

STAFFORD TOWNSHIP SCHOOL DISTRICT

Substitute Training Manual

2023-2024

AFFIRMATIVE ACTION IN EMPLOYMENT AND CLASSROOM PRACTICES

The district is committed to providing a safe, healthy environment for all students and staff that promotes respect, dignity, and equality. The purpose of the Affirmative Action policies and procedures is to create and preserve an educational environment free from unlawful harassment and discrimination.

Discrimination based upon any of the following characteristics, whether in *employment* or *classroom* practices, is **strictly prohibited**.

Protected characteristics include: race, creed, color, religion, national origin, nationality, ancestry, age, sex (including pregnancy), marital/civil union status, domestic partnership status, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for military service, mental or physical disability, perceived disability, AIDS and HIV status, and socioeconomic status.

The district has a variety of policies dealing with Affirmative Action, which contain more detailed information about the applicable laws and the specific prohibited conduct. These policies can be found on our district website at www.staffordschools.org

In order to ensure that these policies are followed and that discrimination and harassment are eliminated, the district has implemented procedures outlining the steps to take if you are aware of or you feel you are the victim of harassment or discrimination. In addition, the district has implemented procedures outlining the steps for parents and guardians to take in the event they feel their child is a victim of harassment and/or discrimination. You should be familiar with these procedures as well so that you may direct parents and guardians appropriately.

Although the specific procedures may vary from district to district, there is one procedure that remains the same in all districts: if you are aware of or feel you are the victim of harassment or discrimination based upon a protected category, you can and should contact your immediate supervisor or your district's Affirmative Action Officer.

The Affirmative Action Officer for the Stafford Township School District is David Ytreboe who be reached at dytreboe@staffordschools.org and 609-978-5700 ext. 1272.

RIGHT TO KNOW – BLOODBORNE PATHOGEN EXPOSURE

During a typical school day, students often get scraped knees, paper cuts, or bruises while in class, on the playground, or school bus. As a school district employee, you need to be aware of the potential danger of Bloodborne Pathogens.

Bloodborne Pathogens are microorganisms that are present in human blood and body fluids that can infect and cause disease in humans. Bloodborne Pathogens are transmitted in the workplace by entering your body in a variety of ways such as open cuts, skin abrasions, dermatitis, acne and the mucous membranes of the mouth eyes or nose.

You can become infected accidentally by injuring yourself on a contaminated object such as broken glass, sharp metal, knives or orthodontic devices. You can also become infected by touching a contaminated object and transferring the infection by touching your mouth, eyes, nose or open skin.

For your protection, both federal and state regulations require that each school district create an Exposure Control Plan, which contains guidelines for how to prevent exposure and what actions to take in the event exposure occurs. The regulations and district policy/regulation/procedure also contain provisions for removal of waste as well as certain minimum training and record keeping requirements. The district's Exposure Control Plan lists all job classifications and tasks in which exposure is possible, describes the required workplace controls to eliminate or minimize exposure and requires the Hepatitis B vaccine be available to employees who have occupational exposure and requires training to those employees. This plan will be updated annually. For questions about the plan, please contact the Building Principal.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane contact or skin piercing contact with blood or body fluid that may result from the performance of an employee's duties. School District employees who have the potential for occupational exposure are those employees whose duties require close contact with pupils and any other job classification designated by the Superintendent and reflected in the Exposure Control Plan.

There are a number of methods and practices that will prevent or reduce exposure. Hand washing is the most basic, but one of the most effective practices that keeps you from transferring contamination from your hands to other surfaces or other parts of your body. In addition you should not eat, drink, apply cosmetics, or lip balm, or handle contact lenses where there is a reasonable likelihood of occupational exposure. Equipment such as gloves can protect you from contact with blood or other potentially infectious materials.

The wearing of protective gloves is required whenever direct hand contact with body wastes and fluids is anticipated, such as in treating a bloody nose, handling clothing soiled by incontinence, and cleaning small spills by hand. The wearing of protective gloves is required whenever direct hand contact with body wastes and fluids is anticipated, such as in treating a bloody nose, handling clothing soiled by incontinence, and cleaning small spills by hand.

