

Hazard Communication

Prior to June 1, 2016 the district must develop a new labeling and HazCom program, and provide appropriate training to all employees. The Occupational Safety and Health Administration provides a number of excellent resources and compliance documents, and RFR suggests using OSHA documents as the template for the district's revised program. OSHA's website can be accessed at:

<https://www.osha.gov/workers.html>

OAKS MISSION PUBLIC SCHOOLS
Bloodborne Pathogens Exposure Control Plan
Exhibit A – Definition of Terms

BIOSAFETY LEVEL (BL) Associated risks with microorganisms (e.g., BL1 minimal disease in healthy adults such as *Bacillus subtilis*, BL2 moderate risk associated with human diseases such as hepatitis B virus, BL3 microorganisms that may cause serious diseases such as *Mycobacterium tuberculosis* and BL4 microorganisms that are high risk and considered lethal such as Lassa fever virus).

BLOOD Human blood, human blood components and products made from human blood.

BLOODBORNE PATHOGENS Microorganisms that are present in human blood and that can cause disease in humans. These pathogens include hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

CONTAMINATED Marked by the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

CONTAMINATED LAUNDRY Laundry that has been soiled with blood or other potentially infectious materials or that may contain sharps.

CONTAMINATED SHARPS A contaminated object that can penetrate the skin, including, but not limited to, broken glass.

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

ENGINEERING CONTROLS Devices or equipment for isolating or removing hazards from the workplace.

EXPOSURE INCIDENT A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from an employee performing his or her duties.

HANDWASHING FACILITIES Locations that provide an adequate supply of running potable water, soap and single-use towels or hot-air drying machines.

HBV Hepatitis B Virus.

HIV Human Immunodeficiency Virus.

LICENSED HEALTH CARE PROFESSIONAL A person whose legally permitted scope of practice allows him or her to independently perform the activities required for hepatitis B vaccination and post-Exposure evaluation and follow-up.

OCCUPATIONAL EXPOSURE Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from employees performing their duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS

1. The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and any body fluid that is visibly contaminated with blood.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. HIV-containing cell or tissue cultures, organ cultures and HIV- or HBV-contaminated culture media or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

PARENTERAL Exposure occurring as a result of piercing the skin barrier (e.g., subcutaneous, intramuscular, intravenous routes) through such events as needlesticks, bites, cuts and abrasions.

PERSONAL PROTECTIVE EQUIPMENT Specialized clothing or equipment worn by an employee to protect against a hazard.

SHARPS Any object that can penetrate the skin, including, but not limited to, broken glass.

SOURCE INDIVIDUAL A an individual whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

STERILIZE To use a physical or chemical procedure to destroy all microbial life, including highly resistant materials endospores.

UNIVERSAL PRECAUTIONS An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

WORK PRACTICE CONTROLS Mandated procedures or policies that reduce the likelihood of exposure by altering the manner in which a task is performed.

OAKS MISSION PUBLIC SCHOOLS
Bloodborne Pathogens Exposure Control Plan
Exhibit B – Exposure by Job Classification & Tasks

Job Classification	Surface Decontamination And Cleaning	Medical Instruments And Equipment	Student Physical Assessment	Waste Disposal	Student Personal Care
Administrative					
Certified					
Superintendent					
Principals					
(Noncertified)					
Teaching					
Regular Education					
(Non-P.E./Coaching)					
P.E./Coaching					
Special Education					
MD					
ED					
MR					
LD					
Other					
Support					
Custodial					
Nursing					
Clerical					
Regular Classroom					
Special Classroom					
Transportation					
Cafeteria					

OAKS MISSION PUBLIC SCHOOLS
Bloodborne Pathogens Exposure Control Plan
Exhibit C –Cleaning & Decontamination Schedule (Nurse)

	Room(s)	Item/Surface	Frequency (Time, Day or Month)	Method/Disinfectant	Responsible Party
Instruments/ Handpieces	Exam Room	Stethoscope and all other items used in examination	After each use	See Plan	School Nurse
Pans, Pails, Trays	Exam Room	Counters Exam tables	When contaminated or end of day	See Plan	School Nurse
Protective Coverings	Exam Room	Exam Tables Cots	Changed after each use	See Plan	School Nurse
Floors/Walls	Exam Room	Floor	Swept daily	See Plan	Custodial Staff
Equipment/ Appliances	Where located	Equipment/ Appliances	After each use	See Plan	Custodial Staff School Nurse Coaches/P.E.

