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Section IX – Child/Substance Abuse

IX. Child/Substance Abuse

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ENSURING CHILDREN ARE SAFE FROM ABUSE, NEGLECT AND EXPLOITATION

The Child Abuse Hot Line (CAHL), operated by County of Los Angeles Department of Children's Services (DCS), responds to calls reporting suspected child abuse and neglect 24 hours a day, 7 days a week, including holidays and weekends. Calls are toll-free from any place in the state of California. CAHL is reached by dialing 1-800-540-4000, or TDD number is 1-800-272-6699.

Professional CAHL staff evaluates all calls reporting suspected abuse and neglect to determine service needs. Depending on the potential danger to the child(ren), reports of child abuse and neglect are referred to DCS' protective services offices and/or to law enforcement for further investigation. Staff also provide direct telephone consultation and child abuse information and referral services.

Anyone may call CAHL to discuss problems related to child abuse and neglect as well as to report suspected incidents. Almost all professionals who work with families and children are legally mandated to report suspected child abuse and neglect and are not permitted to report anonymously. Other persons, not required by law to report, may remain anonymous. All calls to CAHL and the identity of all callers are kept confidential.

Through its community education program, CAHL plays an important role in promoting public awareness about child abuse and neglect. Staff speaks to professional, community, and student groups about the identification, reporting, and prevention of child abuse.

In any given month, CAHL receives approximately 10,400 calls and serves approximately 9,940 children.

DCS' Emergency Response Command Post (ERCP) was established in 1966 to provide protective services to children in life-threatening situations during evenings, weekends and holidays. Staff from ERCP are housed throughout the County, such as MacLaren Children's Center, the County's 24-hour emergency shelter facility, a hospital and six police stations, where over 50% of referrals are received.

To increase the quality of emergency response services to ensure that children are safe from abuse, neglect and exploitation, DCS is in the process of implementing an automated Child Abuse Hot Line Referral System. The System will record, track and transmit child abuse, neglect and exploitation referrals to Emergency Response workers. It will also feature an Allegation Guide to assist the Child Abuse Hot Line social worker in eliciting sufficient information to help the field social worker in making a complete assessment. This feature will standardize the interview process for more complete and accurate information gathering.

The CAHL and ERCP programs are located at 3075 Wilshire Blvd., close to downtown Los Angeles.

DEFINITIONS

CHILD

A person under the age of 18.

PHYSICAL ABUSE

A physical injury which is inflicted by other than accidental means on a child by another person, intentional, deliberate assault (usually overpunishment) such as striking, throwing, burning, biting, cutting, twisting limbs or otherwise torturing child.

SEXUAL ABUSE

Any sexual activity or sexual exploitation of a child 17 years and younger.

Sexual activity: (effective Jan. 1, 1998)

rape (Penal Code Section [PC§] 261)

statutory rape where one party is under age 16 & the other is over age 21 (PC§ 261.5)

rape in concert (PC§ 264.1)

incest (PC§ 285)

sodomy (PC§ 286)

lewd act on a child [PC§ 288 (a), (b), or (c)(1)]

penetration by a foreign object (PC§ 289)

oral copulation (PC§ 288a)

child molestation (PC§ 647.6)

Sexual exploitation:

preparing, selling, or distributing matter depicting a minor engaged in obscene acts

coercing a child to engage in prostitution or coercing parental consent for a child to engage in prostitution

depicting a child in or creating, developing or trading photos of minors engaged in obscene sexual conduct

GENERAL NEGLECT

The failure of a caretaker to provide a child with adequate food, shelter, clothing, protection, supervision, and medical and dental care.

SEVERE NEGLECT

The negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. "Severe Neglect": also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered.

EMOTIONAL ABUSE

Willful cruelty or unjustifiable punishment of a child, a situation where any person willfully causes or permits any child to suffer, or inflict thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered. Also, a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition.

Summarized from final report Commission on the Enforcement of Child Abuse Laws, Appointed by Attorney General John K. Van De Kamp. Published April, 1985.

CHILD ABUSE REPORTING REQUIREMENTS

Section 11166 of the Penal Code requires any child care custodian, health practitioner, firefighter, animal control officer, or humane society officer, employee of a child protective agency or child visitation monitor who has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment whom he/she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child care custodian" includes teachers; an instructional aide, a teacher's aide, or a teacher's assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; administrators and employees of public or private youth centers, youth recreation programs and youth organizations; administrators and employees of public or private organizations whose duties require direct contact and supervision of children and who have been trained in the duties imposed by this article; licensees, administrators and employees of licensed community care or child day care facilities; headstart teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; social workers, probation officers or parole officers; employees of a school district police or security department; any person who is an administrator or a presenter of, or a counselor in, a child abuse prevention program in any public or private school; a district attorney investigator, inspector, or family support officer unless the investigator, inspector or officer is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor; or a peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of this code, who is not otherwise described in this section.

"Health practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; marriage, family and child counselors; emergency medical

CHILD ABUSE REPORTING REQUIREMENTS

(continued)

technicians I or II, paramedics, or other persons certificated pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code; marriage, family and child counselor trainees as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code; unlicensed marriage, family and child counselor interns registered under Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; and religious practitioners who diagnose, examine, or treat children.

"Child visitation monitor" means any person as defined in Section 11165.15.

I have been informed of the above law and will comply with its provisions.

(Type employee's name below line, requiring signature above)

This statement is a permanent record of the district. The cost of printing, distribution, and filing of these statements is borne by the district. This subdivision is not applicable to persons employed by child protective agencies, public or private youth centers, youth recreation programs and youth organizations as members of the support staff or maintenance staff and who do not work with, observe, or have knowledge of children as part of their official duties.

REPORTING LAW SUMMARY

Most professionals who work with families with children under the age of 18 are required to report known and suspected incidents of child abuse, including physical injuries inflicted by other than accidental means, sexual abuse, neglect, failure-to-thrive and abuse in out-of-home care. The reporting of emotional abuse is discretionary except for willfully cruel and unjustifiable infliction of mental suffering. Persons mandated to report must telephone law enforcement or Department of Children's Services (DCS) Children's Protective Services immediately or as soon as practically possible and send a written report (Suspected Child Abuse Report PC, 11166) of the incident within 36 hours. Any other person may also report known or suspected incidents of child abuse or neglect.

When **two or more mandated reporters** have knowledge of a child abuse incident, one person may be designated to make the report. Internal procedures to facilitate reporting may also be established if they are consistent with the law. However, the responsibility to report is individual, and if a person knows that the individual designated to report has failed to do so, s/he must then make the report. **The telephone report** must include the name of the person making the report, the name of the child, the present location of the child, the nature and extent of the injury, and any other information relevant to the incident. Persons not required by law to report may report anonymously; mandated reporters may not. However, the identity of all persons who report shall be confidential and disclosed only between child protective agencies, by court order or when needed for specified court actions. Reporting parties may waive their right to confidentiality. Neither the physician-patient privilege nor the psychotherapist-patient privilege applies to reported child abuse incidents in any court procedure or administrative hearing.

Law enforcement agencies and DCS Children's Protective Services are required to report incidents of child abuse that come to their attention to one another and to the District Attorney's office. This must be done by telephone immediately or as soon as practically possible. The agencies must also send a written report within 36 hours. These child protective agencies are additionally required to report incidents of child abuse (except general neglect) to the Department of Justice (DOJ). The DOJ will notify the agency making the report of any previous report on file. The child protective agencies must also inform mandated reporters of the results of their investigation and of any action taken regarding the reported incident. **The failure of a mandated party to report** a known incident of child abuse is a misdemeanor punishable by up to six months in the county jail and/or up to a \$1,000 fine. However, mandated reporters are immune from civil and criminal liability when reporting as required by law, even if the report is proven to be unfounded. All other reporters are free of liability unless it can be proven that the report was false and the reporter knew it was false. **Mandated reporters** are also immune from civil and criminal liability when at the request of a child protective agency; they provide the requesting agency access to the victim of a suspected child abuse incident. If a mandated reporter should be sued for making a child abuse report, s(he) may present a claim to the State Board of Control for reimbursement of attorney's fees up to \$50,000.

Child Abuse reports may be made to the Los Angeles County Child Abuse Hotline 1/800/540-4000 or to local law enforcement agencies.

REPORTING SEXUAL ABUSE

WHEN MUST YOU REPORT SEXUAL ABUSE?

Whenever you observe a child in your professional capacity or within the scope of your job and know or reasonably suspect that any of the following have occurred:

1. any forcible sexual act
2. any sexual activity where one party is under age 16 and the other party is over age 21 whether the conduct is consensual or not [a violation of either PC§ 261.5(d) or 288(c)].
This change was effective January 1, 1998
3. any sexual activity where one party is under 14 and the other party is over age 14, whether the conduct is consensual or not
4. A report is not mandatory if both parties are under age 14 and the conduct is consensual unless there is a significant difference in their ages

Pregnancy by itself does not trigger a mandatory report.

CHILD ABUSE REPORTING PROCEDURE

1. PHONE IMMEDIATELY

HOTLINE: 1-800-540-4000

Personnel are available to discuss questions regarding reporting.
Record name of intake person on Report Form.

2. COMPLETE AND SEND “SUSPECTED CHILD ABUSE REPORT (1166PC)” WITHIN 36 HOURS TO:

Department of Children’s Services

Attn: Intake

3075 Wilshire Blvd., 5th Floor

Los Angeles, CA 90010

Or file online at:

<http://lacdfs.org/contactus/childabuse.html>

3. PHONE LAW ENFORCEMENT IF YOU SUSPECT IMMEDIATE THREAT TO THE CHILD

Pasadena Police Department (626) 405-4241

Altadena Sheriff (626) 798-1131

Sierra Madre Police (626) 355-1414

4. MAKE TWO COPIES

1. Send one to Ed Center, Health Programs
2. Keep one in personal confidential locked file

DO NOT PLACE A COPY OF REPORT IN CUMULATIVE RECORD OR HEALTH RECORD

5. RECORD IN STUDENT HEALTH RECORD:

“Form number SS8572 filed. Copy sent to Ed Center, Health Programs office.”
No signature is necessary.