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Gloves can be torn or punctured and should be replaced if this occurs. Gloves should be removed using the following procedure so that no pathogens from the contaminated gloves contact your hands:

1. With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
2. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
3. Dispose of the entire bundle promptly.

Specific care must be taken to never touch the outside of the glove with bare skin and every time you remove your gloves you must wash your hands with soap and running water as soon as possible.

When bodily contact with body wastes or fluids occurs, hands and other skin areas that have come in contact with a person's body wastes or fluids must be thoroughly washed by the use of soap and vigorous scrubbing of all contacted surfaces under running water for at least ten seconds. Hands and other skin areas should then be dried with paper towels.

Soiled items such as clothing and fabric towels should be rinsed under cold running water to remove body wastes and fluids. If necessary for the treatment of stains, the item may be soaked in cold water. Soiled disposable items (e.g., tissues, cotton balls, band aids, paper towels, diapers) should be handled in the same manner as disposable gloves.

When treating soiled rugs, body wastes and fluids should be removed as previously discussed. A rug shampoo with a germicidal detergent should be applied with a brush and, when dried, vacuumed. The vacuum bag will be placed in a plastic bag or lined trash can, secured, and disposed of daily.

With regard to hard surfaces, employees are to wear gloves while disinfecting hard surfaces and equipment. Body wastes and fluids should be removed as previously discussed and a disinfectant applied to the affected surface.

Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (such as dust pans and buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution should be promptly discarded down a drainpipe. Gloves should be discarded in appropriate receptacles.

Specific attention must be paid to the disposal of "Sharps". These are defined as any instrument used to inject fluids into or draw fluids out of humans. Included are the pricks used for tine tests and blood sampling. The school nurse shall keep a log of all sharps used on a monthly basis. All sharps shall be placed in a medical waste container that is: rigid; leak resistant; impervious to moisture; has sufficient strength to prevent tearing or bursting under normal conditions of use and handling; puncture resistant; sealed to prevent leakage during transport; and labeled. When the medical waste container is 75% full, appropriate personnel will handle disposal of same. The Director of Facilities will arrange for the contracted vendor to pick up the sharps container. The vendor will provide a completed transmittal form at the time of pick up. A copy of the transmittal form will be kept by the school nurse and a copy submitted to the Business office.

It should be noted that any container that holds blood or other potentially infectious material shall be conspicuously labeled with a sign that its contents are a biohazard, in accordance with federal regulations.

The benefits of using of gloves as a means of protection is clear, but there are also other forms of protective equipment that can be used such as gowns, lab coats, protective eyewear, masks, mouthpieces and resuscitation bags. The effectiveness of protective equipment depends on the user. You should be trained to use the equipment properly; the equipment must be appropriate for the task and must fit properly. In addition all equipment must be free of flaw that could compromise safety and you must use the equipment each time you perform a task involving blood or body fluids. ALWAYS remove the equipment as soon as possible if it becomes penetrated by blood or body fluids. Contaminated equipment should be handled in the same manner as stated above.

As with any accident or injury, exposure to blood or body fluid should be reported to the school nurse or supervisor as soon as possible. Whenever an exposure incident is reported, the exposed employee shall be promptly offered a confidential medical evaluation and follow-up. The route of exposure and the circumstances under which exposure occurred shall be documented.

This training information was partially created and fully reviewed by a Certified School Nurse. You will receive the district policy and regulation on Bloodborne Pathogens, a copy of the Public Employees Occupational Safety and Health Act regulation on Bloodborne Pathogens, and the location of the district's Exposure Control Plan. You will also receive information for the district representative to whom you can contact regarding any questions you may have.

