



Superintendent's Circular

School Year 2011-2012

NUMBER:
FSE-6

DATE:
September 1, 2011

STUDENT SAFETY / HEALTH IN SCHOOL SHOPS, LABORATORIES AND CLASSROOMS

Each day thousands of Boston Public School students perform a variety of activities within shops and laboratories. In order to insure that all students and their teachers work in an environment which is safe, it is necessary to formulate standard procedures and requirements for all schools and their personnel.

Your performance of these procedures will insure that you and your students are safe.

Responsibilities of Principals/Headmasters

1. Inform the staff and students in writing of the safety standards and procedures, including the need to wear eye protection devices.
2. Insure that workable fire extinguishers, blankets and eye wash equipment are readily available (Custodians are responsible for recharging fire extinguishers).
3. Make sure that appropriate personnel receive training in use of portable fire extinguishers and blankets.
4. Insure that staff has instructed all students in safety standards and procedures, including School Safety Plan.
5. Post building evacuation procedures in classrooms, offices and corridors.
6. Review and evaluate safety procedures in shops and laboratories (refer to Safety Check List attached).
7. Conduct quarterly fire drills (refer to Superintendent's Circular FSE-2: Fire Safety Practices).
8. Develop emergency procedures in case of a serious accident (refer to Superintendent's Circular FSE-5: Medical Emergency Management).
9. Maintain adequate lighting and proper ventilation in shops, laboratories and classrooms. Report problems to Facilities Management.
10. Insure that food-service training programs and/or student-run restaurants comply with current sanitation code regulations.
11. Be sure that teacher evaluations reflect the implementation of safety standards and procedures.
12. Insure that a "Right To Know" workplace notice is posted in the school's shops/ laboratories.
13. Insure that all instructors working with toxic or hazardous substances receive training as specified in Chapter 111F of the Massachusetts General Laws.
14. State safety regulations within your school-based rules.
15. Material Safety Data Sheets must be available.

Responsibilities of Teachers

1. Practice safety procedures (The teacher serves as the model for the students).
2. Set up and maintain shop or laboratory to permit free, unobstructed movement of students at benches, around equipment and machines, and to allow egress from the area.
3. Report all lighting and ventilation problems to headmaster/principal/.
4. Develop emergency procedures to follow in case of an accident (refer to Superintendent's Circular FSE-5: Medical Emergency Management).
5. Post safety rules and safety hazards conspicuously in appropriate areas (Contact the Department of Vocational Technical Education for translation of safety rules into appropriate language).
6. ENFORCE SCHOOL-BASED RULES WHICH ADDRESS SAFETY.
7. Supervise students at all times. Under no circumstances shall a teacher leave students unsupervised in a laboratory or shop area. If an instructor must leave the shop in an emergency, he or she must:
 - a. Arrange for qualified teacher as replacement.

OR

 - b. Relocate students to a properly supervised area.
 - c. Lock laboratory/shop area.
 - d. Shut off equipment.
8. Check fire protection equipment weekly.
9. Know location of and know how to use fire extinguisher.
10. Maintain first-aid kit in easily accessible area.
11. Check machinery/equipment weekly to make sure safety guards are in place and working properly.
12. Check any gas-burning equipment daily for gas leaks.
13. If anyone detects the smell of gas, shut off gas source before reporting problem to your supervisor.
14. Maintain a dated, self-evaluation safety inspection check list. Safety program check list forms are available from the Department of Career and Technical Education.
15. Use building safety committee as resource for student safety plans.
16. Present each student with a copy of shop's safety rules and procedures.
17. Teach safety as an integral part of each job or lesson by:
 - a. Testing student on his/her knowledge of safety rules and procedures.
 - b. Using objective tests to emphasize shop safety.
 - c. Checking student mastery of safe methods and safe practices.

- d. Testing student's handling of tools, operation of machines, use of equipment and trade practices - all with a focus on safety.
 - e. Having student sign his/her written test as indication he/she understands safety rules and procedures.
 - f. Filing signed written tests in student's folder as permanent record.
18. Know location of AED and qualified operations.
19. Avoid shop accidents by insisting that students dress properly for the laboratory/shop. Each student shall:
- a. Wear shoes with low or flat heels and substantial soles or wear work shoes where mandated.
 - b. Wear head covering, pin up hair, or tie hair back.
 - c. Wear eye protection devices as per M.G.L. c.71, s.55C.
 - d. NOT wear loose-fitting clothes which could get caught in moving equipment.
 - e. NOT wear rings, bracelets or necklaces which could get caught in moving machinery parts.
20. Supervise students at all times. Under no circumstances should an unsafe piece of equipment be operated. Disconnect or remove fuse to insure that an accident will not occur.
21. Insist that visitors to your area wear safety equipment (eye protection, etc.).
22. Shut off all machines, store all equipment, and shut off lights before closing the laboratory/shop for the day.
23. Make sure that soap and towels are replenished as needed.
24. Establish a foolproof system for dispensing and securing tools.
25. Designate storage for tools to prevent accidents.
26. Lock up hazardous materials and equipment when not in use, in approved containers.
27. Keep machinery and equipment in good condition; conduct monthly inspections.
28. Submit appropriate requisition(s) to paint hazardous machinery parts and safety switches in conspicuous colors.
29. Submit appropriate requisition(s) to secure safety mats to the floor around machines in order to prevent slipping.
30. Check emergency disconnect switch (PANIC BUTTON) to insure proper operation.
31. Dispose of oily waste and rags in designated containers.
32. Insure that food-service training programs and/or student-run restaurants comply with current sanitation code regulations.