OAKS MISSION PUBLIC SCHOOLS
Bloodborne Pathogens Exposure Control Plan
Exhibit D – Biological Spills Cleaning

Work and Equipment Surface

1. Wearing gloves, clean visible blood and body fluid spills from all equipment surfaces, cabinets and work surfaces with (detergent) and water or 1:10 bleach solution at the end of each work day.
 - a. Household bleach solutions are less effective as disinfectants in the presence of high concentrations of protein. It is very important to remove as much body fluid as possible before decontamination.
2. Wipe down equipment and work area at the end of each day with 1:10 dilution of household bleach or an approved disinfectant solution.
3. Rinse with water to prevent damage when bleach is used.

Decontamination of Moist Spills

1. Wearing gloves, absorb the spill with disposable towels.
2. Using a detergent solution or approved disinfectant solution, clean the spill site of all visible blood or body fluid.
3. Wipe down the area with 1:10 dilution of household bleach.
4. Place all disposable materials used to decontaminate the spill into a plastic bag and close tightly.

Decontamination of Dry Spills

1. If a surface or medical device is contaminated with dried blood or body fluid, wearing gloves, remove all of it before disinfection with a 1:10 dilution of household bleach or an approved disinfectant solution.
2. If complete removal is not possible, expose the surface to a diluted 1:10 household bleach solution or an approved disinfectant solution for a longer time (20-30 minutes may be necessary).
3. Place all disposable materials used to decontaminate the spill into a plastic bag and close tightly.

OAKS MISSION PUBLIC SCHOOLS
Bloodborne Pathogens Exposure Control Plan
Exhibit E – Statement for Employee Signature

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee

Date

OAKS MISSION PUBLIC SCHOOLS
Bloodborne Pathogens Exposure Control Plan
Exhibit F – Incident Report

(Report all incidents even if no apparent injury)

Last Name First Name Middle Name Date of Birth

Address: _____

Date of incident: _____ .m. Place: _____

Was it necessary to notify physician? Yes / No Time: _____ .m.

If yes, name of physician _____

WITNESS(ES)

Name	Name	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIBE NATURE OF INCIDENT: _____

INTERVENTION AND OUTCOME: (Describe actions taken and outcome of situation)

Signature

Title

Date

OAKS MISSION PUBLIC SCHOOLS
Bloodborne Pathogens Exposure Control Plan
Exhibit G – Occupational Exposure

The filing of this report and all information entered on it are to be held in strictest confidence in conformance with OKLA. STAT. tit. 63, §§ 1-502.1 et seq.

Exposed Employee Section

Full Name: _____
Date of Birth: _____
Job Title: _____

Exposure Date: _____ Time: _____ .m.
Location: _____

Number of Hepatitis B vaccinations previously received: _____

Describe Incident – use additional pages as needed

Source Individual Section

Full Name: _____
Date of Birth: _____ Gender: _____
Address: _____
Phone Number: _____

Physician or Designee Statement

This was / was not an exposure which has the potential for transmission of a communicable disease such as HIV/HBV.

In my judgment, employee _____ does / does not have contraindications to receiving hepatitis B vaccine.

Physician / Designee Signature Date

Counselor's Statement

I have counseled employee _____ regarding the risk of HIV/HBV infection following exposure to blood or infectious body fluids and have reviewed with him/her the recommendations for prevention of HIV/HBV.

The following persons involved in this incident received pre-test counseling for HIV/HBV.

Source Individual: Yes / No If yes, date counseled: _____
Exposed Employee: Yes / No If yes, date counseled: _____

Certified HIV Counselor Signature Date

Source Individual Testing

HBsAg: Positive / Negative Date drawn: _____
 Not done / Refused Explanation: _____

HIV (1): Positive / Negative Date drawn: _____
 Not done / Refused Explanation: _____

HIV (2): Positive / Negative Date drawn: _____
 Not done / Refused Explanation: _____

Employee Testing

Anti-HBs (for vaccinated employees only)

Positive / Negative Date drawn: _____
Not done / Refused Explanation: _____

HIV (Baseline)

Positive / Negative Date drawn: _____
Not done / Refused Explanation: _____

HIV (6 weeks)

