

CEDAR FALLS COMMUNITY SCHOOL DISTRICT



BUS DRIVER MANUAL

May 2015

TABLE OF CONTENTS

STATE OF IOWA SCHOOL BUS DRIVER'S HANDBOOK

CARE AND INSPECTION

- Daily School Bus Inspection Sheets
- Vehicle Pre-Trip Inspection Report
- Two-Way Radio
- Bus Repair Report
- Board Policy 702.1 – School Transportation of Students

SAFETY AND EMERGENCIES

- Bus Safety Basics
- First Aid
- Emergency Evacuation Procedures
- Accident Report Form Instructions
- Accident Report Form
- Board Policy
- Exposure Control Plan

STUDENT MANAGEMENT

- Student Misconduct Reports
- Board Policy 504.5 – Anti-Bullying/Harassment: Students
- Board Policy 702.2 – Loading and Unloading of School Buses

EMPLOYMENT

- Duties and Responsibilities of Driver
- Bus Mechanic Job Description
- Senior Bus Mechanic Job Description
- Leave of Absence Policies
- Board Policy 401.3 – Harassment
- Board Policy 902.4 – Tobacco Free Environment
- Board Policy 405.4 – Drug Free Workplace
- Board Policy 403.7 – Drug and Alcohol Testing
- Physical Fitness (Iowa Administrative Code 281.43.15)
- Timesheet
- CDL and Medical Refund Form

Request a hard copy of the

State of Iowa School Bus Driver's Handbook

**Published by AEA 267
Revision Date 2010**

From Human Resources Department

DAILY SCHOOL BUS INSPECTION SHEETS

According to the State of Iowa laws and regulations, a daily pre-trip inspection of each school bus shall be performed and recorded. If any defects are discovered that may affect the safety of the vehicle or its mechanical breakdown, or inefficient operation, please notify the mechanics or supervisor of transportation. Fill out a "Driver Repair Order" sheet located by the bus keys.

Daily inspections shall be performed before all a.m., p.m., and activity routes and should be kept in the bus. Check your State of Iowa "School Bus Drivers Handbook" for instructions on "Care and Inspection." Please turn in these weekly sheets after route on Friday afternoon or Monday mornings in the mailbox on the office door.

Refer to "The Vehicle" section on Pages 1.2 – 1.5 of the State of Iowa School Bus Driver's Handbook.

Subsections are:

The Vehicle—Definition—Requirements—Operating Definition: Iowa Code 321.1(69)

Vehicle Requirements: 281-IAC 43.7(285)

Vehicle Operations: Iowa Code 321.372

Prompt Investigation of Reported Violation of Failing to Obey School Bus Warning Devices: Iowa Code 321.372A

Discharging Pupils off Public Highway: Iowa Code 285.11(7)

Loading and Unloading Areas: 281-IAC 43.42(285)

Speed Restrictions: Iowa Code 321.285

Railroad Crossing: Iowa Code 321.341 & 321.343

Use of Strobe Light: Iowa Code 321.373(7)

Moving Vehicle Backward on Highway: Iowa Code 321.323

Reporting Accidents: Iowa Code 321.266

Pupil Instruction: 281-IAC 43.40(285)

Family Type or Multipurpose Vehicles: 281-IAC 44.6(285)

Unattended Motor Vehicle: Iowa Code 321.362

Unsafe Vehicles: Iowa Code 321.381

Daily Pre/Post Trip Inspection: 281-IAC 43.41(285)

Cedar Falls Schools Bus Inspection
Vehicle PreTrip Inspection Report

BUS # _____ **FOR WEEK STARTING** _____

Directions:

Place a ☒ in box if item is okay

Place a "X" in box for deficient item

		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Inside	1) Driver's Seat & Seat Belt										
	2) Passenger Seats										
	3) Instrument Panel Gauges										
	4) Indicators - High/Low Beam										
	5) Indicators - Turn Signals										
	6) Horn										
	7) Service Brakes										
	8) Parking Brakes										
	9) Low Air Pressure Warnings										
	10) Windshield Wipers & Washers										
	11) Heaters & Defrosters										
	12) Dome, Stepwell & Dash Lights										
	13) Fire Extinguisher / Pressure										
	14) Triangles & First Aid Kit										
	15) Body Fluids Cleanup Kit										
	16) Seat Belt Webbing Cutter										
	17) Two Way Communication Sys										
	18) Emergency Exits & Alarms										
	19) Service Door										
	20) Overhead Mirror										
Outside	21) Fluid Puddles Under Bus										
	22) Mirrors - Crossover & Side										
	23) Crossing Gate										
	24) Front Tires & Wheels (left & right)										
	25) Front Turn Signals (left & right)										
	26) Headlights (high & low beams)										
	27) Amber Warning Lights (front & rear)										
	28) Red Warning Lights (front & rear)										
	29) Stop Arm & Lights										
	30) Strobe Light										
	31) Clearance Lights (front & rear)										
	32) ID Lights (left & right)										
	33) Rear Tires & Wheels (left & right)										
	34) Rear Turn Signals (left & right)										
	35) Tail & Brake Lights (left & right)										
	36) Reverse Lights (left & right)										
	37) Reverse Alarm										
	38) Windshield & Windows										
	39) Exhaust System										
	40) Mud Flaps										
Other	41) Engine Operating Properly										
	42) Miscellaneous										
Post-Trip	43) Post-Trip / No Child Left Behind										

ODOMETER READINGS		Monday	Tuesday	Wednesday	Thursday	Friday
Regular Route	Before Leaving AM					
	After Returning PM					
Field Trip	Before Leaving					
	After Returning					

DRIVER SIGNATURE _____

TWO-WAY RADIO

Two-way radios are installed in all Cedar Falls buses. The radios provide a service for the driver and safety of students. Please refrain from using the radio socially.

In mechanical breakdown or emergency situations, when calling to "Base", please give bus number and location immediately.

It is not necessary to wait for base to answer when calling. Go ahead and state your situation or question while the mechanic or supervisor of transportation is getting to the base radio.

Cedar Falls Schools Bus Report

Date: _____ Driver: _____

Bus No. _____ Odometer Reading: _____

(Check Problem Areas)

Mechanical:

_____ Engine _____ Transmission _____ Brakes

_____ Parking Brakes _____ Exhaust System _____ Tires

Lights:

_____ Turn Signals _____ Head _____ Brake & Tail _____ Interior

_____ Clearance _____ Strobe _____ Stop Arm _____ Warning

Body Items:

_____ Heater/Defroster _____ Wipers _____ Seats _____ Floor

_____ Windshield or Glass _____ Service Door _____ Emergency Door

Safety Equipment:

_____ Stop Arm _____ Mirrors _____ Extinguisher

Other: _____

Description of Problem: _____

Date Repaired: _____ Work Order # _____

Mechanic: _____

Transportation by school bus shall be available without cost, in accordance with the Code of Iowa and this policy, for:

- Students in grades 9-12 residing more than three miles from the attendance center.
- Students in grades 7-8 residing more than two miles from the attendance center.
- Students in grades PK-6 residing more than two miles from the attendance center, except that the distance limitation may be reduced by the administration to one mile in instances where traffic and/or walking conditions are adjudged to warrant the reduction.

Distances shall be measured in accordance with the procedures specified in the Code of Iowa.

Tickets for use in riding school buses shall be issued to students who qualify for transportation services without cost. Tickets may be purchased by students who live within the distance limitations, provided sufficient space is available during the month for which the ticket is to be used.

All students riding school buses are subject to disciplinary measures, including possible revocation of riding privileges, for failure to follow rules and regulations for orderly conduct while receiving transportation services. All formal referrals of problems of conduct will be made to the principal or associate principal of the student's attendance center.

In the event that transportation by school bus is impractical or not available, provisions of the Code of Iowa regarding reimbursement of parents or guardians for transportation services shall be followed. The superintendent, or designee, shall have the authority to designate the operation of school buses on established hard surface routes only due to weather or other safety considerations.

Bus routes and the stops for loading and unloading of students shall be established annually by the administration. Parents will be notified of school closings/delays through local media and/or other electronic means. When weather conditions deteriorate, students will be returned to their regular drop off sites unless weather conditions prevent it. In that case, students will be kept at or returned to school until they are picked up by the parents.

For security purposes video cameras are placed in all Cedar Falls Community School District buses.

Date of Adoption: January 24, 1983

Date of Revision: December 11, 1989
April 28, 2003
April 9, 2007
July 19, 2010
January 23, 2012
July 22, 2013



BUS SAFETY BASICS

1. Leave home early so you can arrive at the stop five minutes before your assigned stop time.
2. Walk on the sidewalk if possible. If not, walk single file and stay close to the edge of the road.
3. Enter the bus and find a seat as quickly as possible
4. Remain seated (bottoms on the seats, backs against the backs of the seats).
5. Keep arms and legs to yourself.
6. Inside voices (loud enough to be heard by those next to you) are used at all times.

Creating an unsafe situation by continued violation of "Bus Safety Basics" will result in loss of bus riding privileges.



BUS SAFETY TIPS FOR STUDENTS

School bus safety is a shared responsibility among parents, students and the bus driver. Please review and reinforce these bus safety guidelines with your children regularly. When we all remember and follow these rules, riding the school bus can be a safe and pleasant experience.

Getting Ready

- Avoid loose fitting clothes and clothes with long strings. This type of clothing is more likely to get caught on the door while entering or exiting the bus.
- Pack all school items in your backpack or book bag so you won't drop them when you get on or off the bus.
- Leave home early so you can arrive at the stop five minutes before your assigned stop time.
- Never run to catch the bus. If you miss the bus, go home or to a neighbor's house.
- Walk on the sidewalk if possible. If not, walk single file and stay close to the edge of the road.
- If you must cross a street, stop, look left, right and left again before crossing the street.
- When possible, parents should go to the bus stop with a young child. Older children should walk in groups.

Waiting for the Bus

- Stay away from the DANGER ZONES AROUND THE BUS.
- Stand at least six feet (three giant steps) away from the road while waiting for the bus.
- Do not play in the street while waiting for the bus.
- Do not push, shove or play running games at the bus stop.

Boarding the Bus

- If you cross the street, wait for the bus to come to a complete stop. Wait for the bus driver to signal you. Check for traffic before stepping out. Cross at least ten feet (five giant steps) in front of the bus.
- NEVER walk between parked cars when entering the street
- Enter the bus in single file and use the handrail.
- If you drop something, LEAVE IT! Tell the bus driver and wait for instructions. Never enter the danger zone to retrieve a dropped object.

- Students are required to show the bus driver their bus pass each time they board the bus.
- Go right to your seat and sit quietly.

Riding the Bus

- Obey the bus driver at all times.
- Remain seated while the bus is in motion.
- Keep your feet out of the aisles and off the seats
- Keep your head, hands and books inside the bus at all times
- Talk quietly and avoid loud noises which could distract the driver.
- Do not talk when the bus is approaching or crossing railroad tracks.
- Be considerate of others and use appropriate language and behavior.
- Help keep the bus clean. Do not chew gum, eat or drink on the bus.
- Do not smoke or light matches on the bus.
- Report any damage or concerns to the bus driver.

Getting off the Bus

- All riders will be discharged only at their assigned stop.
- Go directly home.
- Allow anyone who needs to cross in front of the bus to get off first. This is called a “cross-over.” These students are at the greatest risk and need the driver’s full attention.
- When unloading, take three giant steps away from the bus. If you can touch the bus, you are too close.
- If you must cross in front of the bus, walk ten feet forward, stop, and wait for the driver to signal you to cross.
- Cross to the driver’s edge of the bus and stop.
- Before stepping out from the protection of the bus, look both ways for oncoming traffic.
- If the street is clear and all the vehicles are stopped, cross quickly.
- WARNING SIGNAL – two short horn blasts from the bus mean danger! Return to the curbside of the bus and away from the traffic.
- Always cross in FRONT of the bus.
- Cross in a group. Do not scatter. This helps the bus driver keep track of all the riders.
- Never return to the danger zone around the bus once you have safely crossed.

First Aid

CHOKING

Conscious Victim:

1. If the victim can speak, or is coughing effectively, do not interfere.
 2. If the victim's cough is ineffective and there is increasing respiratory difficulty, perform the Heimlich maneuver:
 - a. Stand behind the victim with arms around the victim's waist.
 - b. Make a fist with one hand and place the thumb side against the victim's abdomen. Grasp fist with other hand.
 - c. Press into victim's abdomen with quick upward thrusts. Repeat thrusts until either the foreign body is expelled or the victim becomes unconscious.
- NOTE:** Use chest thrust instead of abdominal thrusts for infants, the very obese and pregnant women.

Unconscious Victim:

1. Position victim on back with face up. Check to be sure victim is not breathing.
2. Open the airway and attempt to ventilate.
3. Call 911 for ambulance. Notify parents.
4. If ventilations unsuccessful, give 6 to 10 abdominal thrusts.
5. Remove foreign object from mouth if visible.
6. Reattempt to ventilate.
7. Repeat the sequence until ambulance personnel arrive.

SEIZURES AND CONVULSION

A seizure is a temporary loss or impairment of consciousness. It usually occurs without apparent cause; it is accompanied by muscular movements which may range from body rigidity to light twitching of eyelids to violent shaking of the entire body.

1. When someone has a seizure, never force anything hard between the teeth. It is physically impossible for a person to swallow his or her tongue during a seizure. Attempts to force the mouth open can often cause damage to teeth and gums.
2. Keep calm. Look for medical bracelet or neck chain.
3. Clear the area. Remove sharp, hard or other hazardous objects. Also remove glasses, loosen tight collars, neckties, or belt, but do not interfere with movement.
4. Turn the person on his/her side. This keeps the airway clear so that breathing is not obstructed.

5. Do not restrain or try to revive. You can't stop a seizure once it has started. Place a pillow or a coat folded flat, under the head. Awakening should be voluntary. Don't panic if person seems to stop breathing during the seizure.
6. Allow to rest. Notify parent.
7. You may not have to call a doctor. Call 911 for an ambulance if the seizure lasts longer than 5 minutes or if another seizure begins immediately after the first has ended.

EPILEPSY

It is estimated that one out of every 100 students has epilepsy, or spontaneous recurring seizures. In fact, 75% of all cases of epilepsy are diagnosed before the age of 21. These figures suggest that at some point you, as school personnel, may have a student with epilepsy in your charge.

A convulsive seizure will usually be easy to recognize. However, absence (petit mal) and complex partial (psychomotor) seizures are characterized by more subtle signs. If you notice repeated occurrences of two or more of the following symptoms, you may wish to follow the process outlined in "WHAT DO YOU DO WHEN YOU THINK YOU HAVE AN UNDIAGNOSED STUDENT IN YOUR CLASSROOM?" below.

Signs to Observe:

1. Brief staring spells.
2. Jerking or tick-like movements.
3. Rhythmic movements of the head or head dropping.
4. Repetitive or "spaced-out" movements or activities.
5. "Tuning-out" or lack of response to verbal cue.
6. Eyes rolling upward.
7. Lip smacking, chewing or swallowing.
8. Fluttering of the eyelids.

WHAT DO YOU DO WHEN YOU THINK YOU HAVE AN UNDIAGNOSED STUDENT IN YOUR CLASSROOM?

1. Observe and record symptoms.
2. Description of behavior (symptom)
3. Time of day.
4. How long the behaviors lasted.
5. Activities occurring before/after the spell or behaviors.
6. Environmental factors (e.g., flickering lights, stress, hunger) that may have preceded the behaviors.
7. Parts of body involved.

8. Validate observations with school nurse, counselor, principal or special education staff.
9. Follow school procedure in reporting to parents/guardian. DO NOT offer a diagnosis.
10. Do relate observations to school performance if relevant.
11. Discuss observations.
12. Be specific.
13. Suggest next steps.

Definition:

Epilepsy is a name given to the tendency to have recurring seizures. Seizures are temporary states of abnormal brain function. They are characterized by alteration of consciousness, behavior, autonomic function and motor activity.

Seizures caused by high fever (febrile convulsions) from alcohol or drug withdrawal, or other single occurrence seizures are not classified as epilepsy. A person having one seizure of unknown cause is not epileptic. However, the risk of this person developing epilepsy is high.

