State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
Shepard Building
255 Westminster Street
Providence, Rhode Island 02903-3400

Deborah A. Gist
Commissioner

Enclosure 3c
May 8, 2014

TO: Members of the Rhode Island Board of Education

FROM: Deborah A. Gist, Commissioner

RE: **Proposed changes to the Rules and Regulations for School Health Programs – Feedback from Public Review and Comment**

The Rules and Regulations for School Health Programs, jointly promulgated by the Departments of Education and Health, have undergone the annual review by program and legal staff from each department. Amendments were made to ensure alignment with current statutes, to promote best practices, to address emerging issues, and to update references/numbering.

After approval by the Board of Education to go to public hearing, the Department of Health managed the public hearing process, including posting the notice and facilitating the hearing process.

Public comments were received and presented by St. George's School physician and the R.I. Certified School Nurse Teacher Association (RICSNT). The RICSNT supported the proposed amended regulations and submitted several suggested changes.

The Department of Health will file the final approved version with the Secretary of State. The Departments of Education and Health will be responsible for posting and disseminating the new version to appropriate key stakeholders.

A complete summary of public comments is attached.

RECOMMENDATION: THAT, the Rhode Island Board of Education approves the proposed changes to the Rules and Regulations for School Health Programs, as presented.

Rules and Regulations for School Health Programs:
Public Comment Summary

The Board of Education for Elementary and Secondary Education authorized the proposed *Rules and Regulations for School Health Programs* for public hearing. The notice of public hearing of the proposed amendments to the Regulations [R16-21-SCHO] was given in accordance with the provisions of Chapter 42-35 of the RI General Laws and held on April 7, 2014.

The Departments of Education and Health disseminated the public hearing announcement to stakeholder groups (school administrators; educators; health, physical education, and school nurse teachers; school physicians, health providers, state agencies, etc.) to provide opportunities for review, input, and feedback.

Public comment opened on March 3, 2014 and closed on April 7, 2014. Public comments were presented by 1) private school physician and 2) RI Certified School Nurse Teacher Association (RICSNT). The RICSNT supported the proposed amended regulations and submitted several suggested changes.

A summary* of public comment is provided in the chart.

	Comments:	Response to Comments:
Private School Physician St. George's School	**Section 20.10 Self-Carry and Self Administration of Medications** Comment of impact on community providers regarding written authorizations. Define medications that do not need physician written authorization.	**Section 20.10** Distinguishes prescription and non-prescription protocols; See medication definition in section 1.36
RI Certified School Nurse Teacher Association (RICSNT)	**Section 9.0 Health Examinations Section 9.1.2** Recommend that the physical exam be required for Grade 11 rather than Grade 12, to promote compliance.	**Section 9.1.2** is aligned with RI Immunization Regulations and previously approved by RISCNT
	Section 15.0 Health Records Recommend the original health card be transferred to any state school.	**Section 15.3** states transfer of original, copy, or electronic version.
	Section 18.7.2 Response to and Treatment for Anaphylaxis Recommended the parent communicate required medical information to appropriate school personnel.	**Section 18.7.2** is aligned with RIGL 16-21-22 and included in Section 18.7.1
	Sect. 18.18 Concussions and Head Injuries Section 8.18.3 Recommended … concussion report and written clearance be logged ***and maintained*** in the student's health record.	**Sect. 18.18** Proposed language is statutory
	Section 20.10 Self-Carry and Self-Administration of Medications Recommend self-carrying, self-administration of medications, delete the word prescription.	**Sections 20.10 and 20.10.1** Distinguishes prescription and non-prescription protocols
	Section 20.10.1, Recommend delete entire entry about students being allowed to self-carry and self-medicate using over-the-counter meds without doctor's order.	**Section 20.10.1** School districts or school authorities **may** develop protocols
	Section 20.11 Recommend stipulating prescription and over-the-counter medication.	**Section 20.11** remedied by change in definition in section 1.36
	Section 20.11.2 Recommend prescription and over-the-counter medications in one category as medications.	**Section 20.11.2** remedied by change in definition in section 1.36
	Section 20.11.3 Recommend keep the statement requiring parent authorization for all medications.	**Section 20.11.3** Included in Section 20.7
	Sections 20.13 & 20.16 Sections Removed. Regarding immunity from liability for civil damages. Recommend to reinstate immunity from liability for civil damages language.	**Sections 20.13 & 20.16** RIDE and Health legal determination - no statutory authority to include
	Section 21.0 Immunization and Testing for Communicable Diseases Section 21.1.1 Recommended meet immunization requirements for entry in grade 11 not grade 12.	**Section 21.1.1** Aligned with RI Immunization Regulations. (also, see physical examination above)

*RIDE and Health: Section 5.1.16 removed. Inclusion of Dental Health does not meet statutory requirements.

2nd PUBLIC HEARING DRAFT – REVISED 11 FEBRUARY 2014

RULES AND REGULATIONS FOR SCHOOL HEALTH PROGRAMS

[R16-21-SCHO]

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DEPARTMENT OF HEALTH

January 1964

As Amended:

March 1979
December 1980
May 1989
December 1989
March 1993
January 1996
December 1998
December 1999
December 2000
January 2002 (re-filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)
October 2003
June 2005
January 2007 (re-filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)
January 2007
January 2009
January 2012 (re-filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)
April 2014 (Proposed)

COMPILER'S NOTES:
Additions: Double Underlined
Proposed Deletions: ~~Strikeouts~~

INTRODUCTION

These amended *Rules and Regulations for School Health Programs* [*(R16-21-SCHO*] are promulgated pursuant to the authority conferred under RIGL Chapters 16-21, 35-4 and 23-1-18(4), and are established for the purpose of adopting prevailing standards pertaining to school health programs.

~~Amendments were also promulgated in January 1996 for the purpose of addressing cases of anaphylaxis among students in Rhode Island schools. Anaphylaxis is a medical condition which requires immediate attention. Because children spend a significant portion of their time at school, it is crucial that school personnel are trained to respond effectively to cases of anaphylaxis.~~

Pursuant to the provisions of §42-35-3(a)(3) and § 42-35.1-4 of the General Laws of Rhode Island, as amended, the following were given consideration in arriving at these amended regulations: ~~In the development of these amended regulations, consideration was given to:~~ (1) alternative approaches to the regulations; ~~and~~ (2) overlap or duplication ~~which may result from the amended regulations~~ with other state regulations; and (3) significant economic impact on small business. Based on ~~information~~ the available information, no known alternative approach, overlap or duplication was identified. ~~Consequently, these regulations are adopted in the best interest of students in this state.~~

Professional staff at the Departments of Health and Education shall be available to provide guidance on the implementation of these ~~rules and~~ Regulations, as needed.

Upon promulgation of these amendments, these amended ~~rules and~~ Regulations ~~*for School Health Programs (R16-21-SCHO)*~~ shall supersede all previous *Rules and Regulations for School Health Programs* [*R16-21-SCHO*] ~~rules and regulations pertaining to school health programs and the health and safety of pupils and~~ promulgated by the Departments of Education and Health and filed with the Secretary of State.

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PART I *DEFINITIONS AND GENERAL REQUIREMENTS*

Section 1.0 ***Definitions***

Wherever used in these rules and regulations the terms listed below shall be construed as follows:

1.1 ***"Added sweetener"*** shall mean any additive, including natural or artificial additives that enhances the sweetness of the beverage, including, added sugar, but does not include, the naturally occurring sugar or sugars that are contained within milk or fruit juice.

1.2 ***"Anaphylaxis"*** refers to a potentially fatal, acute allergic reaction to a substance (such as stinging insects, foods and medications) that is induced by an exposure to the substance. Manifestations of anaphylaxis may be cutaneous (such as hives, itchiness, swelling), cardiorespiratory (swelling of tongue, throat, wheezing, difficulty breathing, low blood pressure), central nervous system (lethargy, coma) and others.

1.3 "***At school***", as used in ~~sections~~ §37.0 and §38.0 of these Regulations ~~herein~~, means in a classroom, elsewhere on or immediately adjacent to school premises, on a school bus or other school-related vehicle, at an official school bus stop, or at any school-sponsored activity or event whether or not it is held on school premises, or using property or equipment provided by the school that creates a material and substantial disruption of the education process or the orderly operation of the school.

1.4 ***"Audiologist"*** means an individual licensed in this state in accordance with the *Rules and Regulations for Licensing Speech Pathologists and Audiologists (R5-48-SPA)* ~~of~~ [Reference 8] who specializes in preventing, identifying, and assessing hearing disorders, as well as providing audiologic treatment including hearing aids and other assistive listening devices.

1.5 ***"Audiometric aide"*** means an individual registered in this state in accordance with the *Rules and Regulations for Licensing Speech Pathologists and Audiologists (R5-48-SPA)* ~~of~~ [Reference 8].

1.6 ***"Bullying and Cyber-Bullying"***, as used in these Regulations, are defined by RIGL §16-21-33 and §37.7(a) of these Regulations.

~~1.6~~ 1.7 "***Certified health educator***" means an individual who holds the appropriate certification as a health educator in accordance with the requirements of the Rhode Island Department of Elementary and Secondary Education.

~~1.7~~ 1.8 ***"Certified school nurse-teacher***" means an individual who is licensed as a professional (registered) nurse in this state pursuant to RIGL Chapter 5-34 ~~of the RIGL~~ and is certified by the Rhode Island Department of Elementary and Secondary Education as a Certified School Nurse-Teacher.

~~1.8~~ 1.9 ***"Community"*** means any city, town or regional school district established pursuant to state law and/or the Department for Children, Youth, and Families and any school operated by the state Department of Elementary and Secondary Education; provided, however, that the Department for Children, Youth and Families shall not have those administrative responsibilities and obligations as set forth in RIGL Chapter 16-2 ~~2 of Title 16~~ ("Education"); provided, however, the member towns of the Chariho Regional High School

District, created by RIGL Chapter 55 shall constitute separate and individual communities for the purpose of determining and distributing said Foundation Level School support including state aid for non-capital excess expenses for the special education of handicapped children provided for in RIGL Chapter 16-24-6 ~~of the RIGL~~ for all grades financed in whole or in part by said towns irrespective of any regionalization pursuant to RIGL Chapter 16-7 ~~of the RIGL~~ entitled, "Foundation Level School Support."

~~1.9~~ 1.10 ***"Confidential health care information***" means all information relating to a patient's health care history, diagnosis, condition, treatment or evaluation obtained from a health care provider who has treated the patient.

~~1.10~~ 1.11 ***"Controlled substance"*** means a drug, substance, or immediate precursor in schedules I--V of RIGL Chapter 21-28-1.02 ~~of the RIGL~~.

~~1.11~~ 1.12 "***Dating partner"*** means any person involved in an intimate association with another, primarily characterized by the expectation of affectionate involvement, whether casual, serious, or long-term.

~~1.12~~ 1.13 ***"Dating violence"*** means a pattern of behavior wherein a person uses threats of, or actually uses, physical, sexual, verbal or emotional abuse to control his or her dating partner.

~~1.13~~ 1.14 ***"Dental hygienist"***, as used ~~herein~~ in these Regulations, means an individual licensed to practice dental hygiene in the United States.

~~1.14~~ 1.15 ***"Dentist***", as used herein, means an individual licensed in the United States to practice dentistry.

~~1.15~~ 1.16 ***"Education record***" means those records that are:

(1) Directly related to a student; and

(2) Maintained by an educational agency or institution or by a party acting for the agency or institution.

~~1.16~~ 1.17 ***"Emergency"*** means a medical or psychological condition where the absence of immediate intervention could reasonably be expected to result in placing the student's health (or another student's health) in serious jeopardy; serious impairment to bodily or psychological functions; or serious dysfunction of any bodily organ or part.

~~1.17~~ 1.18 "***Emergency care plan (ECP***)" means a set of procedural guidelines that provides specific directions about what to do in a particular emergency situation. A student with special health care needs may have both an ECP and an individualized health care plan (IHCP). The ECP may be formulated as part of the IHCP. As used herein, "emergency care plan (ECP)" shall have the same meaning as "emergency health care plan (EHCP)."

~~1.18~~ 1.19 ***"Epinephrine auto-injectors"*** refers to any device that is used for the automatic injection of epinephrine into the human body to prevent or treat anaphylaxis.

~~1.19~~ 1.20 ***"Eye care provider***", as used herein, means an individual licensed in the United States to practice optometry or medicine (i.e., ophthalmology).

~~1.20~~ 1.21 ***"Follow up"*** means the contact with a student, parent as defined herein, and/or service provider to verify receipt of services, provide clarification and determine the need for additional assistance.

~~1.21~~ 1.22 The ***"governing body"*** means the body or board or committee or individual, or the designated agent(s) or designee(s) of the aforementioned, responsible for, or who has control over, the administration of any elementary or secondary school, public or non-public, in the state of Rhode Island.

~~1.22 ***"Harassment, intimidation or bullying",*** as used in section 37.0 herein, means an act that violates a school committee's policy enacted under section 6-21-26 RIGL to prevent harassment, intimidation or bullying.~~

1.23 ***"Hazardous chemical***" means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals that are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents that act on the hematopoietic systems, and agents that damage the lungs, skin, eyes, or mucous membranes.

1.24 ***"Health"*** is the quality of a person's physical, psychological, and sociological functioning that enables him or her to deal effectively with self and others in a variety of situations.

1.25 ***"Health care provider/agency***" means any person/agency licensed by this state to provide or otherwise lawfully able to provide health care services, including, but not limited to, a physician, chiropractor, hospital, intermediate care facility or other health care facility, dentist, dental hygienist, nurse, physician assistant, nurse practitioner, optometrist, podiatrist, pharmacist, physical therapist, psychiatric/clinical social worker, mental health counselor, or psychologist and any officer, employee or agent of that provider acting in the course and scope of his/her employment or agency related to or supportive of health services.

1.26 ***"Health education"*** means comprehensive sequential K through 12 instruction that builds a foundation of health knowledge, develops the motivation and skills required of students to cope with challenges to health and provides learning opportunities designed to favorably influence health attitudes, practices and behavior that will impact lifestyles, educational performance and achievements and long range health outcomes and is in accordance with the requirements of ~~section~~ §3.4 of these Regulations ~~herein~~.

1.27 ***"Healthier beverages"*** shall be defined as:

1.27.1 Water, including carbonated water, flavored or sweetened with one hundred percent (100%) fruit juice and containing no added sweetener.

1.27.2 Two percent (2%) fat milk, one percent (1%) fat milk, nonfat milk, and dairy alternatives, such as fortified soy beverages; plain or flavored, with a sugar content of not more than four (4) grams per ounce.

1.27.3 One hundred percent (100%) fruit juice or fruit based drinks that are composed of no less than fifty percent (50%) fruit juice and have no added sweetener.

1.27.4 Vegetable-based drinks that are composed of no less than fifty percent (50%) vegetable juice and have no added sweetener.

1.28 ***"Healthier snacks"*** shall be defined as:

1.28.1 Individually sold portions of nuts, nut butters, seeds, eggs, and cheese packaged for individual sale, fruit, vegetables that have not been deep fried, and legumes.

1.28.2 Individually sold portions of low fat yogurt with not more than four (4) grams of total carbohydrates (including both naturally occurring and added sugars) per ounce and reduced fat or low fat cheese packaged for individual sale.

1.28.3 Individually sold enriched or fortified grain or grain product; or whole grain food items that meet all of the following standards based on manufacturers' nutritional data or nutrient facts labels:

(i) Not more than thirty percent (30%) of its total calories shall be from fat.

(ii) Not more than ten percent (10%) of its total calories shall be from saturated fat.

(iii) Not more than seven (7) grams of total sugar (includes both naturally occurring and added sugars) per ounce.

1.29 ***"Hearing impairment"*** means an impairment in hearing, whether permanent or fluctuating, that affects a student's educational performance.

1.30 "***Individualized health care plan (IHCP)"*** means a comprehensive plan for care of children with special health care needs developed by the certified school nurse teacher in collaboration with the student, parents/guardians, school staff, community, and health care provider(s), as appropriate.

