

**Bridges K-2 Policy Manual**

*UCP of Maine*

Established April 2021

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### **Protocol for Life Threatening Allergies (K-2)**

Per Chapter 223 of Title 20-A, schools must have a specific protocol for managing the safety of students with life-threatening allergies. Children with life-threatening allergies are at risk for going into anaphylaxis, which the Maine School Health Manual defines as “a life-threatening, often rapidly progressing type of allergic reaction. Anaphylactic reactions usually begin within minutes of exposure to allergen.” The manual goes on to identify potential symptoms of anaphylaxis to include:

- i. Hives (red, itchy bumps on your skin)
- ii. Lip, tongue and throat swelling
- iii. Nausea, vomiting, diarrhea, cramping
- iv. Shortness of breath, wheezing, coughing
- v. Drop in blood pressure
- vi. Loss of consciousness

If it is suspected that a student is experiencing anaphylaxis, staff will immediately call 911. Epinephrine auto-injectors will be kept in a safe, secure, accessible location. This location will change if the student leaves his or her designated classroom, such as going on the playground or on a field trip off-site. During the intake process for any new students, parents will identify any existing life-threatening allergies. The parent will work with the school nurse, student’s primary care physician, or student’s allergist to complete an individualized plan, using the Food Allergy & Anaphylaxis Emergency Care Plan as a guide.

Training or staff development opportunities will be required for school employees each year, covering the following topics:

- i. Signs, symptoms, and risks surrounding food allergies and anaphylaxis
- ii. Awareness of food and non-food items that may present risk
- iii. Proper storage and administration of epinephrine auto-injectors
- iv. Strategies to maintain student confidentiality while maintaining school environments which prevent exposure to allergens
- v. Procedures for responding to life threatening allergies

This protocol will be made available publicly, through the agency website (or other agreed upon public location).

### **Policy for Medication Administration in School (K-2)**

Per Chapter 40 of the Department of Education rules, medication administration during the school day must have specific oversight and monitoring. The school nurse will provide direction around the administration of medication while on school property, during the school day. School personnel who are not licensed as medical professionals will receive training on medication administration prior to administering any medications to students at school, which shall be updated at least annually. Such training shall be provided by a registered nurse or licensed physician and will include the following components:

- i. Current laws and school policies relevant to administration of medication at school
- ii. Resources available to school staff in relation to medication administration
- iii. Basic anatomy of routes of medication
- iv. Basic classifications of medication
- v. Common medications and their side effects
- vi. How to read a medication label
- vii. How to record the administration of medication, including any errors
- viii. The five “rights” of medication administration
- ix. Procedures and protocols for administering medication
- x. Signs and symptoms of anaphylaxis and adverse effects
- xi. How to use an epinephrine autoinjector
- xii. How to respond to a medication related emergency, including response to life threatening allergic reactions
- xiii. Working with parents
- xiv. Protecting the confidentiality of student medical information

Following the training, the nurse or physician conducting the training will document the time, date, and content of the training, as well as a recommendation for individual personnel to be permitted to administer medication or not, based on competencies shown during training.

Any medication that is administered at school requires:

- i. A current written request from the student’s parent or guardian requesting the administration of a give medication while at school, signed within the last year.
- ii. A written order from a prescribing physician including the student’s name, medication name, medication dose, route of administration, frequency to be given, any special instructions regarding the medication, and the prescribing physician’s name, signed within the last year. A medication label with this information can be used for not more than 14 consecutive days.
- iii. Aside from an epinephrine autoinjector for an unknown allergen, it is required that the first dose of a new medication be given at home.
- iv. Medication must be given to the school in the original container, which should be clearly labelled.

Students may self-administer emergency medication (such as an inhaler for asthma or an epinephrine autoinjector for anaphylaxis) when:

- i. A healthcare provider indicates in writing that it is appropriate and safe for the student to carry and self-administer inhaled asthma medication or an epinephrine autoinjector. (See Maine School Asthma plan, if applicable.)
- ii. Written permission from the parent for the student to carry and self-administer the specific medication identified.
- iii. The student is able to demonstrate to the school nurse his or her ability to responsibly carry and self-administer the identified medication.

Information in the medication authorization form will include, where applicable:

- i. Plan for transporting medication to and from school safely
- ii. Department of Education's Procedure for Medication Administration on Field Trips
- iii. Accountability of medications, particularly those regulated by the Federal Narcotics Act
- iv. Proper storage of medication while it is at school
- v. Training of staff on administration of medication, including signs and symptoms of anaphylaxis
- vi. Response to occur if medication reaction occurs at school
- vii. Access to medication in case of a disaster
- viii. Process of recording medication authorization, including any errors
- ix. Proper disposal of medication if it is left by parents
- x. Plan for preventing exposure to known allergens

Annually, the school will report to the Maine Department of Education a summary and analysis of any incidents relating to medication administration. The school shall also report any use of an epinephrine autoinjector or any occurrence of a severe allergic reaction at school.

In regards specifically to epinephrine autoinjectors, a collaborative practice agreement must include:

- i. Name and physical address of the school
- ii. Name, title, and signature of the physician, school health advisor, or school nurse assenting to the agreement, including the date the agreement goes into effect and concludes
- iii. Any other information identified as important by the physician, school health advisor, or school nurse

Maine law allows schools to authorize the adoption of a collaborative practice agreement for the purpose of stocking and potentially administering epinephrine autoinjectors to students during school under emergency circumstances involving anaphylaxis (20-A MRSA §6305).

## **Policy for Management of Concussions and Other Head Injuries in School Sponsored Extra-Curricular Activities and Behavior Management (K-2)**

UCP of Maine recognizes that concussions and other head injuries are potentially serious and may result in significant brain damage and/or death if not recognized and managed properly. UCP of Maine adopts this policy to promote the safety of students engaging in potentially dangerous behaviors, as well as students participating in school-sponsored extra-curricular activities, including but not limited to interscholastic sports. Due to the evolving treatment and management of concussions, this policy shall be reviewed yearly.

### **TRAINING**

School-sponsored activities that pose a risk of concussion or other head injury are identified as collision and contact sports. UCP of Maine provides students with access to gym equipment including but not limited to: balls, scooters, bikes, trampolines, and play structures. All school staff will be required to undergo training in the identification of concussion signs and symptoms, including, but not limited to: headache, temporary loss of consciousness, dizziness, slurred speech, delayed response to questions, appearing dazed, fatigue, and vomiting. Staff will be required to undergo Safety-care training for behavior management. The training must be consistent with such protocols as may be identified or developed by the Maine Department of Education (DOE) and include instruction in the use of such forms as the DOE may develop or require. Staff shall be required to undergo refresher training every year or when protocols and/or forms have been revised.

### **STUDENT AND PARENT INFORMATION**

Annually, at the beginning of each school year, students and parents/guardians of students will be provided information regarding:

- A. The risk of concussion and other head injuries and the dangers associated with continuing to participate when a concussion or other head injury is suspected;
- B. The signs and symptoms of concussion and other head injuries; and
- C. The school department's protocols for 1) removal from the activity when a student is suspected of having sustained a concussion or other head injury, 2) evaluation, and 3) return to participation in the activity

The student's parent(s)/guardian(s) must sign a statement acknowledging that they have received and read this information before the student will be allowed to participate in any school-sponsored athletic activity.