Positive / Negative Date drawn: _____
Not done / Refused Explanation: _____

HIV (12 weeks)

Positive / Negative Date drawn: _____
Not done / Refused Explanation: _____

HIV (6 months)

Positive / Negative Date drawn: _____
Not done / Refused Explanation: _____

HIV (12 months)

Positive / Negative Date drawn: _____
Not done / Refused Explanation: _____

Employee Treatment

HBIG

Yes Date given: _____
No Explanation: _____

Hepatitis B vaccine

Dose 1 Yes Date given: _____
 No Explanation: _____

Dose 2 Yes Date given: _____
 No Explanation: _____

Dose 3 Yes Date given: _____
 No Explanation: _____

Tetanus

Yes Date given: _____
No Explanation: _____

Other Medical Treatment

Comments

OAKS MISSION PUBLIC SCHOOLS
Bloodborne Pathogens Exposure Control Plan
Exhibit H – Training Program

Training sessions are held on an as-needed basis for new employees in job classifications with occupational exposure. Training is provided within ten (10) days of initial assignment to tasks where occupational exposures occur and annually thereafter or whenever modifications of tasks or procedures or the institution of new tasks or procedures affect an employee's occupational exposure to the extent that additional training is indicated and appropriate.

Each employee who attends a training session receives a copy of the OSHA Bloodborne Pathogens Regulation along with a copy of the Employee Training Program Outline.

A trained representative of the School District is present at the end of the training session to answer participants' questions and to provide additional clarification, if needed.

OAKS MISSION PUBLIC SCHOOLS
Bloodborne Pathogens Exposure Control Plan
Exhibit I – Training Record

Date of Session: _____

Summary of Session: *See Employee Training Program Outline.*

Name/Qualifications of Person(s) Conducting Session: _____

SEMINAR PARTICIPANTS

Name

Job Title

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

Employee Training Program OSHA Regulation on Bloodborne Pathogens

Review of Final OSHA Standard on Bloodborne Pathogens

1. Basis for OSHA Rule - Preventing occupational exposure to other potentially infectious materials (e.g. infectious body fluids), which could result in transmission of HIV or HBV infection to employees
 - a. Regulation effective March 6, 1992
 - Various sections to be complied with by March 5, June 4 and July 6, 1992
 - Regulation fully in force at this time.
 - b. Regulation requires three major intervention strategies
 - Engineering controls
 - Work practices
 - Personal protective equipment

Major Requirements of Bloodborne Pathogens Rule

1. Identification of job classifications which have occupational exposure
2. Written exposure control plan
3. Methods of compliance (How exposures are prevented)
4. Personal protective equipment
5. Housekeeping - spill cleanup including written schedule
6. Infectious waste disposal
7. Contaminated laundry
8. Identifying labels and signs
9. Hepatitis B vaccination
10. Post exposure follow-up and prophylaxis
11. Record keeping

Epidemiology of HIV/AIDS Infection

1. HIV/AIDS description of virus and testing
 - a. HIV-(H)uman (I)mmunodeficiency (V)irus

- b. Not very infectious - millions of particles to infect
 - c. Weak, non-viable within a few hours - won't live outside human body
 - d. Dry spot non-infectious
 - e. HIV blood test - produce antibodies within six months - virus is not self-limiting
- eventually results in infection - within ten years
2. Transmission
- a. Body Fluids
 - Blood
 - Semen
 - Vaginal fluids
 - Others
 - b. Blood Exposure
 - Per cutaneous - needle stick, cut
 - Non-intact skin
 - Mucous membrane - other than blood - probably non-existent
 - c. Sexual contact
 - d. Mother to baby - all babies HIV positive at birth - one-third will develop AIDS
3. Incidence and progression of disease
- a. Number infected with symptoms
 - b. Self protection
 - c. New diagnostic criteria after election

Epidemiology of Hepatitis B (HBV) infection

- 1. Description of virus
 - a. Very infectious, hardy and environmentally stable
 - b. Example
 - c. Infects liver - jaundice, dark urine
 - d. Incubation period