1.31 ***"Individualized health services"*** means services provided to individual students who attend school within the community which are specific to the health needs of the individual student, such as medication administration, and are not included in the health examination/screenings, record keeping and reporting requirements described in ~~section~~ §7.1.1 of these Regulations ~~herein~~.

1.32 "***Laboratory***" means a facility where the laboratory use of hazardous chemicals occurs. It is a place where relatively small quantities of hazardous chemicals are used on a non-production basis.

1.33 ***"Local education agency"*** means an educational agency at the local level that exists primarily to operate schools or to contract for educational services for elementary and secondary public and non-profit private schools. For non-profit private schools, this includes the building owner.

1.34 ***"Mandated instructional outcomes"*** are statements which indicate what health knowledge and skills students should have at the completion of a specific health unit.

1.35 "***Medically accurate***" means verified or supported by research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where

appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention.

1.36 ***"Medication"*** means ~~a prescription~~ any FDA-approved substance regarded as effective for the use for which it is designed in bringing about the recovery, maintenance or restoration of health, or the normal functioning of the body.

1.37 ***"Parent"*** means a natural parent, a legal guardian or an individual acting as a parent in the absence of a parent or a legal guardian.

1.38 ***"Physician"***, as used herein, means an individual licensed in the United States to practice allopathic or osteopathic medicine. Chiropractic physicians licensed under the provisions of RIGL Chapter 5-30 ~~of the Rhode Island General Laws, as amended,~~ shall be entitled to the same services of the laboratories of the Department of Health and other institutions, and shall be subject to the same duties and liabilities, and shall be entitled to the same rights and privileges in their professional calling pertaining to public health which may be imposed or given by law or regulations upon or to physicians qualified to practice medicine by ~~section~~ RIGL §5-37-2 ~~of the Rhode Island General Laws, as amended~~; provided, however, that chiropractic physicians shall not write prescriptions for drugs for internal medication nor practice major surgery.

1.39 ***"Population-based health services"*** means services provided to all students attending school within the community which are not focused on the individual health needs of the particular student but are provided to all students as part of the health examination/screenings, record keeping and reporting requirements described in ~~section~~ §7.1.1 of these Regulations ~~herein~~.

1.40 ***"Prescription"*** means an order for medication signed by a licensed practitioner with prescriptive authority or transmitted by the practitioner to a pharmacist by telephone, facsimile, or other means of communication and recorded in writing by the pharmacist.

1.41 ***"Record"*** means any information recorded in any way, including, but not limited to, handwriting, print, tape, electronic storage, computer diskette, film, microfilm, and microfiche.

1.42 ***"RIGL"*** means Rhode Island General Laws, as amended.

1.43 ***"School"*** means all public or privately supported schools for students in grades Kindergarten (K) through 12 in Rhode Island. In addition, a preschool program operated by or within an approved school (per the requirements of ~~section~~ §2.1 of these Regulations ~~herein~~) shall be considered a "school" for the purposes of these Regulations ~~the rules and regulations herein~~.

1.44 ***"School personnel"*** means all persons employed directly by the school or under contract to the school.

1.45 ***"Scoliosis screening"*** means screening for detection of an abnormal curvature of the spine, as defined by current American Academy of Orthopaedic Surgeons and Scoliosis Research Society standards.

1.46 ***"Self-administration"*** of medication means that the student uses the medication with parental authorization in the manner directed by the health care provider, and by following the age appropriate instructions on the OTC medication label, without additional assistance or direction.

1.47 ***"Self-carry"*** means that the student carries medication on his/her person, in the event that self-administration is necessary, with safety to him/herself and other students.

1.48 ***"Snack"*** means a food that is generally regarded as supplementing a meal, including, but not limited to: chips, crackers, onion rings, nachos, French fries, donuts, cookies, pastries, cinnamon rolls, and candy.

1.49 ***"Speech or language impairment"*** means a disorder in articulation, language, voice and/or fluency that adversely affects the student's educational performance. A speech and language impairment may range in severity from mild to severe; it may be developmental or acquired. A speech and language impairment may be the result of a primary disabling condition or it may be secondary to other disabling conditions. A dialect is a variation of a symbol system used by a group of individuals that reflects and is determined by shared regional, social or cultural/ethnic factors and is not considered to be a disorder of speech.

1.50 ***"Speech/language pathology"*** includes identification of students with speech or language impairments; diagnosis and appraisal of specific speech or language impairments; referral for medical or other professional attention necessary for the habilitation of speech or language impairments; provision of speech and language services for the habilitation or prevention of communicative impairments; and counseling and guidance of parents, children and teachers regarding speech and language impairments.

1.51 ***"Speech/language pathologist"*** means a professional who identifies, assesses, diagnoses, prevents, and treats speech, voice, language, communication, and swallowing disorders.

1.51.1 ***"Certified speech/language pathologist"*** means a speech/language pathologist certified by the Rhode Island Department of Elementary and Secondary Education to perform speech-language pathology services for the public school system.

1.51.2 ***"Licensed speech/language pathologist"*** means a speech/language pathologist licensed by the Rhode Island Board of Examiners in Speech Pathology and Audiology to perform speech-language pathology services in all settings outside the public school system.

1.52 ***"Speech/language pathology aide"*** means an individual registered in this state in accordance with the *Rules and Regulations for Licensing Speech Pathologists and Audiologists (R5-48-SPA)* ~~of~~ [Reference 8].

1.53 ***"Student"*** means any individual who is or has been enrolled at an educational agency or institution and regarding whom the agency or institution maintains educational records.

1.54 ***"These Regulations"*** mean all parts of Rhode Island *Rules and Regulations for School Health Programs* [*R16-21-SCHO*].

~~1.54~~ 1.55 ***"Vision screening,"*** as used herein, means a limited series of tests to identify individuals who may have a vision or eye health problem.

~~1.55~~ 1.56 ***"Visual impairments"*** include:

(a) ***"Partial sight***" means a visual acuity ranging from 20/70 to 20/200 in the better eye after refraction, or a significant loss of fields of vision in both eyes as a result of, but not limited to, hemeralopia, glaucoma, retinitis pigmentosa, retinoschisis, or diabetes retinopathy that, with correction, affects a student's educational performance.

(b) ***"Blindness"*** means a visual acuity ranging from a central visual acuity of 20/200 or less in the better eye after refraction, or a peripheral field of vision that subtends an angle no greater than twenty (20) degrees that, even with correction, affects a student's educational performance.

Section 2.0 ***General Requirements***

2.1 All schools that are approved pursuant to RIGL ~~sections~~ §§16-19-1 and 16-19-2 shall have a comprehensive school health program consisting of health education, health services and a healthful school environment, approved by the State Commissioner of Elementary and Secondary Education and the Director of Health in accordance with RIGL ~~section~~ §16-21-7. The health education program (curriculum and personnel) for non-public schools shall be consistent with the provisions of ~~section~~ §3.1 of these Regulations ~~herein~~.

2.2 Each community, school district and appropriate non-public school authority (e.g. the superintendent, the headmaster, or the principal) shall be responsible for a comprehensive school health program (health education, health services, healthful school environment) and shall develop a manual of procedures (protocols) governing health education, health services and a healthful school environment. This manual shall be available at the Superintendent's office and at each school, both public and non-public, within the district. Such procedures shall pertain to no less than the statutory and regulatory requirements herein and shall furthermore include provisions pertaining to, but not limited to, the following:

2.2.1 The education of children infected with HIV/AIDS, based on the most current *Rhode Island Department of Elementary and Secondary Education and the Rhode Island Department of Health Policy Guidelines on Infected Students and Employees*.

2.2.2 Substance abuse, based on the *Model Policy for Tobacco, Alcohol, and Other Illicit Drug Use* promulgated by the Rhode Island Substance Abuse Policy Task Force and the Rhode Island Department of Elementary and Secondary Education;

2.2.3 The use of alcohol and tobacco products on school premises and at authorized school activities;

2.2.4 Suicidal behavior;

2.2.5 The prevention and management of injuries and violent behaviors for the protection and safety of students on school premises and at authorized school activities; and

2.2.6 Provisions regarding the three (3) statutory waivers for exclusion of a child from certain areas of the health education curricula (see ~~sections~~ §5.1.7.2 sexuality and

family life; §5.1.8.2 HIV/AIDS; and §5.1.13.1 the characteristics, symptoms or treatment of disease).

2.3 Each community, school district and appropriate non-public school authority (e.g., the superintendent, the headmaster, or the principal) shall be responsible to provide an adequate number of personnel for a school health program (health education, health services and environmental health) in accordance with the statutory ~~and regulatory~~ requirements ~~therein~~ and the requirements of these Regulations.

2.3.1 Such personnel shall include no less than a school physician, dentist, certified school nurse-teacher and personnel as set forth in ~~section~~ §3.3 of these Regulations ~~herein~~.

2.4 The superintendent of each school district, and the appropriate non-public school authority (e.g., the headmaster or principal) shall designate an individual(s) or committee to be accountable for the school or school district health program (health education, health services and a healthful school environment). The names of this/these individual(s) shall be included in the annual report (see ~~section~~ §2.5 of these Regulations ~~herein~~).

2.5 A report pertaining to the district's school health program (health education, health services and a healthful school environment) shall be submitted to the state Commissioner of Elementary and Secondary Education and the state Director of Health by the responsible school authority of public (the district superintendent) and non-public schools (the principal or headmaster). Such report (prepared with input from district school improvement teams, when appropriate) shall be submitted to the Commissioner of Elementary and Secondary Education and the Director of Health on forms provided by the Rhode Island Departments of Elementary and Secondary Education and Health, no later than sixty (60) days from a date established by the Departments of Education and Health.

2.6 No requirement of ~~the rules and~~ these Regulations ~~herein~~ shall be construed as requiring a certified school nurse-teacher or other licensed health care provider to act in a manner contrary to the provisions of the laws and regulations governing the practice of said profession.

2.7 Nothing in these ~~rules and~~ Regulations ~~herein~~ is meant to preclude any student or the parents of any student from pursuing their rights to appropriate educational services and accommodations guaranteed by federal and state laws.

Child Abuse/Neglect Reporting

2.8 Any person who has reasonable cause to know or suspect that any child has been abused or neglected shall report such information to the proper authorities at the Department of Children, Youth and Families, in accordance with:

(1) The requirements of RIGL Chapter 40-11 ~~of the RIGL~~;

(2) The Guide to Identifying and Reporting Child Abuse in the Schools, of the Rhode Island Department of Elementary and Secondary Education; and

(3) The school's protocol for reporting child abuse or neglect. Said protocol shall specify the responsibilities of all school personnel related to child abuse or neglect such as identification, reporting, multidisciplinary cooperation, in-service training, and public awareness.

2.9 All health care providers licensed by this state to provide health care services and all health care facilities licensed under RIGL Chapter 23-17 ~~of the Rhode Island General Laws, as amended~~, shall assess patient pain in accordance with the requirements of the *Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN)* ~~of~~ [Reference 23] ~~herein~~.

Health and Wellness Subcommittee

2.10 The school subcommittee of each school district shall establish a district-wide coordinated school health and wellness subcommittee chaired by a member of the full school committee. The subcommittee will make recommendations regarding the district's health education curriculum and instruction, physical education curriculum and instruction, and nutrition and physical activity policies to decrease obesity and enhance the health and well being of students and employees.

2.11 The school health and wellness subcommittee shall consist of members of the general public, a majority of whom are not employed by the school district, including at least one parent, and are encouraged to include teachers; administrator; students; community and school-based health professionals; business community representatives; and representatives of local and statewide nonprofit health organizations. The subcommittee will be chaired by a member of the school committee.

2.12 Nothing in ~~this section~~ §§ 2.10 through 2.14.1 (inclusive) of these Regulations shall preclude the school committee from reconstituting any existing district-wide volunteer committees as the school health and wellness subcommittee so long as said subcommittee membership meets the requirements of §§ 2.10 through 2.14.1 (inclusive) of these Regulations ~~this section.~~

2.13 The school health and wellness subcommittee shall be responsible for, but not limited to, development of policies, strategies, and implementation plans that meet the requirements of the child nutrition and WIC Reauthorization Act of 2004. The school health and wellness subcommittee shall forward all recommendations regarding the district's health education curriculum and instruction, physical education curriculum and instruction, nutrition policies, and physical activity policies to the full school committee.

2.14 Reporting shall be consistent with requirements of ~~section~~ RIGL §16-7.1-2(h) ~~of the Rhode Island General Laws, as amended~~, and as follows:

2.14.1 All strategic plans shall include strategies to decrease obesity and improve the health and wellness of students and employees through nutrition, physical activity, health education, and physical education. Said strategies shall be submitted by May 1st of each year to the Rhode Island Department of Elementary and Secondary Education and the Rhode Island Department of Health.

PART II *HEALTH EDUCATION AND PHYSICAL EDUCATION*

Section 3.0 ***Administration of the Health Education Program***

3.1 Health education as defined in ~~section~~ §1.26 of these Regulations ~~herein~~ shall be provided in grades K through 12 in all schools approved by the Rhode Island Department of Elementary and Secondary Education in accordance with the standards in these Regulations ~~herein~~. The health education program (curriculum and personnel) of non-public schools shall be approved if deemed substantially equivalent.

3.2 Pursuant to the provisions of RIGL ~~section~~ §16-1-5(14), the Rhode Island Department of Elementary and Secondary Education in conjunction with the Department of Health shall provide both guidance and technical assistance in the development and adoption of school health education curricula for the provision of comprehensive school health education in accordance with the statutory ~~and regulatory~~ requirements ~~herein~~ and the requirements of these Regulations.

3.3 An appropriately certified health educator shall be designated by the superintendent of school districts and by the appropriate non-public school authority (e.g. the superintendent, the headmaster or the principal) to administer the health education program. Pursuant to the certification requirements of the Rhode Island Department of Elementary and Secondary Education and the provisions hereunder, teachers providing health education shall consist of:

3.3.1 ***at the secondary level*:** certified school nurse-teachers, health and physical education teachers or health educators, all of whom must hold appropriate certification as health educators in accordance with the requirements of the Rhode Island Department of Elementary and Secondary Education.

3.3.2 ***at the elementary level*:** certified school nurse-teachers, health and physical education teachers or health educators, all of whom must hold appropriate certification as health educators in accordance with the requirements of the Rhode Island Department of Elementary and Secondary Education, or any certified elementary teacher.

3.4 Health education instruction shall consist of a comprehensive health education program in accordance with the Mandated Health Instructional Outcomes of section 5.0 herein, which conforms to the statutory provisions of RIGL ~~section~~ §35-4-18, the curriculum requirements of the Rhode Island Department of Elementary and Secondary Education and other statutory and regulatory requirements herein. Health education instruction and materials shall be age-appropriate for use with students of all races, genders, sexual orientations, ethnic and cultural backgrounds, and students with disabilities.

3.5 Pursuant to the provisions of RIGL ~~section~~ §16-22-4 and §16-1-5(14) all children in grades kindergarten (K) through twelve (12) attending public schools or such other schools as are managed and controlled by the state, shall receive therein instruction in health and physical education as prescribed and approved by the Rhode Island Department of Elementary and Secondary Education during periods which shall average at least twenty (20) minutes in each school day. Recess, free play, and after-school activities shall not be construed as physical

education. No non-public instruction shall be approved by any school committee for the purposes of RIGL Chapter 16-19 as substantially equivalent to that required by law of a child attending a public school in the same city and/or town unless instruction in health and physical education similar to that required in public schools is given.

3.6 Planned and ongoing in-service programs shall be established to update health educators and other relevant personnel in their knowledge of health and teaching skills, and to obtain their input regarding health curriculum, assessment and improvement. These shall be consistent with the provisions of RIGL ~~section~~ §35-4-18 entitled, "~~An Act Relating to~~ Health education, alcohol and substance abuse prevention program", and RIGL ~~sections~~ §§16-1-5(14), 16-22-12, 16-22-14, and 16-22-24 pertaining to substance abuse, alcohol, suicide, teen dating violence, and such other relevant laws.

3.7 Provisions shall be made for the participation by representatives from parent groups, community agencies, professional organizations, health agencies, business, educational institutions and such other groups, to actively involve them in the planning and the implementation of the school health education program.