GUIDELINES FOR THE REPORTING PARTY

Complete all information requested on your reporting documents (SS8572, SS8583, DOJ900, and OCJP925) including names, dates of birth, addresses (including city and zip codes), telephones (including area code), sex and race.

The following questions/statements must also be answered on your reporting documents. Use additional sheets of paper if needed.

1. Who is the victim(s)?
2. Describe the allegations of abuse/neglect.
3. How often does this happen?
4. When and where did the incident occur?
5. How is this abuse/neglect affecting the child(ren)?
6. Who and where is the suspect? Does the suspect still have access to the victim(s)?
7. How and when did you learn of these allegations? Why are you calling today?
8. Any additional information which would help in the investigation of these allegations, and the assessment of the victim and the victim's family. Include your professional opinion regarding the risk of this child in the situation you describe.

Provide the following information if known:

1. The social security number of victim, siblings, parents or guardians.
2. The primary language spoken by the victim(s) and/or parents if other than English.

SUSPECTED CHILD ABUSE REPORT (SS 8572)
& Definitions and General Instructions for Completion

available at:

[http://www.oc.ca.gov/ssa/cfs/SuspectedChildAbuseForm\(SS8572\).pdf](http://www.oc.ca.gov/ssa/cfs/SuspectedChildAbuseForm(SS8572).pdf)

LAW ENFORCEMENT - ABUSED CHILD UNITS

CITY JURISDICTION

Los Angeles County Child Abuse Hotline
1-800-540-4000

Altadena Sheriff's Station
4554 Briggs
La Crescenta, CA 91214
(626) 798-1131

Pasadena Police Department
142 N. Arroyo Parkway
Pasadena, CA 91103
(626) 405-4241

Sierra Madre Police Department
242 W. Sierra Madre Blvd.
Sierra Madre, CA 91024
(626) 355-1414

Students

CHILD ABUSE PREVENTION AND REPORTING

BP 5141.4

The Governing Board is committed to supporting the safety and well-being of district students and desires to facilitate the prevention of and response to child abuse and neglect. The Superintendent or designee shall develop and implement strategies for preventing, recognizing, and promptly reporting known or suspected child abuse and neglect.

The Superintendent or designee may provide a student who is a victim of abuse with school-based mental health services or other support services and/or may refer the student to resources available within the community as needed.

(cf. 1020 - Youth Services)

(cf. 5141.6 - School Health Services)

(cf. 6164.2 - Guidance/Counseling Services)

Child Abuse Prevention

The district's instructional program shall include age-appropriate and culturally sensitive child abuse prevention curriculum. This curriculum shall explain students' right to live free of abuse, include instruction in the skills and techniques needed to identify unsafe situations and react appropriately and promptly, inform students of available support resources, and teach students how to obtain help and disclose incidents of abuse.

(cf. 6142.8 - Comprehensive Health Education)

(cf. 6143 - Courses of Study)

The district's program also may include age-appropriate curriculum in sexual abuse and sexual assault awareness and prevention. Upon written request of a student's parent/guardian, the student shall be excused from taking such instruction. (Education Code 51900.6)

The Superintendent or designee shall, to the extent feasible, seek to incorporate community resources into the district's child abuse prevention programs and may use these resources to provide parents/guardians with instruction in parenting skills and child abuse prevention.

Child Abuse Reporting

The Superintendent or designee shall establish procedures for the identification and reporting of known and suspected child abuse and neglect in accordance with law.

Students

CHILD ABUSE PREVENTION AND REPORTING

BP 5141.4

(cf. 4119.21/4219.21/4319.21 - Professional Standards)
(cf. 5145.7 - Sexual Harassment)

Procedures for reporting child abuse shall be included in the district and/or school comprehensive safety plan. (Education Code 32282)

(cf. 0450 - Comprehensive Safety Plan)

District employees, who are mandated reporters, as defined by law and administrative regulation, are obligated to report all known or suspected incidents of child abuse and neglect.

The Superintendent or designee shall provide training regarding the duties of mandated reporters.

Legal Reference:

EDUCATION CODE

32280-32288 - Comprehensive school safety plans

33195 - Heritage schools, mandated reporters

33308.1 - Guidelines on procedure for filing child abuse complaints

44252 - Teacher credentialing

44691 - Staff development in the detection of child abuse and neglect

44807 - Duty concerning conduct of students

48906 - Notification when student released to peace officer

48987 - Dissemination of reporting guidelines to parents

49001 - Prohibition of corporal punishment

51220.5 - Parenting skills education

51900.6 - Sexual abuse and sexual assault awareness and prevention

PENAL CODE

152.3 - Duty to report murder, rape, or lewd or lascivious act

273a - Willful cruelty or unjustifiable punishment of child; endangering life or health

288 - Definition of lewd or lascivious act requiring reporting

11164-11174.3 - Child Abuse and Neglect Reporting Act

WELFARE AND INSTITUTIONS CODE 15630-

15637 - Dependent adult abuse reporting

CODE OF REGULATIONS, TITLE 5

4650 - Filing complaints with CDE, special education students

UNITED STATES CODE, TITLE 42

11434a - McKinney-Vento Homeless Assistance Act; definitions

COURT DECISIONS

Camreta v. Greene (2011) 131 S.Ct. 2020

Students

CHILD ABUSE PREVENTION AND REPORTING

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Management Resources:

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS

Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve

Health Framework for California Public Schools, Kindergarten Through Grade Twelve

WEB SITES

California Attorney General's Office, Suspected Child Abuse Report Form:

http://www.ag.ca.gov/childabuse/pdf/ss_8572.pdf

California Department of Education, Safe Schools:

<http://www.cde.ca.gov/ls/ss/ap>

California Department of Social Services, Children and Family Services Division:

<http://www.childsworld.ca.gov>

U.S. Department of Health and Human Services, Child Welfare Information

Gateway: <https://www.childwelfare.gov/can>

Policy

Adopted: November 14, 1995

Revised: August 28, 2014; September 22, 2016

PASADENA UNIFIED SCHOOL DISTRICT

Pasadena, California

Students

CHILD ABUSE PREVENTION AND REPORTING

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Definitions

Child abuse or neglect includes the following: (Penal Code 11165.5, 11165.6)

1. A physical injury or death inflicted by other than accidental means on a child by another person
2. Sexual abuse of a child, including sexual assault or sexual exploitation, as defined in Penal Code 11165.1
3. Neglect of a child as defined in Penal Code 11165.2
4. Willful harming or injuring of a child or the endangering of the person or health of a child as defined in Penal Code 11165.3
5. Unlawful corporal punishment or injury as defined in Penal Code 11165.4

(cf. 4119.21/4219.21/4319.21 - Professional Standards)
(cf. 5145.7 - Sexual Harassment)

Child abuse or neglect does not include:

1. A mutual affray between minors (Penal Code 11165.6)
2. An injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his/her employment (Penal Code 11165.6)

(cf. 3515.3 - District Police/Security Department)

3. An injury resulting from the exercise by a teacher, vice principal, principal, or other certificated employee of the same degree of physical control over a student that a parent/guardian would be privileged to exercise, not exceeding the amount of physical control reasonably necessary to maintain order, protect property, protect the health and safety of students, or maintain proper and appropriate conditions conducive to learning (Education Code 44807)
4. An injury caused by a school employee's use of force that is reasonable

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and necessary to quell a disturbance threatening physical injury to persons or damage to property, to protect himself/herself, or to obtain weapons or other dangerous objects within the control of a student (Education Code 49001)

(cf. 5131.7 - Weapons and Dangerous Instruments)

(cf. 5144 - Discipline)

(cf. 6159.4 - Behavioral Interventions for Special Education Students)

5. Physical pain or discomfort caused by athletic competition or other such recreational activity voluntarily engaged in by a student (Education Code 49001)

(cf. 6142.7 - Physical Education and Activity)

(cf. 6145.2 - Athletic Competition)

6. Homelessness or classification as an unaccompanied minor (Penal Code 11165.15)

Mandated reporters include, but are not limited to, teachers; instructional aides; teacher's aides or assistants; classified employees; certificated pupil personnel employees; administrative officers or supervisors of child attendance; athletic coaches, administrators, and directors; administrators and employees of a licensed child day care facility; Head Start teachers; district police or security officers; licensed nurses or health care providers; and administrators, presenters, and counselors of a child abuse prevention program. (Penal Code 11165.7)

Reasonable suspicion means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his/her training and experience, to suspect child abuse or neglect. However, reasonable suspicion does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect. (Penal Code 11166)

Reportable Offenses

A mandated reporter shall make a report using the procedures provided below whenever, in his/her professional capacity or within the scope of his/her

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CHILD ABUSE PREVENTION AND REPORTING

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employment, he/she has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. (Penal Code 11166)

Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, based on evidence of severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, may make a report to the appropriate agency. (Penal Code 11166.05, 11167)

Any district employee who reasonably believes that he/she has observed the commission of a murder, rape, or lewd or lascivious act by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury against a victim who is a child under age 14 shall notify a peace officer. (Penal Code 152.3, 288)

Responsibility for Reporting

The reporting duties of mandated reporters are individual and cannot be delegated to another person. (Penal Code 11166)

When two or more mandated reporters jointly have knowledge of a known or suspected instance of child abuse or neglect, the report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report. (Penal Code 11166)

No supervisor or administrator shall impede or inhibit a mandated reporter from making a report. (Penal Code 11166)

Any person not identified as a mandated reporter who has knowledge of or observes a child whom he/she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to the appropriate agency. (Penal Code 11166)

(cf. 1240 - Volunteer Assistance)

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Reporting Procedures

1. Initial Telephone Report

Immediately or as soon as practicable after knowing or observing suspected child abuse or neglect, a mandated reporter shall make an initial report by telephone to any police department (excluding a school district police/security department), sheriff's department, county probation department if designated by the county to receive such reports, or county welfare department. (Penal Code 11165.9, 11166)

Department of Children and Family Services
532 E. Colorado Boulevard, Pasadena, CA 91101
Telephone: 800-540-4000

When the initial telephone 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.

