shall have students wait in a safe area and in an orderly line or group.
2. Staff members shall ensure that the students do not approach vehicles for loading until the vehicle comes to a complete stop.
3. Students are to board in an orderly manner and are not to run, shove, or cut into the lines of other students loading.
4. Staff members are to observe the students for violations of these procedures and if needed, in accordance with school policy, discipline any student(s) that are not complying with these procedures.

Vehicle Stop Eligibility and Assignment

In accordance with law, home to school transportation services may be provided to students for special circumstances based on the discretion of the board or their designates. Transportation services are offered when the following criteria is met:

- Students who are handicapped and transportation services have been stipulated in their Individual Education Programs (IEP).

All other students are not eligible for home to school transportation services as charter schools do not receive transportation funding from the state since they are schools of choice.

Field Trip Vehicle Conduct

In order to help ensure the safety and well-being of students, drivers, and others, the Governing Board expects students to exhibit appropriate and orderly conduct at all times when using school provided transportation, including while preparing to ride, riding, or leaving a vehicle.

Riders who fail to comply with the below rules shall be reported to the Site Administrator. The school site will contact the student's parents/guardians and provide the details of the offense(s) to include the consequences. A coordinated effort between the parents/guardians and the school site will be made to effectively resolve the issue.

Because a school provided vehicle passengers' behavior can directly affect their safety and the safety of others, the following regulations apply at all times when students are riding in a school provided form of transportation, including for school activity trips:

1. Riders shall follow the instructions and directions of the driver at all times.
2. Riders should arrive at the pick up location at least five minutes prior to the scheduled departure time and stand in a safe place to wait quietly for the vehicle.
3. Riders shall enter the vehicle in an orderly manner and go directly to their seats.
4. Riders shall sit down and fasten any passenger restraint systems. Riders shall remain seated while the vehicle is in motion. Upon reaching their destination, riders shall remain seated until the vehicle comes to a complete stop and upon the signal from the driver, unfasten any restraint system, and go directly to the exit. Requests to leave or board at a vehicle stop other than the stop assigned must be in writing from the parent/guardian and approved by the appropriate school staff.
5. Riders shall not block the aisle or emergency exit with their body or personal belongings. Riders may bring large or bulky items, such as class projects or musical instruments, on the vehicle only if the item does not displace any other rider or obstruct the driver's vision.
6. Riders should be courteous to the driver and to fellow passengers. Vulgarity, rude, or abusive behavior is prohibited.
7. Any noise or behavior that could distract the driver, such as loud talking, scuffling or fighting, throwing objects, or standing or changing seats, is prohibited and may lead to suspension of riding privileges.
8. No part of the body, hands, arms or head shall be put out of the window.
9. Nothing shall be thrown from the vehicle. Windows shall not be opened greater than eight inches from the closed position.
10. Riders shall help keep the vehicle and the area around the vehicle stop clean. Riders shall not damage or deface the vehicle, tamper with vehicle equipment, or damage personal property around the vehicle stop.
11. Service animals are permitted on school transportation services; all other animals are prohibited. (Education Code 39839; 13 CCR 1216)
12. The school vehicle driver will escort riders (Pre-Kindergarten through 12th grade) who must cross the roadway or private road. Riders will cross the roadway or private road in front of the school vehicle only after instructed to do so by the vehicle driver. Riders shall be alert for traffic when leaving the vehicle.

Video Camera Surveillance

Video surveillance may be used on school vehicles to monitor student behavior while traveling to and from school and school activities. Students found to be in violation of the school's vehicle conduct rules shall be subject to discipline in accordance with Pivot policies and regulations. At the discretion of the Executive Director or designee, school vehicle video recordings also may be used to resolve complaints by students and/or parents/guardians and to help employees maintain discipline.

Pivot will disclose any video only as required by law; images of other students depicted in the video will be redacted to the greatest extent appropriate.

Procedures while waiting for the school vehicle at the vehicle stop

1. While waiting for the school vehicle to arrive, students must stand in a designated spot supervised by a staff member in an orderly and well-behaved line with no pushing or shoving.
2. Students are not to play in or be in the street or parking lots or on private property.
3. Respect the property of others and the property where the vehicle stop is located.
4. Students are responsible for their own actions.
5. Students should arrive at their vehicle stop five minutes prior to the scheduled leave time.
6. If the student is late to the vehicle and needs to cross the street that the vehicle is stopped on, they must wait for the vehicle driver to escort them across the street.
7. As the vehicle approaches the vehicle stop, students are to stand in place. They are not to move towards the vehicle. Students must remain back at least twelve feet from the school vehicle as the vehicle approaches the students. Once the vehicle comes to a complete stop then they may proceed toward the vehicle for loading.

Boarding and Disembarking Procedures

Boarding

1. Students shall board or exit the school vehicle ONLY at their assigned vehicle stop or field trip destination.
2. Students shall board in an orderly manner and utilize the handrails for their safety while loading and unloading.
3. Students are to find their seat as quickly as possible and sit down facing the front of the vehicle.
4. Students are to remain seated at all times while the vehicle is in motion.
5. Students are to maintain a noise level which will allow the vehicle driver to hear approaching traffic.
6. Students are to follow the directions of the vehicle driver while they are aboard the vehicle.
7. Students are responsible to follow all rules and regulations.

Exiting

1. Students shall stay seated until the vehicle comes to a complete stop.
2. Once the driver has stopped the vehicle completely and opened the door, students are to unload seat by seat starting with the front of the vehicle and continuing seat by seat until the vehicle is empty.
3. Students remaining on the vehicle are to remain seated until the vehicle stops at their assigned vehicle stop or field trip destination.
4. Students will unload in an orderly manner using the handrails.
5. Students shall exit the vehicle only at their assigned vehicle stop or field trip destination. Exceptions will only be allowed when the student presents the vehicle driver with a note signed by his/her parent and endorsed by the School Administrator.
6. Students are to move away from the vehicle as they unload. Students shall not get underneath the vehicle to retrieve a book, paper or some other article. The student should always alert the vehicle driver and have the vehicle driver get the article for them.
7. Students must avoid trespassing on other people's property, stay on sidewalks when possible.

Procedures and Standards for a School Pupil Activity Vehicle (SPAV)

If Pivot uses an outside contractor/school pupil activity vehicle (SPAV) to drive a field/sport/activity trip, the SPAV vehicle is not required to be equipped with an operational child safety alert system if the pupils are accompanied by at least one adult chaperone selected by a school official. If an adult chaperone is not a school employee, the chaperone shall meet the requirements for a school volunteer established by the policies of Pivot.

One adult chaperone shall have a list of every pupil and adult chaperone, including a school employee, who is on the SPAV vehicle at the time of departure. The driver must review all safety and emergency procedures before the initial departure.

Immediately before departure from any location, the adult chaperone shall account for each pupil on the list of pupils, verify the number of pupils to the driver, and sign a form indicating that all pupils are present or accounted for. After pupils have exited a school pupil activity vehicle, and before driving away, the driver shall check all areas of the vehicle, including, but not limited to, overhead compartments and bathrooms, to ensure that the vehicle is vacant.

An adult chaperone must be 18 years old or older and may be a parent or school volunteer. No student of Pivot may act as a chaperone. The group leader at the school site is responsible for ensuring there is an adult chaperone on each vehicle utilized for their group/trip. In addition to the Pivot using outside contractors (SPAB Vehicles/Drivers), Pivot vehicle drivers will not depart on a trip without an adult chaperone.

HEALTH MANUAL POLICIES & PROCEDURES

INTRODUCTION – HEALTH

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

CPR and First Aid Training

All credential staff are required to maintain a current CPR and First Aid Training Certification. Pivot Charter School supports this requirement by providing annual training to maintain their certification.

Medication

Pivot Charter School has policies to establish a protocol to ensure student health and safety when taking medications during school hours. Because Pivot Charter School's unique program offers both virtual access to education and opportunities to attend our resource center generally for limited durations of 3 hours on average, students are encouraged to take their medications at home, as appropriate. Pivot's Health and Safety Manual provides direction for students and staff when medications must be taken during school hours. When appropriate, Pivot will develop 504s or IEPs to incorporate aspects of the student's medical care as it relates to their education needs.

Medication – General Information

A. Medication During School Hours:

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

- a. **Annual** authorization from a healthcare provider and parents to take medication at school **for each medication** required.
 - b. Medication orders from the healthcare provider shall contain the following information:
 - i. Student name
 - ii. Date of birth
 - iii. Medication name and purpose/or condition requiring medication
 - iv. Dose and route of medication
 - v. Frequency and time medication needed
 - vi. Any pertinent specific instructions for taking medication
 - vii. Healthcare provider’s name & signature, phone number, address
2. A new medication authorization is required under the following circumstances (*all authorizations must be in writing from the healthcare provider*):
- a. Yearly, preferably at the beginning of the new school year before the student attends campus
 - b. Changes in medication dose, time, and method of administration
 - c. Change in medication
 - d. Change in California authorized healthcare provider
 - e. Discontinuance of medication
3. For short-term medications (10 days or less), the pharmacy-labeled container may be used in place of a healthcare provider’s order. *Medication Authorization for Pivot Charter School Students* signed by parent/guardian still required in order to determine whether the student may self-carry and administer the medication.
4. Telephone orders/changes to prescriptions are **not** permitted. Any changes must be submitted in writing and signed by the health care provider. (ex. Parent/guardian generated changes to prescription medication are not permitted, must be validated by the healthcare provider).
5. Medication must be **provided** by parents or student (if self-administering) in prescription or original bottle labeled with the following information (*if taking multiple medications, they must be in their separately labeled containers*):
- a. Student’s name
 - b. Healthcare provider’s name and contact information
 - c. Name of medication and dose
 - d. Directions for use
 - e. Parents are responsible for ensuring the medication has not expired
6. Medications taken by students with assistance by staff must be documented on a *Medication Administration Record (MAR)* – *this information is confidential and must be protected*. The *MAR* functions to document when a student takes medication and to log medications in and out of school. A single *MAR* should be used per student. *MARs* should be stored in the student’s file or Emergency Binder, where other students do not have access to them.
7. Diabetes medications and management: refer to Diabetes Policy
8. Rescue medications:
- a. Glucagon/Baqsimi: refer to Diabetes Policy
 - i. Prescription from healthcare provider required - (detailed in the *Diabetic Medical Management Plan*).
 - ii. Parents must provide appropriately labeled medication.
 - iii. Volunteer staff must be adequately trained per the “Glucagon Training Standards for School Personnel” and Pivot Policies.
 - b. Epinephrine (Epi-Pen/Auvi-Q): refer to Epi-Pen policy
 - i. No prescription required.
 - ii. Epi-pen provided by Pivot Charter Schools, or by prescription for students with known allergies.
 - iii. Volunteer staff must be adequately trained per the “Training Standards for the Administration of Epinephrine Auto-Injectors” and Pivot Policies.
 - c. Seizure Medications: refer to Seizure Policy
 - i. Prescription from a healthcare provider required for rescue medication (should be incorporated into the *Seizure Action Plan*).
 - ii. *Seizure Action Plan* required. If no plan is submitted to Pivot, 911 will be called immediately.

- iii. Volunteer staff must be trained to the specific seizure medication and delivery device.
 - iv. Volunteer staff must be adequately trained per Pivot’s requirements.
 - d. Narcan: refer to Narcan Policy
 - i. No prescription required.
 - ii. Narcan provided by Pivot Charter Schools, or by prescription for students.
 - iii. Volunteer staff must be adequately trained per the Narcan Distribution Project’s requirement and Pivot Policies.
 - e. Inhalers: refer to Asthma Policy
 - i. Prescription from a healthcare provider required for rescue medication (should be incorporated into the *Asthma Action Plan*).
 - ii. Respiratory distress is always addressed by calling 911.
 - iii. Volunteer staff must be trained on how to assist a student with an inhaler.
 - iv. Volunteer staff must be adequately trained per Pivot’s requirements.

B. Who May Administer/Assist with Medications:

1. A parent, guardian or designee may administer medication to their child at school, if:
 - a. The parent or guardian signs an agreement, *Medication Administration Waiver* provided by Pivot, identifying who will administer the medication and releasing Pivot from the responsibility of assisting with the medication. This waiver may be used for a specific date, time period, or the entire school year.
 - b. All the medications administered in school by the parent, guardian, or designee are administered in accordance with Pivot’s policy on medication, disposal of medications and universal precautions.
2. Students do not administer medication to other students, unless the student administering the medication is a sibling who has been designated by the parent with school administration approval to administer medication to his or her own sibling.
3. A written statement from an authorized health care provider is NOT required when a parent, guardian, or designee administers medication to their child in school.
4. Self-Administration (see section C).
5. Volunteer staff (see section D).
6. Licensed healthcare professionals (ex. a Licensed Vocational Nurse or Registered Nurse who may attend field trips and assist Pivot as needed).

C. Self-Administration of Medications:

1. Documentation required from the healthcare provider and parent to determine ability of students to self-carry and/or self-administer medications.
2. Students with special medical needs such as asthma and/or severe allergies or who are subject to anaphylactic reactions and may require emergency medications (i.e., asthma inhaler or epinephrine auto-injector [“Epi-pen”]) on their person at all times.
3. Students may not self-carry/self-administer “controlled” medications [drugs with potential for dependence or abuse (ex. ritalin, versed)]. See G. Storage and Handling of Controlled Substances.

D. Staff Assistance with Medications:

1. Staff assistance occurs *only* when:
 - a. The parents and healthcare provider have determined assistance is required and it is documented.
 - b. The staff member has volunteered and completed Pivot arranged Rescue Medication Training.
2. Rescue Med Training consists of:
 - a. Complete the *Volunteer Request: Rescue Medication* form
 - b. Complete the *Acknowledgement of PCS Policies* form
 - c. Participate in Skills Review, may be checked off by
 - i. CPR/First Aid Vendor
 - ii. Nurse (in person, or by Google Meets, as available)
 - d. Maintain current CPR/First Aid certification
 - e. Complete the assigned Vector Module on Basic Medication Administration
 - d. Participate in ongoing review/training of new student's medication authorizations, as needed
2. Volunteer staff training will take place at least annually.

3. Trained staff will verify that the name and birthdate of the student taking medication correspond with the name and birthdate listed on medication containers, and give medications **only** as written by the healthcare provider.
4. Trained staff will use the student specific *Medication Administration Record (MAR)* to document medication assistance.

E. Field Trips and Off-Site School Activities:

1. Lead Staff member on field trip sends the RN a roster of students participating in field trip with sufficient time for review prior to the activity.
2. RN reviews the student roster for potential medical needs and assigns the Field Trip Checklist to the Lead Staff member via the field trip roster. Field Trip Checklist includes:
 - a. Notify RN of any medical information on the permission slip
 - b. Print each student’s SIS generated Emergency Card - to be kept confidential
 - c. Confirms there is a Rescue Med Volunteer attending the field trip
 - d. Verifies all medication (student’s own medications & Rescue Medications), First Aid Kit are in the Field Trip Backpack, carried and accessible to staff only.
 - e. Ensures any applicable medication authorization orders and *MARs* are printed and accessible for the trip
 - f. Confirms a Rescue Med Volunteer has been trained specifically on any students with medication authorizations/conditions ahead of the trip
 - g. Ensure student’s with self-carry/administer privileges have their medication with them
3. RN notifies Director of Student Services, Site Administrator, and/or EC of actual or potential medical needs by students, depending on the field trip.
4. RN coordinates medical information, forms and additional training if needed, with the Lead staff member on Field Trip (ex. *DMMP, Medication Authorization for Pivot Charter Schools, Medication Administration Record, Documentation of Emergency Use of Epi-Pen form*).
5. Medications assistance/supervision provided by volunteer trained staff must be documented on the student’s *Medication Administration Record (MAR)*.

F. Documentation of Medications Taken During School Hours

1. Use one *Medication Administration Record (MAR)* per student requiring assistance/supervision.
2. *MARs* are confidential and must be stored securely, where students may not access another student’s information, Emergency Binder recommended.
3. For students requiring staff assistance with medications:
 - a. RN completes the top portion of the *MAR* with medication details from the completed Medication Authorization (ex. *Asthma Action Plan, Seizure Action Plan, Diabetic Medical Management Plan*).
 - b. Volunteer trained staff will document the medications in real time as they are taken on the student’s *MAR*.
 - c. *MARs* should be scanned to the RN for virtual storage either once completed or at the end of the school year.
4. Medications not authorized for self-administration or self-carry (ex. controlled substances) must be documented on the *MAR* with volume/quantity of medication verified (ex. pill count, 1 unit dose nasal spray) and signed in and out of the Resource Center by both the staff and the parent/guardian as well as any time the medication changes hands (ex. checking the medication out for a field trip).

G. Storage and Handling of Controlled Substances:

1. Controlled medications, as defined by the Drug Enforcement Administration (DEA), will not be accepted by Pivot Charter School without a current prescription and/or *Medication Authorization/Seizure Action Plan*.
2. RN will notify pertinent staff whether the medication is a “controlled substance.”
3. Medication must be “signed in” to Pivot using a student specific *Medication Administration Record (MAR)*, including verifying the volume/quantity of medication, and signed by both the parent and receiving staff member.