3.8 Teaching and learning materials that relate directly to the mandated health instructional outcomes of ~~section~~ §5.0 of these Regulations ~~herein~~ and methods for each grade level shall be made available by the local school authorities to teaching staff (health educators) and students in the classroom.

Section 4.0 ***Health Education Curriculum***

4.1 The health education curriculum shall:

4.1.1 be sequential and comprehensive for grades Kindergarten-12;

4.1.2 be medically accurate;

4.1.3 be aligned with the Rhode Island health education standards;

4.1.4 include standards-based goals, objectives, examples of teaching and learning strategies and materials, and assessment;

4.1.5 address the mandated health instructional outcomes (s~~ection~~ §5.0 ~~herein~~ of these Regulations); and,

4.1.6 be developmentally appropriate so that all students can achieve high standards.

4.2 A curriculum team consisting of representatives from the school district teaching and administrative staff, parents, and community members shall periodically review and revise, as necessary, the health education curriculum. The health education curriculum of each school district shall be available for review by the Rhode Island Department of Elementary and Secondary Education upon request.

Section 5.0 ***Mandated Health Instructional Outcomes: Required Content Areas***

5.1 The health education curriculum shall be based on the health education standards of the *Rhode Island Health Education Framework: Health Literacy for All Students* and consistent with the mandated health instructional outcomes therein. These outcomes shall pertain to no less than the following topics appropriate to grade or developmental level:

5.1.1 ***Alcohol, Tobacco and Other Substance Abuse*:** the causes, effects, treatment and prevention of the use of tobacco and abuse of alcohol and other drugs pursuant to RIGL ~~sections~~ §§16-22-3, 16-22-12, 16-1-5(14), and 35-4-18;

5.1.2 ***Cardiopulmonary Resuscitation (CPR):*** the procedures and proper techniques for CPR, automated external defibrillator (AED), and the Heimlich Maneuver, pursuant to RIGL ~~sections~~ §§16-22-15 and 16-22-16;

5.1.3 ***Child Abuse:*** the signs, symptoms and resources available for assistance;

5.1.4 ***Community Health***: the significance of the relationship between the individual and the community, and the impact that individual health has on the community's health within a framework of geographical, social, cultural, and political factors;

5.1.5 ***Consumer Health:*** the factors involved in decision-making, selecting, evaluating, accessing and utilizing health information, products and services;

5.1.6 ***Environmental Health:*** environmental factors that affect the health of individuals and society, strategies to minimize the negative effects of the environment on the community and its members, and the importance of protecting and improving all aspects of the environment;

5.1.7 ***Family Life and Sexuality:*** the responsibilities of family membership and adulthood, including issues related to reproduction, abstinence, dating and dating violence, marriage, and parenthood as well as information about sexually transmitted diseases, sexuality and sexual orientation, as part of comprehensive sexuality education. Pursuant to RIGL ~~section~~ §16-22-18, courses in family life or sex education within this state shall include instruction on abstinence from sexual activity and refraining from sexual intercourse as the preferred method for the prevention of pregnancy and sexually transmitted diseases;

5.1.7.1 Pursuant to RIGL ~~section~~ §16-22-18, upon written request to the school principal, a pupil not less than eighteen (18) years of age or a parent of a pupil less than eighteen (18) years of age, within one week following the date the request is received, shall be permitted to examine the health and family life curriculum program instruction materials at the school in which his/her child is enrolled.

5.1.7.2 A parent may exempt his/her child from the program by written directive to the principal of the school. No child so exempted shall be penalized academically by reason of such exemption.

5.1.8 ***HIV*** *(Human Immunodeficiency Virus)/**AIDS** (Acquired Immune Deficiency Syndrome)*: the causes, effects, treatment, and prevention, including abstinence as a preferred prevention method of this disease, pursuant to RIGL ~~section~~ §16-22-17;

5.1.8.1 Pursuant to RIGL ~~section~~ §16-22-17, upon written request to the school principal, a pupil not less than eighteen (18) years of age or a parent of a pupil less than eighteen (18) years of age, within one (1) week following the date the request is received, shall be permitted to examine the HIV/AIDS curriculum program instruction materials at the school in which his/her child is enrolled.

5.1.8.2 A parent may exempt his/her child from the program by written directive to the principal of the school. No child so exempted shall be penalized academically by reason of such exemption.

5.1.9 ***Human Growth and Development:*** growth and development as a process of natural progression influenced by heredity, environment, culture, and other factors and which encompasses the continuum from conception to death;

5.1.10 ***Mental Health:*** the emotional, behavioral, and social factors that influence both mental and physical health;

5.1.11 ***Nutrition:*** the role of nutrition in the promotion and maintenance of good health;

5.1.12 ***Physiology and Hygiene***: the basic structure and functions of the human body systems, health habits, and sanitary practices for the preservation of health, pursuant to RIGL ~~section~~ §16-22-3.

5.1.13 ***Physical Activity:*** the relationship of physical activity to health and physical fitness;

5.1.14 ***Prevention and Control of Disease***: the causes, effects, treatment, and prevention of chronic and communicable diseases.

5.1.14.1 A child may be excluded from instruction because of religious beliefs in accordance with RIGL ~~section~~ §16-21-7, whereby no instruction in the characteristics, symptoms, or treatment of disease shall be given to any child whose parent or guardian shall present a written statement signed by them stating that such instructions should not be given such child because of religious beliefs.

5.1.15 ***Safety and Injury Prevention:*** the causes, effects, treatment, and prevention of behaviors that can result in unintentional or intentional injury; and

5.1.15.1 ***Suicide Prevention:*** the causes, effects, and treatment of behaviors related to suicide, pursuant to RIGL ~~section~~ §16-22-14.

5.1.15.2 ***Teen Dating Violence*** (grades 7 through 12): defining dating violence, recognizing dating violence warning signs and characteristics of healthy relationships, as stipulated in RIGL ~~section~~ §16-22-24, and as defined herein.

5.1.15.2.1 Additionally, students shall be provided with the school district's dating violence policy, as provided in ~~section~~ §37.3 of these Regulations ~~herein~~ and as provided in RIGL ~~subsection~~ §16-21-30(c).

5.1.15.2.2 Upon written request to the school principal, and within a reasonable period of time after the request is made, a parent or legal guardian of a pupil less than eighteen (18) years of age shall be permitted to examine the dating violence education program instruction materials at the school in which his/her child is enrolled;

5.1.16 ***Dental Health*:** etiology of tooth decay and oral diseases, prevention practices including screenings, dental sealants, fluorides, dietary behaviors, and sports/mouth guard use in school sports activities, community water fluoridation, oral hygiene instruction, accessing dental care on a regular basis, impact of tobacco use on the mouth, oral cancer prevention, and the relationship of oral health to general health.

Section 6.0 ***Physical Education Curriculum***

6.1 The physical education curriculum shall:

6.1.1 be sequential and comprehensive for grades Kindergarten-12;

6.1.2 be aligned with the Rhode Island physical education standards of the Rhode Island Physical Education Framework;

6.1.3 include standards-based goals, objectives, examples of teaching and learning strategies and materials, and assessment; and

6.1.4 be developmentally appropriate so that all students can achieve high standards.

6.2 A curriculum team consisting of representatives from the school district teaching and administrative staff, parents, and community members shall periodically review and revise, as necessary, the physical education curriculum.

6.3 The physical education curriculum of each school district shall be available for review by the Rhode Island Department of Elementary and Secondary Education upon request.

PART III*HEALTH SERVICES*

Section 7.0 ***Responsibility for Services***

Population-Based Health Services

7.1 In accordance with RIGL Chapter 16-21-9 ~~of the RIGL~~, each community shall provide adequate and appropriate personnel to conduct mandated population-based health services, as described herein, for all school children attending public and non-public schools within its geographical boundaries.

7.1.1 Said services shall include no less than the following components:

7.1.1.1 health examinations/screenings (as described in ~~sections~~ §§9.0, 10.0, 11.0, 12.0, 13.0, and 14.0 of these Regulations ~~herein~~);

7.1.1.2 record keeping requirements in accordance with ~~sections~~ §§15.0, 16.0, 17.0, and 18.0 of these Regulations ~~herein~~;

7.1.1.3 reporting and management of any school-based communicable, environmental, or occupational disease as directed by a physician and in accordance with ~~section~~ §16.0 of these Regulations ~~herein~~.

Individualized Health Services

7.2 Each public and non-public school shall provide adequate and appropriate personnel and/or equipment to render individualized health services to all students enrolled in the school. At a minimum, said services shall include those ordered by a physician, such as medication administration.

7.2.1 All personnel rendering individualized health services to students shall be duly licensed and/or certified in Rhode Island in accordance with all applicable state laws and regulations.

7.2.2 **[DELETED]** ~~All medications shall be administered in keeping with safe standards of health care practice and in accordance with all applicable state and federal laws and regulations.~~

Students Assisted by Medical Technology

7.3 Pursuant to the provisions of ~~section~~ RIGL §23-13-26 ~~of the RIGL~~ ("Technology-dependent Children"), certified school nurse-teachers who provide direct care for technology-dependent children, shall develop individualized health care plans (IHCPs) for such children and provide care accordingly.

7.3.1 All children assisted by medical technology and/or with other specialized health care needs, who are currently enrolled in grades K-12; entering Kindergarten; or currently attending or entering a public school-sponsored preschool, shall have as part of their permanent school health record, an individualized health care plan (IHCP) and/or an emergency care plan (ECP/ EHCP), as necessary and/or appropriate to ensure health, safety, and learning for the child while at school or at school-sponsored activities.

7.3.2 The plan shall include, but not be limited to the following:

(a) A description of all services that will be provided to the student, including those services related to school-sponsored transportation and off-site school-sponsored activities;

(b) Persons responsible for providing each service and a description of service(s) provided in school or at school-sponsored activities;

(c) Qualifications of the person(s) providing services;

(d) Training requirements for person(s) providing services and locus of responsibility for providing training;

(e) Supervision of person(s) providing services.

7.3.3 All school personnel who may be involved in the care of a student assisted by medical technology shall be informed of the IHCP and ECP/ EHCP, on a need-to-know basis.

7.3.4 The IHCP and ECP/EHCP shall be developed by the certified school nurse teacher or school nurse in collaboration with the medical provider, parent or guardian, student (when appropriate), principal, and other school staff, as appropriate. It shall be signed by the certified school nurse teacher, parent/guardian, and student (when appropriate).

7.3.5 The IHCP and ECP/EHCP shall be developed in addition to an Individualized Education Plan (IEP) or a 504 Plan, when appropriate. The IEP or 504 Plan may serve as the IHCP or ECP/EHCP if it meets all of the requirements stated herein.

Section 8.0 ***School Personnel***

8.1 The school superintendent with the advice and consent of the school committee of each community, school district or appropriate non-public school authority (e.g., superintendent, headmaster or principal) shall arrange for the appointment of all school health personnel necessary to implement the health services requirements described herein, pursuant to the requirements of RIGL Chapter 16-21.

School Physician

8.2 Each community shall provide for the appointment and provision of direct and/or consultative services of a school physician(s) as specified in ~~section~~ RIGL §16-21-9 ~~of the RIGL~~, to make examinations of the health of the school children, who shall report any deviation from the normal, and for the preservation of records of the examinations of the children.

Qualifications and General Duties

8.2.1 The community's school physician(s) shall be licensed to practice allopathic or osteopathic medicine in Rhode Island in accordance with RIGL Chapter 5-37 ~~of the RIGL~~.

8.2.2 The school physician shall be qualified by virtue of training and experience to assume the role of a school health consultant (e.g., develops school health protocols, provides in-service training for school nurses) and/or primary care provider (e.g., performs physicals, examines outbreak cases) for a wide range of comprehensive school health services.

8.2.3 The school physician shall have knowledge of all state and local laws, regulations and protocols affecting schools. The school physician shall participate actively to ensure implementation of all such laws, regulations and protocols in collaboration with the school's administrative authorities and school health personnel.

8.2.4 The school physician shall establish a contract with the school system defining mutually agreed upon expectations and objectives and shall provide a regular report (a minimum of one (1) per year) on consultation and/or direct service activities rendered to the school system.

8.2.5 As a condition for approval of a community's school health program by the Commissioner of Elementary and Secondary Education and the Director of Health, that community's school health service plans, protocols and programs (except those developed and provided by the school dentist[s]) shall have received the prior approval of the community's school physician(s).

8.2.5.1 At a minimum, these plans shall be reviewed on an annual basis by the school physician and shall include provisions for: 1. the delivery of health services in the school environment (including screenings); 2. consultations; 3. furnishing information on health-related matters; 4. review of standing orders, protocols and procedures; and 5. reporting and management of infectious diseases and outbreaks, in accordance with the most current Department of Health recommendations related to infection control in the school environment.

Certified School Nurse-Teachers

Qualifications

8.3 Certified school nurse-teacher personnel shall be certified by the state Department of Elementary and Secondary Education and licensed as registered nurses in accordance with ~~section~~ §1.7 of these Regulations ~~herein~~.

General Duties

8.3.1 In accordance with ~~section~~ §1.7 of these Regulations ~~herein~~, a certified school nurse-teacher shall provide population-based health services to school children in public and non-public schools in the community. In accordance with ~~section~~ §7.2 of these Regulations ~~herein~~, a certified school nurse-teacher shall provide individualized health services to all public school children in the community. This requirement shall not be construed as prohibiting certified school nurse-teachers from providing individualized health services to students in non-public schools.

Exemption from Certified Nurse-Teacher Requirement

8.3.2 In accordance with the ~~*Standards*~~ *Guidance for the Approval of Non-Public Schools in Rhode Island* issued by the Rhode Island Department of Elementary and Secondary Education, non-public schools are authorized to employ registered nurses licensed in Rhode Island for the purpose of providing individualized health services, including dispensing medications, to students in the school setting.

8.3.3 These registered nurses licensed in Rhode Island (cited in ~~section~~ §8.3.2 of these Regulations ~~above~~) are construed to be "substantially equivalent" in their qualifications only for the purpose of providing individualized health services, including dispensing medication, to students in the school setting, not for carrying out the population-based health services and other requirements of the school health program as described herein.

Dentist/Dental Hygienist

Qualifications

8.4 The school dentist(s)/dental hygienist for a community shall be licensed to practice dentistry/ dental hygiene, respectively, in Rhode Island in accordance with RIGL Chapter 5-31.1 ~~of the RIGL~~.

General Duties

8.4.1 Each community shall provide for dental screenings by a dentist or a licensed dental hygienist with at least three (3) years of clinical experience as specified in ~~section~~ RIGL §16-21-9 ~~of the RIGL~~ who shall report any suspected deviation from the normal and for the preservation of records of the screenings of the children.

8.4.2 Each community as defined in ~~section~~ RIGL §16-7-16 ~~of the RIGL~~ shall ~~only~~ contract only with a licensed dentist for the provision of the dental screening services required ~~herein~~ by these Regulations. Dental hygienists performing the dental screenings pursuant to the provisions of ~~section~~ RIGL §16-21-9 ~~of the RIGL~~ shall do so under the general supervision of the dentist liable and responsible under the contract with the community. (For a definition of "general" supervision, see the *Rules and Regulations Pertaining to Dentists, Dental Hygienists and Dental Assistants (R5-31-DHA)* promulgated by the Rhode Island Department of Health).

8.4.3 Each school dentist or dental hygienist as specified in ~~section~~ §14.1 of these Regulations ~~herein~~ may perform any of the required dental screenings of school children in his/her district. Each dentist shall also examine children referred to him/her by the administrator, certified school nurse-teacher, or physician for suspected dental disease.

8.4.4 The school dentist and dental hygienist, when applicable, shall be qualified by virtue of training and experience to assume the role of a school health consultant (e.g., develops school health protocols, provides in-service training for school nurses or dental hygienists) and/or service provider in accordance with the *Rules*

and Regulations Pertaining to Dentists, Dental Hygienists and Dental Assistants (R5-31-DHA) promulgated by the Rhode Island Department of Health.

8.4.5 The school dentist and dental hygienist, when applicable, shall have knowledge of all relevant state and local laws, regulations and protocols affecting schools. The school dentist and dental hygienist, when applicable, shall participate actively to ensure implementation of all such laws, regulations and protocols in collaboration with the school's administrative authorities and school health personnel.