2. Written Report

Within 36 hours of knowing or observing the information concerning the incident, the mandated reporter shall then prepare and either send, fax, or electronically submit to the appropriate agency a written follow-up report, which includes a completed Department of Justice form (SS 8572). (Penal Code 11166, 11168)

The Department of Justice form may be obtained from the district office or other appropriate agencies, such as the county probation or welfare department or the police or sheriff's department.

Reports of suspected child abuse or neglect shall include, if known: (Penal Code 11167)

- a. The name, business address, and telephone number of the person making the report and the capacity that makes the person a mandated reporter
- b. The child's name and address, present location, and, where applicable, school, grade, and class

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- c. The names, addresses, and telephone numbers of the child's parents/guardians
- d. The name, address, telephone number, and other relevant personal information about the person who might have abused or neglected the child
- e. The information that gave rise to the reasonable suspicion of child abuse or neglect and the source(s) of that information

The mandated reporter shall make a report even if some of this information is not known or is uncertain to him/her. (Penal Code 11167)

The mandated reporter may give to an investigator from an agency investigating the case, including a licensing agency, any information relevant to an incident of child abuse or neglect or to a report made for serious emotional damage pursuant to Penal Code 11166.05. (Penal Code 11167)

3. Internal Reporting

The mandated reporter shall not be required to disclose his/her identity to his/her supervisor, the principal, or the Superintendent or designee. (Penal Code 11166)

However, employees reporting child abuse or neglect to an appropriate agency are encouraged, but not required, to notify the principal as soon as possible after the initial telephone report to the appropriate agency. When so notified, the principal shall inform the Superintendent or designee.

The principal so notified shall provide the mandated reporter with any assistance necessary to ensure that reporting procedures are carried out in accordance with law, Board policy, and administrative regulation. At the mandated reporter's request, the principal may assist in completing and filing the necessary forms.

Reporting the information to an employer, supervisor, principal, school counselor, co-worker, or other person shall not be a substitute for making a mandated report to the appropriate agency. (Penal Code 11166)

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Training

Within the first six weeks of each school year, the Superintendent or designee shall provide training on mandated reporting requirements to district employees and persons working on their behalf who are mandated reporters. Any school personnel hired during the school year shall receive such training within the first six weeks of employment. (Education Code 44691; Penal Code 11165.7)

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

(cf. 4331 - Staff Development)

The Superintendent or designee shall use the online training module provided by the California Department of Social Services. (Education Code 44691)

The training shall include, but not necessarily be limited to, training in identification and reporting of child abuse and neglect. In addition, the training shall include information that failure to report an incident of known or reasonably suspected child abuse or neglect as required by law is a misdemeanor punishable by imprisonment and/or a fine as specified. (Education Code 44691; Penal Code 11165.7)

The Superintendent or designee shall obtain and retain proof of each mandated reporter's completion of the training. (Education Code 44691)

In addition, at least once every three years, school personnel may receive training in the prevention of child abuse, including sexual abuse, on school grounds, by school personnel, or in school-sponsored programs. (Education Code 44691)

Victim Interviews by Social Services

Whenever the Department of Social Services or another government agency is investigating suspected child abuse or neglect that occurred within the child's home or out-of-home care facility, the student may be interviewed by an agency representative during school hours, on school premises. The Superintendent or designee shall give the student the choice of being interviewed in private or in the presence of any adult school employee or volunteer aide selected by the student. (Penal Code 11174.3)

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A staff member or volunteer aide selected by a child may decline to be present at the interview. If the selected person accepts, the principal or designee shall inform him/her of the following requirements: (Penal Code 11174.3)

1. The purpose of the selected person's presence at the interview is to lend support to the child and enable him/her to be as comfortable as possible.
2. The selected person shall not participate in the interview.
3. The selected person shall not discuss the facts or circumstances of the case with the child.
4. The selected person is subject to the confidentiality requirements of the Child Abuse and Neglect Reporting Act, a violation of which is punishable as specified in Penal Code 11167.5.

If a staff member agrees to be present, the interview shall be held at a time during school hours when it does not involve an expense to the school. (Penal Code 11174.3)

Release of Child to Peace Officer

When a child is released to a peace officer and taken into custody as a victim of suspected child abuse or neglect, the Superintendent or designee and/or principal shall not notify the parent/guardian, but rather shall provide the peace officer with the address and telephone number of the child's parent/guardian. (Education Code 48906)

(cf. 5145.11 - Questioning and Apprehension by Law Enforcement)

Parent/Guardian Complaints

Upon request, the Superintendent or designee shall provide parents/guardians with procedures for reporting suspected child abuse occurring at a school site to appropriate agencies. For parents/guardians whose primary language is not English, such procedures shall be in their primary language and, when communicating orally regarding those procedures, an interpreter shall be provided.

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CHILD ABUSE PREVENTION AND REPORTING

AR 5141.4

To file a complaint against a district employee or other person suspected of child abuse or neglect at a school site, parents/guardians may file a report by telephone, in person, or in writing with any appropriate agency identified above under "Reporting Procedures." If a parent/guardian makes a complaint about an employee to any other employee, the employee receiving the information shall notify the parent/guardian of procedures for filing a complaint with the appropriate agency. The employee also is obligated pursuant to Penal Code 11166 to file a report himself/herself using the procedures described above for mandated reporters.

(cf. 1312.1 - Complaints Concerning District Employees)

In addition, if the child is enrolled in special education, a separate complaint may be filed with the California Department of Education pursuant to 5 CCR 4650.

(cf. 1312.3 - Uniform Complaint Procedures)

Notifications

The Superintendent or designee shall provide to all new employees who are mandated reporters a statement that informs them of their status as mandated reporters, their reporting obligations under Penal Code 11166, and their confidentiality rights under Penal Code 11167. The district also shall provide these new employees with a copy of Penal Code 11165.7, 11166, and 11167. (Penal Code 11165.7, 11166.5)

(cf. 4112.9/4212.9/4312.9 - Employee Notifications)

Before beginning employment, any person who will be a mandated reporter by virtue of his/her position shall sign a statement indicating that he/she has knowledge of the reporting obligations under Penal Code 11166 and will comply with those provisions. The signed statement shall be retained by the Superintendent or designee. (Penal Code 11166.5)

Employees who work with dependent adults shall be notified of legal responsibilities and reporting procedures pursuant to Welfare and Institutions Code 15630-15637.

Students

CHILD ABUSE PREVENTION AND REPORTING

AR 5141.4

The Superintendent or designee also shall notify all employees that:

1. A mandated reporter who reports a known or suspected instance of child abuse or neglect shall not be held civilly or criminally liable for making a report and this immunity shall apply even if the mandated reporter acquired the knowledge or reasonable suspicion of child abuse or neglect outside of his/her professional capacity or outside the scope of his/her employment. Any other person making a report shall not incur civil or criminal liability unless it can be proven that he/she knowingly made a false report or made a report with reckless disregard of the truth or falsity of the report. (Penal Code 11172)
2. If a mandated reporter fails to timely report an incident of known or reasonably suspected child abuse or neglect, he/she may be guilty of a crime punishable by a fine and/or imprisonment. (Penal Code 11166)
3. No employee shall be subject to any sanction by the district for making a report unless it can be shown that he/she knowingly made a false report or made a report with reckless disregard of the truth or falsity of the report. (Penal Code 11166)

Regulation

Approved: November 14, 1995

Revised: August 28, 2014; May 16, 2016; September 22, 2016

PASADENA UNIFIED SCHOOL DISTRICT

Pasadena, California

PASADENA UNIFIED SCHOOL DISTRICT HEALTH PROGRAMS

SUBSTANCE ABUSE PROCEDURES - RATIONALE

Approximately two-thirds of American adults drink alcohol at least occasionally. Of these, it is estimated that about 18 million experience problems as a result of alcohol use, and about 7% of drinkers experience moderate levels of dependence symptoms. Alcohol is a factor in approximately half of all homicides, suicides, and motor vehicle fatalities. With fetal alcohol syndrome affecting as many as 3 infants per 1,000 live births it is the leading cause of birth defects. Of special concern are the problems for young people. Nine out of ten high school seniors report using alcohol at least once.

Drug use is also a dominant societal concern. Among high school seniors, almost 44 percent report having tried marijuana and 10 percent report ever using cocaine. It has been estimated that one in four American adolescents is at a very high risk of alcohol and other drug problems and their consequences. The data may underestimate the problem because existing surveys fail to count high risk youth who have dropped out of school. Drug abuse is linked to high rates of violent crime, to transmission of HIV disease, and to developmental problems in infants.

These are the immediate health problems posed by alcohol and other drugs. Their abuse, however, is closely related to a host of other social and health problems, such as early unwanted pregnancy, delinquency, and school failure. Homeless people are at special risk of alcohol abuse.

In the past decade, public awareness of this problem has grown, uniting diverse groups in the common goal. Businesses, schools, parent groups, and minority organizations have developed ways to fight the pervasive dangers of alcohol and other drugs. A changing social climate has been accompanied by legislative and policy actions, particularly concerning drinking and driving leading to these objectives:

To reduce alcohol and other drug abuse

4.1 Reduce alcohol-related motor vehicle crash deaths

4.6 Reduce drug, alcohol and tobacco use by school children aged 12 to 17

Other objectives target increasing the average age of first use of addictive substances; reducing occasions of heavy drinking by young people; reducing aggregate per capita alcohol consumption nationally; increasing awareness of the harmful effects of addictive substances; better access to treatment programs; stronger and better enforcement laws related to driving under the influence of intoxicants; decreased access to alcohol; and greater involvement of primary care providers in dealing with these problems.

U.S.D.H.H.S. Healthy People 2000 - National Health Promotion and Disease Prevention Objectives
- Summary Report

Students

AT-RISK STUDENTS

BP 5149

The Governing Board recognizes that personal, social, health, and economic circumstances of children and families sometimes place students at risk of school failure. The Board believes, however, that each student can succeed in meeting district academic standards with appropriate educational programs and support services.