4. Medication must be labeled with the student's name and birthdate (if not already done so) and immediately locked in the designated medication cabinet.
5. Any use of the medication or change of hands/location (ex. Field Trip), including volume/quantity, must be documented and signed by two staff members on the student's *MAR*; they will serve as each other's witness. The same *MAR* should be used so the count can be easily verified for the next use.
6. Remaining medication after use or at the end of the school year must be returned directly to the parent and "signed out" of Pivot Charter School. The accepting parent and staff member will document the exchange, including remaining volume/quantity, on the *MAR*.
7. Parents are responsible for disposal of these medications.
8. Any loss of medication or missing dose(s) of medication will be reported immediately to the Executive Director, Site Administrator, Director of Student Services, RN, and if necessary to law enforcement.

H. Storage and Disposal of Non-Controlled Medications:

1. All medications, with the exception of those a student has authorization to self-administer, Epi-pens and Narcan must be kept in a locked storage cabinet accessible by staff *only*.
2. Parents are responsible for:
 - a. Delivering and picking up medications, *unless* the student is authorized to self-administer and the medication is not a controlled substance.
 - b. Verifying provided medications are not expired.
 - c. Disposing of their child's medication.
3. All medications are returned directly to the parent at the end of the school year. If the parent/guardian does not pick up the medication within 30 days of documented notice, the Site Coordinator should contact the RN for a plan for safe disposal.
4. Medications will not be flushed down the toilet or disposed of in the school trash.
5. Medications not authorized for self-administration will **not** be sent home with the student. For the student's safety, the parent must pick the medication up.

I. Reporting Medication Errors:

1. Any failure of medication to be taken by the student according to the written statement of the authorized health care provider, including the administration of **the wrong medication** or the **failure to administer medication**, must be reported immediately upon discovery to the:
 - a. Site Administrator
 - b. RN
 - c. Parent or Guardian
2. Medication errors are documented on the *MAR* along with the notification of the parent/guardian.
3. 911 will be called immediately in the case of an emergency and:
 - a. Site Administrator/Coordinator/RN will notify the health care provider, as needed.
 - b. Site Coordinator will prepare provide a copy of the student's Emergency Card for EMS.
4. Medication errors include:
 - a. Medication given to the **wrong student**.
 - b. The **wrong medication** given to a student.
 - c. The wrong medication **dose** taken by a student.
 - d. Medication taken at the **wrong time**.
 - e. Medication taken by way of a **wrong method or route**.
 - f. Medication **omission**.

g. **Medication dropped** on the floor and discarded (Discarded medication is recorded on the *MAR* and witnessed and signed by a second staff member).

Process:

A. Admission of a Student Requiring Medication During School Hours:

1. Parents share medical diagnosis and medications through the Enrollment Packet/Online Registration.
2. Site Coordinator (SC)/Clerk sends New/Returning Student email with RN CC'd and "MED" stated in the subject line.
3. RN reviews medical information and documents updates on the:
 - a. Med-Allergy Roster for tracking frequency of communication and forms. *Note: only medical conditions at higher risk for a classroom emergency are tracked.*
 - b. Emergency Card in SIS.
4. Education Coordinators (EC) review student's medical conditions as listed in SIS and follow up with any questions.
5. Site Coordinator/RN distribute and collect the appropriate Medication Authorizations (if there is no current 504/IEP addressing medical condition/medication).
6. RN follows up with with parents as needed, verbal communication documented in SIS under Health Notes. Both the EC and Site Coordinator are CC'd on emails to parents.
7. Once a complete Medication Authorization is returned to the Resource Center, the Site Coordinator scans the forms to the RN for review on a **new email thread** stating Med Auth in the subject line, and places the printed version in the Emergency Binder.
8. RN maintains a digital version of the Medication Authorization under the student's name in a Student Health Charts folder in Drive for ease of access, tracking and sharing.
9. RN will notify the assigned Educational Coordinator, Site Coordinator, Site Administrator and site based Rescue Med Volunteers of the student identity, medical condition, and medication authorization, *MAR*, and training arrangements as needed.
10. All medical related volunteer staff training is documented on the Staff Rescue Med Tracker.

B. Annual Renewal of Medical Information and Forms

1. RN to send ParentSqaure announcement twice over the summer to each School Site requesting parents submit medication information prior to the start of school: *Important School Information for [School Year] (Immunizations & Medications).*
2. RN distributes and collects new medication forms, as needed.
3. As received, the Site Coordinator scans forms to RN for review.

C. Emergency Preparedness:

1. Pivot encourages parents to ensure their student has medication with them at school as ordered by their health care provider.
2. Staff will maintain their CPR/First Aid certification.
3. Printed copies of all Medication Authorizations are maintained in the Emergency Binder for use in an emergency or should the digital version be unavailable.
4. Volunteer staff training provided annually and reinforced as needed.
5. Plan to maintain phone access to Emergency Medical Services maintained whether on site or on field trips.

6. Emergency Drills determined by the Site Administrator and Director of Student Services.

Forms:

- [2025-26 2. Policy - Medication - Google Docs](#)
- [2025-26 10. Medication Administration Record \(Original\) - Google Docs](#)
- [2025-26 11. Medication Administration Waiver - Google Docs](#)
- [2025-26 12. Medication Forms Flowsheet - Google Docs](#)
- [2025-26 14. Field Trip Checklist - Google Docs](#)

Glossary:

Controlled medications: Medications which are tightly regulated by the government, require a prescription, and have high potential for dependence and/or abuse, as defined by the Drug Enforcement Agency (ex. Anti-seizure rescue medications, Adderall, Norco, Xanax).

EC: Educational Coordinator

EMS: Emergency Services (911)

MAR: Medication Administration Record

Medication Authorization (“Med Auth”): a form completed by the healthcare provider and agreed on and signed by the parent/guardian indicating a medication is needed during school hours, includes details about the medication/condition and whether the student requires assistance from staff. Ex. Asthma Action Plan, Seizure Action Plan, Diabetes Medical Management Plan, Medication Authorization for Pivot Charter School Students, etc.

Rescue Med Volunteer: Staff member who volunteers annually to participate in additional training beyond CPR & First Aid to learn how to both administer and assist with student medications.

Rescue Medications: Phrase used to label medications Pivot Rescue Med Volunteers train on how to administer in emergencies (ex. Narcan, Epinephrine, Glucagon).

SC: Site Coordinator

SIS: School Information Systems

Universal Precautions: treatment of all bodily fluids as potentially infectious and taking appropriate safeguards against exposure, such as wearing gloves and hand-washing.

Diabetes Management

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

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

Diabetes Management – General Information

A. Defined:

Diabetes Type I	Diabetes Type II
<ul style="list-style-type: none"> • insulin deficiency • glucose derived from the food we eat is unable to leave the bloodstream to enter the cells where it is needed to produce energy • usually diagnosed in childhood or adolescence 	<ul style="list-style-type: none"> • resistance to the insulin produced or insufficient insulin • commonly associated with adulthood, but increasing in younger populations

B. Signs & Symptoms of changes in Blood Glucose (sugar):

1. “Normal” range of blood glucose in a fasting state is 70 mg/dl - 110 mg/dl.
2. Table: Sign/Symptoms of Hypoglycemia vs. Hyperglycemia

Hypoglycemia (low blood glucose, < 70 mg/dl)	Hyperglycemia (high blood glucose, see DMMP, ~ >200 mg/dl)
<p>Early:</p> <ul style="list-style-type: none"> • Looking pale • Shakiness • Sweating • Headache • Hunger or nausea • An irregular or fast heartbeat • Fatigue • Irritability or anxiety • Difficulty concentrating • Dizziness or lightheadedness • Tingling or numbness of the lips, tongue/cheek 	<p>Early:</p> <ul style="list-style-type: none"> • Fatigue • Irritability • Change in consciousness • Clammy skin • Shakiness <p>Late:</p> <ul style="list-style-type: none"> • Fruity-smelling breath • Dry mouth • Abdominal pain/nausea or vomiting • Shortness of breath • Confusion • Loss of consciousness

C. Treatment:

1. Individualized treatment determined by the healthcare provider and agreed upon by the parent/guardian documented on a *Diabetic Medical Management Plan*.
2. Routine assessment by a healthcare provider.
3. Glucose monitoring: frequency determined by healthcare provider. Equipment may vary [glucometer/lancets vs Continuous Glucose Monitor (CGM)]. Students must have unrestricted access to monitor their glucose via cell phone app.
4. Medication Management: Combination of long-acting and short-acting control, plus Rescue Medications/supplements.
 1. Oral medications
 2. Injections (insulin pens/pumps/syringe & vials)

Common Types of Insulin by Injection (pen/pump//syringe)

Long-acting insulin (~18-42 hrs depending on medication)	Short-acting insulin (~3-6 hrs depending on medication)	Rescue Agents for Hypoglycemia (low blood sugar)
<ul style="list-style-type: none"> • Lantus • Levemir • Tresiba • Basaglar • Toujeo 	<ul style="list-style-type: none"> • Fiasp & Lispro • NovoLog, Apidra, Humalog • Humulin R, Novolin R 	<ul style="list-style-type: none"> • oral glucose gel • oral glucose tablets • juice box • Glucagon injection** • Baqsimi nasal spray**

**Prescription required

5. Diet - monitor carbohydrate intake, per health care provider direction. If carbohydrate counting is required, the parents are responsible for labeling the student’s food.

6. Physical Activity - promoted, but must monitor blood sugar with increased activity, higher risk for low blood sugar with strenuous/cardiovascular exertion.

Process:

A. Admission of Diabetic Student:

1. See **Policy on Medication: Process: Section A.**
2. Use a *Diabetic Medical Management Plan* to collect detailed information about the student's condition.

B. Diabetes Management During School Hours:

1. Prescription and parental consent for diabetic related medications required on admission and annually thereafter:
 - a. Completed *Diabetic Medical Management Plan (DMMP)*, MD's preferred version accepted.
 - b. If a student requires routine staff assistance with their diabetes management it must be indicated in the *DMMP*.
 - c. A copy of the *DMMP* will be shared with the Educational Coordinator (EC), Site Coordinator, Site Administrator and site based Rescue Med Volunteers.
 - d. Site Coordinators will maintain the Emergency Binder that contains a printed copy of any documentation related to the medical condition for use in an emergency and portability during a field trip.
 - e. RN maintains a digital copy of documentation under the student's name in a Student Health Charts folder in Drive for ease of access, tracking and sharing.
2. Students authorized for diabetes self-care may do so anywhere/anytime on campus.
3. When appropriate, the student's 504 or IEP will incorporate their diabetes care.
4. Parent/Guardian will supply medication/supplies for diabetes care and monitor the expiration dates on medications.
5. When staff assistance is required, documentation of blood sugars and actions taken: insulin injection and dose, snack, etc. will be noted on the student's *Medication Administration Record (MAR)*.
6. "Sharps" (ex. Lancets, needles) must be disposed of in a Sharps Container provided by the student.
7. Extra supplies indicated in the DM Supply Letter are highly recommended to remain on Site, labeled with the student's name and birthdate by the Site Coordinator and stored in the locked medication cabinet.

C. Rescue Medication Administration:

1. Students must have a physician's order for medication to treat hypoglycemia (ex. Glucagon, Baqsimi, Gvoke), signed annually.
2. Only volunteer, trained staff members may assist students with Rescue Medications. These staff members must be:

- a. Trained to the specific medication and delivery device.
 - b. Adequately trained per Pivot Policies & requirements.
3. Diabetic medication is provided by the student/parent, stored at room temperature (unless otherwise indicated), and located securely near the student it belongs to. Student's DMMP/health chart specifies the exact location of the Rescue Medication relative to the student for quick access (ex. Red backpack).
4. Pivot submits annual request for volunteer staff members willing to undergo training per the Glucagon Training Standards for School Personnel. Additional training for alternative medications to treat hypoglycemia will be coordinated, as needed.
5. A Rescue Med Volunteer is to stay with the student and direct an alternate staff member to call 911, followed by a call to the parent or guardian.
6. On arrival of Emergency Services (EMS), the Site Coordinator/EC shall provide a copy of the student's SIS Emergency Card.
7. The following staff must also be notified of the hypoglycemic event and Rescue Medication administration:
 - a. Executive Director
 - b. Director of Student Services
 - c. Site Administrator (if not already aware)
 - b. Director of Human Resources
 - e. RN
8. Rescue Med Volunteers document the medication given on the student's *Medication Administration Record (MAR)*.

D. Storage & Handling of Diabetes Related Medications/Equipment:

1. With the exception of self-carry and Rescue Medications (ex. Narcan, epinephrine, albuterol inhalers, glucagon) must be kept in a locked storage cabinet accessible by staff *only*.
2. Parents are responsible for:
 - a. Delivering and picking up medications, *unless* the student is authorized to self-administer and the medication is not a controlled substance.
 - b. Verifying provided medications are not expired.
 - c. Disposing of their child's medication and/or equipment.

3. All medications are returned directly to the parent at the end of the school year. If the parent/guardian does not pick up the medication within 30 days of documented notice, the Site Coordinator should contact the RN for a plan for safe disposal.

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

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

E. Field Trips and Off-site School Activities:

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

2. Lead Staff shall provide the RN with a student roster for a field trip within a reasonable time period prior to the field trip to allow time to arrange for medically trained staff or a nurse as needed.

3. RN reviews the student roster for potential medical needs and assigns the Field Trip Checklist to the Lead Staff member via the field trip roster. Field Trip Checklist includes:

- a. Notify RN of any medical information on the permission slip
- b. Print each student's SIS generated Emergency Card - to be kept confidential
- c. Confirms there is a Rescue Med Volunteer attending the field trip
- d. Verifies all medication (student's own medications & Rescue Medications), First Aid Kit are in the Field Trip Backpack, carried and accessible to staff only.
- e. Ensures any applicable medication authorization orders and *MARs* are printed and accessible for the trip
- f. Confirms a Rescue Med Volunteer has been trained specifically on any students with medication authorizations/conditions ahead of the trip

4. RN notifies the Director of Student Services, Site Administrator, and/or EC of actual or potential medical needs by students, depending on the field trip.

5. RN coordinates medical information, forms and additional training, if needed, with the Lead staff member on Field Trip (ex. *DMMP*, *Medication Authorization for Pivot Charter Schools*, *Medication Administration Record*, *Documentation of Emergency Use of Epi-Pen form*).

6. Students with self-administration privileges may self-carry and take medications as indicated by their healthcare provider and parent/guardian on their *DMMP*, but will require staff assistance in emergencies.

7. Medications supervised by staff during school hours, must be documented on the *Medication Administration Record (MAR)*.

F. Emergency Preparedness:

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

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

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

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

3. Staff will maintain their CPR/First Aid certification.

4. Printed copies of all Medication Authorizations (ex. *DMMP*) are maintained in the Emergency Binder for use in an emergency or should the digital version be unavailable.

5. Volunteer staff training provided annually and reinforced as needed.

6. Plan to maintain phone access to Emergency Medical Services maintained whether on site or on field trips.

7. Emergency Drills determined by the Site Administrator.

Glossary:

CGM: Continuous Glucose Monitor - implanted sensor device, often on the back of the arm or abdomen that gives frequent feedback regarding blood glucose levels. Individuals have either a monitor or phone app that alerts them to high and low blood sugars. Backup by a glucometer is preferred when symptoms do not match the CGM meter and/or for verification.

DMMP: Diabetic Medical Management Plan – ADA recommended form signed by healthcare provider and parent outlining diabetes management. Various versions used by physicians. Any physician driven DMMPs are accepted as long as the pertinent criteria are met.

EC: Educational Coordinator

Glucagon: a naturally occurring hormone produced by the pancreas to increase blood sugar. Glucagon injections can be given intramuscularly in a hypoglycemic emergency to raise blood sugar quickly. May be given intramuscularly, or intranasally depending on the specific medication and delivery device.

Glucometer: medical device used to give blood glucose reading, requires a lancet to obtain capillary (usually fingertips) blood sample, which is applied to a glucose strip and inserted into the glucometer. Preferred method of verifying blood sugar.

Hyperglycemia: elevated blood sugar beyond the target range, *may or may not* result in identifiable signs/symptoms (frequent urination, increased thirst, blurred vision, feeling weak or tired). See Table B.2. Treatment is determined by the student specific DMMP.

Hypoglycemia: blood sugar below a target range that can result in identifiable signs/symptoms (ex. Fatigue, irritability, change in consciousness, clammy skin, shakiness). Low blood sugar can result from too much insulin, a change in diet, increase in activity, illness, or no apparent reason. “Normal” range of blood glucose in a fasting state is 70 mg/dl - 110 mg/dl. See Table B.2.

MAR: Medication Administration Record

Medication Authorization (“Med Auth”): a form completed by the healthcare provider and agreed on and signed by the parent/guardian indicating a medication is needed during school hours, includes details about the medication/condition and whether the student requires assistance from staff. Ex. Asthma Action Plan, Seizure Action Plan, Diabetes Medical Management Plan, Medication Authorization for Pivot Charter School Students, etc.

Rescue Med Volunteer: Staff member who volunteers annually to participate in additional training beyond CPR & First Aid to learn how to both administer and assist with student medications.

Rescue Medications: Phrase used to label medications Pivot Rescue Med Volunteers train on how to administer in emergencies (ex. Narcan, Epinephrine, Glucagon).

SC: Site Coordinator

Universal Precautions: treatment of all bodily fluids as potentially infectious and taking appropriate safeguards against exposure, such as wearing gloves and hand-washing.