Types of Seizures:

Although there are more than thirty types of seizures, the three most common are:

1. Generalized tonic-clonic (grand mal or major motor). This is a classic seizure in which an individual falls down, displays shaking of the arms and legs and/or twitching of the body. Usually the seizure begins without warning. Breathing may be irregular during the seizure, causing a blueish color to the lips and nail beds. The convulsion lasts from 45 seconds to three minutes and is usually followed by confusion, muscle fatigue and headache.
2. Absence (petit mal). This seizure is a brief loss of consciousness, characterized by a blank stare; sometimes accompanied by involuntary facial movements. This type is very brief, averaging 3 to 10 seconds in duration. However, one may experience many absence spells in succession. If untreated, a person may have 50 to 200 lapses per day. A child may be missing a significant amount of classroom instruction.
3. Complex Partial (psychomotor or temporal lobe). This type is characterized by purposeless activity. The person may make inappropriate verbal responses, walk about aimlessly, make lip smacking or chewing motions, fidget with clothes, etc. He may appear drunk. The person may seem to know what is happening but actually is unaware of what is going on. The seizures vary greatly from person to person; however, for each person they tend to be consistent. This is the type of

seizure to have an aura (a warning). The seizure usually lasts one to three minutes. Usually there is no memory of the seizure afterward, the individual is often confused.

Treatment:

Treatment with Antiepileptic Drugs is the most common method of seizure control. There are many types of antiepileptic drugs, and specific ones are prescribed for particular types of seizures. They can be prescribed in combination for the person with more than one seizure type or for the person whose seizures are difficult to control.

Most of the medications are safe but the individual may suffer side effects such as: drowsiness, hyperactivity, slurred speech, tremors, stomach-aches. These may interfere with a child's learning abilities.

First Aid for Seizures

1. DO keep calm.
2. DO protect the person from injury.
 - a. If the seizure is generalized, help the person lie down on the floor. Clear the area of hard or sharp objects.
 - b. If the seizure is a complex partial, do not restrain the person, gently guide him from danger.
3. DO remain in attendance. Stay nearby until the person is fully alert.
4. DO help maintain an airway by turning the person on his side.
5. DO NOT put anything into the mouth.
6. DO NOT restrain movement. You cannot stop the seizure.
7. Allow the child to rest—accompany him to the nurse's office.

FAINTING

Symptoms: pale color, moist skin, shallow breathing, weak pulse

If a person has fainted:

1. Keep the person lying down with lower extremities elevated.
2. Loosen clothing around neck and waist.
3. Keep other individuals away.
4. Keep the person quiet and observe for at least 10 min.
5. Have a receptacle or towel available for possible vomiting.
6. Person should respond after a few minutes, if not, treat as a medical emergency and call 911 for an ambulance and call parents.

HEAD INJURIES

Note: In all head injuries, consider the possibility of concussions.

Symptoms:

1. Unequal pupils
2. Any drainage from nose or ears, i.e., blood or serous, yellow drainage
3. Visual problems; blurred or double vision
4. Dizziness
5. Confusion and/or time loss
6. Nausea and vomiting
7. Headache

Treatment:

1. Keep the person quiet, lying flat. Observe for any of the above symptoms plus breathing difficulty.
2. Apply covered ice pack to injured area as needed.
Note: Important to remember to always cover ice packs with cloth or paper towel to avoid injury to skin.
3. If after resting 15 to 20 minutes and has no symptoms, may return to class.
4. Inform teacher, notify parents, and send home. In head injuries, symptoms may be delayed.
5. Complete accident reports on all head injuries.

Concussion – Degree of Injury

1. Mild: momentary clouding or consciousness or memory lapse and apparent normal behavior. (see stars)
2. Moderate: brief period of unconsciousness, distinct memory loss, short period of unusual behavior. Requires 15 to 20 minutes to return to normal.
3. Severe: deeper loss of consciousness lasting one to two minutes or longer, vomiting, fast or slow pulse, irregular breathing, neurological signs such as irregular pupils of the eye, seizure, unilateral weakness, abnormal reflexes.

NOSE BLEEDS

1. Keep the person quiet.
2. Have the person sit in a chair, leaning forward slightly.
3. Apply pressure by pressing the bleeding nostril toward the midline of the nose for at least five minutes. May apply covered ice pack above the nose or across the bridge of the nose.

4. Instruct person not to blow nose for at least an hour after bleeding has stopped (will dislodge clot).
5. If bleeding does not respond to the above measures and persists 15 minutes or longer, get medical attention and call parents.

SEVERE BLEEDING

1. First Aid
 - a. Direct pressure on wound itself.
 1. use the cleanest cloth available
 2. apply pressure with your bare hand for quick action if cloth is not available
 - b. Elevate the part if it is an extremity.
 - c. Shock and loss of consciousness in a person may occur from the rapid loss of as little as a quart of blood; call 911 for an ambulance and call parents.
 - d. Do not remove the dressing you have applied.
 - e. Do not attempt to cleanse wound.
2. Treat shock.
3. Immobilize the area until help arrives.
4. Elevate affected limb if possible.

SHOCK

Cause: Pain, bleeding, or emotional shock

Signs and Symptoms: Weakness, nausea and vomiting, restlessness, anxiety, severe thirst

1. The skin is pale and cold to the touch. Color of the nail beds, mucous membranes on the inside of the mouth or under the eyelids can be checked.
2. Skin may be moist and clammy.
3. The person is weak.

Treatment:

1. Keep the person lying down. Elevate the legs if no head or chest injury noted.
2. Maintain an open airway and give artificial respiration if indicated.
3. Cover with a blanket or coat to prevent loss of body heat.
4. Do not overheat.
5. Do not give fluids by mouth.
6. Do not leave unattended.
7. Call 911 for ambulance. Notify parents.

ASTHMA

An allergic condition which causes edema, narrowing of bronchial tubes, and excess secretions. This reaction is caused by: a response to a foreign substance (dust, pollen), virus or bacteria, physical factors (cold, sunlight), or other agent to which the person is allergic.

Symptoms:

1. Rapid/sudden onset.
2. Respiratory difficulty, with frequent coughing and wheezing.
3. High-pitched whistling, wheezes heard by holding ear close to patient's mouth or with stethoscope on chest.
4. Pulse rate over 150 suggests severe asthma or excess medication.
5. No fever in typical cases.
6. Symptoms may be initiated or made worse by exercise.

Treatment:

1. Give inhaler as prescribed if one at school -- follow known routine set up for each individual.
2. If no relief from inhaler, call parents immediately.
3. Have child rest -- breathing in through nose and out through mouth in sitting position.
4. If can't reach parents, call 911 for ambulance.

Administration Technique for the Metered-Dose Inhaler:

1. Assemble the device, remove the cap, and shake the inhaler thoroughly.
2. Breathe out fully and slowly until the end of a quiet breath.
3. Hold the inhaler in upright inverted position (that is, nozzle-end down).
4. Place the mouthpiece between the lips or hold three to four cm from the mouth.
5. Hold the head upright and activate the inhaler at the start of a slow and deep inspiration.
6. Hold the breath for 10 seconds or, if less, as long as possible.
7. Exhale slowly.
8. Wait between doses (interval depends on the drug being administered).
9. Clean the plastic holder thoroughly and frequently.

DIABETES

Insulin Reaction:

Occurs when the amount of sugar in the blood is too low. It is caused by taking too much insulin, failing to eat, heavy exercise, or emotional upset.

Warning Signs:

excessive hunger	blurred vision
pallor	crying
headache	confusion
dizziness	inability to concentrate
nervousness, trembling	drowsiness or fatigue
inappropriate actions	poor coordination
abdominal pain/nausea	

Treatment:

At the first sign of any of the above warning signs, find sugar immediately. Below are listed examples of sugar replacements commonly given.

Sugar – 5 small cubes or 2 teaspoons
Fruit juice – $\frac{1}{2}$ to $\frac{2}{3}$ cup
Carbonated beverage – 6 oz. regular
Candy – $\frac{1}{4}$ to $\frac{1}{3}$ bar
Glucose tablets – 1 to 3 as prescribed per individual

Notify parents if not improved in 15 to 20 minutes.

Diabetic Coma:

Too little insulin. Caused by eating too much sugar, illness, stress, or not taking medication.

Symptoms:

Dry, flushed skin, dry tongue, drowsy, difficulty breathing, different odor to breath (fruity odor).

This is a serious situation. Any diabetic having any of the above symptoms needs prompt medical attention.

BACK AND NECK INJURY

Symptoms:

1. Pain, made worse by pressure or movement.
2. Pain may radiate into arm or leg.
3. Nerve involvement: weakness, tingling, numbness, or inability to move arm or leg.

Treatment:

1. Do not move, bend or rotate neck of student.
2. Assess student's ability to move extremities slowly, and only a small amount.
3. If sensation is intact, pain is minimal to absent, and student is able to move all extremities normally, allow student to slowly sit up and then walk.
4. If pain, sensory impairment, or weakness persists, have student remain lying down, call 911 for an emergency ambulance and call parents for additional evaluation.
5. If all neurological signs are normal and patient is able to move all extremities freely, ice may be applied to relieve pain.

BONE AND JOINT INJURIES

Simple Fractures – no open wound

Note: If in doubt whether or not a bone is fractured, treat as a fracture.

1. Do not move person or allow them to move. Keep lying down.
2. Suspect a fracture if the part does not have normal appearance or function.
3. Support securely the affected part in its present position to avoid further injury, with pillow, magazine or other soft support. Do not straighten affected part. If leg or ankle injury do not allow weight bearing.
4. Apply ice.

Fracture with open wound

1. Place a clean dressing over wound. Control bleeding by direct pressure, apply ice.
2. Cover the person with a blanket and keep them lying down.
3. Call 911 for ambulance and notify parents.

Sprains, Strains and Dislocations

Symptoms: Swelling, tender to touch, pain on motion, deformity, dislocation.

Treatment:

1. Apply a covered ice pack and elevate injured part.
2. If severe, treat as fracture.
3. If suspected jammed finger, may tape carefully to adjacent finger. Never pull on finger.
4. Notify parents.

EYE INJURIES

Foreign objects are often blown or rubbed into the eyes. Such objects are harmful not only because of the irritating effect, but also because of the danger of scratching the surface or becoming embedded in the eye.

Symptoms: Redness of eyes, burning sensation, pain, headache, excessive tearing.

1. Keep student from rubbing the eye.
2. Wash hands thoroughly before examining the victim's eye.
3. If object is floating on eyeball or on eyelids, flush gently with warm water or eyewash. If not successful, lift gently with moistened tissue or gauze.
4. If unsuccessful, cover both eyes lightly with gauze and notify parents.

Blow to Eye

1. If student is unable to open eye, do not force.
2. Check for visible lacerations on lids or eyeball.
3. Check for fluid or blood in anterior chamber (between iris and cornea). May be accompanied by drowsiness.
4. Check for double vision.
5. Check for eye movements.
6. Check for unequal or irregular pupils.

Treatment:

1. Notify parents.
2. Refer to physician if there is laceration on lid or other visible trauma to lid or eyeball, or if vision is impaired in any way.
3. Patch both eyes with 4x4 gauze pads prior to referral to physician (this minimizes eye movement).

Contact Care

Any major problems with contacts, notify parents. Do not attempt to remove from the eye. Do not attempt to unfold soft lens (they tear very easily).

Chemical Burns to the Eye

Flush with water immediately (from inner corner of the eye outward), making sure chemical does not wash into the eye. Continue flushing for at least 15 minutes.

Notify parents. (Have another person do this while eye is being flushed.)

ANIMAL BITES

Injuries produced by animal or human bites may cause punctures, lacerations, or even avulsions (tearing away of a structure or part). Not only is care needed for open wounds, but also consideration must be given to the danger of infection, especially rabies.

1. A bite to the face or neck is an emergency in many cases.
2. If the skin is broken, wash the wound several times with soap and water. Rinse thoroughly with clean running water.
3. Rinse thoroughly with clean running water
4. Apply a clean dressing.
5. Notify the parents, advise of most recent tetanus injection.
6. Notify health department, 291-2413, and police department. If possible catch or retain the animal or look for identifying marks and maintain alive for observation of rabies.
7. Refer to the physician.

HUMAN BITES

1. Cleanse wound thoroughly with soap and water.
2. Apply a sterile dressing.
3. Call parent, advise of most recent tetanus injection.
4. Refer to the physician.

TICK BITES

1. If tick is not deeply embedded, grasp it with fingernail as close to the skin as possible, and give a quick jerk.
2. Clean site well with alcohol. Examine closely to make sure all mouth parts of the tick have been removed.

3. Very important to notify parents that you removed the tick. This is in the event symptoms of Rocky Mountain Spotted Fever should occur later.
4. If tick is deeply embedded, or engorged, cover with Vaseline and notify parents.

POISONS

Ingestion of Inhaled or Absorbed Poisons

1. Contact Poison Control Center – Allen Hospital Poison Center 235-3679 or 235-3893. Iowa City 1 800 272-6477.
2. Notify parents.
3. Save label or container of suspected poison for identification. Note the amount of poison taken. If the person vomits, save a sample of the vomit for analysis.
4. If unconscious, call 911 for an ambulance.

Gas, Smoke, or Fumes Inhaled

1. Get the person into fresh air immediately.
2. Call 911 for ambulance if breathing is difficult or if person becomes unconscious.

Poisonous Insect Bites

Note: Be aware of persons with allergies to bee stings. Children should be escorted to the office by an adult or a responsible student. They should not be left alone.

1. Apply ice or ice water to give relief.
2. Calamine lotion may be applied for itching.
3. Observe person in office for 15 to 30 minutes after bee sting to be assured of no complications.
4. Notify parents of all bee/wasp stings.
5. In a highly sensitive child, do not wait for symptoms to appear, since delay can be fatal. Give EpiPen injection if ordered for sensitive individual. Call 911 for ambulance. Call parents.
6. Any person who has severe facial flushing, difficulty breathing, difficulty swallowing, complains of tightness in chest, hives or marked rash over body, marked swelling of body, especially face and neck, should be considered a medical emergency. Call 911 for ambulance. Notify parents. Watch very closely!
7. Be prepared to do rescue breathing.

APPENDICITIS

Symptoms:

1. Fever -- usually low, between 99 and 102.
2. Location of pain -- begins in pit of stomach or naval and progresses to right lower quadrant.
3. Severity of pain -- mild at first but usually increases in severity.
4. Tenderness to pressure -- usually present.
5. Facial expression -- child looks uncomfortable, worried, and apprehensive.
6. Position of comfort -- child prefers to lie down, usually on left side with right leg drawn up.
7. Age differences -- all findings progress more rapidly with younger children.
8. Vomiting -- usually present.
9. Diarrhea -- almost never present.
10. Constipation -- almost always present.

Treatment:

1. If child continues to complain of abdominal pain and appears uncomfortable, notify parents.
2. Pain, low grade fever, and tenderness to pressure are the most consistent findings -- if present call parents.
3. If parent or relative is not available, observe for another 30 minutes. If symptoms persist or get worse, send to hospital by emergency ambulance.
4. Do not give any medication unless it is prescribed by a physician for a child with a chronic illness.

HEAT STROKE AND HEAT EXHAUSTION

Heat Stroke: May follow excessive exposure to extreme heat (life threatening).

Symptoms:

1. Body temperature high (106 degrees F. or higher).
2. Skin is red, dry, no sweating.
3. Pulse is rapid and strong.
4. Victim may be unconscious.

Treatment:

1. This is an emergency situation. Call 911 for ambulance.
2. Notify parents.
3. May place cool towels on person while waiting for ambulance.

Heat Exhaustion

Symptoms:

1. Approximate normal body temperature.
2. Pale, clammy skin.
3. Profuse perspiration.
4. Tiredness, weakness.
5. Headache, perhaps cramps.
6. Nausea, possible vomiting.
7. Dizziness, possible fainting.

Treatment:

1. Have person lie down in cool place.
2. Loosen clothing.
3. Apply cool wet cloths and fan the person or move to an air conditioned room.
4. Notify parents.