ADMINISTRATION OF EPINEPHRINE

An epinephrine auto-injector is a disposable drug delivery device that is easily transportable, about the size of a magic marker, and contains a pre-measured dose of epinephrine, a powerful drug used to treat a single anaphylactic episode. As a designated administrator of epinephrine, it is important for you to be aware of the common causes of allergic reactions.

Common causes of anaphylaxis include: food – most commonly, peanuts, walnuts, pecans, fish, shellfish, eggs, milk, soy and wheat; medication; insect stings; latex

Less common causes of anaphylaxis include: exercise; food-dependent exercise-induced anaphylaxis, which occurs when a person eats a specific food and exercises within three to four hours after eating; idiopathic anaphylaxis, which is anaphylaxis with no apparent cause.

Anyone who is designated to administer epinephrine should review the students' Individualized Emergency Healthcare Plan so as to be aware of the symptoms that may trigger an allergic reaction in that specific student. You must also become familiar with recognizing the symptoms of allergic or anaphylactic reactions and triggers that cause these reactions for each student.

Some examples of symptoms that may occur during an allergic reaction or anaphylaxis: Mouth reactions include: Itching, tingling, or swelling of lips, tongue, and mouth. Skin reactions include: Hives, itchy rash, swelling on the face or extremities. Stomach symptoms include: Nausea, abdominal cramps, vomiting, diarrhea. General symptoms include: Panic, sudden fatigue, chills, feeling of impending doom

It is important to note that the severity of symptoms can change quickly and that skin symptoms, such as itching and hives, occur in the majority of food allergic reactions, but anaphylaxis does not require the presence of such skin symptoms.

Examples of potentially life-threatening symptoms that may occur: Throat symptoms include: Tightening of throat, hoarseness, and hacking cough. Lung symptoms include: Shortness of breath, repetitive coughing, wheezing. Heart symptoms include: thready pulse, passing out, fainting, paleness, and blueness

If a reaction is progressing, several of the above body systems may be affected.

The most dangerous symptoms include breathing difficulties and a drop in blood pressure, causing shock, and are manifested by symptoms like paleness, dizziness, faintness or passing out.

Anaphylaxis is likely when any ONE of the criteria below is fulfilled: (1) Acute onset of an illness with involvement of skin/mucosal tissue, such as: Hives, Generalized itch/flush, or Swollen lips/tongue/uvula; **AND** Airway compromise, such as: Trouble getting air, Wheeze or bronchospasm, or High-pitched breathing noises; **OR** Reduced blood pressure or associated symptoms, such as: Decreased muscle tone, Fainting, Paleness, dizziness, or Blue, weak pulse. (2) Two or more of the following after exposure to suspected or known allergen for that patient: Skin/mucosal tissue, such as hives, generalized itch/flush, swollen lips/tongue/uvula; Airway compromise, such as trouble getting air, wheeze or bronchospasm, high-pitched breathing noises; Associated symptoms, such as decreased muscle tone, fainting, or Gastrointestinal symptoms, such as crampy abdominal pain, vomiting. (3) Hypotension, or low blood pressure, after exposure to known allergen for that patient, however you are not expected to measure and determine a rate of drop in blood pressure as part of this training.

It is important to note that any of these symptoms may begin within **several minutes to two hours** after exposure to the allergen.

These are the steps to follow the Emergency Use of an Epinephrine Auto-Injector:

Determine if anaphylaxis is reasonably suspected based on the symptoms identified in the student's Emergency Health Plan. If there is a reasonable probability that anaphylaxis is occurring or about to occur, then treat the situation like an anaphylactic emergency.

Do not leave the student alone. Call 911 and then follow the district's policies and procedures for medical emergencies. Paramedics, the school nurse, the student's parents, and appropriate school administrator(s) should be notified immediately.

Most severe allergic reactions in children primarily involve trouble breathing. Children will likely need to sit calmly and upright as they are treated for their breathing problems. However, if there is evidence of faintness, loss of consciousness or confusion, lay the child flat. If a child is very ill and needs to be treated in a lying position with legs raised, they should stay in that position, if possible, during transportation to a hospital. Do not change to an upright position, except if the child is vomiting, *do not* lay the child flat. If the child has evidence of faintness or loss of consciousness *and* vomiting, then he/she should be put down on his/her side, so that the child does not choke on the vomit.