- e. Carriers
- 2. Transmission
 - a. Blood exposure
 - b. Mother to baby (Nine out of ten infected)
 - c. Sexual contact
 - d. Human bites
- 3. Testing
 - a. HBsAG+ ' infectious (If negative, will not transmit disease).
 - b. Anti-HBs+ ' immunity (Not infectious, has antibodies).
- 4. Spectrum of illness
 - a. Seventy-five percent asymptomatic
 - b. If symptomatic, percentage who will have fulminant disease
 - c. Number of adults who become carriers (whether or not they are symptomatic)
 - d. Number of babies who become carriers
 - e. Carriers most likely did not have symptoms when initially infected
- 5. Consequences of HBV infection
 - a. Immunity
 - b. Acute fulminant disease
 - c. Cirrhosis/Liver cancer

Occupational risks for HIV and HBV

- 1. Incidence of occupational exposures
 - a. HIV
 - b. HBV
- 2. How risk exposures occur

Management of exposure

1. Reporting exposures
 - a. Notify the supervisor immediately
 - b. Fill out Incident Report and Occupational Exposure to Blood and Potentially Infectious Body Fluids form
 - c. Consult with physician
2. Treating exposures
 - a. HBV
 - HBIG + Hepatitis B vaccine
 - Effectiveness
 - b. HIV
 - Check for antibodies at time of exposure
 - Repeat
 - During testing period for HIV antibodies or if source is high risk, observe behavioral guidelines

Prevention of exposures

1. Universal precautions

Treat all blood or potentially infectious material as if infected
2. Hepatitis B vaccinations

Offer to all potentially exposed employees or declination statement signing required
3. Engineering controls (What you do your work with)

Hand washing facilities
4. Personal protective equipment
 - a. Gloves - disposable and utility
 - b. Body protective clothing
5. Work practice controls (How you do your work)
 - a. Hand washing - ASAP - after removing gloves

- b. Materials - handle in manner as not to splash or spray. Wear gloves
- c. Do not eat, drink, smoke, apply cosmetics, apply lip balm or handle contact lenses, in area of possible exposure: No food storage in specimen cabinets or refrigerators
- d. Equipment - clean and disinfect appropriately
- e. Routine cleaning - adhere to written schedule
- f. Spills – clean up ASAP
- g. Broken glass - use broom and dustpan

School district exposure control plan

1. Written plan
 - a. All administrators have copy
 - b. Employee may request a copy
 - c. Identifies employee job classification with occupational exposures to bloodborne pathogens
 - d. Delineates specific work practices and engineering controls and required personal protective equipment for School District
2. Specific personal protective equipment
 - a. Gloves
 - b. Body Protective Clothing
3. Contaminated laundry
 - a. Contaminated laundry should be separated from laundry which is not contaminated
 - b. Contaminated laundry should be handled with gloves
4. Cleaning
 - a. Immediate spill cleanup with gloves and appropriate materials
 - b. No hand handling of broken glass
 - c. Written cleaning schedule.
 - Reusable pans, pails

- Floors, walls, counter tops
 - Equipment
- d. Bleach solution recommended for most cleaning and decontamination - after removal of as much body fluid as possible.

OAKS MISSION PUBLIC SCHOOLS
Workers' Compensation / Sick Leave Election Form

The School District shall provide the benefits established under the Oklahoma Workers' Compensation Act to all School District employees who are injured in on-the-job accidents. All regular employees who are injured in on-the-job accidents shall receive statutory benefits including medical expenses, temporary compensation and benefits for permanent disability or death.

☐ Certified

☐ Support Personnel

I suffered an on-the-job injury on (month, day, year) _____, while working for the School District. As a result of the injury, I am entitled to receive temporary disability compensation according to the Workers' Compensation laws of Oklahoma. I understand that I am entitled to receive such compensation for a period of time as may be provided for by law. I have accumulated certain sick leave/personal leave benefits, because of my employment, which are available to me when I am unable to work because of illness or injury.

PLACE AN "X" IN THE APPROPRIATE ELECTION BLANK OR BLANKS

I would prefer only to have:

☐ (1) Sick Leave Compensation/Personal Leave Supplementation –

Number of days _____ *(To be filled in by a Human Resources representative)*

I understand that by choosing to be paid my accumulated sick leave/personal leave in addition to the temporary disability provided by law, I will be paid my sick leave/personal leave on a prorated basis to the extent that I will receive my full wages until I return to work or the number of sick leave/personal leave days I have are exhausted.

I understand that after the number of specified sick leave/personal leave days are exhausted, I will receive temporary disability compensation for a period of time as may be provided for by law.