(cf. 6011 - Academic Standards)
(cf. 6146.1 - High School Graduation Requirements)
(cf. 6146.5 - Elementary/Middle School Graduation Requirements)
(cf. 6162.52 - High School Exit Examination)

District assessments and ongoing classroom evaluations shall be used to identify students performing below grade-level or at risk of failing to meet district standards. The Superintendent or designee shall develop strategies to address the needs of at-risk students, which may include but are not limited to instructional strategies responsive to the needs of individual students, provision of supplemental instruction outside the regular school day, provision of effective support services, parent involvement, and/or enrollment in an alternative program.

(cf. 0420 - School Plans/Site Councils)
(cf. 0450 - Comprehensive Safety Plan)
(cf. 5030 - Student Wellness)
(cf. 5113.1 - Truancy)
(cf. 5131.6 - Alcohol and Other
Drugs) (cf. 5136 - Gangs)
(cf. 5137 - Positive School Climate)
(cf. 5138 - Conflict Resolution/Peer Mediation)
(cf. 5141.22 - Infectious Diseases)
(cf. 5141.3 - Health Examinations)
(cf. 5141.31 - Immunizations)
(cf. 5141.32 - Health Screening for School Entry)
(cf. 5141.4 - Child Abuse Prevention and Reporting)
(cf. 5141.52 - Suicide Prevention)
(cf. 5146 - Married/Pregnant/Parenting
Students) (cf. 5147 - Dropout Prevention)
(cf. 5148.3 - Preschool/Early Childhood Education)
(cf. 6142.8 - Comprehensive Health Education)
(cf. 6164.2 - Guidance/Counseling Services)
(cf. 6164.4 - Identification and Evaluation of Individuals for Special
Education) (cf. 6164.5 - Student Success Teams)
(cf. 6164.6 - Identification and Education Under Section 504)

Students

AT-RISK STUDENTS

BP 5149

(cf. 6179 - Supplemental Instruction)
(cf. 6181 - Alternative Schools/Programs of Choice)

The Superintendent or designee shall ensure that employees are trained to support students and are prepared to implement intervention strategies as needed or to make appropriate referrals.

(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)

The district's services for at-risk students shall emphasize coordination between site, district, and community-based programs in order to ensure effective implementation and shared accountability.

Legal Reference:

EDUCATION CODE

8800-8807 - *Healthy Start support services for children*
11500-11506 - *Programs to encourage parent involvement*
35160 - *Authority of governing boards*
35183 - *Gang-related apparel*
41505-41508 - *Pupil Retention Block Grant*
41510-41514 - *School Safety Consolidated Competitive Grant*
44049 - *Report of alcohol or controlled substance abuse*
48260-48273 - *Truancy*
48400-48454 - *Continuation education*
48660-48666 - *Community day schools*
49400-49409 - *Student health*
49450-49457 - *Physical examinations of students*
49600-49604 - *Educational counseling*
51266-51266.5 - *Gang and substance abuse prevention curriculum*
51268 - *Collaboration re drug, alcohol and tobacco prevention*
51745-51749.3 - *Independent study programs*
52200-52212 - *Gifted and Talented Pupil Program*
52800-52887 - *School-Based Program Coordination*
Act 54400-54425 - *Programs for disadvantaged children*
54440-54445 - *Migrant children*
54740-54749.5 - *California School Age Families*
56000-56001 - *Special education programs*
56302 - *Identification and assessment of needs for individuals with disabilities*

REPEALED EDUCATION CODE FOR CATEGORICAL

PROGRAMS 52014 - *Inclusion of activities in plan*

Students

AT-RISK STUDENTS

BP 5149

52015 - *Components of plan*

54685-54686.2 - *Early Intervention for School Success Program*

HEALTH AND SAFETY CODE

11802 - *Joint school-community alcohol abuse primary education and prevention program*

120325-120380 - *Immunizations*

121475-121520 - *Tuberculosis tests for students* 124025-124110 -

Child health and disability prevention program

PENAL CODE

11164-11174.3 - *Child abuse and neglect reporting*

WELFARE AND INSTITUTIONS CODE

4343-4360 - *Primary intervention programs - mental health*

4370-4390 - *School-based early mental health intervention and prevention*

18975-18979 - *Child abuse prevention training*

18986.40-18986.46 - *Interagency children's services programs*

CODE OF REGULATIONS, TITLE 5 11900-

11935 - *Healthy Start program*

UNITED STATES CODE, TITLE 20

6301-6578 - *Title I programs*

Management Resources:

WEB SITES

California Department of Education: <http://www.cde.ca.gov>

Policy

Adopted: August 28, 2014

PASADENA UNIFIED SCHOOL DISTRICT

Pasadena, California

**PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS**

SUBSTANCES ABUSE - GUIDELINES FOR CARE

A. ALCOHOL

1. Signs and Symptoms

- a. Alcohol odor-clothing, breath, emesis
- b. Nausea, vomiting
- c. Headache
- d. Changes in affect - may be very quiet, giggly and silly, or crying
- e. Speech may be slurred or student may have difficulty retrieving specific words.
- f. Motor functions - gait, ability to write (fine motor tasks) - may be impaired.
- g. Student may rapidly progress from slightly slurred speech to unconsciousness in a period of 15-20 minutes, if student has ingested a large dose. Teenagers and children are more sensitive to alcohol than adults. Be particularly alert for students of small body weight and those who have not used alcohol before.

2. Health Office Procedures

- a. Attempt to determine what and how much the student has ingested,
REMAINING CALM AND NON-JUDGMENTAL.
- b. Carefully determine the student's level of consciousness
 1. Knowledge of name, time, place, and date.
 2. How easily is student aroused?
 3. Is student alert, awake, or does student fall in and out of sleep?
 4. Does student respond appropriately to questions?
 5. Treat nausea and vomiting
 - a. Turn to side
 - b. Provide water
 - c. Stay with student
 - d. Provide emesis basin or wastebasket for vomiting
 - e. Cover - loss of body heat may occur
- c. Check vital signs: **TPR - Temperature, Pulse, and Respiration**
- d. Assess level of consciousness
- e. **CALL 911** if student's level of consciousness decreases
- f. Notify administrator and call parent

B. SEDATIVES OR DOWNERS

1. Barbiturates, Sleeping Pills, Marijuana

a. Signs and Symptoms

1. Odor (marijuana)
2. Sleepiness
3. Slowed reaction time
4. Slurred speech
5. In severe cases: unresponsiveness - coma

6. Dilated pupils (with overdose or toxic doses)
7. Marijuana-may have reddened eyes
8. Marijuana-craving for food, especially sweets
9. Decrease in pulse and breathing rates
10. Blueness of lips and fingernails (cyanosis)

b. Health Office Procedures

1. Attempt to determine substance used, amount used and time of use
2. Remain with student
3. Assess level of consciousness
4. **CALL 911** if student does not respond appropriately and/or is not alert
5. Assess vital signs: pulse, respiration
6. Notify administrator and call parent

2. Hydrocarbons: Glue, Paint, and Aerosol Sniffing

a. Signs and Symptoms

1. Odor of substance inhaled
2. Difficulty breathing
3. Cyanosis-blue nail beds and lips

b. Health Office Procedures

1. Assess vital signs: pulse and respiration
2. May need CPR in severe cases
3. Notify administrator and call parent

C. STIMULANTS AND UPPERS

1. Methamphetamines (Crack), Cocaine, Benzadrine, Dexadrine, Antihistamines, Ritalin, Diet Pills

a. Signs and Symptoms

1. Increased psychomotor activity, restlessness
2. Rapid speech
3. Inability to concentrate
4. Student may often be unaware of increased activity level
5. Euphoria
6. Severe depression when drug is withdrawn
7. Lack of appetite, recent weight loss
8. If inhaled-nosebleeds, nasal irritation and congestion
9. Elevated blood pressure
10. Rapid pulse
11. Rapid breathing

b. Health Office Procedures

1. Determine the drug, dose, time, and frequency of administration
2. Assess vital signs: Pulse and respiration.
3. Refer to medical care if pulse is irregular (over 120 at rest)
4. Keep calm, reassure, remain with student

5. **CALL 911** if vital signs are above normal
6. Notify administrator and call parent

D. HALLUCINOGENS

1. LSD, Angel Dust, Peyote, Magic Mushrooms

a. Signs and Symptoms

1. Vary widely. May be extremely unpredictable.
2. May include all forms of hallucinations - visual, olfactory, auditory
3. May be very strong and violent
4. May go on crying jags, be inappropriately loving and stuporous
5. Moods may change from one extreme to another rapidly.

b. Health Office Procedures

1. Get into a non-stimulating environment as soon as possible: dark, quiet, no sharp objects nearby.
2. Talk quietly, calmly. **DO NOT TOUCH.** Reassure.
3. Attempt to discover what has been taken, when and how much
4. Try to discover the content of hallucination so student can be reassured of reality
5. Remain with student
6. Must have medical care
7. Notify administrator and call parent

E. NARCOTICS

1. Heroin, Codeine, Morphine, Opium, Demerol, Percodan and other natural and synthetic alkaloids of opium. Most are taken by injection, and needle trackmarks may be evident. Codeine and Percodan may be taken orally. If drug such as heroin is inhaled or snorted, watch for the following:

a. Signs and Symptoms

1. Nosebleeds
2. Constant runny nose and irritation of nasal membranes
3. Overdose: central nervous system is severely depressed, resulting in slowed thought processes and motor activity; pupils are constricted, pulse is slow.
4. Potency of street drugs varies considerably. Therefore, a student may take a fatal overdose inadvertently.

b. Health Office Procedures

1. **CALL 911** if overdose is suspected
2. Notify administrator and call parent

F. CLUB DRUGS

1. Ecstasy

What it looks like: tan, brown, white, powder, tablets, capsules (looks like methamphetamine)