Prepare to administer auto-injectable epinephrine, as indicated by the student's health care provider on the Emergency Health Plan. See the following steps:

- a. Have the student sit down,
- b. Reassure the student and avoid moving him or her, and
- c. Check the auto-injector for expiration date and color. (To be effective, the solution in the auto-injector should be clear and colorless)

To administer the Epinephrine Auto-Injector adhere to the following sequence:

1. **Grasp the auto-injector in one hand and form a fist around the unit. With the other hand, pull off the safety cap.** (To avoid injecting yourself after removing the cap(s), never place your own fingers or hand over either end of the device. If you accidentally inject yourself, then use the back-up auto-injector to treat the student. You should go to the hospital emergency room as well.)
2. **Hold the tip of the auto-injector near the student's outer thigh.** (The auto-injector can be injected through the student's clothing, if necessary.)
3. Press firmly and hold the tip into the OUTER THIGH so that the auto-injector is perpendicular (at a 90° angle) to the thigh. You may hear a click.
4. **Hold the auto-injector firmly in place for 10-15 seconds.** (After the injection, the student may feel his or her heart pounding. This is a normal reaction.)
5. **Remove the auto-injector from the thigh and massage the injection area for several seconds.**
6. **Check the tip. If the needle is exposed, the dose has been delivered. If the needle is not exposed, repeat steps 2 through 5.**
7. **Dispose of the auto-injector in a "sharps" container or give the expended auto-injector to the paramedics when they arrive.**
8. **Call 911, if not previously called.**
9. **Call for the school nurse, if not previously called.**

If the anaphylactic reaction is due to an insect sting, remove the stinger (if there is one) as soon as possible after administering the auto-injector. Remove the stinger quickly by scraping with a fingernail, plastic card, or piece of cardboard. Apply an ice pack to the 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 student.

You should continue to observe the student until the emergency responders arrive. In some circumstances a second administration of epinephrine may be necessary. You must also monitor the student's airway and breathing. If trained in CPR, begin CPR immediately if the student stops breathing.

When emergency responders arrive, provide them with a copy of the student's Emergency Health Plan, tell them the time epinephrine was administered and the dose administered. If the auto-injector has not been disposed of in a sharps container, give the expended auto-injector to the paramedics.

If ordered by a health care provider, send a spare auto-injector along with the student to the hospital. A staff member should accompany the child to the hospital and follow procedures in accordance with the district policies regarding the care of students during emergencies.

Any student who receives epinephrine should be transported to a hospital emergency room, even if symptoms appear to have subsided. Some individuals have an anaphylactic reaction, and the symptoms go away only to return a few hours later. This is called a bi-phasic reaction. Often the symptoms of the bi-phasic reaction occur in the respiratory system and take the individual by surprise. Therefore, 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.

In addition, emergency medical care must be obtained immediately because severely allergic students who have experienced anaphylaxis may need emergency respiratory care, cardiac care, or even resuscitation if they stop breathing. At a minimum, these students will need professional care to determine whether additional epinephrine, steroids, antihistamines, or other treatment is required. Follow-up diagnosis and care by health care professionals after the administration of epinephrine is important for recovery.

The school nurse should document the incident on the student's health record.

Epinephrine auto-injectors should be **stored at room temperature** until the marked expiration date, at which time the unit must be replaced. Auto-injectors should not be refrigerated as this could cause the device to malfunction. Auto-injectors should not be exposed to extreme heat (such as in the glove compartment or trunk of a car during the summer) or to 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.

School Districts are required to keep epinephrine auto-injectors in unlocked secure locations to be readily available during an emergency. This will vary depending upon the student's schedule and the circumstances surrounding the possible emergency. In addition to the nurse's office, possible locations for unlocked secure storage of epinephrine include the principal's office, the cafeteria, a classroom, the teacher's room, on the person of the designee, etc. Availability of epinephrine should be addressed in the student's Emergency Health Plan.