FROSTBITE

Signs and Symptoms:

1. Skin may be flushed just before frostbite occurs.
2. Then skin becomes glossy white or grayish-yellow.
3. Then affected part feels intensely cold and numb.

Treatment:

1. Cover the frozen part and bring person inside as soon as possible.
2. Give the person a warm drink unless unconscious or vomiting.
3. Contact the child's physician.
4. If unable to reach a physician, proceed in the following manner:
 - a. Rewarm the frozen part quickly by immersing it in warm (not HOT) water. (Test temperature of the water by pouring some of the water over the inner surface of your forearm).
 - b. If water is not available or practical to use, wrap affected part in a sheet and warm blankets.
 - c. DO NOT rub the affected part. DO NOT apply heat lamps or hot water bottles.
 - d. Severe swelling may develop after thawing. Discontinue warming as soon as affected part becomes flushed.
 - e. When affected part is rewarmed, have the person exercise it. Do not allow person to walk after the affected part thaws if the feet are involved.

CEDAR FALLS COMMUNITY SCHOOLS EMERGENCY BUS EVACUATION PROCEDURES

1. Reasons for Emergency Evacuation of School Buses

- A. Fire or danger of fire -- If any part of a school bus is on fire, it should be stopped and evacuated immediately. Passengers should move to a point 100 ft. or more from the bus and remain there until the bus driver has determined that no danger remains. In the event that a school bus is unable to move, and is close to existing fire or highly combustible materials, the “danger of fire” should be assumed and all passengers evacuated.
- B. Unsafe location -- In the event that a school bus is stopped in an unsafe location and is unable to proceed, the driver must determine immediately whether it is safe for passengers to remain on the bus or to evacuate.
- C. Driver must evacuate a school bus if its final stopping position:
 - 1. is in the path of any train or on or closely adjacent to any railroad tracks;
 - 2. could change and increase the danger. For example, if a bus were to come to rest near a body of water or precipice where it could still move and go into the water or over a cliff, it must be evacuated;
 - 3. is such that there is danger of collision. Under normal traffic conditions, the bus should be visible for a distance of 300 feet or more. A position over a hill or around a curve where such visibility does not exist should be considered reason for evacuation

2. Important Factors in School Bus Evacuation

- A. The safety of children is of utmost importance and must be given first consideration.
- B. Prior to evacuation, the bus’s emergency brakes should be set, ignition turned off, and the transmission placed in an appropriate gear.
- C. The driver should stay in the bus during evacuation to guarantee smoothness of evacuation procedures.

- D. Evacuation should be conducted with “deliberate speed”. A time interval of 1-1/2 to 2 seconds per passenger has proved to be the safest and most efficient.
- E. To insure a safe exit, passengers must have their hands free. They should leave lunch boxes, books, and other personal belongings on the bus.
- F. Passengers selected and trained in advance should be assigned to serve as:
 - 1. Leaders -- will lead passengers to safety from each door utilized for evacuation. (Passengers should be directed to a safe point at least 100 feet from the bus and remain there until further directions.)
 - 2. Helpers -- two students should be stationed to aid passengers as they leave the bus through the rear emergency exits.
- G. There are three common types of school bus emergency evacuation.
 - 1. Evacuations utilizing the front or service door should be conducted using the same techniques as a routine unloading. The driver will choose whether to evacuate the bus one side at a time or on a staggered seat basis.
 - 2. Evacuations utilizing only the rear exit door have some distinctive features.
 - a. The driver should walk back through the bus to the rear exit and direct the pre-assigned leaders and helpers to take their positions.
 - b. The leader will open the rear emergency door, exit and stand clear, ready to lead exiting passengers to a safe location pointed out by the driver.
 - c. The helpers will exit and take their position, one on each side of the rear emergency exit to assist passengers in exiting the bus in a safe and orderly manner.

- d. Passengers should remain in their seats until directed by the driver to leave the bus. The driver may choose whether to evacuate the bus one side at a time or on a staggered seat basis.
 - e. The driver should advise all passengers to have their hands free and coats buttoned. Each passenger should be two steps away from the bus before the next person exits. Taller passengers should be reminded to duck their heads in order to exit safely.
 - 3. Evacuations involving both the front service door and the rear exit will be rare. If this type of evacuation is conducted, the driver must direct students to the proper exit. (It might be well to utilize paint and pressure tape to mark the midpoint of each bus.)
- H. The bus driver should check after evacuation to make sure all students have left the bus. The driver should carry the first aid kit from the bus in situations involving injury or potential injury.

3. Student School Bus Representatives

- A. The school bus driver is responsible for the safety of pupils; however, in emergencies, a driver might be incapacitated and unable to direct evaluations. Therefore, school bus representatives (school safety patrol members or appointed pupils) should be selected, trained and prepared to direct the evacuation.
- B. Student school bus representatives should be:
 - 1. mature students (maturity is more important than age).
 - 2. good citizens (a desire to serve is most important).
 - 3. on the bus for entire route. (It might be helpful to choose students who live near the end of the bus routes.)
 - 4. given written parental permission in advance.
- C. Training program should prepare student school bus representatives to:
 - 1. turn off ignition switches.
 - 2. set emergency brakes.

3. summon help when and where needed (instructions and telephone numbers should be available on buses).
4. use windows for evacuation in emergencies.
5. set flags and reflectors or reflective triangles.
6. open and close service and emergency exit doors.
7. direct school bus evacuations.
8. account for all passengers.
9. perform other duties as directed by the driver.

4. School Bus Evacuation Drills

- A. All children should be given an opportunity to participate in evacuation drills including those children who ride buses only on special trips.
- B. All children should be instructed in school bus passenger safety and procedure for emergency evacuation prior to participation in evacuation drills.
- C. School bus evacuation drills should be held more often during fall and spring routes.
- D. Drills should be held in restricted off-street areas and not on bus routes.
- E. All types of emergency evacuations should be practiced with emphasis on those utilizing the rear emergency exit.



IOWA DOT

IOWA ACCIDENT REPORT FORM

An accident occurring anywhere within the State of Iowa causing death, personal injury, or total property damage of \$1,500.00 or more must be reported on this accident report form. Please return form to our office as soon as estimates can be obtained.

Instructions

Please print or type all information. Use black or dark blue ink.

Step 1. Begin completing the "Report of Motor Vehicle Accident" form by entering accident date, day of week, time, number of vehicles, total number killed, number injured, and the total amount of damage to all vehicles and any property other than vehicles.

Step 2. Enter the information pertaining to all drivers and vehicles involved in the accident. Important: Be sure to include the driver's name, driver license number, and driver license state. Also include the vehicle owner's name, license plate number, and license plate state and year. If more than two drivers or two vehicles were involved, use an extra report form or sheet of paper making sure that the extra vehicles and drivers are numbered 3, 4, 5, etc. Total occupants are all persons in the vehicle, driver included.

If you were involved in an accident with a pedestrian, print PEDESTRIAN in the driver space provided for vehicle No. 2 and complete pedestrian information in Step 7. If you were involved in an accident with a pedalcyclist (bicycle, etc.) print 'Bike' in the driver space provided for Vehicle 2 and complete information for Non-Motorist in Step 7.

If one of the vehicles involved was parked at the time of the accident, print PARKED in the driver space and complete the vehicle owner information.

Step 3. Please use the following codes when completing the box marked VEHICLE TYPE CODE:

01 - Passenger Car	12 - Truck tractor (bobtail)	21 - Motor home/recreational vehicle	31 - Street legal, low-speed vehicle
02 - Four-tire truck (pick-up)	13 - Tractor/semi-trailer		
03 - Sport utility vehicle	14 - Tractor/doubles	22 - School bus (seats >15)	32 - Limousine/taxi (seats 8 or less)
04 - Passenger van (seats <9)	15 - Tractor/triples	23 - Small school bus (seats 9 -15)	33 - Limousine/taxi (seats 9 - 15)
05 - Passenger van (seats 9 - 15)	16 - Other heavy truck (>10,000 lbs.) (cannot classify)	24 - Other bus (seats >15)	34 - Limousine/taxi (seats >15)
06 - Cargo/panel van		25 - Other small bus (seats 9 - 15)	
07 - Single-unit truck (2-axle, 6-tire)	17 - Motorcycle	26 - Farm tractor	35 - Maintenance/construction vehicle
08 - Single-unit truck (> = 3 axles)	18 - 3-wheeled, enclosed	27 - Farm equipment (explain in narrative)	36 - Train
09 - Other light truck (<=10,000 lbs.)	19 - 3-wheeled, unenclosed	28 - All-terrain vehicle (ATV)	98 - Other (explain in narrative)
10 - Vehicle <=10,000 lbs., placarded for hazardous materials	20 - Moped	29 - Snowmobile	99 - Unknown
11 - Truck/Trailer		30 - Golf cart	

Step 4. The location of the accident is very important. Please be as specific as possible.

Step 5. To the best of your ability, complete the Accident Codes section for **your own vehicle** using codes provided on page 2 of this form.

Step 6. If there is damage to property other than the vehicles involved complete the property damage information.

Step 7. Injury information should be entered in the space provided. Make sure that the vehicle number in which the injured party was riding is complete, describe the nature of the injury, and check the box under the column most appropriate for the injury severity.

NOTE: Include all drivers whether injured or not. The codes are:

Injury Status

- 01 - Fatal
- 02 - Suspected serious/incapacitating
- 03 - Suspected minor/non-incapacitating
- 04 - Possible (complaint of pain/injury)
- 05 - Uninjured
- 07 - Fatal, not crash-related
- 09 - Unknown

Ejection Path

- 01 - Not ejected/not applicable
- 02 - Through front windshield
- 03 - Through side window
- 04 - Through side door
- 05 - Through roof
- 06 - Through back window
- 07 - Through back door/tailgate opening
- 98 - Other (explain in narrative)
- 99 - Unknown

Occupant Protection

- 01 - Not applicable
- 02 - None used
- 03 - Shoulder and lap belt used
- 04 - Lap belt only used
- 05 - Shoulder belt only used
- 06 - Child safety seat (forward-facing)
- 07 - Child safety seat (rear-facing)
- 08 - Child safety seat (type unknown)
- 09 - Booster seat
- 10 - Helmet (DOT compliant)
- 11 - Helmet (other)
- 98 - Other (explain in narrative)
- 99 - Unknown

Seating Position

1	2	3	1 st Row
4	5	6	2 nd Row
7	8	9	3 rd Row
10	11	12	4 th Row
13	14	15	5 th Row

Airbag Deployment

- 01 - Not applicable
- 02 - Airbag turned off
- 03 - Not deployed
- 04 - Deployed front of person
- 05 - Deployed side of person
- 06 - Deployed both front/side
- 07 - Deployed curtain
- 98 - Other deployment (explain in narrative)
- 99 - Unknown

Type Non-Motorist (see non-motorist section below)

- 01 - Pedestrian
- 02 - Pedalcyclist (bicycle, tricycle, unicycle, pedal car)
- 03 - Pedalcycle passenger
- 04 - In or on building
- 05 - Horse and buggy
- 06 - Skater, personal conveyance, and wheelchair
- 98 - Other (explain in narrative)
- 99 - Unknown

Seating position codes continued on Page 2

(Instructions continued on page 2)

Step 8. To the best of your ability, complete the accident diagram and description as briefly as possible. Important: If you are vehicle No. 1 in Step 2 make sure that your vehicle is vehicle No. 1 in the description and diagram. Indicate if there has been a Peace Officer investigation.

Step 9. Complete the insurance information on the back of the report. Failure to complete insurance coverage information may result in a suspension of your driving and registration privileges.

Step 10. Sign the accident report and tear at the perforated line and return accident report to:

Iowa Department of Transportation
Office of Driver Services
6310 SE Convenience Boulevard
Ankeny, IA 50021

ACCIDENT CODES (See Step 5)

Seating Position Codes (cont.)

- 16 - In 6th row or greater
- 17 - In enclosed passenger/cargo area
- 18 - In unenclosed passenger/cargo area
- 19 - Sleeper
- 20 - Trailing unit
- 21 - Riding on exterior of vehicle
- 22 - Hanging onto vehicle
- 23 - Passenger of motorcycle/moped/ATV
- 98 - Other vehicle-related (explain in narrative)
- 99 - Unknown

A Initial Travel Direction

- 01 - North
- 02 - East
- 03 - South
- 04 - West
- 99 - Unknown



B Vehicle Action

- 01 - Movement essentially straight
- 02 - Turning Left
- 03 - Turning right
- 04 - Making U-turn
- 05 - Overtaking/passing
- 06 - Changing lanes
- 07 - Entering traffic lane (merging)
- 08 - Leaving traffic lane
- 09 - Backing
- 10 - Stowing/stopping (decelerating)
- 11 - Stopped in traffic
- 12 - Legally parked
- 13 - Illegally parked/unattended
- 14 - Negotiating a curve
- 15 - Starting in road
- 16 - Accelerating in road
- 17 - Leaving a parked position
- 18 - Entering a parked position
- 98 - Other (explain in narrative)
- 99 - Unknown

C Driver Condition

- 01 - Apparently normal
- 02 - Emotional (e.g., depressed, angry)
- 03 - Asleep/fatigued
- 04 - Illness/fainted
- 05 - Medical condition (seizure, reaction)
- 06 - Under the influence of alcohol
- 07 - Under the influence of drugs/meds
- 08 - Physical impairment
- 09 - Walks with a cane/crutches
- 10 - Paraplegic/wheelchair restricted
- 11 - Impaired due to previous injury
- 12 - Hearing impaired/deaf
- 13 - Visually impaired
- 98 - Other (explain in narrative)
- 99 - Unknown

D Vision Obscured

- 01 - Not obscured
- 02 - Trees/crops
- 03 - Embankment
- 04 - Hillcrest
- 05 - Building(s)
- 06 - Sign/billboard
- 07 - Parked vehicle(s)
- 08 - Moving vehicle(s)
- 09 - Person/object in or on vehicle
- 10 - Blinded by sun or headlights
- 11 - Broken/dirty windshield
- 12 - Frosted windows/windshield
- 13 - External mirrors
- 14 - Blowing snow
- 15 - Fog/smoke/dust
- 16 - Splash/spray of passing vehicle
- 17 - Inadequate vehicle lighting
- 18 - Exterior angle/blind spot on vehicle
- 98 - Other (explain in narrative)
- 99 - Unknown

E Traffic Controls

- 01 - No controls present
- 02 - Traffic signals
- 03 - Flashing traffic control signal
- 04 - Stop signs
- 05 - Yield signs
- 06 - No passing zone (marked)
- 07 - Warning sign
- 08 - School zone signs
- 09 - Railway crossing device
- 10 - Traffic director (person)
- 11 - Work zone sign
- 12 - Inoperative (not functioning properly)
- 13 - Traffic sign missing
- 98 - Other (explain in narrative)
- 99 - Unknown

F First Harmful Event

- Non-collision events:
- 20 - Overtum/rollover
 - 21 - Jackknife
 - 22 - Non-contact vehicle (phantom)
 - 23 - Vehicle went airborne
 - 24 - Fell/jumped from vehicle
 - 95 - Other non-collision (explain in narrative)

Collision with:

- 30 - Thrown or falling object
- 31 - Animal
- 32 - Non-motorist (do not fill as a unit)
- 33 - Vehicle in traffic
- 34 - Re-entering roadway
- 35 - Parked motor vehicle
- 36 - Work zone maintenance equipment
- 37 - Railway vehicle/train
- 38 - Struck/struck by object/cargo/person from other vehicle
- 96 - Other non-fixed object (explain in narrative)

F First Harmful Event (cont.)