Ingestion: primarily oral, can be snorted, injected, or taken rectally

Onset: 20-30 minutes

Duration: 4-6 hours

Blood: 3-5 hours

Urine: 6-12 hours

a. Signs and symptoms

1. Reduced inhibitions
2. Sweating
3. Elevated vital signs (increased pulse, increased blood pressure, increased temperature)
4. Pupils sluggish and dilated
5. Happy and friendly personality
6. Tremors
7. Senses overloaded
8. Grinding teeth
9. Muscle tone may be normal or rigid
10. Romberg test: fast
11. Finger to nose: Impaired
12. One leg stand: time impairment fast
13. Walk and turn: slightly fast, turn impaired
14. Non-convergence: not present
15. Vertical gaze nystagmus: not present
16. Horizontal gaze nystagmus: not present

b. Health Office Procedures

1. Gather history and assess vital signs and level of consciousness
2. **Call 911** for change in level of consciousness or alteration in vital signs. Pay close attention to elevated temperature as it can rapidly increase and cause brain damage, seizures and even death.
3. Remain with student and provide a quiet, calm environment.
4. Notify administrator/dean and call parent
5. Notify Health Programs office

2. GHB, GBL, B, D (Gamma hydroxybutyrate, Gamma butyrolactone)

What it looks like: clear liquid, odorless, salty taste

Ingestion: Oral

Onset: 10-20 minutes (dose dependant)

Duration: 2-3 hours

Blood: 3-5 hours

Urine: 6-12 hours

a. Signs and symptoms

1. Pulse: may be increased or decreased
2. Blood Pressure: decrease
3. Temperature: decreased
4. Muscle tone: normal or rigid
5. Pupil reaction to light: sluggish and possibly dilated, may be normal

6. Alcohol-like intoxication
7. Mood swings
8. Unconscious
9. Loss of muscle coordination
10. Drunken appearance
11. Amnesia, slow/slurred speech
12. Sleepy appearance
13. Vitals low
14. Physically sick
15. Horizontal gaze nystagmus: present
16. Vertical gaze nystagmus: present
17. Non-convergence: present
18. Romberg: impaired
19. Walk and turn: like a drunk
20. One leg stand: like a drunk
21. Finger to nose: like a drunk

b. Health Office Procedures

1. Gather history and assess vital signs and level of consciousness
2. **Call 911** for change in level or consciousness or alteration in vital signs
3. Remain with student and provide a quiet, calm environment
4. Notify administrator/dean and call parent
5. Notify Health Programs office

3. Ketamine

What it looks like: clear liquid or white crystal powder

Ingestion: inhaled, smoked, injected, oral, rectal Onset:
seconds if smoked

Duration: 1-2 hours

Blood: while under the influence

Urine: 36-48 hours

a. Signs and symptoms

1. Elevated body temperature and vital signs
2. Pupil reaction to light and pupil size may be normal
3. Disorientation/confusion/blank stare
4. Sweating
5. Euphoria
6. Slow/slurred speech
7. Delusions/hallucinations/paranoia
8. Violence/anxiety/agitation
9. Loss of muscle coordination and or muscle rigidity
10. Insomnia
11. Sleepy appearance
12. Excess strength
13. Horizontal gaze nystagmus: present
14. Vertical gaze nystagmus: present
15. Non-convergence: present

16. Romberg: fast
17. Walk and turn: anesthetized
18. One leg stand: anesthetized
19. Finger to nose: anesthetized

***** Ketamine has about 1/4th the strength of PCP**

b. Health Office Procedures

1. Gather history and assess vital signs and level of consciousness
2. **Call 911** for change in level of consciousness or alteration in vital signs
3. Remain with student and provide a quiet, calm environment
4. Notify administrator/dean and call parent
5. Notify Health Programs office

4. Nitrous Oxide (Anesthetic Gas)

What it looks like: clear Ingestion:
inhaled

Onset: seconds

Duration: peaks at 30 seconds, lasts up to 5 minutes Blood:
not detectable

Urine: not detectable

a. Signs and symptoms

1. Vital signs may be low especially blood pressure and temperature; pulse may be high
2. Pupil reaction to light and size may be normal
3. Unconscious
4. Sleepy/drunken appearance
5. Slow/slurred speech
6. Loss of muscle coordination
7. Mood swings
8. Horizontal gaze nystagmus: present
9. Vertical gaze nystagmus: present
10. Non-convergence: present
11. Romberg: slow
12. Walk and turn: anesthetized
13. One leg stand: anesthetized
14. Finger to nose: anesthetized

c. Health Office Procedures

1. Gather history and assess vital signs and level of consciousness
2. **Call 911** for a change in level of consciousness or alteration in vital signs
3. Remain with student and provide a quiet, calm environment
4. Notify administrator/dean and call parent
5. Notify Health Programs office

G. UNCONSCIOUSNESS

Treatment

1. **Check ABCs**—start mouth-to-mouth resuscitation or CPR as indicated, and **CALL 911**.
2. Determine cause of unconsciousness; ask about events immediately preceding loss of consciousness: (a) fainting, (b) blows to head, (c) seizure, (d) strenuous activity.
3. Place in shock position, feet elevated, head turned to side, covered lightly to prevent chilling.
4. Monitor blood pressure and pulse; Assess level of consciousness (person, place, time, purpose).
5. Notify parent and administrator.
6. Remain with student until oriented.
7. **CALL 911** if unconscious for 5 minutes or more.

PUSD SUBSTANCE ABUSE ASSESSMENT

Student Name: _____ Grade: _____ Date: _____ Time: _____

I. Reason for Referral to Health Office: _____

II. History/Date of most recent use: _____

Substance: _____

III. Observations:

Vitals: Temp: _____ Pulse: _____ Resp: _____ BP: _____

Gait: _____ Hair: _____ Clothing: _____

Demeanor/Mood/Activity: _____

Level of Consciousness: _____

Speech: _____

Face/Lips: _____ Mouth/Breath: _____

Nose: _____ Appearance of hands/arms: _____

Meds taken today? _____

Drugs taken today? _____

Alcohol ingested? _____

Allergies? _____ When/what did you last eat: _____

Last slept: _____ How long: _____

Glasses? Yes No Contacts? Yes No Contacts in? Yes No Both eyes? Yes No

Horizontal Nystagmus: _____

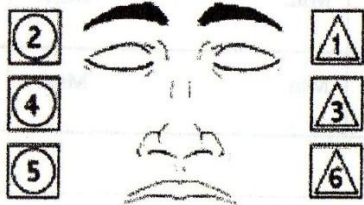
Lack of smooth pursuit: _____ Maximum Deviation: _____

Vertical Nystagmus: _____ Lack of Convergence: _____

Romberg: _____ Walk and Turn: _____

One leg stand: _____

Finger to Nose:



Pupil size: Room light _____ Near total darkness _____ Indirect light _____ Direct light _____

Hippus present? (rhythmic pulsation of pupils as they dilate): _____

Rebound dilation? (pupils pulsating, growing steadily larger): _____

IV. Assessment

V. Plan

Assessment Completed by:

Signature of School Nurse

Date

Time

PASADENA UNIFIED SCHOOL DISTRICT
Division of School Operations and Support
Health Programs

INFORMATION ITEM NO. 14
August 1, 2004

SUBJECT: IMPACT PROGRAM

- I. Purpose
- II. Description
- III. Program Components
- IV. Attachments

I. PURPOSE

The Purpose of this information item is to describe the components of the IMPACT Program which provides student support groups on secondary campuses under the Title IV Safe and Drug Free Schools and Communities and Tobacco Use Prevention Education grants.

II. DESCRIPTION

IMPACT Program is the name given to the Student Assistance Program (SAP). The program consists of prevention, education, intervention, support and referral services for students, their families, and staff.

The program focuses on avoidance of high-risk behaviors, ie: tobacco, alcohol and other drug use, gang membership, sexual activity, family issues, pregnancy, violence and suicide.

III. PROGRAM COMPONENTS

The development of an effective IMPACT Program implies that each of these components is implemented:

- A. The development and implementation of a district substance abuse policy concerning the possession and use of controlled substances which incorporates a statement of philosophy and a code of behavior and includes procedures for the implementation of the district policy.
- B. Training of staff members who wish to join the IMPACT Team. Substance abuse professionals provide training which covers high risk behaviors, youth issues, group facilitation skills, and responsibilities of IMPACT Team members. Ongoing training through conferences and workshops is an essential component.
- C. An IMPACT Coordinator who is trained and coordinates all aspects of the program listed in this section. The coordinator may be released one class period a day, have a pay differential, or receive hourly supplemental pay.
- D. Staff awareness and education which includes signs and symptoms of high risk behaviors, related issues, the IMPACT Program, and referral services. Training is held annually for all new staff members.

- E. Parent awareness and education which includes signs and symptoms of high risk behaviors, related issues, the IMPACT Program, and referral services.
- F. Student education and prevention activities which includes health class curricula, classroom presentations, assemblies, special events (Friday Night Live, Club Live).
- G. Intervention, Support and Referral of students.
 - 1. Staff members who observe signs and symptoms of possible substance use (but have not observed definite use at this time) and/or involvement in high risk behavior(s) in students will complete a "Student Referral to the IMPACT Team" form and give it to the IMPACT Coordinator (see attachments).
 - 2. The Site IMPACT Coordinator will send a "Faculty/Staff Response" form to faculty/staff members who know the student in order to gather more information (see attachments).
 - 3. The IMPACT Team or Student Study Team (SST), or like group meets to make a decision regarding an intervention with student and parent(s)/guardian(s).
 - 4. An intervention will take place with an IMPACT Team member, student, and parent(s)/guardian(s) to discuss the concerning behavior and support and referrals available. At the intervention, student and parents/guardians may be encouraged to:
 - a. Take the student for a psychosocial assessment by a substance abuse/mental health professional.
 - b. Take the student for a drug test.
 - c. Sign community hospital and social service agency referral and/or release of information forms.
 - d. Sign an IMPACT Support Group Contract (see attachments).
 - 5. Students who are in violation of district substance abuse policy will be mandated to attend the Mandatory IMPACT Program which will be coordinated and conducted by an IMPACT teacher and drug counselor.
 - a. Parents and the IMPACT Coordinator will be notified of the student's violation of the substance abuse policy.
 - b. The dean will arrange a meeting with the parent(s), student, and IMPACT Coordinator.
 - c. The parent(s) and student will be asked to sign a contract that the student will complete the IMPACT Program.
 - d. Parent(s) will be requested to attend orientation and support meetings.
 - e. The home school IMPACT Coordinator will meet with the student and discuss a plan to help the student remain substance free. This may include the recommendation to attend voluntary groups on campus or off campus.