### **MANAGEMENT OF CONCUSSIVE AND OTHER HEAD INJURIES**

It is the responsibility of the school staff to act in accordance with this policy when the staff recognizes that a student may be exhibiting signs, symptoms and behaviors associated with a concussion or other head injury.

Any student suspected of having sustained a concussion or other head injury during a behavior, or school-sponsored activity including but not limited to physical education, or recess, must be removed from the activity immediately. The student and his/her parent(s)/guardian(s) will be informed of the need for an evaluation for brain injury before the student will be allowed to return to the activity.

No student will be permitted to return to the activity or to participate in any other school-sponsored athletic activity on the day of the suspected concussion.

Any student who is suspected of having sustained a concussion or other head injury shall not be eligible for further participation in school-sponsored athletic activities until he/she has been evaluated and received written medical clearance to do so from a licensed health care provider who is qualified and trained in concussion management.

All school personnel shall comply with the student's health care provider's recommendations in regard to gradual return to participation. No student will be permitted to return to full participation until cleared to do so. More than one evaluation by the student's health care provider may be necessary before the student is cleared for full participation.

If at any time during the return to play program signs or symptoms of a concussion are observed, the student must be removed from the activity and referred to his/her health care provider for re-evaluation.

### **COGNITIVE CONSIDERATIONS**

School personnel should be alert to cognitive and academic issues that may be experienced by students who have suffered a concussion or other head injury, including but not limited to difficulty with concentration, organization, long-and-short term memory and sensitivity to bright lights and sounds. Processes established under Section 504 provide an opportunity for school personnel to consider the need for accommodations to enable a student suffering from the symptoms of concussion or head injury to access his or her education. A 504 plan may not be appropriate for every concussion.

### **CONCUSSION MANAGEMENT TEAM**

The Director will appoint a concussion management team including a school administrator to be responsible, under the administrative supervision of the Director, to make recommendations related to implementation of this policy. The concussion management team will include the school nurse and may include one or more managers, teachers, and such other school personnel or consultants as the Director deems appropriate.

## Behavioral Intervention and Support for Children: School-Based Services

### Policy

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Each child served by UCP of Maine Bridges program has a right to the most humane and effective education and treatment available with the proper supports to establish positive social standing, and increased competencies and independence through development of essential life skills; and to access life opportunities commensurate with their typical peers. Our approach is individualized. For those children whose behaviors are injurious and detrimental to themselves or others, our approach to reducing challenging behaviors is to use positive procedures prior to using restrictive procedures unless their or others' physical well-being would be compromised significantly by doing so. It is acknowledged that some children served by the Bridges program engage in challenging behaviors that threaten their safety and security and interfere with their inclusion in their community. For these children, appropriately selected and implemented behavior reduction programs are crucial to their progress. These programs maximize the effects of skill building programs by decreasing the frequency and/or duration of challenging behaviors.

All individual behavior plans shall be high quality, evidenced-based interventions developed in accordance with professional ethical standards and currently accepted practice; and implemented by well-trained, professional, and competent staff who demonstrate respect for individual diversity and who have knowledge and awareness of trauma-informed interventions. Whenever possible, positive procedures should be used to help children learn new behaviors or cease to engage in challenging behaviors that are personally counterproductive. The effectiveness of all procedures will be assessed through the objective collection of quantitative data.

These policies and procedures apply to children receiving School-Based and Early Childhood Services through Bridges.

### Legal Reference

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Maine Department of Behavioral and Developmental Services Rights of Recipients of Mental Health Services who are Children in Need of Treatment.

<https://www.maine.gov/dhhs/ocfs/cbhs/policy/Rights%20of%20recipients.pdf>

Maine DHHS Rules for the Licensing of Child Care Facilities. 10-148 CMR Chapter 32

Maine Department of Education Chapter 33: Rule Governing Physical Restraint and Seclusion

<https://www.maine.gov/doe/schools/safeschools/restraint>

### Related Policies and Procedures

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UCP of Maine Student Incident Accident Policy

UCP of Maine Restraint & Seclusion Policy

### Principles

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All children served shall be free from mental, verbal, physical and/or sexual abuse, neglect and exploitation, with the right to freedom from harmful actions or practices that are detrimental to their welfare, and to practices that are potentially harmful to the child. Services shall be provided without regard to race, age, national origin, religion, disability, sex or family composition and with dignity, consideration and respect in full recognition of their individuality, including the use of developmentally appropriate practices for young children. Children served by Bridges program are entitled to the same rights as every other Maine citizen, except as limited by reason of guardianship. Any behavioral

intervention that limits the exercise of any of an individual's rights must adhere to the following principles:

- A. The individual's behavior must be more destructive to themselves or to others than is the imposed limitation.
- B. A limitation may only be imposed:
  - 1. During an emergency, and for the duration of the emergency. Emergency interventions may not be employed as a punishment, for staff convenience or as a substitute for planned behavioral interventions; or
- C. As part of a behavior plan developed and approved by the child's educational team and parent/guardians.
- D. The intervention must be approved, in writing, by the individual or by the guardian when one has been appointed. Withdrawal of approval requires immediate termination of the intervention. In cases when abrupt withdrawal of intervention may worsen the child's condition, the Team will develop and propose a step-down sequence that minimizes risk to the child's and other's safety.
- E. Behavior plan development must be informed by a valid behavioral assessment that includes data on the challenging Behavior(s) as well as contributing factors to the challenging behavior. Assessment may include an FBA.
- F. Children with intellectual disabilities, autism spectrum disorders, and other disabilities have a right to effective intervention. While there are risks inherent in employing some behavioral interventions, it also should be noted that in some cases there are risks in not employing behavioral interventions.
- G. Interventions must be limited to the child in need of intervention. The imposition of an intervention on a group for the sole benefit of the child is prohibited.
- H. The Bridges Program is obligated to ensure that all individuals have the opportunity to attend school in a safe, supportive environment. Any interventions that restrict an individual's rights will not be implemented unless the individual is also provided with necessary positive supports and appropriate services.

This Policy and Procedure is not intended to regulate, limit or otherwise constrain teachers, therapists or other trained staff during the provision of educational, instructional or therapeutic services. Many behavioral techniques such as positive reinforcement, extinction, differential reinforcement, physical prompting, least-to-most prompting, most-to-least prompting, etc., are standard procedures that are commonly used to instruct and educate in the absence of any intent or need to reduce or eliminate unwanted, maladaptive or dangerous behavior. The use of such behavioral techniques in a purely educational, instructional or therapeutic context should be outlined in the Child's service plan but does not require an approved behavior plan.

### **Behavior Plan Initiation**

When a Child engages in Challenging Behavior that presents a threat of injury to self or others or threatens serious damage to the property of others, the Child's Team must act to ensure the Child's safety and the safety of others through development of a behavior plan that is informed by valid assessment, based on positive support strategies, evidence-based intervention, and least intrusive measures in order to improve adaptive skills, communication skills, social/emotional behavior and regulation, to advance independence, and reduce or eliminate the frequency and severity of the challenging behavior(s). Interventions are planned, derived from effective practice, consistent, assure the Child's individual rights and well-being are recognized and protected during the course of treatment, with treatment developed and provided by trained and competent providers to ensure effectiveness. Behavior Plan interventions must not be used for the convenience of others or include prohibited practices.