I understand that my accrued sick leave/personal leave benefits will be decreased on a prorated basis by those days I use as a result of making this election.

OR

☐ (2) I would prefer only to have:

Under the Workers' Compensation Act, temporary benefits begin the fourth day off work due to an on-the-job injury. The first three days are considered a waiting period during which time temporary benefits are not paid, but I request that I be paid my accrued but unused sick leave/personal leave to cover these three days. I understand that by making this election, I will **NOT** be paid any sick leave/personal leave benefits beyond the first three days of the waiting period.

(IF YOU PREFER TO RECEIVE YOUR SUPPLEMENTAL BENEFITS UNDER NUMBER 1

ABOVE AND YOUR SICK LEAVE/PERSONAL LEAVE FOR THE FIRST THREE DAYS OF YOUR DISABILITY AS PROVIDED FOR IN NUMBER 2 ABOVE, CHECK BOTH 1 AND 2 ABOVE.)

OR

☐ (3) I would prefer to not use any of my sick leave/personal leave benefits while I am off work due to my on-the-job injury.

Name _____

Social Security # _____

Address _____

Job Title _____ (School District / Department)

Dated this _____ day of _____ 20____.

Employee Signature

District Representative Signature

OAKS MISSION PUBLIC SCHOOLS
ABUSE, NEGLECT, EXPLOITATION AND TRAFFICKING REPORT FORM

Any District employee having reasonable cause to believe that a student is the victim of abuse, neglect, or exploitation must IMMEDIATELY report this matter to the Oklahoma Department of Human Services (DHS) through the hotline designated for this purpose (800-522-3511) and to local law enforcement. In addition to reports to DHS and local law enforcement above, employees must report suspected child trafficking to the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDDC) at 800-522-8031.

In accordance with the District's "Abuse, Neglect, Exploitation and Trafficking" policy, an employee should also provide notice to the school principal or other school official that a report was made to DHS, local law enforcement, and/or OBNDDC, and provide relevant information on the report for the District's records.

Instructions:

This form should be completed in full and immediately delivered to the school site principal. If for some reason the reporting party believes the principal is not the appropriate individual to receive the report, then this completed form should be immediately delivered to the superintendent.

Reporting Employee Information

Reporting Employee Name: _____

Title/Position: _____

Date & Time notified of
suspected abuse, neglect,
exploitation or trafficking: _____

Student Information

Student Name: _____

Student Address: _____

Student DOB/Age: _____

Student ID Number: _____

Parent/Guardian: _____

Parent/Guardian Contact #: _____

Description of suspected abuse, neglect, exploitation or trafficking and other information and/or document(s) (including information regarding any previous incidents) know to the reporting party (attached separate page if additional space needed):

(See Next Page)

Reporting Information
(ALL FIELDS MUST BE COMPLETED or Marked N/A)

Oklahoma Department of Human Services (Mandatory in all cases)

Date of DHS Hotline (800-522-3511) Notification: _____

Time of DHS Hotline (800-522-3511) Notification: _____

Name of DHS Hotline Employee Contacted: _____

DHS Case/Confirmation Number: _____

Law Enforcement (Mandatory in all cases)

Date of Law Enforcement Notification: _____

Time of Law Enforcement Notification: _____

Agency and Law Enforcement Employee Contacted: _____

Method of Communication with Law Enforcement: _____

Case or Report Number: _____

Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDDC)
(Mandatory only if suspected child trafficking)

Date of OBNDDC Hotline (800-522-8031) Notification: _____

Time of OBNDDC (800-522-8031) Notification: _____

Name of OBNDDC Hotline Employee Contacted: _____

OBNDDC Case/Confirmation Number: _____

Signature of Reporting Employee

Date Report Completed: _____

Time Report Completed: _____

OAKS MISSION PUBLIC SCHOOLS
Post-Accident Drug/Alcohol Testing Worksheet

Accident Details

Attach a detailed description of the accident from all workers injured and/or involved.

Date: _____ Time: _____ .m.
Location: _____
Injured Worker(s): _____
Others Involved: _____
Property Damage: _____
Witnesses: _____

Testing Considerations

Could employee drug/alcohol use have contributed to the accident?

