



ISLAMIC FOUNDATION SCHOOL

SCHOLARSHIP • CHARACTER • SERVICE

Safety Handbook

IFS Chargers:
Seek Knowledge, Develop Character, Serve Others

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Islamic Foundation School
300 W. Highridge Rd
Villa Park, IL 60181

This handbook is meant to explain in greater detail the policies/procedures that faculty, staff and students will be expected to adhere to while at IFS.

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Section I: General School Information

1.1 Introduction

School Vision:

To develop individuals with knowledge and goodness that achieve excellence in the spiritual and material life based on the Qur'ānic conception of intelligence and virtue as embodied in the Prophet Muhammad (Allāh bless him and grant him peace).

Mission:

At Islamic Foundation School:

- thoughtful discourse fosters the development of the mind
- instruction and activity promote healthy action
- daily interactions nurture integrity, empathy, and kindness.

The Islamic Foundation School seeks to graduate young people whose physical, intellectual, and spiritual capacities and potentials are nurtured. As students increase in maturity and responsibility, knowledge in scope and content progressively increases.

Motto: *Seek Knowledge, Develop Character, Serve Others*

Values: Scholarship, Character, Service

Philosophy:

The social and political significance of education engages practitioners, policy makers, and citizens in conversations of the preparedness of students for a complex world. Intensified government involvement in educational institutions and increasing standardization of curricula add to the conflict of deciding purpose and defining success.

The seeking of knowledge is a purpose that exists within Islam that encourages the strengthening of one's individuality for the realization of a spiritual, intellectual, social and emotional potential. Through varied and challenging experiences, the individual understands and develops a consciousness of the complex identity within the human reality. Such freedoms are opportunities to awaken and cultivate the intellectual trust that God has bestowed, a trust that encourages a critical and questioning attitude humbled by the moral ideal of submission.

The Islamic Foundation School works to foster environments conducive to facilitating the development of this noble human purpose. We are passionate in our belief of individual potentials, and recognize the spiritual, intellectual, social and emotional maturity necessitated through active effort and struggle. With trust and respect, children are guided and supported to safely explore their natural curiosities and creativities. Sensitivities to such inclinations encourage the sharing of ideas, and an appreciation of differences in the formation of knowledge.

With both the pedagogical and epistemological perspectives of constructivism we believe that the appropriation of meaningful knowledge requires student participation. This supports a reflexive understanding that narrows the separation between learning and knowledge. It is not believed to be mechanistic in nature where a student acts as a receiver of a source of knowledge. Instead, we understand the teacher to be a guide in an environment of authentic learning, and the child a constructor of knowledge based on meaning and relevance.

With a curriculum rooted in intrinsic motivation, increased student engagement stimulates richer and more critical dialogue needed to build ownership and passion for mastery. In the classroom, this confluence requires a heightened awareness of our consistent receptiveness to expressions of individuality. Through such an environment, we believe each child is afforded an opportunity to learn, and is instilled with the confidence to continue to seek the knowledge needed to realize their potential.

Section II: Emergency Information and Procedures

The following guidelines have been created based upon the DuPage County Regional Office of Education and have been made applicable to our school.

2.1 General Safety Guidelines

- **Visitor's Passes** - All visitors must have a visitor's pass to enter into the school building. Any person without a visitor's pass should be directed to Security or the Attendance Office where they can obtain a visitor's pass.
- **Secure Building** - All doors to outside must be locked, except the main school entrance door during school hours.
- **Locked Doors** - Non-entry doors must always be locked and are only to be used in case of emergency.
- **Report Emergencies** - Any potential threat/warning of an emergency situation must be communicated immediately to the Administration so that an official warning can be given and instructions can be provided for school personnel and students to follow.
- **Report Suspicious Activity** - At any time where suspicious activity is noticed, supervising teachers are to direct students to enter the building and immediately notify the administration.
- **Staff ID** - All faculty and staff must wear school issued identification when on campus during school hours.
- **Emergency Information** - All faculty, staff, and students must complete emergency information cards with current contact information. These emergency information cards will be kept in a designated location in the Attendance office.

2.2 Chain of Command

1. The Principal
2. The Dean of Students
3. The School Nurse
4. The Director of Curriculum
5. The School Business Administrator

2.3 Medical Emergency Procedure

In case of a medical emergency, the staff member should immediately notify the administration and the nurse of the medical emergency and identify themselves, their location and the nature of the emergency that exists. No one without medical emergency training should move or treat the injured person, unless it is immediately necessary to prevent greater injury from occurring.

Administration will assign a staff member to meet and admit emergency responders and direct them to the scene of the medical emergency. Office staff must call 911 providing location and door to report to and the nature of the emergency. Office staff should also request the type of first response that is necessary (police or paramedics). The school nurse will provide all medical records to the first responders. Office staff and/or the nurse will notify the next of kin or emergency contact person and direct them to the appropriate location. A staff member shall accompany the injured person to the hospital, if no emergency contact person has been contacted in time.

Any minor injury that is treatable or treated sufficiently by the school nurse will be documented and parents will be notified of the incident. If the injury is a result of an accident at school, faculty and staff with the most knowledge of what occurred will fill out an accident report to be maintained in the student's permanent records and parents will be subsequently notified.

2.4 Emergency and Crisis Response Plan

(a) General Evacuation Guidelines:

1. Evacuation routes shall be posted in each classroom near the entrance/exit doors.
2. Teachers are expected to be familiar with the evacuation route assigned in each class that they teach. This is to ensure that any evacuation taking place is done in an orderly manner.
3. Teachers are expected to secure all doors and to take a class roster with them to ensure that all students are accounted for and have evacuated safely.
4. The designated alarm will sound and teachers will be responsible to evacuate their students to the designated areas, depending on the type of alarm that is in place.
5. Office staff will direct all visitors, teachers and their students to the proper exits and will check all building facilities including the bathrooms, masjid, cafeteria, and library.
6. Administration will make sure all students/staff have evacuated the building and be in communication with any emergency responders at the school.

(b) Fire Alarm/Drill Procedures

1. Fire alarms will sound at the beginning of a fire drill or a real fire evacuation.
2. Classroom teachers should immediately direct students to leave personal belongings and quietly line up in a single file line to evacuate the classroom.
3. Teachers **must ensure that they have their attendance books** (rosters) with them.
4. Teachers must be last to exit the classroom.
5. Once outside, classes must remain with their teachers in the designated area that has been assigned to each class.
6. Teachers will take attendance and hold up the green poster if all students are present and the orange poster if there is a missing student.
7. Students and faculty who are not in a classroom during an evacuation should follow the evacuation route and exit from the nearest exit.
8. Administrative and Office staff will direct students and teachers to exit following the proper evacuation route as well as check all bathrooms, all floors and classrooms.
9. Once the fire department gives an "All Clear", staff and students will return into the building and their respective classes.

(c) Tornado Guidelines and Drill

- In the event of a tornado drill or tornado warning, the designated shelter for all students, staff, personnel, and visitors in the building is the student union on the ground floor of the west wing and the banquet hall in the Masjid.
- Administration will determine when a shelter in place is necessary and will send a message to all classrooms and offices in the building that an evacuation is in progress.
- The building alarm system will not be used for Tornado Warnings or Tornado Drills (*it will be reserved for Fire Drills and Evacuations*).
- If there is a power failure, office staff will be designated to notify each part of the building that an evacuation is in place and to have students proceed to the student union or banquet hall.
- Upon notice of a tornado evacuation, all teachers are directed to escort their classes following the proper evacuation route to the ground floor of the new building or banquet hall and to take with them a class roster, emergency folder with colored card. Teachers must take attendance to ensure that every student has safely evacuated and is accounted for.
- Teachers should remain with their students and keep them calm and quiet.

- Office staff will ensure that all classrooms, hallways, and washrooms of all buildings have been evacuated to the student union or banquet hall and that all students and personnel are accounted for.
- Administrators will be directing students in hallways.