Current regulations do not direct the content of Behavior Plans. Still, these plans are developed by qualified individuals in accordance with best practice, evidence-based practice, as well as legal and cultural constraints imposed by the environment in which the plan is to be implemented (e.g., Chapter 33 in schools, district policy, home/community culture).

## **Behavior Plan Requirements and Components**

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### **A. Behavior Plan Requirements**

1. Any behavior plan designed to prevent, mitigate, or respond to the Child's Challenging Behaviors must:
  - a. Be individualized.
  - b. Take into consideration any impact that developmental, medical, and/or psychological conditions may have on Challenging Behavior(s).
  - c. Pose less risk of physical or emotional harm to the Child than the Challenging Behavior it is designed to address.
  - d. Be the least intrusive plan necessary to promote prosocial and adaptive behavior, reduce Challenging Behavior, and prevent harm to self or others.
  - e. Exclude Prohibited Procedures.
  - f. Be documented in writing in language that is understandable to the people approving and implementing the plan.
  - g. Have the informed consent of the parent or guardian; and the consent or assent of the Child (as possible).

### **B. Behavior Plan Components**

1. Rationale for the plan.
2. Operational definitions of target behaviors, including Challenging Behavior(s), Precursor Behaviors, and Functionally Equivalent Behaviors.
3. Outcome of behavioral assessment including present levels of Challenging Behavior(s) using appropriate metrics (i.e., frequency, duration, latency, intensity and/or severity, etc.) and FBA outcomes. To the extent possible, present level metrics should align with progress monitoring metrics.
4. Behavioral goal informed by present levels.
5. A Safety Plan or Crisis Plan may be attached to the Behavior Plan if one is needed to ensure the safety of the Child and others. Safety Procedures are provided in a step-by-step manner, with clear criteria for initiating and terminating the procedures.
6. Prohibited Procedures may not be included in the Behavior Plan, Safety Plan, or Crisis Plan.
7. Progress monitoring methods (data to be collected, frequency of data collection, data collection tool)
8. A schedule reviewing the Behavior Plan and progress to date toward by the Child's Team.
9. Criteria for the discontinuation of the plan, whether because it has been successful, its continued implementation is unlikely to be successful, or it is causing the individual more harm than benefit. Progress may be slower than desired in some cases. In such cases, Behavior Plans may require implementation and monitoring over an extended period of time.

**Prohibited Interventions**

Intentional infliction of pain or injury,

The intentional instilling of fear of pain or injury,

Actions or language intended to humiliate, dehumanize or degrade an individual,

Denial of basic rights including, but not limited to meals, sleep, adequate clothing, medications, medical treatment, therapy

The use of experimental interventions or those without scientific basis or merit.

## UCP of Maine Immunization Policy (K-2)

Prior to entering kindergarten at UCP of Maine, all students are required to provide a student health record.

Mandatory information to be provided includes:

- i. Student name and date of birth
- ii. **For Kindergarten entry:**
  - A minimum of:
    - 5 DTaP (4 DTaP if 4th is given on or after 4th birthday; diphtheria, tetanus, pertussis)
    - 4 Polio (if 4th dose given before the 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)
    - 1 MMR (measles, mumps, rubella)
    - 1 Varicella (chickenpox) or reliable history of disease
- iii. Each immunization entry must include: vaccine type, date administered and the name of the provider
- iv. Exemptions may be granted for philosophical, religious, or medical reasons, as follows:

Medical exemption: In accordance with MRS20-A §6355, a parent must provide a written statement from a licensed physician, nurse practitioner or physician assistant that, in the licensed physician's, nurse practitioner's or physician assistant's professional judgment, immunization against one or more of the diseases may be medically inadvisable. This is to be provided annually to the school where the child attends.

Philosophical or religious exemption: In accordance with MRS 20-A §6355, a student covered by an Individualized Education Plan on September 1, 2021 who elected a philosophical or religious exemption from immunization requirements on or before September 1, 2021 pursuant to the law in effect prior to that date may continue to attend school under that student's existing exemption as long as: A. The parent or guardian of the student provides a statement from a licensed physician, nurse practitioner or physician assistant that the physician, nurse practitioner or physician assistant has consulted with that parent or guardian and has made that parent or guardian aware of the risks and benefits associated with the choice to immunize; or B. If the student is 18 years of age or older, the student provides a statement from a licensed physician, nurse practitioner or physician assistant that the physician, nurse practitioner or physician assistant has consulted with that student and has made that student aware of the risks and benefits associated with the choice to immunize.

## **Restraint & Seclusion Policy**

### **I. Purpose**

To outline expectations related to managing behavioral challenges with students and employee use of restraints.

### **II. Definitions**

The following definitions apply to this policy and procedure:

- A. Physical restraint: An intervention that restricts a student's freedom of movement or normal access to his or her body, and includes physically moving a student who has not moved voluntarily.

#### **1. Physical restraint does not include any of the following:**

- a. Physical escort: A temporary touching or holding for the purpose of inducing a student to walk to another location, including assisting the student to the student's feet in order to be escorted.
- b. prompt: A teaching technique that involves physical contact with the student and that enables the student to learn or model the physical movement necessary for the development of the desired competency.
- c. Physical contact: When the purpose of the intervention is to comfort a student and the student voluntarily accepts the contact.
- d. Momentarily deflecting the movement of a student when the student's movements would be destructive, harmful or dangerous to the student or others.
- e. The use of seat belts, safety belts or similar passenger restraints, when used as intended during the transportation of a child in a motor vehicle.
- f. The use of a medically prescribed harness, when used as intended; the use of protective equipment or devices that are part of a treatment plan prescribed by a licensed health care provider; or prescribed assistive devices when used as prescribed and supervised by qualified and trained individuals.
- g. A brief period of physical contact necessary to break up a fight.
- h. Restraints used by law enforcement officers employed by the police department in the course of their professional duties are not subject to this policy/procedure or MDOE Rule Chapter 33.
- i. MDOE Rule Chapter 33 does not restrict or limit the protections available to school officials under 20-A M.R.S.A § 4009, but those protections do not relieve school officials from complying with this policy/procedure.

#### **2. Permitted uses of physical restraint:**

- a. Physical restraints may be used only as an emergency intervention when the behavior of a student presents a risk of injury and harm to the student or others, and only after other less intrusive interventions have failed or been determined inappropriate.
- b. Physical restraints must be implemented by staff certified in a state-approved training program. If, due to the nature of the emergency, untrained staff have to intervene and initiated a physical restraint and if the need for a physical restraint continues, trained personnel must be summoned to the scene and assume control of the situation as rapidly as possible.
- c. Physical restraints may be used to move a student only if the need for movement outweighs the risk involved in such movement.
- d. Protective equipment or device that are part of a treatment plan as prescribed by a licensed health care provider are not prohibited by this rule.

