

Section 7

Appendices

"The District of Columbia government is continuously working to protect our city from the range of hazards that threaten our residents, visitors, businesses and the environment."

(Mayor Adrian M. Fenty, 2008)





Appendices

Introduction

This Section is a compilation of expanded information as referenced under various other Sections throughout this Guide. Here you will find programs and other handbooks to aid you with various emergency, response, and safety, security, and health issues.

The following Appendices are based on planning that has already occurred and can be used in conjunction with the *School Emergency Response Plan and Management Guide*.

Please add any additional resources to this Section that may apply to your individual school.

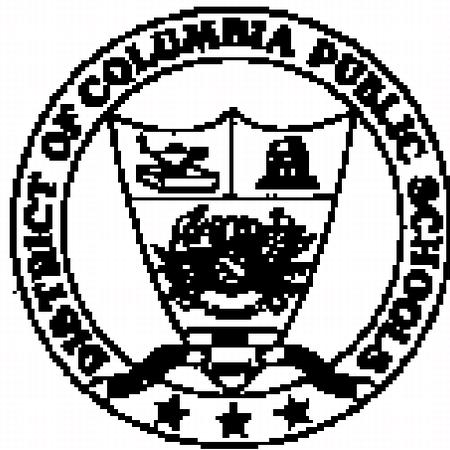
This Section contains information developed and implemented by District of Columbia Public Schools and can be used as a guideline for other District LEAs. Each LEA should review and edit the contents to conform to their procedures.

APPENDICES

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Exposure Control Plan



EXPOSURE CONTROL PLAN

Introduction

The primary purpose of the DCPS Exposure Control Plan is to provide protection to all human health within the school system, pursuant to, the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) Occupational Exposure to Bloodborne Pathogens (BBP) standards and DC government solid waste management rules.¹ Additionally, the plan is designed to ensure that schools comply with the DC Department of Health (DOH) Universal Precautions Standards and public health practices.²

The Exposure Control Plan includes a model that was established by the State of North Carolina's Franklin County School System.³ The District decided to use the Franklin County exposure control model because it meets the requirements of OSHA BBP and hazard communication standards.⁴

The OSHA BBP standard protects employees who work in occupations where they are at risk of exposure to blood or other potentially infectious materials. The OSHA hazard communication standard protects employees who may be exposed to hazardous chemicals.⁵ The primary purpose of the BBP standards is to eliminate or minimize on-the-job exposure to blood and other potentially infectious materials, which could result in the transmission of BBPs and lead to disease or death. The major pathogens are the Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV).⁶ The DC government waste management rules determine proper disposal methods of items that are contaminated with blood and other potentially infectious materials.⁷

Policy

The District is committed to providing a safe and healthy work environment for all staff and students. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to BBPs in accordance with OSHA standard 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.

The policy applies to all school employees and students. For the purpose of this plan, *occupational exposure* means any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's assigned work duties.⁸

¹ U.S. Department of Labor Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BBP) Standards; 29 CFR 1910.1030: Sec. 301 DC Law 1-134, May 1977.

² DC Department of Health Guidelines for Handling Body Fluids in Schools, December 1984.

³ See Franklin County School Exposure Control Plan.

⁴ The full text of OSHA BBP and hazard communication standards can be found in 29 CFR 1910.1030 and 29 CFR 1910.1200.

⁵ Model Plans and Programs for the OSHA BBP and Hazard Communications: www.osha.gov/publications/osha3186.html

⁶ Excerpt, Franklin County School Exposure Plan: OSHA Bloodborne Pathogens.

⁷ DC Law 1-134, Solid Waste Management Regulations, and all other related Infectious Disease and regulated waste management laws—as detailed DC Code and DCMR Title 22.

⁸ CFR 1910.1030 and 29 CFR 1910.1200: Franklin County School's Exposure Control Plan.

Authorities

- Department of Labor, OSHA Occupational Exposure to Bloodborne Pathogens Standard (29 CFR 1910.1030) provides provisions to employers to eliminate or minimize occupational exposure to BBPs in the work environment.
- DC Law 17-009, Public Education Reform Amendment Act of 2007. Sections 105, 106 grants the Chancellor authority to direct and supervise the administration of DC Public Schools.
- Preventive Health Services Administration Act of 1985 (D.C. Official Code 7-131 et seq.) authorizes the Mayor, in consultation with the DOH Director, to control the spread of a communicable disease, including the authority to order examination, treatment isolation, or quarantine of a person or persons.
- DC Law 3-20, Immunization Of School Students Act of 1979, describes immunization and medical exemption requirements.
- Title 22 DCMR Public Health and Medicine provides direction for human health best practices concerning management of infectious and communicable diseases. Title 22 also provides policy direction concerning management of infectious and hazardous waste.
- Title 5 DCMR Section 1023 sets forth provisions for the protection of employees' health information.
- Provisions for the protection of student health information are included in Chapter 24, Title 5 DCMR and the Family Educational Rights and Privacy Act (FERPA) (20 U.S. 123g; 34 CFR 99).
- DC Law 12-263, Human Right Genetic Information Amendment Act of 2004, includes provisions that allow an employer to obtain genetic information about an employee to potentially toxic substances in the workplace, provided that the employee provides, in writing, his or her informed consent, and the genetic information is provided to the employee in writing as soon as it is available, and the genetic information is not disclosed to any other person.
- DC Law 1-134, District of Columbia Solid Waste Regulations of 1997, provides for the safe management and disposal of infectious and hazardous waste.

Program Administration

The Chancellor will appoint the Chief Business Officer as the lead school official to ensure that:

- All elements of the Exposure Control Plan (ECP) are met.
- Contents of the ECP are conveyed to employees.
- Policies and procedures are in place for employees not complying with the ECP.
- The BBP Standards Committee is appointed.
- BBP Program Coordinator is assigned to monitor implementation of the DCPS Exposure Control Plan.

The BBP Program Coordinator will ensure that:

- Appropriate housekeeping standards are developed and met for the cleaning and decontamination of work areas where there is potential for exposure to BBP.
- Appropriate personal protective equipment (PPE) is readily accessible at auxiliary sites.
- Contaminated waste disposal standards are met.
- Blood spill cleanup kits and antiseptic towelettes are available in school vehicles and buses.
- Incident and BBP Surveillance and Monitoring Forms are developed and placed in all schools.
- Mandatory BBP training is conducted and that all employees attend.
- Employees are identified as being at-risk for occupational exposure and at-risk employees attend

the Required BBP training sessions.

- Appropriate PPE is available in accessible locations.
- Outdated BBP supplies are replaced (e.g., in cleanup/hygiene stations, in the main office).
- Employees comply with the ECP and address noncompliance issues.
- A copy of the Exposure Control Plan is readily accessible in the main office at each school and reception desk.
- Updates of the ECP occur when information is received from the BBP Program Coordinator and revisions are communicated to employees.
- The annual Bloodborne Pathogens Surveillance and Monitoring Form for the workplace is completed in accordance with program guidelines.
- The DCPS Incident Report and Bloodborne Pathogens Exposure Report forms are completed when indicated and assistance is provided to employees.
- BBP Program Coordinator is immediately notified when an occupational exposure incident occurs.
- Circumstances surrounding exposure incidents are evaluated and administrators initiate corrective actions to prevent future incidents.
- All work sites are maintained in a clean and sanitary condition.
- The ECP is developed, implemented, reviewed, and updated in conformity with applicable District and Federal OSHA regulations and waste management laws.
- An updated copy of the ECP is given to each principal. Plan recipients should place the document in accessible areas located in the main office and in the reception area of each auxiliary site.
- The work environment is evaluated, identifying actual and potential hazards for exposure to BBPs, jobs having collateral risk, and at-risk job categories.
- Employee Exposure Determination Questionnaires are reviewed to identify at-risk employees.
- Appropriate measures to protect employees from occupational exposure are developed and specified in the ECP and the information is conveyed to employees during BBP training sessions.
- These measures must include use of hand washing techniques, universal precautions, labels with the biohazard warning symbol, work practice controls, personal protective equipment, housekeeping standards, methods for handling contaminated laundry, and methods for disposing of contaminated waste and contaminated sharps.
- The BBP Program Coordinator will assess and at least annually document in the master copy of the ECP the availability of safer personal protective devices.
- The Hepatitis B vaccination series is offered to at-risk employees.
- The BBP Program Coordinator will coordinate with the DOH concerning the administration of the Hepatitis B vaccine for employees accepting the series.
- The BBP Program Coordinator will maintain Hepatitis B vaccination records of at-risk employees.
- Review the DCPS Incident Report, DCPS Bloodborne Pathogens Exposure Report, and DCPS Bloodborne Pathogens Source Incident Report forms in accordance with program guidelines.
- Develop Corrective Action Plans (CAP) and complete followup and documentation for occupational exposure incidents.
- Post-exposure medical evaluations and followup procedures are followed.
- Establish and confidentially maintain medical records systems. Ensure the completion of BBP training classes and maintain records at a central office for a three-year period. Current and archived records shall be maintained in a secured area at all times.
- Document data from nonmanagerial employees potentially exposed to injuries from

contaminated sharps in the master copy of the Exposure Control Plan. Also, note recommendations and best management practices (BMP) for more effective engineering and work-practice controls.

- Complete the Sharps Injury Log and maintain confidentiality. Records shall be retained at a central office for five years. Current and archived records will be maintained in a secured area at all times.
- Complete the Annual Bloodborne Pathogens Surveillance and Monitoring Form for each school and auxiliary site.
- Review, file, and institute corrective actions, as required.
- Convene Bloodborne Pathogens Standards Committee meetings as required.

The BBP Program Coordinator will chair the BBP Standards Committee to ensure that:

- Mandatory annual BBP training takes place.
- BBP supplies are available at each school.
- Coordination occurs with school nurse, ensuring that letters are sent to parents/legal guardians who are providing needle devices for school personnel to use in the care of students.

Plan Exposure Control

The ECP is the key document to assist DCPS in implementing and ensuring compliance with the BBP and hazard communications standards. A copy must be kept in the main office at each school and reception area at each auxiliary location. The plan shall be reviewed with all employees during mandatory BBP training.

The ECP will be reviewed and updated whenever necessary to reflect changes in at-risk job categories, tasks, and procedures. The review and update must reflect changes in technology that eliminate or reduce exposure to BBPs and annually document consideration and implementation of appropriate medical innovations commercially available to provide more effective protection to eliminate or minimize occupational exposure.

The DCPS BBP Program Coordinator will solicit input from nonmanagerial employees responsible for direct student care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls.

The solicitation will be obtained during BBP training. Also, employees are encouraged to provide such information to their supervisor, principal, and/or BBP Program Coordinator at any time during the course of employment.

DCPS will request parents/legal guardians who purchase needle devices for school personnel to use in caring for students provide the safest and most effective syringes feasibly available for purchase. The BBP Standards Committee will review changes annually in technology that eliminates or reduce exposure to BBPs and make recommendations for changes such as purchasing new devices, if such devices are commercially available and improve safety. The review must be documented in the master copy of the Exposure Control Plan and shared with employees upon request. Also, the committee shall review all DCPS Exposure Report forms and make necessary recommendations to minimize or eliminate future exposures.

Exposure Determination

The OSHA BBP standard covers any employee who is at risk for occupational exposure. *Occupational exposure* is defined as any reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. However, *Good Samaritan* acts, or employees rendering assistance to accident victims, and other exposures that cannot be anticipated, do not constitute occupational exposure.⁹

To help determine employees and students risk of exposure in the school environment, each Local Education Agency (LEA) must evaluate the work environment to determine the actual and potential hazards for exposure to BBPs. An exposure determination list identifying job classifications that have actual and collateral risk for occupational exposure will be made. Additionally, tasks will be identified and examined with recommendations made on how to reduce the potential of exposure to blood or other infectious materials through workplace controls, PPE, or other methods. Exposure determination will be made without regard to the use of PPE.

The Exposure Determination Questionnaire must also be used to identify at-risk employees. This questionnaire will be completed by every new employee during orientation in the Pre-exposure Introduction BBP training and by employees having employment changes placing them in at-risk job categories, during Refresher BBP training. Additionally, any employee who thinks his or her occupational exposure status has changed may request and complete this questionnaire at any time during the course of employment and submit the completed questionnaire to the BBP Program Coordinator. This tool is especially beneficial if exposure determination is questionable.

Employees listed in at-risk job categories are those who because of their usual duties might be exposed to blood or other potentially infectious fluids as an integral part of performing occupational tasks. Therefore, it is reasonable to anticipate that exposure may occur. The list may not be all-inclusive for at-risk exposure determination.

Employee positions that are not included on the list, who believe they are at risk for occupational exposure to blood and other potentially infectious materials, may request an Exposure Determination Questionnaire from their principal or the BBP Program Coordinator. The completed questionnaire must be submitted to the BBP Program Coordinator and reviewed by the BBP Standards Committee.

Employees Having Occupational Exposure Must:

- Identify job tasks placing them at risk for potential occupational exposure and perform all duties in compliance with the Exposure Control Plan.
- Attend mandatory BBP training annually and participate in subsequent seminars to updates to the OSHA BBP final standard and revisions to the ECP.
- Immediately (not later than 24 hours after incident) report occupational exposure to blood and other potentially infectious materials to their supervisor and complete a Bloodborne Pathogens Exposure Report form.
- All employees will utilize Universal Precautions.

Students Potentially At-Risk for Exposure

⁹ CFR 1910.1030 and 29 CFR 1910.1200

While students are not covered under Federal OSHA regulations, the DC public school system acknowledges that students are at risk for exposure, because of accidents that may occur during the school hours. Also, students who self-administer medications are potentially at risk of exposure if they use an EpiPen or other devices for diabetes.

Therefore, DCPS requires all students to comply with DC Law 3-20, Immunization of School Students Act of 1979. To ensure that students comply with the city's immunization requirements, DOH makes available free Hepatitis B vaccine to children and young adults through 26 years of age.¹⁰

All students attending DCPS are required to have Hepatitis B and Tetanus vaccinations. Students who do not comply with the city's student immunization requirements cannot attend classes until their immunizations are up to date. Students can be excused from the city's immunization requirements only if they have an approved medical or religious exemption.

If students have an exposure incident, the incident must be reported to the school principal, nurse, parent or legal guardian, and BBP Program Coordinator as quickly as possible. A DCPS Incident Report form will be initiated. The parent or legal guardian must be advised by the school nurse of pertinent health recommendations.

Student-to-Student Exposure for Biting Incidents

For the person bitten—

- Inspect area to see if skin is broken and if blood is visible.
- Promptly advise school nurse and/or principal of the incident and promptly notify parents. The school nurse will advise the parent or legal guardian of the pertinent health recommendations
- If the school nurse is not on duty, contact 911. Whenever skin is broken, promptly consult with the school nurse for direction regarding any necessary treatment measures, including tetanus immunization. There is minimal risk of contracting communicable diseases such as Hepatitis B or Hepatitis C from a human bite. HIV is not identified by the Centers for Disease Control and Prevention (CDC) as a risk factor.¹¹
- Always use Universal Precautions when handling body fluids.

For the biter—

- When the skin is broken, resulting in visible blood during biting incident, promptly advise the school nurse, principal, and student's parent/legal guardian. Assist student to rinse mouth with water to remove possible residual blood.
- Promptly advise school nurse and principal of the incident and plan for prompt parental notification.
- The school nurse will advise the parent or legal guardian of pertinent health recommendations. If the nurse is not on duty, immediately, contact 911. There is minimal risk of contracting communicable diseases such as Hepatitis B or Hepatitis C from a human bite. The Human Immunodeficiency Virus (HIV) is not identified by the CDC as a risk factor.
- Always use Universal Precautions when handling body fluids.

¹⁰ DC Law 3-20

¹¹ Franklin County School's Exposure Control Plan

School Emergency Response Plan and Management Guide

The following table outlines job classifications considered to be at risk, tasks causing risk, and the protective barriers or engineering controls to be used during the implementation of the ECP.

At-Risk Job Classifications		
Classifications	Tasks Inducing Risk	Protective Barrier/ Engineering Control
Athletic Trainers	<ul style="list-style-type: none"> • Emergency first aid • Handling contaminated laundry 	Universal Precautions, gloves, goggles, masks protective clothing, first aid supplies, disinfectants, leak-proof bags, hand washing, and blood spill clean-up kit
Coaches	<ul style="list-style-type: none"> • Emergency first aid • Handling contaminated laundry 	Universal Precautions, gloves, goggles, masks protective clothing, first aid supplies, disinfectants, leak-proof bags, hand washing, and blood spill cleanup kit
First Responders	<ul style="list-style-type: none"> • Emergency first aid and CPR 	Universal Precautions, gloves, goggles, masks protective clothing, first aid supplies, disinfectants, leak proof bags, hand washing, and blood spill cleanup kit
Custodians	<ul style="list-style-type: none"> • Cleaning up and decontaminating procedures • Disposing of contaminated waste 	Universal Precautions, gloves, goggles, masks, protective clothing, disinfectants, microshields, hand washing blood spill cleanup kit
Nurse	<ul style="list-style-type: none"> • Screenings, first aid • Medically related procedures • Direct patient care 	Universal Precaution, gloves, goggles, masks, protective clothing, first aid, supplies, disinfectants, hand washing
Physical Education Teachers contaminated	<ul style="list-style-type: none"> • Emergency first aid • Handling contaminated laundry 	Universal Precaution gloves, masks, protective clothing, first aid, supplies, disinfectants, hand washing, leak-proof bags, blood spill cleanup kit
Pre K Teachers Teacher Assistants	<ul style="list-style-type: none"> • Providing first aid to children of ages that are more prone to injury 	Universal Precautions, gloves goggles, masks, protective clothing, first aid supplies, hand washing.
Secretaries	<ul style="list-style-type: none"> • Emergency first aid • Responsibilities for discipline 	Universal Precautions, gloves goggles, masks, protective clothing, first aid supplies, hand washing.
Administrators	<ul style="list-style-type: none"> • Responsible for discipline • Emergency first aid • Potential for injury while intervening in fights/altercations 	Universal Precautions, gloves goggles, masks, protective clothing, first aid supplies, hand washing.
Shop Teachers	<ul style="list-style-type: none"> • Emergency first aid • Working with equipment having potential for causing injuries 	Universal Precautions, gloves, goggles, protective clothing, first aid supplies, face shields, hand washing.
Administration (medication to student givers)	<ul style="list-style-type: none"> • Provide medication to students 	Universal Precautions, gloves, goggles, protective clothing, first aid supplies, hand washing.
Speech Therapists	<ul style="list-style-type: none"> • Place hand in student's for evaluation and therapy 	Universal Precautions, gloves, hand washing
Teacher Teacher Assistant Bus Drivers of Special Needs Children	<ul style="list-style-type: none"> • Medically related procedures • Aggressive students, known biters 	Universal Precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, approved disposal containers, hand washing.

**Examples of Job Classifications at Possible Risk of Occupational Exposure
(Category II collateral exposure)**

Chemistry/Biology Lab Teacher	Bus Drivers/Substitute Drivers
Classroom Teacher/ Substitutes Instructors	Teachers Substitutes
Maintenance Workers/Trades and Industry Teachers	Other health impaired teachers and assistants
Mini-Bus Drivers/Monitors	Teacher and Teacher Assistants of Health Impaired students

Collateral Exposure

Employees having collateral exposure are encouraged to take the Hepatitis B vaccination series if he/she has rendered assistance in any situation involving the presence of blood or other potentially infectious materials on a post-exposure basis. It should be taken immediately and within 24 hours of the exposure incident. Employees can contact the DOH for vaccination assistance and information.

As indicated above, *Good Samaritan* acts, such as a teacher or secretary rendering assistance to an accident victim, and other exposures that cannot be anticipated do not constitute occupational exposure. Many employees may at some time in their career respond to an accident, but they are not considered at risk for occupational exposure. These employees should follow the same post-exposure followup as employees who are at risk for occupational exposure. All employees are to use good hand washing techniques and Universal Precautions as protective measures, regardless of whether designated as at risk for occupational exposure. Employees providing first aid and having to clean up blood or other potentially infectious materials (e.g., when a custodian is not available and/or a blood spill cleanup kit is used) must complete an Incident Report form. Additionally, a BBP Exposure Report form should be completed immediately in the event of a collateral exposure incident.

The following table outlines the job classifications and tasks for employees considered as having collateral risk for occupational exposure and the protective barriers or engineering controls to be used.

