

RUSD-Quick Reference Guide – Volunteers

	Volunteer I	Volunteer II	Volunteer III
Definition	A <u>Volunteer I</u> is defined as an individual who, with school district approval, assists students, schools, and teachers under the direct supervision (direct visibility) of certificated personnel and is never left alone with students.	A <u>Volunteer II</u> is defined as an individual who, with school district authorization, voluntarily assists school districts, schools, educational programs, or students on a regular and ongoing basis and who may under the direction of certificated personnel work with students outside the direct supervision of staff.	A <u>Volunteer III Athletic Coaches & Activity Supervisors</u> are defined as an individual who, with school district authorization, voluntarily assists school districts, schools, educational programs, student activity programs, or students on a regular and ongoing basis and who may at times work with students outside the direct supervision of staff. Note: There is required training for athletic coaches (see below).
Examples and Authorizations	Examples of a Volunteer I include, but are not limited to individuals who participate as a guest reader, assist with class parties or projects or school-wide or grade level projects, provide clerical or library help, or individually observe a classroom, one-time classroom presentations, fund raising and special events. A Volunteer I is not authorized to chaperone field trips and may not drive for field trips.	A Volunteer II may perform all the duties of a Volunteer I and in addition: supervise students during lunch, breakfast, or other nutritional periods or may serve as a nonteaching aide under the supervision and direction of certificated personnel to perform non-instructional work which assists certificated personnel in the performance of teaching and administrative responsibilities. A Volunteer II may chaperone field trips and/or drive for field trips/athletic events if authorized as a Driver.	A Volunteer III may perform all of the duties of a Volunteer II and in addition assist student activity programs which include, but are not limited to, scholastic programs, interscholastic programs, athletic programs and extracurricular activities sponsored by the district or a school booster club, such as cheer team, drill team, dance team, and marching band. A Volunteer III may chaperone field trips and/or drive for field trips/athletic events if authorized as a Driver.
Requirements (Submit all documents to School Office or Human Resources Department)	Volunteer I Application Tuberculosis (TB) Clearance	Volunteer II Application TB Clearance DOJ and FBI Fingerprint Clearance	Volunteer III Application TB Clearance, DOJ and FBI Fingerprint Clearance Athletic Coaches must complete the following training: -Mandated Reporter -Concussion Prevention -Sudden Cardiac Arrest Prevention -CPR/AED/First Aid & -School Nurse Consultation

Rescue USD Volunteer I

Return application and other required documents to school of choice or RUSD HR Department

Please print legibly and fully complete application

Last Name: _____ First Name: _____ MI. _____ Birthdate: _____

Address: _____ Email: _____

City/Zip: _____ Cellphone: _____

School _____ Please provide name(s) of students: _____

Have you ever been convicted of a felony or a misdemeanor? Yes

No

Have you ever been required to register as a sex offender? Yes

No

If yes, please explain. This will allow us to further understand the nature of the offense. (Use additional pages if needed)

It is possible that as a volunteer you may have more than occasional or infrequent contact with students. Under Penal Code 290.95, you are required to disclose to school official if you are a registered sex offender. Failure to disclose your status as a registered sex offender is a violation of Penal Code 290.95 and is a crime punishable by imprisonment and/or fine. By signing your name below, you declare under penalty of perjury, that either (1) you are not required, pursuant to Penal Code 290.95, to disclose to school officials that you are a registered sex offender, and that you have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against you, or (2) you have disclosed all relevant information to the District. I further declare that if I am, subsequent to this date, convicted of a felony or misdemeanor, I will immediately notify the District of such conviction.

I hereby waive any responsibility or liability against the Rescue Union School District for checking criminal background and references, and against persons or organizations providing such references for any statements made in relation to my volunteer work at the District. I have read and understand the information in the volunteer handbook. I agree to comply with the guidelines set forth in the volunteer handbook, and understand that failure to do so may result in the termination of my volunteer authorization.

By signing this Volunteer Application, I agree to maintain strict confidentiality with the information to which I have access while performing my volunteer duties. I understand that all information regarding students is confidential and that I may not disclose or discuss any such information except to or with the teacher directly responsible for the child and/or school administration.

Signature: _____ Date _____

Rescue USD Volunteer I Checklist

_____ Provide completed TB Risk Assessment Questionnaire or Proof of Negative TB Test to district office or your school office. These are valid for 4 years after initial test.