Responsibilities of Nurses

1. Assist students and teachers to obtain necessary health screening where required for admission to occupational programs (e.g., food-service/restaurant programs).
2. Administer first aid.
3. Evaluate the injury.
4. Notify student's parent/guardian.
5. Complete nurse's section of accident report.

If accident is serious, in addition to above, implement procedures documented in Superintendent's Circular FSE-5: Medical Emergency Management.

Accident Reports

1. Instructor, nurse and/or witness will fill out or assist in filling out two separate accident reports: Occupational Education Accident Report Form EE 111 (attached) and Pupil Accident Report Form 201 (attached).
2. Headmaster/Principal will retain original Form EE 111 in school file and send copy to the Director of Career and Technical Education, 75 Malcolm X Blvd, Boston, MA 02119.
3. Headmaster/Principal will retain Form 201 in school file and send copy to the Department of Safety Services, 213 Townsend Street, Dorchester, MA 02121.

Technical Assistance

The Department of Career and Technical Education will provide all schools with technical assistance in improving and maintaining safety procedures. Facilities Management and Fire Safety personnel are available to coordinate fire prevention activities and building inspections. Career and Technical Education staff will perform continual safety inspections for shops/laboratories/classrooms.

Contact: Director of Career and Technical Education 617-635-8970
 Director of School Safety / Emergency Preparedness 617-635-8300

For more information about this circular, contact:

Name:	Rick Deraney, Director
Department:	School Fire Safety & Emergency Preparedness
Mailing Address:	26 Court Street, Boston, MA 02108
Phone:	617-635-8300 or 617-212-2397
Fax:	617-635-7854
E-mail:	rderaney@boston.k12.ma.us

For more information about technical assistance, contact:

Name:	Emily Lebo, Director
Department:	Career & Technical Education
Mailing Address:	55 Malcolm X Blvd., Roxbury, MA 02120
Phone:	617-635-8079, X132
Fax:	617-635-8331
E-mail:	elebo@boston.k12.ma.us

Carol R. Johnson, Superintendent

OCCUPATIONAL EDUCATION ACCIDENT REPORT

Name of injured: _____ Grade: _____ Age: _____

Parent's/Guardian's name: _____

Address: _____

Date of accident: _____ Time of accident: _____

Definite location of accident: _____

Description of accident: _____

State exact part of person injured and extent of injury: _____

Emergency care was given by: _____

Follow-up (check statements which apply):

Pupil remained in school

Parent/Guardian notified

Taken to nurse's office

Taken to hospital

Name of doctor, if any _____ by _____

Witness to accident: _____

Person reporting accident: _____

Signatures: _____

Person making this report _____

Person supervising activity or program _____

School Nurse _____

Principal/Headmaster _____

Report #: _____ (to be filled in by the building Principal/Headmaster)

Reviewed by: _____

Director of Career and Technical Education

N.B. Retain original in Headmaster's/Principal's office. Send copy to the Director of Career and Technical Education, 75 Malcolm X Blvd., Boston, MA 02120

FORM 201

PUPIL ACCIDENT REPORT
(Section 225 of the Rules and Regulations)

All accidents involving injury to pupils on school premises or while going to or from school must be reported on Form 201 to the Department of School Safety Services, 213 Townsend Street, Dorchester, MA 02121 no later than the day following the day of the accident. This report is to be filled out in its entirety. A duplicate copy of the Pupil Accident Report is to be retained by the school principal. If possible, this report should be typewritten.

1. Name _____
Last Name First Name Middle Initial

2. Address _____

3. School _____ Age _____ Sex _____ Grade _____ Room _____

4. Name of Parent or Guardian (in full) _____

5. Date of accident _____ Time _____ A.M. _____ P.M. _____

6. Nature and extent of injury _____

7. In case of dog bite, has report been made to Boston Health Department? _____

8. Specific place of accident _____

9. Teacher(s) in charge of location when accident occurred _____

10. Teacher(s) in charge present at scene of accident: Yes _____ No _____

11. Description of accident, including cause _____

12. In case of shop accident, were all guards required by law in use? _____

If not, why not? + _____

13. In case of shop or laboratory accident, is the statement required by Section 225 of the Rules and Regulations attached? _____ If answer is No, state reason _____

14. To whom was accident first reported? _____ What action was taken by this person? _____

15. Were first-aid supplies available? (Yes or No) _____

16. Was any treatment administered? _____ Where? _____

17. Did pupil leave school (or place of accident)? _____ If so, to what destination? _____

18. If transported by ambulance, attendant names _____ and unit # _____

19. Escorted to destination by whom? (An injured pupil should be escorted by a responsible person) _____

20. Names and addresses of witnesses _____

The accident report has been investigated and will be carefully followed up.