**3. Prohibited forms and used of physical restraints:**

- a. Physical restraints should not be used for punitive purpose, staff convenience or to control challenging behaviors.
- b. Physical restraint may not be used to prevent property destruction or disruption of the environment in the absence of a risk of injury or harm
- c. Physical restraints may not be used as a therapeutic or educational intervention.
- d. No physical restraint should be used to restrict the free movement of the diaphragm or chest. Physical restraints cannot restrict the airway so as to interrupt normal breathing or speech (restraint-related positional asphyxia) of a student.
- e. Aversive procedures and mechanical and chemical restraints cannot be used under any circumstances.

**4. Monitoring of a student in physical restraints**

- a. At least two staff must be present at all times when a physical restraint is needed except when; for safety purpose, wait for a second staff member to arrive
- b. A student in a physical restraint needs to be monitor continuously until the student no longer presents a risk of harm or injury to self or others.
- c. In the event of an injury, local policy must be followed.

**5. Termination of physical restraints:**

- a. The staff involved in the physical restraint should continuously monitor for signed of the student is no longer presenting a risk of injury or harm to self or others. The physical restraint will be discontinued as soon as possible.
- b. The time of the physical restraint should be recorded.
- c. The covered entity may request assistance from the parents at any time during the incident
- d. If attempts to release from the physical restraint have been unsuccessful and a student is still presenting behavior that present a risk of injury or harm to self or other, then the covered entity may request assistance from outside sources, such as caregivers, case managers, crisis intervention teams, local EMS, or other community resources.
- e. If the physical restraint lasts for more than 10 minutes, an administer or designated person should determine whether continued physical restraint is needed and shall continue to monitor the status of the physical restraint every 10 minutes until the physical restraint is terminated.

**B. Seclusion:** The Bridges program will not be using seclusion.

**1. Seclusion does not include:**

- a. **Timeout:** An intervention where a student requests, or complies with an adult request for a break.
2. **Covered Entity:** Defined as an entity that owns, operates, or controls a school of educational program that receives public funds from the Maine Department of Education, including, but not limited to public schools, public regional programs, public charter schools, private schools, publicly-supported private schools, special purpose private schools, Career and Technical Educational schools, public pre-kindergarten and Child Developmental Services (CDS).

### III. Policy

Bridges K-2 program works to ensure an individual's rights of privacy, dignity, and respect and freedom from coercion and restraint as per 42 CFR 441.301(c)(4)(iii). The program will adhere to the State of Maine Rights of Recipients of Mental Health Services Part B Section VII regarding Freedom from Unnecessary Seclusion and Restraint, as well as Title 34-B Behavioral and Development Services Chapter 5, 42 CFR 483.42 and Maine Department of Education Chapter 33, for applicable programs. **Seclusion practices are never used as part of the school's work with students.**

#### Chapter 33: Rule Governing Physical Restraint and Seclusion

**A.** Chapter 33 establishes standards and procedures for the use of physical restraint and seclusion. Physical restraint and seclusion may only be used as an emergency intervention when the behavior of a student presents a risk of injury or harm to the student or others. The rule sets forth permitted and prohibited uses of restraint and seclusion, required notification and documentation of incidents of restraint or seclusion, aggregate reporting of incidents to administrators and to the Maine DOE, notification to parents, response to multiple incidents of restraint or seclusion of a student, local and state complaint processes and Maine DOE approval of training programs.

#### **B. Annual Notice of Policy/Procedure**

Bridges K-2 School shall provide annual notice of parent/legal guardians of his policy/procedure by means of determined by the superintendent/designee

#### **C. Training Requirements**

1. All school staff and contracted providers shall receive an annual overview of this policy/procedure.
1. Bridges will ensure that there are a sufficient number of administrators/designees, special education and other staff who maintain certification in a restraint and seclusion training program approved by the Maine Department of Education. A list of certified staff shall be updated annually and maintained in Human Resources.

#### **D. Parent/Legal Guardian Complaint Procedure**

A parent/legal guardian who has a complaint concerning the implementation of this possible policy/procedure must submit it in writing to the superintendent as soon as possible. The superintendent/designee shall investigate the complaint and provide written finding to the parent/legal guardian within twenty (20) business days, in practicable.

A parent/legal guardian who is dissatisfied with the result of the local complaint process may file a complaint with the Maine Department of Education. The Department of Education will review the results of the local complaint process and may initiate its own Investigation at its sole discretion. The department shall issue a written report with Specific findings to the parent/legal guardian and the school unit within 60 calendar days of receiving the complaint.

Bridges' K-2 program uses the Safety-Care Behavioral Safety program to provide staff skills and competencies necessary to effectively prevent, minimize, and manage behavioral challenges with dignity, safety and the possibility of change.

Students/Guardians must sign the Safety-Care Treatment Consent Form indicating their agreement or declination of safety care restraints or physical interventions in times of crisis.

If Safety-Care techniques are used when working with a student, the employee must complete the Incident Accident Report and indicate restraints used. Employees must also debrief with students/families regarding the safety issue, including: What is the student's understanding of what triggered the safety issue or use of restraint; What can the student and staff do to reduce future safety issues or use of restraints. The employee should also follow up with a Safety-Care trainer to formally discuss the incident to ensure that techniques were used in compliance and discuss possible revisions to students' plans.

If an injury requiring professional medical treatment results from the use of any Safety-Care physical skill, the QBS Safety-Care Injury Reporting Form must be completed and submitted to a Safety-Care trainer in the program. Employees will follow the reporting protocol for employee Incidents/Accidents for any employee injury per Section 37. Incidents/Accidents of the Personnel Policy Manual.

## Maine DOE Notification Policy

Date of Origin: 4-8-21

Modification Date(s):

Date of Last Review:

### I. Purpose

To ensure that UCP will meet the requirements of the Department of Education (DOE).

### II. Policy

**UCP of Maine will inform the (DOE) if any of the following changes take place.**

- Any substantial changes in the school's program(s)
- Any changes in the certification and/or credentials of its staff
- Any action taken by a federal, state or local agency that might jeopardize the school's approval with the Department, or any legal proceeding brought against the school or its employee(s) arising out of circumstances related to the care or education of any of its students regardless of their state of residency
- Any new, or revisions to existing, policies that replace or revise policies described or provided with this application
- Any changes to the program/facility that impact the overall health or safety of students, or the ability to deliver services
- Reports of serious events, including serious injury or death of a student, criminal activity on the part of a student or staff member, or other serious incident affecting the well-being of any student
- Any changes in services or staff, including temporary staff shortages, that alter the previously approved staff:child ratios and/or affect the ability to deliver services to students per their IEPs
- Change in the Program Director

### III. Procedure

An assigned staff member of the Bridges K-2 Program will inform the DOE if any of the above changes.

### Attendance Policy K-2 School Program

While we understand that your child and family have a variety of needs and activities, we value consistent attendance here at the Bridges program. Children who attend regularly see a greater increase in positive behaviors and bond more closely with peers and staff. We ask that if you are taking a vacation, you give two weeks notice, if possible. If your child is sick, you do not have transportation, or something else comes up that does not allow your child to attend a regularly scheduled day, we ask that you call at least one hour before your child is scheduled to arrive at Bridges. This attendance policy is meant to show our strong commitment to consistent attendance in the Bridges program – many children and families are interested in attending an ABA specialized program and we want to ensure that the program is fully utilized whenever possible!