One final reminder: Epinephrine is medication held by the school through the authorization of a health care provider's order. Only school nurses, designees, or students able to self-medicate, should have epinephrine auto-injectors on their person.

This training information was partially created and fully reviewed by a Certified School Nurse. It is consistent with the training protocols established by the New Jersey Department of Education and New Jersey department of Health and Senior Services.

This information will be supplemented with specific information regarding the child or children to whom you will be administering Epinephrine. You will also receive information about the district policies/regulations/procedures, which will tell you information about the district representative to whom you can contact regarding any questions you may have.

CONFIDENTIALITY

Even if your position in the district does not include the maintenance or records, all district employees will have access to or will learn of confidential information about pupils for a variety of reasons. This information must be kept confidential and only shared in accordance with the provisions explained here.

Student records and the information contained within them must be kept confidential. The confidentiality of that information and the rights of the pupil and the pupil's parents or guardians are governed under federal law – Federal Education Rights and Privacy Act, or FERPA, as well as state law.

What is a Student “Record”? Any record, file, document or other material maintained by an educational institution, containing any information directly related to a student, which is maintained in any format or medium. This definition is very broad and includes, among other things, personal information, enrollment records, grades, schedules, discipline records, photos, videos, etc. It is important to note that personal observations are not student records.

Confidentiality laws grant an adult pupil or a minor pupil's parent/guardian three rights: The right to access records within a reasonable time of request and an individual available to interpret the records if necessary; The right to challenge and or request an amendment to a record in the file (the steps for this process include the district administrative channels, followed by the Board of Education, and the final step is the state or federal government); The third right is the right to consent, in writing, to release the confidential record or information.

There are exceptions to this third right, where release does not require consent: School officials with legitimate educational interests, other schools into which a student is transferring or enrolling, specified officials for audit or evaluation purposes, appropriate parties in connection with financial aid, organizations conducting certain students for, or on behalf of, the school, accrediting organizations, judicial orders or lawfully issued subpoenas, health and safety emergencies, state and local authorities within a juvenile justice system pursuant to specific state law. In addition the law does not require consent to release directory information so long as the adult pupil or parent/guardian was told of the directory and given the opportunity to opt out.

Directory information includes pupil's name, grade level, date and place of birth, dates of attendance, major field of study, participation in officially recognized activities, weight and height relating to athletic team membership, degrees, awards, the most recent educational agency attended by the pupil and other similar information.

With regard to confidentiality of student records, medical records are given a heightened level of privacy and are required to be kept separate from the rest of a student's cumulative file.

Also, special education information must be kept confidential. The law requires that pupils not be needlessly labeled as needing special education.

Another issue that is related to confidentiality is the Protection of Pupils Rights Amendment, or PPRA, which further protects the privacy of students. This amendment states that before pupils are required to participate in a survey, evaluation or analysis about certain topics, the adult pupil or parent/guardian of a minor must be given an opportunity to review the questions to be asked as well as an opportunity to opt out.

Topics covered by this amendment include: Political affiliations of pupil or pupil's parent/guardian; mental or psychological problems of the pupil or the pupil's family; sexual behavior or attitudes; illegal, anti-social, self-incriminating or demeaning behavior; critical appraisals of others with whom the respondents have close family relationships – such as with lawyers, physicians and ministers; religious practices, affiliations, or beliefs of the pupil or parents/guardians; or income other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such a program.

If you have any questions about this information, please contact the Building Principal.

HARASSMENT, INTIMIDATION & BULLYING

Like other disruptive behavior, **Harassment, Intimidation and Bullying** interfere with a student's ability to learn and achieve high academic standards, and also with a school's ability to educate its students in a safe and civil environment.