8.4.6 The school dentist shall establish a contract with the school system defining mutually agreed upon expectations and objectives and the dentist and/or dental hygienist, when applicable, shall provide a regular report (a minimum of one (1) per year) on consultation and/or direct service activities rendered to the school system.

8.4.7 Except in emergency circumstances, referral by a dentist or dental hygienist of children screened pursuant to the provisions of ~~section~~ RIGL §16-21-9 ~~of the RIGL~~ to a dental practice by which the dentist or dental hygienist is employed and/or which the dentist owns shall be strictly prohibited. In the event that a referral has been made in violation of this provision, the community shall terminate its contract with the dentist. In the case of an egregious violation of the referral prohibition contained herein, such conduct shall be reported to the Board of Dental Examiners at the Rhode Island Department of Health.

8.4.7.1 Referrals by a dentist or a dental hygienist to non-profit dental programs that provide oral health services on a reduced or sliding fee scale basis are exempt from the provisions of ~~section~~ §8.4.7 of these Regulations ~~herein (above)~~.

Section 9.0 ***Health Examinations***

General Health Examination Requirements

9.1 Every student who has not been previously enrolled in a public or non-public school in this state shall have a medical history and physical examination completed. This examination shall be conducted in the twelve (12) months preceding the date of school entry, but if not, it shall be completed within six (6) months of school entry.

9.1.1 A second general health examination and health clearance will be required upon entry to the seventh (7th) grade. This general health examination may be performed during the sixth (6th) grade, but no later than six (6) months after entry into the seventh (7th) grade. ~~Said general health examination shall be a complete, age-appropriate history and physical examination, assessing the health and well-being of the child and evaluating any challenges to the child's success in school and school-related activities.~~

9.1.2 Effective 1 August 2015, a third general health examination and health clearance will be required upon entry to the twelfth (12th) grade. This general health examination shall be performed after the student turns sixteen (16) years of age, and no later than six (6) months after the student enters the twelfth (12th) grade.

9.1.3 Said general health examinations shall be a complete, age-appropriate history and physical examination, assessing the health and well-being of the child and evaluating any challenges to the child's success in school and school-related activities.

9.2 **[DELETED]** ~~An annual immunization assessment of students shall be conducted as determined by the Department of Health to assure compliance with the *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM)* of [Reference 2] herein~~.

9.3 **[DELETED]** ~~In addition, a second general health examination and health clearance will be required upon entry to the seventh (7th) grade. This general health examination may be performed during the sixth (6th) grade, but no later than six (6) months after entry into the seventh (7th) grade.~~

~~9.3.1 Said general health examination shall be a complete, age-appropriate history and physical examination, assessing the health and well-being of the child and evaluating any challenges to the child's success in school and school-related activities.~~

9.4 These general health examinations shall be conducted by the student's family physician, a physician's assistant under the physician's supervision, or a certified registered nurse practitioner.

9.4.1 If there is no evidence that the appropriate general health examination has been performed, the school system shall make provisions for said examination by the end of the school year in which it is required.

9.4.2 No student shall be excluded from school for failure to provide documentation of completion of a general physical examination.

9.5 For students suspected or identified as having special health needs, referrals by a certified school nurse-teacher shall be made as specified ~~herein~~ in these Regulations or in the *Regulations ~~of the Board of Regents~~ Governing the Special Education of ~~Students~~ Children with Disabilities* ~~of~~ [Reference 9].

9.6 Each school system may require additional health examinations, in order to ensure the mental and physical health of each child to participate in classroom, athletic, or special activities sponsored or conducted by the school.

Lead Screening

9.7 In accordance with the requirements of ~~Chapter~~ RIGL § 23-24.6-8 ~~of the RIGL~~, each public and private nursery school and kindergarten shall, prior to initial enrollment of a child, obtain from a parent of the child evidence that said child has been screened for lead poisoning according to guidelines established under RIGL §23-24.6-7 ~~of the RIGL~~, or a certificate signed by the parent stating that blood testing is contrary to that person's beliefs.

Documentation & Follow-up

9.8 General health examination results shall be documented in a standardized format with one (1) copy available from the Department of Health or in any such format that captures the same fields of information. One (1) copy of said form shall be provided to the appropriate certified school nurse-teacher and entered into the student's cumulative school health record. Electronic transmission of the information is acceptable, provided that the requirements of ~~sections~~ §15.4 and §15.5 of these Regulations ~~herein~~ are met.

9.9 As appropriate, a care plan for health problems shall be developed by the certified school nurse-teacher in conjunction with the parent, student, and other appropriate health care providers and maintained on each student, as needed. The plan shall be entered into the cumulative health record.

Section 10.0 ***Vision Screening***

General Vision Screening Requirements

10.1 Upon entering kindergarten or within thirty (30) days of the start of the school year, the parent or guardian of each child shall present to school health personnel certification that the child, within the previous twelve (12) months has passed a vision screening conducted by a health care professional licensed by the Department or has obtained a comprehensive eye examination performed by a licensed optometrist or ophthalmologist.

10.1.1 For children who fail to pass the vision screening and for children diagnosed with neurodevelopmental delay, proof of a comprehensive eye examination performed by a licensed optometrist or ophthalmologist indicating any pertinent diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary, shall be provided.

10.1.2 Any person who conducts a comprehensive eye examination of a child in response to such child having failed a vision screening given in accordance with the provisions of this section shall forward a written report of the results of the examination to the school health personnel and a copy of said report to a parent or guardian of such child and the child's primary health care provider.

10.1.3 Said report shall include, but not be limited to, the following:

10.1.3.1 date of report;

10.1.3.2 name, address and date of birth of the child;

10.1.3.3 name of the child's school;

10.1.3.4 type of examination;

10.1.3.5 a summary of significant findings, including diagnoses, medication used, duration of action of medication, treatment, prognosis, whether or not a return visit is recommended and, if so, when;

10.1.3.6 recommended educational adjustments for the child, if any, which may include the following: preferential seating in the classroom, eyeglasses for full-time use in school, eyeglasses for part-time use in school, sight-saving eyeglasses or any other recommendations;

10.1.3.7 name, address and signature of the examiner.

10.2 Every student shall be given a vision screening at least upon entry to school and in the first (1st), second (2nd), third (3rd), fourth (4th), fifth (5th), seventh (7th) and ninth (9th) grades.

10.2.1 If satisfactory evidence is presented to the school physician or certified school nurse-teacher that the same screening, or series of tests, as provided for herein, has been completed within the preceding twelve (12) months by the student's ophthalmologist, optometrist, or primary care provider, the student shall be exempt from this screening requirement for that school year.

10.3 Regular reporting to the Departments of Health and Education on the results of examinations as required herein shall be made in a manner and at such intervals as prescribed from time to time in directives issued by the Director of Health or the Commissioner of Elementary and Secondary Education.

10.4 The screening shall be completed in accordance with the schedule prescribed below:

Function	Tests*	Referral Criteria	Comments
Distance Visual Acuity (myopia screening)	Snellen letters Snellen numbers Tumbling E HOTV Picture tests - Allen figures - LH test	**For Ages 3--5 Years:** **1.** Less than 4 of 6 correct on 20 foot line with either eye tested at 10 feet monocularity (i.e., less than 10/20 or 20/40) **OR** **2.** Two-line difference between eyes, even within the passing range (i.e., 10/12.5 and 10/20 or 20/25 and 20/40) **For Ages 6 and Older:** **1.** Less than 4 of 6 correct on 15 foot line with either eye tested at 10 feet monocularity (i.e., less than 10/15 or 20/30) **OR** **2.** Two-line difference between eyes, even within the passing range (i.e., 10/10 and 10/15 or 20/20 and 20/30)	**1.** Tests are listed in decreasing order of cognitive difficulty. The highest test that the child is capable of performing should be used. In general, the Tumbling E or the HOTV test should be used for ages 3 through 5 years and Snellen letters or numbers for ages 6 years and older. **2.** Testing distance of 10 feet is recommended for all visual acuity tests. **3.** A line of figures is preferred over single figures. **4.** The non-tested eye should be covered by an occluder held by the examiner or by an adhesive occluder patch applied to the eye. The examiner must ensure that it is not possible to peek with the non-tested eye. **5.** Testing for distance visual acuity shall be completed for those grades noted in section 10.2 herein.
Near Visual Acuity (hyperopia screening)	Snellen visual acuity or equivalent	If using hyperopia glasses, correctly identify 4 out of 6	Testing for near visual acuity must be completed at least once per student upon entry and in either Kindergarten, 1st grade, 2nd grade, or 3rd grade; and once per student in the 4th or 5th grade; and once per student in the 7th and 9th grades.
Ocular Alignment	Random Dot E Stereotest at 40 cm (100 secs of arc)	Less than 4 of 6 correct	Testing for ocular alignment must be completed only for students in grades K, 1, and 2 and for those upon initial entry who have not been previously screened.
Color vision	Any standard developmentally-appropriate isochromatic color vision test	Failure under conditions specified by the manufacturer	Tested only once at school entry age or upon initial screening

Personnel & Training Requirements

* Or other vision screening test(s) designed for special populations

10.5 The school vision screening shall be given by a certified school nurse-teacher, trained in the administration of these tests.

10.6 Trained volunteers or other school personnel who are directly supervised on-site by certified school nurse-teachers may be utilized in the vision screening program.

Follow-up & Documentation Requirements

10.7 A child failing the screening shall be given a retest on a different day (but within one month) before the parents are notified of the results of the test.

10.7.1 Students who fail the screening criteria set shall be re-screened by the certified school nurse-teacher.

10.8 Parents of those students who fail to meet the minimal visual requirements on the second screening shall be notified, in accordance with the requirements of ~~section~~ §16.0 of these Regulations ~~herein~~, in order to arrange for a comprehensive vision examination by an eye care provider.

10.9 If the corrected visual acuity of the child is found to be in the range of 20/70--20/200 in the better eye after rescreening, the licensed health care provider in charge of the screening shall, within 30 days, report the result of the screening to the administrator of the Division of Services for the Blind and to the Special Education Supervisor, indicating that specialized services may be indicated.

10.9.1 Students identified with a visual impairment shall be referred for specialized services and follow-up in accordance with the provisions of ~~section~~ §4.0 of the *Regulations ~~of the Board of Regents for Elementary and Secondary Education~~ Governing the Special Education of ~~Students~~ Children with Disabilities*. [Reference 9]

10.10 A student's vision screening results shall be recorded in the "Vision Screening" section of the school health record.

Section 11.0 ***Hearing Screening***

General Hearing Screening Requirements

11.1 School children in pre-kindergarten programs operated by public school districts, as well as all school children in kindergarten, first, second, and third grades and any student(s) new to a school without a prior record of a hearing screening shall be given a hearing screening test by a properly trained and qualified person in the manner and at such intervals as comports with current guidelines of the American Speech-Language-Hearing Association (ASHA).

11.2 Students who failed the hearing screening tests in previous years, repeat a grade, have a history of hearing difficulty or pathology, are enrolled in curricular or extracurricular activities where there is exposure to noise levels that meet or exceed current Occupational Safety and Health Administration (OSHA) standards ~~of~~ [Reference 19] ~~herein~~, or are suspected by school personnel of a hearing loss shall be screened as often as is necessary.

11.3 The "passing" criteria for the hearing screening test shall be in accordance with the most recent guidelines set forth by the State of Rhode Island Hearing Center at the Rhode Island School for the Deaf.

11.4 The screening shall consist of an initial Otoacoustic Emission hearing test. Children who fail the initial screen shall immediately be re-screened with tympanometry and pure tone according to American Speech/Language and Hearing guidelines for screening school age children.

11.5 Any student who provides documentation from a parent that a hearing screening test has been performed in accordance with ~~section~~ §11.7 of these Regulations ~~herein~~ shall be exempt from this screening requirement.

11.5.1 In the absence of this documentation from the parent, the school shall make provisions for the screening.

Equipment

11.6 All equipment utilized in the hearing screenings shall be calibrated according to current national standards, as described in Guidelines for Audiologic Screening; ANSI/ASA Specifications for Audiometers; and ANSI Specifications for Instruments to Measure Aural Acoustic Impedance and Admittance (Aural Acoustic Immittance) [References 10-12] ~~herein~~.

Personnel Requirements

11.7 A certified school nurse-teacher shall be responsible for coordinating the requirements of this section. Personnel who may perform the screening requirements of this section include: an audiologist, speech language pathologist, certified school nurse-teacher, audiometric aide under the supervision of a licensed audiologist, or a speech/language pathology assistant under the supervision of a certified speech language pathologist.

11.8 Any supporting personnel utilized by an audiologist/speech language pathologist in the hearing screening program shall meet the requirements outlined in the *Rules and Regulations for Licensing Speech Pathologists and Audiologists (R5-48-SPA)* ~~of~~ [Reference 8].

Follow-up & Documentation Requirements

11.9 The parent of a student who does not meet the "passing" criteria of the hearing screening shall be notified, in accordance with the requirements of section §16.0 of these Regulations ~~herein~~, and recommended to obtain a comprehensive audiological evaluation and/or medical follow-up with the child's primary care physician.

11.10 Children identified with a potentially educationally-significant hearing impairment shall be referred by the certified school nurse-teacher for in-school supportive accommodations, Teacher Support Team~~s~~, or other educational services, as appropriate or as specified in the *Regulations ~~of the Board of Regents for Elementary and Secondary Education~~ Governing the Special Education of ~~Students~~ Children with Disabilities* ~~of~~ [Reference 9].

11.11 The hearing status of children referred for further evaluation shall be confirmed and noted by the certified school nurse-teacher within three (3) months of the initial referral.

11.12 A student's hearing screening results shall be entered into his/her school health record by the certified school nurse-teacher or the person performing the screening.

11.12.1 At a minimum, the following components shall be noted in the record:

11.12.1.1 date screening completed;

11.12.1.2 screening results;

11.12.1.3 follow-up plan, as indicated.

Section 12.0 ***Speech/Language Screening***

General Speech/Language Requirements

12.1 Every elementary school student who has not been previously screened for speech/language impairments shall be screened for speech and language impairments by a trained and qualified person (as described in ~~sections~~ §§12.4 and 12.5 of these Regulations ~~below~~). Any student may be screened on an "as needed" basis.

12.1.1 For those students who have been previously screened, results of said screening shall be transferred to each new school in accordance with the requirements of section 15.3 of these Regulations ~~herein~~.

12.2 Any student who has never been previously enrolled in a Rhode Island school who provides documentation from a parent that a speech screening has been performed by a certified and/or licensed speech language pathologist shall be exempt from this screening requirement.

12.2.1 In the absence of this documentation from the parent, the school shall make provisions for the screening.

12.3 A speech/language screening shall consist of an assessment of the following:

12.3.1 articulation;

12.3.2 voice characteristics;

12.3.3 fluency (e.g., stuttering) and;

12.3.4 receptive/expressive language skills.

Personnel Requirements

12.4 A Rhode Island Department of Elementary and Secondary Education-certified speech language pathologist shall be responsible for implementing the requirements of ~~this section~~ §12.0 of these Regulations.

12.5 Any support personnel (e.g., a speech/language pathology assistant) utilized by a speech/language pathologist shall meet the training and supervision requirements outlined in

the *Rules and Regulations for Licensing Speech Pathologists and Audiologists (R5-48-SPA)* ~~of~~ [Reference 8].

Instruments

12.6 A school's speech screening program may be conducted utilizing commercially available kindergarten/elementary school level screening instruments.

12.7 In developing techniques for screening students ages eight (8) and above, informal items may be adapted from available tests. This informal screening would not provide standardized procedures but would yield an acceptable method of screening to determine the need for further testing.

Follow-up & Documentation Requirements

12.8 A student who does not pass the speech/language screening shall be referred immediately for a comprehensive speech/language evaluation. The parent of any child who does not pass the speech screening shall be notified of the findings, in accordance with the requirements of ~~section~~ §16.0 of these Regulations ~~herein~~.

12.9 The speech language pathologist or the certified school nurse-teacher shall enter the results into the student's school health record.