Under state law, full-time school attendance is required of all children from their 6th to their 17th birthday except:

A. A person who graduates from high school before their 17th birthday;

B. A person who has:

1. Reached the age of 15 years or completed the 9th grade;
  2. Permission to leave school from that person's parent;
  3. Been approved by the principal for a suitable program of work and study or training;
  4. Permission to leave school from the Bangor School Committee or its designee; and
  5. Agreed in writing with that person's parent and the Committee or its designee to meet annually until that person's 17th birthday to review that person's educational needs.
- When the request to be excused from school has been denied pursuant to this paragraph, the student's parent may appeal to the Commissioner; or

1. Responsibility for maintaining student attendance is a shared responsibility.

A. Except for excused absences, students are expected to attend school every day, arrive at school and to each class on time, and remain in school for the full day.

B. Parents are expected to ensure that their children arrive at school each day on time, remain in school for the full day, and attend school consistently throughout the year.

C. Schools will maintain a comprehensive attendance record for each student. School staff are expected to monitor attendance and communicate with parents and students regarding attendance and tardiness.

2. The Superintendent, in consultation with school administrators and, as appropriate, other school unit staff, shall be responsible for developing rules and procedures related to student attendance. Such rules and procedures will include provisions for:

A. Disciplinary consequences for unexcused absences, tardiness, early departures and absences from classes;

B. The potential academic consequences of excessive absenteeism; and

C. The making up of tests, quizzes and other work missed during excused and unexcused absences.

- UCP of Maine's policy and the school's attendance rules and procedures will be communicated to students, parents, administrators and staff by means of student and staff handbooks, services opening meetings/registration and/or other means as deemed effective and appropriate. The potential disciplinary consequences for unexcused absences from school or class and for unexcused tardiness and early departures will be included in the student code of conduct.

### 3. Excusable Absence

A person's absence is excused when the absence is for the following reasons:

- a. Personal illness;
- b. An appointment with a health professional that must be made during the regular school day;
- c. Observance of a recognized religious holiday when the observance is required during the regular school day;
- d. A family emergency;
- e. A planned absence for a personal or educational purpose that has been approved
- f. Education disruption resulting from homelessness, unplanned psychiatric hospitalization, unplanned hospitalization for a medical emergency, foster care placement, youth development placement or some other out-of-district placement that is not otherwise authorized by either any individual education plan or a superintendent's student transfer agreement. "Education disruption" does not apply to a student who is out of school for 10 or more consecutive school days because of a planned absence for a reason such as a family event or a medical absence for planned hospitalization or recovery.

## **Bridges Special Purpose Private School - Student Code of Conduct**

The intent of the Code of Conduct is to promote responsible behavior, which will lead to the greatest success for all learners in the school community. To achieve this goal, all members of the community are expected to learn and exhibit the following characteristics:

- Responsible Behavior
- Mutual Respect
- Personal Dignity
- Personal Excellence

The code of conduct, applies to at any school function, on or off school property including on the school bus/transportation.

### **PBIS – A Definition**

Positive Behavior Interventions and Support program or PBIS is a school-wide systems of support that utilizes proactive strategies for defining, teaching, and supporting appropriate student behaviors to improve community wellbeing and to create a safe and supportive learning environment. PBIS complements Bridges' Mission and Values. PBIS is interrelated to the Code of Conduct and existing discipline systems by not only focusing on how to stop problem behavior, but by creating an environment that teaches and nurtures positive behavior.

### **PBIS Purposes**

*The purposes of PBIS are to:*

1. Promote a positive and caring school environment where students are taught, practice and receive feedback from school staff regarding the expectations of the school.
2. Intervene with students who experience behavioral difficulties by assessing data reasons for behavior and planning for behavioral change.
3. Provide for wrap-around teams and partnerships with parent, school and community for behavioral change of students experiencing severe behavioral problems.
4. Utilize data to design goals and outcomes.

### **PBIS Strategic Objectives**

Each student will:

- Demonstrate an understanding of school-wide behavior expectations.
- Contribute positively to the school climate.
- Have frequent opportunities to be recognized for positive behavior.
- Recognize that he/she is a valued member of the school community.

These three rules govern student behavior:

- Be safe
- Be responsible
- Be respectful

Bridges' Services provides Safety Care® Behavioral Safety Training for all teachers and Behavioral Health Professionals (BHPs) through QBS, Inc. All teachers and BHPs are proficient in demonstrating competency in skills and procedures in order to prevent, minimize and manage behavioral challenges. Applied Behavior Analysis (ABA) and Positive Behavior Interventions & Supports (PBIS) are the focus for supporting our students and teaching replacement behaviors.

Our teachers and BHPs are trained in the following through Safety Care®:

- Understanding Challenging Behavior (Antecedent-Behavior-Consequence)
- Incident Prevention (Supportive Environment, Safe Environment, Safety Habits, Staff Behavior, Differential Reinforcement)
- Incident Minimization (De-escalation)
- Physical Safety
- Physical Management

Our teachers and BHPs complete Safety Care® Behavioral Safety Training annually.

*This Agreement describes basic information about UCP of Maine Services--what you can expect from a staff person; what is expected of you by UCP of Maine when you choose to receive services; billing and insurance requirements. Please review this with the staff person and be sure that all of your questions are answered fully.*

## **I. SUMMARY OF RIGHTS**

If you do not understand written or spoken English, an interpreter will be made available to explain your rights. A copy of this Summary will be provided to you after it is reviewed.

For more information, please ask us for a copy of the *Rights of Recipients of Mental Health Services*. There are both child and adult versions of this booklet. A free copy is also available from the Maine Department of Health and Human Services, 11 State House Station, Augusta, ME 04333-0011 (tel. 207-287-2595), TTY: Maine Relay 711).

As a UCP of Maine student you have many rights; this is only a summary. In addition to the following rights, you have all of the basic human and civil rights enjoyed by all citizens:

1. You have the right to receive a full explanation of your rights at the onset of service.
2. You have the right to have a person of your choice, designated by you in writing, assist you to understand and protect your rights.
3. You may not be discriminated against on any basis (i.e. race, creed, color, national origin, sex, sexual orientation, handicap, or political affiliation).
4. You have the right to have your privacy and your dignity protected at all times.
5. You have the right to have information in your record kept confidential, to have access to that information, to designate the persons or agencies to which that information may be released and to request that the information be amended, all as described in UCP of Maine's Notice of Privacy Practices (see below).
6. You have the right to participate fully in the development of your Plan of Care (POC) and to have anyone that you designate assist you in developing your plan. You are entitled to a copy of this plan and may at any time; decline to participate in any component of your plan with which you no longer agree.
7. You have the right to receive services in the least restrictive environment possible.
8. You have the right to a clear and concise explanation of the recommended treatment, including its risks and benefits and the expected duration of the treatment proposed. You have the right to a complete and thorough explanation of any potential risks or benefits of any medications prescribed for you, including possible bio-chemical and/or side-effects of that medicine.
9. Every effort will be made to provide possible alternatives to treatment recommendations or access to a second opinion if requested.
10. You have the right to refuse recommended services or medications, without affecting other services or medications as long as they can be provided without risk of harm and consistent with proper professional practice.
11. You have the right to request a care provider of your choice or to change your care provider at any time during service, within the limits of availability and if clinically appropriate.
12. You have the right to be free from locked seclusion or mechanical restraint in all UCP of Maine programs and services.
13. You have the right to access the grievance procedure, if you believe that any of your rights have been violated, to have your grievance answered in writing, to appeal if you disagree with the answer (including appeal to the Department of Health and Human Services), and to be free from

any retaliation for your filing a grievance. Information pertaining to the grievance process will be made available to you at any UCP of Maine office.