Procedures for Teachers:

- All middle and high school students and their teachers will always walk in the center of all hallways. Elementary students and their teachers will walk close to the walls of all hallways, keeping the center clear for MS/HS.
- Students must be directed to proceed down the stairs carefully and slowly in a double file line, without pushing and shoving.
- Teachers must keep their class together, seat them together and account for each student by taking attendance.
- Each teacher shall direct their class to sit with their backs against the walls and legs pulled up to their chest.
- Upon reaching the student union or masjid lower level teachers will take attendance and hold up the green card if all students are present and the orange/red card if there is a missing student.
- **Locations:**
 - **Banquet Hall:** sit with backs against the walls, with legs pulled up to their chest.
 - The entire elementary building including ES cafeteria and ES gym
 - **Student Union:** sit with backs against the walls, with legs pulled up to their chest.
 - The entire new building (upper and 1st floor) will proceed to the SU using the closest stairwell.
 - Classes on the lower level will **remain** in their classrooms and sit against the wall.
 - HS students will sit at their lunch seat.
 - MS students will sit against the walls, with legs pulled up to their chest.
- Teachers will take attendance and hold up the green poster if all students are present and the orange poster if there is a missing student.

(d) Lockdown Procedure:

A lockdown is the confinement of people inside secured rooms for safety measures. It is used when a serious threat exists to the campus that requires students, personnel and visitors to remain in a locked facility for safety. Examples of threats include a fugitive in the area or an intruder in a school. A lockdown may be ordered by law enforcement, the school principal or any school staff who identify a potential threat.

There are two types of lockdowns:

In a full lockdown: An announcement will be made over the intercom and repeated several times. If there's an intruder, the announcement may include a description. Teachers will pull students and visitors into their classrooms and lock the doors immediately. They will keep everyone sitting on the floor away from the door and windows. Everyone is encouraged to remain calm and quiet. The teachers will take attendance and prepare a list of missing students and extra students in the room. Everyone will remain in the room until a formal announcement is made signifying the end of the lockdown.

In a modified lockdown: Modified lock downs are used when the threat is external and not directed at the school. For example, schools may be on modified lockdown if there was a report of a fugitive in the neighborhood. The entries and exits to the school are restricted, however normal instructional activities continue as much as possible.

When a lockdown has been ordered, the principal or designee shall make the following announcement and repeat it several times in the following manner (insert the most effective communications system(s) at the site, e.g. public

address system or bullhorn.): (for intercom access dial *7001 for the entire campus and *7777 school campus and masjid)

"Attention: This is the Principal, (name). We must secure the campus temporarily. This is not a drill. Please remain calm. Teachers and staff, please secure all students, staff and visitors in the room you are in immediately and follow lockdown procedures. If you are outdoors or in a hallway, please walk calmly to the nearest classroom, multipurpose room or office. Parents, do not try to locate your children. They will be kept safe and will be released to you after the lockdown has been lifted. Ignore any alarms or bells. Please listen for updates and further instructions. Thank you for your orderly response to these instructions."

Notification

A staff member designated in advance by the principal as a liaison shall immediately notify the Villa Park Police Department and the IFSC Chair that a lockdown has been initiated and shall provide updates to the IFSC Chair. The staff liaison also should call the Villa Park Police Department periodically to obtain the most current information available regarding the situation. A principal or designee also may notify neighboring schools that his or her school is locked down, but any instruction for other schools to also lock down must come only from the principal's office staff or a public safety officer.

Should a principal decide, on the basis of information from other schools, that he or she will lock down his/her own site, he or she must notify the IFSC Chairman of that decision immediately so that all schools that are locked down will be included in subsequent communications and notified when the lockdown is lifted.

Communication

The principal's office staff will activate the emergency staff notification protocol to include the following: Call other district staff who need to be informed immediately of the lockdown and may need to respond, including but not limited to, senior administrators, principals and department directors.

During the Lockdown

- All staff and students are to be in secured rooms away from windows and visual contact from the outside during the lockdown.
- Students will be permitted to go to the restroom only if the public safety incident commander and/or principal permits such activity and only if the student is accompanied by a designated school staff escort.
- Any special needs of students or access of parents to students will be addressed through the public safety incident commander and/or principal.
- The principal/designee will provide frequent communications to the students and staff regarding the status of the lockdown and the need for continued cooperation.
- Rules prohibiting cell phone use during class time are to be strictly enforced.

Lifting the Lockdown

The public safety incident commander will authorize lifting the lockdown and communicate that decision to the IFSC Chair. The IFSC Chair will call the affected sites to tell them to lift the lockdown or to verify that they have been instructed by a public safety officer to lift the lockdown.

Principal/designees should inform all staff notified of the initiation that the lockdown has been lifted.

After-Event Parent Communications

Principals are to send a factual notice to parents regarding the day, time, duration and reason for the lockdown. The notice should include other information as appropriate such as lunch changes, transportation adjustments, and extra-curricular and co-curricular activity modifications. The notice also is to be posted on the school website.

Terminology

* The public safety incident commander is a law enforcement officer or fire department official responsible for managing an emergency situation. He or she may or may not be on site, but will be consulted continuously regarding the threat level to the students and staff.

** A public safety officer is a law enforcement officer or fire department official who is participating in the management of an emergency situation but may or may not be on site.

Delineation of Responsibilities

In an emergency situation at a school site, public safety officers and school administrators are expected to share command responsibilities. The public safety incident commander will be primarily responsible for decisions and directives pertaining to the physical safety and security of the students, staff and facility. The principal or principal's designee will be primarily responsible for decisions regarding the welfare, comfort and morale of students and staff. If the public safety incident commander is not on the school site, the principal or designee is to function as the site incident commander.

Application of Procedures

The procedures described above are intended to be applied primarily in lockdown situations, but they may be equally applicable in other circumstances that involve threats to student or staff security but do not specifically require that students be locked in rooms. Such situations may include but are not limited to lockouts and evacuations where a threat to safety may require that students be kept out of the school.

How should a lockdown be implemented?

Teachers

- Take a quick glance in the hallway, secure any student nearby.
- Lock the classroom door immediately.
- Keep all students sitting on the floor, away from the door or windows.
- Advise the students that there is some type of emergency but you are not certain what it is.
- Project a calm attitude to help students remain calm.
- Reassure students that they are safe and that you are in charge.
- Take attendance and **prepare a list of missing students and extra students** in the room. Prepare to take this list with you when you are directed to leave the classroom.
- If there is a phone in the classroom, do not use it to call out. Lines must be kept open, unless there is an emergency situation in the classroom. Use your cell phone if needed.
- Ignore any fire alarm activation. The school will not be evacuated using this method. Announcements will be made over the intercom.
- When or if students are moved from the classroom, assist them in moving as quietly and quickly as possible.
- Remain in the room until the principal or designee announces the end of the lockdown or a police officer arrives and lifts the lockdown.

Other Personnel

- Look in your immediate vicinity. If you observe any unsupervised students, bring them to the nearest open room.
- If there are no students in your immediate vicinity, proceed to the nearest open room.
- Lock the door immediately after reaching the designated area.
- If you have students with you:
 - a) Keep them sitting on the floor, under tables and desks, away from the door or windows.
 - b) Advise the students that there is some type of emergency but you are not certain what it is. Project a calm attitude to help students remain calm. Reassure students that they are safe and that you are in charge.
 - c) Take attendance. Prepare to take this list with you when you are directed to leave the classroom.
 - d) When or if students are moved out of the room, assist them in moving as quietly and quickly as possible.

- e) If there is a phone in the room, do not use it to call out. Lines must be kept open, unless there is an emergency situation in the classroom.
- Ignore any fire alarm activation. The school will not be evacuated using this method. Announcements will be made over the public announcement system. Remain in the room until the principal or designee announces the end of the lockdown or a police officer arrives and lifts the lockdown.

(e) Bus and Van Evacuation Procedures

The school bus/van is one of the safest vehicles on the road. The safe and orderly transportation of students requires responsible behavior by students while boarding, riding or disembarking the school bus. Guidelines and procedures have been established to encourage and promote safe and orderly school bus/van transportation. The school takes great care to manage the uploading and unloading of students. Whenever riding the van or bus, students must follow these safety protocols:

- Students are uploaded one student at a time to maximize supervision and safety
- Students must use seat and shoulder belts
- Students must be mindful of limiting the distractions for drivers that could be caused by radios, cell phones, loud conversations, etc
- Only school authorized drivers will be permitted to transport students
- Exit the parked vehicle safely in traffic when pulled over
- Use 911 to report emergencies to law enforcement agencies

WHEN TO EVACUATE

Normally, passengers are safer inside the van or bus. For a normal breakdown, the students should be kept inside the van or bus.