12.9.1 The following components shall be noted in the record:

12.9.1.1 date screening completed;

12.9.1.2 screening results (i.e., pass/fail); and

12.9.1.3 follow-up plan for a student who does not pass.

Section 13.0 ***Scoliosis Screening***

General Scoliosis Screening Requirements

13.1 No school-based scoliosis screening shall be conducted before students are introduced to the nature of the condition, its effects, and the nature of the scoliosis screening procedure.

13.2 The school health program shall provide for the yearly screening or examination for scoliosis of all school children in grades six (6) through eight (8) and the preservation of records of the screening or examinations of those children.

13.3 The parent of any such child may have the screening or examination conducted by a private physician and the results thereof shall be made available to the local school department. If these results are made available to the local school department, the student shall be exempt from the requirements of §13.0 of these Regulations ~~this section~~.

13.4 The screening of male and female pupils shall be conducted separately and individually. A private, well-lit screening area should be available.

13.5 The test shall not be required of any student whose parents object on the grounds that the test conflicts with their religious beliefs.

Personnel Requirement

13.6 The screening shall be conducted by a certified school nurse-teacher, in accordance with the requirements of ~~Chapter~~ RIGL §16-21-10 ~~of the RIGL~~.

Follow-up and Documentation Requirements

13.7 In accordance with the requirements of ~~section~~ §16.0 of these Regulations ~~herein~~, the certified school nurse-teacher shall be responsible for notifying the parent of any child who is found to have positive signs or symptoms of scoliosis, based upon current standards published by the American Academy of Orthopaedic Surgeons or the Scoliosis Research Society, in order to arrange for further evaluation or treatment, as indicated.

13.8 A student's scoliosis screening results shall be documented in the student health record.

Section 14.0 ***Dental Health Screening***

General Dental Health Screening Requirements

14.1 Every student who has not been previously enrolled in a public or non-public school in this state shall be given a dental screening by a licensed dentist or a licensed dental hygienist with at least three (3) years of clinical experience. Thereafter, every student shall be given an annual dental screening by a licensed dentist or dental hygienist through the fifth (5th) grade and shall be screened at least once between the sixth (6th) and tenth (10th) grades. Dental hygienists performing the dental screenings pursuant to the provisions of this section shall do so under the general supervision of the dentist liable and responsible under the contract with the community as required under RIGL ~~section~~ §16-21-9(b).

14.1.1 Provided, however, that dental screenings for children in kindergarten, fourth and ninth grades shall only be performed by a licensed dentist.

14.2 Students who are screened by private dentists/dental hygienists and who provide written documentation of the screening being performed at the prescribed intervals (as in ~~section~~ §14.1 of these Regulations ~~above~~) shall be exempt from the requirements of this section and may elect not to be screened.

14.3 In order to screen for hard tissue disease (tooth decay), soft tissue disease (gum disease) and urgent treatment need ~~orthodontic problems~~, the school dental screening shall consist of an inspection of the student's mouth, according to the referral criteria described below. These screenings shall be totally non-invasive.

Category	Referral Criteria
Hard tissue (dentition)	1. Suspicious tooth decay
Soft tissue (gums)	1. Gross gingival inflammation 2. Soft tissue lesions (e.g., fistulas, abscesses, etc.) ~~3. Plaque-related lesions~~
~~Orthodontic~~ Treatment Urgency	1. ~~Age inappropriateness of tooth eruption (e.g., missing or blocked laterals/canines)~~ No apparent need for care 2. ~~Crossbites (e.g., posterior and anterior)~~ Apparent need for routine, non-urgent care/ referral recommended 3. ~~Space management (e.g., severe crowding)~~ Apparent emergency need/immediate referral recommended
~~Hard tissue (dentition)~~	~~1. Suspicious areas (e.g., decay)~~ ~~2. Deep pit and fissures with incipient decay~~

14.4 Equipment to perform the screening requirements of ~~section~~ §14.3 of these Regulations ~~(above)~~ shall include: a mirror, cotton rolls, a light source, and non-latex disposable gloves.

14.5 The initial dental screening preferably should be conducted by the child's family dentist/dental hygienist within the six (6) months preceding the date of school entry, and the succeeding screenings should be conducted by him/her at any time during the school year (including vacations) for which the screening is required.

14.5.1 ~~The written documentation of all such screenings shall be made available to the school~~ Effective with the 2014-2015school year, all such screening results shall be documented in writing using the Rhode Island Department of Health (RIDOH) standardized form and submitted to the school for all grades and to the RIDOH Oral Health Program upon screening completion for grades K, 3 and 6 (if grade 6 is the selected screening year between grades 6 and 10), or as indicated by the RIDOH.

14.5.2 The RIDOH standardized form will be made available to all schools via the RIDOH website.

Follow-up and Documentation Requirements

14.6 When a school dental screening has revealed that a dental problem may exist, the parent shall be notified in writing, using the standardized form of the RIDOH, so that a dental visit may be arranged.

14.7 A student's dental screening results shall be documented on the school health record.

14.8 Each community shall provide to parents or custodians of children who require professional or skilled treatment a current list of both dental practices in the community which accept patients insured by Medical Assistance and/or RIte Care and dental practices which provide services on a sliding scale basis to uninsured individuals.

14.8.1 In accordance with ~~section~~ RIGL §16-21-9(d) ~~of the Rhode Island General Laws, as amended~~, the Rhode Island Department of Human Services shall provide each community with a current list containing the addresses and telephone numbers of both dental practices which accept patients insured by Medical Assistance and/or

RIte Care and dental practices which provide services on a sliding scale basis to uninsured individuals.

Section 15.0 ***Health Records***

15.1 The certified school nurse-teacher shall be responsible for the complete, cumulative school health record for each student at the school in which the student is enrolled. The student's cumulative health record is confidential and subject to the provisions of RIGL Chapter 5-37.3-1 ~~of the RIGL~~, ("Confidentiality of Health Care Information Act") ~~of~~ [Reference 4], and other applicable state and federal laws and rules and regulations. The record shall be stored in an appropriately secured location with convenient access by the school nurse and shall be used only in connection with the provision of treatment to the student. The record shall be maintained by the school for a minimum of five (5) years after the student turns eighteen (18) years of age or five (5) years after the student leaves the school district.

15.1.1 Such records shall include information regarding:

15.1.1.1 immunization status and certification;

15.1.1.2 health history, including chronic conditions and treatment plan;

15.1.1.3 screening results and necessary follow-up;

15.1.1.4 health examination reports;

15.1.1.5 documentation of traumatic injuries and episodes of sudden illness referred for emergency health care (see also requirements in "First Aid and Emergencies" ~~section~~ §18.0 of these Regulations);

15.1.1.5.1 For a student with documented anaphylaxis, the parental authorization of a student's treatment for allergies and the physician's order to administer an epinephrine auto-injector shall be entered into the student's health record.

15.1.1.6 documentation of any nursing assessments completed;

15.1.1.7 documentation of any consultations with school personnel, students, parents, or health care providers related to a student's health problem(s), recommendations made, and any known results;

15.1.1.8 documentation of the health care provider's orders, if any, and parental permission to administer medication or medical treatment to be given in school by the certified school nurse-teacher.

15.2 Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:

15.2.1 securing records at all times, including confidentiality safeguards for electronic records;

15.2.2 establishing, documenting and enforcing protocols and procedures consistent with the confidentiality requirements described herein;

15.2.3 training school personnel who handle student school health records in security objectives and techniques.

15.3 Whenever a student transfers to another school building or school system in or out of Rhode Island, the original, a copy, or electronic version of the complete, cumulative school health record shall be transferred at the same time to the health personnel of the school building or school system to which the student is transferring. This record shall be sent in a manner consistent with the provisions of the Health Insurance Portability and Accountability Act ~~of~~ [Reference 24] ~~herein~~ to a health care professional authorized to receive said confidential health care information at the new school or handed to the parent, as appropriate. A copy of the record (or the original) shall be maintained by the sending community for a minimum of five (5) years after the student turns eighteen (18) years of age or five (5) years after the student leaves the school district.

Confidentiality

15.4 Any school personnel, including health care providers, who maintain cumulative school health records containing confidential health care information shall be responsible for ensuring full confidentiality of this information as provided in ~~section~~ RIGL §5-37.3-4 ~~of the RIGL~~ ("Confidentiality of Health Care Information Act") [Reference 4] and other applicable state and federal laws and rules and regulations.

15.5 Any school personnel, including health care providers, who release confidential health care information from cumulative school health records in accordance with ~~section~~ RIGL §5-37.3-4 ~~of the RIGL~~ ("Confidentiality of Health Care Information Act" ~~of~~ [Reference 4] and other applicable state and federal laws and rules and regulations, shall document each such release in the applicable cumulative school health records by indicating the following:

15.5.1 the date of release;

15.5.2 a description of the information released;

15.5.3 the name(s) of the person(s) to whom the information was released;

15.5.4 the reason for the release of information.

15.6 ***Violations Pertaining to Confidentiality*:** Any person suspected of violating the Health Care Information Act shall be reported to the Attorney General's Office for prosecution and any subsequent penalties, in accordance with statutory provisions.

Section 16.0 ***Notification of Parents***

16.1 Parents and/or guardians shall be notified, according to established local school district procedures, of any suspected deviation from normal or usual health found as a result of a screening test (e.g., vision screening), health examination, and/or school personnel observation, in accordance with all applicable state and/or federal laws and regulations.

16.2 Each school district shall develop procedures or protocols for documenting and implementing a follow-up and referral plan for students identified as needing additional services.

Section 17.0 ***School Reporting Requirements***

17.1 In accordance with the *Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases* ~~of~~ [Reference 1], the basic responsibility for reporting communicable, environmental and occupational diseases lies with:

1. Physicians licensed in accordance with RIGL Chapter 5-37 ~~of the RIGL~~ who are attending the case or suspected case;
2. Laboratories;
3. Other authorized health professionals working under the auspices of a physician; and
4. Other health care professionals authorized by law or regulation to practice independently (e.g., registered nurse practitioners). In the school setting, this requirement encompasses certified school nurse-teachers directed by a physician to report in accordance with the regulatory requirements cited above.

17.1.1 Licensed health care facilities that operate school-based health clinics shall report communicable, environmental and occupational diseases in accordance with the *Rules and Regulations for the Licensing of Organized Ambulatory Care Facilities* ~~of~~ [Reference 14] and the *Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases* ~~of~~ [Reference 1]

17.2 In accordance with the *Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases,* any health care provider (e.g., school physicians, certified school nurse-teachers, school dentists/dental hygienist) having knowledge of any outbreak or undue prevalence of infectious or parasitic disease or infestation (based upon his/her professional judgment), whether listed in said regulations or not, shall promptly report the facts to the Department of Health. Exotic diseases and unusual group expressions of illness that may be of public health concern should also be reported immediately.

Section 18.0 ***First Aid and Emergencies***

18.1 Each school shall have written protocols and standing orders available in the event of injuries and acute illnesses, including anaphylaxis.

18.1.1 These written protocols and standing orders shall be prepared, dated, signed, reviewed and updated, as appropriate, but at least on an annual basis by the school physician(s).

18.1.1.1 No requirement herein shall be construed as prohibiting the issuance of a standing order by a school physician for the administration of an epinephrine auto-injector by a school nurse to a student who has not been previously medically identified for the prevention or treatment of

anaphylaxis. This standing order shall be reviewed in accordance with ~~section~~ §18.1.1 ~~above~~ of these Regulations.

18.1.2 These emergency written protocols shall be reviewed annually by all school personnel who might be involved in managing an emergency in a school, including anaphylaxis, prior to the arrival of more fully trained persons. Said personnel shall be identified by the school principal, or other designated school authority, as needing to review these emergency written protocols on an annual basis.

First Aid Training - Basic First Aid Training

18.2 In-service basic first aid training shall be provided for school personnel who might be involved in managing an injury or other medical emergency. Said personnel shall be identified by the school principal, or other designated school authority, and listed in the emergency protocol described in ~~sections~~ §§18.1.1 and 18.1.2 ~~above~~ of these Regulations. Subjects to be covered shall include, but not be limited to: control of major bleeding, use of universal/standard precautions, management of ocular trauma and emergencies, management of burns, diabetes-related signs and symptoms, accessing the "911" emergency medical system, proper application and removal of disposable gloves and equipment, and movement and transportation of an injured person. No less than one (1) hour of basic first aid training or current certification for the allotted term of said certification in basic first aid by a nationally recognized organization shall be required of school personnel designated by the school administrator during every school year.

18.2.1 The school principal, or other authorized school personnel, shall maintain a record-keeping system documenting that the basic first aid training (as above) has been provided to all designated school personnel.

18.2.2 The training shall be delivered by a certified school nurse-teacher, or other designated instructor, utilizing a training curriculum that adheres to standards established by a nationally-recognized body.

18.2.3 Students engaged in potentially hazardous tasks (including, but not limited to, activities during normal school hours in science laboratories, industrial arts, physical education, and family/consumer science classes) should be directly supervised by teachers or instructors who are trained, as outlined in ~~section~~ §18.2 of these Regulations ~~(above)~~ in the administration of basic first aid, and who have posted and discussed safety rules with the students.

First Aid Training - Basic First Aid and Cardiopulmonary Resuscitation Training

18.3 At all times, during normal school hours and at on-site school-sponsored activities, each school shall have available at least one (1) person other than the certified school nurse-teacher who is trained, competent and responsible for the administration of basic first aid, child/adult cardiopulmonary resuscitation (CPR), including emergency procedures for obstructed airways (choking) and drowning, and administration of the epinephrine auto-injector.

First Aid Training - Anaphylaxis

18.4 Training shall be provided for school personnel who might administer an epinephrine auto-injector in a case of anaphylaxis. Subjects to be covered shall include (but not be limited to): signs and symptoms of anaphylactic shock, proper epinephrine auto-injector administration, adverse reactions, accessing the "911" emergency medical system, and preparation for movement and transport of the student.

Response to and Treatment for Anaphylaxis

18.5 To prevent or treat a case of anaphylaxis (as defined in ~~section~~ §1.2 of these Regulations ~~herein~~), the certified school nurse-teacher or trained school personnel shall administer the epinephrine auto-injector to an identified student. Certified school nurse-teachers shall administer the epinephrine auto-injector in accordance with standard nursing practice.

18.6 In the event of a suspected case of anaphylaxis, school personnel may administer the emergency protocol, including an epinephrine auto-injector to a medically identified student when authorized by a parent/guardian and when ordered by a physician or other licensed prescriber.

18.7 School health programs shall develop and adopt a procedure for addressing incidents of anaphylaxis and the use of the epinephrine auto-injector on previously medically identified students. Such procedures shall pertain to no less than the requirements described herein and shall include the following:

18.7.1 Parents shall provide a physician's or other licensed prescriber's order, parent authorization, and filled prescription(s) (i.e., the epinephrine auto-injector(s)) notifying the school of the student's allergy and the need to administer the epinephrine auto-injector in a case of anaphylaxis.

18.7.2 School administrators shall communicate the required medical information from the parent to the appropriate school personnel, including the certified school nurse-teacher, teachers, ~~and~~ food service workers, and school bus drivers and bus monitors.

18.7.3 The school physician shall review these procedures on an annual basis, in accordance with the requirements of ~~section~~ §8.2 of these Regulations ~~above~~.

18.7.4 Such procedures shall stipulate that the epinephrine auto-injector be used only upon the student for whom it was prescribed, in accordance with the provisions of RIGL Chapter 21-28.2, "Drug Abuse Control," ~~of the RIGL~~.

18.7.5 Such procedures shall provide for the development of an individualized emergency care plan for a student at risk for anaphylaxis.

18.7.6 Procedures for accessing the community's emergency medical system (i.e., "911") shall be included in these procedures.

18.8 Students who are treated for anaphylaxis at the school shall be transported by a licensed ambulance/rescue service promptly to an acute care hospital for medical evaluation and follow-up.

18.9 If appropriate, a child identified as being at risk for anaphylaxis should carry the epinephrine auto-injector with him at all times. If this is not appropriate, the epinephrine auto-injector shall, if necessary for the student's safety, as determined by the physician, or other licensed prescriber, be available in the classroom, cafeteria, physical education facility, health room and/or other areas where the epinephrine auto-injector is most likely to be used. Reasonable provisions shall be made for the availability, safekeeping and security of the epinephrine auto-injector. The school shall develop protocols and procedures related to the availability, safekeeping and security of the epinephrine auto-injector.