Forms:

[2025-26 6. Glucagon Training Standards for School Personnel \(edited\) - Google Docs](#)

[2025-26 10. Medication Administration Record \(Original\) - Google Docs](#)

[2025-26 11. Medication Administration Waiver - Google Docs](#)

[2025-26 9. DM Emergency Supply Letter - Google Docs](#)

[2025-26 11. Spanish DM Emergency Supply Letter docx - Google Docs](#)

EpiPens

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

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

Annually all staff read and sign the Volunteer Request Letter (they have the option to volunteer or decline).

Designate a binder (Red Epi-Pen Binder) to organize the following printed copies of information:

1. Storage and Maintenance of Epi-Pen
2. Emergency Care Plan for Epi-Pen
3. Documentation of Emergency Use of Epi-Pen

Please have **all** staff read and sign the Volunteer Request (they have the option to volunteer or decline).

Please designate a binder (Red Epi-pen Binder in use at SD, NV, NB, Riverside) to track the *Storage and Maintenance of Epi-pen*

Scan the *completed* documents and send to Andria McNamee at amcnamee@pivotcharter.org

**Hands- on training may be completed during First-Aid Training, as needed arranged by RNs, trainor epi-pens also available for review.

For any questions/concerns contact Andria McNamee RN amcnamee@pivotcharter.org or Karen Poulsen kpoulsen@pivotcharter.org

Head Lice

A. Identification:

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

Lice die quickly away from scalp, within 2 days.



Lice are not dangerous; they do not spread disease.

B. Spread of Lice:

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

C. Treatment:

1. CDPH recommends a combination of a topical treatment (over-the-counter or prescription as recommended by the students Health Care Provider) **AND** nit combing.
2. Treatment of home environment: bedding/linens should be washed in hot water, pillows placed in dryer for 20min., carpets vacuumed. Combs, brushes, picks can be soaked in hot water (>130 degrees F) for 5-10min.

**Reasons treatment may fail or appear to:

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

Process:

A. Identification of Lice on Campus:

1. Allow student to finish school day.
2. Discreetly ensure students personal belongings (those that could spread lice ex. hats, scarves) are isolated from other student’s belongings.
3. Notify parents at the end of the school day by phone/in person of suspected head lice.
4. Give parents: A Parent’s Guide to Head Lice, the “Head Lice 101” brochure, *and* Letter to Parents RE Lice (all located in Drive in the Head Lice Folder).
5. Parents to “treat” child overnight. Additionally, all the family members should be checked for lice at home.

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

B. Classroom Surveillance/Treatment:

1. Carpet should be vacuumed daily until no students have lice.
2. If present, material items such as pillows should be placed in a dryer and run on hot for 20 min. or sealed in a plastic bag for 2 weeks.

C. Return to Campus After Identification of Head Lice:

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

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

D. Notification of General Student Population:

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

E. Chronic Cases:

1. Defined: head lice for 6 consecutive weeks or in 3 separate months of the school year.
2. Notify Program Director and Director of Operations for assessment of school attendance.
Per recommendation by CDPH, as chronic cases may indicate other family or socioeconomic problems.
3. Directors to involve Executive Director, RN, local health department, social services, and other appropriate individuals *as needed* to identify and resolve family problems that may contribute to chronic infestation and school attendance.

Immunizations

To establish a process for screening and maintaining student immunization records in accordance with California Law.

A. Assessment of Student Vaccination Status:

1. New student records obtained by Site Coordinator and pre-screened for waivers and missing vaccines.
2. Records scanned and emailed to Pivot RN for verification.
3. RN/SC updates Med file in SIS.
4. RN updates **Pivot Schools Student Roster – Immunization excel sheet in Google Drive, including site access, and verifies vaccines entered in SIS meet criteria.
5. If a student is missing vaccines, RN immediately notifies Site by email notifying staff of restriction or privilege for site access.
6. RN:
 - Notifies parents by phone, email, or Immunization Letter (in Drive)
 - Updates the **Pivot Schools Student Roster – Immunization with method/date of communication
7. RN to review immunization records every 30 days to identify students with missing doses. Students still missing doses, or in between immunizations, will be notified by email or letter home. Pertinent staff members (ie. ECs, SCs) CC'd on email.
8. RN submits mandatory Immunization Assessment State Reporting annually.
9. 7th grade checkpoint: letter sent end of 6th grade school year notifying parents of vaccine requirements for advancement to 7th grade.

B. On-site Privileges:

- Students who are fully immunized
- Students who are actively working towards completing immunizations (SPED, IEP, homeless, foster students, conditional admissions)
- Students with valid medical exemptions
- Students who are 18 years or older

C. Exclusion from campus resources

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

D. Notification of General Student Population:

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

E. Relevant California Immunization Laws:

AB 354, 2010: Tdap booster required for all 7th-12th graders (transfers, new, current)

SB 277, 2015: Amendment removing personal belief waiver, effective July 1, 2016

SB 276 & 714, 9/2019: Medical exemptions to immunizations, submission to CAIR by 1/2021 for review by State and new criteria for med exemption

CA Health and Safety Code (HSC): 120325 - 120380

CA HSC 120370: Medical Exemption to Immunizations

CA HSC 120375, section 6075: Annual Immunization Assessment Reporting Requirement

Pertussis (Whooping Cough)

To establish a protocol for identifying and responding to the occurrence of Pertussis (whooping cough) on campus.

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

A. Identification:

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

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

B. Spread of Infection:

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

C. Prevention:

1. Vaccinations for school age children:

TK/K-12	7th Grade-12th
DTap, DTP, Tdap 4 doses OK if one on or after 4th bday 3 doses OK if one on or after 7th bday	Tdap 1 dose on or after 7th bday

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

D. Treatment:

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

Process:

A. Identification/Notification of Pertussis Exposure:

1. Parent call notifying campus a student was diagnosed with pertussis:

- a. Child excluded from campus (see C. Exclusion/Return to Campus)
- b. Notify Site Administrator, Director of Student Services, RN of pertussis occurrence
- c. Site Administrator/RN to contact the local health department
- d. Site Coordinator to send "Letter to Parents RE Pertussis Exposure" home to students who may have had contact with the sick student
- e. Site Administrator/Coordinator/RN to send out "Letter to Staff RE Pertussis Exposure"

2. Community occurrence of pertussis:

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

Local Health Department by Site:

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

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

B. Classroom Surveillance/Treatment:

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

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

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

D. Notification of General Student Population:

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

Varicella (Chickenpox)

To establish a protocol for identifying and responding to the occurrence of chickenpox on campus.

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

A. Identification:

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

B. Spread of Varicella:

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

C. Prevention:

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

TK/ K-12 and 7th Grade
2 doses

D. Treatment:

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

Process:

A. Identification or Report of Varicella:

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

B. Classroom Surveillance/Treatment:

Routine classroom surface cleaning sufficient.

C. Return to Campus After Varicella Infection:

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

D. Varicella Outbreak Defined:

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

E. Outbreak Control

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

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

F. Notification of General Student Population:

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

Conjunctivitis (Pink Eye)

To establish a protocol for identifying and responding to the occurrence of pink eye on campus.

Conjunctivitis is redness and inflammation of the membrane (conjunctiva) that covers the eye and lines the inner surface of the eyelid. "Pink eye," as it is commonly known, can be highly contagious, particularly among young students, resulting in missed classroom time to prevent the spread of infection

A. Identification:

- Eye redness, itching, pain and discharge
- May occur in one eye or both
- Bacterial conjunctivitis may have more purulent (pus) discharge
- Diagnosis by healthcare provider – any student displaying signs/symptoms of conjunctivitis should be referred

B. Spread of Conjunctivitis:

- Touching the secretions from the eyes, nose, or mouth of infected persons
- 1 to 12 days after exposure for symptoms to begin, usually 1 to 3 days
- Contagious while symptoms are present
- Caused by viruses, bacteria, allergies, eye injuries, or chemicals

C. Prevention:

- Cover nose and mouth when sneezing or coughing. Use a tissue or your sleeve. Dispose of used tissues in the trash.
- Wash hands thoroughly with soap and warm running water after contact with eye drainage. Thorough

handwashing is the best way to prevent the spread of communicable diseases

- Do not share any articles that come in contact with the eyes, such as towels, washcloths, eye makeup, contact lens solution, or eye drops
- Clean and sanitize objects and surfaces at least daily and when soiled

C. Treatment:

- If a bacterial infection is diagnosed, antibiotic treatment is available (usually ointment or eye drops)
- If the infection appears to be viral, no specific antiviral treatment is usually needed

Process:

A. Identification of Conjunctivitis on Campus:

1. EC/Site Coordinator/RN to notify parents of suspected “pink eye,” and refer to Healthcare Provider for diagnosis and possible treatment. Student will need letter from a healthcare provider to return to campus.
2. Sanitize classroom surface areas and community objects.
3. Reinforce proper handwashing with students present.
4. May send “Letter to Parent RE Pink Eye,” (located in Drive within the Pink Eye Folder).

B. Classroom Surveillance/Treatment:

- Cleaning/sanitation of highly touched objects and surfaces required (ex. keyboards, phones, desktops)

C. Exclusion/Return to Campus After Diagnosis of Conjunctivitis:

- **Purulent conjunctivitis** (redness of eyes and/or eyelids with thick white or yellow eye discharge and eye pain): **Exclusion until examined by a health care provider and approved for readmission**
- **Nonpurulent conjunctivitis** (redness of eyes with a clear, watery eye discharge but without fever, eye pain, or eyelid redness): **No exclusion, *although may be considered if child is unable to keep hands away from eyes***

D. Notification of General Student Population:

- Site Coordinator to send “Letter to Parents RE Pink Eye,” (located in Drive within the Pink Eye Folder) to parents of students who may have been exposed
- Modify “Letter to Parents RE Pink Eye,” with contact number to correspond with specific campus affected

Vision and Hearing

To establish a process to screen students for vision and hearing deficits, pursuant to California Education Code 49455.

Undetected hearing or vision deficits can negatively impact an individual’s ability to learn and participate in school. Hearing and vision screening are provided at no cost. If a hearing or vision deficit is detected, parents will be notified with a recommendation to follow up with a health care provider.

Pivot Charter Schools will plan for a Fall vision and hearing screen followed by a Spring screening, as needed.

A. Student Population to be Screened:

1. Grade levels: Kindergarten, 1st, 2nd, 5th, 8th, and 10th
2. Students with IEPs, denoted by (*) next to their grade level
3. Students suspected of having a vision or hearing deficit at parent’s or Educational Coordinator’s request

B. Contracted Agencies by Site:

1. Pivot RN to locate approved agencies/nurses to provide vision/hearing screening
2. All contracts forwarded to the Chief Business Officer for approval

C. State Reporting:

1. Pivot RN to complete form PM 100 and submit to the Hearing Conservation Program by June 30th, annually

Process:

A. Notification of Vision & Hearing Screening:

1. Following confirmation between the Site and the contracted agency and/or nurse, a ParentSquare announcement is sent to parents with the date of screen
2. Parents may opt out of the screening process, the form is available upon request from the Resource Center and placed in the student's file. See F (4.) Vision & Hearing Forms & Letters
3. Educational Coordinators (ECs) and Educational Specialists (ESs) are notified by email

B. Preparation for the Day of Screening:

1. Pivot RN to prepare a spreadsheet of students due for screening by grade and Site
2. Pivot RN sends the spreadsheet and instructions for the day of screening to the Site Coordinators for printing and preparation
3. A staff member (SC if possible) should be available to assist the nurse providing screening, facilitating a continuous flow of students for evaluation
4. Students are encouraged to bring/wear their glasses and/or hearing aides for the assessment.
5. Reserve a quiet room, with at least 10 feet of space
6. Agency/nurse will provide equipment at North Valley, Riverside, and San Diego
7. North Bay will provide a vision chart, all other equipment provided by the agency/nurse
- 8.

C. Referrals for Further Evaluation by Student's Health Care Provider:

1. Contracted agencies may use their own referral forms
2. Pivot referral forms available, as needed, for failed vision and/or hearing screens, located in POD → Health & Safety→ Vision & Hearing
3. Site Coordinators will mail home any referrals, and keep a copy in the student's file
4. Pivot RN will update SIS with current screening results, found on the Immunization tab. Previous screening results will be stored in SIS under Health Notes
5. Only students who fail a portion of screening will have their results sent home

D. Vision & Hearing Forms & Letters:

[Annual Report PM 100](#)

[4. HEARING SCREENING PARENT/GUARDIAN NOTIFICATION RESULTS AND REFERRAL - Google Docs](#)

[5. Report of School Vision Test \(Superintendent approved\).doc - Google Docs](#)

[6. Report of Color Vision Test Results \(CDE\).doc - Google Docs](#)

[7. Parental Right to Refuse Consent for Examination - Google Docs](#)

Comprehensive Sexual Health Education

If a high school student has not yet completed their physical education graduation requirement, they may take Physical Education A / Health at Pivot Charter School. This course includes a curriculum about Health, Sexual Health and HIV Prevention. Some 7th and 8th grade students may also learn about health in their Physical Education courses. Families can choose to opt out of Sexual Education lessons by notifying their EC. Students will be excused from those lessons, and given alternate assignments. In accordance with AB 1861 (2018) amended Education Code Section 51934, Pivot ensures that all pupils in grades 7 to 12 receive information on how social media and mobile device applications are used for human trafficking, as part of comprehensive sexual health education.

Drug Free / Alcohol Free/ Smoke Free Environment

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

Feminine Hygiene Products

Pivot Charter School will stock at least 50% of its restrooms with feminine hygiene products, and shall not charge students for these products, pursuant to Education Code Section 35292.6

Drinking Water and Water Bottle Notice

Charter School shall allow students, teachers, and staff to bring and carry water bottles. Water bottles may be excluded from libraries, computer labs, science labs, and other places where it is deemed dangerous to have drinking water. Charter School may develop additional policies regarding the types of water bottles that may be carried.

Charter School adheres to all applicable requirements regarding placement and maintenance of water bottle refilling stations on campus.

Charter School shall encourage water consumption through promotional and educational activities and signage that focus on the benefits of drinking water and highlight any water bottle filling stations that are located on campus.

CSP – COVID-19 SAFETY PLAN FOR PIVOT CHARTER SCHOOL

This CSP is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

Date: March 25, 2023

Authority and Responsibility

The **Executive Director** has overall authority and responsibility for implementing the provisions of this CSP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CSP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

Identification and Evaluation of COVID-19 Hazards

We will implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections using the **Appendix B: COVID-19 Inspections form** as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.
- Conduct weekly staff meetings and create opportunity for employees to share Covid-19 protocol concerns
- Send staff email notifications (as needed) of Covid-19 symptomatic/exposed/positive cases and reminders on safety protocols when there are positive or potential cases.
- Distribute online survey where parents and staff can anonymously share concerns about violations or COVID -19 hazards

Employee participation

Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by:

- **Participating in weekly staff meetings about COVID-19 hazards**
- **Email, text or call the COVID Coordinator or Executive Director or the employee's direct supervisor**
- **Participate in Governing Board meetings where COVID-19 hazards will be discussed**
- **Complete anonymous online surveys about COVID-19 hazards**

Employee screening

We screen our employees by:

- Requiring staff to take their own temperature when they come to work **each day** and enter their temperature and complete a confidential questionnaire about their exposure and symptoms in our newly created online portal.
- Provide asymptomatic testing when it is locally accessible.
- Require testing and quarantine according to local Department of Public Health guidelines when an employee reports they may be exposed or may be exhibiting symptoms.
- If an employee develops a symptom consistent with Covid-19 during their work day they are to immediately isolate and are sent home from work.
- Pivot will use face coverings, if/as required by county or state guidelines, during screening by both screeners and employees and, if temperatures are measured, non-contact thermometers are used.

Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices or procedures will be documented on the **Appendix B: COVID-19 Inspections** form, and corrected in a timely manner based on the severity of the hazards, as follows:

- Conduct workplace-specific evaluations
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention
- Evaluate existing COVID-19 prevention controls in the workplace and the need for different or additional controls.
- Conduct periodic inspections using the Appendix B: COVID-19 Inspections form as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with COVID-19 policies and procedures.
- Operate pursuant to existing COVID-19 Protocols and Policies

The Executive Director or COVID Coordinator or the Site Administrator will assess the severity of the hazard and assign correction time frames. If supplies or engineering is needed the ordering process will happen on the same day of hazard being identified. Shipping will be as fast as possible, regardless of cost, in order to correct the hazard.

Control of COVID-19 Hazards

Physical Distancing

Where possible, we ensure at least three feet of physical distancing where possible in our workplace by:

Physical Distancing

We ensure at least three feet of physical distancing where possible in our workplace by:

- **Reducing the number of persons in an area at one time, including visitors.**
- **Visual cues such as signs and floor markings to indicate where employees and students should be located or their direction and path of travel where necessary.**
- **Staggered student arrival, departure, work, and break times.**

- **Staff meetings are still conducted online.**

Face Coverings

We provide clean, undamaged face coverings and ensure they are properly worn by employees over the nose and mouth as required by the California Department of Public Health (CDPH) or local health department.

The following are exceptions to the use of face coverings in our workplace:

- When an employee is alone in a room with the door closed.
- While eating and drinking at the workplace, provided employees are at least three feet or more apart and outside air supply to the area, if indoors, has been maximized to the extent possible.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be considered on a case-by-case basis. In all these cases, staff will be separated from others with a plexiglass shield.
- Specific tasks that cannot feasibly be performed with a face covering, where employees will be kept at least six feet apart such as providing speech and language support services to students. In all these cases, staff will be separated from others with a plexiglass shield.