- f. Voluntary student support groups co-facilitated by trained IMPACT Team members meet weekly during school hours. Support groups focus on substance abuse and addiction issues, addiction of family members and friend's issues, personal crises, and issues related to other high risk behaviors.
- g. Active networking with community agencies to provide education intervention, consultation technical support and support groups services to IMPACT Team and staff members.

IV. ATTACHMENTS

Student Referral to the IMPACT Team Form Faculty/Staff

Response Form

"Mandatory IMPACT" Substance Intervention Program Contract Voluntary Student

Support Group Contract

Please forward any question for the IMPACT Program to Health Programs at (626) 396-3600 ext. 88820

**PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS
IMPACT PROGRAM**

STUDENT REFERRAL TO THE IMPACT TEAM

If a student exhibits any of the observable behaviors listed below, he/she may be a candidate for on-campus voluntary support groups. PLEASE REPORT ONLY WHAT YOU OBSERVE. Complete this form, place it in an envelope marked "Confidential," and give it to your school IMPACT Program Coordinator.

STUDENT _____ GRADE _____ SCHOOL _____

- | | |
|--|---|
| <p>A. <u>SCHOOL WORK</u>
_____ Drop in grades, achievement

_____ Overdue classwork, homework

_____ Frequent schedule changes</p> <p>B. <u>SCHOOL ATTENDANCE</u>
_____ Frequently absent

_____ Frequently tardy

_____ On absence list, but in school

_____ Frequent nurse/counselor visits</p> <p>C. <u>EXTRA-CURRICULAR ACTIVITIES</u>
_____ Loss of eligibility

_____ Decreasing involvement

_____ Dropped out of _____</p> <p>D. <u>PHYSICAL SIGNS</u>
_____ Staggering, stumbling

_____ Smelling of alcohol, pot, or other

_____ Vomiting

_____ Alert one day; sleeping another day

_____ Slurred speech

_____ Rapid speech

_____ Wearing sunglasses</p> | <p><u>PHYSICAL SIGNS</u> (continued)
_____ Eyes appear shiny/washed

_____ Withdrawn, quiet

_____ Eyes appear red

_____ Pupils appear dilated

_____ Change in appearance noted

_____ Change in body language

_____ Change in facial expression</p> <p>E. <u>BEHAVIOR</u>
_____ Defying of rules

_____ Discipline problem

_____ Cheating and denying

_____ Often in the wrong place

_____ Defensive/lashes out when confronted

_____ Verbally/physically abusive

_____ Appears depressed/talks negatively

_____ Appears hyperactive, nervous

_____ Using obscene language/gestures

_____ Talks about getting high/ uses drug vocabulary

_____ Crying</p> |
|--|---|

COMMENTS: _____

SIGNED _____ DATE _____

(Due process necessitates that this information be made available upon parent request.)

**PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS
IMPACT PROGRAM**

FACULTY/STAFF RESPONSE FORM

TO: _____ DATE: _____

The IMPACT Team has received a referral on _____.
In order to learn more about the student, would you please complete this form. Place it in an envelope, mark it "CONFIDENTIAL". Then place it in the box of: _____

A. SCHOOL WORK

_____ Drop in grades, achievement

_____ Overdue classwork, homework

_____ Frequent schedule changes

B. SCHOOL ATTENDANCE

_____ Frequently absent

_____ Frequently tardy

_____ On absence list, but in school

_____ Frequent nurse/counselor visits

C. EXTRA-CURRICULAR ACTIVITIES

_____ Loss of eligibility

_____ Decreasing involvement

_____ Dropped out of _____

D. PHYSICAL SIGNS

_____ Staggering, stumbling
confronted

_____ Smelling of alcohol, pot, or other

_____ Vomiting

_____ Alert one day; sleeping another day

_____ Slurred speech

_____ Rapid speech

_____ Wearing sunglasses

PHYSICAL SIGNS (continued)

_____ Eyes appear shiny/washed

_____ Withdrawn, quiet

_____ Eyes appear red

_____ Pupils appear dilated

_____ Change in appearance noted

_____ Change in body language

_____ Change in facial expression

E. BEHAVIOR

_____ Defying of rules

_____ Discipline problem

_____ Cheating and denying

_____ Often in the wrong place

_____ Defensive/lashes out when

_____ Verbally/physically abusive

_____ Appears depressed/talks negatively

_____ Appears hyperactive, nervous

_____ Using obscene language/gestures

_____ Talks about getting high/ uses drug
vocabulary

_____ Crying

COMMENTS: _____

**PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS
IMPACT Program**

IMPACT Team Response to Referring Faculty/Staff

TO: _____ DATE: _____

FROM: IMPACT Team

Thank you for referring _____

We have collected information from his/her other teachers, counselor, and other appropriate staff. The following action has been taken:

_____ A meeting has been held with the student. He/she has been informed of our concern and available resources.

_____ A meeting has been held with parents/guardians, informing them of our concern and available resources

_____ The student has signed a contract for an IMPACT (student support) group.

_____ An assessment has been requested. Agencies offered were: _____

_____ A urine test has been requested. Agencies offered were: _____

_____ The student has been referred for services to: _____

_____ Other: _____

_____ We have been unable to contact the student/parent. We shall continue attempting to make contact.

Thank you for helping to make a difference!

Signed, IMPACT Coordinator

School

**PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS**

“MANDATORY IMPACT” SUBSTANCE INTERVENTION PROGRAM CONTRACT

Your child, _____ who attends _____ **School** has violated school policy:

1. Sale or possession for sale of alcohol or controlled substances (drugs) _____
2. Use or possession of alcohol or controlled substances (drugs) _____
3. Possession or sale of drug paraphernalia _____
4. Use or possession of tobacco or tobacco products _____

These policies are part of the student behavior handbook. Your child is assigned to attend the “Mandatory IMPACT” Substance Intervention Program as part of disciplinary procedures. Students in possession of tobacco (1st offense only) may attend instead of receiving a 308(b) citation that requires a court appearance, fine and community service. The “Mandatory IMPACT” program requires attendance at five (5) consecutive sessions. These are held at _____

_____. The dates for attendance for your child are: _____. S/He should report to _____. S/He must be on time, attend the entire session, and attend 5 consecutive sessions, except for excused illness. S/He must participate in the activities and assignments as directed by the staff. Failure to report or failure to complete the sessions will result in referral to _____ **Dean** for further action.

Attendance Contract:

I understand and agree to the following rules:

- _____ 1. Regular and punctual attendance is required.
- _____ 2. I must notify the group leader if I cannot attend.
- _____ 3. Group leaders will keep confidential ALL that is shared in meetings with the exception of topics listed in #10.
- _____ 4. I will participate and support the group fully.
- _____ 5. Each person will have a turn to speak, no one is required to speak.
- _____ 6. Each person will be listened to with respect.
- _____ 7. Each person will speak truthfully, and for him/herself only.
- _____ 8. I agree not to use substances (including alcohol and tobacco) or to attend under their influence.
- _____ 9. If considered necessary, my parents/guardians may be contacted to have a professional assessment conducted.
- _____ 10. **Certain topics raised by group members must, by law, be reported to the proper authorities: imminent danger to oneself or others, abuse, and the sale of controlled/illegal substances.**

I agree to have my child attend the “Mandatory IMPACT” Substance Intervention Program.

I agree to attend _____ sessions on _____.

Parent/Guardian Signature

Date

I agree to attend and participate in the “Mandatory IMPACT” Substance Intervention Program.

Student’s Signature

Date

**DISTRITO ESCOLAR UNIFICADO DE PASADENA
PROGRAMAS DE SALUD**

**CONTRATO PARA EL PROGRAMA DE INTERVENCION DE SUBSTANCIAS
"IMPACTO OBLIGATORIO"**

Su niño/a _____ quien asiste a la escuela _____ ha violado la regla del distrito:

1. Por venta o posesión para venta bebidas alcohólicas o sustancias controladas (drogas) _____
2. Por usar o tener en su posesión bebidas alcohólicas o sustancias controladas (drogas) _____
3. Poseer o vender objetos relacionados con las drogas _____
4. Usar o tener en su posesión tabaco o productos de tabaco _____

Estas reglas son parte del manual de conducta del estudiante. Se le ha ordenado a su niño/a que asista al Programa de "IMPACTO Obligatorio", como parte de los precedimientos disciplinarios. Los estudiantes que tengan tabaco en su posesión pueden asistir al programa en lugar de recibir la citatoria 308 (b), la cual requiere una cita en la corte, una multa y servicio en la comunidad. El programa de "IMPACTO Obligatorio" requiere la asistencia a cinco (5) sesiones consecutivas. Estas sesiones se llevan a cabo en _____

Las fechas de asistencia para su niño/a son: _____. El/la se debe presentar con _____ Debe llegar a tiempo y asistir a la sesión completa. Debe asistir a cinco (5) sesiones consecutivas, con excepción de las que sean por enfermedad justificada. Debe participar en las actividades y asignaturas como se lo indique el maestro. Si no asiste o no completa las sesiones resultará en que se le enviará a _____/Dean , para una acción ulterior.

Contrato de Asistencia:

Entiendo y estoy de acuerdo con cada una de las reglas siguientes:

- _____ 1. Se requiere asistencia regular y puntual.
- _____ 2. Debo notificar al Jefe de Grupo si no puedo asistir.
- _____ 3. Los Jefes de Grupo mantendrán confidencial TODO lo que se comparta en las reuniones con excepción de aquello que se anota en el #10.
- _____ 4. Participaré y apoyaré por completo al Grupo.
- _____ 5. Cada persona tendrá su turno para hablar, pero no se le requiere a nadie que hable.
- _____ 6. Cada persona sera escuchada con respeto.
- _____ 7. Cada persona hablará francamente y solamente acerca de si mismo (misma).
- _____ 8. Estoy de acuerdo en no usar sustancias controladas (incluyendo bebidas alcohólicas o tabaco) o asistir bajo su influencia.
- _____ 9. Si se considera necesario, mis padres pueden ser llamados para una evaluación professional.
- _____ 10. **Ciertos tópicos mencionados por el grupo, deben, por ley, ser reportados a las autoridades correspondientes: peligro de daño inminente a si mismo o a otros, abuso y la venta de sustancias controladas/ilegales.**

Estoy de acuerdo en que mi niño/a asista al programa de intervención de sustancias "IMPACTO Obligatorio". Estoy de acuerdo en asistir _____ sesiones el _____.