18.10 School personnel who have been trained in accordance with ~~sections~~ §§18.2, 18.3, and/or 18.4 of these Regulations ~~(above)~~ are authorized to administer the epinephrine auto-injector to an identified student. If trained school personnel are not available, any willing person may administer the epinephrine auto-injector to a medically identified student. None of the requirements of ~~this section~~ of these Regulations shall preclude the self-administration of an epinephrine auto-injector by a medically identified student.

Good Samaritan Provisions

18.10.1 No school teacher, school administrator, school health care personnel, or any other school personnel shall be liable for civil damages which may result from acts or omissions in the use of the epinephrine auto-injector which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct.

18.10.2 No person who voluntarily and gratuitously renders emergency assistance to a person in need thereof shall be liable for civil damages which result from acts or omissions by such person rendering the emergency care, which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct.

Food Allergy Management

18.11 In all public or non-public schools, wherein a student with an allergy to peanuts/tree nuts and/or food derived from peanut/tree nuts products is in attendance, a notice shall be posted within that school building in a conspicuous place at every point of entry and within the cafeteria facility advising that there are students at said school with allergies to peanuts/tree nuts. The notice shall not identify the individual(s) with such allergy.

18.12 In all public and non-public elementary, middle or junior high schools, the school authority shall develop a policy designed to provide a safe environment for students with peanut/tree nut allergies with potentially serious health consequences while attending school or participating in school-sponsored activities. Such policy shall include, but is not limited to, the following:

18.12.1 The development of an individual health care plan (IHCP) and an emergency health care plan (EHCP) for each student with such food allergy; and

18.12.2 The development by the school of a protocol, consistent with the policy and the IHCP and EHCP, that provides the student with protections while he or she is attending school or participating in school-sponsored activities.

18.13 The student's IHCP and EHCP shall be part of the student's permanent school health record and be developed by the school nurse in collaboration with the student's health care provider, the parents/guardians of the student, and the student (if appropriate).

18.13.1 The IHCP and EHCP shall be developed prior to entry into school or immediately thereafter for students previously diagnosed with an allergy. The IHCP and EHCP shall be developed immediately after the diagnosis for students already enrolled who are newly diagnosed with an allergy.

18.13.2 These plans should include both preventative measures to help avoid accidental exposure to allergens and emergency measures in case of exposure.

18.13.3 Depending on the nature and extent of the student's allergy, the measures listed in the IHCP may include, but are not limited to:

- Posting additional signs (e.g. in classroom entryways);
- Prohibiting the sale of particular food items in the school;
- Designating special tables in the cafeteria;
- Prohibiting particular food items from certain classrooms and/or the cafeteria;
- ~~Completely~~ Prohibiting particular food items from the school or school grounds;
- Educating school personnel, students, and families about food allergies; and/or
- Implementing particular protocols around cleaning surfaces touched by food products, washing of hands after eating, etc.

18.13.4 The EHCP shall be consistent with applicable provisions contained herein, including, but not limited to, training, communication, plan review, Good Samaritan protections, follow-up and documentation.

18.13.5 All school personnel who may be involved in the care of a student who has been diagnosed with a peanut/tree nut allergy shall be informed of the IHCP and the EHCP, as appropriate.

Follow-up & Documentation Requirements

18.14 Following a traumatic injury, an episode of anaphylaxis, or other emergency situation, a written report shall be completed and filed in the student health record and verbal notification made to the student's parents as soon as possible by the school principal or a person delegated by him/her.

18.15 Following a minor injury, the certified school nurse-teacher, or other appropriate school authority, shall make a notation of the minor injury in a log book maintained by the school specifically for this purpose. At a minimum, the following items shall be noted:

18.15.1 date and time of injury;

18.15.2 location where injury occurred;

18.15.3 chief complaint;

18.15.4 treatment administered;

18.15.5 disposition (e.g., back to class);

18.15.6 signature of responder.

18.16 For each student, emergency information shall be documented and updated on an annual basis. Such emergency information shall include no less than the following:

18.16.1 name and telephone number of the student's parent and additional contact person(s) in the event of an emergency;

18.16.2 name and telephone number of the family physician or primary care provider;

18.16.3 health insurance (optional);

18.16.4 known allergies (including drug, food, insect bite and chemical allergies);

18.16.5 medical conditions that may need attention (e.g., past surgeries, heart problems, seizure disorders, nosebleeds, diabetes);

18.16.6 current, routine prescription medications and authorized OTC medications.

18.17 Protocols or procedures shall be developed to require an individualized emergency care plan for a student at risk for anaphylaxis, asthmatic conditions and/or any other medical emergencies, as defined in ~~section~~ §1.16 of these Regulations ~~herein~~.

18.18 ***Concussions and Head Injuries in Recreational and/or Athletic Competition.***

18.18.1 A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game related to recreational and/or athletic competition shall be removed from that practice or competition at that time.

18.18.2 A youth athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed physician and until the athlete receives written clearance to return to play from that licensed physician.

18.18.3 A report of a confirmed concussion and written clearance to return to play should be logged in the student's health record.

18.18.4 All coaches, trainers and volunteers involved in youth recreational and/or athletic competition must complete a training course, and a refresher course annually thereafter, in concussions and traumatic brain injuries.

18.18.5 School districts and schools are required to use training materials of the US Center for Disease Control and Prevention entitled "Heads Up: Concussion in High School Sports/Concussion in Youth Sports" or materials substantially equivalent.

Section 19.0 ***Diabetes Care Management***

19.1 Each school district shall develop a policy or protocol that allows children who are diagnosed with diabetes to self-manage their disease whenever possible. Such policy or

protocol shall be developed in collaboration with licensed health care providers, parents, students, school nurses and administrators, as appropriate.

19.2 Such policy or protocol shall require no less than the following:

19.2.1 Developing an individualized health care plan (IHCP) and an emergency care plan (ECP/EHCP);

19.2.2 Permitting self-testing in the classroom or other appropriate place(s) on the school campus or at school-sponsored activities, as designated in the IHCP;

19.2.3 Permitting healthier snacks, as defined herein, in the classroom or other appropriate place(s) on the school campus or at school-sponsored activities, as designated in the IHCP;

19.2.4 Permitting bathroom and water fountain privileges in the classroom or other appropriate place(s) on the school campus or at school-sponsored activities as designated in the IHCP,

19.2.5 Ensuring the accompaniment of a symptomatic child to a health area by a designated adult, per the IHCP and the ECP/EHCP, unless such action puts the child at increased health risk.

19.3 The student's IHCP and EHCP shall be part of their permanent school health record and be developed by the school nurse in collaboration with the student's health care provider, the parents/guardians of the student, and the student (if appropriate).

Glucagon Administration

19.4 As part of the ECP/EHCP, a parent or legal guardian of any child may expressly authorize school employees or those employed on behalf of the school, for when there is no school nurse immediately available, to administer glucagon on such child in case of an emergency, while at school or school-sponsored activities.

19.4.1 A parent or legal guardian shall provide a diabetes management plan or physician's order, signed by the student's health care provider, that prescribes the care and assistance needed by the student including glucagon administration.

19.4.2 The glucagon shall be kept in a conspicuous place, readily available, but with reasonable provisions made for the safekeeping and security of the glucagon, so that the security of the medication will not be compromised.

19.4.3 Glucagon administration training may be provided by a licensed physician, physician assistant, advanced practiced registered nurse, or registered nurse, however in no case shall school nurse teachers be required to provide training.

19.4.3.1 The school administration shall allow properly trained staff to voluntarily assist with the emergency administration of glucagon when authorized by a parent or legal guardian.

19.4.3.2 A school employee, including administrative staff, shall not be subject to penalty or disciplinary action for refusing to be trained in glucagon administration.

19.4.3.3 The training and supervision of personnel, other than the school nurse, who provide emergency medical assistance to students under this section, shall be governed by performance standards and guidelines developed by the ~~Department~~ Rhode Island Department of Health, in conjunction with the American Diabetes Association, and the Rhode Island chapter of the American Academy of Pediatrics. Such personnel shall only be authorized to provide such assistance upon successful completion of glucagon administration training.

19.4.4 No school teacher, school administrator, school health care personnel, person employed on behalf of the school, any other school personnel, nor any local educational authority shall be liable for civil damages which may result from acts or omissions in use of glucagon which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct.

19.5 All school personnel who may be involved in the care of a student who has been diagnosed with diabetes shall be informed of the IHCP and the ECP/EHCP, as appropriate.

Section 20.0 ***Medication Administration***

20.1 Each public school district or non-public school authority shall develop protocols or procedures related to medication administration in schools that include, at a minimum, the following provisions:

20.2 A certified school nurse-teacher shall administer medication(s) to student(s) within the public school setting except as provided in ~~sections~~ §§ 18.10, 19.4, 20.10 , 20.14, or 20.15 ~~herein~~ of these Regulations. Such a certified school nurse-teacher shall be licensed in Rhode Island in accordance with the requirements of RIGL Chapter 5-34 ~~of the RIGL~~. He/she shall also be certified in accordance with the provisions of RIGL Chapter 16-21-8 ~~of the RIGL~~.

20.2.1 All medications, including prescription and OTC (over-the-counter), shall be administered only in accordance with a written order from a licensed health care prescriber, except as provided in §§ 18.10, 19.4, 20.10, 20.10.1, 20.14, or 20.15 of these Regulations. All medications shall be administered in keeping with safe standards of health care practice and in accordance with all applicable state and federal laws and regulations.

20.3 A certified school nurse-teacher or other registered nurse shall administer medication to student(s) in a non-public school except as provided in ~~sections~~ §§18.10, 19.4, 20.10, 20.10.1, , 20.14, or 20.15 ~~herein~~ of these Regulations. Such a registered nurse shall be licensed in Rhode Island in accordance with the requirements of RIGL Chapter 5-34 ~~of the RIGL~~.

20.4 No lay person, other than a parent, shall administer medication to a student in the school setting. *Exceptions*: ~~sections 18.5, 18.6,~~ §§18.10 and 19.4 ~~herein~~ of these Regulations (related to the administration of epinephrine and glucagon).

Provisions Related to Nurse Administration

20.5 Each dose of medication administered by a certified school nurse-teacher or other registered nurse shall be documented. Documentation shall include: date, time, dosage, route of administration and the signature of the certified school nurse-teacher or other registered nurse administering the medication or supervising the student in self-administration. In the event a dosage is not administered as ordered, the reason(s) therefore shall be noted.

20.6 All medications to be administered by the certified school nurse-teacher or other registered nurse, as provided herein, shall be kept in a secured cabinet.

20.7 A licensed provider's (with prescriptive privileges) order shall be obtained and verified by the certified school nurse-teacher or other registered nurse for all medications to be administered by the certified school nurse-teacher or registered nurse, including school physician standing orders. Verbal orders to the nurse and facsimile transmissions may be accepted. Verbal orders shall be followed up by a written order from the licensed prescriber within three (3) working days. Upon receipt, the orders shall be confirmed with the parent by the nurse.

20.8 For prescription medications, all parent authorizations and licensed provider's orders shall be renewed no less than annually by the certified school nurse-teacher or other registered nurse.

Controlled Substances

20.9 No controlled substance shall be in the possession of or administered by anyone other than a certified school nurse-teacher, other registered nurse, licensed prescriber, or parent of the child for whom the medications have been prescribed. A student may deliver his/her own medication to school in accordance with protocols or procedures developed by the school but may not self-administer the controlled substance while on school property. *Exception*: see ~~section~~ §20.15 of these Regulations ~~herein~~.

Self-Carry and Self-Administration of ~~Prescription~~ Medications~~

20.10 All school districts or school authorities shall develop protocols or procedures to permit students to self-carry and/or self-administer prescription medication if the student, parent, certified school nurse-teacher or registered nurse, and licensed prescribing health care provider enter into a written agreement that specifies the conditions under which the prescription medication must be self-carried and/or self-administered. The school principal shall be informed of the existence of said agreement.

20.10.1 School districts or school authorities may develop protocols or procedures to permit students to self-carry and/or self administer medication that does not require a licensed prescriber's note. In developing such protocols or procedures, school districts or school authorities shall give consideration to such factors as the age of the child, the duration of the need for the medication, and the ability of the child to self-administer.

20.11 The protocols or procedures related to student self-administration of ~~prescription~~ medication~~s~~ shall include provisions for the following:

20.11.1 All medication~~s~~ shall be stored in ~~their~~ its original prescription or manufacturer-labeled container~~s~~.

20.11.2 For prescription medication, a licensed health care prescriber's written order shall be provided.

~~20.11.3 A written parent authorization shall be obtained and verified by the certified nurse-teacher or other registered nurse.~~

20.12 A student shall be prohibited from sharing, transferring, or in any way diverting his/her own medication(s) to any other person.

20.13 **[REMOVED]** ~~No school teacher, school administrator, or school health personnel, or any other school personnel shall be liable for civil damages which may result from acts or omissions which may constitute ordinary negligence when a student self-carries and/or self-administers his/her own medication(s) in accordance with these rules and regulations. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct.~~

Inhalers

20.14 Each school district shall develop a procedure to allow children to carry and use prescription inhalers while in school or at a school sanctioned function or event, when prescribed by a licensed individual with prescriptive privileges. Children who need to carry said inhalers shall provide the school with medical documentation that the inhaler has been legitimately prescribed and that the child needs to carry it on his/her person due to a medical condition. But no child shall be disciplined solely for failure to provide such documentation in advance.

20.14.1 No school teacher, school administrator, or school health personnel, or any other school personnel shall be liable for civil damages which may result from acts or omissions in the use of prescription inhalers by children which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct.

Medication Administration at Off-site School-sponsored Activities

20.15 Each school district or non-public school authority shall develop a procedure or protocol to allow students to self-carry and self-administer a day's supply of medication for each day off-site, including a controlled substance, during an off-site school-sponsored activity. Said medication shall be supplied by the parent and shall be stored and transported in a properly labeled container.

20.15.1 Said medication shall be supplied by the parent with a parent's written authorization for use of the medication during the off-site school-sponsored activity and shall be stored and transported in its original prescription-labeled container (in the case of a prescription medication) or its manufacturer-labeled container (in the case of a non-prescription medication).

20.15.2 In the case of a prescription medication, a licensed health care prescriber's written order shall be provided, if it is not already on file in the school.

20.15.3 A student shall be prohibited from sharing, transferring, or in any way diverting his/her own medication(s) to any other person.

20.16 **[REMOVED]** ~~No school teacher, school administrator, or school health personnel, or any other school personnel shall be liable for civil damages which may result from acts or omissions which may constitute ordinary negligence when a student self-carries and/or self-administers his/her own medication(s) in accordance with these rules and regulations. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct~~.

Section 21.0***Immunization and Testing for Communicable Diseases***

21.1 Pursuant to the *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases* ~~of~~ [Reference 2], public and non-public schools in this state must adopt, at a minimum, the standards for immunization and communicable disease testing described therein.

21.1.1 Each student, upon initial entry to any school, and upon entry into kindergarten, 7th grade and 12th grade, shall furnish evidence of having met the standards for immunization and communicable disease testing in accordance with the *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases* [Reference 2].

21.2 It shall be the responsibility of the administrative head of any public or non-public school to secure compliance with the *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases* ~~of~~ [Reference 2].

21.3 An annual immunization assessment of students shall be conducted as determined by the Department of Health to assure compliance with the *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM)* [Reference 2].

PART IV *HEALTHFUL SCHOOL ENVIRONMENT*

Section 22.0 *Standards for School Building(s) and Approval*

22.1 Pursuant to RIGL ~~section~~ §16-21-3, the State Building Codes Standards Committee, the State Fire Marshall, the State Health Department, and the Department of Labor and Training, Division of Occupational Safety shall determine whether the school buildings in the several cities and towns or on state property conform to appropriate state and federal laws and regulations within their respective jurisdiction.