If the van or bus is located where there is a high risk of a collision, such as:

- Near a blind curve
- Just over the crest of a hill
- On a railroad track

OR there is some danger that threatens the passengers, such as

- Fire or smoke in any part of the bus
- Danger of being submerged in water
- The van/bus has rolled or tipped over
- The van/bus is in danger of rolling or tipping over

EVACUATION PROCEDURE

Note: General procedures, with a reminder that not all situations encountered will be the same and the employee will need to adapt to circumstances accordingly.

Call or have someone call emergency personnel (911) as soon as possible.

1. Park the van /bus as close to the shoulder of the road or safe zone as quick as possible
 - Turn hazard lights on.
 - Set the parking brake.
 - Turn the engine off.
2. Stand facing the rear of the van/bus
3. Give the command: "Remain seated; prepare to evacuate."
 - Touch the shoulder of the person nearest to the aisle to indicate that the passengers in that seat are to move off.
 - Keep the passengers in the seat in the next row in their seat by holding the hand palm out in a restraining gesture until the aisle is clear.
 - Move out the passengers in the next row, using the same signal as above

4. Check the van/bus from the very back seat to the front, making sure it is empty.
5. Have evacuating students move to a safe distance (100ft) and keep them there as a group, away from any dangerous area.
6. Continue to check for students while removing the fire extinguisher or first aid kit, if needed.
 - A fire at the front of the van/bus may make the front entrance unusable and an alternative route of evacuation necessary. Normally, the front entrance will be available, but rear door can be used as the primary exit during an emergency.
 - Evacuation through both doors is fastest.

STUDENT REMINDERS DURING AN EMERGENCY EVACUATION

Instructions

- Listen to the driver's instructions for the correct exit.
- Be calm, quiet and don't panic.
- Leave your belongings behind.
- Exit seat by seat alternating rows.
- Leave the van/bus quickly without pushing or shouting.
- Walk to a safe place and stay together.

Student Information

- Know your students- physical ability, cognitive, medical, behavioral, communication, and Health Concerns.
- Physical condition of student – Which students can assist, who needs assistance exiting
- Behavioral – Student fears, crying, refuses to leave bus, run away, will they hide under seats.

Important Issues to Consider

- Evacuation Plan, included in the Van/Bus Student/Procedure book on-board.
- Student seating arrangements to assist and expedite the evacuation.
- Be prepared to exit from primary exit points; front, rear or side doors of van/bus.
- Determine the order students would leave the bus.

(f) Dealing with Substances and Chemicals

Every student, teacher and visitor is required to wear an industrial quality eye protective device when participating in or observing any of the following courses in schools:

(a) vocational or industrial arts shops or laboratories involving experience with the following: hot molten metals; milling, sawing, turning, shaping, cutting, grinding or stamping of any solid materials; heat treatment, tempering or kiln firing of any metal or other materials; gas or electric arc welding; repair or servicing of any vehicle; caustic or explosive materials;

(b) chemical or combined chemical-physical laboratories involving caustic or explosive chemicals or hot liquids or solids.

During observations, such devices will be furnished for all students and teachers and shall be furnished for all visitors to such classrooms and laboratories.

(f) Art Supplies Safety

No art or craft material which is a toxic substance as defined in this Act, shall be ordered or purchased by the school for use in preschool through 6th grade, inclusive. No toxic substance may be purchased or ordered by a school for use by students in grades 7 through 12, unless it meets the labeling standards specified in Toxic Art Supplies in Schools Act.

Section III: Safety and Well Being of Employees and Students

3.1 IFS Wellness Policy

BELIEF STATEMENT

Islamic Foundation School is committed to providing a learning environment that supports and promotes wellness, good nutrition, and an active lifestyle and recognizes the positive relationship between good nutrition, physical activity, and students' capacity to develop and learn. The entire school environment shall be aligned with healthy school goals to positively influence students' beliefs and habits and promote health and wellness, good nutrition, and regular physical activity. In addition, school staff shall be encouraged to model healthy eating and physical activity as a valuable part of daily life.

INTENT

This policy aims to ensure the development of a school environment that promotes and supports student health and wellness. It will help to reduce childhood obesity while meeting the requirements of the Child Nutrition and WIC Reauthorization Act of 2004 and the Illinois School Code. This includes, without limitation, goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness; nutrition guidelines for all food available during the school day; a plan for measuring implementation, including designating one or more persons charged with operational responsibility; and involving parents, students, school foodservice providers, the school board, school administrators in developing this policy.

RATIONALE

A disturbing number of children are inactive and do not eat well. As a result, an alarming 16 percent of children and adolescents are overweight – a three-fold increase since 1980. Congress passed the Child Nutrition and WIC Reauthorization Act of 2004 on June 30, 2004, recognizing schools' role in health promotion. This law requires local education agencies participating in a program authorized by the National School Lunch Act or the Child Nutrition Act of 1966 to develop a local wellness policy. The wellness policy objectives are to improve the school nutrition environment, promote student health, and reduce childhood obesity.

The link between nutrition and learning is well documented. Healthy eating patterns are essential for students to achieve their full academic potential, total physical and mental growth, and lifelong health and well-being. Healthy eating is demonstrably linked to reduced risk for mortality and the development of many chronic diseases. Schools and school communities have a responsibility to help students acquire the knowledge and skills necessary to establish and maintain lifelong healthy eating patterns. Well-planned and well-implemented wellness programs have been shown to positively influence children's health.

Schools also have a responsibility to help students establish and maintain lifelong habits of being physically active. According to the U.S. Surgeon General, regular physical activity is one of the most important things people can do to maintain and improve their physical health, mental health, and overall well-being. Regular physical activity reduces the risk for heart disease, high blood pressure, colon cancer, and diabetes.

GOALS FOR NUTRITION EDUCATION

Students in preschool through grade 12 shall receive nutrition education as part of a sequential program coordinated within a comprehensive health education curriculum. The program shall be designed to provide students with the knowledge and skills necessary to adopt healthy eating behaviors *and* influence students' knowledge, attitudes, and eating habits. Special emphasis should be placed on nutrition education in preschool through primary grades, as eating habits are established at a young age. The curriculum shall be consistent with and incorporate relevant Illinois Learning Standards.

To maximize classroom time and achieve positive changes in students' eating behaviors, nutrition education shall be integrated into the standards-based lesson plans of other school subjects like math, science, language arts, physical education, health, family and consumer science, and social sciences.

To achieve positive changes in students' eating behaviors, it is recommended that nutrition education opportunities be provided to students each year. The nutrition education program shall include enjoyable, interactive activities. It may include a combination of classroom instruction, nutrition education provided in the cafeteria, health fairs, field trips, and assemblies providing nutrition education.

GOALS FOR PHYSICAL ACTIVITY

Students in preschool through grade 12 shall participate in daily physical education that enables them to achieve and maintain a high level of personal fitness; emphasizes self-management skills, including energy balance consistent with state/district's standards/guidelines/framework; and is coordinated within a comprehensive health education curriculum. The curriculum shall be consistent with and incorporate relevant Illinois Learning Standards.

It is recommended that all students in all grades participate in physical education for the maximum number of minutes per week to be worked into the school schedule. Special emphasis will be placed on promoting an active lifestyle in preschool through primary grades, as health habits are established at a young age. Accommodation shall be made for students with disabilities, 504 plans, and other limitations. Schools will provide a daily supervised recess period for elementary students. Studies show improved student behavior on the playground, in the cafeteria, and in the classroom, and students waste less food and drink more milk when eating after recess.

Students shall be provided opportunities for physical activity through before- and after-school programs, including interscholastic athletics and physical activity clubs.

Because students should engage in a minimum of 60 minutes of physical activity a day, the physical education program shall actively engage families as partners in providing physical activity beyond the school day.

GOALS FOR OTHER SCHOOL-BASED ACTIVITIES DESIGNED TO PROMOTE STUDENT WELLNESS

Parent Partnerships

Schools shall support parents' efforts to provide a healthy diet and daily physical activity for their children. This support shall begin in elementary school and continue through middle and high school.

Parents shall be provided information to help them incorporate healthy eating and physical activity into their students' lives. This information may be provided in handouts, postings on the school website, the information provided in school newsletters, presentations that focus on nutrition and healthy lifestyles, and any other appropriate means available for reaching parents.

Consistent School Activities and Environment – Healthy Eating

Food providers will share information about the nutritional content of school meals and/or individually sold foods with students, families, and school staff.