_____ Read and understand RUSD Volunteer Handbook found on the RUSD website

_____ Submit Volunteer I application (annual requirement) to district office or your school office

_____ Contact school or student's teacher for volunteer opportunities

Office Use Only

Site: Proof of Identification: Type _____ # _____

Site: Megan Law Review by: _____ Date _____

Site Approval _____ Date _____ Orientation Date: _____

Volunteer Location: School _____ Classroom _____ Coach _____

Human Resource/Site: TB Date _____



Rescue Union School District

2390 Bass Lake Road • Rescue, CA 95672

(530) 677-4461 • FAX (530) 677-0719

www.rescue.k12.ca.us

TO: All Volunteers, Activity Supervisors and Coaches
FROM: Virginia Tahmahkera, Personnel Technician
RE: Obtaining TB Clearance

In accordance with CA State law (AB 1667), RUSD must obtain a copy of your TB clearance for the safety of our students and staff. Clearances are mandatory and are valid for four years from the test result or chest x-ray date.

You may make an appointment with your own doctor or obtain a TB assessment clearance from the following providers. The cost is not guaranteed and is subject to change without notice. Call to determine current cost.

El Dorado County Health Department \$25.00
931 Spring Street
Placerville, CA 95667
Call for Appointment: 530-621-6100

Urgent Care Center of Folsom Medical Group
1600 Creekside Drive, Suite 1400
Folsom, CA 95630
Call: 916-984-8244 for cost.

Rapid Care
4062 Flying C Road, Suite 41
Cameron Park, CA 95682
Call: 530-676-8234 for cost.

Positive TB Assessment: Intradermal Skin Test Required.

Positive TB Test: Chest X-ray Required.

Health Services Department
Public Health Division, Communicable Diseases Section
Placerville (530) 621-6247 Fax: (530) 295-2589
South Lake Tahoe (530) 573-3027 Fax: (530) 541-8409

Once you obtain your clearance, please bring it to the District Office at the above address or to your school site. District office hours are 8 AM to 4:30 PM. You will not be approved to volunteer until all requirements are met (see Volunteer Handbook).



California School Employee Tuberculosis (TB) Risk Assessment Questionnaire



(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.[^]
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new** risk factors since the last negative test.
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:**
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Name of Person Assessed for TB Risk Factors: _____

Assessment Date: _____

Date of Birth: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)	
<input type="checkbox"/>	Yes • If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.
<input type="checkbox"/>	No (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if <u>any</u> of the 3 boxes below are checked	
<input type="checkbox"/>	One or more sign(s) or symptom(s) of TB disease • TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.
<input type="checkbox"/>	Birth, travel, or residence in a country with an elevated TB rate for at least 1 month • Includes countries <u>other than</u> the United States, Canada, Australia, New Zealand, or Western and North European countries. • Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.
<input type="checkbox"/>	Close contact to someone with infectious TB disease during lifetime
Treat for LTBI if TB test result is positive and active TB disease is ruled out	

[^]The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).



California School Employee Tuberculosis (TB) Risk Assessment User Guide

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.



Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy job-related requirements in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Date of assessment and/or examination: _____ mo./_____ day/_____ yr.

Date of Birth: _____ mo./_____ day/_____ yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X _____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

What specifically did AB 1667 change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
 - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
 - b. Persons initially employed, or employed under contract, by a private or parochial elementary or secondary school or any nursery school (California Health and Safety Code, Sections 121525 and 121555)
 - c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with "frequent or prolonged contact with pupils" in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with "frequent or prolonged contact with pupils," mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

What specifically did SB 792 change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

What specifically does SB 1038 change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



Who developed the school staff and volunteer TB risk assessment?

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. The practice of allowing employees or volunteers to self-assess is discouraged.

What is a "health care provider"?

A "health care provider" means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?

Check with your employer about what is needed at the time of hire.

If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?

Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead? Yes, a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

If someone has a positive TB test, can he/she start working before the chest x-ray is completed? No, the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years? No, once a person has a documented positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



What screening is required for someone who has a history of a positive TB test or TB disease at hire?

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

For volunteers, what constitutes “frequent or prolonged contact with pupils”?

Examples of what may be considered “frequent or prolonged contact with pupils” include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

What does “determined to be free of infectious tuberculosis” mean on the Certificate of Completion?

“Determined to be free of infectious TB” means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention’s *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>). If you have specific TB screening or treatment questions, please contact your local TB control program (<http://www.ctca.org/locations.html>).

Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers’ Association
<https://www.ctca.org/menus/private-providers.html>
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>
- California School Nurses Organization: (916) 448-5752 or email csno@csno.org
<http://www.csno.org/>