For this reason, students are expected to act in an age-appropriate manner that shows the proper regard for the rights and welfare of other students, staff, school facilities and the educational process in general. Any acts of **Harassment, Intimidation and Bullying** are prohibited.

In addition, employees and volunteers are expected to model appropriate behavior, treat others with civility and respect, and refuse to tolerate **Harassment, Intimidation and Bullying**.

What is **Harassment, Intimidation and Bullying**? The definition of HIB is established at N.J.S.A. 18A: 37-14 and is provided below. The HIB definition below has been separated into component parts for ease of reading and comprehension. Bold type has been added to emphasize selected provisions.

HIB Definition

"Harassment, Intimidation, or Bullying" means any gesture, any written, verbal or physical act, or any electronic communication, whether it is **a single incident** or **a series of incidents**, that:

- Is reasonably perceived as being motivated by either any **actual or perceived characteristic**, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability; or by **any other distinguishing characteristic**; and that
- Takes place on school property, at any school-sponsored function, on a school bus, or **off school grounds**, as provided for in N.J.S.A. 18A:37-15.3, that
- Substantially disrupts or interferes with the orderly operation of the school or the rights of other students; **and that**
- A reasonable person should know, under the circumstances, that the act(s) will have the effect of **physically or emotionally harming** a student or **damaging the student's property**, or placing a student in reasonable **fear of physical or emotional harm** to his/her person or damage to his/her property; or
- Has the effect of **insulting or demeaning** any student or group of students; or
- Creates a **hostile educational environment** for the student by interfering with a student's education or by **severely or pervasively** causing physical or emotional harm to the student.

"Electronic communication" means a communication transmitted by means of an electronic device, including, but not limited to, a telephone, cellular phone, computer, or app.

Discipline for an act of **Harassment, Intimidation and Bullying** must follow the code of student conduct and must also be progressive in nature so as to end the bullying. While there are a range of appropriate consequences, such as behavioral evaluation with a possible referral to the child study team, supportive interventions and referral services, the consequences must take into account the nature of the behavior, age of the student and the student's history of problem behavior.

In addition, appropriate consequences and remedial action will also be taken against any employee or volunteer who commits an act of **Harassment, Intimidation and Bullying**, as these individuals are expected to model appropriate behavior for students.

The district mandates that every employee and volunteer take action whenever they become aware of an incident of bullying that has a substantial interference on school operations or that occurs on school property, at any school function, on the school bus or at the bus stop. This means that every incident must be reported using the district reporting procedures.

Employees and volunteers are also required to tell others to report incidents through any means allowable by policy and procedure. Reports can even be anonymous, although this alone will not form the basis for disciplinary action.

The school district, and quite possibly individual employees, will be held liable if they knew or should have known about harassment and failed to take action to end the harassment. This is why reporting is so important!

Once an incident is reported, investigation must take place promptly in accordance with district policy and procedure.

When conducting an investigation it is important to speak to bystanders. Even though you are not the individual responsible for conducting the investigation and are just reporting the information, be sure to report the names of the bystanders. They often have important information and should be encouraged to speak up and report the **Harassment, Intimidation and Bullying** themselves.

Retaliation - against a student, employee or volunteer – for reporting an incident of **Harassment, Intimidation and Bullying** is prohibited. In fact, any individual who retaliates against another for reporting will themselves face consequences and appropriate remedial action.

Likewise, false accusations of **Harassment, Intimidation and Bullying** are not acceptable and any individual who is found to have made false accusations against another – as a means of retaliation or as its own means of **Harassment, Intimidation and Bullying** shall also face consequences and appropriate remedial action.

In accordance with the law, you will receive information about the district Policy on Harassment Intimidation & Bullying and the Regulation on Harassment Intimidation & Bullying (see pg. 15 of this training manual). In addition, all policies, regulations and reporting forms are available on the district's website. You are expected to be familiar with them and to know how to access them.

The Anti-Bullying Coordinator for the district is David Ytreboe who can be reached at dytreboe@staffordschools.org and 609-978-5700 ext. 1272.