School meals shall be served in clean, safe, and pleasant settings with adequate time provided for students to eat, at a minimum, per state and federal standards and guidelines. The National Association of State Boards of Education recommends that students have adequate time to eat, relax and socialize: at least 10 minutes after sitting down for snack time in the morning and 20 minutes after sitting down for lunch.

All food service personnel shall have adequate pre-service training and regularly participate in professional development activities that provide tasty, appealing, and healthy school meals; nutrition education strategies, including coordination of classroom and cafeteria activities; and effective promotional techniques to encourage healthy eating habits.

Food providers shall involve families, students, and other school personnel in choosing nutritious food and beverage selections for their school through surveys, committees, taste-testing, and similar activities designed to provide input into the decision-making process.

Food providers shall work with suppliers to obtain food and beverages that meet the nutrition requirements of school meals and nutrition standards for those sold individually.

Food providers shall work closely with school instructional staff to reinforce nutrition instruction and foster an environment where students can learn about and practice healthy eating.

Food providers shall take every measure to ensure that student access to food and beverages on school campuses meets federal, state, and local laws and guidelines.

Students, parents, school staff, and community members bringing food and beverages to school for parties/celebrations/meetings shall be encouraged to provide healthful options. They shall be provided with a list of recommended food and beverage options.

To reduce competition with nutritionally balanced school meals and enhance student safety to the extent practicable, it is **highly** recommended that students are not permitted to leave school grounds to purchase food or beverages. Schools shall promote nutritious food and beverage choices consistent with the current Dietary Guidelines and Food Guidance System (MyPlate), including fruits, vegetables, low-fat dairy food, and whole-grain products.

Nutrition education shall be provided by trained and well-supported staff. Preparation and professional development shall provide basic knowledge of nutrition and activities, instructional techniques, and strategies designed to change students' attitudes and behavior.

All food and beverages available on campus shall comply with the federal, state, and local food safety and sanitation regulations.

For the safety and security of food, access to any area involved in storage, preparation, or service of food on the school campus shall be limited to authorized personnel.

Consistent School Activities and Environment –Physical Activity

Physical education shall be provided by trained and well-supported staff certified by the state to teach physical education. All physical education teachers shall regularly participate in continuing education activities that impart the knowledge and skills to effectively promote enjoyable lifelong healthy eating and physical activity among students.

Physical education classes shall have a student-to-teacher ratio comparable to those in other curricular areas.

The physical education program shall be closely coordinated with the other components of the overall school health program. Physical education topics shall be integrated into other curricular areas. In particular, the benefits of being physically active shall be linked with instruction about human growth, development, and physiology in science classes and instruction about personal health behaviors in health education classes.

The school recognizes that students are more attentive and ready to learn if provided with periodic breaks when they can be physically active or stretch. Thus, students will be offered **periodic opportunities** to be active or stretch throughout the day on all or most days during a typical school week. The school recommends teachers provide short physical activity breaks to students during and between classroom times. These physical activity breaks will complement, not substitute, for a physical education class, recess, and class transition periods.

The school will provide resources and links to resources, tools, and technology with ideas for physical activity breaks. Resources and ideas are available through USDA and the Alliance for a Healthier Generation.

Schools are encouraged to develop community partnerships with other child-serving organizations such as park districts and YMCA to provide students with opportunities to be active.

Schools are encouraged to provide student and community access to promote the use of the school's physical activity facilities outside of the regular school day. Physical activity facilities and equipment on school grounds shall be safe. Schools are encouraged to work with the community to create a community environment that is safe and supportive of students.

Food or Physical Activity as a Reward or Punishment

School personnel shall be encouraged to use non-food incentives or rewards with students and shall not withhold food from students as punishment.

School personnel shall not use physical activity as a punishment or withhold participation in recess or physical education class as a punishment.

NUTRITION GUIDELINES FOR COMPETITIVE FOODS AND BEVERAGES

The school is committed to ensuring that all foods and beverages available to students on the school campus* during the school day* support healthy eating. The foods and beverages sold and served outside of the school meal programs (foods and beverages) will meet the school nutrition standards.

Food and beverages are sold as part of school-sponsored fundraising activities.

Smart Snacks aim to improve student health and well-being, increase consumption of healthful foods during the school day, and create an environment that reinforces the development of healthy eating habits. A summary of the standards and information is available at: <http://www.fns.usda.gov/healthierschoolday/tools-schools-smart-snacks>. The Alliance for a Healthier Generation provides a set of tools to assist with implementing Smart Snacks available at www.healthiergeneration.org/smartsnacks.

GUIDELINES FOR SCHOOL MEALS

School meals served shall be consistent with the recommendations of the Dietary Guidelines and shall meet the nutrition requirements and regulations for the National School Lunch Program.

Food providers shall offer a variety of age-appropriate and appealing food and beverage choices and employ food preparation, purchasing, and meal planning practices consistent with the current Dietary Guidelines (e.g., provide a variety of fruits and vegetable choices; serve low-fat and fat-free dairy products; ensure that whole grain products are served).

The school principal shall be responsible for implementing the local wellness policy and shall appoint a school-based evaluation team to develop and implement an annual evaluation plan.

The school-based evaluation team shall evaluate policy implementation and identify areas for improvement. The evaluation team shall report their findings to the school principal and develop a plan of action for improvement, as needed.

3.2 School Closing Information

In case of an emergency school closing or late start, all faculty, staff, and students will be notified using the following methods: Parent Alert text message via Renweb, Email via Renweb, and Internet at www.ifsvp.org.

3.3 Substance Abuse Policy

In accordance with the Federal Drug Free Workplace Act of 1988, all employees are prohibited from abusing alcohol or drugs, committing a controlled dangerous substance offense, committing an alcohol driving offense, teaching or attending school under the influence, and working under the inappropriate influence of prescription or over-the-counter drugs or controlled dangerous substances. *Smoking on Islamic Foundation grounds is prohibited.*

3.4 Administration of Student Medication

A written request for administration by the school nurse or for self-administration by the student of any prescription or non-prescription medication during school hours must be made by a parent or physician and submitted to the Health Office. The school allows the self-administration or self-carry of any prescribed medication for any student upon receipt of the necessary documents. Teachers and other staff members are not allowed to administer any medication (prescription or non-prescription) to any student. Parents sign a "Medication Authorization Form." By signing the form, the parent releases and discharges the school, its employees and its affiliates from all claims for personal damages and injuries, which may occur to the student as a result of IFS administering medication in accordance with the foregoing instructions or failing to administer such medication.

3.5 Non-Discrimination Policy

Our policy is to hire, promote, compensate, and administer all employment practices without regard to race, color, sex, age, marital status, religion, national origin, medical condition or disabilities unrelated to the ability to perform a job. IFS doesn't prohibit hairstyles that are historically associated with race, ethnicity, or hair texture, including,

but not limited to, protective hairstyles such as braids, locks and twists. Harassment of employees because they are members of any of the foregoing protected groups is prohibited and will not be tolerated. IFS will take appropriate measure in response to any such incidents which are reported or come to the attention of administration of IFS. Every good faith effort will be taken by IFS to fulfill the objectives of this policy. If a staff or employee believes that the above mentioned policies are not being implemented, then a written complaint can be submitted to the HR Department.

Our policy is to accept students without regard to race, color, sex, age, marital status, religion, national origin, medical condition or disabilities. IFS doesn't prohibit hairstyles that are historically associated with race, ethnicity, or hair texture, including, but not limited to, protective hairstyles such as braids, locks and twists. Harassment of students because they are members of any of the foregoing protected groups is prohibited and will not be tolerated. IFS will take appropriate measure in response to any such incidents which are reported or come to the attention of administration of IFS. Every good faith effort will be taken by IFS to fulfill the objectives of this policy. If a student believes that the above mentioned policies are not being implemented, then a written complaint can be submitted to the IFSC Chair.

3.6 Sexual Harassment Policy

Harassment on the basis of sex is a violation of federal and state law. Islamic Foundation School does not tolerate sexual harassment of its faculty, staff, or students. Individuals who believe they are victims of sexual harassment, as well as those who believe they have observed sexual harassment, are strongly urged to report such incidents promptly.