- Collision with fixed object:
- 40 - Bridge overhead structure
 - 41 - Bridge pier or support
 - 42 - Bridge/bridge rail parapet
 - 43 - Curb/island/raised median
 - 44 - Ditch
 - 45 - Embankment
 - 46 - Ground
 - 47 - Culvert/pipe opening
 - 48 - Guardrail - face
 - 49 - Guardrail - end
 - 50 - Concrete traffic barrier (median or right side)
 - 51 - Other traffic barrier (explain in narrative)
 - 52 - Cable barrier
 - 53 - Impact attenuator/crash cushion
 - 54 - Utility pole/light support
 - 55 - Traffic sign support
 - 56 - Traffic signal support
 - 57 - Other post/pole/support (explain in narrative)
 - 58 - Fire hydrant
 - 59 - Mailbox
 - 60 - Tree
 - 61 - Landscape/shrubbery
 - 62 - Snow bank
 - 63 - Fence
 - 64 - Wall
 - 65 - Building
 - 97 - Other fixed object (explain in narrative)

Miscellaneous events:

- 70 - Fire/explosion
- 71 - Immersion
- 72 - Hit and run
- 73 - Eluding law enforcement
- 74 - Gas inhalation/asphyxiation
- 75 - Vehicle out of gear/tooled
- 98 - Other (explain in narrative)
- 99 - Unknown

G Location of Accident

- 01 - On roadway
- 02 - Shoulder
- 03 - Median
- 04 - Roadside
- 05 - Gore
- 06 - Outside roadway
- 07 - In parking lane/zone
- 08 - Continuous left turn lane
- 09 - Separator
- 98 - Other (explain in narrative)
- 99 - Unknown

H Manner of Crash/Collision

- 01 - Non-collision (single vehicle)
- 02 - Head-on (front to front)
- 03 - Rear end (front to rear)
- 04 - Angle, oncoming left turn
- 05 - Broadside (front to side)
- 06 - Sideswipe, same direction
- 07 - Sideswipe, opposite direction
- 08 - Rear to rear
- 09 - Rear to side
- 98 - Other (explain in narrative)
- 99 - Unknown

I Light Conditions

- 01 - Daylight
- 02 - Dusk
- 03 - Dawn
- 04 - Dark, roadway lighted
- 05 - Dark, roadway not lighted
- 06 - Dark, unknown roadway lighting
- 09 - Unknown

J Weather Conditions (up to two)

- 01 - Clear
- 02 - Cloudy
- 03 - Fog, smoke, smog
- 04 - Freezing rain/drizzle
- 05 - Rain
- 06 - Sleet, hail
- 07 - Snow
- 08 - Blowing snow
- 09 - Severe winds
- 10 - Blowing sand, soil, dirt
- 98 - Other (explain in narrative)
- 99 - Unknown

K Surface Conditions

- 01 - Dry
- 02 - Wet
- 03 - Ice/Frost
- 04 - Snow
- 05 - Slush
- 06 - Mud, dirt
- 07 - Water (standing or moving)
- 08 - Sand
- 09 - Oil
- 10 - Gravel
- 98 - Other (explain in narrative)
- 99 - Unknown

L Type of Roadway Junction

Non-Intersection

- 01 - Non-junction/no special feature
- 02 - Bike lanes
- 03 - Railroad grade crossing
- 04 - Driveway access (within)
- 05 - Driveway access (related, not in)
- 06 - Alley
- 07 - Crossover-related
- 96 - Other non-intersection (explain in narrative)

Intersection-related

- 10 - Roundabout
- 11 - Traffic circle
- 12 - Four-way intersection
- 13 - T-intersection
- 14 - Y-intersection
- 15 - Five points or more
- 16 - L-intersection
- 17 - Shared use path or trail
- 18 - Intersection with ramp
- 97 - Other intersection (explain in narrative)

Interchange-related

- 20 - On-ramp merge area
- 21 - Off-ramp, diverge area
- 22 - On-ramp
- 23 - Off-ramp
- 24 - Mainline, between ramps
- 98 - Other interchange (explain in narrative)
- 99 - Unknown



REPORT OF MOTOR VEHICLE ACCIDENT

See instructions on completing (please print or type)

 Did accident occur on private property? ☐ Yes ☐ No

Step 1.		Accident Date (Mo/Day/Year)		Day of Week		Time		AM <input type="checkbox"/> PM <input type="checkbox"/>		Number of Vehicles		Total Killed		Total Injured		Total Estimated Damage \$			
Step 2. No. 1 (YOUR VEHICLE)										No. 2 (OTHER VEHICLE)									
Date of Birth		Sex	Dr. Lic. State		Driver License Number					Date of Birth		Sex	Dr. Lic. State		Driver License Number				
Last Name of Driver 1			First Name			Middle Initial			Last Name of Driver 2		First Name			Middle Initial					
Number and Street			City		State		ZIP Code			Number and Street			City		State		ZIP Code		
Last Name of Owner 1			First Name			Middle Initial			Last Name of Owner 2		First Name			Middle Initial					
Number and Street			City		State		ZIP Code			Number and Street			City		State		ZIP Code		
No. of Occupants		Plate Number		State of Registration		Year		No. of Occupants		Plate Number		State of Registration		Year					
Vehicle Identification Number (VIN)					Estimated Cost of Repairs					Vehicle Identification Number (VIN)					Estimated Cost of Repairs				
Vehicle Year and Make					Step 3. Vehicle Type Code					Vehicle Year and Make					Step 3. Vehicle Type Code				
Step 4. LOCATION OF ACCIDENT																			
County				Accident occurred within corporate limits of (city)															
If accident occurred outside of city limits, describe distance to city _____ miles <input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW of nearest city _____																			
Name of Road, Street, or Highway _____ At intersection with _____																			
Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing using two distances and directions if necessary.																			
Feet		Miles		<input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW		Feet		Miles		<input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW		Feet		Miles		<input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW			
or		or		and		or		or		or		or		or		or			
Milepost Number				Or Definable intersection, bridge, or railroad crossing															
Step 5. Accident codes (on page 2) for your own vehicle:																			
A Direction of Travel		<input type="checkbox"/>		B Vehicle Action		<input type="checkbox"/>		C Driver Condition		<input type="checkbox"/>		D Vision Obscured		<input type="checkbox"/>		<input type="checkbox"/>			
E Traffic Controls		<input type="checkbox"/>		F First Harmful Event		<input type="checkbox"/>		G Location of Accident		<input type="checkbox"/>		H Manner of Crash		<input type="checkbox"/>		<input type="checkbox"/>			
I Light Conditions		<input type="checkbox"/>		J Weather Conditions		<input type="checkbox"/>		K Surface Conditions		<input type="checkbox"/>		L Type of Roadway Junction/Feature		<input type="checkbox"/>		<input type="checkbox"/>			
Step 6. Identify Damaged Property Other Than Vehicles																			
Identify Damaged Property Other Than Vehicles								Owner				Amount of Damage							
Step 7. Injury Section: Fill Out Space Below For Every Person Injured Or Killed In The Accident																			
(Attach additional sheets if necessary)																			
Name and Address		In Vehicle Number	Date of Birth		Gender	Describe Injuries					Seating Position	Type	Non-Motorist	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Date of Death	

Step 8.

Indicate On This Diagram What Happened
Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

Initial Travel Direction
(prior to coded Vehicle Action)
1 - North
2 - East
3 - South
4 - West
9 - Unknown



**INDICATE
NORTH
BY ARROW**



Original Direction of Travel: (Example: Vehicle going north then turning left, code 'N' for Original Direction of Travel)

Vehicle 1 _____ Vehicle 2 _____

_____ Street or Highway

_____ Street or Highway

_____ Street or Highway

Description

Did Peace Officer investigate? ☐ Yes ☐ No Department _____

If you did not have automobile liability insurance coverage for this accident, please check this box ☐.

If you had automobile liability insurance coverage for this accident, please complete insurance information below.

Failure To Complete Insurance Coverage Information Requested Below May Result In A Suspension Of Your Driving And/Or Registration Privileges.

Step 9.

Name of Insurance Company (**Not Agent**) Providing Insurance To Cover Your Liability For Damage Or Injury To Others:

Name of Agent Who Sold Policy _____

Agent Address _____

Policy No. _____ Policy Period: From _____ Agent Phone No. _____

V.I.N. No. (if not previously given) _____

Name of Driver _____

Name of Owner _____

Name of Policyholder _____

Step 10.

Date _____	Signature of Driver of Vehicle No. 1 _____	If Signed By Person Other Than Driver, Give Reason _____
------------	--	--

IMPORTANT: This accident should also be reported directly to your insurance company. Failure to report may jeopardize your automobile liability insurance.

Employees with a communicable disease will be allowed to perform their customary employment duties provided they are able to perform the essential functions of their position and their presence does not create a substantial risk of illness or transmission to students or other employees. The term “communicable disease” will mean an infectious or contagious disease spread from person to person, or animal to person, or as defined by law.

Prevention and control of communicable diseases is included in the school district’s Bloodborne Pathogens Exposure Control Plan. The procedures will include scope and application, definitions, exposure control, methods of compliance, universal precautions, vaccination, post-exposure evaluation, follow-up, communication of hazards to employees and record keeping. This plan is reviewed annually by the superintendent and provider of nursing services.

The health risk to immunodepressed employees is determined by their personal physician. The health risk to others in the school district environment from the presence of an employee with a communicable disease is determined on a case-by-case basis by the employee’s personal physician, a physician chosen by the school district, or public health officials.

Health data of an employee is confidential and it will not be disclosed to third parties. Employee medical records are kept in a file separate from their personal file.

It is the responsibility of the superintendent, in conjunction with the provider of nursing services, to develop administrative regulations stating the procedures for dealing with employees with a communicable disease.

Date of Adoption: June 22, 2009

Date of Revision: May 13, 2013

Standard precautions (SP) are intended to prevent transmission of infection, as well as decrease the risk of exposure for employees and students. SP incorporates the major features of universal precautions (designed to reduce the risk of transmission of blood borne pathogens) and body substance isolation (designed to reduce the risk of transmission of pathogens from moist body substances), regardless of the presumed infection status of the individual. It is not currently possible to identify all infected individuals, thus precautions must be used with every individual. SP pertain to:

- Blood (e.g. lacerations, nose bleeds, abrasions, menstrual flow),
- all body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood (e.g. urine, emesis, feces),
- non-intact skin (e.g. cuts, scrapes, dermatitis), and
- mucus membranes (e.g. oral/nasal secretions).

The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, employees and students should be prepared to use the appropriate precautions prior to contact. Diligent and proper hand washing, respiratory hygiene/cough etiquette, the use of barriers, appropriate disposal of waste products and needles, proper decontamination of spills, and appropriate disinfection and cleaning of all equipment or materials likely to have been contaminated with infectious material are essential techniques of infection control. All individuals should respond to situations practicing SP. Using common sense in the application of these measures will enhance protection of employees and students.

Hand Hygiene

Proper hand washing is crucial to preventing the spread of infection. All large or textured jewelry, on the hands or wrists should be removed prior to washing and kept off until completion of the procedure and the hands are rewashed. Use of running water, lathering with soap and using friction to clean all hand surfaces for at least 20 seconds is a key factor. Rinse well with warm running water and dry hands with paper towels. In the event hand washing facilities are not immediately available, waterless alcohol based hand sanitizers with at least 60% alcohol content are an acceptable method of hand hygiene. Hand and/or skin should be washed with soap and water as soon as possible. Occasionally there will be times when unforeseen skin contact will happen and gloves are not immediately available. In this event, hands and all other affected skin areas must be scrubbed with copious amounts of soap containing antiviral/antibacterial agents and running water for 10 minutes at once or as soon as possible after contact. (NOTE: Antibacterial soap is only available in the nurse's offices). If exposure involves mucous membranes, the affected areas should be flushed with water or eye irrigation solution for 15 minutes or until all traces of the body fluid has been removed. (NOTE: Eye wash stations will need to be added to all nurse's offices with the exception of the high school, which already had this). The affected and surrounding areas should be inspected closely for residue. All body fluid exposures should be reported to the immediate supervisor. If there is an obvious or suspected break in the skin or if the exposure was to a mucous membrane, the individual exposed should be referred for a medical evaluation.

- Hands should be washed before physical contact with individuals and after contact is completed.
- Hands should be washed after contact with any used equipment.
- If hands (or other skin) come into contact with blood or other body fluids, hands should be washed immediately before touching anything else.
- Hands should be washed after the gloves are removed.

Respiratory Hygiene/ Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with soap and water or at least 60% alcohol-based hand rub) after having contact with respiratory secretions and contaminated objects/materials.

When space and chair availability permit, instruct coughing persons to sit at least three feet away from others in common areas and classrooms. Some facilities may find it logistically easier to institute this recommendation than others. If coughing cannot be adequately controlled, it is advised that the individual be sent home and seek medical treatment.

Educational reminders and alerts should be provided to students and staff when seeking medical evaluation from the school nurse to inform the nurse of symptoms of a respiratory illness when they are first seen by the nurse. Healthcare personnel in the district are advised to observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to SP, when examining a student/staff member with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.

Personal Hygiene and Eating in the School Setting

In areas where a reasonable likelihood of occupational exposure exists, work practice controls should include restricting eating, drinking, applying cosmetics or lip balm, and when handling contact lenses. School employees should refrain from taking part in these activities in health rooms, first aid stations, or in any area where there are contaminated items or risk of exposure to potential blood borne pathogens. Food and drink should not be kept in refrigerators, freezers, shelves and cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present. Employees should wash their hands before and after work, as well as before and after meals, after bathroom use, or whenever necessary.

Barriers/ Personal Protective Equipment

Using personal protective equipment (PPE) in schools adds another layer of insulation between being protected and being at risk for exposure to blood borne pathogens. The kind of PPE appropriate for the assignment can vary with the task performed and the exposure expected. Barriers and PPE anticipated to be used at school include disposable and utility gloves, surgical or procedure face masks, gowns, facemasks, eye goggles, absorbent materials, and resuscitation devices. Under the blood borne pathogen standard, the school district is required to provide, at no cost to the employee, personal protective equipment. The PPE must be accessible and provided in the correct size. If the employee notes an allergic sensitivity to latex or powder, hypoallergenic gloves or other similar alternative must be made available. The school district is also responsible for maintaining the personal protective equipment by means such as cleaning, laundering, repairing or replacing as needed for ensuring that the PPE is used properly. Suitable personal protective clothing is to be worn whenever the risk of occupational

exposure to body fluids or other potentially infectious materials is anticipated. There are three levels of protection endorsed for school employees to reduce the occupational exposure to body fluids or other potentially infectious materials. These are intended to be the minimum requirements for infectious materials. Because the risk of exposure varies for each individual or task, each situation should be carefully individualized to determine the best level to be utilized. Employees should follow the “Pyramid of Protection” described below:

Level I: Disposable gloves should be worn whenever it can be reasonably expected that the exposure to blood or other potentially infectious materials, mucous membranes, non-intact skin, or contaminated surfaces is imminent. When putting on gloves, they should be visually inspected for absence of holes, tears, or defects. Single use gloves cannot be washed or decontaminated and should be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised. Gloves should be removed without touching the outside and disposed of after each use. Hand hygiene should be performed immediately following glove removal and gloves should be discarded after use in an appropriate receptacle. Utility gloves should be worn when handling contaminated materials or cleaning contaminated surfaces or tools. Utility gloves can be decontaminated for reuse in the event the entirety of the glove is not compromised. They are to be discarded if they are cracked, peeled, torn, or punctured, they exhibit other signs of deterioration, or their ability as a barrier is compromised.

Assignments that may require Level I protection of single-use gloves:

- Minor wound care or dressing changes
- Blood glucose monitoring
- Injections
- Topical medications
- Catheterization
- Diapering/toileting
- Emesis cleanup
- Tooth brushing/oral care
- Changing ostomy bags
- Cleaning nose/mouth secretions
- Feeding (oral or gastrostomy)
- Suctioning
- Changing menstrual pads
- Oral temperatures

Assignments that may require Level I protection of utility gloves:

- Cleaning body fluid spills
- Emptying trash cans
- Handling sharps/containers
- Handling discarded contaminated materials/regulated waste
- Cleaning/sweeping up contaminated broken glass/sharps
- Handling contaminated laundry

Level II: Repellent gowns and gloves should be worn when there is an expectation of exposure to body fluids or other potentially infectious materials to clothing and skin from splashes, sprays, and splatters. Situations may vary and the clothing may change with the nature of the task. Assignments that may require Level II protection:

- Changing pads for uncooperative mentally impaired student
- Diapering/toileting with gross contamination
- Wound care for a combative child

- Sorting or bagging contaminated laundry
- Disposing of regulated waste with gross contamination
- Diapering, toileting, feeding, suctioning, and general, and cleaning of students with little or no impulse control

Level III: There should not be many situations where a level III protection would be warranted in the school setting. However, there may be incidents in which body fluids or potentially infectious materials could come in contact with the face, nose, or eyes. In these instances, maximum protection should be utilized by donning face/eye protection as well as fluid repellent gown and utility gloves. Assignments that may require Level III protection:

- Feeding a child with a history of spitting, or forceful vomiting, or coughing,
- Suctioning tracheotomy with history of forceful coughing or copious secretions, and
- Assisting with severe injury and wound with spurting blood.