At-Risk Job Classifications (Collateral)		
Classifications	Tasks Inducing Risk	Protective Barrier/ Engineering Control
Biology/Chemistry Lab Teachers	<ul style="list-style-type: none"> Emergency first aid Working with equipment that could cause injury 	Universal Precautions, gloves, goggles, masks protective clothing, first aid supplies, hand washing
Maintenance Workers	<ul style="list-style-type: none"> Working with equipment that could cause injury 	Universal Precautions, gloves, goggles, masks protective clothing, first aid supplies, disinfectants, leak proof bags, hand washing and blood spill cleanup kit
Classroom Teachers	<ul style="list-style-type: none"> Emergency first aid Potential for handling cleaning up body fluids 	Universal Precautions, gloves, disinfectants, hand washing

Methods of Compliance and Safe Work Practices

Consistent with provisions set forth by the DC Department of Health Universal Precaution Guidelines, all employees should use Universal Precaution procedures to prevent contact with blood

or other potentially infectious materials.¹² Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids must be considered potentially infectious.¹³

Engineering and Work Practice Controls

Engineering and work practice controls will be used to eliminate or minimize employee exposure. Where occupational exposure remains, personal PPE must also be used. Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Hand washing facilities must be readily accessible to employees. Each school site will have a designated scrub area with running water and soap. Also, hand washing facilities are located in each staff and student restroom. When provision of hand washing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes must be provided. After using antiseptic cleansers or towelettes, employees wash their hands with soap and water as soon as possible. Also, antiseptic hand cleansers/towelettes should be available in school vehicles and buses.

Hands must be thoroughly washed between all direct student contacts, after handling soiled or contaminated items and equipment, prior to gloving, and immediately after gloves or other PPE are removed. Hands and other skin surfaces must be washed with soap and water and mucous membranes flushed with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.

Contaminated sharps must be handled with caution. Contaminated needles and other sharps cannot be bent, recapped, or removed unless the employer demonstrates that no alternative is feasible or that such action is required by a specific medical procedure. Bending, recapping, or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Shearing or breaking of contaminated needles is prohibited. Immediately, or as soon as possible after use, contaminated sharps must be placed in appropriate containers for disposal. These containers must be puncture resistant, leak proof on the sides and bottom, and labeled with the biohazard warning symbol.

Activities likely to produce self-contamination such as eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses should be avoided in settings or work areas where there is a reasonable likelihood of occupational exposure. Food and drink must not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present. All procedures involving blood or other potentially infectious materials will be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Specimens of blood or other potentially infectious materials must be placed in a container that prevents leakage during collection, handling, processing, storage, or transport. A readily observable biohazard warning label should be attached on the container. Outside agencies providing services such as wellness and volunteer blood donation involving the collection and transportation of specimens will be responsible for complying with the Federal and District OSHA BBP regulations.

¹² DC Department of Health, Universal Precaution Guidelines, 1987.

¹³ OSHA Bloodborne Pathogens, 1910.1030.

Equipment that may become contaminated with blood or other potentially infectious materials must be examined prior to servicing or shipping and decontaminated as necessary. If decontamination of equipment or portions of such equipment is not feasible, a readily observable biohazard warning label must be attached stating which portions remain contaminated. This information will be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that necessary precautions can be taken.

Personal Protective Equipment (PPE)

Provision—Where there is exposure, DCPS will provide at no cost to the employee appropriate PPE such as, but not limited to, gloves, gowns, face shields or masks, eye protection, mouthpieces, resuscitation devices, pocket masks, or other ventilation devices. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment will be used.

Use—DCPS will ensure that the employee uses appropriate PPE unless temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that its use would have prevented delivery of health care or public safety services or posed an increased hazard to the safety of the worker or coworker. When the employee makes this judgment, the circumstances will be investigated and documented to determine if changes can be instituted to future prevent occurrences.

Accessibility—Appropriate PPE will be readily accessible to employees. Hypoallergenic gloves, glove liners, and powderless gloves or similar alternatives will be accessible to employees allergic to gloves normally provided. The school nurse or custodial staff can request PPE.

Repair and replacement—DCPS will, at no cost to the employee, repair or replace PPE as needed to maintain its effectiveness. Any garment penetrated by blood or other potentially infectious materials must be removed immediately or as soon as possible and placed in a leak-proof plastic bag.

Removal and disposal—All PPE must be removed prior to leaving the work area. Contaminated gloves should be removed immediately after use, using proper removal technique. PPE must be changed between each individual use and after use in other settings to avoid transmission of organisms to the environment or to other individuals. When PPE is removed, it must be placed in a leak-proof plastic bag and put in a trash can with a biohazard warning label on the container.

Gloves—Gloves must be worn when you reasonably expect hand contact may occur with blood, other potentially infectious materials, mucous membranes, or nonintact skin, performance of vascular access procedures, or handling of contaminated items or surfaces. Gloves must be worn when the employee has cuts, scratches, or other broken skin. Also, employees with cuts, scratches, or other broken skin must cover the exposed skin with a protective band-aid or gauze dressing. Disposable (single-use) gloves must be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single-use) gloves may not be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their functions are compromised.

Masks, eye protection, and face shields—Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, must be worn whenever

splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can be reasonably anticipated.

Gowns, aprons, and other protective body clothing—Appropriate protective clothing, such as but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in situations involving occupational exposure. The type and characteristics shall depend upon the task and degree of exposure anticipated. Surgical caps, hoods, and/or shoe covers or boots must be worn in instances when gross contamination is reasonably anticipated.

Resuscitation devices—Mouthpieces or pocket masks for mouth-to-mouth resuscitation, bag-valve-mask devices, or other resuscitation devices must be available to prevent oral fluids or blood from coming in contact with the provider of mouth-to-mouth resuscitation or other ventilator support.

Blood spill cleanup kits—Blood spill cleanup kits are available in the custodial stations, in school vehicles, and buses. They can only be used in situations where a custodian is not available for cleaning up and decontamination.

Housekeeping

Each work site will be kept clean and sanitary. An appropriate written schedule can be determined and implemented for cleaning and method of decontamination based on the location within each facility, type of surface to be cleaned, type of soil present, and tasks or procedures performed in the area. Refer to DCPS Custodial Handbook.

All equipment, environmental, and work surfaces must be cleaned and decontaminated immediately after contact with blood or other potentially infectious materials. Contaminated work surfaces should be decontaminated with an appropriate disinfectant after completion of procedures, immediately, as soon as feasible when surfaces are overtly contaminated, or after any spill of blood or other potentially infectious materials—and at the end of the work shift if the surface may be contaminated during the shift.

For small spills, an appropriate absorbent product must first be used in the cleanup process to remove blood or other potentially infectious materials, if feasible. For large spills, the area must be flooded with a liquid germicide before cleaning, then cleaned with fresh germicidal chemical. Tuberculocidal disinfectants approved by and registered with EPA should be used and safety rules enforced for the proper selection and use of disinfectants.

Phenolic germicidal detergent solutions are recommended for use. Additionally, freshly mixed household bleach is effective. Prepared dilutions must be discarded within 24 hours.

Undiluted household bleach may be used on surfaces that can tolerate the concentration without damaging the surface. Bleach is not the disinfectant of choice because of its short shelf life and its lack of ability to cleanse. Bleach is easily inactivated by organic matter, is very corrosive to metals and damaging to many materials, and is relatively toxic.

Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, should be removed and replaced as soon as feasible when they become overtly contaminated, or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials must be inspected and

decontaminated on a regularly scheduled basis, as well as cleaned and decontaminated immediately upon visible contamination.

Broken glassware that may be contaminated must not be picked up directly with the hands. It should be cleaned up using mechanical means such as a brush and dust pan, tongs, or forceps and placed in a rigid, leak-proof, puncture resistant container with a biohazard warning label attached (e.g., sharps disposal container, cardboard box).

Reusable sharps that are contaminated with blood or other potentially infectious materials should not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Disposal of Waste Contaminated With Blood and Other Potentially Infectious Materials

To prevent unnecessary exposure to blood and other potentially infectious materials, follow these procedures for disposal of items that include, but are not limited to, bloody bandages, gauze, dressings, sponges, paper towels, sanitary pads, swabs, and used gowns or gloves:

- Wear gloves during disposal process.
- Place items in a leak-proof plastic bag.
- Remove gloves using proper technique and place them in the plastic bag with the contaminated items.
- Securely fasten the plastic bag and place it in a plastic-lined garbage container.
- Label the bag and/or the garbage container with the biohazard warning symbol.
- If the plastic bag becomes contaminated with blood or if there is a fear of leakage, place it inside a second bag, securely fastened, and place in the garbage container. The second bag and/or the garbage container must be labeled with the biohazard warning symbol.
- Store filled, covered trash containers outside to be picked up by the city and county sanitation departments.
- Diapers soiled with urine and/or feces are not regulated medical waste and may be disposed as general solid waste.

Disposal of Regulated Medical Waste

District of Columbia Government and OSHA waste management rules will be used to regulate medical waste, blood, and body fluids in individual containers in substantial volumes; microbiological waste such as laboratory cultures and stocks; and pathological waste such as human tissue, organs, or body parts. These three types of waste may be incinerated, steam sterilized, or disposed of by sanitary sewage for bulk blood prior to disposal with other general solid waste. Acceptable methods of treatment are incineration or sanitary sewage systems, provided the sewage treatment authority is notified.

Contaminated disposable items such as dressings, PPE, etc., that would release blood or body fluids in a liquid or semi-liquid state if compressed—or items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling—are regulated waste as defined by OSHA. Package such waste in a minimum of one plastic bag in a rigid fiberboard box or drum in a manner that prevents leakage of the contents. The plastic bag must be impervious to moisture and have sufficient strength to preclude ripping, tearing, or bursting when filled under normal conditions of usage and handling.

The red bag labeled with the biohazard warning symbol may be used. Store regulated medical waste in a manner that maintains the integrity of the packaging at all times. Each package of regulated medical waste must be labeled with a water-resistant universal biohazard warning symbol and marked on the outer surface with the following information:

- Generator's name, address, and telephone number;
- Transporter's name, address, and telephone number;
- Storage facility name, address, and telephone number, when applicable;
- Treatment facility name, address, and telephone number;
- Date of shipment; and
- Infectious Waste or Medical Waste.

Label containers leaving the facility with the biohazard warning symbol or properly color-coded. If outside contamination of the primary container occurs, the primary container must be placed in a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the above requirements. The custodian or principal should call the BBP Coordinator for pick up and disposal.

Contaminated Sharps

Discard contaminated sharps immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on both sides and bottom. Containers should be appropriately labeled with the biohazard warning symbol.

During use, containers for contaminated sharps will be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., in classrooms and buses). They must be maintained upright throughout use, replaced when necessary, and not allowed to overfill. Sharps disposal containers may be reordered by the principal.

When moving containers of contaminated sharps from the area of use, close the containers immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If leakage of the primary container is possible, place this container in a secondary container that is closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and labeled or color-coded with the biohazard warning symbol.

Reusable sharps containers must not be opened, emptied, or cleaned manually or in any other manner that would expose employees to risk of percutaneous injury. Place filled sharps container in a closable, leak-proof container labeled with a biohazard warning symbol and transported by the BBP Program Coordinator for proper disposal.

Contaminated Laundry

At-risk employees wearing gloves must handle contaminated laundry using Universal Precautions and minimal agitation. Place contaminated laundry in plastic, heat-proof plastic bags or containers at the location where it was used. It should not be sorted or rinsed in the location where used. Place and transport contaminated laundry in bags or containers labeled with the biohazard warning symbol.

Placed and transported contaminated laundry that is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container in properly labeled bags or containers that prevent soak-

through and/or leakage to the exterior. A red bag with the biohazard warning symbol may be used. Although contaminated laundry must be handled more carefully and stored in properly labeled bags, it can be washed with regular laundry using hot water.

Athletic teams must comply with the city's infectious disease policy. Clothing that becomes contaminated with blood and other potentially infectious material while at school must be removed as soon as possible and placed in a leak-proof plastic bag for transport to an appropriate place for cleaning.

Hepatitis B Vaccination Post-Exposure Evaluation and Followup

DCPS will make available the Hepatitis B vaccination series to all employees who have occupational exposure and post-exposure evaluation and followup to all employees who had an exposure incident. According to OSHA BBP standards, a BBP incident involves contact with a specific eye, mouth, or other mucous membrane, nonintact skin or parenteral contact with blood or other potentially infectious materials. Potentially infectious materials are defined as semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, or any body fluid containing visible blood or where it is impossible to differentiate between body fluids.

Examples of exposure incidents include, but are not limited to:

- Parenteral exposure to blood;
- Sharps incidents, (e.g., contaminated needle sticks during or after needle disposal, recapping used needles, transferring uncapped used needles, handling sharp contaminated instruments);
- Nonintact skin, eyes, and mucous membranes (e.g., traumatic physical altercation with infected person; Handling or disposing of contaminated waste, linen, laboratory specimens, spills, and splashes of blood and other body fluids); and
- Human bites.

The BBP Coordinator and Human Resource office will organize Hepatitis B vaccination series with the DC Department of Health. Employees may also elect to receive the Hepatitis B vaccination, post-exposure evaluation and follow-up including prophylaxis, from their healthcare provider.

DCPS Incident Report form will be initiated when first aid is provided and the employee has to clean up the spill (e.g., when no custodian is available and/or a blood spill cleanup kit is used). A DCPS Bloodborne Pathogens Exposure Report form will be initiated immediately after an exposure incident.

Hepatitis B Vaccine for Contract Workers

DCPS is not responsible for provision of the Hepatitis B vaccine to persons contracted to perform services for the school system.

Post-Exposure Evaluation and Followup

- Employees are required to remove PPE and follow the procedure for disposal of contaminated waste.
- Employees must then wash exposed areas (e.g., hands and other skin surfaces) with soap and water, then immediately flush exposed mucous membranes and eyes with water.

- Make arrangements immediately for cleanup of blood or other potentially infectious materials. An EPA-approved disinfectant should be used by a trained employee (e.g., custodian).
- Employees providing first aid and cleaning up blood or other potentially infectious materials (e.g., when no custodian is available and/or a blood spill cleanup kit is used) must complete DCPS Incident Report form. Blood spill cleanup supplies should be available in the custodial stations, in school vehicles, and buses. They should only be used in situations where a custodian is not available for cleanup and decontamination. Use the red bag in the kit only for regulated medical waste.
- A biohazard injury must be reported immediately, and in all circumstances within 24 hours, by the employee, in writing, using DCPS Bloodborne Pathogens Exposure Report form.
- Obtain the following information for DCPS BBP Exposure Report form:
 - Time, date, and location of the incident;
 - Description of the exposure: puncture, laceration, abrasion, mucosal inoculation, contamination of nonintact skin, or bite;
 - Site of the exposure;
 - Description of the severity of the exposure;
 - Description of skin condition of the employee;
 - Estimate of the volume and composition of fluid and duration of its contact: many fluids such as stool, saliva, emesis, and urine are not sources of HBV or HIV but may be sources of other pathogens;
 - Description of how and why the exposure occurred and the job/duty performed at the time of exposure;
 - Description of any PPE in use at the time of the exposure;
 - Whether or not immediate medical attention was sought;
 - Impact of student cooperation as a factor contributing to the exposure;
 - Source's name, phone number, and address (if known);
 - Exposed employee's physician's name, phone number, and address; and
 - Observations of the supervisor related to the exposure incident and suggestions for corrective action to prevent future occurrences
- Supervisor immediately notifies the BBP Program Coordinator of the exposure incident, assists the employee in completing BBP Exposure Report form, and completes the supervisor's section on the form.

Communicating Hazards to Employees

Labels

Affix warning labels to containers used to dispose of and store regulated waste, items containing blood, or other potentially infectious materials. These labels should be fluorescent orange, orange-red or predominantly so, with lettering and symbols in a contrasting color. Red biohazard containers may be substituted for labels.

Labels must include the following legend:



Information and Training

DCPS offers training opportunities to all employees on the basic knowledge and prevention principles for bloodborne diseases caused by BBPs such as HBV, HCV and HIV. Required Preexposure Introduction BBP training will be offered to all new employees. Refresher BBP training will be presented annually to all employees.

All BBP training is conducted by individuals knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. Contents of the training include the information required by OSHA's BBP final standard.

A general explanation of the epidemiology, symptoms of bloodborne diseases, and modes of transmission of BBPs uses the ABCs of Hepatitis information sheet.

Record Keeping and Surveillance

Each LEA must keep records and store them in one central location.

Training records—

- Training records must include:
 - Dates of training;
 - Contents or a summary of the training sessions;
 - Names and qualifications of persons conducting the training;
 - Names, job titles, and work locations of training participants; and
 - Any relevant concerns and/or unanswered issues that were raised during training.
- Training records must be maintained for three years from the date on which the training occurred.

Medical records—

- Medical records of occupationally exposed employees must be established and accurately maintained for the duration of employment plus 30 years as required by OSHA regulations in 29 CFR 1910.1020. Access must be available to employee exposure and medical records.
- Medical records must include:
 - Name and Social Security number of the employee;
 - Copy of employee's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations kept in confidential file with approval of employee as in 29 CFR 1910.1030;
 - Copy of the healthcare professional's written evaluation of the employee after a potential occupational exposure; and
 - Copy of information provided to the healthcare professional regarding the occupational exposure.

Confidentiality—

- DCPS will maintain confidentiality of the exposed employee's medical records.
- Medical records will not be disclosed or reported without the exposed employee's expressed written consent to any person within or outside the workplace except as required by State and Federal law.
- The medical records shall be made available to the occupationally exposed employee if requested by the employee.

Surveillance—

- DCPS BBP Surveillance and Monitoring Form must be completed annually by each school principal and a representative from each auxiliary location to monitor compliance with safe workplace practices and use of PPE.
- BBP Program Coordinator shall coordinate, review, and file annual workplace surveys.
- Compliance with the required use of protective measures will be monitored and evaluated in the following ways by principal/supervisor or designee, BBP Program Coordinator:
 - Followup on problems identified through informal reports from staff;
 - Safety reports;
 - Comments received during evaluations of education and training programs;
 - Direct observation of individual employee performance;
 - Walking rounds; and
 - Indirect observation.

Sharps injury log—

- DCPS will establish and maintain a Sharps Injury Log to document percutaneous injuries from contaminated sharps. Information will be recorded and maintained in a manner to protect the confidentiality of the injured employee.
- Information will be provided describing the type and brand of device involved in the incident, the department or work area where the exposure incident occurred, and an explanation of how the incident occurred.
- The Sharps Injury Log shall be maintained for 5 years in accordance with OSHA Regulations. Reference 29 CFR 1904.6 for retention of records.

Conclusion

DCPS will exhaust every effort to mitigate occupational risks and safeguard human health. All DCPS officials must strictly adhere to the health management policies and protocols set forth in this Guide.

DCPS will assess options for future Federal financial support to more effectively implement the DCPS Exposure Plan and address the use of toxic and hazard substances in schools.

EXPOSURE CONTROL PLAN

GLOSSARY OF TERMS

At-risk employees—employees identified as being at risk for occupational exposure to blood and other potentially infectious materials.

Blood and body fluids—liquid blood, serum, plasma, and other blood products, emulsified human tissue, spinal fluids, and pleural and peritoneal fluids.

Bloodborne pathogens (BBP)—pathogenic microorganisms present in human blood that can cause disease in humans. These pathogens include but are not limited to: Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Collateral exposure—occupational exposure to blood or other potentially infectious materials as a consequence of collateral job duty (coincidental to the primary job duties) to perform first aid and/or cardiopulmonary resuscitation.

Contaminated—the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated laundry—laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated sharps—any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination—use of physical or chemical means to remove, inactivate, or destroy BBPs on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface of item is rendered safe for handling, use, or disposal.

Engineering controls—controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the BBP hazard from the workplace.

Exposure Determination Questionnaire—the tool used to identify employees at risk for occupational exposure to blood, BBPs, and other potentially infectious materials. This questionnaire is completed by every new employee during orientation in the Pre-Exposure Introduction BBP training and by employees having employment changes, placing them in at-risk job categories, during Refresher BBP training. Additionally, any employee who perceives his or her occupational exposure status has changed may request and complete this questionnaire at any time during the course of employment. This tool is especially beneficial if exposure determination is questionable.

Exposure incident—a specific eye, mouth, other mucous membrane, nonintact skin, or potential contact with blood or other potentially infectious materials, which results from the performance of an employee's duties.

Good Samaritan acts—rendering assistance to accident victims and other exposures that cannot be anticipated. These do not constitute occupational exposure.

Hand washing facility—a facility providing an adequate supply of running potable water, soap, and single-use towels or hot air drying machines.

Licensed healthcare professional—a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B vaccination and post-exposure evaluation and followup.

HBV—Hepatitis B virus.

HCV—Hepatitis C virus.

HIV—Human Immunodeficiency Virus, the virus that can lead to Acquired Immunodeficiency Syndrome (AIDS).

Medical waste—any solid waste, which is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biological, but not including any hazardous waste such as dressings, bandages, sponges, used gloves, and tubing.

Microbiological waste—cultures and stocks of infectious agents including but not limited to specimens from medical, pathological, pharmaceutical, research, commercial, and industrial laboratories.