Islamic Foundation School will investigate every sexual harassment complaint in a timely manner and, when there is a finding of sexual harassment, take corrective action to stop the harassment and prevent the misconduct from recurring. The severity of the offense will determine the corrective action, up to and including discharge or expulsion of the offender. Because IFS could be exposed to liability, any employee, administrator, or supervisor who is aware of sexual harassment and condones it, by action or inaction, may be subject to disciplinary action.

Following federal guidelines, IFS defines sexual harassment as follows: Unwelcome sexual advances, requests for sexual favors. Other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement
- submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual or
- such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or learning environment

This policy is designed to protect all members of the Islamic Foundation School community. It applies to all employees regarding their relationships among peers as well as to superior/subordinate relationships and relationships with students.

Reporting Procedures

1. Faculty, staff, and students have the right to raise the issue of sexual harassment with HR department. Further harassment against complainants or retaliation against complainants or others who participate in the investigation of a complaint will not be tolerated. Appropriate and prompt disciplinary or remedial action will be taken against persons found to be engaging in such further harassment.
2. IFS will deal with reports of sexual harassment in a fair and thorough manner, which includes protecting, to the extent possible and to the extent permitted by law, the privacy and reputational interests of the accusing and accused parties.

3. Confidentiality of information relating to investigations of complaints of sexual harassment shall be maintained to the extent practical and appropriate under the circumstances and to the extent permitted by law. Individuals charged with implementing this policy shall share information with regard to given incidents of sexual harassment only with those who have a "need to know" in order to implement this policy.
4. It is the obligation and shared responsibility of all members of the school community to adhere to this policy.

3.7 Reporting Suspected Child Abuse and Neglect

As defined under the Abused and Neglected Child Reporting Act, 325 ILCS 5/1 et seq., all IFS school personnel are mandated by law to report when there exists reasonable cause to suspect that a child who is under the age of 18 and known to them in their professional capacity has been abused or neglected or is in danger of being abused or neglected, physically, sexually, or through neglect, and that a caregiver, or person in a position of trust and authority over them, committed the harm or should have taken steps to protect the child from harm.

Definitions of Abuse and Neglect:

Abuse of a child occurs when a caregiver, or person with authority or trust over a child:

1. Inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;
2. Creates a substantial risk of physical injury to a child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;
3. Commits, or allows to be committed, any sex offense against such child
4. Commits, or allows to be committed, an act or acts of torture upon a child;
5. Inflicts excessive corporal punishment;
6. Causes an illegal controlled substance to be sold, transferred, distributed, or given to a child.

Neglect of a child is when a child is deprived of adequate food, shelter, clothing, or necessary medical care by a parent or caregiver. Neglect can also occur when an adult fails to provide adequate supervision of a child as when a child is left either unsupervised or in the care of someone unable to supervise the child. A child will not be considered neglected or abused solely because the child is not attending school. Nor shall a child be considered neglected or abused for the sole reason that the child's parent or caregiver depends upon spiritual means through prayer alone for the treatment or cure of disease.

Mandated reporters are entitled to immunity for any report of child abuse or neglect under the Act as long as the report is made in good faith. A mandated reporter's failure to make a report may subject the mandated reporter to criminal prosecution, license suspension or revocation and civil liability as well as employee discipline.

School Procedures Regarding Reporting

In compliance with the law, any employee that believes there is reasonable cause to make a report must give notice to the School administration before making a report in order to ensure that all subsequent steps can be taken to protect the parties involved and to file all proper documents required by law. In no way will the school administration prevent a mandated reporter from making a report so long as there is a good faith belief that the child has been abused or neglected or may be in danger of abuse or neglect by a caregiver or person in a position of trust or authority. All staff are required to complete an online training on for mandated reporters at: <https://www.dcfstraining.org/manrep/index.jsp>. Completion of training must be submitted to administration.

Internal Reporting Procedure:

- Once a mandated reporter notices signs of suspected child abuse or if a child informs a mandated reporter of being abused, the mandated reporter must immediately document what was observed with date and time and contact the school counselor and school nurse.
- The school nurse and school counselor will evaluate in their capacities to assess the signs of abuse. These assessments will be documented with date and time and should occur within the day of the original mandated reporter's report. The above parties' role is not to perform an investigation rather evaluate the evidence presented by the mandated reporter to determine the level of threat towards the child's well-being and safety.
- All parties will confer their assessments and give their recommendation to the mandated reporter for reporting to DCFS.
- The original reporter is responsible to make the call to DCFS.
- If there are verifiable signs or testimony indicating abuse, the school has an independent reporting responsibility, and should submit the form specified by DCFS as well as calling in the information within 24 hours of discovery of the abuse. Separate reports from the school and the individual reporter are not necessary -- both can be called in at the same time, and all witnesses can be described on the form.
- The parent or other accused can be told what is reported by cc of the written report or otherwise -- this is not an ambush system, merely one in which information transfer is required. You could call them in to the school nurse's office and get their information, such as information from other medical providers on other causes, if bruises show up, etc... Two or more persons should be present to take any witness statements, parent reactions, etc...
- The form attached is the current version of the written form that needs to be sent along, after a call to the hotline. Have attached hotline information and who must report, plus the local DCFS office address, which is the entity that should get the written report. Send same by certified mail within 24 hours of the original call, and keep copies of the return receipts and proof of mailing to verify school compliance with the state reporting law.

General Guidelines

- In deciding whether or not to report an incident or situation of suspected abuse to the Principal, it is not required that the faculty/staff member making the report have proof that abuse has occurred. Any uncertainty in deciding to report a suspicion should be resolved in favor of the child safety and well-being.
- There should be no attempt by faculty/staff to question the child, as the role of investigation lies with Department of Children and Family Services (DCFS) The child should be protected from repeated disclosures.
- If the child is injured, the teacher may initially examine and question the child to determine if the child's injuries necessitate medical examination. If medical examination is required, the staff member should escort the student to designated staff member and inform the principal of the action.
- The teacher or staff member referring the suspected case of child abuse must not unilaterally contact the parents.
- School administration shall undertake to ensure that all employees are provided with information and training that will enable them to carry out their duty to report suspected child abuse or neglect.

Investigation

The investigation of any report of child abuse or neglect shall be undertaken by those who possess specialized experience, training, authority and discretion to determine whether suspected abuse or neglect of a child actually occurred. IFS may initially undertake to determine the *credibility of any "rumor"* of abuse or neglect. IFS will not conduct an independent investigation to determine whether reasonable cause exists or whether such abuse or neglect actually occurred before reporting the matter to the Illinois Department of Children and Family Services. The investigation into the accuracy of any report of child abuse or neglect shall be conducted by DCFS and, where necessary, the DuPage County State's Attorney and the local police.

IFS will only conduct an investigation into a suspected case of abuse when it involves personnel of IFS and such an investigation will not impede reporting the suspected abuse to DCFS. Otherwise, all other suspected cases will be handled and investigated ONLY by the appropriate law enforcement authorities and DCFS. Any questioning of students by DCFS will be done in the presence of school officials and will comply with the relevant laws that govern.

IFS will cooperate with DCFS and law enforcement in their investigation of all reports of abuse or neglect and not impede any investigation being conducted by the Department and law enforcement. Any personnel involved in a report made to DCFS or questioned by the appropriate authorities must keep such information confidential from all 3rd parties. IFS will provide the Illinois Department of Children and Family Service investigators reasonable access to the suspected victim of child abuse or neglect for the purpose of conducting an interview.

When following procedures for reporting suspected cases of child abuse, the safety and welfare of the student will always dictate which course of action is to be pursued. Any uncertainty should always be resolved in favor of the child's best interest.

3.8 Ban on Corporal Punishment

No person employed or designated by IFS administration as a volunteer may inflict or cause to be inflicted any injury or corporal punishment as a means of discipline or behavior modification upon a student attending IFS. The use of any force as would be reasonable and necessary under the circumstances will only be excused to quell a disturbance threatening physical injury to others, to obtain possession of weapons or other dangerous objects upon the person or within the control of the student, for the purpose of self-defense, or for the protection of persons or property.

3.9 Concussion

The concussion oversight team includes the Principal, the Nurse, the Dean of Students and the Athletic Director.

The purpose of this protocol is to clearly address the issue of concussion recognition and management here at Islamic Foundation School.

Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. Concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head. Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over several minutes to hours. Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course. However, it is important to note that in some cases symptoms may be prolonged.