Resuscitation masks (CPR): Pocket masks and mechanical emergency respiratory devices are used as barrier from saliva, vomitus, or other potentially infectious body fluids when giving CPR. They should be easily accessible for emergency situations. It is imperative that the pocket masks and other respiratory devices contain a one-way valve to prevent possible exposure to body fluids to either rescuer or victim. Non-disposable masks should be properly cleaned after an incident for reuse by:

- Putting on gloves,
- Soaking mask in mild soap and warm water, then scrubbing vigorously, rinsing and air drying, and
- Cleansing with an EPA registered disinfectant.

There are also single-use disposable CPR masks available. These devices have a one-way valve and are easy to access as they are packaged in a key chain case or nylon pouch. They are available through the school nurse and are provided to all employees who are CPR trained in the district.

Disposal of Waste

All used or potentially contaminated supplies (including gloves and other barriers) except syringes, needles and other sharp instruments, should be placed in a plastic bag which is sealed. The waste can then be thrown in the garbage. Needles, syringes and other sharp objects should be placed in an approved biohazard puncture resistant container, immediately after use and disposed of as regulated waste. Bodily waste, such as urine, vomitus or feces should be disposed of in the toilet. A band-aid, towel, sanitary napkin or other absorbed waste should be discarded into waste containers lined with plastic bags. Biohazard bags will be located in the nurse's office or through the custodial department. These should be used when blood or body fluids are liquid, semi-liquid, caked with dried blood or secretions, not absorbed into materials, or capable of releasing the substance if compressed and special disposal of such regulated waste is required. It is anticipated schools would encounter the need for this only in the case of a severe accident.

Housekeeping Guidelines

Everyone is responsible for a clean and sanitary school environment, since it protects all of the staff and the students. Keeping the work areas clean reduces the employee's risk of exposure to blood borne pathogens. The custodial staff has the principal task of maintaining a sanitary climate and they have all necessary equipment needed for proper clean up and disinfection.

The following are guidelines for handling body fluid spills (e.g. blood, urine secretions, vomit, saliva, feces, pus, semen, and vaginal secretions).

Cleaning body spills on washable surfaces:

- Wear disposable or utility gloves, and
- Clean and disinfect all hard, soiled, washable surfaces immediately, cleaning with soap and water and removing contaminants before applying disinfectant

(For small spills)

- Use paper towels or tissues to wipe up soiled areas
- After soil is removed, use clean paper towels, soap and water to clean area
- Dispose of paper towels in a plastic bag
- Disinfect area

(For large spills)

- Apply commercial sanitary absorbent agent on soiled area
- After soil is absorbed, sweep all material into a plastic bag, taking care not to create any dust emissions
- Disinfect area with clean mop
- Disinfect mop and bucket

Cleaning body spills on carpet/rugs:

- Use industrial equipment and follow manufacturer's directions for shampooing and disinfecting
- Apply commercial sanitary absorbent agent on soiled area
- After soil is absorbed but still wet, sweep the spill toward the center of the spill, picking up the contents in a dust pan and disposing of in a plastic bag
- Vacuum with either wet vacuum extractor or a vacuum cleaner with high efficiency filter
- Spray the area with a white vinegar solution (1-ounce vinegar to one quart cool water)
- Blot the area repeatedly with white paper towels
- Rinse the area with clean cool water
- Disinfect area with a compatible disinfectant
- Apply a bacteriostatic rug shampoo
- Disinfect vacuum cleaner, dust pan, and brush

Guidelines for cleaning and disinfecting equipment:

- Clean and decontaminate all equipment and environmental surfaces as soon as possible after contact with blood or other body fluids.
- Use a registered EPA approved germicide.
- Remove and replace protective coverings such as plastic wrap and aluminum foil when decontaminating.
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pail and cans that have the likelihood for becoming contaminated.
- Always use mechanical means such as tongs, or brush and dustpan to pick up contaminated sharp; never pick up with hands even if gloves are worn.
- Place contaminated sharps in infectious wastes in designated containers.

- Handle contaminated laundry as little as possible with minimal agitation.
- Contaminated linen should be bagged on site and transported in red biohazard bags that prevent leakage. Label red bag with “laundry” prior to transport.
- Use appropriate personal protective equipment when handling contaminated laundry.
- Discard all regulated waste according to federal, state, and local regulations.

Guidelines for cleaning and disinfecting medical devices:

- Wear disposable or utility gloves,
- Clean the device with soap and water to remove debris,
- Soak in appropriate chemical germicide for 15-20 minutes, and
- Rinse with water and allow to air dry thoroughly before reuse.

Cleaning Schedule

A written schedule should be adopted for cleaning and decontamination of areas that may be susceptible to contamination with blood borne pathogens. These rooms may include, but are not limited to, health room, bathrooms, and self-contained special education classrooms.

Care of Students / Staff

- When possible, students/staff should be encouraged to take care of their own injuries. Students/staff should be encouraged to apply pressure with their own hand, tissue, or bandage over a bloody nose or wound.
- If needed, ask the school nurse, paraeducator, athletic trainers and/or designated first responders.
- If you must assist, provide a barrier between your skin and the blood/body fluid of others. This can be done with gloves. A thick layer of paper towels or cloth can be used as a barrier if gloves are not readily available.

Exposure Incident

An exposure incident is when a person’s mucous membrane, non-intact skin or parenteral contact comes in contact with another person’s blood or other potentially infected material. An exposure incident requires immediate washing/flushing, reporting and follow-up.

- Always wash the exposed area immediately with soap and water.
- If a mucous membrane splash (eye or mouth) or exposure of non-intact skin occurs, irrigate or wash the area thoroughly.
- If a cut or needle stick injury occurs, wash the area thoroughly with soap and water.

The exposure should be reported immediately to a staff member if the person exposed is a student or visitor. First aid should be sought immediately and the parent or guardian (if a minor student) is notified, and the person exposed should contact a physician immediately for further health care instructions. When a school employee incurs an exposure incident, it should be reported as soon as possible to the employee’s supervisor and first aid care sought. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. The following steps will be taken once an employee has reported an exposure incident:

1. Detailed information concerning the exposure incident will be given by the exposed employee to the district's occupational health carrier (Covenant Medical Center, Occupational Medicine, 226 Bluebell Rd., Cedar Falls, IA 50613).
2. The exposed employee must sign a consent form for permission to release and exchange information with the exposed employee's medical provider.
3. If at all possible, the identification of the source individual and, if possible, the status of the source individual should be obtained, unless the employer can establish that identification is not feasible or prohibited by state or local law. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV/HCV infectivity. It must be noted that the results of the source individual's tests cannot be relied on solely. It is prudent to remember that HIV antibodies may not be detectable for a window of 6-12 weeks.
4. Direct the exposed employee to the district's occupational health provider at the time of the exposure incident for evaluation and to determine the need for HIV PEP. (Covenant Medical Center, Occupational Medicine, 226 Bluebell Rd., Cedar Falls, IA 50613 if exposure occurs between 7am and 5pm, Monday-Friday. If the exposure occurs before 7am or after 5pm or on weekends/holidays, the employee should report to Sartori Emergency Department.) Follow-up for HBV and HCV infections also should be conducted. The district personnel office must provide the healthcare professional with a description of the employee's job duties as they relate to the incident, and a report of the specific exposure, including date/time of exposure, route of exposure, and relevant employee medical records, including Hepatitis B vaccination status.
5. If a severe exposure occurs involving (1) a known infected individual or (2) copious amounts of blood or other infected materials, or (3) if the exposed person is pregnant or suspected to be resistant to antiretroviral drugs, the CDC has new recommendations for post exposure prophylaxis. Infected individuals should be placed on the HIV medications within one to two hours of exposure and remain on them until HIV testing is negative.
6. The results of the source individual's testing shall be made available to the exposed employee, provided the source individual has given consent and release for testing. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
7. The exposed employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and instructions to report any related experiences to the appropriate personnel.
8. The district personnel director shall obtain and provide the employee with a copy of the healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional will be instructed to limit their opinions to:
 - a. whether the hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following the incident;
 - b. whether the employee has been informed of the results of the evaluation; and
 - c. whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. All other findings or diagnoses will remain confidential and will not be included in the written report.

HBV Vaccinations

The following is a list of job classifications grouped according to level of occupational exposure potential. All employees in category (1) will be given the opportunity to receive the HBV vaccinations.

- (1) Employees with exposure potential:
 - Administrators
 - Nurses

- Secretaries (who are trained to administer first aid and/or medication certified)
 - Playground associates, paraeducators regularly assigned to assist students with disabilities, and those associates trained to administer first aid and/or parenteral medication)
 - Teachers in physical education and teachers in laboratory settings (family & consumer science, industrial technology, art and science) and teachers regularly assigned to playground and/or bus duties
 - Coaches and athletic trainers
 - Custodians
 - Bus drivers
 - Emergency-response team members (CPR/AED/First Aid certified in each building)
- (2) All other staff approved volunteers have the option to receive post-exposure vaccination.

School staff members may decline the vaccination. However, if they do, they must sign a declination form. The employee may request and obtain the vaccination later and at no cost if the individual is employed in a category 1 position. If the school employee has previously received the vaccination series, a copy of the information should be submitted by the employee to the district's personnel office for placement in the employee's confidential medical records.

Employee Training and Information

Training for all employees should be (1) conducted prior to initial assignment to a task where exposure may occur, (2) provided at no cost to the school personnel, (3) transacted during working hours, and (4) conducted at least once a year thereafter. Additional training may be needed when tasks are modified or new tasks that involve occupational exposure to blood borne pathogens affect the employee's exposure. The person conducting the training must have knowledge of the subject matter, the information provided must be appropriate in content and vocabulary to the educational level, literacy, and language of the audience addressed. An acceptable training will contain the following elements:

- A copy of or information on how to obtain the OSHA standard for blood borne pathogens regulations.
- Information on the epidemiology and symptoms of blood borne diseases; modes of transmission of blood borne pathogens.
- Modes of transmission of blood borne pathogens.
- An explanation of the exposure control plan, including points of the plan, lines of responsibility, how the plan will be implemented, etc., and where it is located.
- Information on how to recognize tasks that might result in occupational exposure.
- A list of control measures and work practices which will be used in the school to control exposure to blood or other potentially infectious materials.
- Information concerning personal protective equipment available at the school, including the types, selections, proper use, location, removal, handling, decontamination, and disposal.
- Information on hepatitis B vaccination, such as safety, benefits, efficacy, methods of administration, and availability.
- Post-exposure evaluation and follow-up, including information on whom to contact and what to do in an emergency.
- Information on warning labels, signs and color-coding.
- Question and answer session on any aspect of the training.

This information and training may be conducted using a variety of learning modes, videotapes, written material, and lecture material. In most cases the school nurse will be responsible for the training.

Record Keeping

The blood borne pathogen standard requires that two types of records be kept for school employees who sustain an occupational exposure incident to blood or other potentially infectious materials: medical and training.

The medical record is confidential and separate from other personnel records. It is retained by the personnel office and includes the employee's name, social security number, hepatitis B vaccination status, including dates of vaccination, and any medical records relative to the employee's ability to receive the vaccination. If an occupational exposure incident occurs, results of examinations, medical testing, and post-exposure evaluation and follow-up procedures as well as the health care professional's opinion and a copy of the information provided to the medical professional should be included. The medical records must be kept confidential and maintained for at least the duration of the employee's tenure in the district, plus 30 years.

The training records are also to be retained and kept for three years from the date on which the training occurred and must be available to OSHA upon request. They should include (1) the dates of the training sessions and the content, (2) the name and qualifications of the person presenting the training, and (3) the names and job titles of all those attending the training.

Upon request, both the medical and training records must be made available to the Assistant Secretary of Labor for OSHA. The training records must also be made available to the school employee upon request. The medical records can be accessed by anyone if the employee gives written consent.

References

Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. MMWR Morb. Mortal. Wkly Rep 1998; 47 (RR-19):1-39.

Centers for Disease Control and Prevention. Recommendations for preventing transmission of infection with human T-lymphotropic virus type III/lymphadenopathy-associated virus in the workplace. MMWR Morb. Mortal. Wkly Rep 1985;34:681-5; 691-5.

Champion, C. Occupational Exposure to Blood Borne Pathogens; Implementing OSHA Standards in a School Setting. NASN (2005).

Date of Adoption: September 19, 1994

Dates of Revision: November 11, 1996
November 25, 2002
October 13, 2008
June 8, 2009
May 13, 2013

BUS CONDUCT REPORTS

Fill out and turn in to the supervisor of transportation.

Describe the incident accurately, include any specific comments, statements, taunts, and inappropriate or profane words which you heard or were allegedly made. Clearly indicate whether you heard the comments first-hand or if they were reported to you second-hand.

All principals in the Cedar Falls School system do not necessarily use the same discipline policy regarding bus conduct reports, but the majority supports the idea of suspension from the bus after three write-ups. Any questions or problems regarding this should be referred to the supervisor of transportation.

It usually takes one or two days for the report to get back to the bus garage with the action recommended.

Bus Conduct Reports are located in Lounge.

Harassment and bullying are against federal, state and local policy, and are not tolerated by the board. The board is committed to providing a safe and civil school environment in which all members of the school community are treated with dignity and respect. To that end, the board has in place policies, procedures, and practices that are designed to reduce and eliminate bullying and harassment as well as processes and procedures to deal with incidents of bullying and harassment. Bullying and harassment of students, staff, and/or volunteers who have direct contact with students will not be tolerated in the school or school district.

The Board of Education prohibits harassment, bullying, hazing, or any other victimization based on any of the following actual or perceived traits or characteristics, including but not limited to, age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status.

This policy is in effect while students are on property within the jurisdiction of the board; while on school-owned, leased or school-operated vehicles; while attending or engaged in school-sponsored activities; and while away from school grounds if the misconduct directly affects the good order, efficient management and welfare of the school or school district.

If, after an investigation, a student is found to be in violation of this policy, the student shall be disciplined by appropriate measures including, but not limited to, suspension, exclusion, and expulsion. All reports of bullying/harassment will be documented and reported to the Iowa Department of Education.

Harassment and bullying mean any electronic, written, verbal, or physical act or conduct which is based on any actual or perceived trait or characteristic and which creates an objectively hostile school environment that meets one or more of the following conditions:

- Places the person in reasonable fear of harm to the person or property
- Has a substantially detrimental effect on the person's physical or mental health
- Has the effect of substantially interfering with the person's academic or work performance, or
- Has the effect of substantially interfering with the person's ability to participate in, provide or benefit from the services, activities, or privileges provided by a school

"Electronic" includes, but is not limited to, communication via electronic mail, internet-based communications, cell phones, electronic text messaging or similar technologies.

Harassment and bullying may include, but are not limited to, any of the following behaviors and circumstances:

- Verbal, nonverbal, physical or written harassment, bullying, hazing, or other victimization that have the purpose or effect of causing injury, discomfort, fear, or suffering to the target
- Implied or explicit threats concerning one's grades, achievements, property, etc. that have the purpose or effect of causing injury, discomfort, fear, or suffering to the target
- Demeaning jokes, stories, or activities directed at the student that have the purpose or effect of causing injury, discomfort, fear, or suffering to the target
- Repeated remarks of a demeaning nature that have the purpose or effect of causing injury discomfort, fear, or suffering to the target
- Unreasonable interference with a person's performance or creation of an intimidating, offensive, or hostile environment

Sexual harassment means unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Submission to the conduct is made either implicitly or explicitly a term or condition of the student's education or benefits.
- Submission to, or rejection of, the conduct by a school employee is used as the basis for academic decisions affecting that student.
- The conduct has the purpose or effect of substantially interfering with the academic or work performance by creating an intimidating, hostile, or offensive education environment.