Needleless system—a device that does not use needles for: 1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; 2) the administration of medication or fluids; or 3) any other procedure involving the potential for occupational exposure to BBPs due to percutaneous injuries from contaminated sharps.

Occupational exposure—reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other potentially infectious materials—1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and 3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral—piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Pathological waste—human tissues, organs, and body parts; the carcasses and body parts of all animals that were known to have been exposed to pathogens that are potentially dangerous to humans during research, were used in the production of biological, or in vivo testing of pharmaceuticals, or that died with a known or suspected disease transmissible to humans.

Personal Protective Equipment (PPE)—specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered PPE.

Pre-Exposure Introduction BBP training—Bloodborne Pathogens training required for all employees employed by Franklin County Schools. This training is done during new employee and substitute teacher orientations.

Reasonably anticipated—an individual has reason to believe that exposure will occur while performing a task required by his or her job description.

Red biohazard bag—bag used for disposal of regulated medical waste (20 milliliters of blood or more in a container such as a suction container; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling).

Refresher BBP training—mandatory annual Bloodborne Pathogens training for all Franklin County Schools employees conducted at the beginning of each school year.

Regulated medical waste—from the Waste Management Rules of North Carolina used for disposal purposes. It means blood and body fluids in individual containers in volumes greater than 20 milliliters untreated microbiological and pathological waste. This refers to blood and body fluids that are in a liquid state and in a container such as a suction container. This does not refer to blood absorbed by materials such as bandages and dressings.

Regulated waste—OSHA-defined liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps—needles, syringes with attached needles, capillary tubes, slides and cover slips, and scalpel blades.

Sharp with engineered sharps injury protections—a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

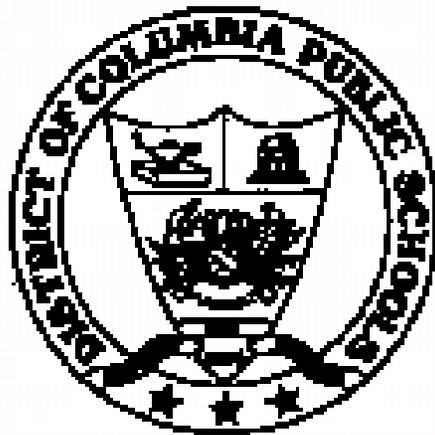
Source individual—any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, students and employees, trauma victims, clients of drug and alcohol treatment facilities, and individuals who donate or sell blood or blood components.

Sterilize—use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

Universal Precautions—an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HBV, HCV, HIV, and other BBPs.

Work practice controls—controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Fire Watch



INTRODUCTION

A fire watch is a short-term, emergency measure to provide an acceptable level of life safety in an unsafe or hazardous conditions existing in a building or structures. A fire watch is a compensatory measure only. It is intended to allow continued occupancy of a building or facility that may not be safe to be occupied during the time period required for implementing appropriate changes or repairs. The purpose of the fire watch is to check all areas of the building on a regular basis to detect fire/life safety emergencies and provide prompt notification to 911 along with the building occupants of the appropriate actions to be taken.

Required:

A fire watch is required to be implemented immediately when certain conditions are discovered either by the facility manager or by the Fire Marshal. Examples of when a fire watch will be required by the DC Fire and EMS Department, Office of the Fire Marshal include, but are not limited to:

- Outages for maintenance (four hours or longer), significant impairment of, or out of service fire alarm system.
- Outages for maintenance (four hours or longer), significant impairment of, or out of service fire suppression system.
- Blocked or locked means of egress and / or exit.
- Hazardous or dangerous conditions that create an immediate life hazard. (this condition shall require notification to 911)

Each situation will be evaluated individually and outages for maintenance will be reviewed for the length of time involved to perform the work.

Procedures:

In the event that the building fire alarm system is inoperable or any other of the above situations occur immediately notify OPEFM Safety, Regulatory and Environmental Compliance Section at (202) 576-8962.

If it is determined that a fire watch is needed the Safety, Regulatory and Environmental Compliance Section will conduct a building survey. Size and configuration of the building, hours of operation and any special hazards will determine the time and number of persons required for the fire watch.

The Safety, Regulatory and Environmental compliance Section will inform the DC Fire and EMS Department, Office of the Fire Marshal that a fire watch has been established.

The Principal or Building Manager will notify building staff of system status using the Fire Alarm System Failure- Fire Watch memo. A copy of the memo will be forwarded to OPEFM Safety, Regulatory and Environmental Compliance Section at (202) 576-8962 which may be forwarded to DC Fire Marshal if requested.

The Principal or Building Manager will issue Fire Watch – Duty Statement memo to person selected to participate in the fire watch and inform them of their selection to participate, their hours of service and duties involved. Duties are:

- Identify at least one means of direct communication with the Fire Department (A telephone is acceptable).

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- Conduct periodic patrols of the entire facility checking for the occurrence of fire.
- Identify any fire, life or property hazards.
- Notify occupants of the facility of the need to evacuate.
- Notify the DC Fire Department if a fire is discovered, by calling 9-1-1 with the exact address and type of emergency.
- Maintain a log of activities during the fire watch.

Principal or Building Manager will establish a Fire Watch Log Sheet and maintain the log until fire alarm system is placed back in service or any other emergency is corrected. Completed log sheet will be forwarded to OPEFM Safety, Regulatory and Environmental Compliance Section at (202) 576-8962 for review and will be forwarded to DC Fire Marshal if requested.

OPEFM Safety, Regulatory and Environmental Compliance Section will notify DC Fire and EMS Department, Office of the Fire Marshal when the situation returns to normal operations and the fire watch is no longer needed.

(Insert School Letterhead Here)

MEMORANDUM

Date: (Current Date)

To: (School Staff)

From: (Insert Principal or Building Manager Name)

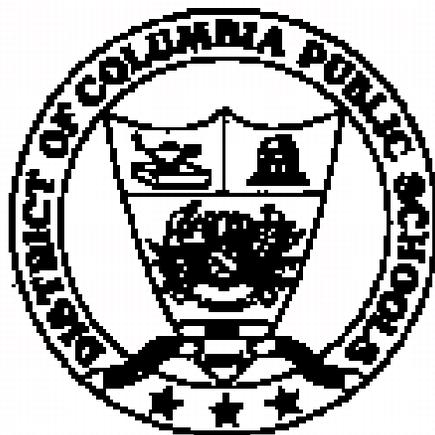
Re: Fire Alarm System Failure – Fire Watch

Be advised that this building is equipped with a local fire alarm system that is currently inoperable, and has been cited by the District of Columbia Fire Marshals Office. Repair efforts are underway and a contractor has been secured to complete the system programming and testing, beginning on **(current date)**.

Under the direction of the Authority Having Jurisdiction a Fire Watch has been established for your facility. The two individuals identified with the responsibility to watch for the occurrence of fire are **(insert persons name and time on duty)**. The Fire Watch will remain in affect until the reinstatement of the fire alarm system, and approval from the District of Columbia Fire Marshals Office.

If you have any questions please do not hesitate to contact me at **(insert phone number)**.

Prohibited and Restricted Chemical List



PROHIBITED AND RESTRICTED CHEMICAL LIST

Introduction

After incidents of laboratory chemical contamination at several schools, DCPS, The American Association for the Advancement of Science (AAAS) and DC Fire and Emergency Management Services developed an aggressive program for chemical control to eliminate student and staff exposure to potential hazardous chemicals. Based upon this program, all principals are required to conduct a complete yearly inventory of all chemicals located at each school building to identify for the removal and disposal of any prohibited/banned chemicals.

- ***Prohibited chemicals*** are those that pose an inherent, immediate, and potentially life-threatening risk, injury, or impairment due to toxicity or other chemical properties to students, staff, or other occupants of the school. These chemicals are prohibited from use and/or storage at the school, and the school is prohibited from purchasing or accepting donations of such chemicals.
- ***Restricted chemicals*** are chemicals that are restricted by use and/or quantities. If restricted chemicals are present at the school, each storage location must be addressed in the school's written emergency plan. Also, plan maps must clearly denote the storage locations of these chemicals.
- ***Restricted chemicals—demonstration use only*** are a subclass in the Restricted chemicals list that are limited to instructor demonstration. Students may not participate in handling or preparation of restricted chemicals as part of a demonstration. If Restricted chemicals—demonstration use only are present at the school, each storage location must be addressed in the school's written emergency plan.

Following is a table of chemicals that are Prohibited—banned, Restricted—academic curriculum use, and Restricted—demonstration use only.

Prohibited Chemicals—Banned	
2-Butanol	Chloroacetylene
Acetal	ChloroformChloropicrin
Acetaldehyde	Chloroprene
Acetyl Chloride	Chlorotrifluoroethylene
Acetyl Nitrate	Chromium (IC) Chloride
Acrolein	Chromium (Powder)
Acrylic Acid	Chromyl Chloride
Acrylonitrile	Cobalt (Powder)
Alcohols (Allylic, Benzylic)	Colchicine
Alidyy-Substituted Cycloaliphatics	Copper Acetylide
Aluminum Hydrophosphide	Cumene
Aluminum Phosphide	Cycloheptanone
Amatol	Cyclohexanoi
Ammonal	Cyclopentene
Ammonium Bromate	Diacetylene

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Ammonium Chlorate	Diazidoethane
Ammonium Hexanitrocobaltate	Diazodinitrophenol
Ammonium Nitrite	Diazomethane
Ammonium Perchlorate	Dicyclopentadiene
Ammonium Periodate	Dicsopropyl Ether
Ammonium Permanganate	Dinitrophenol
Ammonium Tetraperoxychromate	Dioxane
Antimony Compounds Arsenic And Arsenic Compound	Dipentaerythritol Hexanitrate
Azides	Disulfur Dinitride
Azidocarbonyl Guanidine	Divinyl Acetylene
Barium	Divinyl Ether
Barium Chlorate	Ethyl Ether
Barium Oxide (Anhydrous)	Ethyl Nitrite
Barium Peroxide	Ethylene Glycol Dimethyl Ether (Glyme)
Benzene	Ethylene Glycol Dinitrate
Benzene Diazonium Chloride	Ethylene Oxide
Benzotriazole	Formaldehyde
Benzoyl Peroxide	Furan
Benzyl Alcohol	Glycol Dinitrate
Bismuth Nitrate	Glycol Monolactate Trinitrate
Borane, Boranes, Diboranes	Grignard Reagents (Ether Solvents)
Boron Tribromide	Guanyl Nitrosaminoguanyl Hydrazine
Boron Trifluoride	Hexyl Alcohol
Bromine Pentafluoride	HMX
Bromine Trifluoride	Hydrazoic Acid
Butadiene	Hydrofluoric Acid
Butenetroil Trinitrate	Hydrogen Peroxide (~30%)
Cadmium and Cadmium Compounds	Hydrogen Peroxide (60%)
Calcium Nitrate. Anhydrous	Hydrogen Sulfide
Calcium Permanganate	Isopropyl Ether
Carbon Tetrachloride	Lead Arsenate
Chloral Hydrate	Lead Dinitride (Azide)
Chlorine	Lead Dinitrorescorcinatate (Styphnate)
Chlorine Dioxide	Lead Dioxide. Brown
Chlorine Trifluoride	Lead Mononitrorescorcinatate
Chlorine Trioxide	Lithium Nitrate
Lithium Nitride	Sodium Chlorite
Lithium Peroxide	Sodium Cyanide
Magnesium (except Mg ribbon & turnings)	Sodium Dithionite
Magnesium Peroxide	Sodium Hydrosulfite
Mannitol Hexanitrate	Sodium Methylate
Mercury and Mercury Compounds	Sodium Perborate
Methyl Acetylene	Sodium Perchlorate
Methyl Cyclopentane	Sodium Permanganate
Methyl Isocyanate	Sodium Peroxide
Methyl Methacrylate, Monomer	Strontium Perchlorate
Nessler's Reagent (Mercury Compound)	Styrene Monomer
Nicotine	Sulfur Trioxide
Nitroglycerin	Sulfuryl Chloride (Sulfonyl)
Nitrosoguanidine	Sulfuryl Chloride Fluoride
Osmic Acid	T-Butyl Hypochlorite
Osmium Tetroxide	Tetrafluoroethylene
O-Toluidine	Tetrahydrofuran
Pentaerythritol Tetranitrate (PETN)	Tetrahydronaphthalene
Perchloric Acid	Tetranitromethane
Phenol	Tetraselenium
Phenyl Thiourea	Tetranitride
Phosphorus Halides and Oxides	Tatrazene
Phosphorus, Phosphides	Tetryl

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Phthalk Anhydride, Picrates, Picramide, and Picryl Compounds. Picric Acid P-Nitrophenol Polyvinyl Nitrate Potassium Amide Potassium Cyanide KCN Potassium Dinitrobenzofuroxan Potassium Nitrite Potassium Perchlorate Potassium Periodate Potassium Peroxide Potassium Superoxide RDX Sec-Butyl Alcohol (2-Butanol) Silanes and Chlorosilanes Silicon Tetrachloride Silver Acetylde Silver Cyanide Silver Dinitrorescorcinat (Styphnate) Silver Fulminate (Cyanate) Silver Nitride Silver Oxalate Silver Tetrazene Sodamide Sodium Amide Sodium Arsenate Sodium Arsenite Sodium Chlorate	Thallium Nitride Thermit Themtite Igniting Mixture Thiocarbonyl Tetrachloride Thionyl Chloride Titanium (Powder) Titanium Tetrachloride Triethyl Aluminum Triethyl Arsine Triisobutyl Aluminum Trimethyl Aluminum Ttinitroanisole Trinitrobenzene Trinitrobenzoic Acid Trinitronaphthalene TrInitroresorcinol Trinitrotoluene Trisilyl Arsine Uranium Componds Uranyl Acetate Uranyl Nitrate Urea Nitrate Vinyl Acetate Vinyl Acetylene Vinyl Chloride Vinyl Ethers Vinylidene Chloride Zinc Peroxide
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Restricted Chemicals—Academic Curriculum Use

2-Butanone Acetamide Acetanilide Acetic Acid Acetic Anhydride Acetone Acetyl Halides Acetylcholine Bromide Acridine Orange UNDEFINED Adipoyl Chloride Alizarin Red UNDEFINED Alkyl Aluminum Chloride Aluminum AI Aluminum Acetate Aluminum Bromide Aluminum Chloride, Hydrate Aluminum Fluoride Aluminum Hydroxide Aluminum Nitrate Aluminum T etrahydroborate Ammonia, Anhydrous Ammonia, Liquid Ammonium Acetate Ammonium Bicarbonate Ammonium Bichromate Ammonium Bromide Ammonium Carbonate	Barium Nitrate Benzaldehyde Benzene Phosphorus Dichloride Benzoic Acid Benzyl Chloride Benzyl Sodium Benzylamine Beryllium Tetrahydroborate Biphenyl (Diphenyl) Bismuth Pentafluoride Boric Acid Boron Bromodiiodide Boron Oibromoiiodide Boron Phosphide Boron Trichloride Bromine Monofluoride Bromine Water Bromobenzene Bromodiethylaluminum Bromoform Butanol (N-Butyl Alcohol) Butyric Acid Calcium (100 9 limit) Calcium Bromide Calcium Hypochlorite Calcium Nitrate Tetrahydrate Calcium Phosphide Camphor Carbon Disulfide
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Ammonium Chloride Ammonium Chromate Ammonium Fluoride Ammonium Hydroxide Ammonium Iodide Ammonium Molybdate Ammonium Nitrate Ammonium Oxalate Ammonium Phosphate, Dibasic Ammonium Phosphate, Monobasic Ammonium Sulfate Ammonium Sulfide Ammonium Tartrate Ammonium Thiocyanate Amyl Acetate Amyl Alcohol(N) Aniline Aniline Hydrochloride Anisoyl Chloride Barium Acetate Barium Carbide Barium Chloride Hydrate	Ceric (IV) Sulfate Cesium Amide Cesium Phosphide Chlorine Monofluoride Chlorine Pentafluoride Chloroacetic Acid Chloroacetyl Chloride Chlorobenzene Chlorodiisobutyl Aluminum Chlorophenylsocyanate Chromic Acid Chromium (IC) Nitrate Chromium Sulfate Chromium Trioxide Cobalt (ous) Nitrate Cupric Bromide, Anhydrous Cyclohexane Dichlorobenzene Dichloroethane Dichloromethane Diethyl Aluminum Chloride Diethyl Zinc Diisopropyl Beryllium Dimethyl Magnesium Diphenyl Diisocyanate
--	---

Restricted Chemicals—Academic Curriculum Use (continued)

Diphenylamine Ethanol C ₂ H ₅ OH Ethyl Acetate Ethyl Alcohol Ethyl Methacrylate Ethylene Dichloride Ethylenediamine Faa Solution UNDEFINED Fehlings Solution A UNDEFINED Fehlings Solution B UNDEFINED Ferric Chloride. Anhydrous Ferric Nitrate Fluorine Monoxide Fluorosulfonic Acid Formalin Formic Acid Gasoline UNDEFINED Glutaraldehyde Gold Acetylde Hematoxylin Heptane, Hexamethylene Diisocyanate Hexamethylenediamine Hexane, Hydriodic Acid Hydrobromic Acid Hydrochloric Acid Hydrogen Peroxide (30% or less) Hydroquinone Hydroxylamine Hydrochloride Iodine Iodine Monochloride	Methyl Magnesium Chloride Methyl Magnesium Iodide Methylene Chloride Naphthalene Naphthol-1 N-Butyl Alcohol N-Butyllithium Nickel Antimonide Nickel(II) Nitrate Nickel(II) Sulfate Nitric Acid Nitrobenzene Nitrogen Octyl Alcohol o-Dichlorobenzene Oxalic Acid. Hydrate Oxygen P-Dichlorobenzene Pentyl Alcohol (Amyl) Petroleum Ether Phosphoric Acid Phthalic Acid Polyphenyl Polymethylsulfonate Polyvinyl Alcohol Potassium Bromate Potassium Chromate Potassium Dichromate Potassium Ferricyanide Potassium Ferrocyanide Potassium Hydroxide Potassium Iodate KI ₃ Potassium Nitrate KN ₃ Potassium Permanganate
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School Emergency Response Plan and Management Guide

Iron Isoamyl Alcohol Isobutyl Alcohol Isopentyl Alcohol Isopropyl Alcohol Kerosene UNDEFINED lead Nitrate Lead Oxide, Red Lead Peroxide (01) Lithium Amide Lithium Bromide LiBr Lithium Ferrosilicon Lithium Silicon Lithium Sulfate Lye Magnesium (ribbon) Methyl Alcohol Methyl Aluminum Sesquibromide Methyl Aluminum Sesquichloride Methyl Ethyl Ketone Methyl Magnesium Bromide	Potassium Persulfate Potassium Sulfide Propane Propionic Acid Propyl Alcohol Pyridine Pyrosulfuryl Chloride Silver Nitrate Silver Sulfate Sodium Bisulfite Sodium Chromate Sodium Cobaltinitrite Sodium Dichromate, Hydrate 0 Sodium Fluoride Sodium Hydroxide Sodium Hypochlorite Sodium Iodate Sodium Iodide Sodium Meta-Bisulfite Sodium Nitrate Sodium Nitrite
Restricted Chemicals—Academic Curriculum Use (continued)	
Sodium Phosphate, Tribasic Sodium Potassium Alloy Sodium Sulfide Sodium Thiocyanate Sodium Thiosulfate Stannic Chloride Strontium Nitrate Sulfur Chloride Sulfur Pentafluoride Sulfuric Acid <10%) Sulfuric Acid (>10%) T -Butanol Terpeneol Thiophosphoryl Chloride Tin Toluene Toluene Diisocyanate Toluidine Blue Trichloroethane-	Trichloroethylene Triethanolamine Triethyl Stibine Trimethylpentane Tri-N-Butyl Aluminum Trioctyl Aluminum Triphenyl Tetrazolium Tripropyl Stibine Trisodium Phosphate Trivinyl Stibine Tungsten Turpentine Vanadium Trichloride Xylene Zinc (Powder) Zinc Acetylide Zinc Nitrate Zinc Phosphide

Restricted Chemicals—Demonstration Use Only	
Aluminum Chloride, Anhydrous	Diglyme
Ammonium Dichromate)	Dinitrophenylhydrazine
Ammonium Persulfate	Hydrides, BorohydridesI
Antimony Metal)	Hydrogen
Bromine Br ₂	Lithium
Calcium Carbide	Magnesium (turnings)
Chromium Oxide	Methyl Isobutyl Ketone (MIBK)
Collodion (100mlimit)	Pentane
Cyclohexanone	Phosphorus, Red (Amorphous)
Cyclohexene (100 mllimit)	Potassium
Cyclopentanone (100 mllimit)	(Potassium Chlorate Silver Oxide
Diethyl Ether	Sodium Na
	Wright's Stain (HG Containing) Undefined



CLASSROOM HAZMAT STORAGE WEEKLY SAFETY CHECKLIST



HAZMAT COMPLIANCE ITEM CHECKED	YES	NO	DATE & TIME	SIGNATURE OF PERSON CHECK
Identification Placards markings present on outside of storage				
Material Safety Data Sheets (MSDS) on site for stored				
Individual storage containers properly labeled, identifying				
Any visible signs of chemical leakage, spillage, or				
Storage / cabinet areas properly cleaned interiorly and exteriorly				
Storage cabinet and shelving construction in good physical				
Storage areas/cabinets are properly secured with locking device				
Incompatible Hazardous Materials Chemical Separation				
Flammable liquids stored together in proper storage / cabinet				
Oxidizers stored together in proper storage / cabinet areas				
Corrosives stored together in proper storage / cabinet areas				
Organic Peroxides stored together in proper storage / cabinet				
Pyrophics stored together in proper storage / cabinet areas				
Unstable (Reactives) stored together in proper storage / cabinet				
Water (Reactives) stored together in proper storage / cabinets areas				
School Administrator Principal notified of weekly check and				
DCPS Safety Office / Liaison notified of weekly check and				

Remember to Report All HAZMAT Spills and Releases to the
 DC Fire & EMS Department's Fire Prevention Division Hazardous Materials Inspections Section at
 (202) 727-1614

Risk Management Forms*



* The forms in this section are to be utilized by authorized District Government Agencies only, if you have any questions please contact the District of Columbia Office of Risk Management at 202-727-8600.