- For assistance, you may contact, for adults, the Grievance Coordinator, Office of Adult Mental Health Services, Maine Department of Health and Human Services, 11 State House Station, Augusta, ME 04333-0011 (tel. (207) 287-2595, TTY Maine Relay 711), or for children or adolescents, the Children's Services Grievance Coordinator, Maine Department of Health and Human Services, 11 State House Station, Augusta, ME 04333-0011 (tel. (207) 287-3707, TTY Maine Relay 711), or for adults, children or adolescents, the Disability Rights Center, 160 Capitol Street, Suite 4 Augusta, ME 04338-2007 (tel. 1-800-452-1948 or TTY: Maine Relay 711).
14. You have the right to be notified in the event that UCP of Maine offers a treatment or service that is either experimental or for research purposes, which will be clearly identified as such and must be conducted under a research plan as described in the *Rights of Recipients*. You have the right to refuse to participate in the research without your refusal in any way affecting the services being provided to you by UCP of Maine.
  15. If you wish to use an interpreter and do not have one, an interpreter will be provided.
  16. You have the right to reach out to your local school district in order to ask questions or receive materials about MUSER.

## II. NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003, revised February 4, 2015

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.**

*UCP of Maine is required by law to maintain the privacy of your health care information, to provide you with a notice of UCP of Maine's legal duties and privacy practices with respect to your health care information and to notify affected individuals if there should be a breach of unsecured health information held by UCP of Maine. UCP of Maine is required to follow the terms of the privacy notice in effect at any particular time, but UCP of Maine reserves the right to change its privacy practices at any time. Any change will apply to all health care information maintained by UCP of Maine and will be set forth in a new notice of privacy practices which will be available at your next visit following the change. At any time, you may obtain a copy of the notice of privacy practices currently in effect by requesting a copy in writing from UCP of Maine's Privacy Officer at the address specified below.*

### **Use and Disclosure of your Health Care Information**

UCP of Maine may use your health care information for purposes of treatment, payment and health care operations. For example:

- Your information may be used to assess your needs and develop a plan of care or to coordinate a referral to another health care provider.
- Portions of your information may be submitted to a state agency, insurance carrier or other third-party payer to secure payment for services provided to you, unless you have arranged personally to pay in full all charges for services provided to you.
- Portions of your information will be submitted to APS for authorization of services if your insurance is MaineCare.
- Your information may be used for operations of UCP of Maine related to health care activities, such as quality assurance, evaluation, training, audits and administration.

UCP of Maine may use your health care information to contact you to remind you of an appointment or to provide information about treatment alternatives or other health services or about UCP of Maine and our programs.

UCP of Maine may disclose your health care information to another person or entity performing services on UCP of Maine's behalf which relate to treatment, payment or health care operations and which require access to your information. That person or entity will have access to your information only to perform those services and must agree in writing to maintain the confidentiality of your information.

UCP of Maine may disclose your health care information without your authorization as permitted or required by applicable law, including any of the following: to comply with public health statutes and rules; to make any required reports of abuse or neglect; to comply with health care oversight activities of a government agency (such as licensing); to comply with a court order, search warrant or other lawful process; to allow approved research projects to be conducted; to provide information to a medical examiner in the event of your death; to avert a serious threat to your or anyone else's health or safety; or to provide information for workers compensation purposes.

**Except as described above, UCP of Maine will not use or disclose your health care information without your written authorization. Your written authorization will in any event be required for any use or disclosure of psychotherapy notes and for any use or disclosure of health care information which is for marketing purposes or which involves sale of your health care information.** You may revoke any authorization at any time, in writing or verbally, by communicating the revocation to the clinician or caseworker principally responsible for your care or to a supervisor or manager within the program from which you receive services, or to a member of UCP of Maine's Student Records Department staff. Revocation will not, however, be effective with regard to actions already taken in reliance on your authorization.

We participate in HealthInfoNet, the statewide health information exchange (HIE) designated by the State of Maine. The HIE is a secure computer system for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a health care facility not affiliated with UCP of Maine, health care providers there will be able to see important health information held in our electronic medical record systems.

Your record in the HIE includes prescriptions, lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name, birth date and social security number. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations.

You do not have to participate in the HIE to receive care. For more information about HealthInfoNet and your choices regarding participation, visit [www.hinfonet.org](http://www.hinfonet.org) or call toll-free 1-866-592-4352

### **Your Privacy Rights**

You may request restrictions on the use or disclosure of your health care information, but UCP of Maine is not required to agree to any requested restriction. It is UCP of Maine's policy not to agree to such a restriction unless UCP of Maine determines, in its sole discretion, that there is compelling need for the restriction and the restriction can feasibly be implemented. UCP of Maine will, however, agree not to disclose your health care information to a health plan in order to obtain payment for services provided to you if UCP of Maine has received payment in full for the services from you or someone acting on your behalf.

You may request that communications to you be given in a way which will help keep them confidential, for example, by using a particular address or telephone number to contact you. UCP of Maine will comply with such a request if it is reasonable and feasible.

To request restrictions or a confidential manner of communicating, you should submit a written request to the clinician or case manager principally responsible for your care, or to a supervisor or manager

within the program from which you receive services, or to a member of UCP of Maine's Student Records Department staff.

You have the right:

- To receive an accounting of any disclosures of your health care information apart from ones which you authorized or which were made for treatment, payment or health care operations (we will provide one such accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months);
- To inspect and copy your health care information:
- To amend your health care information; and
- To receive a paper copy of this Notice of Privacy Practices.

To exercise any of the above rights, please submit your request in writing to UCP of Maine's Privacy Officer at the address below. You may also contact the Privacy Officer to obtain further information about UCP of Maine's privacy policies and practices.

If you believe your privacy rights have been violated, you may complain to UCP of Maine or to the Secretary of the U.S. Department of Health and Human Services. To file a complaint with UCP of Maine, please submit your complaint in writing to UCP of Maine's Compliance Officer at the address below. A complaint form will be supplied on request but is not required. Nobody is permitted to retaliate against you for filing a complaint.