In situations between students and school officials, faculty, staff, or volunteers who have contact with students, bullying and harassment may also include the following behaviors:

- Requiring that a student submit to bullying or harassment by another student, either explicitly or implicitly, as a term or condition of the targeted student's education or participation in school programs or activities
- Requiring submission to or rejection of such conduct as a basis for decisions affecting the student.

School employees, volunteers, parents or guardians, and students will assist with the enforcement of this policy, including, but not limited; to assisting with educational and preventative measures, reporting, and investigations of harassment or bullying. Any person who promptly, reasonably, and in good faith reports an incident of bullying or harassment under this policy to a school official or supervisor shall be immune from civil or criminal liability relating to such report and to the person's participation in any administrative, judicial, or other proceeding relating to the report. Individuals who knowingly file a false complaint or give false statements in an investigation may be subject to appropriate disciplinary action.

Retaliation against any person filing a bullying or harassment complaint or assisted or participated in a harassment investigation or proceeding is also prohibited. Any student

found to have retaliated in violation of this policy shall be subject to measures including, but not limited to, suspension, exclusion and expulsion.

The school or school district will promptly and reasonably investigate allegations of bullying or harassment. The Director of Secondary Education and/or Director of Elementary Education or designee will be responsible for handling all complaints by students alleging bullying or harassment. Investigators will consider the totality of circumstances presented in determining whether conduct objectively constitutes harassment or bullying.

It is the responsibility of the superintendent, in conjunction with the investigator and principals, to develop procedures regarding this policy. The Board will annually communicate this policy. The policy may be publicized by the following means:

- Inclusion in the student handbook
- Inclusion in the employee handbook
- Inclusion in the registration materials
- Inclusion on the school or district websites
- Readily accessible in the principal and counselor offices
- Other

Date of Adoption: August 13, 2007

Date of Revision: October 27, 2008
January 14, 2013
April 8, 2013

ANTI-BULLYING/HARASSMENT COMPLAINT FORM

ANTI-BULLYING/HARASSMENT COMPLAINT FORM

(Completion of this form is optional. The District also encourages direct communication of concerns with the student's teacher, counselor, administrator or other trusted staff member who can assist in documenting a bullying/harassment complaint.)

Name of complainant: _____

Position of complainant: _____

Name of Target: _____

Date of complaint: _____

Name of person who
allegedly harassed or bullied: _____

Date and place of incident or incidents: _____

Description of misconduct: _____

Name of witnesses (if any): _____

Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence if possible): _____

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: ____/____/____

Completed complaint form should be given to target's building principal.

It is the policy of the Cedar Falls Community School District that the ongoing program of school bus safety shall be augmented by the following provisions regarding loading and unloading of students during reduced visibility caused by fog, snow or other weather conditions.

1. If it is determined by the superintendent or the superintendent's designee that unsafe conditions caused by fog, snow or other weather conditions are present throughout the district, buses shall not operate.
2. In instances where fog, snow or other weather conditions are encountered by drivers during the course of operations, each driver is authorized to make decisions regarding whether to make the stops affected by the reduced visibility conditions.

Drivers shall report all stops by-passed as a result of such reduced visibility. Reports are to be made by radio to the bus garage office as soon as is safely possible after the decision to by-pass has been made. If radio contact cannot be made, the report must be made by the earliest and safest other means of communication.

Students who cannot be discharged at regular stops will be returned to a district facility and contact will be made with the parents/guardians.

Date of Adoption: September 8, 1980

Date of Revision: December 11, 1989
April 28, 2003
April 9, 2007
January 23, 2012

DUTIES AND RESPONSIBILITIES OF SCHOOL BUS DRIVERS

1. To hold valid licenses and permits as required by the Department of Education.
2. To maintain a good driving record.
3. To participate in all required in-service training.
4. To possess a knowledge of all laws and regulations pertaining to the safe transportation of students.
5. To operate buses in accordance with all approved procedures, so as to provide the safest and most efficient transportation for students.
6. To maintain order and discipline among students being transported.
7. To comply fully with all directives regarding the handling of elementary student bus passes and secondary student bus passes.
8. To maintain current route descriptions for all routes driven.
9. To ensure compliance with all fueling and pre-trip inspection procedures.
10. To maintain the interior portions of buses driven so that standards of cleanliness are preserved.
11. To report all mechanical problems or suspected problems.
12. To perform such other duties as may properly be assigned by the Supervisor of Transportation or the Driver/Route Supervisor.

DUTIES AND RESPONSIBILITIES OF FIELD TRIP DRIVER & MECHANIC'S HELPER

1. Drive school field trips and other trips, as assigned.
2. Serve as a substitute school bus driver.
 - a. To hold valid licenses and permits as required by the Department of Education.
 - b. To maintain a good driving record.
 - c. To participate in all required in-service training.
3. Assist in maintaining school-owned vehicles and equipment.
4. To perform such other duties as may properly be assigned by the Supervisor of Transportation or the Driver/Route Supervisor.

**CEDAR FALLS COMMUNITY SCHOOLS
JOB DESCRIPTION**

JOB TITLE: **Bus Mechanic**

CLASSIFICATION: **Non Union**

REPORTS TO: **Supervisor of Transportation**

FLSA STATUS: ☐ Exempt ☒ Non-Exempt

STATUS ☒ Full Time ☐ Part Time

☒ Hourly ☐ Salary

DATE CREATED/REVISED: **2/24/2015**

BASIC FUNCTION: to ensure that the district bus fleet and other diesel and gasoline powered vehicles are operationally and mechanically maintained to allow safe and efficient transportation of students, employees, and other passengers.

ESSENTIAL FUNCTIONS:

1. Diagnose actual vehicle malfunctions, using computer diagnostic equipment, internet based research, and process of elimination testing.
2. Perform repair and/or replacement of vehicle systems and/or components e.g. differentials, clutches, front/rear ends, brakes, fuel pumps, fuel lines, gauges, electrical wiring, u-joints, AC/heating, drive lines, CV shafts, starters, alternators, water pumps, sensors, exhaust, engines, transmissions, axles, steering components, ball joints, etc.
3. Test drive vehicles and ensure they are safe for operation, meeting District, State and Federal standards for safety and operation.
4. In collaboration with the Sr. Mechanic source, order and inventory spare and replacement components, tires, shop supplies etc.
5. Perform regularly scheduled maintenance, replacement and repairs.
6. Perform systematic preventive maintenance, identifying potential and actual safety and operational problems and taking appropriate action.
7. Perform minor body work e.g. front ends, fenders, bumpers to comply with State standards and maintain the appearance of the fleet as well as the reputation of the District.
8. Perform minor maintenance and repair on gasoline vehicles including but not limited to checking fluid levels, tire pressure and accessory items e.g. batteries, light bulbs, fuses, belts, wiper blades, and replacement of components e.g. brakes, bearings etc.
9. Respond to emergency breakdowns of buses and vehicles while in service, performing necessary repairs or making arrangements for the vehicle to be towed and the passengers to be transported by alternative means.
10. Perform the duties of a school bus driver on a regular route and/or activity trip as needed.
11. Ensure the mechanical repair shop is maintained in a safe, orderly, and efficient fashion including, but not limited to, storage of tools, equipment, supplies.
12. Comply with all regulatory standards regarding use, storage and disposal of chemicals and hazardous materials.
13. Work in close cooperation with the Bus Mechanic to ensure all duties and operations of the service and repair shop are performed effectively and efficiently.
14. Perform other duties as assigned

QUALIFICATIONS:

In order to perform this job successfully, an individual must be able to perform each essential duty in a satisfactory manner. The requirements listed below are representative of the knowledge, skill, and/or ability required.

- **Experience Required:** Journeyman level education or the equivalent gained in experience working full time under the direction of a Journeyman or Master mechanic
- **Skills-** ability to use hand and power tools, read and interpret diagnostic testing devices, follow schematics, perform internet based research to trouble shoot problems
- **Knowledge-** State and Federal transportation regulations and laws; OSHA safety standards; basic math including calculations using fractions, percentages, and ratios; read comprehend and apply technical documentation
- **Ability-** to work independently and take initiative; to work collaboratively as a member of a team; to communicate clearly and appropriately when interacting with co-workers, students and members of the public; to exercise sound judgment and make decisions
- **Licenses, Certifications, Bonding, and or Testing Required:** High School Diploma/GED; possess a CDL license with passenger and airbrake endorsement; Iowa School Bus operators permit; possess a motor vehicle record which is acceptable to the District's insurance carrier

TOOLS: responsible for providing all mechanical, electrical and air-operated tools.

LANGUAGE SKILL

REASONING ABILITY:

PHYSICAL REQUIREMENTS: *The physical requirements and other working conditions listed in this section are representative, but are not intended as an exhaustive list, of physical abilities and other conditions of continued employment required of positions. The district encourages individuals with disabilities who desire accommodations of those disabilities to contact the Human Resources Department for assistance.*

1. In an eight-hour day employee may:

a. Stand/Walk	<input type="checkbox"/> None	<input type="checkbox"/> 1-4 hrs	<input type="checkbox"/> 4-6 hrs	<input checked="" type="checkbox"/> 6-8 hrs
b. Sit	<input type="checkbox"/> None	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 5-8 hrs
c. Drive	<input type="checkbox"/> None	<input checked="" type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 5-8 hrs
2. Employee may use hands for repetitive: ☒ Single Grasping ☒ Pushing & Pulling
☒ Fine Manipulation ☐ Key boarding/data entry
3. Twist and bend at wrist and elbow; extend arms to reach outward and upward; use hands and arms to lift objects; turn, raise and lower head: ☒ Yes ☐ No
4. Employee may use feet for repetitive movement as in operating foot controls:
☒ Yes ☐ No
5. Vision (which may be corrected) to read small print; view a computer screen for prolonged periods: ☒ Yes ☐ No
6. Hearing: (which may be corrected) to answer phones and tolerate exposure to noisy conditions: ☒ Yes ☐ No
7. Speech: to be understood in face to face communications; to speak with a level of proficiency and volume to be understood over a telephone: ☒ Yes ☐ No
8. Smell to distinguish strong odors

9. Employee may need to:
- | | | | |
|-----------------|--|---------------------------------------|-------------------------------------|
| a. Bend | <input checked="" type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not at all |
| b. Squat | <input checked="" type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not at all |
| c. Climb Stairs | <input checked="" type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not at all |
| d. Lift | <input checked="" type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not at all |
| e. Crouch | <input checked="" type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not at all |
| f. Kneel | <input checked="" type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not at all |
| g. Twist | <input checked="" type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not at all |
10. Lifting:
- ☐ Sedentary Work: Lift or move 10 pounds occasionally with frequent sitting and occasional standing/walking.
 - ☐ Light Work: Lift or move 20 pounds occasionally with occasional sitting and frequent standing/walking.
 - ☐ Medium Work: Lift or move 50 pounds occasionally, 25 pounds frequently with occasional sitting and frequent standing/walking.
 - ☐ Medium Heavy Work: Lift or move 75 pounds occasionally, 35 pounds frequently with occasional sitting and frequent standing/walking.
 - ☒ Heavy Work: Lift or move 100 pounds occasionally, 50 pounds frequently with occasional sitting and frequent standing/walking.
11. Environmental Exposure:
- ☒ May be exposed to sun, rain, wind, snow
 - ☒ May be exposed to extreme heat or cold
 - ☒ May be exposed to confined spaces
 - ☒ May be exposed to heights of more than 6 feet
 - ☒ May be exposed to dust & dirt
 - ☒ May be exposed to fumes, vapors, steam, smoke
 - ☒ May be exposed to chemically treated fluids
 - ☒ May be exposed to loud noise
 - ☒ May be exposed to high decibel emitting equipment, high decibel sound
 - ☒ May be exposed to constant work interruptions
 - ☒ May be exposed to communicable illnesses; bodily secretions and excretions
 - ☒ May be exposed to aggressive emotional and physical behavior
 - ☐ Other:
12. Mental Requirements: read, write, understand, compare, compile, interpret and apply information at a moderately complex level essential for job performance; business math skills at a high school proficiency level; judgment and the ability to process information quickly; learn quickly and follow verbal instructions, procedures and standards; rank tasks in order of importance

The statements contained herein describe the scope of the responsibility and essential functions of this position, but should not be considered to be an all-inclusive listing of work requirements. Individuals may perform other duties as assigned. Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time. Signature confirms receipt of the job description.

Signature of Supervisor: _____ **Date:** _____

Signature of Employee _____ **Date:** _____

**CEDAR FALLS COMMUNITY SCHOOLS
JOB DESCRIPTION**

JOB TITLE: Senior Bus Mechanic

CLASSIFICATION: Non Union

REPORTS TO: Supervisor of Transportation

FLSA STATUS: ___Exempt ___x_Non-Exempt

STATUS ___x_Full Time ___Part Time

___x_Hourly ___Salary

DATE CREATED/REVISED: 2/24/2015

BASIC FUNCTION: to ensure that the district bus fleet and other diesel and gasoline powered vehicles are operationally and mechanically maintained to allow safe and efficient transportation of students, employees, and other passengers.

ESSENTIAL FUNCTIONS:

1. Diagnose actual vehicle malfunctions, using computer diagnostic equipment, internet based research, and process of elimination testing.
2. Perform repair and/or replacement of vehicle systems and/or components e.g. differentials, clutches, front/rear ends, brakes, fuel pumps, fuel lines, gauges, electrical wiring, u-joints, AC/heating, drive lines, CV shafts, starters, alternators, water pumps, sensors, exhaust, engines, transmissions, axles, steering components, ball joints, etc.
3. Test drive vehicles and ensure they are safe for operation, meeting District, State and Federal standards for safety and operation.
4. Source, order and inventory spare and replacement components, tires, shop supplies etc.
5. In collaboration with the Supervisor of Transportation make decisions regarding
 - a. outsourcing and scheduling of service, maintenance and repair work.
6. Provide input and work in collaboration with other department staff on planning and operating bus routes, including inputting and maintaining data in Versitrans or the equivalent computer based bus routing application.
7. Perform regularly scheduled maintenance, replacement and repairs.
8. Perform systematic preventive maintenance, identifying potential and actual safety and operational problems and taking appropriate action.
9. Perform minor body work e.g. front ends, fenders, bumpers to comply with State standards and maintain the appearance of the fleet as well as the reputation of the District.
10. Perform minor maintenance and repair on gasoline vehicles including but not limited to checking fluid levels, tire pressure and accessory items e.g. batteries, light bulbs, fuses, belts, wiper blades, and replacement of components e.g. brakes, bearings etc.
11. Respond to emergency breakdowns of buses and vehicles while in service, performing necessary repairs or making arrangements for the vehicle to be towed and the passengers to be transported by alternative means.
12. Perform the duties of a school bus driver on a regular route and/or activity trip as needed.
13. Ensure the mechanical repair shop is maintained in a safe, orderly, and efficient fashion including, but not limited to, storage of tools, equipment, supplies.

14. Comply with all regulatory standards regarding use, storage and disposal of chemicals and hazardous materials.
15. Work in close cooperation with the Bus Mechanic to ensure all duties and operations of the service and repair shop are performed effectively and efficiently.
16. Perform other duties as assigned.

QUALIFICATIONS:

In order to perform this job successfully, an individual must be able to perform each essential duty in a satisfactory manner. The requirements listed below are representative of the knowledge, skill, and/or ability required.

- **Experience Required:** Journeyman level education or the equivalent gained in experience working full time under the direction of a Journeyman or Master mechanic
- **Skills-** ability to use hand and power tools, read and interpret diagnostic testing devices, follow schematics, perform internet based research to trouble shoot problems
- **Knowledge-** State and Federal transportation regulations and laws; OSHA safety standards; basic math including calculations using fractions, percentages, and ratios; read comprehend and apply technical documentation
- **Ability-** to work independently and take initiative; to work collaboratively as a member of a team; to communicate clearly and appropriately when interacting with co-workers, students and members of the public; to exercise sound judgment and make decisions
- **Licenses, Certifications, Bonding, and or Testing Required:** High School Diploma/GED; possess a CDL license with passenger and airbrake endorsement; Iowa School Bus operators permit; possess a motor vehicle record which is acceptable to the District's insurance carrier

TOOLS: responsible for providing all mechanical, electrical and air-operated tools.