Motor Vehicle Accident Report Form

PHONE #	AGENCY CONTACT INFORMATION	AGENCY
----------------	-----------------------------------	---------------

DATE OF ACCIDENT	TIME OF ACCIDENT AM: PM:	LOCATION ACCIDENT OCCURED: <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW _____ ft of _____ Street Street	STATE
------------------	------------------------------------	---	-------

TYPE OF ACCIDENT (check one) ___ 00 Collision of vehicles ___ 01 Collision with fixed object ___ 02 On board school bus ___ 03 Boarding/Alighting ___ 04 Pedestrian ___ 05 Fatality	TRAFFIC CONDITIONS (check one) ___ 00 Unknown ___ 01 Heavy ___ 02 Medium ___ 03 Light	TRAFFIC CONTROLS (check one) ___ 00 Unknown ___ 05 Flashing Light ___ 01 Yield Sign ___ 06 Stop Sign ___ 02 Signal ___ 07 None ___ 03 Officer ___ 08 Other ___ ___ 04 Turn Restricted	ROAD SURFACE (check one) ___ 00 Unknown ___ 01 Concrete ___ 02 Asphalt ___ 03 Light ___ 04 Gravel ___ 05 Dirt ___ 06 Other	ROAD CONDITION (check one) ___ 01 Unknown ___ 02 Repairing ___ 03 Dry ___ 04 Wet ___ 05 Ice
---	---	--	---	--

ROAD TYPE (check one) ___ 00 Straight ___ 05 Underpass ___ 01 Curve ___ 06 Ramp ___ 02 Level ___ 07 Bridge ___ 03 Grade ___ 08 Divided ___ 04 Crest	LIGHT CONDITIONS (check one) ___ 00 Unknown ___ 01 Dawn/Dusk ___ 02 Dark ___ 03 Daylight	STREET LIGHTS (check one) ___ 00 Unknown ___ 01 Defective street light(s) ___ 02 No street light(s) ___ 03 Street light(s) on ___ 04 Street light(s) off	WEATHER (check ALL that apply) ___ 00 Unknown ___ 03 Rain ___ 01 Fog/Midst ___ 04 Snow ___ 02 Clear ___ 05 Sleet
--	--	---	--

Total # of Vehicles Involved: _____

District Driver & Vehicle Information

District Vehicle No. _____ # of Passengers in District Vehicle: _____ # of Passengers Injured in District Vehicle: _____

District Operator (Last Name, First Name, M.I.) _____ Age _____ Sex _____ Full or Part-time (FT or PT) _____ Driver Injured: Yes No

Drivers License # _____ License State: _____ Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____

Vehicle Model/Year _____ Make _____ Body Style _____ Tag #/State/Year _____ Vehicle Color _____ Vehicle Damaged: Yes or No

Speed at time of Impact: _____ mph Skid Mark Details: _____

Vehicle Driven Away: Yes or No _____ Vehicle left at scene: _____ Yes or No If towed, to where: _____

DRIVER CONDITION
(check ALL that apply)

- ___ 00 Fatigued
- ___ 01 Ill
- ___ 02 Physical defect
- ___ 03 Asleep
- ___ 04 Normal
- ___ 05 Unknown
- ___ 06 Ability Impaired
- ___ 07 Ability not impaired

PRIMARY CAUSE OF ACCIDENT:

Insert ONE code from below for **DISTRICT** vehicle here: Insert ONE code from below for **CLAIMANT** vehicle here:

- | | | | |
|--------------------------------|---------------------------------|-------------------------------------|---------------------------------|
| ___ 00 Speed | ___ 08 Flashing light | ___ 16 Other Defects | ___ 22 Defective light(s) |
| ___ 01 Defective brakes | ___ 09 Directional light | ___ 17 Pedestrian Violation | ___ 23 Pedestrian drunk |
| ___ 02 Signal | ___ 10 Stop Sign | ___ 18 Driver inattention | ___ 24 Road defects |
| ___ 03 Auto right of way | ___ 11 Alcohol influence | ___ 19 Cell Phone | ___ 25 Driver vision obstructed |
| ___ 04 Pedestrian right of way | ___ 12 Improper lane change | ___ 20 Failure to set parking brake | ___ 26 Other: _____ |
| ___ 05 Improper Turn | ___ 13 One way street-wrong way | ___ 21 Opened door in traffic | _____ |
| ___ 06 Yield Sign | ___ 14 Wrong side of street | ___ 22 Drug influence | _____ |
| ___ 07 Stop/Go light | ___ 15 Improper starting | ___ 23 Backing | _____ |

School Emergency Response Plan and Management Guide

Claimant Information

Claimant (Last Name, First Name, M.I.) _____ Age _____ Sex _____ Estimated Damage \$ _____

Home Address _____ Business Address _____

Drivers License #/State _____ Home Phone #: () _____ - _____ Alternate Phone #: () _____ - _____

Vehicle Model/Year: _____ Tag #/State/Year: _____
 Make: _____ Vehicle Color: _____
 Body Style: _____

of Passengers in Claimant Vehicle: _____ # of Passengers Injured in Claimant Vehicle: _____
 Do you have Collision Insurance? Yes No Amount of Deductible \$ _____

Vehicle Damaged: Yes or No Speed at time of Impact: _____ mph Skid Mark Details: _____
 Was vehicle driven away? Yes or No Was vehicle left at the scene? Yes or No If towed, to where: _____
 Tow Co. Info. _____

INJURY CODE (check ALL that apply) **CLAIMANT CONDITION** (check one)
 00 Fatal 01 Disabling 02 Non-disabling 03 None 00 Fatigued 01 Ill 02 Physical defect
 04 Unknown 05 No visible injury 06 Complaint of pain/no visual injury 03 Asleep 04 Normal 05 Unknown
 06 Ability Impaired 07 Ability not impaired

TYPE OF VEHICLE (check one):
 00 Passenger Auto 01 Bus 02 Truck 03 Trailer 04 Unknown 05 Taxi 06 Motorcycle 07 Bicycle
 08 Fire engine 09 Ambulance 10 Fixed Object 11 Vendor Cart 12 Heavy Equipment 13 Other: _____

Additional Claimant Information

Claimant (Last Name, First Name, M.I.) _____ Age _____ Sex _____ Estimated Damage \$ _____

Home Address _____ Business Address _____

Drivers License #/State _____ Home Phone #: () _____ - _____ Alternate Phone #: () _____ - _____

Vehicle Model/Year: _____ Tag #/State/Year: _____
 Make: _____ Vehicle Color: _____
 Body Style: _____

of Passengers in Claimant Vehicle: _____ # of Passengers Injured in Claimant Vehicle: _____
 Do you have Collision Insurance? Yes No Amount of Deductible \$ _____

Vehicle Damaged: Yes or No Speed at time of Impact: _____ mph Skid Mark Details: _____
 Was vehicle driven away? Yes or No Was vehicle left at the scene? Yes or No If towed, to where: _____
 Tow Co. Info. _____

INJURY CODE (check ALL that apply) **CLAIMANT CONDITION** (check one)
 00 Fatal 01 Disabling 02 Non-disabling 03 None 00 Fatigued 01 Ill 02 Physical defect
 04 Unknown 05 No visible injury 06 Complaint of pain/no visual injury 03 Asleep 04 Normal 05 Unknown
 06 Ability Impaired 07 Ability not impaired

TYPE OF VEHICLE (check one):
 00 Passenger Auto 01 Bus 02 Truck 03 Trailer 04 Unknown 05 Taxi 06 Motorcycle 07 Bicycle
 08 Fire engine 09 Ambulance 10 Fixed Object 11 Vendor Cart 12 Heavy Equipment 13 Other: _____

Property Loss/General Liability Claim Report Form

This form is used to report incidents/accidents related to property damage or unusual occurrences.

PART I: DC EMPLOYEE REPORTING ACCIDENT/INCIDENT:

Contact Information (Last Name, First Name, M.I.) _____ Job Title/Position: _____
Agency: _____ Address: _____
Work Phone #: () _____ - _____ Date Reported: _____

PART II: INCIDENT/ACCIDENT INFORMATION:

Date of Accident/Incident: _____ Accident/Incident Location Address: _____
Time of Accident/Incident: _____ Accident/Incident Result of: _____
Location Type:
 Government Facility Private Property Public Space Not Identified Other: _____

PART III: CLAIMANT INFORMATION:

_____ Last Name _____ First Name _____ M.I _____ Date of Birth _____
Address: _____
Work Phone #: () _____ - _____ Home Phone #: () _____ - _____
Mobile Phone #: () _____ - _____ Social Security #: _____ - _____ - _____

Medical Information:

Was the claimant taken to the hospital via personal car/ambulance? No Yes Ambulance #: _____
Was the claimant admitted? No Yes: Date _____
Name of Hospital: _____ Hospital Address: _____
Treating Physician: _____

Insurance Information: *(property damage usage only)*

Name of Carrier: _____
Primary Name on Policy: _____ Policy #: _____
Phone #: _____

PART IV: ACCIDENT/INCIDENT DESCRIPTION:

DAMAGED PROPERTY *(Please use the space below to provide a detailed description of damaged articles, nature/extent of damage, date of purchase, where purchased, and cost at time of purchase.)*

School Crisis Response Handbook

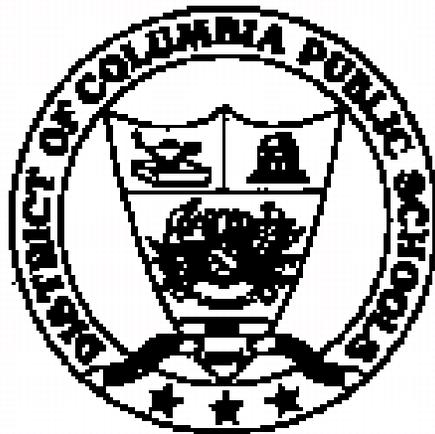


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SCHOOL CRISIS RESPONSE HANDBOOK

Introduction

The primary purpose of this *DCPS Crisis Response Handbook* is to assist school staff and administration in managing school crises in a universal, consistent, and appropriate manner. This manual is intended to create and foster a proactive approach to potential crises in schools. It prepares the total school community to cope with the possible impact of a destabilizing occurrence. What makes this manual especially valuable is that it can be applied and adapted to the particular culture and organizational structure of each school.

This handbook includes suggested procedures and resources to guide the School Crisis Team. All responses to crisis situations promote the school system's goal of a safe and orderly learning environment by reducing the impact of grief and loss that interferes with the normal school functioning and the learning process.

Materials compiled in this handbook were adapted from resources used in Howard County Public Schools, Montgomery County Public Schools, Fairfax County Public Schools, DC Department of Mental Health - School Mental Health Program as well as past DC Public Schools Crisis Response Handbooks.

What Is a Crisis?

A crisis is defined as a death or other traumatic event involving a student or staff member due to an accident, community violence, suicide, homicide, illness, natural disaster, or terrorism that interrupts the normal day-to-day functioning of the school.

Who Is Responsible for Responding to a Crisis?

Each school has a School Crisis Team comprised of the principal, assistant principal(s), school counselor(s), health assistant and/or nurse, school psychologist, and social worker. One of these team members should be identified as the School Crisis Team chairperson. School-based teams provide prevention information, intervention, and support to school staff, students, and parents during and in the aftermath of a crisis or traumatic event. This team is also responsible for deciding if additional support is needed from the Central Crisis Team.

When Is the Central Crisis Team Contacted?

The decision to contact the Central Crisis Team is made by the principal, in consultation with the coordinator of the School Crisis Team and the Supervisor of Social Workers. If it is determined that additional support is necessary, the Supervisor of Social Workers contacts the appropriate team members. The role of the Central Crisis Team is to provide consultation and support to the School-based Team. The Central Crisis Team is comprised of social workers and psychologists from DCPS and DMH who have advanced training and expertise in the area of crisis management. The Supervisor of Social Workers remains available for consultation.

DCPS CRISIS RESPONSE PROTOCOL

- The school principal will identify all school-based team members who will be responsible for coordinating the school's crisis response and post names around the school. The principal will either serve as chair of this School Crisis Team or designate a team member to serve as the chairperson.
- The principal/designee will assess impact of crisis on the school community that may affect students, staff, parents and local community members.
- The principal/designee contacts the following to inform of crisis event and give assessment information:
 - Office of Assistant Superintendents (202-442-5055);
 - Division of School Security (202-576-6962); and
 - Supervisor of Social Workers/Central Crisis Team Coordinator (202-442-5138 or 202-442-4800).
- The Supervisor of Social Workers/Central Crisis Team Coordinator will assess the Crisis Response Level of Need and deploy Central Crisis Team members to school.
- The Supervisor of Social Workers/Central Crisis Team Coordinator (202-442-5138 or 202-442-4800) will also assign one deployed Central Crisis Team member as Team Leader.
- Central Crisis Team members will reassess the situation with the School Crisis Team and principal.
- Central Crisis Team members will coordinate onsite intervention with School Crisis Team members with input from the principal/designee.
- If deemed necessary, Central Crisis Team members will bring other trained and certified mental health personnel to create and implement a plan of action.
- Principal, School Crisis Team, and Central Crisis Team members will provide up-to-date information to staff regarding the crisis, plan of action, and any other relevant information.
- Students will be provided debriefing, counseling, and/or support according to the plan of action.
- Staff members will be provided debriefing, counseling, and/or support according to the plan of action.
- Appropriate correspondence will be sent to parents and community.
- Followup services for students will be planned and scheduled.
- Crisis team is debriefed.
- Documentation of incident will be completed.

DCPS CRISIS RESPONSE PROTOCOL

Glossary of Terms

Crisis—an event that produces a temporary state of psychological disequilibrium and a subsequent state of emotional turmoil that disrupts the educational program.

School Crisis Team—may consist of administrative team members, on-site social worker, school counselor, school psychologist, nurse, health/physical education teacher, peer mediation coordinator, and an on-site community mental health provider if there.

Crisis Response Level of Need—

- **Level 1**—School-based response to a crisis event—School Crisis Team (SCT) responds. For example, a current or former staff member dies after a long illness.
- **Level 2**—Central Crisis Team response to a crisis event—SCT and Central Crisis Team (CCT) both respond. For example, unexpected death of a current student or staff member on or off campus.
- **Level 3**—DCPS/DMH team response to a major emergency or community crisis event—SCT, CCT, and DMH respond. For example, shooting at the school, community disaster such as a major fire, natural disaster or terrorism.

Central Crisis Team—consists of trained DCPS social workers and psychologists as well as school mental health providers from the Department of Mental Health.

Pre-Crisis Planning

The school principal will identify all school-based team members responsible for coordinating the school's crisis response and post names around the school. The principal will either serve as chair of this School Crisis Team or designate a chairperson. The principal will meet with the Team to discuss their roles and responsibilities and to review the pre-crisis planning process.

Prepare Telephone Tree

- Administrator;
- School psychologist;
- School counselor;
- Social worker;
- Health assistant/nurse; and
- Other staff.

Assemble Crisis Intervention Packets and Related Materials

- Determine the materials needed including maps of the school building, lists of teachers/room assignments, copies of bell schedule, including lunch and recess times, name tags, tissues, crayons, markers, construction paper, and copies of yearbooks or memory books.
- Determine where these materials will be stored, such as, front and/or guidance office.
- List of School Crisis Team Members.

Determine Where Crisis Intervention Support Will Occur

- Determine where crisis team members will meet with students/staff individually or in groups.
- Determine the sign-in procedures for visitors.
- Determine where parents will meet if they arrive at the school.
- Determine where crisis team members will meet to plan and have access to telephone

Roles and Responsibilities During a Crisis

A number of roles should be performed by key personnel. This list represents, at a minimum, what responsibilities key personnel have in responding to a crisis.

Administrator only—

- Verify facts of the crisis incident.
- Authorize intervention efforts.
- Consult with school security to assure the safety of the students, staff, and community.
- Notify appropriate central office personnel of crisis incident and other affected schools.
- Notify school-based administrators and school-based student services personnel of crisis incident.
- Initiate phone tree for school-based personnel.
- Be highly visible, show presence, support and control of crisis.
- Facilitate before-school faculty information meeting.
- Keep all teachers and other school-based personnel updated on facts, events, circumstances, funeral arrangements, etc.
- Inform parents of facts, events, circumstances, funeral arrangements, etc.
- Provide direction about rescheduling activities.
- Reschedule activities, appointments, and meetings not of an emergency nature.
- Consult with public information officer regarding release of information to media and public.
- School Crisis Team Chairperson and/or Administrator:
 - Help coordinate intervention efforts with principal approval.
 - Verify facts of crisis incident.
 - Meet to assess the degree of impact and extent of support needed.
 - Assemble School Crisis Team, and, if necessary, the Central Crisis Team.
 - Establish preplanning meeting time for crisis team members as appropriate.
 - Develop statement to share with teachers and other school-based personnel.
 - Develop statement to share with students.
 - Identify at-risk staff.
 - Provide followup as needed for staff and students and monitor behavior.

Central Crisis Team Leader—

- Assist in planning, coordinating, and provisioning for school-based crisis response.
- Complete all paperwork in timely fashion.
- Send paperwork to Supervisor of DCPS social workers and Program Director of School-based Mental Health of the Department of Mental Health.

Central Crisis Team—

- Be available during school hours to school-based and central office-based administrators and student services personnel for consultation in the event of a school crisis.
- Share responsibility outside of school hours for consulting with school-based and central office-based administrators and student services personnel in the event of a school crisis.

- Assist in the coordination, planning, and provision of school crisis responses by the Central Crisis Team.

School-based counselor and/or school social worker—

- Support intervention efforts.
- Reschedule activities, appointments, and meetings not of an emergency nature.
- Provide individual and group counseling.
- Maintain a list of students seen by support staff. Make followup calls to families of students in distress and recommendations for the family to provide support and/or followup.
- Monitor and provide followup services to affected students.
- Be available to staff and provide support, as needed.

Faculty—

- Provide accurate, factual information to students.
- Identify students who need support and refer them to school-based support personnel.
- Facilitate classroom discussions that focus on helping students to cope with the crisis; if appropriate, provide activities such as artwork or writing to help students cope.
- Dispel rumors.
- Answer questions without providing unnecessary details.
- Model an appropriate grief response and give permission for a range of emotions.
- Structure classroom activities, postpone and reschedule tests, quizzes, and assignments, as appropriate.

Nurse/Physical Education Leader in absence of nurse—

- Administer first aid.
- Request that paramedics and an ambulance be called, as necessary.
- Appoint someone to meet paramedics at the designated entrance (s) and give directions to the location of the injured.
- Arrange for someone to travel with students to the hospital, as appropriate.
- Call for additional school nursing assistance, as needed.
- Ask for coverage by a principal's designee if the nurse is needed elsewhere.
- Refer distressed students and faculty to school-based support personnel.

Secretary—

- Provide accurate, factual information via written statement to inquiring parents and community members.
- Supervise visitor sign-in procedures.
- Direct central office and Central Crisis Team members to appropriate locations.
- Refer distressed students and faculty to school-based support personnel.
- Provide secretarial support to school-based and Central Crisis Team members, such as copying, as needed.

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

Department of Mental Health

CRISIS RESPONSE FORMS

For Level 2 and Level 3 Crises

DCPS Crisis Response Model: Level of Crisis

Level 1

School Based response to a crisis event—SCT responds. For example, a current or former staff member dies after a long illness.