**To exercise rights or obtain information:**

Scott Tash  
UCP of Maine

700 Mt. Hope Ave, Suite 320, Bangor, ME 04401, (207) 941-2952

**To file a complaint with UCP of Maine:**

Compliance Officer-Janet Kelle  
UCP of Maine

**RULES REGARDING SCHOOL-BASED SERVICES**

UCP of Maine shall comply with the Family Educational Rights and Privacy Act (FERPA) and all laws and regulations concerning confidentiality and maintenance of student records/information. The school may publish or release directory information (name, date of birth, participation in school activities, address, phone number) without specific consent in situations such as:

- a. Listing information in a school program or bulletin
- b. Communicating with secondary education or military recruiters
- c. Transfer of student records
- d. During a health or safety emergency
- e. Invitation to school activities, such as having pictures taken

If you would **NOT** like this information disclosed, please submit a written statement limiting the use of directory information for your child.

Identifying information or photographs will never be published on UCP website or social media without specific signed consent.

## **IMPORTANT NOTICE OF FEDERAL RIGHTS CONCERNING ALCOHOL OR DRUG ABUSE TREATMENT RECORDS**

Any information which is contained in student records maintained by UCP of Maine and which UCP of Maine obtains for the purpose of or uses in connection with treatment, diagnosis or referral with respect to abuse of alcohol or drugs is protected by Federal law and regulations. Generally, UCP of Maine may not say to a person outside of UCP of Maine that a student has requested, is receiving or has received such services and may not disclose any such protected information (including protected information that identifies a student as an alcohol or drug abuser), *Unless*: (1) The student specifically consents in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel in a medical emergency or to a qualified service provider under contract to insure privacy for research, audit, program evaluation purposes, or for certain other professional services, but only on a need-to-know basis. Violation of the Federal law and regulations by a covered program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a student either on UCP of Maine's premises or against any person who works for UCP of Maine or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

## **SPECIAL RULES REGARDING THE DISCLOSURE OF MENTAL HEALTH SERVICES AND HIV-RELATED INFORMATION**

I understand that if UCP of Maine holds certain other sensitive information related to my health care such as (i) records covered by State rules governing the rights of recipients of mental health services; or (ii) records concerning my diagnosis or treatment for HIV infection, then my specific authorization will be required to disclose such information to others unless otherwise noted further in this section. However, with respect to mental health records (other than as stated above for psychotherapy notes) I do specifically consent to the use of such information by UCP of Maine for purposes of my evaluation and treatment, and understand that such information may be made available to persons working on UCP of Maine's behalf (including other licensed health care practitioners or licensed facilities), who will be subject to the same duty of confidentiality as UCP of Maine with respect to such information. I understand that I may refuse to allow the sharing of some or all such information by giving subsequent written notice to UCP, but that refusal could result in the improper diagnosis or treatment or other adverse consequences. With respect to **HIV-related information**, a portion of a medical record containing such information about you may not be disclosed, discoverable or compelled without your written authority except in proceedings held pursuant to Maine's Adult Protective Services Act, Maine's child protection laws, certain of Maine's laws concerning involuntary hospitalization, and pursuant to a court order upon a showing of good cause. Pursuant to Maine law, HIV information may also be released for utilization review purposes to duly authorized committees or organizations for research, audit, or program evaluation purposes, but personnel conducting such work are prohibited from identifying or otherwise disclosing the identities of individual patients in any report. In addition, the state-designated health information exchange may disclose your HIV status if in a health care provider's judgment such disclosure is necessary to (1) avert a serious threat to the health or safety of others, but only if additional criteria are met under HIPAA Reg. § 164.512(j), or (2) prevent or respond to imminent and serious harm to yourself and disclosure is to a provider for diagnosis or treatment

## **POLICY AND STATEMENT OF UNDERSTANDING FOR THE REPORTING OF NEGLECT OR ABUSE OR SUSPECTED NEGLECT OR ABUSE**

In compliance with Maine Statutes, it is the policy of UCP of Maine that at the intake meeting, the student, parent/guardian of the student shall be informed of the agency's policy on the reporting to the Department of Health and Human Services (DHHS) a case of child abuse/neglect or suspected abuse/neglect. The parent/guardian will then be asked to sign an acknowledgment of the policy.

All direct care staff, including the social workers, program team leaders, directors, supervisors/clinicians, and the CEO are required to report any case of neglect or abuse or suspected neglect or abuse to DHHS. Agency secretarial and bookkeeping staff, students and volunteers are not required to, but may make a report to DHHS if that person knows or has reasonable cause to suspect that a student has been or is likely to be abused or neglected.

The CEO, program team leader, supervisor/clinician, or the person reporting will then notify other agency members of the report on a need-to-know basis. The CEO or designee must be made aware of all reports made to DHHS as soon as possible. The report will be documented in the student's file and a written report sent to DHHS, if requested. Interagency discussion or a report may occur only with a signed release by the parent/guardian.

The program director/clinician or employee may or may not discuss the report with the parent/guardian. This decision will be made on a case-by-case basis, in consultation with the program supervisor/clinician and/or CEO.

## **Student Incident/Accident Policy**

Date of Origin: June 2004  
Modification Date(s): 9/4/19  
Date of Last Review: 10/13/20

### **I. Purpose**

To assure proper documentation and response to incidents that can enable UCP to 1) track trends and reduce incidents through supervision, training, and program development and 2) ensure staff are following proper Mandated Reporting procedures and provide appropriate follow-up and support to staff and families. To ensure that UCP will meet the requirements of the Department of Education.

### **II. Definition**

Incidents might include but are not limited to

- Mandated Report: child abuse, elder abuse
- Any accident or injury of a student
- Behavioral incidents
- Any time there is a Safety Care Intervention: escorts or physical intervention
- Any occurrence which could be categorized as “unusual. Involvement with law involvement, significant ethical issues, etc.

### **III. Policy**

Any incident which is considered to be out of the ordinary and involves students will be documented and turned into supervisor within 24 hours and investigated by the program supervisor and program director. The Quality Assurance Manager and Program Directors will track trends and be responsible to address areas of concern.

## **First Aid Policy**

### **1. Purpose and Scope**

The purpose of this policy is to guide the provision of first aid to people suffering injury or illness.

First aid services are an important element of work health and safety, facilitating first initial treatment for:

- Injuries that may occur in the workplace (including fieldwork); and
- Acute personal sickness that may affect staff members, consumers or others while at **UCP of Maine** premises.

### **2. Training**

All employees are required to have First Aid training every two years. All employees will be current in First Aid training

### **3. Storage**

All first aid kits will be visible and secured on the wall and have adequate supplies.

### **4. Emergency Numbers**

Telephone number of the Fire Department, police station, poison prevention center, hospital emergency room and ambulance service serving the school will be posted near the first aid kit.

### **5. Procedures-Fire**

All students and staff will exit the building using the closest door and go to the grass area across from the front parking lot for a head count. Designated person will use the emergency cards to contact all parents/guardians.

### **6. Procedure – Illness/Emergency (i.e. car accident)**

If a student is showing signs of illness during school hours, staff will contact parent within one hour of onset of symptoms. For an emergency situation that occurs during school hours, parents will be contacted as quickly as is feasible, following the contact of 911 if needed.

### **7. Procedure-Informing Parents**

Designated person will use the emergency card to contact parent/guardian when medical care is administered to their child or of any injury or illness that requires care other than basic first aid.

### **8. Procedure-When parents cannot be reached**

Designated person will use the emergency card to contact the next person on the list of emergency contacts when parents cannot be reached.