Engineering controls

We implement the following measures for situations where we cannot maintain at least six feet between individuals:

- **Plexiglass desk or wall dividers**
- **Working outdoors**

We maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by:

- **Opening windows and doors regardless of outside weather conditions.**
- **Cancelling school on inclement and smoky days**
- **Having Merv 12 air filters for our ventilation systems where feasible**
- **Installing Portable Hepa Air cleaners in all spaces**
- **Surveilling CO2 monitors in classrooms at least on a weekly basis**

Cleaning and disinfecting

We implement the following cleaning and disinfection measures for frequently touched surfaces:

We implement the following cleaning and disinfection measures for frequently touched surfaces:

- **Ensuring adequate cleaning supplies for each employee in their classroom including Bioprotect, gloves, and paper towels**
- **Facilitate daily cleaning**
- **Hire cleaning company to clean at least twice per week or more, if necessary**
- **Informing employees how often their work space is cleaned (everyday students are on campus) and when to use additional cleaning supplies as provided.**
- **Surfaces will be cleaned and disinfected before and after eating times for staff and students**

Should we have a COVID-19 case in our workplace, we will implement the following procedures:

- **Ventilate area by keeping windows open for an entire day, if possible**

- **The room will not be used by others for a minimum of 24 hours to 3 days.**

PPE must not be shared, e.g., gloves, goggles and face shields.

Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools must also not be shared, to the extent feasible. Where there must be sharing, the items will be cleaned between uses. Hand sanitizing

In order to implement effective hand sanitizing procedures, we:

- **Evaluated handwashing facilities and added where necessary.**
- **Encourage and allow time for employee handwashing.**
- **Providing employees with an effective hand sanitizer, and prohibit hand sanitizers that contain methanol (i.e. methyl alcohol).**
- **Encourage employees to wash their hands for at least 20 seconds each time.**

Personal protective equipment (PPE) used to control employees’ exposure to COVID-19

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provide such PPE as needed.

When it comes to respiratory protection, we evaluate the need in accordance with CCR Title 8 section 5144 when the physical distancing requirements are not feasible or maintained.

Investigating and Responding to COVID-19 Cases

This will be accomplished by using the **Appendix C: Investigating COVID-19 Cases** form.

Employees who had potential COVID-19 exposure in our workplace will be:

- **Offered COVID-19 testing at no cost during their working hours**
- **Required to work from home for the required amount of days of quarantine per local DPH guidelines or until proof of a negative test. If not well enough to work from home, additional sick leave will be provided if authorized by federal and/or state governments.**
- **Staff will be allowed to utilize all available COVID sick leave if they must be off from work due to COVID exposure. If needing to be off work due to COVID exposure AT PIVOT, staff will be allowed to use their COVID sick leave, and then if there is any need for more days paid sick leave will be used. Employees will not be forced to use their regular vacation/personal days for time off due to COVID exposure if that exposure was AT PIVOT.**
- **Any changes in exposure protocols will be shared with employees in a timely fashion.**
- **Reports from the County Department of Health, pertaining to exposure, will be shared with employees as needed.**

System for Communicating

Our goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand, and that it includes the following information:

- All concerns of hazards and exposure should be reported to the COVID Coordinator or their designee, AND their Site Administrator.
- Employees can report symptoms and hazards without fear of reprisal.
- Employees with pre-existing conditions are encouraged to let the Director of Human Resources or the Executive Director know to discuss possible accommodations.
- Employees have been provided a list of multiple locations where Covid-19 testing can be accessed.

Additionally, faculty may access the local hospital testing site.

- In the event we are required to provide testing to students because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the possible consequences of a positive test. This exposure information will be shared through our ParentSquare application with families and staff as well as staff emails. Additionally, the COVID Coordinator or a member of the Covid-19 Team will personally speak with any exposed employees and walk them through the testing recommendations and quarantine procedures per the County Department of Public Health.
- Information will be distributed about COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures.
- Daily (as necessary) emails, on work days, will be sent by the Covid Coordinator or their designee with current symptomatic, exposed and positive case counts.

Training and Instruction

We will provide effective training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards.
- Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
 - COVID-19 is an infectious disease that can be spread through the air.
 - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
 - An infectious person may have no symptoms.
- Methods of physical distancing of at least three feet and the importance of combining physical distancing with the wearing of face coverings.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- The protocols for entering the building and use of the online portal.
- The requirement for cleaning work areas.

Appendix D: COVID-19 Training Roster will be used to document this training.

Exclusion of COVID-19 Cases

Where we have a COVID-19 case in our workplace, we will limit transmission by:

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met.
- Excluding employees with COVID-19 exposure from the workplace, when applicable, per guidance from federal, state, and local health departments and agencies.
- Continuing and maintaining an employee's earnings, seniority, and all other employee rights and benefits whenever we've demonstrated that the COVID-19 exposure is work related. This will be accomplished by allowing employees to be out of work on exposure without using designated vacation/personal days while federal or state COVID leave is available. If well, employees will be asked to tele-communicate to work.

- Providing employees at the time of exclusion with information on available benefits.

Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment.
- Maintain records of the steps taken to implement our written COVID-19 Safety Program in accordance with CCR Title 8 section 3203(b).
- Make our written COVID-19 Safety Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix C: Investigating COVID-19 Cases** form to keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.
- Use the daily email or mass phone communication system through ParentSquare to communicate student and employee symptomatic, exposed or positive cases with appropriate testing date, date of notification, date of end of symptomatic return (if applicable), date of exposure return (if applicable), when there is a positive case or potential case, while maintaining confidentiality of staff, parents, contractors, visitors and students.
- Check in with employees who are exposed and quarantined.

Return-to-Work Criteria

- COVID-19 cases with a positive test result or COVID-19 symptoms will not return to work until all return-to-work criteria have been met.
 - Return-to-work criteria will be updated regularly based on official guidance from the CDC, CalOSHA, CDPH, and local DPH. If return-to-work criteria differ among the agencies, Roads/Pivot will enforce the strictest of the recommended protocols.
 - If an order to isolate or quarantine an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted.
 - Close contacts who remain symptom free do not need to quarantine, but will be required to obtain a COVID-19 test and follow all masking requirements as outlined by the California Department of Public Health (CDPH) or local health department.
-

This Plan has been approved by the Governing Board of Roads Education Organization

APPENDICES TO BE USED AS OUTLINED ABOVE

CSP – COVID-19 Safety Plan, Appendix A: Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

Person conducting the evaluation: [enter name(s)]

Date: [enter date]

Name(s) of employee and authorized employee representative that participated: [enter name(s)]

Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards	Places and times	Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers	Existing and/or additional COVID-19 prevention controls, including barriers, partitions and ventilation

CSP – COVID-19 Safety Plan, Appendix B: COVID-19 Inspections

Appendix B: COVID-19 Inspections

[This form is only intended to get you started. Review the information available at www.dir.ca.gov/dosh/coronavirus/ for additional guidance on what to regularly inspect for, including issues that may be more pertinent to your particular type of workplace. You will need to modify form accordingly.]

Date: [enter date]

Name of person conducting the inspection: [enter names]

Work location evaluated: [enter information]

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
[add any additional controls your workplace is using]			
[add any additional controls your workplace is using]			
Administrative			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
[add any additional controls your workplace is using]			
[add any additional controls your workplace is using]			
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			
[add any additional controls your workplace is using]			

CSP – COVID-19 Safety Plan, Appendix C: Investigating COVID-19 Cases

Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees' medical records will also be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

Date: [enter date]

Name of person conducting the investigation: [enter name(s)]

Employee (or non-employee*) name:		Occupation (if non-employee, why they were in the workplace):	
Location where employee worked (or non-employee was present in the workplace):		Date investigation was initiated:	
Was COVID-19 test offered?		Name(s) of staff involved in the investigation:	
Date and time the COVID-19 case was last present in the workplace:		Date of the positive or negative test and/or diagnosis:	
Date the case first had one or more COVID-19 symptoms:		Information received regarding COVID-19 test results and onset of symptoms (attach documentation):	

Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period, and who may have been exposed (attach additional information):	
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Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:			
All employees who may have had COVID-19 exposure and their authorized representatives.	Date:		
	Names of employees that were notified:		
Independent contractors and other employers present at the workplace during the high-risk exposure period.	Date:		
	Names of individuals that were notified:		
What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?		What could be done to reduce exposure to COVID-19?	
Was local health department notified?		Date:	

*Should an employer be made aware of a non-employee infection source COVID-19 status.

CSP – COVID-19 Safety Plan, Additional Consideration #1

Multiple COVID-19 Infections and COVID-19 Outbreaks

[This section will need to be added to your CSP if your workplace is identified by a local health department as the location of a COVID-19 outbreak, or there are three or more COVID-19 cases in your workplace within a 14-day period. Reference section 3205.1 for details.]

This section of CSP will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.

COVID-19 testing

- We will facilitate COVID-19 testing to all employees in our exposed workplace except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period. COVID-19 testing will be provided at no cost to employees during employees' working hours.
- COVID-19 testing consists of the following:
 - Any symptomatic employees in our exposed workplace will be tested. Since all employees working on site are required to be vaccinated, asymptomatic employees will not be required to be tested.
 - We will provide additional testing when deemed necessary by Cal/OSHA.

Exclusion of COVID-19 cases

We will ensure positive COVID-19 cases are excluded from the workplace in accordance with our CSP **Exclusion of COVID-19 Cases** and **Return to Work Criteria** requirements, and local health officer orders if applicable.

Investigation of workplace COVID-19 illness

We will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak in accordance with our CSP **Investigating and Responding to COVID-19 Cases**.

COVID-19 investigation, review and hazard correction

In addition to our CSP **Identification and Evaluation of COVID-19 Hazards** and **Correction of COVID-19 Hazards**, we will immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

- Investigation of new or unabated COVID-19 hazards including:
 - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
 - Our COVID-19 testing policies.
 - Insufficient ventilation.
 - Insufficient air filtration.
 - Inadequate enforcement of masking requirements.
 - Lack of physical distancing.
- Updating the review:
 - Every thirty days that the outbreak continues.
 - In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.
- Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. We will consider:
 - Moving indoor tasks outdoors or having them performed remotely.
 - Increasing outdoor air supply when work is done indoors.

- Improving air filtration.
- Improving enforcement of masking requirements.
- Increasing physical distancing as much as possible.
- Respiratory protection.
-

Notifications to the local health department

- Immediately, but no longer than 24 hours after learning of three or more COVID-19 cases in our workplace, we will contact the local health department for guidance on preventing the further spread of COVID-19 within the workplace.
- We will provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace of the COVID-19 case, and any other information requested by the local health department. We will continue to give notice to the local health department of any subsequent COVID-19 cases at our workplace.

CSP – COVID-19 Safety Plan, Additional Consideration #2

Major COVID-19 Outbreaks

[This section will need to be added to your CSP should your workplace experience 20 or more COVID-19 cases within a 30-day period. Reference section [3205.2](#) for details.]

This section of CSP will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.

COVID-19 testing

We will facilitate COVID-19 testing for all employees present at our exposed workplace during the relevant 30-day period(s) and who remain at the workplace. COVID-19 testing will be provided at no cost to employees during employees' working hours.

Exclusion of COVID-19 cases

We will ensure COVID-19 positive cases and employees with COVID-19 symptoms are excluded from the workplace in accordance with our CSP **Exclusion of COVID-19 Cases** and **Return to Work Criteria**, and any relevant local health department orders.

Investigation of workplace COVID-19 illnesses

We will comply with the requirements of our CSP **Investigating and Responding to COVID-19 Cases**.

COVID-19 hazard correction

In addition to the requirements of our CSP **Correction of COVID-19 Hazards**, we will take the following actions:

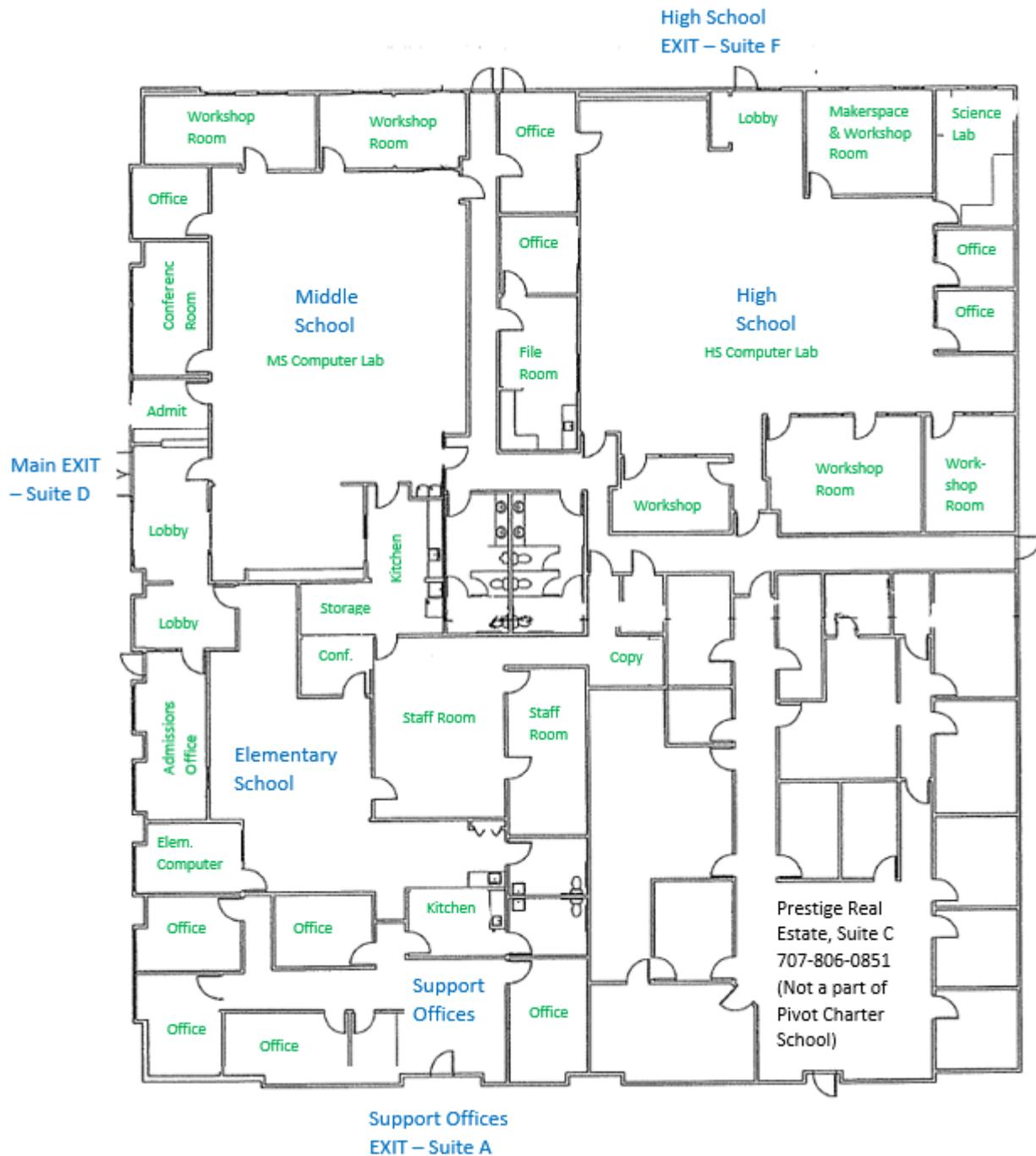
- In buildings or structures with mechanical ventilation, we will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, we will use filters with the highest compatible filtering efficiency. We will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems would reduce the risk of transmission and implement their use to the degree feasible.
- We will determine the need for a respiratory protection program or changes to an existing respiratory protection program under CCR Title 8 section 5144 to address COVID-19 hazards.
- We will evaluate whether to halt some or all operations at our workplace until COVID-19 hazards have been corrected
- Implement any other control measures deemed necessary by Cal/OSHA.