Level 2

Central Crisis Team response to a crisis event—SCT and CCT both respond. For example, the unexpected death of a current student or staff member on or off campus.

Level 3

DCPS/DMH Team response to a major emergency or community crisis event—SCT, CCT, and DMH respond. For example, a shooting at the school, community disaster such as a major fire, natural disaster, or terrorism.



PHONE-CRITICAL INCIDENT RESPONSE REQUEST: BASED NEEDS ASSESSMENT

The person first informed of the school crisis should complete this form. In most cases, this will be the Supervisor of Social Workers.

Person Taking Call: _____ Date: _____ Time of Call: _____

Name of Person Calling: _____ Phone Number: _____

Name of Onsite Contact: _____ Phone Number: _____

Address of Response Site: _____

1. **What** happened/what was the crisis event?

2. **When** did it occur?

Date:

Time of day

3. **Where** did the crisis/event occur?

4. **Who** was *directly* involved or affected (person witnessed event, was a close family member/friend, a victim, etc.)? Please specify **how** the individuals were involved or affected and how many people/classrooms are affected.

Age groups:

Primary language:

5. **Who** was *indirectly* involved or affected (community, neighborhood, school, classmates, etc.): Please specify **how** the individuals were involved or affected and how many people/classrooms are affected.

Age groups:

Primary language:

6. Do you have an internal crisis management team and/or counselors?

YES _____

NO _____

What actions/interventions have been completed (has information been provided to students/staff, have any groups been held, etc.)? (If applicable, please provide copy(ies) of information available if/when team arrives):

Results:

7. What other agencies/offices are involved or have been contacted (police, fire department, DOH, DCPS, CACRT, DMH, etc.)?

Contact person/number for the agency:

Services/interventions/support they are providing:

Results:

8. Has any information about the crisis been disseminated to the various populations affected by the crisis (letter sent home to parents, town meeting, media, etc.)? Please have a copy(ies) available if/when team arrives.

9. What type(s) of support or services are you requesting?

- _____ Providing information/materials
- _____ Presentations
- _____ Debriefings
- _____ Crisis counseling/stabilization
- _____ Bilingual counselor/translator
- _____ Don't know/unsure
- _____ Other _____

10. Is there any other information that you would like to add that might be helpful to our response team?

For Internal Purposes Only

Does this call require an immediate deployment of staff? _____ Yes _____ No

What other agencies/offices need to be contacted? _____

NOTE: Fax this form to CENTRAL CRISIS TEAM leader. If incomplete, leader needs to complete form once at the school.

Fax number: _____

Needs Assessment Planning/Intervention Recommendations	
Students	School Staff
<p>Classroom Presentation: Topic/Focus: _____ _____ # Classrooms _____ # Clinicians needed List grade levels: _____</p> <p>Small Support Group _____ # Groups (support) _____ # Clinicians needed List grade levels: _____</p> <p>Individual Session _____ # Students _____ # Clinicians needed</p>	<p>Fan Out/Faculty Information Meeting _____ # Clinicians needed</p> <p>Operational Debriefing _____ # Clinicians needed</p> <p>Small Support Group _____ # Groups (support) _____ # Clinicians needed</p> <p>Individual Session _____ # Staff _____ # Clinicians needed</p>
Community	Parents/Families
<p>Town Hall Meeting Topic/Focus: _____ _____ # People attending _____ # Clinicians needed</p>	<p>_____ Letters Sent Home</p> <p>Small Support Group _____ #Parents/adult family members _____ #Clinicians needed</p> <p>Individual Session _____ # Adults _____ # Clinicians needed</p>

Persons Directly Impacted (victim, witnessed event, close friend, family member of victim)	
Students	School Staff
<p>Small Support Group/Defusing (grades Pre-K-5) _____ # Groups (defusing) _____ # Groups (support) _____ # Clinicians needed List grade levels: _____</p> <p>Small Support Group/Debriefing (grades 6-12) _____ # Groups (debriefing) _____ # Groups (support) _____ # Clinicians needed List grade levels: _____</p> <p>Individual Session _____ # Students _____ # Clinicians needed</p>	<p>Debriefing _____ # Teachers _____ # Administrators _____ # Support Staff _____ # Clinicians needed</p> <p>Individual Session _____ # Staff _____ # Clinicians needed</p>
Parents/Families	Community
<p>Debriefing _____ #Parents/adults _____ #Clinicians needed</p> <p>Individual Session _____ # Adults _____ # Clinicians needed</p>	<p>Debriefing _____ # People involved _____ # Clinicians needed</p>

Comments:

DAILY INTERVENTION SHEET

Intervention Site (include address/phone)

Circle one: Day one Day two Day three Day four Additional Days _____

STUDENTS

Implemented # Not implemented*

_____	_____
_____	_____
_____	_____
_____	_____

Classroom Presentation(s)
Small Support Group
Debriefing/Defusing
Individual Sessions
_____ **TOTAL # students seen**

STAFF

Implemented # Not implemented*

_____	_____
_____	_____
_____	_____
_____	_____

Operational Debriefing
Small Support Group
Small Group Debriefing
Individual Sessions
_____ **TOTAL No. staff seen**

PARENTS/FAMILY

Implemented # Not implemented*

_____	_____
_____	_____
_____	_____

Letter sent home
Debriefing
Individual Sessions
_____ **TOTAL No. parents/family members seen**

COMMUNITY

Implemented # Not implemented*

_____	_____
_____	_____

Town hall meeting
Debriefing
_____ **TOTAL No. community members seen**

Which interventions were recommended but *NOT* implemented, and why?

Please describe what was effective:

Please describe what was challenging and issues that were raised:

Crisis Response Student Sign-In Sheet					
School	Date	Teacher's Name/Grade			
Name of Student Seen	Services Received	Followup Needed?	Individual	Group	Debriefing
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No

Crisis Response Staff Sign-In Sheet			
<i>STAFF</i> Name	Grade Level	Position	Follow-up Needed?
			__Yes __No

Copies: Coordinators, School Counselor.

CRITICAL INCIDENT AFTER-REPORT

Complete this form following implementation of services by the Crisis Team Leader and Supervisor of Social Workers who gathered information and coordinated the interventions.

E-mail completed form to Supervisor of Social Workers at sandy.spears@k12.dc.us

Name of Person(s) Completing Form: _____ **Date of Report:** _____

Intervention Site (include address): _____

Date(s) of Intervention(s): _____ **Central Crisis Team Leaders(s) if appropriate:** _____

School Contact Person: _____

Brief Description of Critical Incident: _____

Names of Clinicians Involved:	Total # Hrs	Role of Clinicians:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List action(s)/interventions the site/school implemented prior to CRISIS TEAM response:

List other agencies involved/present:

Describe services other agencies provided:

SUMMARY OF INTERVENTIONS

# Implemented	# Not implemented*	STUDENTS
_____	_____	Classroom Presentation(s)
_____	_____	Small Support Group
_____	_____	Debriefing/Defusing
_____	_____	Individual Sessions
	_____	TOTAL No. students
		STAFF
# Implemented	# Not implemented*	Operational Debriefing
_____	_____	Small Support Group
_____	_____	Small Group Debriefing
_____	_____	Individual Sessions
	_____	TOTAL No. staff
		PARENTS/FAMILY
# Implemented	# Not implemented*	Letter sent home
_____	_____	Debriefing
_____	_____	Individual Sessions
	_____	TOTAL No. parents/family
		COMMUNITY
# Implemented	# Not implemented*	Town hall meeting
_____	_____	Debriefing
_____	_____	TOTAL No. community

Which interventions were recommended but *NOT* implemented, and why?

Please describe what was effective:

Please describe what was challenging and issues that were raised:

Followup Recommendations Provided to Response Site

- _____ Monitor high-risk students/exposed persons (NOTE: Determine who will followup with the high-risk and/or absent students and staff).
- _____ Distribute provided information as necessary (e.g., normal reactions to grief).
- _____ Link with community resources/refer for additional mental health services (See list of Core Service Agencies).
- _____ Perhaps contact the Wendt Center for Loss and Healing.
- _____ Contact DMH/ACCESS HELPLINE for additional services.
- Other _____

CRISIS TEAM DEBRIEFING

Debriefing should occur at the end of each day in which staff is working at a critical incident site. Please include members of School Crisis Team if they are assisting with the crisis response.

Person Leading the Debriefing: _____

Date of Debriefing: _____

Staff Present at Each Debriefing

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please address these points at the debriefing:

- Check-in;
- Emotional reactions;
- Reassess needs of school/clinicians;
- If necessary, plan for next day/days; and
- If necessary, communicate with coordinator/clinicians for next day.

Comments: _____

COMMUNITY RESOURCES

- DC Mental Health Access Help Line:** 1-888-793-4357
- Children’s National Medical Center:** 111 Michigan Ave., N.W
Washington, D.C 20010
Referral and Information Service
1-888-884-BEAR (2327)
- Hospice Care of D.C.:** 4401 Connecticut Avenue, NW
Suite 700
Washington, D.C. 20008
202- 244-8300 Office
- Wendt Center for Loss and Healing:** 730 11th Street NW, Third Floor
Washington, DC 20001-4510
202-624-0010

GENERAL REACTIONS TO DEATH

School Resource Sheet To Assist in Responding to a Crisis

For all ages: Avoid jargon, clichés, technical terms, or euphemisms when working with students (e.g., *Tears won't help*, or *He or she would have wanted you to...*, or *It's nature's way*.)

Be direct and use statements such as *died* rather than *passed on*, etc.

Developmental Ages and Possible Reactions to Death				
Age	They Think:	They Feel:	They Do:	Interventions:
3–5 years (preschool)	<ul style="list-style-type: none"> • Death is temporary and reversible • Finality of death is not evident • Death means deceased taking a trip, sleeping • Or wonder what deceased is doing 	<ul style="list-style-type: none"> • Sad • Anxious • Withdrawn • Confused about changes • Angry • Scared • Cranky (feelings are acted out in play) 	<ul style="list-style-type: none"> • Cry • Fight • Show interest in dead things • Act as if death never happened. 	<ul style="list-style-type: none"> • Provide them with words for some of their feelings: grief, sadness, numbness. • Answer correctly and lovingly. Be honest. Don't tell half-truths. • Short-term regressive behaviors are normal. • Say to children, "Let's see what we can do to make this less scary for you."
6–9 years	<ul style="list-style-type: none"> • About the finality of death • About the biological processes of death • Death is related to mutilation • A spirit gets you when you die • About who will care for them if a parent dies • Their actions and words caused the death 	<ul style="list-style-type: none"> • Sad • Anxious • Withdrawn • Confused about the changes • Angry • Scared • Cranky (feelings acted out in play) 	<ul style="list-style-type: none"> • Behave aggressively • Appear withdrawn • Experience nightmares • Act as if death never happened • Lack concentration • Have a decline in grades 	<ul style="list-style-type: none"> • Children need permission to concentrate on mourning before they can be expected to move forward. • Offer constructive ways to express their feelings. • Support groups can be very helpful.

Developmental Ages and Possible Reactions to Death (continued)				
Age	They Think:	They Feel:	They Do:	Interventions:
9–12 years	<ul style="list-style-type: none"> About and understand the finality of death Death is hard to talk about That death may happen again About what will happen if their parent(s) die Their actions and words caused death 	<ul style="list-style-type: none"> Vulnerable Anxious Scared Lonely Confused Angry Sad Abandoned Guilty Fearful Worried Isolated 	<ul style="list-style-type: none"> Behave aggressively Appear withdrawn Talk about physical aspects of death Act like it never happened, not show feelings Experience nightmares Lack concentration Have a decline in grades Joke about death 	<ul style="list-style-type: none"> Permit them to talk or role play. Acknowledge normalness of feelings and reactions. Encourage expressions of emotions. Help them to share worries. Reassure them with realistic information. Acknowledge the physical sensations as part of their reactions to stress (e.g., stomach aches, headaches, weakness, dizziness, rapid heart beat). Discuss student’s concerns with their parents. Encourage constructive activities on behalf of the injured or deceased (e.g., cards, memory books, and posters). Help them to retain positive memories.
12–Up Adolescents	<ul style="list-style-type: none"> About and understand the finality of death If they show their feelings, they will be weak They need to be in control of their feelings Only about life before or after death Their actions and words caused death 	<ul style="list-style-type: none"> Vulnerable Anxious Scared Lonely Confused Angry Sad Abandoned Guilty Fearful Worried Isolated 	<ul style="list-style-type: none"> Behave impulsively Argue, scream, fight Allow themselves to be in dangerous situations Grieve for what might have been Experience nightmares Act as if it never happened Lack concentration Have a decline in grades Exhibit acting out behaviors Exhibit self-centered thoughts and behaviors, which may become exaggerated 	<ul style="list-style-type: none"> Acknowledge normalness of feelings and reactions. Encourage expressions of emotions. Help them to share worries. Reassure them with realistic information. Acknowledge the physical sensations as part of their reactions to stress (e.g., stomach aches, headaches, weakness, dizziness, rapid heart beat). Discuss student’s concerns with their parents. Encourage constructive activities on behalf of the injured or deceased (e.g., cards, memory books, and posters). Help them to retain positive memories.

STUDENT REACTIONS TO SUICIDE

What They Think

- Students often question why the person committed suicide.
- Students often question what might have been done to prevent the suicide.
- Students most affected may struggle with how they will be viewed by others.
- Students may have death-related or suicidal thoughts.

What They Feel

- Students may experience a stronger sense of guilt, shame, and anger.
- Students may feel a diminished sense of reality.
- Students may experience a strong sense of shock and confusion.

What They Do

- Students may experience sudden changes in personality.
- Students may experience sudden changes in weight or appearance.
- Students may experience sudden changes in grades or participation in school activities.
- Students may experience social withdrawal and isolation.
- Students may experience heightened risk-taking behaviors.
- Students may experience prolonged and/or complicated grief reactions.

Interventions

- Identify students at-risk for suicide.
- Provide support to students' grief reactions and assist them in coping with the loss. Do not challenge these feelings.
- Educate students on ways to get help with depression and suicidal thoughts.
- Send a strong anti-suicide message.
- Provide appropriate resources to assist students with suicidal feelings.
- Permit students to talk, write, draw, or use other constructive means to express their emotions.
- Have the school psychologist, counselor, or social worker follow up with students who exhibit prolonged grief reactions.

GUIDELINES FOR MAKING A REFERRAL

Although there is no timeline for grieving, there are times when a student or staff member's response may warrant additional support services. The following list of behaviors warrants monitoring:

- Complete and continued absence of any grief reaction;
- Clinginess;
- Panicky;
- Symptoms of separation anxiety—Increased fear of being separated from primary caregivers;
- Threats or attempts to harm themselves;
- Distancing self from family and friends
- Drug or alcohol abuse;
- Abusive behavior towards others or animals; and
- Extreme changes in behavior, such as lying, failing in school, fighting, regression, delinquent behavior, sexual acting out, eating and sleeping disturbance.

A grief reaction may be complicated when the person:

- Has been lied to regarding the death or circumstances surrounding the death and later learns the truth.
- Had a difficult relationship with the deceased.
- Has existing emotional problems.
- Has a history of family problems.
- Has had other recent losses.

If a student exhibits a number of these behaviors for an extended period of time following the loss, we recommend that the school counselor or social worker follow up with the student's family.

In the case of a staff member, the school counselor or social worker should discuss with the staff member how to seek additional support services. In the event that a staff member needs additional support, the Employee Assistance Program is available.

SAMPLE SCRIPT FOR FACULTY INFORMATION MEETING*

The (name of school) Family has suffered a tremendous loss with the death of (name of person). (Name of student) in 5th grade was killed by gunfire this morning as he was walking to school.

Whereas we are saddened by this unfortunate incident with one of our students, other students in the school will be greatly affected by this tragedy as well. In order to help you through this day, we offer you the following suggestions:

- Counselors, social workers and/or psychologists are in the building to support you. Please send word to the office if you need assistance and/or coverage:
 - For yourself; and/or
 - To take student(s) out who need counseling.
- A script for communicating this information to students will be provided to you.
- If you need a counselor to talk with your class, please send word to the office.
- If student(s) need(s) a time-out place, please send student(s) to the _____ .
- A loss may often trigger memories of other losses children have experienced. Continue to be extra sensitive to any changes in behavior among your students. Some behaviors may include:
 - Acting out;
 - Crying;
 - Clinging;
 - Denial withdrawal;
 - Excessive talking; and/or
 - Nervous laughter.

Some suggestions for dealing with grief:

- Allow children the space and the time to grieve.
- It is okay for them to see you cry.
- Be flexible in the day's agenda.
- Allow children time to talk about the tragedy. (Remember, they will deal at their developmental level.)
- Assist them in finding ways of expressing their grief (e.g., art, cards to the family, letter, scrapbook, pictures, etc.).
- Some students may wish to plan some type of memorial. Help guide them. (Except if it's a suicide.)
- Grief may be ongoing and expressed in different ways.

A short staff meeting will be held immediately following dismissal to discuss further actions.

* Adapted from the Howard County *Public Schools Crisis Response Manual*.

SAMPLE LETTER TO PARENTS*

Dear Parents and Friends:

All of us at _____ were deeply saddened by the tragic loss of two of our students, _____, a ___ grader, and _____, a ___ grader, who died in a fire that destroyed their home on Thanksgiving morning. We, the faculty, students, and staff of _____, wish to extend our deepest sympathy and heart-felt condolences to the families, relatives, many friends, and classmates. _____ was a sensitive boy who had many friends at school. His teachers appreciated the effort placed upon his schoolwork and his cooperative nature in working with other students and teachers.

Although _____ had just begun his career at _____, he had already made lots of new friends who will deeply miss him. We join with the _____ family in their loss.

In order to assist our students and staff cope with the great sadness and shock of this tragedy, I requested and obtained needed support and resources of the District of Columbia Public Schools. Today, school counselors, social workers and psychologists from various offices and school locations have assisted us in dealing with our children and staff. We will continue to have resources available to help us through this most difficult time. If any of you or your family is upset and need assistance, please call me or our counselor, _____. If you notice a sudden change in your child's behavior and/or health, that is unexplainable to you, please contact us as we will continue to respond to any child who is upset or had problems in dealing with this tragedy. There is assistance available and we care.

When an event of this magnitude touches one of us, it affects us all. Our school is an important part of his community and we jointly share in the responsibility of the development of our greatest resource—our children. This tragedy, which occurred during a time of Thanksgiving, causes each of us to review our priorities and to think more carefully about what is important in our lives. Perhaps, from this comes a greater sense of family, community, and friendship.

Sincerely,

Principal

* Adapted from Howard County Public Schools *Crisis Response Handbook*.

STRATEGIES FOR SCHOOL STAFF WHEN DEALING WITH A CRISIS*

Due to our continued reactions to local violence, all of us may be more vulnerable to stress. There are a number of common reactions to the kind of stress you may be currently experiencing. They include, but are not limited to:

- Difficulty focusing or concentrating;
- Recurring thoughts, dreams, or flashbacks to other traumatic events;
- Sleeplessness or fatigue;
- Change in appetite, upset stomach;
- Crying, sadness;
- Irritability;
- Grief, anger, shock, disbelief;
- Feelings of guilt, self-reproach, quick temper;
- Headache, tightness in chest, shallow or heavy breathing; and
- Alcohol or other drug use.

Coping Strategies

If you are experiencing any of these reactions, take care of yourself! You can:

- Take several slow, deep breaths to alleviate the feelings of anxiety.
- Talk about what is happening.
- Talk about your feelings with friends and loved ones.
- Create a daily routine so you feel in control.
- Eat balanced meals, even if you're not hungry, so your body has the energy to deal with stress .
- Take time to let your body relax and recover.
- Cry when you need to.
- Let anger out by participating in a safe, exhausting physical activity or exercise.
- Avoid the use of alcohol and other drugs and limit caffeine intake.
- Turn off the TV if watching the incidents is upsetting to you.
- Draw, paint, or journal.
- Avoid making any major decisions.

*Adapted From: Prince George's County Public Schools, *Crisis Response Handbook*.

*INSTRUCTIONS FOR TEACHERS**

Memorandum

To: All Teachers:

From : The Principal

Subject: Announcing the Death of a Student to the Class

Please read this message to yourself. Then we would like this message to be read aloud to your class:

Sample: It is with great sadness that I inform you that yesterday, Lakesha Jones, an 11th grade student at _____ High School, died as a result of a fall and the internal injuries that resulted. She was transported to Shock Trauma, but efforts to save her failed. A police investigation of the circumstances is currently underway, and, until its conclusion, we will have no further information to share with you.

NOTE: If you do not feel comfortable reading this to the class or if you would like to have a support person in the room while you read this, please let a member of the Crisis Intervention Team, a counselor or an administrator know.