- ☐ Yes, because: _____
Testing is permitted, but also see the next consideration.
- ☐ No
Does the employee perform hazardous or dangerous duties?
- ☐ Yes, because: _____
Testing is permitted, but also see the next consideration.
- ☐ No
Do not test.

Did other workers contribute to the accident?

- ☐ Yes
Make arrangements to test all workers contributing to the incident.
- ☐ No
No additional action is needed.

Testing Conclusions

I received notice of a workplace accident/injury on ____ / ____ / ____ at ____ o'clock ____
.m. from _____.

☐ I sent the following workers: _____
_____ for testing on ____ / ____ / ____ at the district's testing facility.

☐ I did not send any workers for testing.

Supervisor Signature

Date

OAKS MISSION PUBLIC SCHOOLS
Applicant Authorization and Release

This Authorization and Release is executed under penalty of perjury on the ____ day of _____, 20__ by _____, an applicant for employment ("Applicant") with the NAME School District ("School District").

Applicant understands that School District's receipt of a national criminal history record check is a condition of employment with School District, and that the record check must reveal that the applicant has not had any felony conviction(s) within the past ten (10) years, or at any time if the conviction shows a tendency to be a danger to the health/safety of students or if the conviction indicates a potential conflict with the duties to be performed by the applicant, unless after review of the facts and circumstances of each situation the administration decides to recommend employment. Because Applicant desires employment with School District, Applicant authorizes School District to request and obtain the results of a national felony record search of Applicant's name, fingerprints, if applicable, social security number and any other lawful means of obtaining such results. Applicant hereby releases Applicant's record check results to School District. Applicant also releases School District of any and all liability relating to its request for, receipt and use of the search results.

APPLICANT ACKNOWLEDGES THAT APPLICANT HAS BEEN FURNISHED AND UNDERSTANDS ALL OF THE REQUIREMENTS OF SCHOOL DISTRICT'S FELONY RECORD CHECK POLICY AND AGREES TO BE BOUND BY ALL OF ITS TERMS AND CONDITIONS.

Applicant also agrees to truthfully answer the following questions:

Have you ever:

	Yes	No
Entered a plea of guilty or nolo contendere to a state (any state) or federal felony charge? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Been convicted of a state (any state) or federal felony offense?		
Been charged with a state (any state) or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Entered a plea of guilty or nolo contendere to, or been convicted of, a state (any state) or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Entered into a deferred prosecution agreement with a state (any state) or federal prosecutor?		

Applicant understands that if Applicant is hired by School District prior to receipt of the results

APPLICANT UNDERSTANDS AND AGREES THAT IF HIRED BY SCHOOL DISTRICT, THEN APPLICANT IS SUBJECT TO A FELONY RECORD SEARCH AT ANY TIME DURING HIS/HER EMPLOYMENT WITH SCHOOL DISTRICT AND THIS AUTHORIZATION AND RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT THROUGHOUT APPLICANT'S EMPLOYMENT WITH SCHOOL DISTRICT.

VERIFICATION

_____, Applicant, of lawful age and being first duly sworn upon oath, deposes and states: that Applicant is familiar with the statements set forth above; that Applicant has read and fully understood the foregoing Authorization and Release; and Applicant states that all the matters therein set forth are true and correct.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

My Commission expires:

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OAKS MISSION PUBLIC SCHOOLS
Current Employee Authorization and Release

This Authorization and Release is executed under penalty of perjury on the ____ day of _____, 20__ by _____ an employee ("Employee") with the NAME School District ("School District").

Employee understands that School District's receipt of a clear national criminal history record check has been requested by the superintendent and/or board of education. Employee hereby releases his/her felony record check results of his/her name, fingerprints, social security number and any other lawful means of obtaining such results to School District. Employee also releases School District of any and all liability relating to its request for, receipt and use of the search results.

Employee acknowledges that he/she has been furnished and understands all of the requirements of School District's Felony Record Search Policy and agrees to be bound by all of its terms and conditions.

Employee also agrees to truthfully answer the following questions and to promptly report to the Human Resources Director any change in Employee's criminal history occurring after the answers to questions below are made:

Have you ever:

	Yes	No
Entered a plea of guilty or nolo contendere to a state (any state) or federal felony charge? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Been convicted of a state (any state) or federal felony offense?		
Been charged with a state (any state) or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Entered a plea of guilty or nolo contendere to, or been convicted of, a state (any state) or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Entered into a deferred prosecution agreement with a state (any state) or federal prosecutor?		