Notifications to the local health department

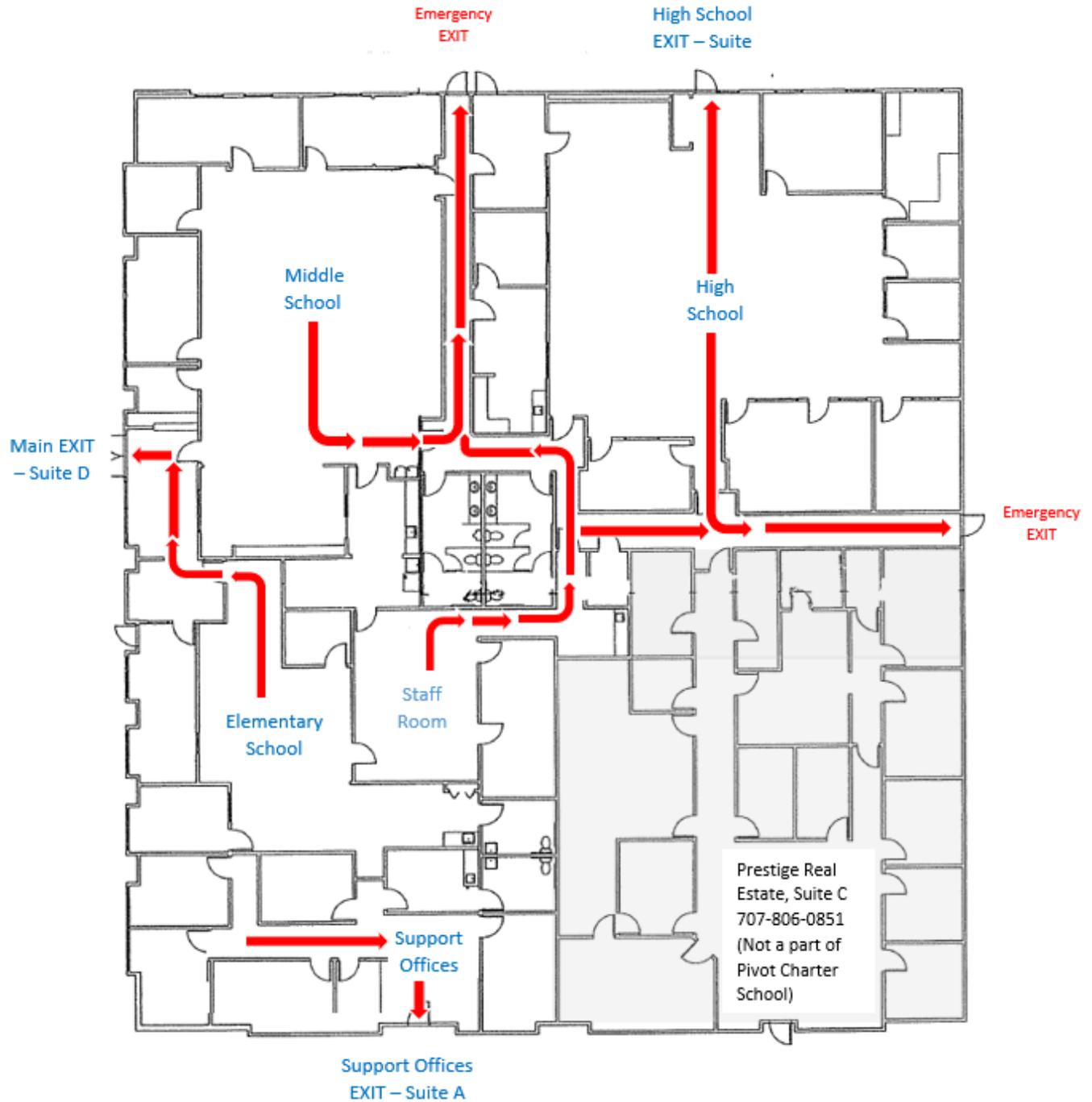
We will comply with the requirements of our **Multiple COVID-19 Infections** and **COVID-19 Outbreaks-Notifications to the Local Health Department**.

APPENDIX A – SAFETY DETAIL DOCUMENTS – NORTH BAY

Building Complex Floorplan with Pivot Charter School North Bay Room Details



School Floorplan Labeled with Emergency Exits – Pivot Charter School North Bay



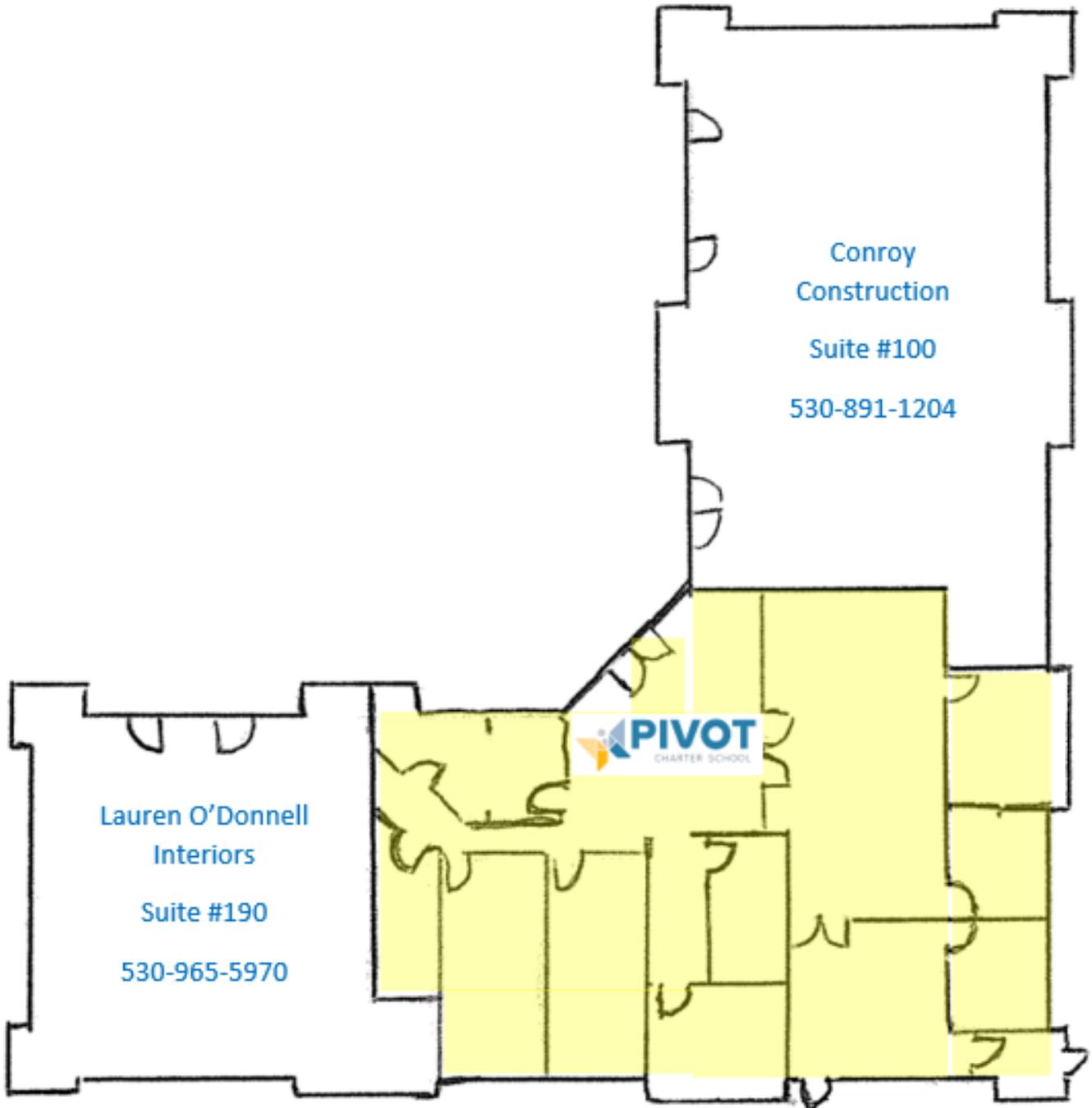
Evacuation Areas – Primary and Alternate – Pivot Charter School North Bay

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

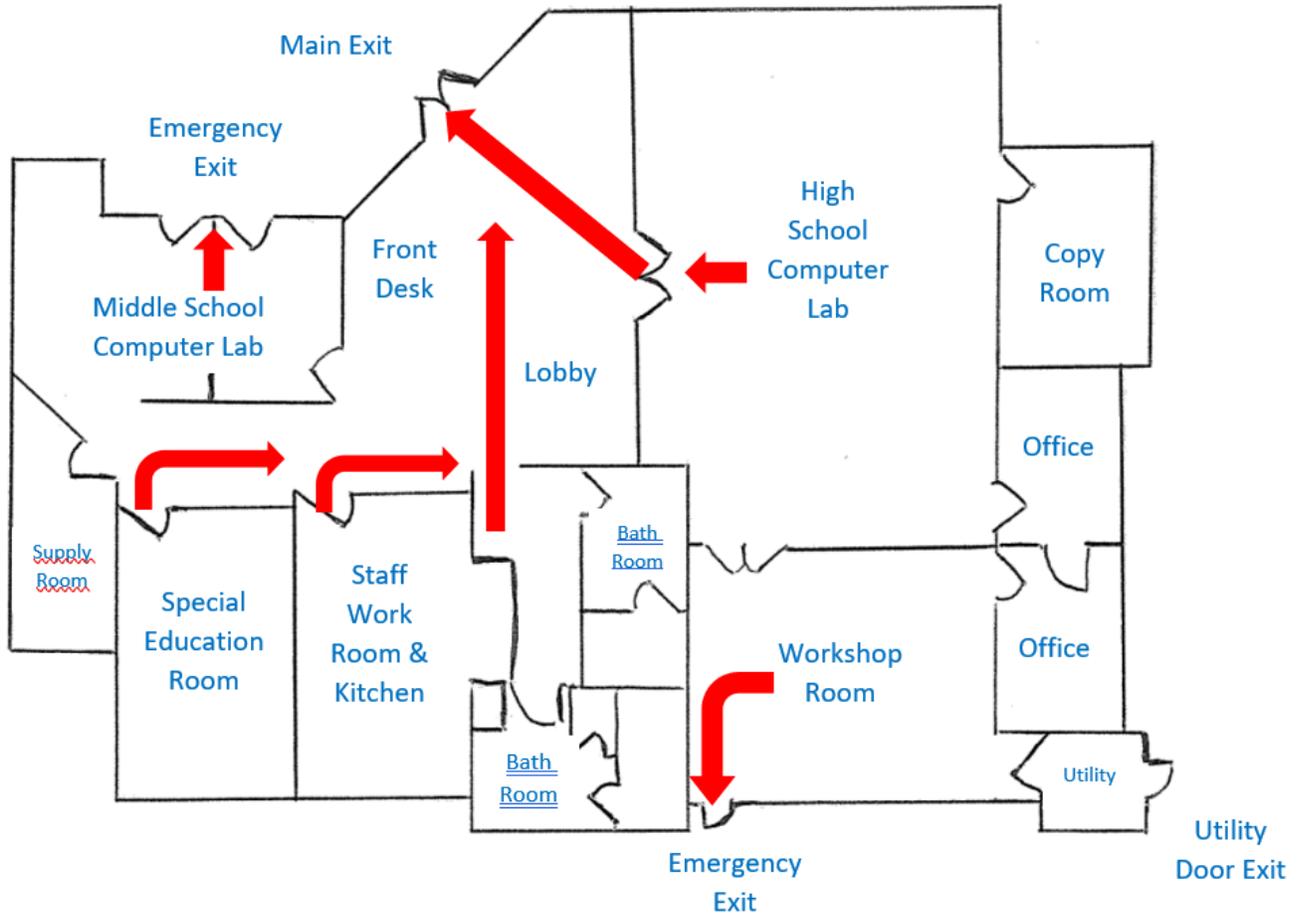
Picture intentionally omitted for safety purposes. Staff is trained on these locations.

APPENDIX A – SAFETY DETAIL DOCUMENTS – NORTH VALLEY

Building Complex Floorplan with Pivot Charter School North Valley Colored In



School Floorplan Labeled with Emergency Exits – Pivot Charter School North Valley



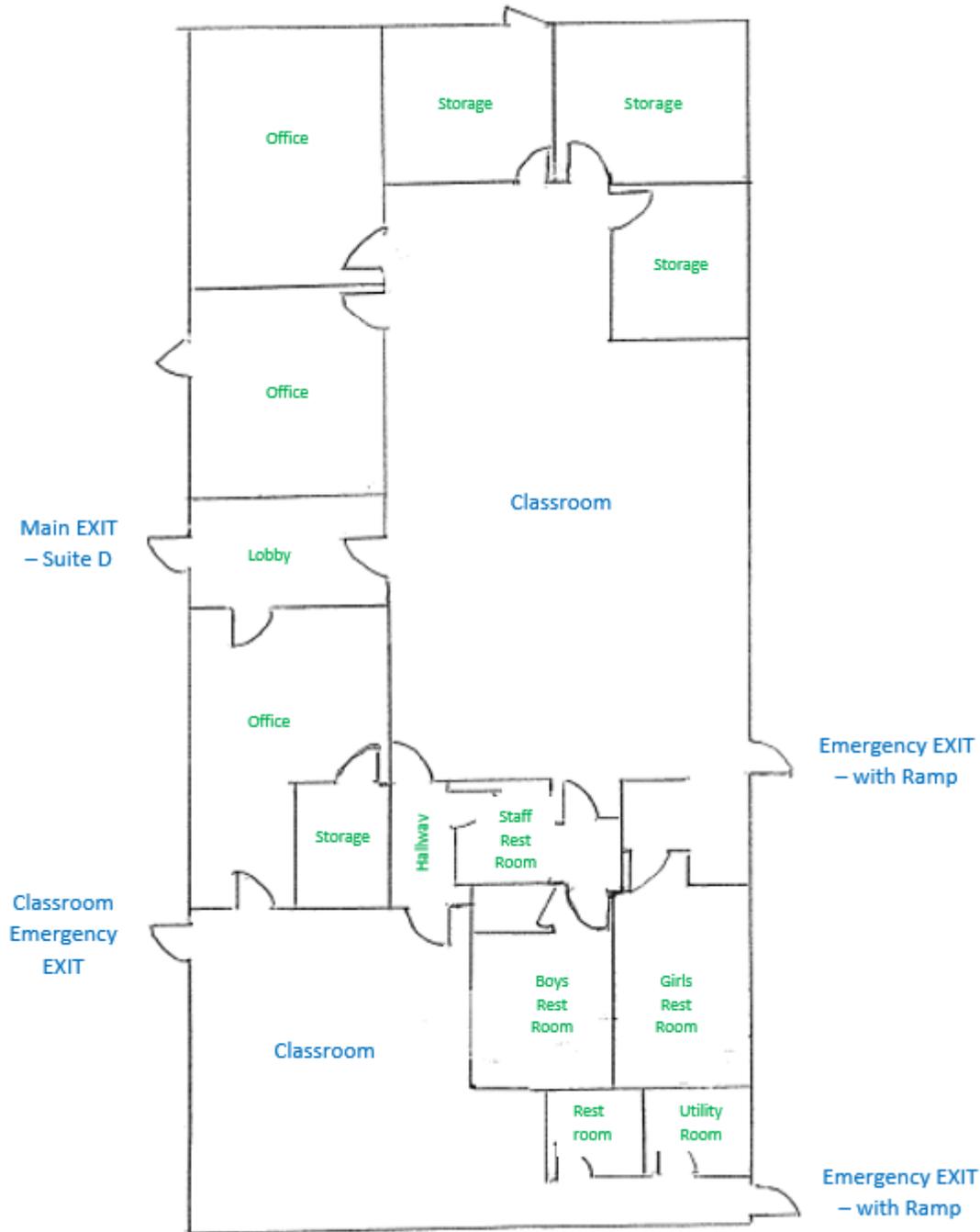
Evacuation Areas – Primary and Alternate – Pivot Charter School North Valley

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

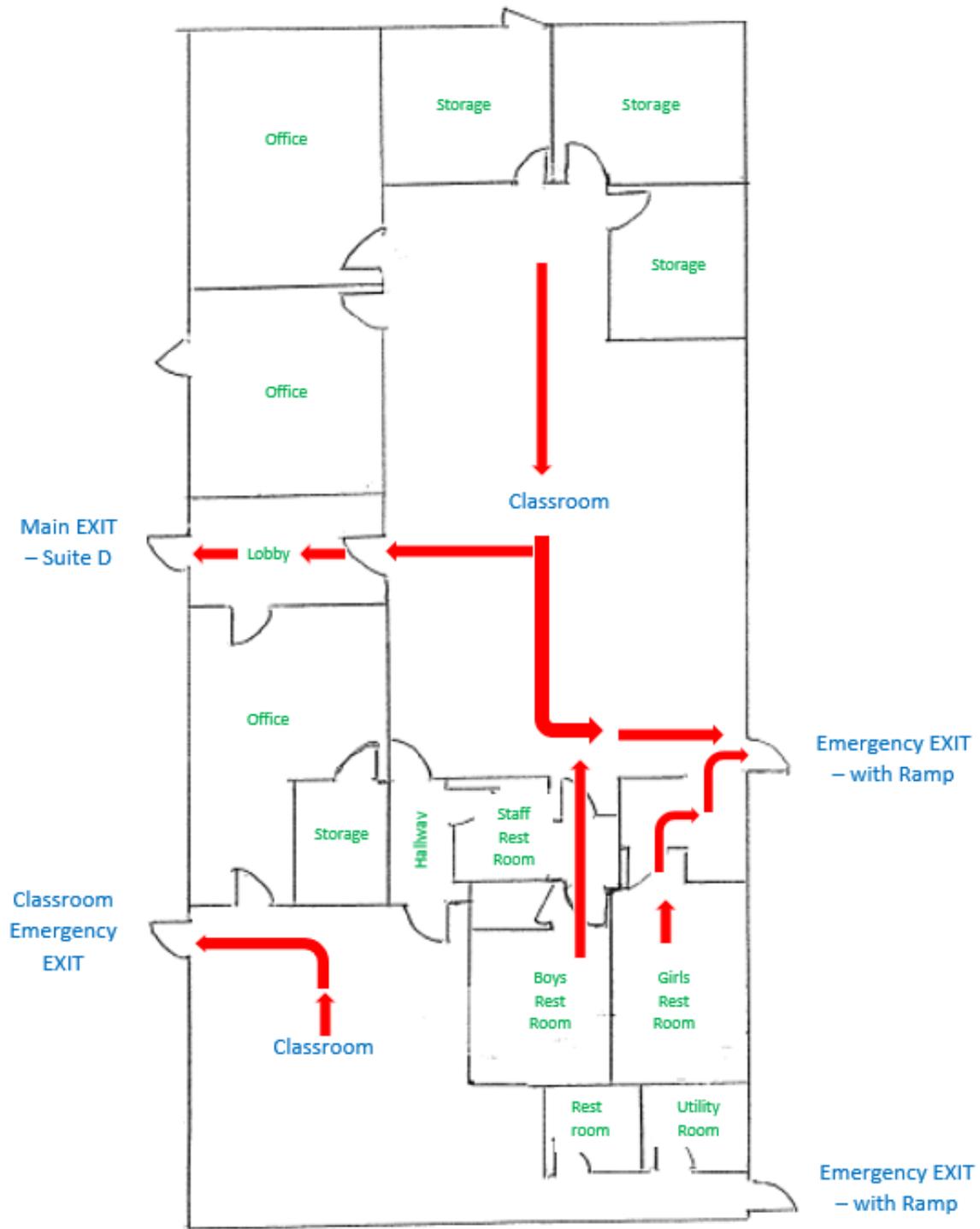
Picture intentionally omitted for safety purposes. Staff is trained on these locations.