After you read this message, go on to say:

As you respond to Lakesha's death, be aware that it is not unusual for people to feel confused, upset, perhaps even angry or guilty when they think about incidents like this. Today, our guidance counselors and members of the Central Crisis Intervention Team will be available in the Guidance Resource Center throughout this morning for anyone who wants to talk about his or her feelings. Students who feel that they need to leave class at any time throughout the day to see a counselor should let their teachers know, and they will receive a pass to go to the Guidance Resource Center.

As further information on funeral and/or memorial services become available, this information will be shared. In the meantime, we will set up baskets in the Front Office and Guidance Office for any cards that you would like to have delivered to Lakesha's family.

If a student appears to need individual attention, please send him/her to the Guidance Resource Center. If you feel that you need some time to yourself, ask a Crisis Intervention Team member to relieve you so that you can seek assistance.

* Adapted from Montgomery County Public Schools *Crisis Response Handbook*.

GUIDELINES FOR A CLASSROOM PRESENTATION

When conducting a classroom discussion about a serious or crisis event, it is important to utilize a structure that permits students to:

- **Introduction**—Become aware of the facts and share their reactions/feelings about the incident.
- **Educate/Normalize**—Generate strategies for coping effectively with their reactions/feelings.
- **Conclusion**—Transition back to their normal school routine.

Points to remember—

- During the conversation, it is important to respect different perspectives and to be sensitive to the experiences of those previously affected by violence and/or loss.
- Let students know that they may be differently affected by this based on their own experiences with violence and/or loss.
- Student comments will, of course, vary in many ways.
- Endeavor to respect each student's feelings and comments.
- Be sensitive to students who may become upset by the discussion.

Introduction phase—Provides factual information, minimizes rumors and misperceptions using developmentally appropriate language and amount of detail. This information helps acknowledge and normalize students' feelings as they are shared. Read the sample statement below and then discuss the ground rules:

It is with great sadness that I inform you that yesterday, Timmy Turner, a third-grade student at our school, died as a result of a gun shot wound he suffered while walking home from school yesterday.

You may be having many thoughts and feelings about this, or you may not have been thinking much about it at all. All of these reactions are not unusual. Your thoughts or feelings may scare you because they might be new to you or seem strong. We are going to take a few minutes to talk about your feelings.

It's important to talk about how you feel with someone you trust. This could be your parents/guardians, a teacher, a friend, and a counselor. We can talk some now in class and answer your questions.

Educate/normalize phase—Generates a list of coping strategies that students may use, conveys confidence that coping is possible, informs students how to access help if necessary, and provides opportunities to identify those needing additional support.

- It may not be unusual for many of you to be quiet, or want to talk, to be sleepy or very wide awake, be very tired, or need to be very active, or just feel very sad or angry.

- You may not be feeling anything and/or are not ready to talk about your feelings yet.
- What other feelings or thoughts do you have? (Consider charting)
- If it seems hard for you to concentrate because of any of these thoughts or feelings, please ask to see the counselor. (Emphasize that it is not unusual to have uncommon thoughts and feelings when something so terrible happens.)
- Sometimes when frightening things happen we look for reasons why. This is a time when it is not unusual for us to look for reasons why this happened. A lot of rumors can get started that are not at all helpful to the situation. Instead, let's try to help each other and support each other during this difficult time.
- What are things you can do to cope with their reactions?
 - Exercise.
 - Play with a friend.
 - Read a book.
 - Talk with a family member or adult friend.
 - Play music.
- Turn off the TV or walk away from it if watching news about the incidents is upsetting to you. Play a favorite video or listen to music instead.
- What are things you can do to help others? (Have the students list and add ideas.)

Conclusion phase—Notify students of upcoming related activities and transition them back to school routine.

- Remember that there are adults in the building and in your community who you know and trust. These adults are here to keep you safe. What other people or things can you think of that will help you feel safe? While in school if you want to talk about what you are feeling or thinking, just let me know and I will help you find someone to talk to.
- Students may want to make cards, write letters of sympathy to the family.
- If there are no other questions, Let's get ready for (tell them the academic activity).

*MEMORIAL GUIDELINES**

In the aftermath of a crisis, students, staff, and community members will need a way to express their feelings. Middle and high school students may have a stronger need to do something positive to express their grief. Memorials promote the healing process and help to begin closure to a period of grieving. The following guidelines should be considered before proceeding with a memorial.

- The principal should assist the school in developing a memorial committee with student and staff representatives. Define the roles of the students, staff, and administrators, as well as who will make the final decisions. Families and others in the community may desire to develop an independent committee in order to develop their own memorial. If necessary, the memorial committee may consider contacting additional resources available through the English for Speakers of Other Languages or the Equity Assurance Office.
- Any activity or memorial sets a precedent for future activities. This is particularly important when considering the circumstances surrounding the crisis. Many times the life lesson the school has learned from a tragedy is more important than any memorialization.
- Careful consideration should be given to any permanent memorial, such as planting a tree, erecting a memorial garden, hanging plaques or portraits or other permanent remembrances. Instead of permanent memorials, schools are encouraged to consider "consumable" memorials, such as scholarship funds or donations to an organization suggested by the family. The best type of memorial is one that can benefit the entire community.
- In the event of a death by suicide, it is imperative that the school not memorialize the victim, but instead do something to prevent other suicides from happening. Developing a suicide prevention program or making a donation to an existing suicide program would be appropriate.
- Throughout the planning process, the school should work with the family but not allow the family or community members to dictate if and how a school memorial will be created.
- In the event of a crisis, students and others within the school and community may raise funds.
- However, the principal should assist the committee to oversee and plan for the use of the monies raised. The school needs to determine a plan for distributing donated funds. It is suggested that the school first use the funds to meet the victim's needs such as possible medical or funeral expenses. Any other funds may be considered for a memorial.
- If necessary, the school may consult with the local worship communities to gain more information about the family's cultural and religious beliefs. All memorial activities should take into consideration the family's beliefs.

* Adapted from the Howard County Public Schools *Crisis Response Handbook*.

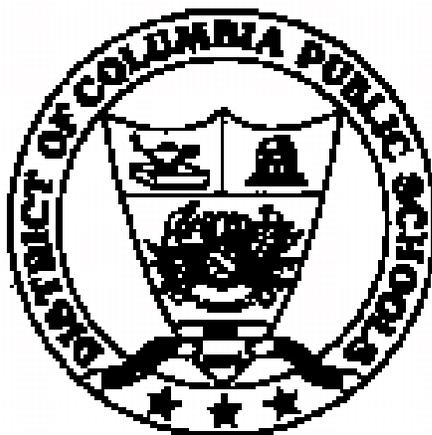
DISTRICT OF COLUMBIA PUBLIC SCHOOLS

Division of Student and School Support Services

Student Interventions Services Branch

Title IV, Safe and Drug-Free Schools, 2007-2008

Guidelines for School Personnel Regarding Suicide Prevention



WHAT IS SUICIDE?

Suicide is defined as the act or the instance of taking one's own life voluntarily and intentionally.

Young people who commit suicide usually are not focused on killing themselves. They are usually focused on ending their pain. Young people often believe that the sense of unhappiness they feel is a permanent condition and that they have limited choices. Those choices are to continue to live in pain or to end the pain by killing themselves. For youth, suicide is a permanent solution to a temporary problem.

Talking about suicide will not put the idea in a student's head. The 2003 Youth Risk Behavior Survey data for the DC Public Schools surveyed students in grades 7–12. Of the students surveyed, the following results were noted:

- 14.2 percent seriously considered suicide;
- 13.5 percent made a suicide plan;
- 12.1 percent attempted suicide; and
- 3.5 percent required medical attention after a suicide attempt.

In addition to secondary students surveyed, school data shows that children under the age of 13 had suicidal impulses that they may act on. Schools are important resources for prevention and intervention. “Children are more likely to come into contact with a potential rescuer in a school than they are in the community.”

Who is at high risk?—

- Students with low self esteem;
- Students who are depressed or have other psychiatric disorders;
- Students who have previously attempted suicide;
- Students who have experienced recent conflicts at school;
- Students who are gay or lesbian;
- Students who have experienced a traumatic event or recent loss;
- Students who abuse alcohol or other drugs; and
- Students who are socially isolated.

WARNING SIGNS

Although suicidal behavior and suicide may occur without warning, often students send clear signals that they are thinking about suicide including:

- Increased joking or talking about suicide;
- Engaging in risk-taking behavior;
- Making final arrangements and giving away cherished possessions;
- Increased use of drugs and alcohol;
- Neglect of personal appearance;
- Unexplained accidents leading to self-injury;
- Major change in mood;
- Withdrawing from family and friends;
- Preoccupation with death and dying;
- Sharp decline in academic performance;
- Dramatic changes in appearance;
- Irrational, bizarre behavior; and
- Changes in eating and sleeping patterns.

What Can Adults Do?

Suicide threats—

- Take all threats seriously.
- Assess the risk for suicide immediately by asking the student directly: "Are you thinking of killing yourself?"
- If the answer is yes, ask:
 - What method they have thought to use?
 - Find out if they have the means to kill themselves.
 - Find out when they plan to do it.

The more lethal and available the means, and the more definite the time frame, the greater the risk.

- Remain calm.
- Get pertinent information like the student's name, home phone number, and parent's work number from the enrollment data form or from SIS.
- Listen to the student nonjudgmentally.
- Do not leave the student alone.
- Do not promise confidentiality.
- Call 911 and the school's crisis team.
- Get the student to agree verbally to a no-suicide-contract.
- Monitor the student's behavior until emergency personnel arrives.
- Have the administrator or designee contact the student's parent, guardian, or emergency contact person.

- Notify the Office of the Superintendent and appropriate Assistant Superintendent.
- The Supervisor of Social Workers should be contacted to determine the need and numbers of mental health providers needed to support students and staff at the local school. The contact number is 202–442–5138.

Suicide attempt in progress—

- Do not leave the student alone and assure them that help is on the way.
- Do not attempt to move the student; stay calm and provide comfort.
- Call 911 and have someone contact the administrator in charge.
- Secure all weapons, pills, and notes.
- Get the student's emergency contact information from the enrollment data form or SIS.
- Have the office call the student's parent/guardian and advise them that the student is hurt and that you will contact them with the hospital transport information immediately. Advise the parent to keep the phone line clear.
- Clear hallways and the classroom if other students are present.
- Note the time of the event and what the student said or did.
- Notify the Office of the Superintendent and appropriate Assistant Superintendent.
- The Supervisor of Social Workers should be contacted to determine the need and numbers of mental health providers needed to support students and staff at the local school. The contact number is 202–442–5138.

What to do when the crisis is over—

- Hold small group discussions for both students and staff members after the suicide attempt crisis is over and the steps listed above have been followed.
- Encourage students and staff to speak with a mental health professional if the grief reaction is severe.
- Make students and staff aware that grief is normal and grief reactions may occur months after the initial incident and on anniversary dates of the event.
- Prepare a general statement from administrators for staff with accurate information and the outcome.
- Notify parents and give phone numbers for mental health resources in their community.
- Encourage students and staff to seek help for family and friends who are at-risk for suicide. Provide them with a crisis hotline number and inform a trusted adult.

How Counselors Can Support a Teacher Who Has a High Risk Student Returning to Class

- Let the teacher know that the incident has been handled.
- Provide pertinent information.
- Ask the teacher to return to his/her normal routine.
- Ask the teacher to pay special attention to the student throughout the day.
- If the child is on medication for depression, put a medical alert in DCSTARS and provide the information to the teacher.
- Check in with the teacher periodically to see how the student is progressing.
- At the end of the day, confer with the teacher to address any ongoing concerns.
- Convene a TAT to document a plan of ongoing support for the student if needed.
- Provide staff awareness on the suicide protocol and risk factors.

EMERGENCY CRISIS LINES



D.C. Mental Health Access Help Line:	1-888-793-4357
Crisis Link:	1-800 SUICIDE (24-hour line)
Covenant House Nine Line:	1-800-999-9999 (teen crisis)
DCPS Listen Only Hotline Referral:	202-442-5563

SUICIDE ASSESSMENT CHECKLIST*

Use this checklist as an exploratory guide with students you are concerned about. Each “yes” raises the level of risk, but there is no single score indicating high risk. A history of suicide attempts is of course sufficient reason for action. High risk is also associated with very detailed plans (when, where, how?) that specify a lethal and readily available method, specific time, and a location where it is unlikely the act would be disrupted. Further, high-risk indicators include the student having made final arrangements and information about a critical recent loss. Because of the informal nature of this assessment, it should not be filed in a student’s regular school records.

Points To Cover With the Student

Student’s Name: _____ Date: _____ Interviewer: _____

Past attempts, current plans, and view of death—

- | | | |
|--|---|---|
| • Have you thought about hurting yourself? | Y | N |
| • Do you have a plan in mind for hurting yourself? | Y | N |
| • If so, what is your plan? | | |
| • Have you ever tried to hurt or kill yourself? | Y | N |
| • If so, when, where, and what happened? | | |
| • Have you made special arrangements such as giving away prized possessions? | Y | N |
| • Do you fantasize about suicide as a way to make others feel guilty or as a way to a happier afterlife? | Y | N |

Reactions to precipitating events—

- | | | |
|---|---|---|
| • Are you experiencing severe emotional distress due to any big changes or losses in your life? | Y | N |
| • Have there been major changes in your behavior along with negative feelings and thoughts? | Y | N |

Such changes are often related to recent loss or threat of loss of significant others or of positive status and opportunity. They also may stem from sexual, physical, or substance abuse. Negative feelings and thoughts are often expressions of a sense of extreme loss, abandonment, failure, sadness, hopelessness, guilt, and sometimes inwardly directed anger.

Psychosocial support—

- | | | |
|---|---|---|
| • Are there people or things that would stop you from hurting yourself? | Y | N |
| • Do you have family and/or friends who support you? | Y | N |
| • Do you feel isolated from others? | Y | N |

History of risk-taking behavior—

- | | | |
|---|---|---|
| • Do you take unnecessary risks or are impulsive? | Y | N |
|---|---|---|

* Adapted from the National Mental Health Association and the British Columbia Ministry of Education.

Follow-Through Measures After Assessing Suicide Risk

As part of the process of assessment, make efforts to discuss the problem openly and nonjudgmentally with the student. Keep in mind how seriously devalued a suicidal student feels. Thus, avoid saying anything demeaning or devaluing while conveying empathy, warmth, and respect. If the student has resisted talking about the matter, it is worth a further effort because the more the student shares, the greater the likelihood of engaging the student in problem solving.

Explain to the student the importance of and your responsibility to break confidentiality in the case of suicidal risk. Explore whether the student would prefer taking the lead or at least be present during the process of informing parents and other concerned parties.

If not, be certain the student is in a supportive and understanding environment (not left alone and isolated) while you begin informing others and arranging for help.

Try to contact parents by phone to:

- Inform about concerns;
- Gather additional information to assess risk;
- Provide information about problem and available resources; and
- Offer help in connecting with appropriate resources.

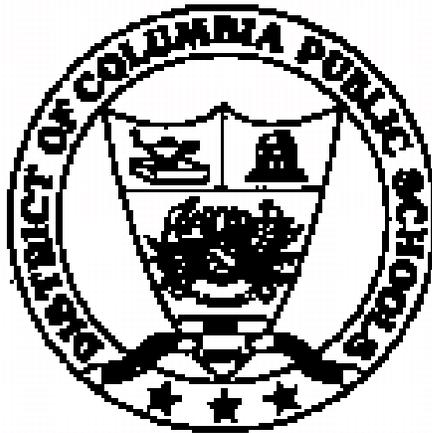
If parents are uncooperative, it may be necessary to report child endangerment after taking appropriate measures.

If a student is considered in danger, only release him/her to the parent or someone who is equipped to provide help. In high-risk cases, if parents are unavailable (or uncooperative) and no one else is available to help, it becomes necessary to contact local public agencies (e.g., children's services, services for emergency hospitalization, local law enforcement). Agencies will want the following information:

- Student's name/address/birth date/social security number;
- Data indicating student is a danger to self (see Suicide Assessment Checklist above);
- Stage of parent notification;
- Language spoken by parent/student;
- Health coverage plan if there is one; and
- Where student is to be found.

Follow up with student/parents to decide what steps have been taken to minimize risk. Document all steps taken and their outcomes. Plan for aftermath intervention and support. Report child endangerment if necessary. If there is a completed suicide, refer to DCPS *School Crisis Response Handbook*.

Security Terminology



SECURITY TERMINOLOGY

Alcoholic beverages—Use or possession of alcoholic beverages in any form on school property, including DCPS-owned vehicles, or while in attendance at any DCPS-sponsored and supervised activity is prohibited.

Armed robbery—The commission of a robbery while armed with a dangerous weapon.

- **Robbery** is the unlawful taking of another’s property from his/her person or immediate presence by the use of violence or intimidation.
- **Strong-arm Robbery** or **shakedown** is the act of extortion or borrowing or attempting to borrow any money or things of value from a person in the school, upon a DCPS-owned vehicle, or in attendance at a DCPS-sponsored and supervised activity.

Arson—The willful and malicious burning of or attempt to burn any building or property of the District of Columbia Public Schools.

Assault—An assault with actual contact, the unlawful beating or any physical force or violence unlawfully applied to the person of another (e.g., jostling, throwing water or dirt at another, tearing clothes, seizing or striking another, and verbal threat to do bodily harm).

Barring Notice—Specific written instructions presented or served to an individual by the principal, or administrator in charge, denying the individual access to the building or DCPS property while school is in session, or in cases of administrative office, during the official work day.

Bomb threat—A telephone call or other means of communication posing the possibility of danger to the employees, students, and visitors or damage to DC Public School facilities.

Burglary—Forcibly entering a building in the day or night with the intent to commit a criminal offense such as theft or vandalism. This does not include entering with the intent to commit a crime against a person (e.g., assault, homicide, etc.).

Child abuse—Mistreatment of a child by a parent or guardian, including neglect or beating.

Common area—Any location on school property to which more than one person has routine access (i.e., lavatories, stairwells, and hallways).

Corporal punishment—The use or attempted use of physical force upon or against a student either intentionally or with reckless disregard for the student’s safety.

Disruptive Acts—All criminal acts and all non-felonious acts, such as student boycotts, sit-ins, walk-outs demonstrations, strikes, which by their nature are disruptive.

Drugs—

- **Distribution** of a controlled substance implies the transfer of such substance to any other person, with or without the exchange of money or other valuables, including possession with intent to distribute.
- **Narcotics** refers to opium, coca leaves and several alkaloids made from them, the best known being morphine, heroin, codeine, and cocaine. Also, several synthetic substances and tranquilizers most commonly known as PCP.
- **Possession** of an unlawful controlled dangerous substance for one's personal use including controlled paraphernalia.
- **Drug use** refers to the use of a controlled substance and implies that a student is reasonably known to have assimilated same (e.g., smoking marijuana, taking pills, etc.) or is reasonably found to be under the influence of same while under the jurisdiction of school authorities.

Hostage—The act of holding a person against his/her will or unlawfully holding the property of another as a pledge or in exchange for certain agreements or demands.

- **Hostage situation**—is a hostage act in progress.
- **Hostage taker**—is a person(s) who commits the act of taking a hostage.

Negligent act—occurs when an employee fails to report potential unsafe, unhealthful, or insecure situations or creates these conditions by nonperformance of duty.

Sex offense—A sex offense is the act or attempted act of rape, sodomy, carnal knowledge, sexual abuse, indecent exposure, fornication, obscene phone calls, or other illegal contact.

Theft or larceny—Refers to the unlawful taking and carrying away of property of another with the intent to deprive the lawful owners of its use.

Trespass—Intentional and unauthorized entrance onto school property.

Under-the-influence—Any abnormal mental or physical condition resulting from indulging in any degree in intoxicating liquors, narcotic drugs, or other drugs which tend to deprive one of clearness of thought and control of the self.

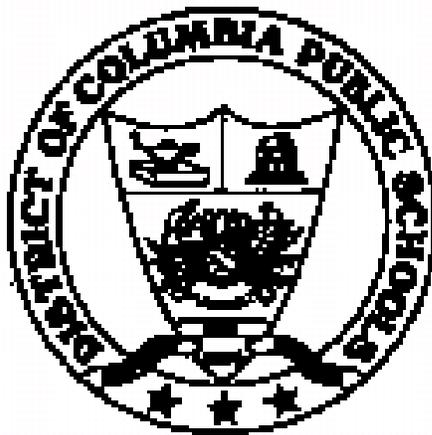
Unlawful entry—Entering a building without proper authorization or without following prescribed procedures (e.g., reporting to the office).

Vandalism and/or destruction of property—The act or attempted act of willful destruction or defacement of public or private property.

Weapons—

- **Dangerous**—is a weapon that produces death or great bodily harm.
- **Possession of use**—is the act of possessing, using, or threatening to use any instrument as a weapon capable of inflicting bodily injury.

Violation Abatement Management Protocol (VAMP)*



* This is not the most recent revision to VAMP; it is included here for informational purposes only.