Firma del Padre/Tutor

Fecha

Estoy de acuerdo en asistir y participar en el programa de intervención de sustancias "IMPACTO Obligatorio"

Firma del(a) estudiante

Fecha

**PASADENA UNIFIED SCHOOL DISTRICT
DIVISION OF INSTRUCTION
HEALTH PROGRAMS
Mandatory IMPACT Program**

STUDENT REFERRAL/ATTENDANCE FORM

STUDENT NAME: _____ **SCHOOL** _____ **GRADE** _____

ADDRESS: _____

PARENT/GUARDIAN'S NAME: _____

PHONE: _____ **REFERRAL DATE** _____

Special Education Student _____

REFERRED FOR:

Use of: **Drugs** _____ **Alcohol** _____ **Tobacco** _____

Possession of: **Drugs** _____ **Alcohol** _____ **Tobacco** _____ **Paraphernalia** _____
(Sale _____)

Under the influence of: **Drugs** _____ **Alcohol** _____ **Tobacco** _____ **(marijuana)** _____

REFERRED BY: _____ **OFFENSE:** 1st 2nd 3rd

Required dates of attendance _____ **Suspension:** No Yes # of days ____

Date	Present	Absent	Tardy	NON-COOPERATIVE

_____ has successfully completed 15 hours of the "Mandatory IMPACT program.

IMPACT Coordinator / _____
Date

Copies: Student/Parents/Guardians
 Mandatory IMPACT Coordinator
 Referring Teacher/Administrator
 IMPACT Coordinator/School of Attendance

Recommended referral to:

- On-site IMPACT student support group
- Counseling (On-site Mental Health)
- Twelve-Step Meetings
- Counseling (community agency)
- In-patient placement

**DISTRITO ESCOLAR UNIFICADO DE PASADENA
DIVISIÓN DE INSTRUCCIÓN
PROGRAMAS DE SALUD
Programa de IMPACTO Obligatorio**

REFERENCIA PARA EL ESTUDIANTE/FORMA DE ASISTENCIA

NOMBRE DEL ESTUDIANTE _____ ESCUELA _____ GRADO ____

DOMICILIO: _____

NOMBRE DEL PADRE/TUTOR: _____

TELÉFONO (h) _____ (w) _____ FECHA DE LA REFERENCIA

REFERIDO POR:

Uso de: Drogas _____ Bebidas alcohólicas Tabaco _____

Poseción de: Drogas _____ Bebidas alcohólicas Tabaco _____ Productos de tabaco _____
(Venta _____)

Bajo la influencia de: Drogas _____ Bebidas alcohólicas Tabaco _____ (marijuana) _____

FUE REFERIDO POR: _____ 1^a 2^a 3^a OFENSA

Fechas de Asistencia Requeridas _____ Suspensión: NO SI # de días ____

Fecha	Presente	Ausente	Tardanza	NO COOPERA

_____ Ha completado con éxito el programa “IMPACTO” Obligatorio

_____/_____
Coordinadora de “IMPACTO” Fecha

Copias: Estudiante
Coordinadora de “IMPACTO” Obligatorio
Maestro/Adminstrador que lo refirió
Coordinadora de “IMPACTO”, Escuela de Asistencia

Se recomienda: On-site IMPACT student support group
 Counseling (On-site Mental Health)
 Twelve-Step Meetings
 Counseling (community agency)
 In-patient placement

**PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS
IMPACT PROGRAM**

VOLUNTARY STUDENT SUPPORT GROUP CONTRACT

The staff of _____ School is pleased to offer student support groups on campus during school hours. The groups intend to provide a positive approach to issues of interest and concern to adolescents, for example: social behavior, personal concerns, family topics, gang membership, and the use and abuse of chemicals. The purpose of the groups is to encourage behavioral change in an environment of strict confidentiality and unconditional regard.

I, _____, agree to attend a minimum of ten meetings because:

- _____ a. I have volunteered to participate in a campus student support group.
- _____ b. I have been invited to join a student support group because the staff is concerned about me.

I understand and agree by placing my initials by each number that:

- _____ 1. Regular and punctual attendance is required.
- _____ 2. I must notify the group leader if I cannot attend.
- _____ 3. All class work missed is my responsibility to make up.
- _____ 4. Attendance and achievement will be monitored.
- _____ 5. Group members and facilitators will keep confidential ALL that is shared during the meetings, with the exceptions listed in number 14.
- _____ 6. I will participate fully in the group.
- _____ 7. I will support others in the group.
- _____ 8. Each person will have a turn to speak; no person is required to speak.
- _____ 9. Each person will be listened to with respect.
- _____ 10. Each person will speak truthfully, and for him/herself only.
- _____ 11. I will not attack the essence of a group member or make judgmental remarks.
- _____ 12. I agree **not** to use chemical substances.
- _____ 13. I understand that there may be speakers from the recovering community.
- _____ 14. If considered necessary, my parents may be contacted to have a professional assessment conducted.
- _____ 15. **Certain topics raised by group members must, by law, be reported to the proper authorities: suicide, homicide, abuse, and the sale of controlled/illegal substances.**

Student Signature/Date

Parent/Guardian Signature/Date

IMPACT Coordinator Signature/Date

Approved: Signature/Date

**DISTRITO ESCOLAR UNIFICADO DE PASADENA
PROGRAMAS DE SALUD
PROGRAMA IMPACTO**

CONTRATO DEL GRUPO VOLUNTARIO DE APOYO PARA EL ALUMNO

El personal de la Escuela _____ se complace en ofrecer los grupos de apoyo para el alumno en la escuela, durante las horas de clases. Los grupos intentan dar un enfoque positivo a los temas de interés y de preocupación de los adolescentes, por ejemplo, comportamiento social, preocupaciones personales, tópicos de la familia, asociación con pandillas, y el uso y abuso de sustancias químicas. El propósito de los grupos es el de animar el cambio de comportamiento en un ambiente estrictamente confidencial y de absoluto respeto.

Yo, _____, acepto asistir a un mínimo de diez juntas porque:

- _____ a. He aceptado participar voluntariamente en el grupo de apoyo.
- _____ b. Me han invitado para que me una al grupo de apoyo porque el personal escolar está preocupado por mi.

Al poner mis iniciales en cada número significa que yo comprendo y estoy de acuerdo en que:

- _____ 1. Se requiere asistencia regular y puntual.
- _____ 2. Tengo que avisar al líder del grupo si no puedo asistir.
- _____ 3. Es mi responsabilidad completar todo el trabajo de las clases a las que no asista.
- _____ 4. La asistencia y logros serán observados.
- _____ 5. Las personas del grupo y los facilitadores mantendrán en confidencia TODO lo que se comparta durante las juntas, con las excepciones anotadas en el número 14.
- _____ 6. Participaré por completo en el grupo.
- _____ 7. Apoyaré a los demás en el grupo.
- _____ 8. Cada persona tendrá un turno para hablar; no se le requerirá a ninguna persona que hable.
- _____ 9. Se escuchará con respeto a cada persona.
- _____ 10. Cada persona hablará con la verdad y solamente acerca de sí misma.
- _____ 11. No atacaré la esencia personal de nadie en el grupo ni haré comentarios de juicio.
- _____ 12. Acepto **no** usar sustancias químicas.
- _____ 13. Entiendo que puede haber oradores del grupo de los adictos recuperados.
- _____ 14. Si se considera necesario, se pueden comunicar con mis padres para hacer una evaluación profesional.
- _____ 15. **Ciertos tópicos dados por las personas del grupo se deben, por ley, reportar a las autoridades pertinentes: Suicidio, homicidio, y el abuso y la venta de las sustancias controladas o ilegales.**

Firma del Alumno/Fecha

Firma del Padre o Tutor/Fecha

Firma del Coordinadora de IMPACTO/Fecha

Aprobado: Firma/Fecha

PASADENA UNIFIED SCHOOL DISTRICT
Division of School Operations and Support
Health Programs

INFORMATION ITEM NO. 15
August 1, 2004

**SUBJECT: SUBSTANCE ABUSE POLICY/IMPLEMENTATION PROCEDURES
E 5131.6(a)**

- I. Purpose and Background
- II. Definitions
- III. Procedures Related to Students
- IV. Policy
- V. Reporting
- VI. Dissemination

I. PURPOSE AND BACKGROUND

The purpose of this bulletin is to inform district personnel of procedures for implementing the Board of Education Substance Abuse Policy. Reference is made to appropriate sections from the California Education Code and the Health and Safety Code. It is understood that Principals have authority and responsibility for making ultimate decisions regarding the safety and welfare of the students.

II. DEFINITIONS

1. "Controlled substances" are those defined as prescription drugs, alcohol, marijuana, cocaine and others as defined in Section 11007 of the Health and Safety Code.
2. "School attendance" is 1) any time period during which students are on school grounds, 2) at lunch, whether on or off campus, and 3) going to or coming from school.
3. "School-sponsored activity" means any activity, on or off campus, which is sponsored by, and under the direction and supervision of school personnel.
4. "Furnishing" means providing or making available for the use of another, by any means.

III. PROCEDURES RELATING TO STUDENTS REGARDING USE/POSSESSION OF CONTROLLED SUBSTANCES

- A. When a student is suspected or found to be under the influence of a controlled substance and/or in possession he/she will immediately be brought to an Administrative or Health Office.
- B. The principal or designee shall immediately notify the parent(s)/guardian(s) of the problem and request a conference as soon as possible.
 1. The parent(s)/guardian(s), principal or designee, Impact Program Coordinator or designee and other appropriate staff members will attend.
 2. The Dean will record and file report(s) as required by law and district policy.
 3. The parent(s)/guardian(s) may be requested to sign a release of information form for outside agencies. (i.e. hospital, counseling agencies).
 4. At the elementary school site, the principal will deal with each incident on an individual basis in the best interest of the student and the school.