Common Symptoms and Signs of Concussion

Symptoms Reported:

1. Headache
2. Nausea or vomiting
3. Dizziness
4. Blurred, double, or abnormal vision
5. Sensitivity to light and/or noise
6. Fatigue
7. Change in sleeping pattern
8. Concentration or memory issues
9. Confusion

Signs Observed:

1. Person appears dazed or stunned
2. Disorientation to place and/or time
3. Can't recall events before injury
4. Can't recall events after injury
5. Loss of consciousness
6. Seizure activity
7. Unusual changes in personality or mood

8. Nystagmus (abnormal eye tracking)

Evaluation of a Concussion

The evaluation of a concussion shall begin as soon as a staff member contacts the child, whether that is in the school or on the field. A detailed history shall first be taken to determine mechanism of injury, orientation, memory integrity, and a symptom. A medical examination will also be conducted to gather vital signs and neurological baselines. Once immediate life threats are ruled out and a concussion is suspected by virtue of findings listed in the "Signs and Symptoms of Concussion" section of this protocol. The school nurse and student's parent will be notified of the situation. The student will need to be seen by their PCP for further evaluation.

Return to Learn and Return to Play Criteria:

It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.

1. For the concussion care protocol to be initiated the student must be initially evaluated by a primary care physician or local concussion specialist (licensed to practice medicine in all its branches) and documentation must be provided to the school nurse.
2. An emergency room/acute care note is only temporary until seen by the student's primary care physician within two days and will not be accepted as a clearance note.
3. Student will be allowed a two-day window of academic accommodation if they are unable to get into a primary physician immediately following the incident.
4. After 2 days, all academic accommodations must be approved by the physician with a posted dated note. The two-day academic accommodations will be minimal and will be based on the symptoms the student reports to the school nurses.
5. Only physicians can recommend/request academic accommodations.
6. The teacher has the option of assigning the student a grade of incomplete for the midterm and/or quarter grade.
7. The student's missed academic work will be reviewed and granted extra time to complete, in conjunction with the physician recommendations, school counselor, and school nurse.
8. The student will report only to the school nurse daily for evaluation.

Three Stage Progressions to Full Return to Academic Activity.*Stage 0 (Initial Day 0-2) Characteristics: Severe symptoms at rest*

1. Symptoms may include but are not limited to: Headache or pressure in headache, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, unusual changes in mood, fatigue ▪ Students may complain of intense and continuous/frequent headaches ▪ Students may not be able to read for more than 10 minutes without an increase in symptoms
2. Initial evaluation by primary care physician or local concussion specialist (not Emergency Room or Urgent Care Physicians)
3. No physical activity (PE) or athletic participation (includes practices and attending events)
4. Interventions: Recommend no school attendance for at least one full day - emphasize cognitive and physical rest
5. Student recommendation: student will not take assessments or do homework for 2 days until they are seen by the physician.
6. If it takes longer than the two-day window to be seen by a physician, then the student will be given extended accommodation as long as the student and parents are trying to get into a physician's office. Submission of a physician appointment documentation to the school is encouraged. Once seen by a physician that was longer than the given two days then the doctor's note must be posted dated for prior accommodations.
7. Student will be given a general school accommodation from initial diagnosis until seen by a physician
8. Student must check in each day with the school nurse to notify staff of any changes. If student fails to come after 48 hours, then all accommodations will be dropped, and the student will return to normal class schedule.
9. Student must make up all schoolwork that was missed work during the accommodation days.

10. The school nurse will communicate to school administration about the two-day accommodation. The school administrator will reach out to teachers.

Stage 1: (Student sees Physician)

1. Any possible accommodations in this stage must come directly from the Physician and post-dated for any day past stage 0.
2. School Nurse will notify the appropriate school administrator to then notify appropriate teaching staff of physician accommodations.
3. The student must report daily to the school nurse for the assessment checklist. If student fail to report after 48 hours. Nurses notify the administrator that student is not complying with the Return to Learn and student should return to normal class schedule and will lose their accommodations.
4. No PE or athletic participation (may attend practices/events or PE class, but no active participation, student may be placed in a study hall as an alternative to PE.)
5. If the student remains in Stage 2 longer than 4 weeks, the student will return to a primary or a specialized physician for further evaluation.
6. If unable to progress to Stage 2 after 8 weeks total and it is unlikely the student will be able to make up required work, the nurses, administrators, physician, and parents will consider alternative accommodations. Consider a 504 Plan after 8-10 weeks of residual symptoms with educational impact.

Progress to stage 2 when:

1. School activity does not increase symptoms
2. Overall symptoms continue to decrease
3. Cleared by Physician

Stage 2: Cleared Return to Normal Schedule (Physician Clearance)

1. Characteristics: Asymptomatic with academic/cognitive and physical activities
2. School Nurse will notify the appropriate school administrator to then notify appropriate teaching staff of physician clearance.
3. The student must report daily to the school nurse for assessment checklist. Interventions: Resumption of full academic responsibilities once symptoms have resolved completely as determined by primary care physician. Create plan for possible modification and gradual completion of required makeup work (school counselor, teacher, department supervisor).
4. Students are not required to makeup missed PE classes due to a concussion.
5. Return to play progression may be initiated prior to full return to learn by the discretion and under the recommendation of a physician.
6. For the non-athlete student: written clearance to full participation from the primary care physician or local concussion specialist (not Emergency Room or Urgent Care Physicians). Upon receipt of clearance
7. School nurse will consult with PE teacher regarding the non-athlete/ PE student return to play for the student athlete: required to follow the IHSA/IESA Return to Play Protocol under the direction of the coach.

Return to Sports - IHSA/IESA Return to Play Protocol (required)

- Written clearance from the primary care physician (PCP) or local concussion specialist (not Emergency Room or Urgent Care Physicians) is required to begin physical activity.
- The IHSA/IESA Return to Play Protocol includes 5 phases of activity with increasing intensity. Each phase will take place 24 hours following the previous step.
- If symptoms return during any phase, a 24-hour period of rest is required before repeating that phase. For the student athlete: This protocol will be performed under the supervision of the coach.
- The protocol will be used for all athletic activities Stage 1: Light aerobic activity Stage 2: Moderate Anaerobic Activity Stage 3: Sports-specific, Agility, non-contact activity Stage 4: Controlled contact activity Stage 5: Full Contact Practice

Return to full sports participation/competition Follow Up

1. Student must submit a Post Concussion Consent Form.
2. The school nurse will conduct a follow-up assessment with the student one week after he/she returns to full academic and athletic activity.
3. The student is encouraged to meet with a school administrator regularly to discuss progress, grades, and status of make-up work.
4. The student is encouraged to meet with the school nurse to assess any recurring symptoms.

3.10 Asthma Emergency Response Protocol

Asthma is a long-term inflammatory disease of the airways of the lungs. It is characterized by variable and recurring symptoms, reversible airflow obstruction, and easily triggered bronchospasms, which may lead to respiratory distress.

What is Emergency Respiratory Distress? Includes the perceived or actual presence of coughing, wheezing, or shortness of breath. It can often be due to an exacerbation of acute or pre-existing pulmonary conditions.

Mild-to-Moderate Symptoms of Respiratory Distress:

1. Struggling to breathe Whistling in the chest
2. Persistent Coughing
3. Chest pain
4. Wheezing
5. Chest tightness
6. Noisy breathing
7. Shallow breathing
8. Decreased breath sounds
9. Breathing hard or fast Shortness of breath
10. Nasal flaring
11. Difficulty speaking blueness around the lips/fingernails
12. Chest retractions
13. Use of Accessory muscles

Severe Symptoms of Respiratory Distress:

1. Struggling to breath/Shortness of breath
2. Coughing, wheezing, tightness in the chest
3. Difficulty speaking
4. Blueness around the lips or fingernails (may look gray or “dusky”)
5. Chest retractions (chest/neck are pulling in)
6. Use of accessory muscles (stomach muscles are moving up and down)
7. Fast pulse (tachycardia)
8. Agitation

How is respiratory distress treated?

1. A bronchodilator such as Albuterol or another short-acting bronchodilator is approved by the United States Food and Drug Administration for the treatment of respiratory distress
 - a. An Inhaler is a device that delivers a bronchodilator to alleviate symptoms of respiratory distress is manufactured in the form of a metered-dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator

Standard Procedures and Protocols for Emergency Use of Albuterol

1. Emergency respiratory distress can be the sudden appearance of signs and symptoms of difficulty breathing and can be categorized into mild-moderate or severe.
2. Trained personnel will immediately begin the implementation of the protocol and action plan adopted by the school for the standardized treatment of respiratory distress.