VIOLATION ABATEMENT MANAGEMENT PROTOCOL (VAMP)

Office of Public Education Facilities Modernization
Safety, Regulatory and Environmental Compliance Section

Violation Abatement Management Protocol
(VAMP)

Introduction

District of Columbia Public School facilities are subject to inspections and assessments by multiple regulatory agencies whose purpose is to ensure compliance with applicable codes and regulations that have been adopted by the municipal government to protect life and property. In many instances, these inspections result in the identification of deficiencies that require abatement making it necessary to respond within a predetermined period. In order to provide a timely response and to perform immediate action the Violation Abatement Management Protocol was developed to coordinate and manage the necessary resources to resolve these issues.

Note: This protocol also expands on the Procedural Memorandum for the Abatement of Fire Code Violations as established by Civil Action # 92-3478, Parents United vs. Marion Barry (Appendix A) and includes the DCPS – DOH Cooperative Food Code Abatement Process (Appendix B) .

Responsibilities

- Act as the liaison between outside regulatory agencies and its representatives, the District of Columbia Public Schools and the Office of Public Education Facilities Modernization (OPEFM).
- Receive, review and verify citations and/or complaints from the District of Columbia Fire Marshals Office (DCFD), Department of Consumer Regulatory Affairs (DCRA), Occupational Safety and Health Administration (OSHA), DC Government – Office of Risk Management, and the Department of Health (DOH).
- Promptly coordinate Office of Public Education Facilities Modernization (OPEFM) resources necessary to resolve violations or problems.
- Collaborate with the various agencies on code related problems to discuss, review and verify abatement of concerns and/or violations within the required period.
- Coordinate and meet with regulatory agency representatives when necessary and maintain regular communications.
- Meet with principals, administrators, and OPEFM staff to explain safety deficiencies, and recommend solutions.
- Preparation of reports and responses to the outside regulatory agencies as needed, as well as maintaining internal documentation and investigations, including photographs.
- Perform internal property and safety inspections to identify and abate code deficiencies utilizing VAMP prior to the issuance of a citation by a regulatory agency when possible.

Procedures

- 1) The Safety Unit Representative(s) is to accompany the Authority Having Jurisdiction (AHJ) representative(s) (Inspector) during the inspection and receive a copy of the report, review for accuracy and legitimacy, create a working file folder and follow the next steps.
 - a. If legitimate, continue with the abatement process.
 - b. If illegitimate, demonstrate with support of applicable codes, regulations and/or standards; contact the Safety Coordinator who will caucus with AHJ management.
- 2) During the inspection identify the appropriate level and prioritize OPEFM responsibilities; then prioritize Level 1 concerns.
 - a. Level 1 – Principal or custodial staff (School based)
 - b. Level 2 – Operations or Maintenance (OPEFM)
 - c. Level 3 – Capital Projects (OPEFM)

Note: See Reference 1 for details.

- i. Priority I – *Emergency* – Abate within 24 hours
- ii. Priority II – *High* – Abate within 10 business days
- iii. Priority III – *Routine* – Abate with-in 20 business days (15)
- iv. Priority IV – *Scheduled* – Abate with-in dates set in a Project Management Plan

Note: See Reference 2 for details.

- 3) During the course of the inspection generate a scope of work, based on common terminology, for all level 2 and 3 concerns to be transcribed onto a work order for each issue cited.
 - a. This is necessary if the AHJ did not provide enough detail in the report for the contractor (or shops) to appropriately schedule and conduct repairs (*Appendix D*).
- 4) At the conclusion of the inspection meet with the building administrator (Principal) and explain the deficiencies and Level 1 responsibility(s) for his/her abatement, consult as necessary.
- 5) Insert a copy of the created file into the central working file cabinet located in the Safety, Regulatory and Environmental Compliance main office; update regularly and as indicated.
- 6) Meet with an OPEFM Customer Service Representative to generate the necessary work order(s).
 - a. Use the TMA database to browse and print a work order summary of the violations to be included in the working file (*Appendix C*).
 - b. Review work order summary/work order(s) for correctness, as compared to the original inspection report (e.g. School, scope, assignment, etc.).
 - c. Print copies of any level 2 and 3 work orders for distribution to the contractor through the Contract Services Section.
- 7) Contact and meet with the Contract Services Representative to inform and provide them with the work orders/scope.
- 8) Contract Services will contact and, if necessary, meet with the appropriate contractor at the cited location to provide them a copy of the work order(s) for estimate(s) and scheduling. (Not all work issued will require meeting the contractor; work can be issued electronically and via phone.)
 - a. As needed, the Contract Services representative will walk the building with the contractor to review the scope of work(s), as included on the work order(s), and identify the violations to ensure accuracy.
 - b. Contract Services may contact the Safety Unit Representative to accompany the contractor in addition to, or in lieu of, for the meeting described above, based on need, at their discretion.

Note: Work to be completed on a Time and Materials Basis.

- 9) Contractor will prepare and submit a work plan to include scheduling and staffing that will be provided to the Contract Services Manager.
 - a. Contract Services will communicate and share copies of the approved work plan with the Senior Project Manager, and the Safety Unit.
 - b. Any violation requiring more than one month to abate requires the submission of a Project Management Plan to the appropriate regulatory agency and is communicated to the building administrator (Principal) [Senior Project Manager authorization required].
- 10) The Safety Unit Representative(s) will communicate the repair schedule to the building administrator (Principal), then document in the working file.
- 11) Contract Services will follow-up regularly (determined by priority and schedule) with the contractor and communicate status to the Senior Project Manager, the Safety Unit, and the building administrator (Principal).
- 12) Upon receipt of an invoice from the contractor for completed work at a school (*work in a school is to be completed and submitted as a whole – not piecemeal*), Contract Services will confirm and validate that work is completed, then notify the Safety Unit for re-inspection, and close out the appropriate work orders.
- 13) The Safety Representative(s) will contact the appropriate regulatory agency representative(s) (inspector) to schedule re-inspection, if not already planned, and document in the working file.
 - a. If clearance is awarded, document in the working file and notify management.
 - b. If clearance is not awarded, document and inform management of the deficiencies and restart process.
- 14) The Contract Services Manager will initial the contractor's invoice confirming completion of work, after the AHJ clears the violation, and submits the invoice to the Senior Project Manager for final payment approval.

Reference 1 - Level of Violation Responsibility by Category

The cause and/or extent of work required to abate a violation, determines the level of abatement responsibility.

- 1) Level 1 Violation – Building Administration (Principal) Responsibilities include but are not limited to:
 - a) Exit Obstructed - Includes Locked Exits
 - b) Improper Storage - Includes Combustibles
 - c) Extension Cords / Power Strips
 - d) Labeling Issues - Includes Doors & Electrical Panel Boxes
 - e) Reports and Documentation

- 2) Level 2 Violation – Operations or Maintenance (OPEFM) Responsibilities include but are not limited to:
 - a) Emergency Power/Generator
 - b) Exit Lights – Light Bulb(s) Replacement
 - c) Fire Alarm/Fire Protection Equipment - Includes Defective Pull Stations, Missing Placards & Automatic Fire Suppression Systems
 - d) Hood and Duct System
 - e) Kitchen Suppression System
 - f) Ceiling Breach \ Ceiling Tile
 - g) Defective Door - Includes Door Not Closing+
 - h) Door Hardware
 - i) Electrical Issues
 - j) Fire Rated Glass – Glazing
 - k) Wall Breach
 - l) Damaged Floor
 - m) Fire Extinguisher - Includes Charging & Tagging
 - n) Water Leaks - Roof
 - o) Water, Waste, and Plumbing Systems - Plumbing Fixtures in Disrepair
 - p) Pests; Pest Droppings; Harborage Conditions
 - q) No Hot Water
 - r) Insufficient Water Capacity
 - s) Trash and Waste Disposal
 - t) Unsafe Drinking Water
 - u) Paint Peeling; Ceiling & Tiles in Disrepair; Holes
 - v) Standing Water
 - w) Blown Lights
 - x) Unshielded Lights
 - y) Outer Openings Unprotected (door sweeps)
 - z) Physical Facilities; Fixtures in Disrepair
 - aa) Exposed Utility Wires
 - bb) Insufficient Lighting Intensity

- 3) Level 3 Violation – Capitol Project/Design (OPEFM) Responsibility
 - a) This level is determined after an investigation into the extent of the scope of work required to abate any of the above categories, is beyond that of regular maintenance or contract services.
 - i) This level requires a project management plan.

- 4) Office of Food and Nutrition (OOFN) Responsibility
 - a) Food Stored Improperly
 - b) No Certified Food Protection Manager on Duty
 - c) Improper Hot Food Holding Temperatures
 - d) Improper Cold Food Holding Temperatures
 - e) Food Receiving Temperature/Condition
 - f) No Temperature Logs; Logs Not Up to Date
 - g) Employee not Wearing a Hair Restraint
 - h) Wiping Cloths Stored Improperly

- i) Single Service Items Unprotected
- j) Inoperable or Faulty Equipment
- k) Hand Washing Signage
- l) Unclean Equipment, Utensils, and Food Contact Surfaces
- m) Unclean Floors and Non-Food Contact Surfaces
- n) Unnecessary Items on Premises
- o) Unclean Non-food Contact Surfaces
- p) No thermometers Inside Cold Units
- q) No Covered Toilet Room Receptacle
- r) Pest Control Strips in Food Prep Area

Reference 2 - Violation Priorities by Category

The impact on the overall safety of buildings occupants drives the prioritization of work. Additionally, in order to manage the various concerns work priorities must be utilized when scheduling abatement work.

- 1) Priority I – *Emergency* – Abate within 24 hours
 - a) Exit Obstructed - Includes Locked Exits
 - b) Emergency Power/Generator
 - c) Exit Lights – Light Bulb(s) Replacement
 - d) Fire Alarm/Fire Protection Equipment - Includes Defective Pull Stations, Missing Placards & Automatic Fire Suppression Systems
 - e) Hood and Duct System
 - f) Kitchen Suppression System
 - g) No Hot Water
 - h) Insufficient Water Capacity
 - i) Trash and Waster Disposal
 - j) Pests; Pest Droppings; Harborage Conditions
- 2) Priority II – *High* – Abate within 10 business days
 - a) Improper Storage - Includes Combustibles
 - b) Ceiling Breach \ Ceiling Tile
 - c) Defective Door - Includes Door Not Closing
 - d) Door Hardware
 - e) Electrical Issues
 - f) Fire Rated Glass – Glazing
 - g) Wall Breach
 - h) Water, Waste, and Plumbing Systems - Plumbing Fixtures in Disrepair
 - i) Unsafe Drinking Water
- 3) Priority III – *Routine* – Abate within 20 business days (*Usually input as High in TMA*)
 - a) Extension Cords / Power Strips
 - b) Labeling Issues - Includes Doors & Electrical Panel Boxes
 - c) Reports and Documentation
 - d) Damaged Floor
 - e) Fire Extinguisher - Includes Charging & Tagging
 - f) Water Leaks – Roof
 - g) Paint Peeling; Ceiling & Tile in Disrepair; Holes
 - h) Standing Water
 - i) Blown Lights
 - j) Unshielded Lights
 - k) Outer Openings Unprotected (Door Sweeps)
 - l) Physical Facilities; Fixtures in Disrepair
 - m) Exposed Utility Wires
 - n) Insufficient Lighting Intensity

- 4) Priority IV – *Scheduled* – Abate within the timeframe set in a project management plan
 - a) Classification (priority adjustment) used for violations requiring contracted services, budgetary constraints, capitol projects, or maintenance plans.
 - i) This level requires a project management plan.

Note: Any violation requiring more than one month to abate requires the submission of a project management plan.

Appendix A - Civil Action # 92-3478

Procedural Memorandum for the Abatement of Fire Code Violations

I. Parties To and Scope of Agreement

This memorandum sets forth the procedures to be followed by the District of Columbia Fire Department (FD) and the District of Columbia Public Schools (DCPS) to inspect, correct, and abate fire code violations in the District of Columbia Public Schools. The Procedures set forth below shall apply to regularly scheduled inspections to be held every 12 months. As further set forth below, the procedures shall also apply in the case of unscheduled inspections resulting from newly reported hazardous conditions or in response to complaints.

II. District of Columbia Fire Department (FD)

A. Responsibilities of the Fire Chief and Fire Marshall

Shall ensure compliance of FD under this agreement, and in particular shall:

1. Ensure to the degree possible that the same Inspector is assigned to the same school for all inspections and reinspections; and
2. Assist in the resolution of particular questions and problems, providing all final determinations in writing to the Chief Executive Officer (CEO) of DCPS or his designee.

B. Assignment of Schools to Fire Inspectors

Supervisory officers shall assign permanently to each Inspector a list of schools, the schools having been equally divided among the Inspectors. The same Inspector will inspect the same school on successive visits and will make a separate report for each visit, regardless of the nature of the visit. Inspectors may be assigned for special inspections when the inspectors permanently assigned to particular schools are not available. An Inspector on special assignment shall follow the procedures set forth here and inspect in the same way, as would the Inspector permanently assigned to the school being inspected.

C. Responsibilities of the Fire Inspectors

1. The Inspectors shall inspect each school assigned within 3 months of receiving from the appropriate supervisor a list of the schools to be inspected. Upon receipt of a list each Inspector shall do the following:
 - a. Create a file for each school, maintained in the office of the Fire Marshall and separate from the FD master file. In which the Inspector shall keep a record of all information concerning fire code violations at the school and of all inspection, reinspection, and related reports;
 - b. Review before each inspection the file of the school to be inspected, including prior inspection reports as well as any other current or relevant information on file, to determine the history and last reported status of the facility.
 - c. Take for reference during the inspection a copy of the most recent inspection report for the school being inspected;
 - d. Request that the Principal and the Maintenance Supervisor, or their respective designees, accompany the Inspector during the inspection;
 - e. Conduct the inspection and prepare a field inspection report, noting the name and position of DCPS staff accompanying the Inspector during the inspection; and

- f. Leave a copy of the field inspection report, setting a reinspection date when violations have been found, with the Principal or designee prior to departing from the school.
 2. The following work day, the Inspector shall:
 - a. Write, sign, and date a final report for each school based on the field inspection report referred to in the preceding section, numbering the pages of the report and ensuring its legibility;
 - b. File the final report in the master file, keep a personal copy for the Inspector's file, and make a copy available for pick-up by DCPS;
 - c. Attach to the final report copies of any action taken, such as, in the case of structural concerns or roof repairs, referrals to DCRA or other appropriate agencies, as well as citations with warning or imposing a fine (collaterals);
 - d. Present the complete report to the supervisory Lieutenant for review and counter signature prior to referral to other agencies.
 3. Upon written notification by DCPS of the correction of the conditions cited, the Inspector shall return to the school and conduct a reinspection, following the procedures set forth above.
 4. If an Inspector is requested to inspect a school not permanently assigned to him or her, the Inspector shall ascertain beforehand the reason for and purpose of the visit, and note on the report why the Inspector permanently assigned is not conducting the inspection.
 5. The Inspector shall inspect for code violations for which FD is responsible pursuant to the District of Columbia Fire Prevention Code Supplement of 1992, Sections F-100.0 to 703 Register, Vol. 39 No. 48 (November 27, 1992), and refer all other violations to the appropriate agency within 48 hours of completion of the inspection.
 6. The Inspector shall document in the file for the school all actions taken by the Inspector, including warnings and fines issued, and any special warnings and fines issued, and any special instructions provided during an inspection.
 7. If the Inspector is not sure whether a condition is a fire code violations, the Inspector shall consult with the Supervisor, who will if necessary visit the school before the inspection is concluded, to determine whether or not a fire code violation exists.
 8. In order to ensure consistency and uniformity in the inspection of schools, and to ensure further that Inspectors benefit shall communicate and consult with one another and with supervisory officers regarding any problems found and the solutions to those problems.
 9. If the Inspector determines that, because conditions at the premises create a danger under the fire code to the life or welfare of the school and others who use the premises, a school should be closed, the Inspector must so inform the Fire Marshall or Assistant Fire Marshall immediately, before any action is taken.
- D. Responsibilities of the Fire Marshall concerning the Closure of schools
1. If the Fire Marshall concurs with an Inspector's recommendation for closure of a school, the Fire Marshall shall inform the Chief Executive Officer of DCPS or his designee immediately upon making a determination.
 2. In such a case, the Fire Marshall shall indicate to the CEO or his designee the conditions that require closure and the action required to abate the violations found and to permit the reopening of the school.

3. If a school is closed, work must be completed within 3 weeks; provided that, if a longer period of time is needed to abate the violations, the Fire Marshal will determine whether the entire facility will remain closed for the full period of time or whether portions of the facility may open as work is completed in compliance with the instructions provided to DCPS under the preceding paragraph.
4. If the Fire Marshal allows partial reopening, the Fire Marshal shall also specify, after consultation with DCPS, a time period by which all remaining work must be completed. If the work has not been completed at the end of said period of time, the facility will be closed completely pending reinspection of the work performed and a subsequent determination by the Fire Marshal.
5. Any areas closed shall be secured, and access thereto, shall be limited to DCPS officials, employees, and contractors for purposes of abating the fire code violations.
6. When a building is closed fully or partially, the Fire Marshal shall cause the affected areas to be inspected pursuant to regular inspection procedures, and issue citations as needed to ensue abatement of violations.

III. District of Columbia Public Schools (DCPS)

- A. Responsibilities of the Chief Executive Officer of DCPS (CEO)
The CEO shall ensure compliance under this procedural agreement.
- B. Responsibilities of the Director of Facilities Management

The Director of Facilities Management shall do the following:

1. Directly or through a designee, review the inspection reports submitted by the DCFD for each school within 24 hours of receipt of the submission
 2. Promptly take appropriate action, including the issuance of work orders, to correct the fire code violations identified in the inspection reports.
 3. Review the certification of completion of the repairs at each school of the conditions that gave rise to the fire code violations
 4. Approve the submission to the DCFD of the report of the completion of the work at each school.
 5. Submit the school to the DCFD for reinspection and for a determination of abatement of the violations
 6. Maintain in the Director's Office a file of all work and abatement information, providing copies of the same to the CEO and to DCPS Legal Services Office.
- C. Responsibilities of the Principal
 1. Each Principal shall take the necessary action to ensure the safety of children and staff, including by taking direct action to abate fire code violations, by notifying the Director of Facilities when action is necessary beyond the authority of the Principal, and by transferring or evacuating children from schools as necessary.
 2. Each Principal shall further ensure that;
 - a. All areas are accessible, neat and clear
 - b. All fire extinguishers are mounted and charged
 - c. All exit doors are unlocked and free of blockage
 - d. All fire drill records and the fire evacuation plan are accessible
 3. When advised that an DCFD representative will be inspecting the school building for which he or she is responsible, each Principal or their designee shall accompany the DCFD representative during the inspection, together with a representative of the building maintenance staff

4. At the conclusion of an inspection the Principal shall obtain a copy of the Fire Marshall's field report for the school's record and fax a copy the report to the Director of Facilities Management, or the Director's designee.

IV. DCFD/DCPS Cooperative Fire Code Abatement Process

- A. The process of abating fire code violations requires close and careful Cooperation between DCFD and DCPS. Set forth below is the steps that will be taken by staff of the respective agencies in this regard.
 1. DCFD inspects a school building accompanied by the Principal and the Maintenance Supervisor or their respective designee.
 2. The DCFD representative leaves a copy of the field inspection report with the Principal and makes a copy available at the office of the Fire Marshall for pick up by Facilities Management.
 3. The Director of Facilities provides a copy of the inspection report to the Customer Service Center (CSC) within 24 hours of receipt from the DCFD.
 4. CSC inputs the data from the inspection report into the work order system to generate work orders corresponding to each violation, categorizing violations as follows:
 - a. Level 1- conditions that can be corrected by action of the Principal or custodial staff;
 - b. Level 2- conditions the correction of which involves craft work such as electrical, plumbing and carpentry
 - c. Level 3- conditions that must be corrected through Capital Construction.
 5. The Director of Facilities receives the work orders and schedules the work within 24 hours, assigning the work according to the level of the violations as follows:
 - a. Level 1- staff at school issue
 - b. Level 2- Operations and Maintenance
 - c. Level 3- Capital Projects
 6. DCPS Managers shall forward any concerns regarding work orders generated from inspection reports to the Director of Facilities Management for resolution. Resolution may require a response from the DCFD or DCRA in the form of a special approval or other written directive, which must be obtained in writing and signed by the Fire Marshall and Director of Facilities Management. A written copy of the determination resolving the concern shall be placed in each school's folder and in the folder for that school at the office of the Director of Facilities Management.
 7. The appropriate Building Service Manager makes a notation that the conditions cited for fire code violations have been corrected
 8. The Director of Facilities Management certifies completion of the work for each item of the inspection report, and compiles a folder for retention at each school to include:
 - a. the field inspection report
 - b. a copy of the work orders, with completion dates,
 - c. any certificates, approvals, or sign offs by DCFD or other officials.
 9. Upon review of the folder, the Director of Facilities Management does one of the following:
 - a. Certifies to the Fire Marshall that the conditions that gave rise to the violations cited have been corrected, and that the school is ready for reinspection and for a determination of abatement or
 - b. Directs that further action be taken to correct such conditions

10. When corrective work has been completed, the Fire Inspector who originally inspected the school, if available, or the alternative assigned, reinspects for abatement.
11. The Fire Inspector leaves a copy of the field reinspection report with “abated” notations with the Principal and provides a copy to the Director of Facilities Management.
12. If the school’s fire code violations are abated, the Fire Chief or his designee will so certify to the CEO or his designee.
13. If the Fire Inspector finds that the fire code violations identified in the original inspection have not been abated, or if, after reinspection the Inspector identifies new fire code violations, the procedures set forth above will be followed in applicable part.
14. If the Fire Inspector determines, after consultation, that issuance of a citation for violation of the fire code is appropriate, the Inspector shall serve the citation on the CEO.