LANGUAGE SKILL

REASONING ABILITY:

PHYSICAL REQUIREMENTS: *The physical requirements and other working conditions listed in this section are representative, but are not intended as an exhaustive list, of physical abilities and other conditions of continued employment required of positions. The district encourages individuals with disabilities who desire accommodations of those disabilities to contact the Human Resources Department for assistance.*

1. In an eight-hour day employee may:

a. Stand/Walk	<input type="checkbox"/> None	<input type="checkbox"/> 1-4 hrs	<input type="checkbox"/> 4-6 hrs	<input checked="" type="checkbox"/> 6-8 hrs
b. Sit	<input type="checkbox"/> None	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 5-8 hrs
c. Drive	<input type="checkbox"/> None	<input checked="" type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 5-8 hrs
2. Employee may use hands for repetitive: ☒ Single Grasping ☒ Pushing & Pulling
☒ Fine Manipulation ☐ Key boarding/data entry
3. Twist and bend at wrist and elbow; extend arms to reach outward and upward; use hands and arms to lift objects; turn, raise and lower head: ☒ Yes ☐ No
4. Employee may use feet for repetitive movement as in operating foot controls:
☒ Yes ☐ No
5. Vision (which may be corrected) to read small print; view a computer screen for prolonged periods: ☒ Yes ☐ No

6. Hearing: (which may be corrected) to answer phones and tolerate exposure to noisy conditions: ☒Yes ☐No
7. Speech: to be understood in face to face communications; to speak with a level of proficiency and volume to be understood over a telephone: ☒Yes ☐No
8. Smell to distinguish strong odors
9. Employee may need to:

a. Bend	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
b. Squat	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
c. Climb Stairs	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
d. Lift	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
e. Crouch	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
f. Kneel	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
g. Twist	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
10. Lifting:
 - ☐ Sedentary Work: Lift or move 10 pounds occasionally with frequent sitting and occasional standing/walking.
 - ☐ Light Work: Lift or move 20 pounds occasionally with occasional sitting and frequent standing/walking.
 - ☐ Medium Work: Lift or move 50 pounds occasionally, 25 pounds frequently with occasional sitting and frequent standing/walking.
 - ☐ Medium Heavy Work: Lift or move 75 pounds occasionally, 35 pounds frequently with occasional sitting and frequent standing/walking.
 - ☒ Heavy Work: Lift or move 100 pounds occasionally, 50 pounds frequently with occasional sitting and frequent standing/walking.
11. Environmental Exposure:
 - ☒ May be exposed to sun, rain, wind, snow
 - ☒ May be exposed to extreme heat or cold
 - ☒ May be exposed to confined spaces
 - ☒ May be exposed to heights of more than 6 feet
 - ☒ May be exposed to dust & dirt
 - ☒ May be exposed to fumes, vapors, steam, smoke
 - ☒ May be exposed to chemically treated fluids
 - ☒ May be exposed to loud noise
 - ☒ May be exposed to high decibel emitting equipment, high decibel sound
 - ☒ May be exposed to constant work interruptions
 - ☒ May be exposed to communicable illnesses; bodily secretions and excretions
 - ☒ May be exposed to aggressive emotional and physical behavior
 - ☐ Other:
12. Mental Requirements: read, write, understand, compare, compile, interpret and apply information at a moderately complex level essential for job performance; business math skills at a high school proficiency level; judgment and the ability to process information quickly; learn quickly and follow verbal instructions, procedures and standards; rank tasks in order of importance

The statements contained herein describe the scope of the responsibility and essential functions of this position, but should not be considered to be an all-inclusive listing of work requirements. Individuals may perform other duties as assigned. Nothing in this job description restricts

*management's right to assign or reassign duties and responsibilities to this job at any time.
Signature confirms receipt of the job description.*

**Signature of
Supervisor:**_____ **Date:**_____

Signature of Employee:_____

Employees covered by collective bargaining agreements shall receive leaves of absence in accordance with the appropriate collective bargaining agreement provisions. This policy delineates leaves of absence for employees not covered by a collective bargaining agreement.

Sick Leave

Employees, except temporary employees, shall be granted eighteen (18) days of paid leave of absence for personal illness, injury, or associated treatment each year. However, employees beginning after July 1, 2005, shall receive paid sick leave as follows:

- | | |
|-------------------------------------|--------------------|
| • 1 st full school year: | Twelve (12) days |
| • 2 nd full school year: | Thirteen (13) days |
| • 3 rd full school year: | Fourteen (14) days |
| • 4 th full school year: | Fifteen (15) days |
| • Thereafter: | Eighteen (18) days |

Unused sick leave days may be accumulated to a maximum of ninety-five (95) contract days, including the current year allocation. Accrued but unused sick leave is not “paid out” upon termination of employment.

Sick leave days will be prorated for employees who are not contracted for or who do not work a full contract year. Part-time employees shall be granted a pro-rata amount of sick leave based upon the ratio of the number of hours they work to 40 hours. A new employee to the District must report for work at least thirty (30) work days prior to receiving the full paid sick leave benefit

Up to a maximum of six (6) days of paid sick leave may be approved under the following circumstances; such days will be deducted from the employee’s personal sick leave balance:

- Leave for the parent of a new born or newly adopted child
- Illness, injury, or medical treatment for a member of the employee’s immediate family.

“Immediate family” is defined as: a spouse, parent (including step relationships), or child (including step, adopted, foster, and legal guardian).

(NOTE: Elective and cosmetic surgery and related procedures, including but not limited to cosmetic treatments, orthodontic consultation or treatment, lasik surgery, periodic physicals and preventative health check-ups, etc. do not qualify for paid sick leave.

An employee making a claim for paid sick leave, either for the employee’s own illness or that of a family member, shall provide a medical report from a doctor confirming the necessity for such a leave of absence upon request of the superintendent or the

superintendent's designee. A report may also be required to confirm fitness to return to duty.

Workers' Compensation

An employee injured or disabled on the job may be eligible to receive a weekly benefit under the Iowa workers' compensation law. If an employee receives workers' compensation benefits, the employee's accumulated sick leave will be reduced proportionate to the amount the workers' compensation benefits are to the employee's regular salary. At such time, the employee may also elect to have the workers' compensation benefits supplemented from the District by using either sick leave, vacation leave, personal leave, and/or earned compensatory time. If supplemental payments are elected, leave time will be reduced by one full day for each day of absence. When all leave time is exhausted, supplemental payments will cease.

An employee who, in the course of employment, suffers a personal injury resulting from an episode of violence toward that employee for which workers' compensation is payable, shall be entitled to have workers' compensation benefits supplemented in order for the employee to receive full salary and benefits for the shortest of (a) one year from the date of the disability or (b) the period during which the employee is disabled and incapable of employment. Supplementation in such situations shall not be charged against sick leave, vacation time, personal leave, or earned compensatory time.

Extended Disability Leaves of Absence

An administrator, supervisor or classified employee, except a temporary employee, who is unable to work because of personal illness or injury, and who has exhausted all paid leave available, may be granted an unpaid leave of absence and may continue all available fringe benefits at his/her own expense, except that the District shall provide benefits in accordance with the Family and Medical Leave Act.

Family and Medical Leave Act

Federal law requires the District to grant up to 12 weeks of leave per year to employees who have been employed at least 12 months and who have worked at least 1,250 hours during the preceding 12 months for the purpose of (1) the employee's personal serious health condition, (2) caring for the employee's newly born child, (3) caring for a child placed for adoption or placement of a foster child, (4) caring for the employee's parent, spouse, or child (under 18 years of age, or 18 years of age or older and incapable of self-care because of a physical or mental disability) with a serious health condition, and (5) a qualifying exigency arising out of the fact that the employee's spouse, child, or parent is on active duty or has been notified of an impending call to active duty in the Armed Forces in a foreign country. In addition, federal law requires the District to grant eligible employees up to 26 weeks of leave during a single twelve-month period to care for a covered service member with a serious illness or injury incurred or aggravated in the line of duty on active duty.

During FMLA the District requires an eligible employee to first utilize any earned paid vacation time or other leave provided by policy or by a collective bargaining agreement

to the extent the purpose is covered by and consistent with requirements for the paid leave time. Any FMLA leave in excess of available paid leave shall be unpaid.

At the employee's option, the District shall continue the District's contributions towards health insurance on behalf of the employee for up to twelve (12) (or 26, if applicable) weeks as if the employee were still at work. If the employee has more than 12 (or 26, if applicable) weeks of paid leave available, the District shall continue the District's contribution until the paid leave is exhausted. The employee shall remit the employee's contribution towards health insurance by the date the District makes payment to the insurance carrier or within 30 days thereafter. Failure to make contributions when due may result in the employee losing coverage during the period of the leave. If the employer makes the employee-owed payments, the employee authorizes the District to offset such sums advanced against any sums owed to the employee. If the employee does not return to work at the end of the leave (except for reasons specified in the Act), the employee will be required to reimburse the District for all contributions made by the District while the employee was on unpaid leave.

Employees may request leave under the Family Medical and Leave Act for up to a total of 12 weeks per year (or a total of 26 weeks to care for a covered service member with a serious health condition). "Year" shall be defined as a 12-month period measured forward from the date an employee's first FMLA leave begins. Leave to care for a newly-born, adopted or foster child must conclude within 12 months of the birth or placement of the child. Spouses, both of whom are employed by the district, may take a combined 12-week allotment for the birth or placement of a child and/or spouses may take a combined 26-week allotment to care for a covered service member with a serious illness or injury incurred or aggravated in the line of duty. The District may require an employee to provide written certification from a health care provider when an employee requests family and medical leave for the employee's own serious health condition or to care for the employee's parent, spouse, or child with a serious health condition, or to care for a covered service member with a serious illness or injury.

Bereavement Leave

Employees, except temporary employees, may be granted up to five (5) days paid leave per occurrence in the event of the death of a member of the employee's immediate family. The "immediate family" shall include spouse, child (including step, adopted, foster or legal guardian relationship), parent, step-parent, brother, or sister of the employee.

Emergency Leave

Employees, except temporary employees, shall be granted up to a total of three (3) days of paid emergency leave per contract year in the event of a death or a serious health condition in the extended family or of a close friend, where sick leave or bereavement leave provisions do not apply.

"Serious health condition" is defined as: an illness, injury, impairment, or physical/mental condition that involves:

- A. either, inpatient (at least one overnight stay), non-elective treatment in a hospital, hospice, or residential care facility including any period of subsequent related

outpatient treatment delivered in a hospital, hospice, or medical treatment facility in connection with the initial inpatient condition;

- B. or, the actual day an immediate family member undergoes outpatient surgery (or other invasive procedure) at a hospital or medical treatment facility, including doctor's office when the doctor deems it medically appropriate, where the presence of the employee is medically required by the patient's doctor.

"Extended family" for purposes of leave for a serious health condition is defined as grandparent, grandchild, sister, brother, in-law relations (i.e. father, mother, sister, brother, son, daughter) or close friend.

"Extended family" leave for a death is defined as in-law relations (i.e. father, mother, sister, brother, son, daughter), grandparent and grandchild, or close friend.

In the event of death of a student or employee of the Cedar Falls Community School District, the principal of the appropriate building may grant to an appropriate number of employees sufficient time to attend the funeral.

Personal Leave

Employees, except temporary employees, are allowed up to two (2) days of paid leave per year for personal leave. Personal leave may be granted for routine doctor or dental appointments including physicals, dental visits, well-baby appointments, preventive health checkups; visits with financial or legal advisors; or such other purposes as the employee may determine. Personal leave days may be accumulated up to three (3) days, including the current year allotment. Personal leave shall be taken by Classified Employees in one (1) hour, one-half (1/2) day, one (1) day, or two (2) day allotments. The unused personal leave days will be added to the allotment of sick leave and may be in excess of the established sick leave maximum.

Personal leave may be granted for use at a time that extends a vacation or holiday in case of emergency or other exceptional circumstances, provided that such use has been reviewed and approved by the superintendent or the superintendent's designee.

Military Leave

Leaves for military service will be granted in accordance with applicable law which provides that employees (other than employees employed temporarily for six months or less) who are members of the national guard, organized reserves or any component part of the military, naval, or air force or nurse corps of Iowa or of the United States, or who may be otherwise inducted into the military service shall, when ordered by proper authority, be entitled to a leave of absence for the period of such service, and without loss of pay for the first 30 calendar days of such leave of absence.

Jury Duty and Subpoena Leave

Employees called for jury service, or subpoenaed in a civil or criminal court proceeding on a matter related to their employment with the District, shall be permitted to be absent from duties. Pay received for jury or witness service, except travel expense, shall be remitted to the District. In order to receive payment, the employee must give at least two days' prior notice of the summons for service or subpoena, and must furnish satisfactory evidence that such service was performed on the days for which payment is claimed. An employee not required to perform duty all day shall return to work.

Conference Leave

An employee appointed by the appropriate director to represent an area of service or instruction or the District, will be granted leave with pay to attend educational conferences or conventions. All approved costs will be borne by the District.

An employee approved by the appropriate director to attend an educational conference or convention directly or closely related to the employee's area of service shall be eligible for leave with pay. In such instances, the District shall provide a substitute, if necessary, and may partially or wholly reimburse the employee for approved expenses (depending upon factors which include, but are not limited to, the nature of the conference, the number of persons attending, and the costs related to the attendance).

An employee who is an officer or participant of a curriculum specialty event, conference, or convention may attend with pay if approved by the appropriate director. In such instances, the district shall pay for the cost of any required substitute, but will not reimburse the employee for any conference/convention-related expenses.

Requests for approval for leaves described in paragraphs two and three of this section must be made to the appropriate director at least two (2) weeks before the beginning of the leave.

Public Office Leave

Leaves of absence for service in an elected municipal, county, state or federal office shall be granted in accordance with applicable law. The leave of absence shall be without pay or benefits and shall not exceed six years. The employee may continue all fringe benefits in effect for the duration of the leave at his/her own expense. In addition, an employee who becomes a candidate for elective public office shall be granted a leave commencing within 30 days prior to a contested primary, special, or general election and continuing until the day after the election. The employee shall first use any earned compensatory time, then vacation and personal leave time and then unpaid leave.

Other Absences

Leaves of absence for reasons other than those listed above, or in excess of the number of days allowed, may be granted by the superintendent or his/her designee. The employee shall have deducted from his/her salary an amount equal to one day's

pay for each day of absence. The District shall not continue fringe benefits, but the employee may continue the fringe benefits for the duration of the leave at his/her own expense, except that the District shall provide benefits in accordance with the Family and Medical Leave Act.

Discipline

Absences for reasons other than those provided for in this policy or in a negotiated agreement, or failure on the part of the employee to follow procedures for requesting leave of absence, failure of an employee to return to work on the specified date following the leave of absence, failure to communicate in a timely manner an inability to return to work on the specified date following the leave of absence, or failure to provide a legitimate reason for failing to return on the specified date following the leave of absence, may be grounds for disciplinary action, including dismissal.

Date of Adoption: February 10, 1969
November 26, 1973
June 9, 1975
July 11, 1977

Date of Revision: August 21, 1978
September 10, 1979
May 8, 1989
November 25, 2002
November 25, 2005
August 8, 2005
October 24, 2005
July 16, 2007
September 22, 2008
June 10, 2013

Purpose

The District is committed to promoting positive intercultural, intergroup relationships. The District, therefore, prohibits acts of intolerance or harassment toward others because of race, color, religion, creed, ethnic background, national origin, age, disability, sex, sexual orientation, gender identity, or other factors that are likewise not reasonably related to the individual's employment.

Employees are expected to conduct themselves at all times in a manner which fosters an atmosphere of tolerance, mutual respect, and collaboration. Verbal, nonverbal, physical or other acts, gestures, statements, ~~etc.~~ which place another employee in reasonable fear of harm to the employee or his/her property; has a detrimental effect on the employees physical, emotional, or mental health; has the effect of substantially interfering with the employee's work performance; or creates an intimidating, offensive or hostile environment will not be tolerated.