If the respiratory distress is determined to be mild-to-moderate, then the trained personnel will:

1. Administer quick-relief medication as an albuterol inhaler with a valved holding chamber, each 15-30 seconds apart according to the student asthma action plan signed by their physician.
2. Restrict physical activity & allow the individual to rest.
3. Never leave the child/student unattended
4. Instruct office staff to notify the parent/caregiver and school nurse and/or principal.
5. Observe the individual again after 10-15 minutes
6. If there is no improvement:
 - a. Administer albuterol with a valved holding chamber, each 15-30 seconds apart according to the student's asthma action plan or medical orders.
 - b. If there is still no improvement,
 - c. IMMEDIATELY call 911 and follow actions for SEVERE Respiratory Distress
7. If improvement is noted:
 - a. The Individual should demonstrate the following:
 - i. No more chest tightness or shortness of breath
 - ii. Can walk & talk easily
 - iii. Other symptomatic improvements.
 - b. Keep him/her in the health office under supervision until their breathing returns to normal and the office staff has contacted the student's parent/caregiver.
 - c. Follow post-incident instructions

If the respiratory distress is determined to be SEVERE, then the trained personnel will:

1. CALL 911
 2. Immediately administer albuterol with the valved holding chamber, each puff 15-30 seconds apart according to the action plan.
 3. Document the time 911 was called.
 4. Restrict physical activity, encourage slow breaths & allow the individual to rest.
 5. Never leave the child/student unattended
 6. Instruct office staff to contact parent/caregiver AND school nurse and/or principal.
 7. Document the time EMS services arrived AND the name of the EMS provider. Observe the individual after 15 minutes if EMS has not yet arrived.
 8. No improvement after 15 minutes & EMS has NOT arrived yet: a. Repeat puffs of albuterol with the valved holding chamber, each 15- 30 seconds apart according to the action plan.
- ***If the individual shows improvement, wait for EMS to arrive & assess the individual.

The implementation of policies and procedures for the emergency treatment of respiratory distress using albuterol is not intended to replace the individual Asthma Action Plan of a person with Asthma. Instead, it should be used when an Asthma Action Plan and/or prescribed short-acting bronchodilator inhaler (albuterol inhaler) are not available or easily accessible.

Within 24 hours of the administration of the undesignated asthma medication, the school will notify the student's parents/guardian/emergency contact and the physician or advanced practice registered nurse who provided the standing protocol and the prescription for the undesignated asthma medication of its use. Additionally, the school will report to ISBE as prescribed within 3 days of administering the undesignated asthma medication.

3.11 Undesignated Albuterol Treatment Protocol

Asthma is a condition associated with bronchoconstriction and bronchospasm, as well as shortness of breath often exacerbated leading to respiratory distress.

What is Emergency Respiratory Distress? Includes the perceived or actual presence of coughing, wheezing, or shortness of breath. It can often be due to an exacerbation of acute or pre-existing pulmonary conditions.

Mild-to-Moderate Symptoms of Respiratory Distress:

1. Struggling to breathe Whistling in the chest

2. Persistent Coughing
3. Chest pain
4. Wheezing
5. Chest tightness
6. Noisy breathing
7. Shallow breathing
8. Decreased breath sounds
9. Breathing hard or fast Shortness of breath
10. Nasal flaring
11. Difficulty speaking blueness around the lips/fingernails
12. Chest retractions
13. Use of Accessory muscles

Severe Symptoms of Respiratory Distress:

1. Struggling to breath/Shortness of breath
2. Coughing, wheezing, tightness in the chest
3. Difficulty speaking
4. Blueness around the lips or fingernails (may look gray or “dusky”)
5. Chest retractions (chest/neck are pulling in)
6. Use of accessory muscles (stomach muscles are moving up and down)
7. Fast pulse (tachycardia)
8. Agitation

How is respiratory distress treated?

1. A bronchodilator such as an Albuterol or another short-acting bronchodilator is approved by the United States Food and Drug Administration for the treatment of respiratory distress
 - a. An Inhaler is a device that delivers a bronchodilator to alleviate symptoms of respiratory distress is manufactured in the form of a metered-dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator

Standard Procedures and Protocols for Emergency Use of Albuterol

1. Emergency respiratory distress can be the sudden appearance of signs and symptoms of difficulty breathing and can be categorized into mild-moderate or severe.
2. Trained personnel should immediately begin the implementation of the protocol and action plan adopted by the school for the standardized treatment of respiratory distress.

If the respiratory distress is determined to be mild-to-moderate, then the trained personnel should:

1. Administer quick-relief medication as Albuterol inhaler with a valved holding chamber, each 15-30 seconds apart according to the student’s Asthma action plan or medical orders.
2. Restrict physical activity & allow the individual to rest.
3. Never leave the child/student unattended
4. Instruct office staff to notify the parent/caregiver and school nurse and/or principal.
5. Observe the individual again after 10-15 minutes
6. If there is no improvement:
 - a. Administer albuterol with a valved holding chamber according to the action plan, each 15-30 seconds apart
 - b. If there is still no improvements,
 - c. IMMEDIATELY call 911 and follow actions for SEVERE Respiratory Distress
7. If improvement is noted:
 - a. Individual should demonstrate the following:
 - i. No more chest tightness or shortness of breath
 - ii. Can walk & talk easily
 - iii. Other symptomatic improvement
 - b. Keep him/her in the health office under supervision until their breathing returns to normal AND the office staff has contacted the student's parent/caregiver.

c. Follow post-incident instructions

If the respiratory distress is determined to be SEVERE, then the trained personnel should:

1. CALL 911
2. Immediately administer quick-relief medication as an Albuterol inhaler with a valved holding chamber, each puff 15-30 seconds according to the student's Asthma action plan or medical orders.
3. Document the time 911 was called.
4. Restrict physical activity, encourage slow breaths & allow the individual to rest.
5. Never leave the child/student unattended
6. Instruct office staff to contact parent/caregiver and school nurse and/or principal.
7. Document the time EMS services arrived and the name of the EMS provider. Observe the individual after 15 minutes if EMS has not yet arrived. 8. No improvement after 15 minutes & EMS has NOT arrived yet: a. Repeat albuterol with the valved holding chamber, each 15- 30 seconds apart according to action plan.

***If the individual shows improvement, wait for EMS to arrive & assess the individual.

If a student has previously been diagnosed with asthma, they are required to provide an Albuterol inhaler with an Asthma Action Plan to the School Nurse, signed by their PCP. Undesignated albuterol is necessary in 2 cases:

1. Students with previously diagnosed asthma who need additional dosing
2. Students who present with acute symptoms of respiratory distress without a known history of asthma

Within 24 hours of the administration of undesignated asthma medication, the school will notify the student's parents or guardian and the physician who provided the prescription for the undesignated asthma medication.

Illinois Public Act 100-0726 improves access to life-saving medication by allowing schools to stock 'undesignated' asthma rescue medication and allowing school nurses and trained school staff to administer the medication at the first signs of respiratory distress. Undesignated asthma medication means asthma medication prescribed in the name of the school by an licensed doctor. The state of Illinois allows schools to keep undesignated albuterol to be used for students as referenced above. IFS will report to the Illinois Board of Education, within 3 days of use of undesignated Albuterol and will complete the Undesignated Asthma medication reporting form.

3.12 Undesignated Epinephrine Treatment Protocol

Up to 15 million Americans have a food allergy, including 5.9 million children, which comes out to around eight percent of all children in the US. Students with known food allergies will provide a food allergy action plan signed by their doctor to the school and will provide medication according to their action plan to the school.

The administration of Epinephrine via auto-injector from an undesignated supply to persons who may or may not have had a previous diagnosis of anaphylaxis to an allergen is permitted in Illinois schools by Emergency Epinephrine Act, P.A. 97- 0361 (the Act)

Eight types of food account for most allergic reactions: milk, egg, peanut, tree nuts, fish, shellfish, soy, and wheat. Food allergies can lead to a potentially life-threatening immune response and allergic reaction, called anaphylaxis, due to exposure to specific foods/food additives or other allergens.

Symptoms of anaphylaxis include the following. Any of which require urgent medical attention.