22.1.1 Furthermore, it shall be the responsibility of each local fire chief, local building inspector, the Director of the state Department of Health, and the Director of the state Labor and Training Department to determine and notify each local school superintendent or non-public school official by August 1 of each year as to whether the public and non-public nursery, elementary and secondary school buildings conform to appropriate state and federal laws and regulations within their respective jurisdiction.

22.1.2 In the case of those schools on state property, it shall be the responsibility of the State Building Commissioner, the State Fire Marshall, the Director of the state Department of Health, and the Department of Labor and Training to notify the department director responsible for the operation of the school as to whether these schools conform to appropriate state and federal laws and regulations.

22.2 Pursuant to RIGL ~~section~~ §16-21-3.1, it shall be the responsibility of the school administrator, the non-public school official, in the case of state operated schools, the responsibility of the director of the state operated school, to ensure that schools are not opened until notification is received from the aforementioned agencies that the schools are in compliance with their respective codes.

22.2.1 Neglect by any superintendent, non-public school official, or director of any state operated school to comply with the statutory provisions of ~~section~~ §22.2 of these Regulations ~~above~~ shall be subject to the sanction as set forth in RIGL ~~section~~ §16-21-3.1.

Section 23.0 *New Construction, Renovation or Conversion of Existing Buildings to Schools*

General Requirements

23.1 All new construction or the alteration, extension, or modification of an existing building(s) shall be subject to all applicable federal, state and local laws, codes, regulations, and ordinances, including but not limited to the following regulatory provisions enforced by the specific agency:

23.1.1 IBC-1 State Building Code, et al, RIGL Chapter 23-27.3, R.I. State Building Code Standards Committee;

23.1.2 The Uniform Federal Accessibility Standards (UFAS) and state accessibility for persons with disability standards:

23.1.2.1 RIGL Chapter 37-8-15, “Access for People with Disabilities”;

23.1.2.2 The Federal Rehabilitation Act of 1973, as amended, (29 U.S.C. § 791 et seq.) section 504, 34 *Code of Federal Regulations*, Part 104, Program Accessibility for Persons with Disabilities and the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), 28 *Code of Federal Regulations*, Parts 35 and 36, Accessibility for Persons with Disabilities in Public Entities and Public Accommodations;

23.1.2.3 RIGL ~~section~~ §42-26-13 Open Meetings--Accessibility for Persons with Disabilities; SBC-17 Accessibility of Meetings for Persons with Disabilities;

23.1.3 29 *Code of Federal Regulations* 1910 and 29 *Code of Federal Regulations* 1926, Construction, Division of Occupational Safety, Rhode Island Department of Labor and Training;

23.1.4 Section 7, Chapter 10 of the Rhode Island Fire Prevention Code, Rhode Island State Fire Marshal's Office; and,

23.1.5 RIDE School Construction Regulations (24 May 2007)

23.1.~~5~~ 6 Such other applicable statutory and regulatory provisions.

23.2 All architectural plans for school construction, renovations, or conversions shall be submitted to the appropriate staff at the Rhode Island Department of Elementary and Secondary Education, the Governor's Commission on Disabilities, the State Building Commissioner and all other state or local agencies as appropriate prior to construction for review for compliance with all applicable federal, state and local laws, codes, regulations and ordinances.

23.2.1 All architectural plans for new school construction, submitted for approval shall include provisions for a health room that includes, at a minimum, a private toilet, hand washing facilities, a private area for consultation, and a waiting area.

Section 24.0***Existing School Buildings/General Requirements***

24.1 All existing structures shall comply with all applicable federal, state and local laws, codes, regulations, and ordinances including but not limited to the following regulatory requirements enforced by the specified agency:

24.1.1 BC-13 State Building Code Standards for Existing Schools, R.I. State Building Code Standards Committee through the local building officials or the State Building Commissioner;

24.1.2 Where applicable, the federal and state accessibility for persons with disability standards:

24.1.2.1 RIGL Chapter 37-8-15, "Access for People with Disabilities";

24.1.2.2 The Federal Rehabilitation Act of 1973, as amended, (29 U.S.C. § 791 et seq.) section 504, 34 *Code of Federal Regulations*, Part 104, Program Accessibility for Persons with Disabilities and the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 *et seq.*), 28 *Code of Federal*

Regulations, Parts 35 and 36, Accessibility for Persons with Disabilities in Public Entities and Public Accommodations;

24.1.2.3 SBC-15 Accessibility for Individuals with Disabilities in State and Local Government Facilities, R.I. State Building Commissioner;

24.1.2.4 SBC-16 Accessibility for Individuals with Disabilities, R.I. State Building Commissioner;

24.1.2.5 RIGL ~~section~~ §42-26-13 Open Meetings--Accessibility for Persons with Disabilities; SBC-17 Accessibility of Meetings for Persons with Disabilities, R.I. State Building Commissioner.

24.1.3 RIGL Chapter 23-24.9, "Mercury Reduction and Education Act;"

24.1.4 29 *Code of Federal Regulations* 1910 and 29 *Code of Federal Regulations* 1926, Construction, Division of Occupational Safety, R.I. Department of Labor and Training;

24.1.5 RIGL Chapter 23-28.12 and section 7, Chapters 1 through 8 and Chapters 24 through 43 of the current Rhode Island Fire Prevention Code, Rhode Island State Fire Marshal's Office; and,

24.1.6 Such other applicable statutory or regulatory requirements.

Section 25.0 ***Pesticide Applications and Notification of Pesticide Applications at Schools***

25.1 In accordance with ~~section~~ RIGL §23-25-37 ~~of the RIGL~~, no person other than a licensed or certified commercial applicator as defined in ~~section~~ RIGL §23-25-4 ~~RIGL~~, shall apply pesticide within any building or on the grounds of any school. This section shall not apply in the case of an emergency application of pesticide to eliminate an immediate threat to human health, where it is impractical to obtain the services of any such applicator; provided the emergency application does not involve a restricted use or state limited use pesticide. For purposes of ~~this section~~ §25.0 of these Regulations, "emergency" means a sudden need to mitigate or eliminate a pest which threatens the health or safety of a student or staff member.

25.2 At the beginning of each school year, each local school authority shall provide the staff of each school and the parents or guardians of each child enrolled in each school with a written statement of the committee's policy on pesticide application on school property and a description of any pesticide applications made at the school during the previous school year.

25.2.1 The statement and description shall be provided to the parents or guardians of any child who transfers to a school during the school year. The statement shall:

(i) Indicate that the staff, parents, or guardians may register for prior notice of pesticide applications at the school; and

(ii) Describe the emergency notification procedures provided for in ~~this section~~ §25.0 of these Regulations. Notice of any modification to the pesticide application policy shall be sent to any person who registers for notice under ~~this section~~ §25.0 of these Regulations.

25.3 Parents or guardians of children in any school and school staff may register for prior notice of pesticide application at their school. Each school shall maintain a registry of persons requesting the notice.

25.4 Prior to providing for any application of pesticide within any building or on the grounds of any school, the local school authority shall provide for the distribution of notice to parents and guardians who have registered for prior notice under this section, such that the notice is received no later than twenty-four (24) hours prior to the application. Notice shall be given by any means practicable to school staff who have registered for the notice. Notice under this subsection shall include:

(1) The common or trade name and the name of the active ingredient;

(2) The EPA registration number as listed on the pesticide label;

(3) The target pest;

(4) The exact location of the application on the school property;

(5) The date of the application; and

(6) The name of the school administrator, or a designee, who may be contacted for further information.

25.5 No application of pesticide may be made in any building or on the grounds of any school during regular school hours or during planned activities at any school. No child shall enter an area where the application has been made until it is safe to do so according to the provisions on the pesticide label. This section shall not apply to the use of germicides, disinfectants, sanitizers, deodorizers, antimicrobial agents, insecticidal gels, non-volatile insect or rodent bait in a tamper resistant container, insect repellants or the application of a pesticide classified by the United States Environmental Protection Agency as an exempt material under 40 CFR part 152.25.

25.6 A local school authority may make an emergency application of pesticide without prior notice under this section in the event of an immediate threat to human health, provided the board provides for notice, by any means practicable, on or before the day that the application is to take place, to any person who has requested prior notice under ~~this section~~ §25.0 of these Regulations.

25.7 Notice of any pesticide application at a school shall be given, by any means practicable, to the parents or guardians of any child enrolled at the school and to the staff of the school not later than one (1) week after the application. The notice shall include:

(1) The common or trade name and the name of the active ingredient;

(2) The EPA registration number as listed on the pesticide label;

(3) The target pest;

(4) The exact location of the application on the school property;

(5) The date of the application; and

(6) The name of the school administrator, or a designee, who may be contacted for further information.

25.8 A copy of the record of each pesticide application at a school shall be maintained at the school for a period of five (5) years.

Section 26.0 **Asbestos**

26.1 School buildings shall be subject to the provisions of RIGL Chapter 23-24.5 and the *Rules and Regulations for Asbestos Control*, promulgated by the Rhode Island Department of Health.

26.2 Such requirements, as stipulated in the regulations cited in ~~section~~ §26.1 of these Regulations ~~(above)~~ include, but are not limited to, the following:

26.2.1 All schools shall be inspected for asbestos-containing building materials (ACBM). Identified ACBM shall be assessed and the appropriate response actions (repair, encapsulation, removal) shall be implemented in accordance with the regulations cited in ~~section~~ §26.1 of these Regulations ~~(above)~~. Any uninspected building acquired for use as a school building shall be inspected within thirty (30) days after commencement of such use.

26.2.2 Each local education agency (LEA) with ACBM shall have implemented an effective and ongoing operations and maintenance program as part of a management plan to include no less than the following:

26.2.2.1 a designated person trained to oversee asbestos activities and to ensure regulatory compliance;

26.2.2.2 a two (2) hour awareness training for all members of the maintenance and custodial staff working in buildings with ACBM;

26.2.2.3 a sixteen (16) hour training for all members of maintenance and custodial staff who may conduct activities that will disturb asbestos. Such trained staff may be licensed by the Department of Health to perform spot repairs, as defined in the regulations cited in ~~section~~ §26.1 of these Regulations ~~(above)~~;

26.2.2.4 periodic surveillance, but no less than every six (6) months;

26.2.2.5 reinspection every three (3) years by a certified inspector and management planner;

26.2.2.6 annual notifications to workers and building occupants, or their parents, regarding asbestos inspections and response actions;

26.2.2.7 mechanism(s) for informing contractors involved in remodeling or construction projects regarding the location of ACBM prior to starting any projects;

26.2.2.8 documentation of all inspections, reinspections, response actions, training, and notifications to be included with the management plan maintained at each school with ACBM and at the LEA administrative office.

26.2.3 All asbestos abatement projects larger than a spot repair shall not be initiated without prior approval of an asbestos abatement plan by the Department of Health.

The plan shall be prepared by a certified project designer and performed by a licensed asbestos abatement contractor.

Section 27.0 ***Lead***

27.1 Schools serving children under the age of six (6) years (e.g., kindergartens, day care sites) shall be subject to the provisions of RIGL Chapter 23-24.6 as well as the *Rules and Regulations for Lead Poisoning Prevention* (R23-24.6-PB) promulgated by the Rhode Island Department of Health.

Section 28.0 ***Radon***

28.1 School buildings shall be subject to the provisions of RIGL Chapter 23-61 and the *Rules and Regulations for Radon Control*, promulgated by the Department of Health.

28.2 Such requirements, as stipulated in the regulations cited in ~~section~~ §28.1 ~~(above)~~ of these Regulations, shall include, but are not limited to, the following:

28.2.1 All schools shall be tested for radon in the air to identify structures in which the potential exists for elevated radon concentrations.

28.2.1.1 Schedules for initial short term testing shall be submitted to the Department of Health confirming that all initial and short term testing has been completed in accordance with the regulations cited in ~~section~~ §28.1 ~~(above)~~ of these Regulations.

28.2.1.2 All short term results shall be reported to the Department of Health within thirty (30) days of receipt of results.

28.2.2 Measurement protocols, as outlined in the regulations cited in ~~section~~ §28.1 ~~herein~~, of these Regulations shall include no less than the following:

28.2.2.1 Measurements shall be taken by a certified radon measurement consultant;

28.2.2.2 Measurements shall be taken with acceptable measurement devices and analyzed by certified laboratories;

28.2.2.3 Short term measurements shall be taken during the months of October through March, and shall be left in place for a minimum of forty-eight (48) hours in closed building conditions.

28.2.3 Follow-up measurements shall be required when short term measurements are greater than or equal to four (4) picocuries per liter (pCi/L) to determine if areas exceed the indoor air standard of four (4) pCi/L as an annual average. Testing protocols are outlined in the regulations cited in ~~section~~ §28.1 ~~(above)~~ of these Regulations.

28.2.4 Mitigation systems shall be installed to reduce areas of school buildings that have radon levels of four (4) pCi/L or greater on an annual average. Installations of radon mitigation systems shall only be performed by individuals licensed as radon mitigation specialists.

28.2.5 Post-mitigation measurements shall be taken in all mitigated areas by a certified radon measurement consultant to ensure the effectiveness of the mitigation system.

Section 29.0 ***Latex Gloves***

29.1 Any school that utilizes latex gloves shall do so in accordance with the provisions of the *Rules and Regulations Pertaining to the Use of Latex Gloves by Health Care Workers, in Licensed Health Care Facilities, and by Other Persons, Firms, or Corporations Licensed or Registered by the Department* ~~of~~ [Reference 21] ~~herein~~ that include but are not limited to the following:

Notices

29.2 Health care providers, licensed health care facilities, and other persons, firms, or corporations licensed or registered by the Department that utilize latex gloves shall post a notice informing and warning employees and the public:

(1) That natural rubber latex gloves are used;

(2) That exposure to latex may result in the development of an allergy;

(3) That allergic reactions to natural rubber latex can manifest by skin rash, hives, nasal and eye irritation, asthma, and shock; and

(4) That should you or your family experience allergic reaction symptoms, then you should contact your health care provider.

29.3 The notice required in ~~section~~ §29.2 ~~(above)~~ of these Regulations shall include letters which are at least three-eighths (3/8) of an inch high and shall be posted in conspicuous areas (e.g., lobby, health room, employee bulletin boards) throughout the premises.

29.4 The notice required in ~~section~~ §29.2 of these Regulations shall be posted in English, Spanish and other languages, as appropriate, to the language needs of the individuals served by the health care provider, health care facility, or other person, firm, or corporation licensed or registered by the Department.

Section 30.0 ***Food Service***

30.1 Food service in all schools, including food service facilities, shall comply with the following statutory and regulatory provisions relating to food protection including, but not limited to:

30.1.1 RIGL Chapter 21-27 and ~~section~~ §23-1-31;

30.1.2 *Food Code* (R23-1,21-27-FOOD), Rhode Island Department of Health, Office of Food Protection~~, 1994~~;

30.1.3 *Rules and Regulations Pertaining to Sanitary Standards for Manufacture, Processing, Storage, and Transportation of Ice*, Rhode Island Department of Health;

30.1.4 *Regulations Pertaining to the Sale of Foods and Beverages through Vending Machines* (R23-1-VM), Rhode Island Department of Health;

30.1.5 *Rules and Regulations Pertaining to Certification of Managers in Food Safety* (R21-27-CFS), Rhode Island Department of Health.

30.2 No less than one (1) person certified as a manager in food safety within each school shall be designated to supervise all food preparation personnel to ensure food safety.

30.3 No person shall be in the food service area (i.e., work as a food handler) who may be a health hazard to others.

30.3.1 Food employees and food employee applicants are required to report, to the person in charge, information about their health and activities (such as consuming food implicated in a food borne outbreak) as they relate to diseases that are transmissible through food and active cases of tuberculosis or measles.

30.3.2 The person in charge shall exclude a food employee from a food service facility if the food employee is diagnosed with *Salmonella typhi*, *Shigella spp*., *Escherichia coli 0157:H7*, or *Hepatitis A* virus infection, confirmed through laboratory testing, even if asymptomatic.