Signature of Safety Counselor

Signature of Principal

Date of Report

School

BOSTON PUBLIC SCHOOLS - VOCATIONAL, ADULT AND ALTERNATIVE EDUCATION

Occupational Safety and Health

SAFETY INSPECTION CHECK LIST

SCHOOL _____ LEVEL _____

DEPARTMENT _____ AREA _____ DATE _____

INSPECTION BY _____ POSITION _____

STUDENTS

	YES	NO	N/A	COMMENT
1. Are they wearing proper eye protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are they wearing proper foot wear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are they properly dressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are they trained in safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Do they have safe work habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are they wearing proper hearing protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are hard hats provided and worn where any danger of falling objects exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Do they know how to properly and safely use the tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are they trained in safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Do all students know what to do in emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

WORK AREA

	YES	NO	N/A	COMMENT
1. Is it clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are exit lanes clear and marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are materials neatly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are tools safely stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Are floors clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are hazard signs properly posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are floors non-skid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are compressed gas cylinders properly secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SAFETY INSPECTION CHECK LIST

(Continued)

DOORS

	YES	NO	N/A	COMMENT
1. Are there an adequate number of exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are exits properly marked with signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Is there an unobstructed and clear way to all doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are fire doors (automatic/self closing) in operable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

EYEWASH - EMERGENCY SHOWERS

	YES	NO	N/A	COMMENT
1. Are there washing facilities available where students are exposed to corrosive materials, flying chips, or dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ELECTRIC DEVICES

	YES	NO	N/A	COMMENT
1. Are all outlets and switches in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are there any loose wires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are all outlets properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FIRE DRILLS

	YES	NO	N/A	COMMENT
1. Are fire drill instructions (exit routes) posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Do alarms work properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are fire drill practices held frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are staff members instructed in the use of extinguishers and fire protection procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FIRE EXTINGUISHERS

	YES	NO	N/A	COMMENT
1. Are extinguishers mounted in a readily accessible/visible location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Was the extinguisher inspected during the past year (Check inspection tag)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SAFETY INSPECTION CHECK LIST

FLAMMABLE ITEMS

	YES	NO	N/A	COMMENT
1. Is there more than one (1) shift or one (1) day's supply of flammable liquid in the school shop area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are all flammable liquids (one day's supply of oil, previously opened paint, gasoline, etc.) sealed in fire proof containers away from possible sources of ignition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Is there an excess of flammables kept on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are rags and other flammable items stored in a safe location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Are waste receptacles provided and are they emptied regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FIRST AID

	YES	NO	N/A	COMMENT
1. Is a fire blanket and container mounted in a readily accessible/visible location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are first aid boxes in an accessible location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are the supplies adequate for the type of potential injuries in the shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are all items sterile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is there a staff member trained in first aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are emergency numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

HEATING

	YES	NO	N/A	COMMENT
1. Are all heat dispersing units free from obstruction and flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Is the heat in the shop adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

LIGHTS

	YES	NO	N/A	COMMENT
1. Is lighting suitable for work being done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Is there a back-up light in case of emergency (Battery-operated)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

MACHINERY AND TOOLS

	YES	NO	N/A	COMMENT
1. Are safety guards in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are they properly cleaned and lubricated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are there any dangerously worn parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is there adequate space between machines for working safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Are there any electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are hand tools and other equipment regularly inspected for safe condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

POWER SHUT-OFFS

	YES	NO	N/A	COMMENT
1. Are there emergency shut-offs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Do they work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are they checked each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

VENTILATION

	YES	NO	N/A	COMMENT
1. Do all exhaust ducts terminate outside the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does tailpipe exhaust exit outside the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 3. Does this shop (welding, auto body, etc.) require exhaust fans? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Does this shop have exhaust fans, and do they exhaust to the outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Is the system sufficient with shop at full capacity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

RIGHT TO KNOW LAW

- | | YES | NO | N/A | COMMENT |
|---|--------------------------|--------------------------|--------------------------|---------|
| 1. Is a workplace notice posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Are containers labeled that contain toxic or hazardous substances? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Have the instructors been taught about the nature and effects of the MSL substances to which they may be exposed in the workplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |