

SAFETY

501 SMOKE FREE ENVIRONMENT

Educational facilities and other designated areas of St. Mary's School are to be smoke free.

(Also in personnel handbook)

March 9, 2004

March 14, 2006

502 DRUGS AND ALCOHOL

No person is to use, sell, dispense or possess nonprescription drugs and must not be under the influence of nonprescription drugs or alcohol while educational programs are in session.

March 9, 2004

March 14, 2006

503 ALCOHOL AND OTHER CHEMICAL USE/POSSESSION

All youth events of St. Mary's School are to be chemically free.

Implementations:

1. Parents/guardians are to be notified immediately of the violation of policy and are responsible for the student's transportation home.
2. Administrators are to initiate a follow-up discussion with the family after the incident.

March 9, 2004

March 14, 2006

504 WEAPONS

Possession of a weapon by a student or adult other than a safety officer in educational and parish faith formation facilities or other designated areas is prohibited.

Definition:

“Possession” refers to having a weapon on one's person or in educational areas. “Weapon” means any firearm, whether loaded or unloaded, any device or instrument designed as a weapon or through its use capable of threatening or producing great bodily harm or death, or any device or instrument that is used to threaten or cause bodily harm or death. Examples of weapons are: guns (including pellet guns, BB guns, look-alike guns, and non-functioning guns that could be used to threaten others), knives, clubs, metal knuckles, num-chucks, throwing stars, explosives, stun guns, ammunition, or any type of bomb or explosive device.

March 9, 2004

March 14, 2006

February 12, 2008

505 FIRST AID AND ACCIDENTS

St. Mary's School is to establish procedures for first aid and accident reporting.

Implementations:

1. The public school nurse is to be the resource person for this area.
2. Designated personnel are to be responsible for first aid.
3. An accident report is to be completed and filed within 24 hours after the accident.
Sample forms follow this policy.

March 9, 2004

March 14, 2006

February 12, 2008

SAFETY FORM #505A

Name: _____

Time of Accident: _____AM _____PM
_____UNKNOWN

Name of School: _____

Date of Accident: _____

Sex: ___Female ___Male

School personnel present: ___yes ___no
_____unknown

Age: _____ Grade: _____

Reported by: _____ Date: _____

Days absent due to injury: _____

Signature: _____

NATURE OF INJURY:

- ___ Abrasion/Bruise
- ___ Amputation
- ___ Asphyxiation
- ___ Bite
- ___ Burns/Scalds
- ___ Conussion
- ___ Cuts/Lacerations
- ___ Dislocation
- ___ Drowning
- ___ Electrical Shock
- ___ Foreign body
- ___ Fracture
- ___ Poisoning
- ___ Puncture
- ___ Sprain/Strain
- ___ Internal Injuries
- ___ Multiple Injuries
- ___ Other

PART OF BODY INJURED

- ___ Abdomen
- ___ Ankle
- ___ Arm, Lower
- ___ Back
- ___ Ear
- ___ Chest/ribs
- ___ Elbow
- ___ Eye
- ___ Face
- ___ Fingers/Thumb
- ___ Foot
- ___ Hand
- ___ Toes
- ___ Multiple Internal Organs
- ___ Jaw
- ___ Knee
- ___ Leg, Lower
- ___ Mouth, Lips, Tongue
- ___ Neck, Throat
- ___ Nose
- ___ Shoulder/Collarbone
- ___ Scalp, Skull, Brain
- ___ Teeth
- ___ Hips
- ___ Wrist

LOCATION OF ACCIDENT

- ___ Athletic Field
- ___ Cafeteria
- ___ Biology
- ___ Physics
- ___ Homemaking
- ___ Corridor
- ___ Driving Range
- ___ Gymnasium
- ___ Indus. Place
- ___ Lockers
- ___ Playground
- ___ Restrooms
- ___ Handicraft Shop
- ___ Metal Shop
- ___ Shower/Locker Rooms
- ___ Stairs
- ___ Swimming Pool

LOCATION OF ACCIDENT

- ___ Auditorium
- ___ Classroom, general
- ___ Chemistry
- ___ General Science
- ___ Driver Education
- ___ Driveway
- ___ Farm
- ___ Home
- ___ Body of water
- ___ Parking Area
- ___ Public Building
- ___ Auto Shop
- ___ Industrial Shop
- ___ Woodwork Shop
- ___ Sidewalk
- ___ Street/highway
- ___ Yard/field

DEGREE OF INJURY

- Death
- Permanent disability
- Lost time from school
- No lost time form school

CAUSE OF INJURY

- Animal
- Body Reaction (such as fainting)
- Caught in, under, or between
- Contact with electrical current
- Contact with caustic, toxic, noxious substance
- Contact with temperature extremes
- Contact with cutting or piercing instrument
- Fall from elevation
- fall from same level
- Rubbed or abraded
- Struck against
- Struck by

COMMENTS:

506 IMMUNIZATIONS

St. Mary's School is to follow the regulations contained in the Minnesota School Immunization Law, Minnesota Statutes 1996, Section 123.70 and the guidelines of the local school district #2769 in developing guidelines for immunizations for enrolled learners.

Failure to comply to these guidelines will result in expulsion from school until guidelines have been met.

November 9, 2004

April 11, 2006

February 12, 2008

507 COMMUNICABLE DISEASE

St. Mary's School has the obligation to protect the educational rights of all students and to require that all students attend school regularly to ensure continuity of the educational process. The school also has an obligation to provide a healthy environment for all students and employees.

Procedures for inclusion and exclusion of students and employees with communicable diseases from school will consider the educational and health implications for the student and others with whom he/she comes in contact. The school will adopt the most current guidelines established by the Minnesota Department of Health with which the Minnesota Department of Education concurs.

Educational decisions regarding a student with a serious communicable disease and his/her school placement and program will be made on an individual basis by a team consisting of the school nurse, school administrator, parent, student's physician, and the appropriate faculty member. Knowledge that a student has a communicable disease, but does not pose a risk to other students or staff, will be confined to those persons with a direct need to know.

I. Data Privacy

The school protects the privacy rights of learners of all ages. Therefore, knowledge that a student has a communicable disease, but does not pose a risk to other students or the educational staff in the school setting, such as being infected with the AIDS virus, will be confined to those persons with a direct need to know (e.g., superintendent, principal, school nurse, primary teacher for elementary students. Disclosure of infection with the AIDS virus must come from the student's parent or guardian or in the case of an employee, from the employee himself.

II. Hygiene Practices

Good hygiene practices will become a part of daily classroom routine.

Disposable gloves should be worn when cleaning up blood or other body fluids. These gloves will be available in each school at the nurse's office or custodial service area.

Soiled surfaces will be promptly cleaned with a disinfectant such as household bleach (diluted 1 ounce of chlorine bleach to 1 gallon of water).

Disposable towels should be used and mops will be rinsed in the disinfectant.

Those who are cleaning should avoid exposure of open skin lesions to blood or other body fluids.

Approved: November, 1998

Approved: January, 2004

Approved: April, 2006

Approved: May, 2008

508 MEDICATIONS

St. Mary's School recognizes that, at times, learners will need to take medications during scheduled class times in order to benefit from their educational experience. School personnel, under the guidance of a supervising nurse and the guidelines for medication administration set by the local school district #2769, will facilitate in administering medications only when parents/ guardians provide proper written authorization.

Implementations:

1. Only a licensed nurse, or designated person may administer medication to a student unless the parent/guardian comes to administer the medication.
2. Medication is to be administered only according to the written order of a physician.
3. Over the counter medications will require parent authorization only.
4. The medication to be administered is to be brought by parents/guardians in a container appropriately labeled by the pharmacy or physician.
5. Medications that are not taken orally or that have some dangerous side effects are to be administered by a licensed nurse or by a staff the nurse or parent/guardian trained to administer the medication.
6. All medications are to be kept in a locked central location
7. School must contact a licensed nurse, possibly the public school nurse, to assist in the training of personnel and monitoring of medication administration. This person will be referred to as the supervising nurse.
8. Follow Rules for Administering Medications (see Procedure#508A).

Adopted January 2004

Revised, approved May 8, 2007

Approved: June 10, 2008

508 A Procedure for Administering Medication

Implementations:

1. Only prescription medications may be administered at school program and those only if there is NO alternative.
2. Parents shall complete and return the “Parent/Guardian Request for School Personnel to administering Prescription Medication” form.
3. Students requiring medications shall be identified by parents/guardians and physicians.
4. The designated personnel will attempt to administer the medication as directed by the label or other official information.
5. It is imperative that the supervising nurse be notified each time the request for medication administration is returned to the school.
6. Labels are to be read three times before medications are given. The proper student’s identification shall be verified prior to administering medication.
7. Disposable spoons are to be used for liquid medicine.
8. Pills are to be shaken into cap—do not touch medication
9. The student will be observed to insure ingestion of the prescription medication.
10. The parent/guardian will be called immediately if the permission and labeling are not adequate so that the parent/guardian understands why the medication is not being given.
11. An adjustment in dosage is never to be made or suggested without specific direction from the supervising nurse.
12. The supervising nurse is responsible to review medications and train personnel administering medications. All personnel administering medications will read and understand the policy, implementations, and rules for administering medication and review them with the supervising nurse.
13. In emergencies, such as shock caused by insect or bee stings, trained personnel may give A pre-measured injection from the Epi-Pen, using doctor and parent/guardian medication authorization.
14. In the case of a hypoglycemic emergency of a diabetic individual, glucagon, or a similar product, may be injected by trained personnel using doctor and parent/guardian medication authorization.
15. A record of all medication administered under this policy shall be entered in a logbook maintained in each individual school or faith formation program. The entry will include name, date, time, name and dosage of medication, and signature of person administering the medication (#508 B)

Approved: January, 2004

Approved: May 8, 2007

Approved: June 10, 2008

509 SAFETY CODES

St. Mary's School is to follow local fire and building codes. Contact the local building inspector for local fire department for the codes.

March 9, 2004

March, 2008

510 EMERGENCY PLAN

St. Mary's School is to develop and make known an Emergency Plan, which will serve as a guide for employees, volunteers, students, and parents. The Emergency Plan should address, but not be limited to the following emergency situations:

- a. Fire
- b. Severe Weather
- c. Bomb Threat

Implementations:

1. The administrators are to consult with state and local fire and disaster officials in developing an emergency plan so as to comply with their directives.
2. The plan is to be made known to all students, parents, program volunteers and employees.
3. The emergency plans and routes are to be printed and posted in each room.
4. Instruction is to be given on plan implementation and regular drills for school students and personnel ought to be conducted and recorded throughout the year.
5. An adequate warning system is to be identified and maintained.

February, 2005

April, 2008

511 SEXUAL HARASSMENT

Assumption Parish, St. Mary's School and Assumption Faith Formation Program will not condone any form of harassment.

Definitions

Harassment includes but is not limited to:

- Verbal conduct such as epithets, derogatory comments, slurs or unwanted sexual advances, invitations or comments;
- Visual conduct such as derogatory posters, photography, cartoons, drawings or gestures;
- Physical conduct such as assault, unwanted touching, blocking normal movement or interfering with a person because of sex, race, or any other protected basis;
- Threats and demand to submit to sexual requests in order to keep a job or avoid some other loss, and offers of job benefits in return for sexual favors; and/or
- Retaliation for having reported or threatened to report harassment

REPORTING PROCEDURES FOR SEXUAL HARASSMENT

Any person who believes he or she has been the victim of sexual harassment by a student or employee of the parish or any third person with knowledge or belief of conduct which may constitute sexual harassment should report the alleged acts immediately.

A. Student Reports:

Any student who believes he or she has been the victim of sexual harassment or has knowledge or belief of conduct which may constitute sexual harassment should report the alleged acts to a teacher, counselor, the principal, the director of religious formation, youth minister, pastor, or a human rights officer. The report may be verbal or in writing. (A sample report form is provided.) The use of a formal reporting form is not required. Any person to whom alleged sexual harassment is reported shall notify the program administrator. If the complaint involves a program administrator, immediately notify the St. Cloud Diocese. All reports shall be kept on file. Verbal reports shall be put into written form within twenty-four hours.

B. Employee Reports:

Any employee who believes he or she has been the victim of sexual harassment or has knowledge or belief of conduct which may constitute sexual harassment should report the alleged acts to the program administrator. If the alleged act involves the program administrator, the report should be made to the St. Cloud Diocese. The report may be verbal or written, but the program administrator shall put the report into written form within twenty-four hours of receiving the report.

C. Confidentiality:

The parish/school will respect the confidentiality of the complainant and the individual(s) against whom the complaint is filed as much as possible, consistent with the church or school's legal obligations and the necessity to investigate allegations of sexual harassment and take disciplinary action when the conduct has occurred.

Investigation and Recommendation

Upon receipt of a report or complaint alleging sexual harassment, the proper authority shall immediately authorize an investigation. This investigation is to be conducted by the parish, school, or other party designated by the legal entity. The investigator shall provide a written report of the status of the investigation within ten working days to the program administrator.

In determining whether the alleged conduct constitutes sexual harassment, the parish/school is to consider the surrounding circumstances, the nature of the sexual advance, relationships between the parties involved and the context in which the alleged incident(s) occurred. Whether a particular action or incident constitutes sexual harassment requires a determination based on all facts and surrounding circumstances.

The investigation may consist of personal interviews with the complainant, the individual(s) against whom the complaint is filed, and others who may have knowledge of the alleged incident(s) or circumstances giving rise to the complaint. The investigation may also consist of any other methods and documents deemed pertinent by the investigator.

The parish/school may take immediate steps, at its discretion, to protect the complainant, students, and employees pending completion of an investigation of alleged sexual harassment.

Assumption Board of Education

Adopted February, 2005

Approved April, 2008

HARASSMENT REPORT FORM

NAME: _____

HOME ADDRESS: _____

WORK ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF ALLEGED INCIDENT(S): _____

NAME OF PERSON YOU BELIEVE HARASSED YOU: _____

LIST OF WITNESSES PRESENT: _____

WHERE DID THE INCIDENT(S) OCCUR?

DESCRIBE THE INCIDENT(S) AS CLEARLY AS POSSIBLE:

This complaint is filed based on my honest belief that _____ has harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Received by: _____ Date: _____

Adopted February 2005
Approved April, 2008

512 VISITOR CHECK IN

All visitors must check in at the office, sign in and sign out of log books and wear identification while inside school premises.

Approved: May 8, 2007