### **9. Policy Implementation**

**UCP of Maine** ensures effective implementation of first aid through:

- staff having access to policies and procedures relating to first aid
- provision of tailored training to persons with specific tasks
- record of first aid activities, including first aid training provided and undertaken, information provided to consumers and use of PPE

### **10. Policy Detail**

**UCP of Maine** is committed to providing a safe and healthy environment for all staff, students, visitors and consumers.

### **11. First Aid Response**

While on duty all staff have a duty of care to themselves and others to provide first aid assistance to the level of their competence, and to call on expert assistance if necessary.

Emergency medical care and/or an ambulance is to be called if required.

There is an identified room that can be used for students who are showing signs of illness. Contracted nursing staff can be reached via phone to advise on any care needed while waiting on response from parents, student's primary care physician, or while awaiting arrival of emergency medical care. Student's ed tech or teaching staff will maintain supervision of student while awaiting medical care or parental pick-up due to illness.

### **12. Personal Protection**

First aiders are to assume that all blood and other body fluids are infectious and are aware of standard precautions in relation to managing blood and other body fluids, including wearing gloves when administering first aid.

Cross infection is managed while providing first aid by wearing gloves and washing hands with soap and water:

- before and after contact with an ill or injured person
- after contact with blood or and/or other body fluids or contaminated items
- when protective gloves are removed.

When soap and water are not available, first aiders will use an alcoholic based hand wash or equivalent.

**UCP of Maine** provides personal protective equipment (PPE) to protect first aiders and ill or injured persons from risks of exposure to harm from sharp objects and blood or other body fluids.

### **13. First Aid Records**

First aid records are integrated with the organizations incident and accident reporting system.

An Incident/Accident Report form is completed by the person providing first aid and includes:

- date and time
- name of person receiving first aid
- description of symptoms
- treatment provided
- name of person providing first aid
- referral arrangements (e.g. ambulance, hospital, medical service)
- name of person completing Incident Report for

## **Student Records Policy**

### **I. Purpose**

To ensure and complete legal documentation off all student records, and to comply with federal, state, Family Educational Rights and Privacy Act, (FERPA) and local laws and regulations regarding the retention of the Student records.

### **II. Maintenance of student record**

Student records are maintained in accordance with accepted professional standards including FERPA, and all other federal and state laws concerning the confidentiality of student records.

Student records contain:

- K-2 student registration form (name of studen, address phone number, DOB, Gender, guardian name and address, guardian place of employment, Emergency Contacts, Medical Issues, Medications, Allergies, Childs PCP and Address, Childs Dentist and address, Authorization for pickup other than the students guardian)
- Safety care treatment consent
- Releases of information
- Service Agreement
- POC/ITP/IEP
- Collateral documentation (physician records, school records, other provider assessments and legal documentation.
- Emergency Crisis plan (if applicable)
- Referral information
- Record of each student's attendance and absence throughout the program year

A student record is maintained for each student at UCP, either paper or the Electronic Medical Record (EMR)

Student records are monitored for compliance with accepted professional/ legal and FERPA standards and are filed (electronically or in a paper record)

Student records are reviewed to ensure that established policies and procedures are followed.

### **III. Filing , EMR , and Access to student records by Staff**

The QA staff and K-2 staff file paper and student records alphabetically. Student records in the EMR are accessed through the remote desktop connection. Any documents that need to be scanned in to the EMR are to be emailed to the QA staff, so the QA staff can file them in the EMR.

Staff accessing the student records in the EMR are granted access through a remote desktop connection, with a username and password required to log in. If staff are accessing student records that are not assigned to them, our EMR has auditing capability to see who accessed the student files. The EMR maintains a separate server that is backed up each night.

Student paper records will be locked and located in three different locations, the Quality Assurance Department at the woods, Brewer Bridges, and the Bangor Bridges locations.

UCP of Maine K-2 providing staff may review student records and access staff records during normal business of operation. The file reviews should take place in one of the three locations QA room, Bridges Brewer and Bridges Bangor locations. If staff need to review a student record outside of the file room they must sign the file out by documenting their name- relationship to the student- date- time – and purpose of the review.

Staff working in the Quality assurance department are the only staff allowed to access the file room outside of normal business hours and this access is limited to normal business hours. The file room staff will not be available after hours or on the weekends. If after hours or weekend work is anticipated, please request the documents you may need during normal business hours. When paper student records are removed from the file room, Bangor or Brewer Bridges locations, the record shall be returned by the end of each working day.

#### **IV. Student Record Retention and Destruction**

Student records are maintained in a locked room in the file room, Bangor Bridges, and Brewer Bridges locations. Student records are retained and protected for confidentiality as outlined by the Document and Retention and Destruction policy. In the event UCP discontinues operations , the student records are retained as indicated as directed by the UCP Board of Directors and/or attorney.

#### **V. Protection of student record**

The staff of UCP shall, as far as possible, guarantee confidentiality and privacy in regard to treatment, records and discussion of or about any student we serve. The fact that an individual is served by the agency must be kept confidential. Only authorized staff may make entries in the Students record.

Provisions for the protection of the student’s right to privacy shall be maintained at all times within the agency. All staff shall follow the following procedures:

##### **Internally:**

- Student records are not available to unauthorized persons with the appropriate Release in place.
- No paper records or lists containing first and last names of students will be maintained where they may be seen or read by other people we serve, volunteers, or members of the community.
- All staff will have access to records on a need-to-know basis. Individual lists per student will be documented following enrollment and staff assignment.
- All staff will continually be made aware of the need to maintain confidentiality.

##### **Externally:**

- Information in a Students record obtained from sources outside the agency will only be released by the agency if the proper documentation is completed.
- The decision to release information from a Students record will be made only by an authorized person within the agency.

- In the event of a court order, subpoena, or a state statute for the release of records, an authorized person within the agency shall approve the release of such information.

## **VI. Requests for Student Record**

The agency shall make the student records available to the parents/guardians upon their request within thirty (30) days of the date of the request. The requests shall be made to the QA Department. The QA department will arrange to meet with the parent/guardian to assist in the record review. In the event that the parent requests copies of records, copies will be provided within thirty (30) days from the date of the request. There will be a \$15 fee for requests that require more than fifty (50) pages of records, a \$30 for 500 or more pages of records, and a \$50 fee for records requests of 1,000 or more pages. Copies of student records for students transferring school or information requested by sending school will be sent within thirty days of the request.

All requests for student records must be on a formal release of information document and at a minimum include:

- Specific information needed, including dates
- Students name and DOB
- Student or legal guardian's signature, dated within one year of the request
- Date of request

A notation will be made in the client record:

- Date the request was sent out
- Documentation that was sent
- Who requested the information

An original of the request with notations will be kept in the correspondence section of the Student record.

This procedure will apply to all requests including those from physicians, payers and attorneys. Subpoenas will be handled according to the law.

- All requests for student records will be processed by the designated staff person.
- No record may be taken from the UCP premises except by subpoena.
- All copies of records will be handled confidentially.
- Faxed physician signatures are accepted and do not require an original hard copy, unless requested by a payer.

**Bridges K-2 Policy Manual**

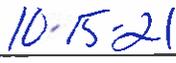
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Scott Tash, CEO

  
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Date