Sexual Harassment

General – It is the policy of the Cedar Falls Community School District to maintain a learning and working environment that is free from sexual harassment. Because of the District's strong disapproval of offensive or inappropriate sexual behavior at work, all employees, officials and visitors must avoid any action or conduct which could be perceived as sexual harassment. It shall be a violation of this policy for any employee, official or visitor of the District to harass others through conduct or communications of a sexual nature as defined below.

Definition – Sexual harassment shall consist of unwelcome sexual advances, requests for sexual acts or favors, and other verbal or physical conduct of a harassing nature where:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting that individual; or
3. Such conduct is so sufficiently severe, persistent, or pervasive that it has the purpose or effect of substantially interfering with an individual's employment or creates an intimidating, hostile, or offensive employment environment.

Sexual harassment may include, but is not limited to the following:

- verbal or written harassment or abuse
- pressure for sexual activity
- repeated remarks to or about a person with sexual or demeaning implications
- unwelcome touching
- suggesting or demanding sexual involvement accompanied by implied or explicit threats concerning one's job
- the telling or showing of offensive jokes and stories
- display of sexually graphic pictures

Harassment Complaint Procedures

Any employee who alleges improper harassment by any person in the District may follow the complaint procedures set forth in Policy 401.4. The complainant may bypass any step of the

complaint procedure where the person to whom the complaint is to be lodged is the alleged perpetrator. The complainant may file the initial complaint with the compliance officer.

The complainant may be required to complete a harassment complaint form and to turn over copies of evidence of harassment, including, but not limited to, letters, recordings, and pictures. The investigator shall promptly commence an investigation and proceed to completion. Both the complainant and the alleged perpetrator will be given an opportunity to give a statement. A written investigation report shall be completed, and a summary of the report, including a finding that the complaint was founded, unfounded, or inconclusive will be forwarded to the complainant and to the alleged perpetrator.

Compliance Officer

The director of human resources shall be designated as the District's compliance officer to insure that applicants and employees are treated in accordance with this policy. In the event the director of human resources is the alleged perpetrator, the director of secondary education shall be the alternate compliance officer.

Confidentiality

The right to confidentiality, both of the complainant and of the alleged perpetrator, will be respected consistent with the District's legal obligations to investigate allegations of misconduct and to take corrective action when misconduct has occurred. Complaints of harassment shall not be filed in the complainant's personnel file.

No Retaliation

No person shall retaliate against another person because the person has filed a harassment complaint, assisted or participated in an investigation, or has opposed language or conduct that violates this policy, as long as the participation or action was done in good faith.

Corrective Actions

The District will take action to halt any improper harassment or retaliation and will take other appropriate corrective actions to remedy all violations of this policy. This may include disciplinary measures, including discharge of a perpetrator.

Notification

Notice of this policy will be circulated on an annual basis and incorporated into staff handbooks.

Staff Development

Periodic training shall be provided all staff regarding the nature and prohibition of harassment.

Date of Adoption: August 13, 2007

Date of Revision: September 8, 2008
June 10, 2013

DISCRIMINATION/HARASSMENT COMPLAINT FORM

Please complete the following as fully as possible. If you need assistance, contact the compliance officer.

Date of Complaint: _____

Name of Complainant: _____

Position and Building of Complainant: _____

Primary Address: _____

Primary Telephone: () _____ Email: _____

Name and Position of Alleged Perpetrator: _____

Discrimination Alleged:

_____ Race, Color	_____ Sexual Orientation
_____ Sex/Gender	_____ Age
_____ Religion, Creed	_____ Disability
_____ National Origin, Ethnic Background	_____ Gender Identity
_____ Other _____	

Statement of Discrimination/Harassment: (Include dates, places and persons involved in incidents, if known. List any witnesses, their position and addresses and telephone numbers. Attach any pertinent written documents. Describe any actions you took in response to the incidents.)

I agree that all of the information on this form is given in good faith and is accurate and true to the best of my knowledge.

Signature: _____

Name Printed: _____

Date: _____

WITNESS STATEMENT

Date of Interview: _____

Interviewer: _____

Name of Person Giving Statement: _____

Position and Building of Witness: _____

Primary Address: _____

Primary Telephone: () _____ Email: _____

Statement: (Include dates, places and persons involved if known.)

I agree that all of the information on this form is given in good faith and is accurate and true to the best of my knowledge.

Signature: _____

Name Printed: _____

Date: _____

SUMMARY OF DISPOSITION OF DISCRIMINATION/HARASSMENT COMPLAINT

Name of Complainant:_____

Position and Building of Complainant:_____

Name and Position of Alleged Perpetrator/Respondent:_____

Date of Initial Complaint_____

Nature of Harassment Alleged:

_____	Race, Color	_____	Sex/Gender
_____	Sexual Orientation	_____	Age
_____	Religion, Creed	_____	Disability
_____	National Origin, Ethnic Background	_____	Gender Identity
_____	Other _____		

Summary of Investigation:

Conclusion: _____ Founded (The totality of the evidence reasonably demonstrates the actions occurred and constituted improper discrimination or harassment.)

 _____ Unfounded (It is reasonable to believe that the actions complained of did not occur, or were not so serious or pervasive as to constitute improper discrimination or harassment.)

 _____ Inconclusive

Signature

Typed or Printed Name

Position

Address

Date

Copies to:

_____ Complainant

_____ Alleged Perpetrator/Respondent

_____ Superintendent

Policy Title:

Tobacco-Free Environment

Code No. **902.4**

It is the policy of the Cedar Falls Community School District that all students, employees and visitors shall be provided with a tobacco-free environment. Therefore, tobacco use shall not be permitted at any time in school district facilities and grounds or in district-owned vehicles. Persons failing to abide by this policy are required to extinguish their smoking materials, dispose of the tobacco product or leave the school district premises immediately. It is the responsibility of the administration to enforce this policy. This policy also applies to look-alike tobacco products, e-cigarettes, and vapor products.

Date of Adoption: May 11, 1992

Date of Revision: January 9, 1995
April 28, 2003
June 18, 2007
February 22, 2010
May 14, 2012
April 7, 2014
December 8, 2014

General

No employee shall possess, use, be under the influence of, distribute, dispense, or manufacture any alcoholic beverage or controlled or illegal substance in the workplace, or during work time unless legally prescribed by a physician. "Workplace" includes school district premises, property, facilities or vehicles; "workplace" also includes non-school property if the employee is at any school-sponsored, school-approved or school-related event, activity or function including, but not limited to field trips and athletic events where students are under the control of the school district or where the employee is engaged in school business. Any violation of this policy shall be grounds for discipline, up to and including immediate discharge.

Federal Grant Employees***Prohibition***

In addition, no employee engaged in work in connection with a federal grant shall unlawfully manufacture, distribute, dispense, possess or use, on or in the workplace, any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance as defined in schedules I through V of section 202 of the Controlled Substances Act and as further defined by federal regulation.

"Workplace" is defined to mean the site for the performance of work done in connection with a federal grant. This includes any building or any school premises, any school-owned or approved vehicle used to transport students to and from school or school activities, off school property during any school-sponsored or approved activity, event, or function, where students are under the jurisdiction of the District where work on a federal grant is performed.

Reporting

As a condition of employment on any federal grant, each employee who is engaged in performance of a federal grant shall agree to abide by this policy and shall notify his or her supervisor of his or her conviction of any criminal drug statute for a violation occurring in the workplace as defined above, no later than five days after such conviction.

Sanctions

An employee who violates the terms of this policy may be suspended or discharged, at the discretion of the District and in accordance with law.

Notification

The superintendent shall give a copy of this policy to each employee engaged in the performance of federal grants. The superintendent shall also notify the granting agency within 10 days after receiving notice of a conviction.

Programs

The superintendent shall also establish a drug-free awareness program to inform employees of this policy, possible sanctions for violation of this policy, of the dangers of drug abuse in the workplace, and of any available drug counseling, rehabilitation and employee-assistance programs.

No Limitations

This policy is not intended to limit the rights of the District to discipline, including discharging, any employee who engages in an illegal act involving alcohol or drugs away from school when such violation adversely affects the employee's ability to perform his/her duties. Further, the section on a drug-free workplace under federal grant programs shall not limit the District's authority to prohibit other alcohol and drug-related behavior as set forth in this policy.

Date of Adoption: June 11, 1990

Date of Revision: May 10, 1999
November 25, 2002
September 22, 2008
May 13, 2013
December 8, 2014

Policy Title: ***Drug and Alcohol Testing Program for Drivers of Buses and other Vehicles Requiring a Commercial Driver's License (CDL)*** Code No. ***402.12.2***

It is the policy of the Cedar Falls Community School District to administer a drug and alcohol testing program in compliance with federal transportation regulations.

Employees who operate school vehicles are subject to drug and alcohol testing if either: a Commercial Driver's License (CDL) is required to operate the school vehicle and the school vehicle transports sixteen or more persons including the driver; or the school vehicle weighs twenty-six thousand, one pounds or more. For purposes of the drug and alcohol testing program, the term "employees" includes applicants who have been offered a position to operate a school bus or other vehicle requiring a CDL.

The employees operating a school vehicle as described above are subject to pre-employment drug testing and random, reasonable suspicion and post-accident drug and alcohol testing. Employees operating school vehicles will not perform a safety-sensitive function within four hours of using alcohol. Employees governed by this policy are subject to the drug and alcohol testing program beginning the first day they operate or are offered a position to operate school vehicles and continue to be subject to the drug and alcohol testing program as long as they may be required to perform a safety-sensitive function as it is defined in the administrative regulations. Employees with questions about the drug and alcohol testing program may contact the school district contact person, Director of Human Resources, at the James L. Robinson Administration Center, 1002 West First St, Cedar Falls, IA 50613.

Employees testing positive for alcohol or illegal drug use, and/or who otherwise refuse to submit to alcohol or drug tests, violate the terms of this policy or any administrative regulations implementing this policy, and will be subject to discipline up to and including termination from their position on the first offense. At the district's discretion, employees who violate this policy may be required to successfully participate in a substance abuse evaluation and, if recommended, a substance abuse treatment program. Employees who refuse to participate in a substance abuse evaluation or recommended treatment program may be subject to discipline up to and including termination. The district's responsibility for the cost of any evaluation, treatment or counseling will be limited to the benefits provided by the District's health insurance plan for such evaluation, treatment or counseling.

It is the responsibility of the superintendent, or designee, who shall serve as the Designated Employer Representative (DER) to develop administrative regulations to implement this policy in compliance with the law. The Superintendent, or designee, is authorized to receive communications and test results from service agents and is authorized to take immediate actions to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The superintendent, or designee, will inform applicants of the requirement for drug and alcohol testing in notices or advertisements for employment.

The superintendent, or designee, will also be responsible for publication and dissemination of this policy and supporting administrative regulations and forms to employees operating school vehicles. The superintendent, or designee, will also oversee a substance-free awareness program to educate employees about the dangers of substance abuse and notify them of available substance abuse treatment resources and programs.

Date of Adoption: November 27, 1995

Date of Revision: November 11, 1996
November 25, 2002
October 14, 2013
December 8, 2014

Notice to Employees

EMPLOYEES GOVERNED BY THE DRUG AND ALCOHOL TESTING POLICY **402.12.2** ARE HEREBY NOTIFIED they are subject to the school district's drug and alcohol testing program for pre-employment drug testing and random, reasonable suspicion and post-accident drug and alcohol testing as outlined in the Drug and Alcohol Testing Program policy, its supporting documents and the law.

Employees who operate school vehicles are subject to drug and alcohol testing if either: a Commercial Driver's License (CDL) is required to operate the school vehicle and the school vehicle transports sixteen or more persons including the driver; or the school vehicle weighs twenty-six thousand, one pounds or more. For purposes of the drug and alcohol testing program, "employees" also includes applicants who have been offered a position to operate a school vehicle. The employees operating a school vehicle are subject to the drug and alcohol testing program beginning the first day they operate or are offered a position to operate a school vehicle and continue to be subject to the drug and alcohol testing program.

Driving a school bus or vehicle requiring a CDL is considered a "safety-sensitive function" by the Federal Department of Transportation. Employees operating school vehicles will not perform safety-sensitive functions within four (4) hours of consuming alcohol. Safety-sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time s/he is relieved from work and all responsibility for performing work. Safety-sensitive functions shall include:

1. All time at an employer or shipper plan, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
2. All time inspecting equipment as required or otherwise inspecting servicing, or conditioning any commercial motor vehicle at any time;
3. All time spent at the driving controls of a commercial motor vehicle in operation;
4. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a designated sleeper berth;
5. All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

It is the responsibility of the superintendent, or designee, to inform employees of the drug and alcohol testing program requirements. Employees with questions regarding the drug and alcohol testing requirements will contact the school district contact person, Director of Human Resources, at the James L. Robinson Administration Center, 1002 West First St, Cedar Falls, IA 50613.

EMPLOYEES GOVERNED BY THE DRUG AND ALCOHOL TESTING POLICY ARE FURTHER NOTIFIED that employees violating this policy, its supporting documents or the law, may be subject to discipline, up to and, including termination.

EMPLOYEES GOVERNED BY THE DRUG AND ALCOHOL TESTING POLICY ARE FURTHER NOTIFIED it is a condition of their continued employment to comply with the Drug and Alcohol Testing Program policy, its supporting documents and the law. It is a condition of continued employment for employees operating a school vehicle to notify their supervisor of any prescription medication they are using. Drug and alcohol testing records about a driver are confidential and are released in accordance with this policy, its supporting documents or the law.

Date of Adoption: October 14, 2013

Date of Revision: December 8, 2014

Pre-Employment Testing Acknowledge Form

I, _____, have received a copy, read and understand the Drug Alcohol Testing Program policy of the Cedar Falls Community School District and its supporting documents.

I understand that if I violate the Drug and Alcohol Testing Program policy, its supporting documents or the law, I may be subject to discipline, up to and, including termination.

I also understand that I must inform my supervisor of any prescription medication I use.

In addition, I have received a copy of the U.S. DOT publication, "*What Employees Need to Know about DOT Drug & Alcohol Testing*," and have read and understand its contents.

Furthermore, I know and understand I am required to submit to a controlled substance (drug) test, the results of which must be received by this employer before being employed by the school district and before being allowed to perform a safety-sensitive function. I also understand that if the results of the pre-employment test are positive, that I will not be considered further for employment with the school district.

I further understand that drug and alcohol testing records and information about me is confidential, and may be released at my request or in accordance with the district's drug and alcohol testing program policy, its supporting documents or the law.

(Signature of Employee)

(Date)

Date of Adoption: October 14, 2013

Date of Revision: December 8, 2014

PHYSICAL FITNESS (Iowa Administrative Code 281.43.15)

Except for insulin-dependent diabetics, an applicant for a school bus driver's authorization must undergo a physical examination by a licensed D.O.T. physician. The applicant must submit annually to the applicant's employer, the signed medical examiner's certificate (pursuant to Federal Motor Carrier Safety Administration regulations 49 CFR Sections 391.41 to 391.49), indicating, among other requirements, sufficient physical capacity to operate the bus effectively and to render assistance to the passengers in case of illness or injury, and freedom from any communicable disease. At the discretion of the chief administrator or designee of the employer or prospective employer, the chief administrator or designee shall evaluate the applicant's ability in operating a school bus, including all safety equipment, in providing assistance to passengers in evacuation of the school bus, and in performing other duties required of a school bus driver.

A person who is an insulin-dependent diabetic may qualify to be a school bus driver if he person meets all qualifications of Iowa Code subsection 321.375(3). Such driver is subject to an annual physical examination by a qualified medical examiner as listed above.

Drivers must carry a current Medical Examiner's Certificate and a valid Department of Education Driver Authorization Card.

CDL REIMBURSEMENT REQUEST

The employer will provide \$10 per year to be applied to the cost of the driver's CDL.

Please reimburse me \$10 for the _____ school year towards the cost of my CDL.

Driver's Printed Name

Driver's Signature

Supervisor of Transportation

Date

Director of Human Resources

Date