APPENDIX A – SAFETY DETAIL DOCUMENTS – RIVERSIDE

Building Complex Floorplan with Pivot Charter School Riverside Room Details



School Floorplan Labeled with Emergency Exits – Pivot Charter School Riverside



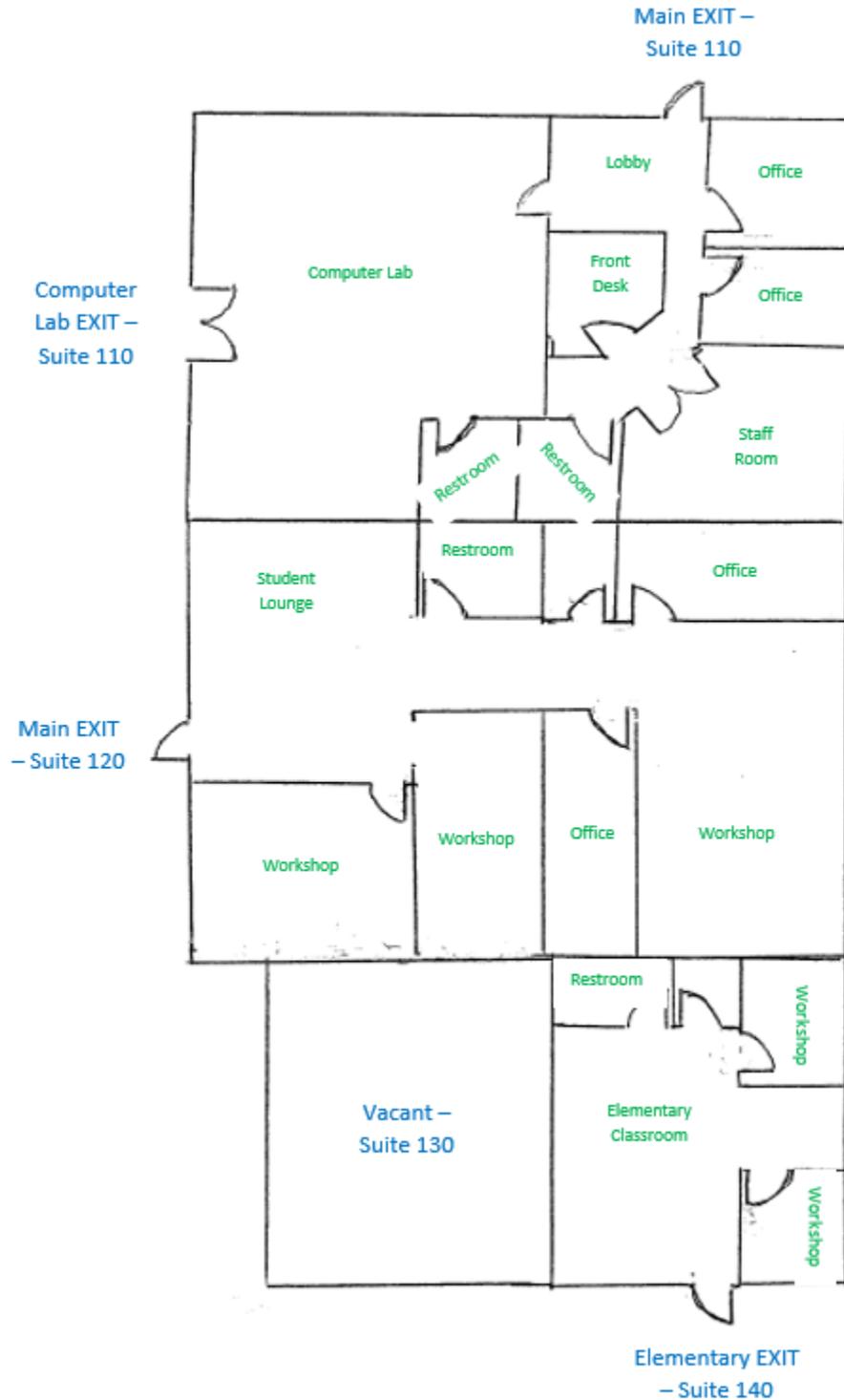
Evacuation Areas – Primary and Alternate – Pivot Charter School Riverside

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

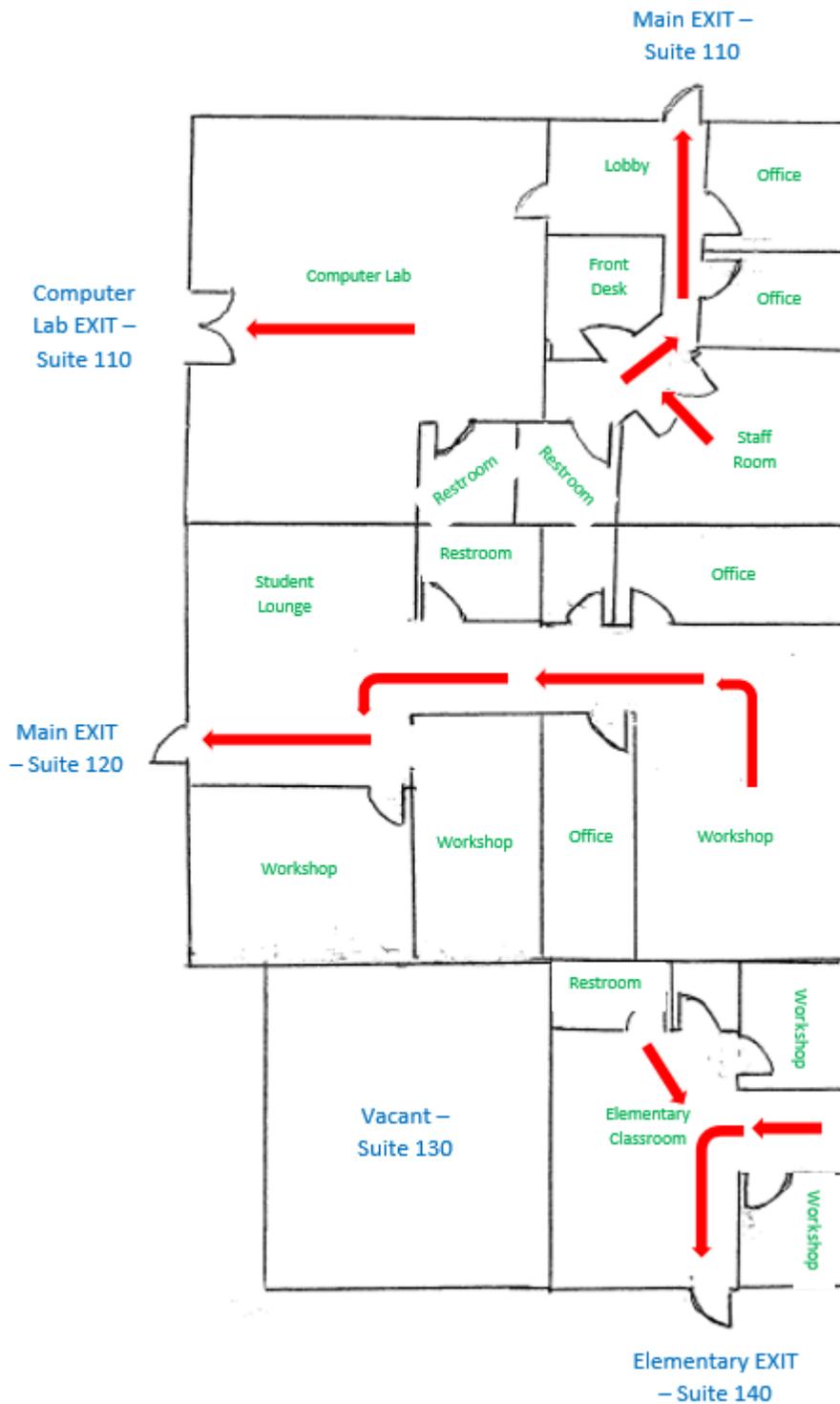
Picture intentionally omitted for safety purposes. Staff is trained on these locations.

APPENDIX A – SAFETY DETAIL DOCUMENTS – SAN DIEGO

Building Complex Floorplan with Pivot Charter School San Diego Room Details



School Floorplan Labeled with Emergency Exits – Pivot Charter School San Diego



Evacuation Areas – Primary and Alternate – Pivot Charter School San Diego

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

Picture intentionally omitted for safety purposes. Staff is trained on these locations.

Emergency Backpack Contents

Each school site is equipped with 1-2 Emergency Backpacks.



Contains:

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

Plus First Aid Kit:

- 2 ice packs
- 34 adhesive bandages
- 5 gauze pads
- 1 gauze roll
- 1 adhesive tape
- 1 pair vinyl gloves

Classroom Lockdown Kit

Each school site is equipped with a classroom lockdown kit.



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

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

Field Trip First Aid Kit

Each school site is equipped with a field trip first aid kit.



Description

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

Contains:

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

APPENDIX B – STAFF CONTACT LISTS

Pivot Emergency Contact List

Executive Director:	Jayna Gaskell	530-906-0658 mobile	530-550-7616 office
Chief Business Officer:	Elizabeth Jones	530-433-9141 Google VM	530-433-9141 Google VM
Director of Student Services:	Kareen Poulsen	707-483-5683 mobile	707-843-4676 office
Regional Director:	Craig Hobart	760-566-6805 Google VM	760-591-0217 office
Site Administrators North Bay	John Halderman and Sarah Torma		707-843-4676 office
Site Administrator North Valley	Sara Campbell and Kimberlie Berkitt		530-636-4479 office
Site Administrator Riverside	Brandon Gagnano	951-268-0276 Google VM	951-280-0229 office
Site Administrator San Diego	Gail Gonzalez Coloyan	760-440-8881 Google VM	760-591-0217 office

Pivot Onsite Staff List

The staff list is located on the school website, on the student website and in Pivot Official Documents in the contacts folder.

Appendix C – Immunization documents

Notice of Immunizations Needed



NOTICE OF IMMUNIZATIONS NEEDED

Dear Parent/Guardian of

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

VACCINE

MISSING DOSE(S) MARKED BELOW:

POLIO	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	
DTaP (Tdap or Td if age 7 years or older.)	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	<input type="checkbox"/> #5
MMR	<input type="checkbox"/> #1	<input type="checkbox"/> #2			
HIB (child care/preschool only)	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	
HEPATITIS B	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3		
Varicella (chickenpox)	<input type="checkbox"/> #1	<input type="checkbox"/> #2			
Tdap (for 7 th -12 th grade)	<input type="checkbox"/> #1				

YOU NEED TO DO ONE OR MORE OF THE FOLLOWING:

1. If your child has already received all of these immunizations marked above, bring us the immunization record so that we can update our files. Your child's record must include a date for the immunizations checked above and the doctor's signature or stamp.
2. If your child hasn't already received all of the immunizations marked above, bring this form along with your child's immunization record to your doctor or local health department to get the immunization(s) marked above. Bring us your child's updated immunization record. after every immunization visit until all of the required immunizations have been received.
3. If any of these immunizations were not given to your child because of medical reasons, please bring us a letter from your doctor (licensed physician).

Please provide evidence that you have met this requirement as soon as possible. Records are re-assessed every 30 days. We are happy to provide information regarding local clinics providing vaccinations if needed.

For more information on school immunization requirements, visit www.shotsforschool.org.

If you have any questions, please contact your local Pivot Resource Center.

Sincerely,



Pivot Charter School

MMR Vaccination – What You Need to Know – by CDC

VACCINE INFORMATION STATEMENT

MMR Vaccine

What You Need to Know

(Measles, Mumps and Rubella)

Más información sobre vacunas está disponible en español y en otros idiomas. Visite www.cdc.gov/vaccines.
 More vaccine information in Spanish and other languages. See www.cdc.gov/vaccines.
 More de información sobre vacunas está disponible en español y en otros idiomas. Visite www.cdc.gov/vaccines.

1 Why get vaccinated?

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

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.

- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.

- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

Rubella (German Measles)

- Rubella virus causes rash, arthritis (mostly in women), and mild fever.

- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

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

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

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

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

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

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

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

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

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

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

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

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

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

4 What are the risks from MMR vaccine?

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

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

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

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

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

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

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

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

5 What if there is a serious reaction?

What should I look for?

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

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

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

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

6 The National Vaccine Injury Compensation Program

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

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

7 How can I learn more?

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



Vaccine Information Statement (Interim)
MMR Vaccine

4/20/2012
42 U.S.C. § 300aa-26



Tdap Vaccine for Preteens and Teens – by CDC

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



Tdap Vaccine for Preteens and Teens

Last updated 12/16/2014

Why does my child need Tdap vaccine?

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

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

When should my child be vaccinated?

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

What else should I know about the vaccine?

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

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

How can I get help paying for these vaccines?

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

Where can I learn more?

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

DISTRIBUTED BY:

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

Chickenpox Vaccine – What You Need to Know – by CDC

VACCINE INFORMATION STATEMENT

Chickenpox Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.cdc.gov/vaccines.
 Haga de información sobre vacunas en español en www.cdc.gov/vaccines.
 Visit: www.cdc.gov/vaccines

1 Why get vaccinated?

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

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

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

2 Who should get chickenpox vaccine and when?

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

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

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

Catch-up

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

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

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

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

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

Ask your doctor for more information.



4 What are the risks from chickenpox vaccine?

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

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

Mild problems

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

Moderate problems

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

Severe problems

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

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

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

5 What if there is a serious reaction?

What should I look for?

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

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

What should I do?

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

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

6 The National Vaccine Injury Compensation Program

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

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

7 How can I learn more?

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

Vaccine Information Statement (Interim) Varicella Vaccine

3/13/2008

42 U.S.C. § 300aa-26



Vaccines for Children Providers in Santa Rosa Area:

Vaccines For Children (VFC) Providers Santa Rosa Area

Please contact site verify hours of operation.

[Southwest Community Health Service](#)

Phone: (707) 547-2222

751 Lombardi Court Suite B, Santa Rosa, CA 95407

[Sonoma County Indian Hth Proj](#)

Phone: (707) 521-4629

144 Stony Point Rd, Santa Rosa, CA 95401

[Sebastopol Community Health Ctr](#)

Phone: (707) 869-2849

6800 Palm Avenue Suite C2, Sebastopol, CA 95472

[West County Health Centers, Inc. Db a Gravenstein Community Health Center](#)

Phone: 707-869-5977

652 Petaluma Ave, Suite H, Sebastopol, CA 95472

[Roseland Children's Health Cente](#) Phone:

(707) 578-2005

962 Sebastopol Rd, Santa Rosa, CA 95407

[Elsie Allen Health Center](#)

Phone: (707) 583-8777

599 Bellevue Avenue Room G17, Santa Rosa, CA 95407

[Vista Family Health Center](#)

Phone: (707) 303-3600

3569 Round Barn Cir, Santa Rosa, CA 95403

[David-james Bloom](#)

Phone: (707) 575-3500

990 Sonoma Ave Ste 17, Santa Rosa, CA 95404

[David L. Smith, Md](#)

Phone: (707) 544-6090

500 Doyle Park Drive Suite 100, Santa Rosa, CA 95405

[Sutter Pacific Medical Foundation](#)

Phone: (707) 526-1800

510 Doyle Park Drive, Santa Rosa, CA 95405

[Alliance Medical Center](#)

Phone: (707) 433-5494

8465 Old Redwood Hwy Suite 400, Windsor, CA 95492

[C. Morris And H. Brosbe Mds .](#)

Phone: (707) 542-1611

4750 Hoen Ave, Santa Rosa, CA 95405

[Rohnert Park Health Center](#)

Phone: 707-559-7600

5900 State Farm Dr Ste 200, Rohnert Park, CA 94928

[Jewish Community Free Clinic](#)

Phone: (707) 585-7780

490 City Center Drive, Rohnert Park, CA 94928

[Occidental Area Hlth Ctr](#)

Phone: (707) 869-2849

3802 Main St, Occidental, CA 95465

[Sonoma County Juvenile Hall](#)

Phone: (707) 565-6343

7425 Rancho Los Guillicos Rd, Santa Rosa, CA 95409

[Sonoma State Univ. Stu. Hlth. Cente](#)

Phone: (707) 664-2921

1801 E. Cotati Ave, Rohnert Park, CA 94928

Vaccines for Children Providers in Butte County:

Vaccines For Children (VFC) Providers Butte County

Please call to verify hours of operation.