Employee understands that if the felony record search reveals a prior felony offense conviction(s) within the past ten (10) years, or at any time if the conviction shows a tendency to be a danger to the health/safety of students or if the conviction indicates a potential conflict

with the duties to be performed by the applicant , or if Employee has provided a false response to one or more of the above questions, then Employee's employment by School District will be reviewed to determine whether there is a basis for non-reemployment or dismissal. In any event, the board of education may accept Employee's resignation at any time within thirty (30) days after the date School District was notified of either the unsatisfactory search results or the false response, whichever is later.

"Employee"

VERIFICATION

STATE OF OKLAHOMA)
) ss.
COUNTY OF _____)

_____, Employee, of lawful age and being first duly sworn upon oath, deposes and states: that Employee is familiar with the statements set forth above; that Employee has read and fully understood the foregoing Authorization and Release; and Employee states that all the matters therein set forth are true and correct.

"Employee"

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Notary Public

My Commission expires:

(SEAL)

OAKS MISSION PUBLIC SCHOOLS
Employee Assault and Battery Report

For purposes of this report, a "School District employee" means a teacher or any duly appointed person employed by the School District or employees of a firm contracting with the School District for any purpose, including any personnel not directly related to the teaching process and members of the Board of Education during school board meetings. An "assault" means any willful and unlawful attempt or offer with force or violence to do a corporal hurt to another. A "battery" is any willful and unlawful use of force or violence upon the person of another. An "assault and battery" becomes "aggravated" when committed under any of the following circumstances: (1) when great bodily injury is inflicted upon the person assaulted; or (2) when committed by a person of robust health or strength upon one who is aged, decrepit or incapacitated, as defined by law.

Date of offense: _____ Approximate time of offense: _____

Name of person who committed the offense : _____

Name of person upon whom the offense was committed: _____

Name(s) of any person(s) who witnessed the offense: _____

Description of the nature, context and extent of the offense (use additional pages as necessary for a full description of the event): _____

Other information: _____

No School District employee will be subject to any civil liability for any statement, report or action taken in reporting or assisting in reporting a battery or assault and battery committed upon the School District employee while in the performance of any duties unless such report or assistance was made in bad faith or with malicious purpose.

Date of Report

Person Reporting the Offense

Upon receipt of this report, a copy of the School District's Assault and Battery Involving School District Employees policy will be provided to the employee upon whom the offense was committed.

OAKS MISSION PUBLIC SCHOOLS
Family and Medical Leave Act

The Department of Labor (DOL) can change the forms without notice, which could cause the district to be out of compliance with the DOL's regulations. Accordingly, RFR suggests downloading FMLA forms directly from the DOL **each time the form is needed**. The forms can be accessed at:

<http://www.dol.gov/whd/fmla/index.htm#Forms>

The DOL has not typically included an application for FMLA leave or an employee's notice of intention to return from leave. If those forms are not available through the DOL, RFR suggests using the attached forms.

OAKS MISSION PUBLIC SCHOOLS
Application for Family or Medical Leave

Name: _____ Date: _____

Address: _____

Phone #: _____ Email: _____

Position: _____ Site: _____

Reason for leave request: _____

Beginning date of leave: _____

Expected return to work date: _____

If you are requesting intermittent leave or leave on a reduced schedule

☐ Intermittent
Beginning date of leave: _____
Expected return to work date: _____

☐ Leave on a reduced schedule
Beginning date of revised schedule: _____
Expected end of revised schedule: _____

If reason for leave is to care for a seriously ill family member or because your circumstances qualify for active duty leave or military caregiver leave:

Name of family member: _____
Relationship of family member to you: _____
Circumstances prompting request for leave: _____

OAKS MISSION PUBLIC SCHOOLS
Employee's Notice of Intention to Return from Leave

Name: _____ Date: _____

Supervisor: _____

Date leave commenced: _____

Date of planned return: _____

I understand that my reinstatement is subject to the following conditions:

- If my leave was necessitated by my own serious health condition, I must provide a written certification from my health care provider that I am able to resume working and can perform, with or without reasonable accommodation, the essential functions of my position.
- I understand that every attempt will be made to restore me to my original position. However, if my original position is unavailable, I will be placed in an equivalent position with equivalent pay and benefits. (This section may not apply to key employees.)
- I understand that as an employee returning from family or medical leave I shall not be entitled to the accrual of any time or employment benefits during my period of leave.