Appendix B – DCPS Cooperative Health Code Abatement Process

DCPS – DOH Cooperative Food Code Abatement Process

I. Scope

This document details the abatement responsibilities of Food Code Violations, cited by the District of Columbia Department of Health (DOH), by the Office of Food and Nutrition (OFN), and the Office of Facilities Management (OFN). Additionally, it establishes the process in which DCPS will interact both internally and in conjunction with the Department of Health in regards to inspections, citations, and communications.

II. District of Columbia Department of Health

A. The Department of Health enforces the District Food Code, DCMR Title 25 – Food and Food Operations, by assessing school facilities and/or equipment to promote the safeguarding of public health and to ensure that food is safe for consumption by students, staff, and the public.

B. Health Inspections

1. Are conducted twice a school year in all school kitchens, starting first in August and then again in January.
2. The Department of Health (DOH) Sanitarian(s) conducts inspections and prepares inspection reports.
3. DOH Sanitarian(s) maintains a file of the inspection reports along with any proof of abatement.
4. DOH Sanitarian(s) conducts re-inspections of the schools. And based on the severity of the Food Code violation, the sanitarian issue Food Establishment Inspection Reports which may document 5-Day Notices which identify critical violations, or 45-Day Notices which identify non-critical violations. DOH Sanitarians may also issue (2) a Notice of Closure/Summary Suspension because of imminent health hazards;

Imminent health hazards can result in the closure of a kitchen if the violation(s) can not be corrected during the course of the inspection and are classified under the following categories, as established by DOH:

1. Operating without a Certified Food Protection Manager on Duty;
2. Selling, exchanging, delivering or receiving adulterated foods;
3. Incorrect hot and cold holding temperatures;
4. Operating with no hot water;
5. Operating with no water/ insufficient water capacity;
6. Operating with a sewage backup;
7. Operating with no electricity;
8. Operating with extensive fire damage or serious flood damage;
9. Failing to allow DOH Inspectors access to kitchen;
10. Interfering with a DOH inspection;
11. Misusing poisonous or toxic materials;
12. Operating without a valid license;
13. Onset of an apparent foodborne illness outbreak at the school;
14. Operating with gross insanitary occurrence or condition that may endanger public health, including but not limited to heavy infestation of vermin;
15. Operating with circumstances that may endanger public health; and
16. Failing to minimize the presence of insects, rodents and other pests on the premises.

III. DCPS Office of Food and Nutrition

- A. The Office of Food and Nutrition is responsible for the safe preparation of food and the distribution of nutritious, balanced meals to students. One of their primary responsibilities is to utilize safe food handling and operational practices while preparing and/or serving meals.
 - 1. Junior High and High Schools prepare foods
 - 2. Elementary and Middle Schools serve prepackaged foods

- B. The Food Safety and Sanitation Officer of OFN oversees the food safety program and liaisons with the Department of Health. This individual confirms abatement and prepares responses to DOH.
 - 1. Electronically stores the DOH Inspection Reports and initiates and monitors the overall abatement of violations.
 - 2. Communicates deficiencies and shares reports with the Office of Facilities Management.
 - 3. Monitors compliance and abatement of violations to the Food Code, in which OFN has responsibility under the following categories frequently cited by DOH Sanitarian(s), which include but not limited to:
 - a. Food Stored Improperly
 - b. No Certified Food Protection Manager on Duty
 - c. Improper Hot Food Holding Temperatures
 - d. Improper Cold Food Holding Temperatures
 - e. Food Receiving Temperature/Condition
 - f. No temperature Logs; Logs Not Up To Date
 - g. Employee Not Wearing a Hair Restraint
 - h. Wiping Cloths Stored Improperly
 - i. Single-Service Items Unprotected
 - j. Inoperable or Faulty Equipment
 - k. Hand Washing Signage
 - l. Unclean Equipment, utensils, and Food Contact surfaces
 - m. Unclean Floors and non-Food Contact Surfaces
 - n. Unnecessary Items on Premises
 - o. No Thermometers Inside of Cold Units
 - p. No Covered Toilet Room Trash Receptacle
 - q. Pest Control Strips in Food Prep Area

IV. DCPS Office of Facilities Management

- A. The Office of Facilities Management is responsible for repairs to the building and building components including those of the kitchen, less cooking/food preparation equipment. Additionally, OFM has some specialized units that support maintenance, construction and safety functions within the schools.

- B. Customer Service Section
 - 1. Receives calls and generates work orders then distributes the work orders and emergencies to the appropriate repair shops, utilizing the appropriate priority level as identified in the Violation Abatement Management Protocol (VAMP).
 - 2. Enters the Food Code violations into the TMA system, generating a work order using codes that align with DOH Inspection Reports.

3. Maintains TMA, tracks all Food Code violations in the database, and reports on status of the same.
 - a. Office of Facilities Management responsibilities are coded between OFN101 – OFN112
 - b. Office of Food and Nutrition responsibilities are coded between OFN201 – OFN217
- C. Maintenance Section
 1. Receives work orders and emergencies then makes necessary repairs within the required time frame based on priority level identified in VAMP.
- D. Safety, Regulatory and Environmental Compliance Section
 1. Liaisons with both the Department of Health and the Office of Food and Nutrition to monitor compliance and the violation abatement process.
 2. Tracks the status of OFM repairs in conjunction with the Customer Service Unit.
 3. Receives, review and verifies citations and/or complaints from the District of Columbia Department of Health and initiates VAMP procedures.
 4. Coordinates and meets monthly with the Department of Health and the Office of Food and Nutrition to discuss issues and verify abatements.
 5. Manages the Pest Control Unit and the Environmental Unit, in addition to the Safety Unit of OFM.
- E. The Office of Facilities Management is responsible for the abatement of violations of the physical facilities frequently cited by DOH Sanitarian(s), which include but not limited to:
 - a. Water, Waste and Plumbing Systems, Fixtures in Disrepair
 - b. Pests: Pest Droppings; Harborage Conditions
 - c. No Hot Water
 - d. Insufficient water capacity
 - e. Trash and waste disposal
 - f. Unsafe Drinking Water
 - g. Paint Peeling; Ceiling and Tiles in Disrepair; Holes
 - h. Standing Water
 - i. Blown Lights
 - j. Unshielded Lights
 - k. Outer Openings Unprotected
 - l. Physical Facilities; Fixtures in Disrepair
 - m. Exposed Utility Wires
 - n. Insufficient Lighting Intensity
- V. Cooperative Food Code Abatement Process

Cooperation between DCPS Offices of Food and Nutrition and Facilities Management along with the Department of Health is critical for success. The following process will serve as a guideline to demonstrate how citations are received, communicated, tracked, abated and reported to the authority having jurisdiction.

1. DOH Sanitarian(s) conduct unannounced inspections and reinspections of the school kitchen, serving line, and cafeteria area(s) which will proceed with or without a Food Service Manager (Certified Food Manager) or DCPS Representative (Primary: [OFN] *Food Safety and Sanitation Officer*; Secondary: [OFM] *Code Compliance Officer*) being present.

2. DOH Sanitarian(s) leaves a copy of the inspection report with the Food Service Manager and provides the original to the DCPS Representative to make a direct copy for scanning into the OFN Database (*copies are also available at the DOH Offices for pick up and review if necessary*).
3. The DCPS Representative initiates corrective actions if possible before completion of the inspection. All “imminent health hazards” are to be called directly into the OFM Customer Service Section at the time of inspection and placed on the Emergency Work Order List for that day (202-576-7676).
4. The DCPS Representative provides a copy of the inspection report to the Safety Unit within 24 hours of receipt to initiate the VAMP procedures (Alternate: Customer Service Section).
 - o. OFN scans and enters an electronic copy of the Inspection Report into the OFN DOH Inspection Database.
5. The Safety Unit reviews and verifies the citations as outlined in VAMP and submits work requests along with a copy of the inspection report with any necessary comments to the Customer Service Section.
6. The Customer Service Section inputs the data from the inspection report, and any Safety Unit comments, into the work order system to generate work orders corresponding to each violation, categorizing the work as identified in VAMP and the TMA coding system.
7. The Maintenance Section receives the work orders and schedules the work according to the priorities set forth in VAMP and identified as such on the work order.
 - a. OFN initiates mitigation on any remaining violations not corrected on site, the day of the inspection.
 - b. OFM Managers or OFN Managers may contact the Safety Unit for clarification or concerns about work orders generated from inspection reports.
8. The Maintenance Section completes the necessary repairs and reports the status to the Customer Service Section.
 - a. In some cases it is understood that resources may not be available for the completion of some work, steps must be taken to mitigate any immediate hazard and a project management plan is to be submitted by the Maintenance Manager to the Safety Unit for submission to DOH, per VAMP.
9. The Customer Service Section, Building Service Manager for the area, confirm that the repairs have been made and makes comments if necessary while closing out and signing off on the completed work order.
10. A copy of the signed work order is made and submitted to the Safety Unit for submission to DOH, through the OFN Food Safety and Sanitation Officer.
11. The OFN Food Safety and Sanitation Officer, compiles a comprehensive response to include the abatement of all violations (OFM and OFN responsibilities alike) and submits the package to DOH as proof of abatement.
 - a. A DCPS Representative may accompany the DOH Sanitarian(s) during an unannounced re-inspection. However, the inspection will proceed with or without the DCPS Representative being present. The DCPS Representative must follow the aforementioned steps through to abatement.

12. DOH Sanitarian(s) updates his/her school file showing abatement.
13. In the unfortunate event that DOH is not satisfied with the abatement response, or lack of response, and after consultation at the established monthly meetings, (with the appropriate DCPS Executive Directors if necessary), then a Notice of Infraction may be issued to DCPS.

Appendix C – TMA Browse Procedures

Step 1 From your desktop main, screen find and click on the TMA icon. Double click to open.



Step 2 A new screen will appear. Locate the log in box in middle of the screen and double click. A new window will appear with two boxes. The first box should contain your **User name**: The second box will be blank but ask for **Password**: Enter your password in the blank window.

Step 3 After entering your password go to the tool bar located at the top of the screen and click **OK**.

Step 4 After clicking OK another window will open. ON the left side will be a bar that contains the **SO Browse** option. Click the **SO Browse** option.

BROWSE SELECTION CRITERIA

Step 5 After clicking the SO Browse option another window **Browse Selection Criteria** will open. *(This window in the foreground must be completed before the browse list can be generated. Set search criteria on this window, to populate the Work Order Browse window with the browse list.)*

Each section of the Browse Selection Criteria can expand or restrict your search using these parameters:

- Date Range
- Facility, Building, or Zone
- Open or Closed Work Orders (or both)
- Work Order Type
- Repair Center
- Department
- Shop
- Technician / Crew
- Trade
- Tag No.

Your search will require you to respond to the following windows only:

- Date Range
- Facility, Building, or Zone
- Open or Closed Work Orders (or both)
- Work Order Type

Step 6 Enter the **Beginning Date**: to the right of the beginning date box is a smaller box with a down arrow. Click on this arrow and a calendar will appear.. Use the date that appears on the District of Columbia Fire and EMS Department School Inspection Report as the beginning date. In the calendar month window Double click on the day of the report which will enter that date into the beginning date box.

Step 7 Enter the Ending Date. After selecting the beginning date the ending date box will appear highlighted. The date that appears in this box is today's date. **DO NOTHING WITH THIS BOX**

Step 8 The next box located below the beginning and ending date box is the school selection box. To the right of this box is a down arrow. Click on this down arrow and another window will appear. From this box point to and click on **select school**. Which is the third item from the top of the list.

Step 9 After opening “select school” three additional boxes will appear. Go to the third box from the top which will be empty. To the right of this box will be a small box with an arrow. Click on this arrow. Another Window will appear.

Step 10 From the Item Selection window select and click on District of Columbia Public schools. To the right another window will appear that contains the name of all schools.

Step 11 From the school list find the name of the school that is listed on the District of Columbia Fire and EMS Department School Inspection Report. Point to that school name and double click. This will enter the school name in the select school box.

Step 12 From the **Service Order Type** window find the line that contains Fire Code which is row 5 from the top. Click on **row 5 Fire Code**.

Step 13 Select **Open** or **Closed** work order status type (tick box).

Step 14 At the top of the screen located the tool bar that contains OK. Click on OK All work request contained in the browse selection criteria you listed will appear.

Step 15 At the top of the screen located the tool bar that contains the box labeled **Print**. Click on the word **Print**. Another window will open with the icon and word **Printer**. Click on the word **Printer**.

Step 16 Form the **Print Setup** window click on OK located at the bottom of the window.

SUMMARY:

The Browse Selection Criteria window is opened when you select Work Order Browse. This window is enabled in the foreground and must be completed before the browse list can be generated. Set search criteria on this window, to populate the Work Order Browse window with the browse list.

1. Click the WO Browse icon on the TMA Navigation bar, or follow the menu path to open the window.
2. Select the search criteria on the Browse Selection Criteria window. See the selection criteria descriptions for details about each choice.
3. Click the OK button on the TMA toolbar to start the search and close the Browse Selection Criteria window. A message box informs you that the search is "working."
4. When the search is complete, the records that match your criteria are displayed in the Work Order Browse window.

The software retains a Browse selection list until a new one is generated or until you exit the program. If you create a Browse selection and close the Browse List window to work in a different window, that same list is displayed when you return to the Work Order Browse window.

To make a new Browse selection:

1. Click the New Browse Selection button (at lower left of the window).
2. Change the desired fields on the Browse Selection Criteria dialog.
3. Click OK on the TMA toolbar to start the new search.

Appendix D – Work Order Addendum Form

SCHOOL		INSPECTION DATE	
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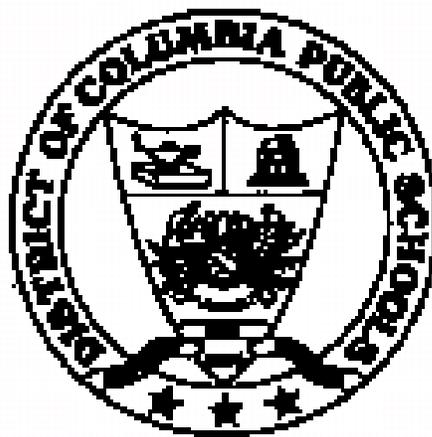
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Workplace Hazard Assessments/Personal Protective Equipment (PPE)



WORKPLACE HAZARD/ PERSONAL PROTECTIVE EQUIPMENT (PPE) ASSESSMENTS

Introduction

The Occupational Safety and Health Administration Title 29, *Code of Federal Regulations* (CFR), Part 1910.132, requires employers to assess the workplace to determine if hazards are present, or likely to be present, which would necessitate the use of PPE. If such hazards are present, or likely to be present, PPE must be selected for all affected employees along with training on the selected equipment. Hard hats, goggles, safety glasses, faces shields, earplugs, steel-toed shoes, dust masks, and respirators are all forms of PPE.

A written certification must verify that a hazard assessment has been completed. The attached Workplace Hazard PPE Assessment form will serve as the written certification. Use this instructional sheet to assist in completing the attached Workplace Hazard Assessment form.

Sources of Hazards

Take the following steps to assess the need for PPE at a worksite or for a particular task. Conduct a walk-through survey to identify sources of hazards to workers. Basic hazard categories include, but are not limited to:

- **Impact**—Examples: Working with or around powered tools or machinery. Use of powered liquid sprayers, air hammers, compressed air, or working in areas with high air turbulence where particles, fragments or chips are present. Working in areas where overhead hazards, falling hazards or moving hazards are present.
- **Cuts/penetration**—Examples: Working with or around powered tools or equipment. Working with glass, wire, metal, sharp objects or other materials that can cut or pierce when broken or fragmented.
- **Compression** (pinching/crushing/roll-over)—Examples: Working with or around moving equipment, or parts. Exposure to falling objects. Use of heavy equipment or tools that could cause compression injuries, etc.
- **Thermal** (Hot/Cold)—Examples: Operating furnaces, pouring and casting hot metal, welding. Working on steam, refrigerant, high temperature systems, etc. Working with cryogenic materials. Working in temperature extremes (e.g., steam tunnels, freezers, extended work outdoors in winter, etc.
- **Light** (optical) **radiation**—Examples: Electric arc or gas welding, cutting, or torch brazing or soldering. Working with or around lasers. Working around UV radiation.
- **Chemical**—This is a broad category which may include chemicals ranging from slightly irritating (such as cleaning products) to highly corrosive or toxic substances used in

laboratories or industrial settings. Examples: Working with carcinogens, mutagens, or teratogens. Evaluate all material safety data sheets.

- **Biological**—Examples: Working with human pathogens or materials that may be contaminated with infectious human pathogens.
- **Electrical**—Example: Working on or around energized lines or equipment.

Complete the Workplace Hazard Assessment Form

Enter the information gathered during the walk-through survey in the following form. Using the form, make an assessment of the real and potential hazards associated with each risk.

Selection of PPE

Once the hazards of a workplace or task have been identified, the individual performing the hazard assessment must evaluate the suitability of the PPE presently used. As necessary, new or additional equipment must be selected which ensures a level of protection greater than the minimum required to protect employees from the hazards. Consideration must be given to comfort and fit of PPE in order to ensure that it will be used.

ANSI Standards for PPE

Newly purchased PPE must conform to the updated American National Standards Institute (ANSI) standards that have been incorporated into the OSHA regulations, as follows:

- **Eye and face protection**—ANSI Z87.1-1989
- **Head protection**—ANSI Z89.1-1986
- **Foot protection**—ANSI Z41-1991
- **Hand protection**—There are no ANSI standards for gloves. However, selection must be made based on the performance characteristics of the glove in relation to the tasks to be performed. Manufacturer information should be reviewed to ensure that adequate protection will be provided for the work to be performed.

Respiratory and Hearing Protection

This workplace inspection is not meant to include respiratory or hearing protection since the need for these are established through monitoring and/or sampling and the establishment specific programs. However, if work sites are suspected to have high levels of airborne contaminants that are not eliminated by engineering controls (ventilation, fume hoods, etc.) or if employees must work in very noisy environments, there may be reason for concern. Please check the appropriate boxes on the assessment form for additional consultation.

If you have any questions or need assistance in completing the forms, please contact the Safety, Regulatory and Environmental Compliance Section in the Office of Facilities Management.

Instructions: Use this form to help identify PPE required within each work location. Multiple forms may be used, as needed, to include all work areas or job functions within each area of concern. Use the Assessment list to complete the form. **If no apparent hazards exist, check "Other" and write "None."**

Workplace Hazard—Personal Protective Equipment (PPE) Assessment Form						
School/Department:		Job Function/Activities:				
Office/Shop:						
Work Location(s):						
Hazards Present (check all that apply)	Describe Hazards (e.g., work with glass, arcs from welding, work on steam lines, etc.)	Personal Protective Equipment To Consider (complete appropriate boxes with the specific PPE required, e.g., hard hats, goggles, safety glasses, face shields, earplugs, steel-toed shoes, etc.)				
		Eye	Hand	Head	Clothing	Foot
<input type="checkbox"/> Impact						
<input type="checkbox"/> Cuts/Penetration						
<input type="checkbox"/> Pinch/Crush/Roll Over						
<input type="checkbox"/> Thermal (Hot/Cold)						
<input type="checkbox"/> Light (optical) Radiation						
<input type="checkbox"/> Chemical						
<input type="checkbox"/> Biological						
<input type="checkbox"/> Electrical						
<input type="checkbox"/> Other						
<input type="checkbox"/> Check here if sound pressure level (+85db/8hr) exposure monitoring should be considered for this job function or activity.						
<input type="checkbox"/> Check here if dust (harmful or nuisance) level exposure monitoring should be considered for this job function or activity.						

Assessment completed by: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

Return completed forms to the Safety, Regulatory and Environmental Compliance Section.