[Butte County Public Health- Chico](#)

Phone: 530-891-2732
695 Oleander Ave, Chico, CA 95926

[Enloe Medical Center Pharmacy](#)

Phone: (530) 332-7952
1531 Esplanade, Chico, CA 95926

[Ampla Health Chico Medical & Pediatrics](#)

Phone: (530) 342-4395
680 Cohasset Road, Chico, CA 95926

[Nvih- Children Health Center](#)

Phone: 530-332-6000
277 Cohasset Rd, Chico, CA 95926

[Dr. Kathleen Sullivan](#)

Phone: (530) 893-2303
194 Cohasset Road, Chico, CA 95926

[Elisa C. Brown](#)

Phone: (530) 893-2303
194 Cohasset Rd, Chico, CA 95926

[Northern Valley Indian Health, Inc](#)

Phone: (530) 896-4835
845 W. East Ave, Chico, CA 95926

[Ampla Health Hamilton City Medical](#)

Phone: (530) 826-3694
278 Main St, Hamilton City, CA 95951

[Orland Childrens Center](#)

Phone: (530) 865-5400
203 Walker Street Suite 3, Orland, CA 95963

[Butte County Public Health - Oroville](#)

Phone: (530) 538-7341
78 Table Mtn. Blvd, Oroville, CA 95965

[Ampla Health Orland Medical & Dental](#)

Phone: (530) 865-5544
1211 Cortina Drive, Orland, CA 95963

[Feather River Tribal Health](#)

Phone: 530-532-6811
2145 5th Avenue, Oroville, CA 95965

[Ampla Health Oroville Medical & Dental](#)

Phone: (530) 534-7500
2800 Lincoln Blvd, Oroville, CA 95966

[Oroville Hospital- Ped. Pract.](#)

Phone: (530) 533-4422
2809 Olive Hwy Suite 270, Oroville, CA 95966

[Neal/ Pediatric Practice Associates](#)

Phone: (530) 533-0774
2809 Olive Hwy Suite 330, Oroville, CA 95966

[Northern Valley Indian Health](#)

Phone: (530) 934-6970
207 N Butte St, Willows, CA 95988

[Joanne Reid](#)

Phone: (530) 934-8700
263 North Villa Ave, Willows, CA 95988

[Glenn Co. Health Department](#)

Phone: (530) 934-6588
240 North Villa Ave, Willows, CA 95988

[Corning Medical Associates.](#)

Phone: (530) 824-4663
155 Solano Street, Corning, CA 96021

[Tehama County Health Department](#)

Phone: (530) 527-6824
275 Solano St, Corning, CA 96021

[Rolling Hills Clinic](#)

Phone: 530-690-2827
740 Solano Street, Corning, CA 96021

[Biggs Gridley Memorial Hospital Cli](#)

Phone: (530) 846-9074
240 Spruce Street, Gridley, CA 95948

Vaccines for Children Providers in Riverside Area:

Vaccines For Children (VFC) Providers Riverside Area

Please contact this site to verify if provider is accepting new patients

[Family & Aesthetic Clinic](#)

Phone: 951-735-5570
2791 Green River Road #103, Corona, CA 92882

[Rebecca Torres/ A Medical Corporation](#)

Phone: (951) 279-2171
1530 W. 6th Street Suite 109, Corona, CA 92882

[Centro Medico Community Clinic](#)

Phone: (951) 278-8910
1307 W 6th St Ste 113, Corona, CA 92882

[Corona Family Care Center](#)

Phone: (951) 272-5445
505 S. Buena Vista Ave Suite 101, Corona, CA 92882

[K.b. Tejura M.d. Medical Corp.](#)

Phone: (951) 734-1955
760 S. Washburn Ave Suite 20, Corona, CA 92882

[Jeong O Lee](#)

Phone: (951)734-8000
760 S. Washburn Ave Suite 21, Corona, CA 92882

[Central City Community Health Center](#)

Phone: 951-479-0070
1860 Hamner Avenue, Norco, CA 92860

[Corona Clinica Medica Familiar](#)

Phone: (951) 273-1188
217 E. Third Street, Corona, CA 92879

[Aruna Pallapati, Md. Inc.](#)

Phone: 951-665-8815
900 S Main St. Suite 205, Corona, CA 92882

[Corona Family Med Associates, Apc](#)

Phone: (951) 737-3855
1157 W. Grand Blvd, Corona, CA 92882

[Tarin Medical Corp.](#)

Phone: (951) 734-5450
900 S. Main St Suite 108, Corona, CA 92882

[Corona Family Care, Inc.](#)

Phone: (951) 735-9211
341 Magnolia Ave Suite 201, Corona, CA 92879

[Corona Pediatrics](#)

Phone: (951) 736-5437
2815 S. Main Street Ste 200, Corona, CA 92882

[Eclipse Medical Group](#)

Phone: (951) 739-5944
802 Magnolia Ave Suite 205, Corona, CA 92879

[Riverside Medical Clinic](#)

Phone: (951) 493-6840
830 Magnolia Avenue, Corona, CA 92879

[Family Healthcare Of Corona](#)

Phone: (951) 371-8805
1810 Fullerton Ave. Suite 105, Corona, CA 92881

[Priti Desai M.d. Inc.](#)

Phone: 909-606-4400
15944 Los Senanos Country Club Dr Suite 170, Chino Hills, Ca

[Vista Medical Group](#)

Phone: (951) 549-0900
2071 Compton Avenue Suite 102, Corona, CA 92881

Vaccines for Children Providers in San Diego County:



County of San Diego Public Health Centers
Immunization Clinic Schedules

The clinic hours below are subject to change.
A limited number of people will be seen each day.

Online appointments available at some locations. Visit: <https://onlineappts.hhhsa-sdcounty.org/>.

SAN DIEGO CITY			
City Heights (619) 229-5400	Central Region Public Health Center 5202 University Ave., 92105	Mon. Thurs	8:30-11:30 a.m. & 1-4 p.m. 8:30-11:30 a.m. & 1-4 p.m.
Southeast City (619) 595-4452	VIP Trailer 3177A Oceanview Blvd., 92113	Mon.-Fri.	8:30-11 a.m. & 1-3 p.m.
NORTHERN SAN DIEGO CITY			
Kearny Mesa (858) 573-7300	North Central Public Health Center 5055 Ruffin Rd., 92123 Located at the North Central Regional Center	Mon.-Fri. 2 nd Thurs.	8:30-11 a.m. & 1-4 p.m. 1-4 p.m.
SOUTH COUNTY			
Chula Vista (619) 409-3110	South Region Public Health Center 690 Oxford St., 91911 Behind WalMart	Mon., Tues., Wed. & Fri Thurs.	8 a.m.-4 p.m. 8 a.m.-12 p.m.
EAST COUNTY			
El Cajon (619) 441-6500	East Region Public Health Center 367 N. Magnolia Ave., Ste. 101, 92020	Mon., Tues., Wed. & Fri Thurs.	8:00-11 a.m. & 1-4 p.m. 1-4 p.m.
NORTH COUNTY			
Escondido (760) 740-3000	North Inland Public Health Center 649 W. Mission Ave., Suite 2, 92025	Mon. & Fri.	8-11 a.m. & 1-4 p.m.
Fallbrook (760) 967-4401	Fallbrook Public Health Office 202 W. College Ave., 92028	2 nd Mon. of the month & (3 rd & 4 th Tues. of the month by appt. only, call 760-967-4401)	10 a.m.-4 p.m.
Oceanside (760) 967-4401	North Coastal Public Health Center 3609 Ocean Ranch Bl., Ste. 104, 92056	Mon., Tues., Thurs. & Fri. Wed.	8:30 a.m.-4:30 p.m. 8:30-11 a.m.
Ramona (760) 740-3000	Ramona Public Health Office 1521 Main St., 92065	2 nd Wed. of the month	1-3 p.m.
Rancho Penasquitos (760) 740-3000	New Hope Church 10330 Carmel Mountain Rd., 92129	3 rd Wed. of the month	8:30-11 a.m.
Solana Beach (760) 967-4401	Solana Beach Presbyterian Church 120 Stevens Ave., 92075	2 nd Tues. of the month	1-5 p.m.

For information regarding TB skin testing, please call (619) 692-5565

For immunization information, please visit our website at www.sdiz.org or call 211.

HHSA-1Z9ES(2-21-17)—County of San Diego Health and Human Services Agency—Mail Stop P573—P.O. Box 85222—San Diego, CA 92186-5222 (Español al dorso)

Immunization Checklists by Age – TK/K-12th Grade Requirements, 7th Grade Requirements

Student Name: _____

Immunization Checklist TK/K - 12th Grade Requirements

**All vaccines have a 4 day grace period*

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

- Diphtheria, Tetanus, and Pertussis
(DTaP, DTP, DT, Tdap, Td)
5 Doses
 - 1st Dose
 - 2nd Dose
 - 3rd Dose
 - 3 doses okay if one was given on or after 7th birthday
 - 4th Dose
 - 4th doses okay if one was given on or after 4th birthday
 - 5th Dose

- Hepatitis B
3 Doses (not required for 7th grade advancement, required for admission)
 - 1st Dose
 - 2nd Dose
 - 3rd Dose

- Measles, Mumps, and Rubella
(MMR or MMR-V)
2 Doses
(Both must be given on or after their 1st birthday.)
 - 1st Dose
 - 2nd Dose

- Varicella
(Chickenpox, VAR, MMR-V, or VZV)
2 Doses
 - 1 Dose
 - 2nd Dose

*history of disease must be documented by a healthcare provider, or evidence by titer, consult RN

Student Name: _____

Immunization Checklist 7th Grade Requirements

**All vaccines have a 4 day grace period*

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

- Diphtheria, Tetanus, and Pertussis
(DTaP, DTP, DT, Tdap, Td)
5 Doses
 - 1st Dose
 - 2nd Dose
 - 3rd Dose
 - 3 doses okay if one was given on or after 7th birthday
 - 4th Dose
 - 4th doses okay if one was given on or after 4th birthday
 - 5th Dose
 - ***one dose must be a pertussis containing booster on or after 7th birthday (ex. Tdap, DTP, DTap)

- Hepatitis B
(not required for 7th grade advancement, required for admission)

- Measles, Mumps, and Rubella
(MMR or MMR-V)
2 Doses
(Both must be given on or after their 1st birthday.)
 - 1st Dose
 - 2nd Dose

- Varicella
(Chickenpox, VAR, MMR-V, or VZV)
2 Doses
 - 1 Dose
 - 2nd Dose

*history of disease must be documented by a healthcare provider, or proof of immunity by titer - consult RN

Medication Administration Record (MAR)

Medication Administration Record (MAR)

Student Name: _____ Birthdate: _____
 Healthcare provider name/number: _____
 Student authorized to self-administer: _____ Date Authorization for Medication: _____ Expires on: _____ (end of school year)
 Medication/Indication: _____ Dose: _____ Route: _____
 Time due: _____ Frequency: _____ Special Instructions: _____
 Controlled Medication? _____ (must complete columns in red on arrival and return of medication with staff and parent signature)

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

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

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

Medication Administration Waiver

Medication Administration Waiver 2023-24

Parent/Guardian Medication Administration at School:

Student Name: _____

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

OR:

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

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

I agree to follow Pivot’s Medication Policy:

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

Effective for (Choose One): Specific Date: _____ 2022-23 School Year _____

Signature: _____ Date: _____

FOR SCHOOL USE ONLY: Date Received/By: _____

APPENDIX E – DIABETES MANAGEMENT FORMS

Diabetes Medical Management Plan (DMMP)

Diabetes Medical Management Plan (DMMP)

Page 1 of 7, DMMP

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

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

Student Information

Student's name: _____ Date of birth: _____
 Date of diabetes diagnosis: _____ Type 1 Type 2 Other: _____
 School: _____ School phone number: _____
 Grade: _____ Homeroom teacher: _____
 School nurse: _____ Phone: _____

Contact Information

Parent/guardian 1: _____
 Address: _____
 Telephone: Home: _____ Work: _____ Cell: _____
 Email address: _____

Parent/guardian 2: _____
 Address: _____
 Telephone: Home: _____ Work: _____ Cell: _____
 Email address: _____

Student's physician/health care provider: _____
 Address: _____
 Telephone: _____ Emergency number: _____
 Email address: _____

Other emergency contacts:
 Name: _____ Relationship: _____
 Telephone: Home: _____ Work: _____ Cell: _____

Checking blood glucose

Brand/model of blood glucose meter: _____
Target range of blood glucose: _____
Before meals: 90-130 mg/dL Other: _____

Check blood glucose level:
 Before breakfast After breakfast _____ Hours after breakfast 2 hours after a correction dose
 Before lunch After lunch _____ Hours after lunch Before dismissal
 Mid-morning Before PE After PE Other: _____
 As needed for signs/symptoms of low or high blood glucose As needed for signs/symptoms of illness

Preferred site of testing: Side of fingertip Other: _____
Note: The side of the fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

Student's self-care blood glucose checking skills:
 Independently checks own blood glucose
 May check blood glucose with supervision
 Requires a school nurse or trained diabetes personnel to check blood glucose
 Uses a smartphone or other monitoring technology to track blood glucose values

Continuous glucose monitor (CGM): Yes No Brand/model: _____
 Alarms set for: Severe Low: _____ Low: _____ High: _____
 Predictive alarm: Low: _____ High: _____ Rate of change: Low: _____ High: _____
 Threshold suspend setting: _____

Additional information for student with CGM

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

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

The student should be escorted to the nurse if the CGM alarm goes off: Yes No
 Other instructions for the school health team: _____

Hypoglycemia treatment

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

If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than _____ mg/dL, give a quick-acting glucose product equal to _____ grams of carbohydrate.
 Recheck blood glucose in 15 minutes and repeat treatment if blood glucose level is less than _____ mg/dL.

Additional treatment: _____

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

- Position the student on his or her side to prevent choking.
- Give glucagon: 1 mg 1/2 mg Other (dose) _____
 • Route: Subcutaneous (SC) Intramuscular (IM)
 • Site for glucagon injection: Buttocks Arm Thigh Other: _____
- Call 911 (Emergency Medical Services) and the student's parents/guardians.
- Contact the student's health care provider.

Hyperglycemia treatment

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

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

Additional treatment for ketones: _____

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

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

Insulin therapy

Insulin delivery device: Syringe Insulin pen Insulin pump
Type of insulin therapy at school: Adjustable (basal-bolus) insulin Fixed insulin therapy No insulin

Insulin therapy (continued)

Adjustable (Basal-bolus) Insulin Therapy

- Carbohydrate Coverage/Correction Dose:** Name of Insulin: _____
- Carbohydrate Coverage:**
 • **Insulin-to-carbohydrate ratio:** _____ **Lunch:** 1 unit of insulin per _____ grams of carbohydrate
Breakfast: 1 unit of insulin per _____ grams of carbohydrate **Snack:** 1 unit of insulin per _____ grams of carbohydrate

Carbohydrate Dose Calculation Example

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

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

Correction Dose Calculation Example

$$\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}} = \text{Units of Insulin}$$

Correction dose scale (Use instead of calculation above to determine insulin correction dose):
 Blood glucose _____ to _____ mg/dL, give _____ units
 Blood glucose _____ to _____ mg/dL, give _____ units
 Blood glucose _____ to _____ mg/dL, give _____ units
 Blood glucose _____ to _____ mg/dL, give _____ units
 See the worksheet examples in **Advanced Insulin Management: Using Insulin-to-Carb Ratios and Correction Factors** for instructions on how to compute the insulin dose using a student's insulin-to-carb ratio and insulin correction factor.

When to give insulin:

Breakfast

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.
- Other: _____

Lunch

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.
- Other: _____

Snack

- No coverage for snack
- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.
- Correction dose only: For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose.
- Other: _____

Diabetes Medical Management Plan (DMMP) continued

Insulin therapy (continued)

Fixed Insulin Therapy Name of Insulin: _____

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

Parents/Guardians Authorization to Adjust Insulin Dose

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

Student's self-care insulin administration skills:

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

Additional information for student with insulin pump

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

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

Other pump instructions: _____

Type of infusion set: _____

Appropriate infusion site(s): _____

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

Physical Activity

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

Additional information for student with insulin pump (continued)

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

Other diabetes medications

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

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

Meal plan

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

Other times to give snacks and content/amount: _____

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

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

Student's self-care nutrition skills:

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

Physical activity and sports

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

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

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

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

Avoid physical activity when blood glucose is greater than _____ mg/dl or if urine/blood ketones are moderate to large. (See **Administer Insulin** for additional information for students on insulin pumps.)

Disaster plan

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

Continue to follow orders contained in this DMMP.

Additional insulin orders as follows (e.g., dinner and nighttime): _____

Other: _____

Signatures

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider _____ Date _____

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

Acknowledged and received by:

Student's Parent/Guardian _____ Date _____

Student's Parent/Guardian _____ Date _____

School Nurse/Other Qualified Health Care Personnel _____ Date _____

Emergency Supply Letter



Dear Parent/Guardian,

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

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

The kit should include:

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

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

Epi-Pen & Diabetes Management Volunteer Request Form



Volunteer Request: Rescue Medications

Dear Staff,

Each year Pivot Charter Schools requests volunteers to be trained to administer an epinephrine auto-injector in emergent situations where a person is suffering, or reasonably believed to be suffering, from anaphylaxis. Additionally, to provide a safe learning environment for our diabetic students, we also request volunteers to be trained in assisting diabetic students with high/low blood sugar and to administer glucagon (intramuscular injection) in the case of severely low blood sugar. Now, in response to the opioid crisis, we are requesting volunteers to train on the administration of narcan, a life-saving opioid reversal medication.