Employee's Signature

Date

Statement of Health Care Provider

I have examined _____ and certify that he/she is fully able to resume working. If the employee is not fully able to perform his/her job, I have attached a statement explaining the employee's fitness to return to work.

Health Care Provider's Signature

Date

OAKS MISSION PUBLIC SCHOOLS
Compensatory Time Off Agreement for
Non Exempt Employees

In accordance with the Fair Labor Standards Act, the NAME School District has a policy of granting employees compensatory time off in lieu of compensation for hours worked in excess of 40 hours a week, or, in the District's discretion, providing the employee monetary overtime compensation. A copy of this policy has been provided to me. I understand that the compensatory time will be granted at time and one-half for all hours worked in excess of 40 hours per week. I further understand that the compensatory time may be limited, preserved, used or cashed out consistent with the provisions of that policy and applicable law and regulations of the U.S. Department of Labor.

I knowingly agree to this provision of time off as compensation for overtime work as a condition of my employment and consent to the use of compensatory time in accordance with the District's policy. I further understand that in the event any portion of the policy is interpreted to conflict with the FLSA or its regulations, that the conflicting portion shall be struck and the remainder of the policy shall continue in full force and effect.

I understand and agree that this agreement will remain in full force and effect throughout my employment with the district as long as I am a non-exempt employee.

Employee Signature

Date

Supervisor Signature

Date

Notice:
Whistleblower Protection for Teachers and Support Employees

Under 70 O.S. § 6-101.6b, school districts cannot prohibit or discipline a teacher or support employee for (1) disclosing *public* information to correct what the teacher or support employee reasonably believes evidences a violation of the Oklahoma Constitution or law or a rule promulgated pursuant to law or (2) reporting a violation of the Oklahoma Constitution or state or federal law. Teachers and support employees are not required to give prior notice of any disclosures they intend to make.

This law does not permit a teacher or support employee to violate students' or parents' rights to confidentiality and protections under the Family and Educational Rights and Privacy Act of 1974 (FERPA).

70 O.S. § 6-101.6b reads as follows:

A. For purposes of this section, "teacher" means the term as defined in paragraph 1 of Section 1-116 of Title 70 of the Oklahoma Statutes.

B. For purposes of this section, "support employee" means the term as defined in paragraph 9 of Section 1-116 of Title 70 of the Oklahoma Statutes.

C. No school district shall prohibit or take disciplinary action against teachers or support employees for:

1. Disclosing public information to correct what the teacher or support employee reasonably believes evidences a violation of the Oklahoma Constitution or law or a rule promulgated pursuant to law;
2. Reporting a violation of the Oklahoma Constitution or state or federal law; or
3. Taking any of the above actions without giving prior notice to the teacher's or support employee's supervisor or anyone else in the relevant chain of command.

D. For the purposes of this section, "reporting" means providing a spoken or written account to a supervising teacher, administrator, school board member, representative from the State Department of Education, law enforcement official, district attorney and/or parent or legal guardian of a student directly impacted by the actions.

E. Each school district shall prominently post or publish a copy of this section of law in locations where it can reasonably be expected to come to the attention of all teachers and support employees.

F. Nothing in this section shall be construed to allow a teacher or support employee to violate students' or parents' rights to confidentiality and protection under the Family Educational Rights and Privacy Act of 1974 (FERPA).

This notice is posted in compliance with 70 O.S. § 6-101.6b.

Child Abuse Attestation

I hereby acknowledge my responsibility to report suspected child abuse or neglect pursuant to OKLA. STAT. tit. 70, § 1210.163 and OKLA. STAT. tit. 10A, § 1-2-101. If I have reason to believe that a student under the age of 18 is a victim of abuse or neglect, I will immediately report this matter to the Oklahoma Department of Human Services hotline (1-800-522-3511) and law enforcement. If I have reason to believe that a student over the age of 18 is a victim of abuse or neglect, I will immediately report this matter to law enforcement. I further acknowledge that failure to abide by my obligations regarding reporting child abuse may result in criminal penalties as well as employment sanctions up to and including termination.

Employee Name: _____

Employee Signature: _____

Date: _____