1. Obstructive swelling of the lips, tongue, and/or throat
2. Trouble swallowing
3. Shortness of breath or wheezing
4. Turning blue

5. Drop-in blood pressure
6. Loss of consciousness
7. Chest pain and/or a weak pulse

Epinephrine is the first-line treatment for anaphylaxis and is generally safe and easy to administer. Students with previously identified allergies are required to have Epinephrine in the form of an auto-injector called Epi-Pen placed with the School Nurse, along with a food allergy action plan.

However, undesignated Epinephrine auto-injectors must also be available on-site for 2 reasons:

1. The student with previously diagnosed allergies needs additional doses for management
2. The student with no previous history of food allergies or students who develops an allergic reaction and does not have an Epi-pen

Epinephrine in the school is readily available and easily accessible in the Nurse's office. Undesignated epinephrine is used to treat allergic reactions in schools in case of emergency.

Education on food allergies and anaphylaxis is provided to parents and school staff, including but not limited to school nurses, teachers, administrators, bus drivers, cafeteria workers, and aides.

IFS supports the presence of undesignated epinephrine for all students in the school given its utility and improvement of outcomes. As many children who may not know they are allergic or acutely develop an allergy to something new, having an undesignated Epinephrine auto-injector may save their life, thus making this medication a matter of critical first aid. Precious minutes can be passed waiting for emergency responders. There are no contraindications to administering Epinephrine but delaying its use may have very negative results. The school, upon any administration of an epinephrine auto – injector will immediately activate the EMS system and notify the student's parent, guardian or emergency contact, if known.

Per the Emergency Epinephrine Act, P.A. 97- 0361 (the Act), IFS will report to the Illinois State Board of Education (ISBE) when administering undesignated epinephrine This report will be sent to ISBE within three days of the incident that necessitated the use of the undesignated supply of Epinephrine. Within 24 hours of administration of an undesignated epinephrine auto-injector, the school will notify the physician who provided the prescription for the undesignated epinephrine auto-injector.

3.13 Cannabis Administration Protocol

This policy will serve to protect student who is a registered qualifying patient, for the administration of designated medical cannabis infused product, as per the terms under Section 10 of the Compassionate Use of Medical Cannabis Pilot Program Act. IFS allows the administration of designated medical cannabis to the student by the parent/guardian/individual. The assigned caregiver or any other individual must be registered with the Department of Public Health as the designated caregiver of the student. The registered designated caregiver must have been issued an identification card under the Compassionate Use of Medical Cannabis Pilot Program Act. After administering the product, the parent/guardian/individual shall remove the product from the school premises. Parents will provide the school Nurse with a doctor's prescription and the care plan for the records.

3.14 Communicable Disease Policy

This policy will serve to protect the students, faculty, and staff from exposure to certain communicable illnesses. Aspects of this policy will apply school wide in pertinent situations. Clinical guidance relevant to specific communicable illnesses, including: active Tuberculosis, Anthrax, Diphtheria, Salmonella, Mumps, Measles, Pertussis, Typhoid, Influenza, Streptococcal infections, Staphylococcal infection, human immunodeficiency virus (HIV), Hepatitis B and C, among others, will also be provided to students and staff members of the school.

It is the part of the school's policy to review, evaluate, and respond on an individual case-by-case basis, when possible, to any known, suspected, or confirmed instances of certain communicable illnesses among members of the school, which can be transmitted within the school. Such individual review, evaluation, and response will be guided by DuPage County Health Department's health policies.

The school recognizes that students or employees with any suspected or confirmed communicable illness may be required to undergo mandatory screenings, treatments, vaccinations, or provide medical evidence that indicates their conditions are not a threat to themselves or others. All members of the school community will be evaluated on a case-by-case basis, to determine what, if any, restrictions apply, given the type of illness, the individual's health status, and the nature of work or work setting, among other relevant factors. In the setting of a large epidemic or pandemic, case-by-case evaluation may not be possible and broad restrictions may need to be implemented.

The school will address issues involving communicable illnesses in a sensitive and responsible manner, with concern for the rights and welfare of the student and staff.

1. Medical Records. If a patient has a suspected or confirmed communicable illness, this information should be added in the student's medical record. Medical record results should contain only objective information that is relevant to the patient's care and treatment. Any student confirmed communicable illness in the medical record should be afforded the same confidentiality protections as other medical records. Care should be taken to ensure that the student's medical record is not disclosed to others, except as required or permitted by law or as authorized in writing by the parents. All medical records and the patient information therein must be handled in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

2. If Staff or student has contracted a communicable illness that can be transmitted in a school setting, they must contact the school nurse to report their symptoms or diagnosis. During certain communicable disease outbreaks, such as a large epidemic or pandemic, all members of the school may be required to undergo regular mandatory health screening and health status reporting. Such provisions will be activated upon emergency order from the school administration and will be implemented by Health and the Infectious Diseases Division, based on available federal recommendations. Under such emergency provisions, the school may require individuals who travel to and from countries with active communicable illness outbreaks to report all such travel to Occupational Health and undergo testing and screenings considered medically appropriate prior to returning to work.

3. Medical Care. Individuals with suspected or confirmed communicable illnesses are encouraged to seek proper medical care, counseling, and education. Faculty, staff and students should consult their primary physician for appropriate medical care and counseling. Any employee or student with a suspected or confirmed communicable illness, who is experiencing difficulty in obtaining expert medical care and counseling, is encouraged to seek assistance from DuPage County Health Department and the Infectious Diseases Division.

4. Confidentiality. The school recognizes the importance of protecting, the confidentiality and privacy interests of all employees and students suspected of having or who have a communicable illness. Accordingly, such information should be handled with the same degree of care and sensitivity as is given to other types of highly confidential medical information and, if applicable, in compliance with HIPAA. The school will disclose sensitive medical information of employees and students, no further than is necessary, to ensure the health and safety of other employees, students in a manner consistent with applicable law.

5. Appropriate licensed medical staff (physician or the employee's physician) will be solely responsible for assessing a student and employee's relevant clinical information to determine fitness for duty or identify relevant work restrictions. The results of this assessment of fitness for duty will be shared confidentially with Human Resources, if pertinent.

6. Reporting and Review Requirements for Certain Communicable Illnesses. Faculty or staff members who know they have a communicable illness or who have a reasonable basis for believing that they have a communicable illness do have an obligation to conduct themselves responsibly for protection of themselves, students, and other members of the school community. Faculty or staff members with communicable illnesses must not knowingly engage in any activity that creates a risk of transmission to others.

Decisions regarding restrictions on of students and staff academic duties/activities and access to facilities or programs due to a communicable illness will be made on a case-by-case basis depending on the type and nature of the communicable illness, the nature of work or work setting, and the risk to the health of the individual or others. Student may be excluded from school for a couple of days depending on incubation period of the communicable disease.

7. The school will make efforts to implement such decisions as discreetly and confidentially as possible, for student and staff members.

Occupational Health, in conjunction with the Division of Infectious Diseases, will establish clinical guidelines that will govern reporting, screening, treatment and safety protocols and return-to-work standards for specific communicable illnesses at the school will follow these accordingly. This policy will be administered in conjunction with these policies.

8. Emergency Time Off. Under certain conditions affecting the entire school community such as a large epidemic or pandemic, the administration may enact emergency time off provisions.

9. Support Services. The school will find programs which are accessible to staff and students by which they can obtain information, expert counseling, expert medical care, as well as assist in locating and using community resources.

10. Additional Resources. The following offices and federal agencies are available to provide information and respond to questions about communicable illnesses.

Employees who work in afterschool care should report symptoms to their supervisor and may be directed as needed. Notify DuPage County Health Department as soon as possible.

Contact: DuPage County Health Department: 630-682-7400 Ext: 7400 or www.dupagehealth.org

Section IV: Vehicle and Facilities Safety

4.1 School Transportation Safety

The school takes great care in ensuring the safety of the students while they are being transported to and from the school, for school sponsored events. The school does the following:

- The students will be trained in safely uploading, riding and unloading the bus or school van.
- Students will participate in a bus/van evacuation drill annually

4.2 Facilities Safety

The school takes great care in providing a safe campus for students to learn. The campus is maintained by a facilities team. All inspections are completed as required. There are portions of the building that contain asbestos and inspections are done regularly. The asbestos report is available for viewing in the main office.