IV. PUSD STUDENT SUBSTANCE ABUSE POLICY

A. Policy for sale or possession for sale of controlled substances (drugs): E.C. 48900 (c)(d)

1. Drugs and Alcohol

- a. Immediate suspension
- b. Mandatory recommendation for expulsion
- c. Law enforcement contacted
- d. Mandatory Impact contract signed and attendance at Impact classes (5 weeks, 3 hours/week-**site and time** to be determined by substance abuse program director) or recommend transfer to Community School or Rose City High School.

2. Use or possession of alcohol or controlled substances (drugs): E.C. 48900 (c)(d)

First offense

- a. 5-day suspension
- b. Mandatory IMPACT contract signed and attendance at IMPACT classes (5 weeks), 3 hours/week) OR recommend transfer to Community School or Rose City High School.

Second offense

- a. Recommend transfer to Community School or Rose City High School.
- b. Mandated on-site substance abuse counseling.

3. Possession or sale of drug paraphernalia: E.C. 48900 (j)

First offense

- a. 5-day suspension
- b. Mandatory IMPACT contract signed and attendance at IMPACT classes (5 weeks), 3 hours/week) OR recommend transfer to Community School or Rose City High School.

Second offense

- a. Recommend transfer to Community School or Rose City High School.
- b. Mandated on-site substance abuse counseling.

***Search of a student's property or person will be performed if there is reasonable cause to believe that a controlled substance is present. In cases where a search of a student's property or person seems to be in order, the school administrator will conduct a search in the presence of another certificated person. All searches shall be by a person of the same sex as the student.

4. Nicotine use or possession of tobacco products: E.C. 48900 (h)

First offense

- a. Incident documentation
- b. Warning issued
- c. Voluntary attendance at Mandatory IMPACT Program or 308-b citation issued

Second offense

- a. Parent(s)/guardian(s) and student conference
- b. Mandatory IMPACT contract signed and attendance at IMPACT classes (5 weeks, 3 hours/week) OR recommend transfer to Community School or Rose City High School AND
- c. 308-b citation issued

Third offense

- a. Recommend transfer to Community School or Rose City High School AND 308-b citation issued
- b. 1-5 day suspension
- c. Mandated on-site substance abuse counseling

B. Legal Provisions

1. Education Code Section 48900 permits the superintendent or the principal to recommend a student's suspension if it is determined the student has:
 - a. Possessed, used, sold, furnished or been under the influence of any controlled substance, alcoholic beverage, or intoxicant of any kind.
 - b. Offered, furnished or sold any substitute substance represented as a controlled substance intoxicant of any kind.
 - c. Possessed or used tobacco.
 - d. Unlawfully possessed, offered, furnished or sold any drug paraphernalia.

***Upon completion of the mandated program, the student is required to meet with the school site IMPACT Coordinator to develop a plan of support for remaining drug free which may consist of participating in voluntary IMPACT groups on campus.

V. REPORTING

In all cases an incident report will be filed with the Office of Student Support Services and a photocopy will be sent to the Health Programs Office at the Education Center.

VI. DISSEMINATION

Principals will be responsible for assuring that this procedure is disseminated to students, parents, school staff, and faculty through assemblies, meetings and school publications.

For assistance, please contact Ann Rector, Director of Health Programs, at 626-396-3600 ext. 88241

APPROVED: Sean Bird, Chief Academic Officer

DISTRIBUTION: All Staff

Business and Noninstructional Operations

TOBACCO-FREE SCHOOLS

BP 3513.3

The Governing Board recognizes that smoking and other uses of tobacco and nicotine products constitute a serious public health hazard and are inconsistent with district goals to provide a healthy environment for students and staff.

(cf. 3514 - Environmental Safety)
(cf. 4159/4259/4359 - Employee Assistance Programs)
(cf. 5030 - Student Wellness)
(cf. 5131.62 - Tobacco)
(cf. 5141.23 - Asthma Management)
(cf. 6142.8 - Comprehensive Health Education)
(cf. 6143 - Courses of Study)

The Board prohibits smoking and/or the use of tobacco products at any time in district-owned or leased buildings, on district property, and in district vehicles. (Health and Safety Code 104420, 104559)

These prohibitions apply to all employees, students, and visitors at any school-sponsored instructional program, activity, or athletic event held on or off district property. Any written joint use agreement governing community use of district facilities or grounds shall include notice of the district's tobacco-free schools policy and consequences for violations of the policy.

(cf. 1330 - Use of School Facilities)
(cf. 1330.1 - Joint Use Agreements)

Smoking means inhaling, exhaling, burning, or carrying of any lighted or heated cigar, cigarette, pipe, tobacco, or plant product intended for inhalation, whether natural or synthetic, in any manner or form, and includes the use of an electronic smoking device that creates aerosol or vapor or of any oral smoking device for the purpose of circumventing the prohibition of smoking. (Business and Professions Code 22950.5; Education Code 48901)

Tobacco products include: (Business and Professions Code 22950.5; Education Code 48901)

1. Any product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff

Business and Noninstructional Operations

TOBACCO-FREE SCHOOLS

BP 3513.3

2. An electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah
3. Any component, part, or accessory of a tobacco product, whether or not sold separately

This policy does not prohibit the use or possession of prescription products and other cessation aids that have been approved by the U.S. Department of Health and Human Services, Food and Drug Administration, such as nicotine patch or gum.

Smoking or use of any tobacco-related product or disposal of any tobacco-related waste is prohibited within 25 feet of any playground, except on a public sidewalk located within 25 feet of the playground. In addition, any form of intimidation, threat, or retaliation against a person for attempting to enforce this policy is prohibited. (Health and Safety Code 104495)

Legal Reference:

EDUCATION CODE

48900 - Grounds for suspension/expulsion

48901 - Prohibition against tobacco use by students

BUSINESS AND PROFESSIONS CODE

22950.5 - Stop Tobacco Access to Kids Enforcement Act; definitions

HEALTH AND SAFETY CODE

39002 - Control of air pollution from nonvehicular sources

104350-104495 - Tobacco use prevention, especially:

104495 - Prohibition of smoking and tobacco waste on playgrounds

104559 - Tobacco use prohibition

119405 - Unlawful to sell or furnish electronic cigarettes to minors

LABOR CODE

3300 - Employer, definition

6304 - Safe and healthful workplace

6404.5 - Occupational safety and health; use of tobacco products

UNITED STATES CODE, TITLE 20

6083 - Nonsmoking policy for children's services

7111-7122 - Student Support and Academic Enrichment Grants

CODE OF FEDERAL REGULATIONS, TITLE 21

1140.1-1140.34 - Unlawful sale of cigarettes and smokeless tobacco to minors

PUBLIC EMPLOYMENT AND RELATIONS BOARD RULINGS

Business and Noninstructional Operations

TOBACCO-FREE SCHOOLS

BP 3513.3

*Eureka Teachers Assn. v. Eureka City School District (1992) PERB Order #955
(16 PERC 23168)*
*CSEA #506 and Associated Teachers of Metropolitan Riverside v. Riverside
Unified School District (1989) PERB Order #750 (13 PERC 20147)*

Management Resources:

WEB SITES

*California Department of Education, Alcohol, Tobacco and Other Drug Prevention:
<http://www.cde.ca.gov/ls/he/at>*
*California Department of Education, Tobacco-Free School District
Certification: <http://www.cde.ca.gov/ls/he/at/tobaccofreecert.asp>*
*California Department of Public Health, Tobacco Control:
<http://www.cdph.ca.gov/programs/tobacco>*
*Occupational Safety and Health Standards Board:
<http://www.dir.ca.gov/OSHSB/oshsb.html>*
U.S. Environmental Protection Agency: <http://www.epa.gov>

Policy

PASADENA UNIFIED SCHOOL DISTRICT

Adopted: July 9, 1996

Pasadena, California

Revised: June 26, 2012; August 28, 2014; September 22, 2016

Notifications

Information about the district's tobacco-free schools policy and enforcement procedures shall be communicated clearly to employees, parents/guardians, students, and the community. (Health and Safety Code 104420)

(cf. 4112.9/4212.9/4312.9 - Employee Notifications)
(cf. 5145.6 - Parental Notifications)

The Superintendent or designee may disseminate this information through annual written notifications, district and school web sites, student and parent handbooks, and/or other appropriate methods of communication.

(cf. 1113 - District and School Web Sites)

The Superintendent or designee shall ensure that signs stating "Tobacco use is prohibited" are prominently displayed at all entrances to school property. (Health and Safety Code 104420, 104559)

Enforcement/Discipline

Any employee or student who violates the district's tobacco-free schools policy shall be asked to refrain from smoking and shall be subject to disciplinary action as appropriate.

(cf. 4118 - Suspension/Disciplinary Action)
(cf. 4218 - Dismissal/Suspension/Disciplinary Action)
(cf. 5144 - Discipline)
(cf. 5144.1 - Suspension and Expulsion/Due Process)

Any other person who violates the district's policy on tobacco-free schools shall be informed of the district's policy and asked to refrain from smoking. If the person fails to comply with this request, the Superintendent or designee may:

6. Direct the person to leave school property
7. Request local law enforcement assistance in removing the person from school premises
8. If the person repeatedly violates the tobacco-free schools policy, prohibit him/her from entering district property for a specified period of time

Business and Noninstructional Operations

TOBACCO-FREE SCHOOLS

AR 3513.3

(cf. 1250 - Visitors/Outsiders)

(cf. 3515.2 - Disruptions)

The Superintendent or designee shall not be required to physically eject a nonemployee who is smoking or to request that the nonemployee refrain from smoking under circumstances involving a risk of physical harm to the district or any employee. (Labor Code 6404.5)

Intervention/Cessation

School and district personnel will provide staff and students with information on tobacco cessation and referral information. This will be in alignment with the Ask, Advise, Refer (AAR) protocol. AAR posters will be on display in health offices and staff lounges.

Regulation

Approved: September 12, 1995

Revised: June 26, 2012; August 28, 2014; September 22, 2016

PASADENA UNIFIED SCHOOL DISTRICT

Pasadena, California