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

Training for diabetes management includes education on the signs/symptoms of high/low blood sugar, how to assist a student in checking their blood sugar and how to respond appropriately to that blood sugar when needed and as prescribed by their doctor. Healthcare providers and the American Diabetes Association strongly support the care of diabetic students by non-medically trained staff.

As of 2015, overdose from opioids causes more deaths than car accidents, guns, and falls combined.¹ Narcan is a medication given intranasally, or intramuscularly, to someone reasonably suspected of an opioid overdose to reverse their symptoms until Emergency Services arrive.

As a volunteer, you will be required to complete training provided by Pivot Charter School:

1. For each medication (epi-pen, glucagon, and narcan), annually
2. Cardiopulmonary Resuscitation and First Aid with recertification every 2 years

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

I, _____, have read the above information and understand the required training to use an epinephrine auto-injector, glucagon or narcan in emergency situations.

Epi-Pen Training: _____ I choose to volunteer _____ I decline to volunteer

Diabetes Management: _____ I choose to volunteer _____ I decline to volunteer

Narcan Training: _____ I choose to volunteer _____ I decline to volunteer

_____ _____ _____
 Signature Date Site

¹ [Teen Overdose Facts and Statistics | The Recovery Village](#)

APPENDIX F – EPINEPHRINEFORMS

Administration of Epinephrine Auto-Injectors

Administration of Epinephrine Auto-Injectors

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

Training Standards for the Administration of Epinephrine Auto-Injectors

Contents

[Introduction](#) | [Training Standards](#) | [Guidelines for School Districts](#) | [Relevant Laws](#) | [Resources](#) | [Acknowledgements](#)

I. Introduction

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

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

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

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

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

II. Training Standards

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

- A. Techniques for Recognizing Symptoms of Anaphylaxis
- B. Standards and Procedures for Emergency Use and Storage of Epinephrine Auto-injectors
- C. Emergency Follow-up Procedures
- D. Recommendations on Necessity of Instruction and Certification in Cardiopulmonary Resuscitation (CPR)
- E. Instruction on How to Determine Whether to Use an Adult Epinephrine or a Junior Epinephrine Auto-injector
- F. Written Materials Covering the Information Above¹¹

A. Techniques for Recognizing Symptoms of Anaphylaxis¹²

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

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

For some individuals who have had an anaphylactic reaction, the symptoms may go away but then return a few hours later. This is called a bi-phasic reaction. Often the symptoms of the bi-phasic reaction

Administration of Epinephrine Auto-Injectors continued

occur in the respiratory system and take the individual by surprise. Therefore, according to the American Academy of Allergy, Asthma and Immunology (AAAAI),¹³ after a serious reaction “observation in a hospital setting is necessary for at least four hours after initial symptoms subside because delayed and prolonged reactions may occur even after proper initial treatment.” Individuals may require a longer observation stay in the emergency department and/or may be admitted to the hospital for additional treatment and evaluation.

B. Standards and Procedures for Emergency Use and Storage of Epinephrine Auto-Injectors¹⁴

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

A qualified supervisor of health, which may include but is not limited to a school nurse¹⁶ (or, if there is no qualified supervisor of health, an administrator)¹⁷ shall obtain from an authorized physician¹⁸ a prescription for each school for epinephrine auto-injectors that, at a minimum, includes one regular (or adult) and one junior epinephrine auto-injector for an elementary school, and one regular or adult (if there are no pupils requiring a junior) epinephrine auto-injector for a junior high school, middle school or high school¹⁹ (it is generally recommended that two epinephrine auto-injectors be kept on-hand, as back-up).

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

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

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

2. **Emergency use.** A school nurse, or, if the school does not have a school nurse or the school

nurse is not on-site or available, a trained volunteer²⁷ may administer an epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis at school or a school activity when a physician is not immediately available.²⁸ The following information on the emergency use of an epinephrine auto-injector is based on the manufacturer’s instructions²⁹ and represents the consensus recommendations of the organizations and providers consulted per EC Section 49414(e)(1). Once anaphylaxis symptoms are present, it is recommended that the first line of treatment of choice is an immediate intramuscular injection of epinephrine (epinephrine auto-injector), which is effective for five minutes (according to the manufacturer of epinephrine auto-injectors).

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

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

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

1. Remove safety cap or cover of epinephrine auto-injector and place ‘tip’ (“active side of device”) on outside of thigh—midway between hip and knee (follow instructions—may require pressure while placing on thigh)
2. Position device perpendicular (90 degree angle) to the thigh
3. It can be administered through clothing
4. Wait for click or other sound indicating medication is being administered
5. Hold in place for approximately 10 seconds

Administration of Epinephrine Auto-Injectors continued

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

C. Emergency Follow-up Procedures³¹

After administering the epinephrine auto-injector, immediately call 911³² and activate the EMS. Stay with the victim. Have others notify the paramedics, school nurse, and school administrator immediately. If possible, contact the pupil's parent and physician.³³ Promptly transfer the individual to the nearest emergency department via ambulance for additional evaluation, monitoring, and treatment by physicians and nurses.

D. Recommendations on the Necessity of Instruction and Certification in Cardio-Pulmonary Resuscitation³⁴

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

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

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

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

F. Written Materials

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

III. Guidelines for School Districts

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

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

V. Resources

[American Academy of Allergy, Asthma and Immunology \(AAAAI\)](#) 

[American Academy of Pediatrics \(AAP\)](#) 

[California Department of Education \(CDE\)](#)

[California Department of Public Health \(CDPH\)](#) 

[California Medical Association \(CMA\)](#) 

[California School Nurses Organization \(CSNO\)](#) 

[Emergency Medical Systems Authority \(EMSA\)](#) 

[Food Allergy and Resource Education \(FARE\)](#) 

[National Association of School Nurses \(NASN\)](#) 

[National Food Service Management Institute: Food Allergy Fact Sheets](#) 

[Schools at Allergy Home](#) 

Acknowledgement of Pivot Charter Schools Medication and Diabetes Policies & Training Standards



Acknowledgement of Pivot Charter Schools Medication, Diabetes & Narcan Policies with Training Standards

I, _____ acknowledge that I have reviewed a copy of:
(initial/date by each when completed)

_____ Pivot Charter Schools Medication and Diabetes Policies

_____ Training Standard for Epinephrine Auto-Injector

_____ Epi-Pen Training Video

_____ Glucagon Training Standard for School Personnel

_____ Narcan Policy

_____ Narcan Training Video

In accordance with the recommendation by the California Department of Education, I also agree, as a volunteer, to maintain my CPR certification and complete annual hands-on training for Epi-pen and Glucagon).

I acknowledge that I will require student specific training to assist students with their Diabetic Medical Management Plan.

I know how to locate these policies and training standards for future reference, and I agree to adhere to the policies and address any questions or concerns I may have.

Signature: _____

Date: _____

School: _____

Documentation of Emergency Use of Epinephrine Auto-Injector



Documentation of Emergency Use of Epinephrine Auto-Injector

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

APPENDIX G – HEAD LICE

A Parent’s Guide to Head Lice

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

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



Image Courtesy CDC

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



A PARENT'S GUIDE TO HEAD LICE

Easy Steps to Control Head Lice

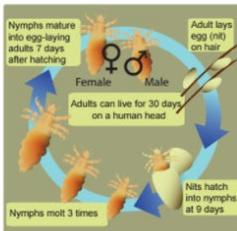
What are head lice?

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

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

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

Development of Head Lice



How do people get head lice?

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

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

How do I know if my child has lice?

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

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

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

Nit combing and removal

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

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

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

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



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

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

Treatments



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

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

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

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

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

VERY IMPORTANT TREATMENT INFORMATION:

- Follow the label directions carefully.
- Treat only people who have head lice.
- Do not leave the product on for a longer time than recommended; it will not kill the lice faster.
- Each person with head lice needs a complete treatment. Do not split a single box of shampoo or rinse between people.
- Even after treatment, you should remove nits daily with a metal nit or flea comb until all nits are completely removed.



- Wait at least seven to ten days before treating someone for a second time if they still have lice. During this seven to ten day period continue to remove any lice and nits found.

What if the treatment did not work?

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

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

There is NO proof that the following products work:

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



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

- Wash clothing and bedding in hot water (130°F) then dry on a hot cycle for at least 20 minutes.
- Seal items in plastic bags for two weeks to kill lice by preventing them from getting a blood meal.
- Boil combs, brushes, hair bands, and barrettes in water for five minutes, or soak them in rubbing alcohol or Lysol® for one hour.
- Vacuum carpets and furniture.



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

Head Lice 101

Head Lice 101

What You Should Know About Head Lice

Overview

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

Head lice are not dangerous.² They do not transmit disease, but they do spread easily, making it a community issue.³ Additionally, despite what you might have heard, head lice often infest people with good hygiene and grooming habits.⁴ Your family, friends or community may experience head lice. It is important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.

What Are Head Lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood.⁵ An adult louse is the size of a sesame seed. Baby lice, or nymphs, are even smaller. Nits are the tiny, teardrop-shaped lice eggs. They attach to the hair shaft, often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.⁶

Past Facts

- An estimated 6 to 12 million infestations occur each year among U.S. children 3 to 11 years of age¹
- Head lice often infest people with good hygiene^{2,3}
- Head lice move by crawling; they cannot jump or fly¹
- Head lice do not transmit disease, but they do spread easily²
- If you or your child exhibits signs of an infestation, it is important to talk to your doctor to learn about treatment options

How Are Head Lice Spread?

- Head lice move by crawling and cannot jump or fly¹
- Head lice are mostly spread by direct head-to-head contact – for example, during play at home or school, slumber parties, sports activities or camp.¹
- It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing, hats, scarves or coats, or other personal items, such as combs, brushes or towels.¹
- Head lice transmission can occur at home, school or in the community.¹

What Are the Signs & Symptoms of Infestation?

Signs and symptoms of infestation include:¹

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

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

NIT

Nymph

Full-Grown Louse

Head Lice 101

What You Should Know About Head Lice

What If My Child Gets Head Lice?

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

- Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by healthcare professional.⁷
- Resistance to some over-the-counter head lice treatments has been reported. The prevalence of resistance is not known.^{8,9}
- There is no scientific evidence that home remedies are effective treatments.¹⁰
- Head lice do not infest the house. However, family bed linens and recently used clothes, hats and towels should be washed in very hot water.⁴
- Personal articles, such as combs, brushes and hair clips, should also be washed in hot soapy water or thrown away if they were exposed to the persons with active head lice infestation.⁴
- All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time.⁴

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Myths & Facts About Head Lice

Myth: Only dirty people get head lice.

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

Myth: Head lice carry diseases.

Fact: Head lice do not spread diseases.¹

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

Fact: It is uncommon to spread head lice by contact with clothing or other personal items, such as combs, brushes or hair accessories, that have been in contact with a person with head lice.¹

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

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

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

Fact: There is no scientific evidence that home remedies are effective treatments.¹⁰ A healthcare provider can discuss appropriate treatment options, including prescription products.

Headfirst Lice Lessons educational initiative is made possible through a collaboration with Sanofi Pasteur

COM 11447

Letter to Parents about Head Lice



[School address]
[Phone]
[Current date]

Re: Possible Head Lice

Dear [parent or guardian name],

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

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

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

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

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

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

Sincerely,

[Name of instructor]

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COM 11453



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COM 11453



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APPENDIX H – PERTUSSIS (WHOOPIING COUGH)

Letter to Parents – Pertussis (Whooping Cough)

Pertussis (Whooping Cough)

Dear Parent or Guardian:

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

Recommendations:

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

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

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

Letter to Staff – Pertussis (Whooping Cough)

Pertussis (Whooping Cough)

Dear Staff,

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

Identification:

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

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

Spread of Infection:

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

Prevention:

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

Treatment:

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

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

Community Exposure Letter to Parents – Pertussis (Whooping Cough)

Pertussis (Whooping Cough)

Dear Parent or Guardian:

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

Recommendations:

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

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

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

APPENDIX I – VARICELLA (CHICKENPOX)

Letter to Parents – Chickenpox

Chickenpox

Dear Parents & Guardians,

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

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

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

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

Contact the school to report your child's chickenpox.

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

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

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

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

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

APPENDIX J – COMMON GANG IDENTIFIERS

Colors, Symbols and Numbers, Clothing and Apparel

Colors

While some gangs have reduced their use of specific colors to avoid identification by law enforcement, many gangs still use one or more colors as a symbol to represent themselves. These colors may be worn on shirts; bandanas; multicolored or single-colored beads; and belts, hats, shoes, shoelaces, hair bands, and jewelry. These colors may also appear in other possessions such as school supplies and room decorations.

Symbols and Numbers

Symbols and numbers have special significance within the gang culture. Common symbols of some of the large gangs in the United States include stars (five- and six-pointed), crowns, pitchforks (pointing up or down), three dots in a triangle, and numbers. These characters do not have the same meaning across the country, and symbolism varies regionally. Contact your local school resource officer or other law enforcement representative to get specific information on the meanings of unidentifiable symbols or numbers you may see in your area.

Clothing and Apparel

Gang-involved youth may dress a specific way to identify with a particular gang, set, clique, or crew. This might include clothing or bandanas worn only in certain colors; pants worn well below the waist; gang-themed T-shirts with pictures of gangs, prison scenes, graffiti, or slogans; two- or three-toned bead necklaces; or colored fabric belts, occasionally with metal buckles that bear the initial(s) of the gang. However, gang clothing trends change and are often different from one place to another, so clothing alone may not be enough to indicate a youth's affiliation with a particular gang.

APPENDIX J – COMMON GANG IDENTIFIERS

Graffiti, Social Media, and Gang Influenced Music

Graffiti

Gangs use graffiti to mark their territory, brag about their reputation, mourn fallen friends, and threaten or challenge rival gangs. For this reason, graffiti can be very dangerous and should be removed as soon as possible. Youth who are engaging in graffiti may have items such as spray paint, spray-paint plastic tips, wide-tipped markers, or sketchbooks with graffiti works in progress. They may also have paint on their clothing, backpacks, or other items.

Social Media

The Internet has provided a new medium for gang communication and promotion. Social media Web sites, such as Facebook, Instagram, Twitter, YouTube, and others allow gang-involved individuals to represent their gang affiliation, taunt others, post threats, and organize and promote their gangs' activities. Social media escalates the potential for violence, since it reaches such a large audience.

Gang-Influenced Music and Movies

Gangsta/gangster rap is a style of rap music characterized by violent, tough-talking lyrics that glorify street-gang culture. Popular movies also focus on street gangs and their activities. Youth may show their interest in gangs through fascination with music and movies that portray street-gang culture. However, interest in these types of entertainment alone may not be enough to indicate involvement in a gang.

APPENDIX J – COMMON GANG IDENTIFIERS

Sports Items, Tattoos, and Hand Signs

Sports Items

Letters, colors, or symbols associated with professional sports teams may have specific gang meanings in local street gang culture. Sports apparel may be purchased in nontraditional colors to correspond with a gang's colors or may be altered with graffiti or extra symbols or writing.

Tattoos

Gang-related tattoos are used to show affiliation, rank, crimes committed, racial and ethnic alliances, and loyalty to a gang. These tattoos often include the name, initials, or symbols of a specific gang and may be found on the hands, neck, face, chest, back, or arms.

Hand Signs

Some gangs use specific hand gestures and handshakes to communicate their affiliation with the gang, to issue threats or challenges to rival gangs, or to communicate in code when authority figures are present. These gestures can be known as "throwing up" or "stacking."

APPENDIX K – COVID-19 DOCUMENTS

Resource Center Check-In Information Sheet



Coming to the Pivot Site: What You Need to Know

SIGN UP

Students must be signed up for scheduled activities. It is strongly recommended that you make an appointment for any unscheduled activities.

KNOW THE RULES

To attend activities on site, students must agree to:

- Be screened by a staff member before entering, including having your temperature taken
- Follow safe hygiene practices including washing your hands with soap and water
- Follow all instructions from Pivot staff members

CHECK IN ONLINE EVERY DAY

Before traveling to the site, complete the screening questions on the student daily check-in form. Know what conditions would require you to stay home.

ARRIVE EARLY

Plan to arrive at Pivot about 10-15 minutes before your activities are scheduled to begin. Students will not be allowed to check in late.

Pivot Charter School Cares

We are doing everything we can to protect the health and safety of all students, parents/guardians, visitors, and staff members. Please respect others and follow the rules.



Screening Information for Students

Students under the age of 18 should be accompanied by a parent/guardian during the screening process whenever possible.

Screening Requirements

Requirement 1: In the past 24 hours, you have not had any of the following symptoms that are not caused by another condition: sore throat, cough, headache, congestion, nausea or vomiting, diarrhea, chills, body aches, chest pain, fatigue, shortness of breath, loss of smell, loss of taste, or fever at or greater than 100 degrees Fahrenheit.

Requirement 2: You have not had a positive COVID-19 test, in the past 10 days as a result of exposure or symptoms.

TEMPERATURE

Take your temperature right before you go to Pivot. If you have a temperature at or greater than 100 degrees Fahrenheit, stay home and do not visit the site. Your temperature will also be taken at the site by the staff member checking you in.

**ACCESS THE DAILY CHECK-IN FORM HERE FOR
PIVOT CHARTER SCHOOL NORTH BAY:**