30.3.3 Symptoms and signs indicating exclusion or restriction from the food service area pursuant to requirements of the *Food Code* (R23-1, 21-27-FOOD) include but are not limited to:

30.3.3.1 diarrhea, fever, vomiting, jaundice, or abdominal cramps;

30.3.3.2 ~~respiratory tract infections~~ sore throat and fever, norovirus;

30.3.3.3 ~~open or infected cuts, burns, sores, or other infected skin conditions on the hands, wrists or exposed portions of the arms, or on other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage~~ lesion containing pus that is open or draining, located on the hands or wrists or exposed portion of the arms and not protected with impermeable cover and glove (hands, wrists) or impermeable cover (exposed portions of arms), or dry, durable, tight fitting bandage (on other parts of the body); and

30.3.3.4 any other condition and/or communicable disease with the potential for causing foodborne illness during the infectious period.

30.4 ***Hand washing Facilities*:** Lavatory facilities shall be readily accessible to food handlers to enable them to wash their hands before starting work and as often as may be necessary while working in the food service areas.

30.4.1 Consistent with the *Rhode Island Food Code*, the lavatory facilities used by food service personnel shall be equipped with soap dispensers (liquid or powder soap) or bar soap, ~~a nailbrush,~~ and either an adequate supply of disposable towels stocked at all times or a heated-air hand drying device.

30.4.2 The lavatory facilities used by food service personnel shall be accessible to persons with disabilities in accordance with all applicable local, state, and federal laws and regulations.

30.5 Food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single use non-latex gloves, or dispensing equipment.

30.6 In accordance with the Rhode Island Food Code, each school serving hot potentially hazardous foods shall have a written plan for assessing, monitoring, and controlling foodborne disease hazards within the facility. The plan shall include, but not be limited to, monitoring of food temperatures at the shipping and receiving end for satellite feeding operations and a plan for the restriction and exclusion of ill personnel.

Healthier Beverages and Healthier Snacks

30.7 All Rhode Island schools that sell or distribute beverages and snacks on their premises, including those sold through vending machines, shall be required to offer only healthier beverages and healthier snacks, as defined ~~herein~~ in §1.27 and §1.28 of these Regulations.

30.8 Schools may permit the sale of beverages and snacks that do not comply with ~~the above paragraph~~ §30.7 of these Regulations as part of school fundraising in any of the following circumstances:

30.8.1 The items are sold by pupils of the school and the sale of those items takes place off and away from the premises of the school.

30.8.2 The items are sold by pupils of the school and the sale of those items takes place one (1) hour or more after the end of the school day.

30.8.3 The items sold during a school sponsored pupil activity after the end of the school day.

Section 31.0 ***Health Room***

31.1 Schools shall have a designated health room(s) to be utilized for health services. The room(s) shall be equipped with no less than the following accommodations:

Within the health room:

31.1.1 Hand washing facilities, including warm (not to exceed 120° F [49° C]) and cold running water, soap dispensers and soap (liquid or powdered), and either disposable towels or a heated-air hand drying device;

31.1.2 A cot or other suitable area for reclining, with accommodations for privacy;

31.1.3 All supplies necessary for the disposal of biohazardous waste, including but not limited to, a sharps container that shall be managed in accordance with the requirements of Reference 20 ~~herein~~;

31.1.4 A secure medication storage area, including a locked storage site for controlled substances;

31.1.5 A telephone;

Either within or adjacent to the health room:

31.1.6 A toilet;

31.1.7 A secure refrigerator for exclusive use of medications and health supplies (e.g., ice packs);

31.1.8 A secure cabinet for medical record storage;

31.1.9 An area for students to comfortably await services;

Either within or accessible to the health room on the same floor of the building:

31.1.10 A private area for consultations that ensures that confidentiality is maintained.

31.2 The minimum lighting level for the health room shall be fifty (50) foot candles.

Section 32.0 ***Sanitation Facilities***

32.1 The premises of each school shall include an appropriate number of hand washing facilities, toilets, and drinking fountains for all students and school personnel that shall be maintained in a working and sanitary condition as determined by the Rhode Island Department of Health and in accordance with the most recent version of the *Code of Federal Regulations* of the Division of Occupational Safety, R.I. Department of Labor and Training ~~of section 24.1.3 herein~~.

32.1.1 ***Hand washing facilities*:** In addition, hand washing facilities shall have cold and warm (not to exceed 120° F [49° C]) running water and be stocked at all times with soap dispensers and soap (liquid or powdered) and either disposable towels or a heated-air hand drying device. An adequate number of alcohol-based personal hand washing stations for students and teachers shall also be available within school premises in accordance with Executive Order 07-01.

32.1.2 ***Toilets*:** At a minimum, the following ratios of toilets shall be accessible to students:

Type of School	***Minimum Ratio of Toilets per Student***	
	Boys	*Girls*
Elementary School	1:40	1:35
Secondary School	1:75 Urinals 1:30	1:45

32.1.3 ***Showers*:** In those schools where shower facilities are in use, they shall be properly cleaned and maintained and supplied with cold and warm (not to exceed 120°F [49° C]) running water.

32.1.4 All sanitation facilities shall be accessible to persons with disabilities in accordance with all applicable local, state and federal laws and regulations.

Section 33.0 ***Housekeeping***

33.1 Each school shall maintain a comprehensive list of all solutions, compounds and other products used in and around the school for cleaning and maintenance. This list shall include, but not be limited to, cleaning products used in all parts of the school, lawn care products used on school grounds, and products used to maintain facilities such as swimming pools. Said list shall be kept in a readily accessible location, such as the school administrative office, shall be updated regularly, and shall be provided to any individual upon request.

Section 34.0 ***Swimming Pools***

34.1 Swimming pools shall be subject to the statutory provisions of RIGL Chapter 23-22 and any other applicable law relating to swimming pools and the *Rules and Regulations for the Licensing of Swimming and Wading Pools, Hot Tubs and Spas* [*R23-22-SWI/H&S*] promulgated by the Department of Health.

Section 35.0 ***Water Supply***

35.1 Each school building shall be furnished with an adequate supply of potable water meeting the standards set forth in Rhode Island's public drinking water regulations entitled, *Rules and Regulations Pertaining to Public Drinking Water (R46-13-DWQ)* of the Rhode Island Department of Health.

35.1.1 Potable water shall be supplied to all food service areas, lavatories, janitorial and shower areas.

35.1.2 An adequate supply of potable drinking water shall be available for consumption through a sufficient number of well-maintained and accessible sources and in accordance with ~~sections~~ §§403, 404 and 411 of the Rhode Island Plumbing Code (SBC-3).

35.2 A community water system shall be used as the source of supply where available.

35.2.1 Where a community water system is unavailable the water supply system utilized by the school must meet the requirements of RIGL Chapter 46-13 and the *Rules and Regulations Pertaining to Public Drinking Water* [*R46-13-DWQ*] of the Rhode Island Department of Health, and RIGL Chapter 23-65 and the *Rules and Regulations Pertaining to the Certification of Public Drinking Water Supply Treatment and Public Water Supply Transmission and Distribution Operators* [*R23-65-DWQ*] of the Rhode Island Department of Health.

35.3 All proposed school water systems or proposed alterations to existing school water systems shall be approved by the Department of Health.

Section 36.0 ***Tobacco***

36.1 Schools shall be subject to the provisions of RIGL Chapter 23-20.10, "Public Health and Workplace Safety Act" and RIGL Chapter 23-20.9, entitled, "Smoking in Schools."

36.1.1 Pursuant to the requirements of RIGL ~~Chapter~~ §23-20.9-5, the governing body of each school in Rhode Island shall be responsible for the development of enforcement procedures to prohibit tobacco product usage by any person utilizing school facilities. All facilities, including school grounds, used by a school, whether owned, leased or rented, shall be subject to the provisions of said Chapter. Enforcement procedures shall be promulgated and conspicuously posted in each building.

36.1.2 The requirements of ~~section~~ §36.1.1 ~~(above)~~ of these Regulations and of RIGL ~~Chapter~~ §23-20.9-5 shall not modify, or be used as a basis for modifying, school policies or regulations in effect prior to the passage of said Chapter if the existing policies or regulations prohibit tobacco product usage in said school.

36.1.3 All school areas where tobacco product usage is prohibited shall be clearly marked with "nonsmoking area" signs with bold block lettering at least three inches (3") high stating, "Tobacco-Free School – Tobacco Use Prohibited." There shall be at least one (1) "nonsmoking area" sign, in conformance with the above, at every building entrance and in other areas as designated by the governing body. Signs shall also be posted in every school bus and every school vehicle. Signs as detailed above shall be provided, without charge, by the Department of Health.

Violations and Penalties

36.2 In accordance with the *Rules and Regulations Pertaining to Smoke-Free Public Places and Workplaces* promulgated by the Department of Health and RIGL Chapter 23-20.10 ~~of the Rhode Island General Laws, as amended~~, an employer who violates the provisions of said regulations or statute, respectively, shall be liable for a civil penalty as follows:

36.2.1 A penalty of two hundred fifty dollars ($250) for the first violation;

36.2.2 A penalty of five hundred dollars ($500) for the second violation;

36.2.3 A penalty of one thousand dollars ($1,000) for the third and subsequent violations; which shall be assessed and recovered in a civil action brought by the city or town solicitor, having jurisdiction over the licensed holder, in the city or town municipal court or any court of competent jurisdiction. Each day the violation is committed or permitted to continue shall constitute a separate offense and shall be punishable as a separate offense. One-half (1/2) of any penalty assessed and recovered in an action brought pursuant to this subsection shall be transferred to the municipality in which the civil action originated and the other one-half (1/2) of any penalty assessed and recovered shall be transferred to the General Fund.

36.2.4 In any civil action alleging a violation of ~~Section~~ RIGL §23-20.10-14 ~~of Chapter 23-20.10 of the Rhode Island General Laws, as amended~~, or ~~Section~~ §5.0 of the aforementioned Regulations, the Court may:

36.2.4.1 Award up to three (3) times the actual damages to a prevailing employee or prospective employee;

36.2.4.2 Award court costs to a prevailing employee or prospective employee;

36.2.4.3 Afford injunctive relief against any employer who commits or proposes to commit a violation of RIGL Chapter 23-20.10 ~~of the Rhode Island General Laws, as amended~~, or the *Rules and Regulations Pertaining to Smoke-Free Public Places and Workplaces*.

Section 37.0 ***School Safety Plans / School Safety Teams / School Crisis Response Teams / School Safety Assessments / Statewide Bullying Policy***

37.1 Consistent with the provisions of RIGL §16-21-23, each school district of each town, city, and regional school department shall conduct a school safety assessment in conjunction with local professional public safety agencies, including local law enforcement, fire, and emergency personnel, in addition to members of each district's school safety team, as well as any other qualified public safety resource utilized by each school district. The assessment shall examine the current status of each school building's safety and shall be performed on or before July 31, 2013, and shall be undertaken on the anniversary date of the initial school safety assessment every three (3) years thereafter. All meetings regarding the school safety assessment shall be closed pursuant to the provisions of RIGL Chapter 42-46, and any documents produced relating to a school safety assessment, including, but not limited to, the school safety committee meeting minutes and the comprehensive school safety plan adopted by the districts' school committees, shall be exempt in accordance with the provisions of RIGL Chapter 38-2.

~~In accordance with section 16-21-23 of the RIGL, the school committee of each town, city, and regional school department shall adopt a comprehensive school safety plan regarding crisis intervention, emergency response, and management. The plan shall be developed by a school safety team comprised of representatives of the school committee, representatives of student, teacher, and parent organizations, school safety personnel, school administration, and members of local law enforcement, fire, and emergency personnel. Members of the school safety team shall be appointed by the school committee of the town, city, or regional school district.~~

37.2 The school committee of each town, city, and regional school department shall adopt upon completion of a school safety assessment pursuant to the provisions of §37.1 of these Regulations, a comprehensive school safety plan regarding crisis intervention, emergency response, and management. The plan shall be developed by a school safety team comprised of representatives of the school committee, representatives of student, teacher, and parent organizations, school safety personnel, school administration, and members of local law enforcement, fire, and emergency personnel. Members of the school safety team shall be appointed by the school committee of the town, city, or regional school district. In creating the school safety plan, the school safety team(s) shall be guided by the provisions of RIGL 16-21-24 and the current model school safety plan developed by the Department of Elementary and Secondary Education.

~~As part of the school safety planning process, individual school crisis response teams shall be established by the school committee of each town, city, and regional school department. The school crisis response team shall be comprised of those selected school personnel willing to serve as members of a psychological response team to address the psychological and emotional needs of the school community.~~

37.2.1 Each school district's crisis response team (CRT) shall be comprised of-those selected school personnel willing to serve as members of a psychological response team to address the psychological and emotional needs of the school community. Each CRT may be guided by mental health resources maintained by the Departments of Elementary and Secondary Education and Health. Members of the CRT may coordinate the delivery of mental health services for those students and school employees affected by acts of violence in the school district communities and their schools, by means of the resources available through the Departments of Elementary and Secondary Education and Health, as well as other public and non-public mental health professional agencies and experts.

37.3 School safety plans, as required by RIGL Chapter16-21, shall address, but not to be limited to, prevention, mitigation, preparedness, response, and recovery. The school safety plans shall include, at a minimum, the following policies and procedures relating to:

(1) Appropriate preparedness, prevention, mitigation, and intervention strategies which are based on data to target priority needs and-which make use of effective actions based on currently accepted best practices as well as the relevant provisions of the current state model plan published pursuant to RIGL §16-21-23.1 that include consistent, plain language and terminology;

(2) Formalized collaborative arrangements with state and local professional public safety, law enforcement and emergency personnel officials, designed to ensure that school safety officers and other security personnel are adequately trained, including being trained to de-escalate potentially violent situations, and are effectively and fairly recruited;

(3) Emergency communication systems and protocols for assuring expeditious notification of public safety officials and the activation of the school CRT in the event of a violent incident as recommended by the current state model plan published pursuant to RIGL §16-21-23.1;

(4) Communication protocol for notification of students' parents, legal guardians and those who are in loco parentis as recommended by the current state model plan published pursuant to RIGL §16-21-23.1;

(5) School building security, including where appropriate the use of school safety officers and/or security devices or procedures;

(6) Annual school safety training programs for school personnel and students and review of the school crisis response plan for staff and students;

(7) Protocols for school personnel and students in responding to bomb threats, hostage-takings, intrusions, and kidnappings, as recommended by the current state model plan published pursuant to RIGL §16-21-23.1;

(8) Violent behavior by students, teachers, or other school personnel as well as visitors to the school, as recommended by the current state model plan published pursuant to RIGL §16-21-23.1;

(9) The dissemination of informative materials regarding the early detection of potentially

violent behaviors, including, but not limited to, the identification of family, community, and environmental factors, to teachers, administrators, school personnel, parents, legal guardians, those who are in loco parentis, and students appropriate to receive such information;

(10) Strategies for improving communication among students and between students and staff and for the reporting of potentially violent incidents. For example the establishment of youth-run programs, peer mediation, conflict resolution, school-wide forums or mentoring initiatives regarding bullying or violence, and the establishment of anonymous reporting mechanisms for school violence;

(11) Detailed description of the duties and responsibilities of school hall monitors and any other school safety personnel, including the school crisis response team, and the training requirements of all personnel acting in a school security capacity

(12) Students and school personnel who are on school grounds and in school common areas and hallways during a lockdown situation.

(13) Guidance for communicating threats of violence or harm to the specifically identifiable student(s) and/or school personnel who are the subject of said threats by individuals or groups.

(14) Standards for determining those threats of violence or harm that meet the threshold of seriousness and reasonableness so that communication of said threats to specifically identifiable students and/or school personnel is justified;

(15) Guidance for school administrators and school personnel in balancing the need to communicate information about a student's conduct, including, but not limited to, the student's prior disciplinary records, and the student's history of violent behavior towards teachers, school personnel, and school security staff and other students against the duty to such information from any further disclosure; and

(16) Guidance to school administrators in determining whether any verbal threats and/or physical behavior may serve as grounds for discipline of the student.

~~School safety plans, as required by Chapter 16-21 RIGL, shall include and address, but not to be limited to, the following policies and procedures:~~

~~1. policies and procedures for responding to violence by students, teachers, other school personnel as well as visitors to the school;~~

~~2. policies and procedures for responding to acts of violence by students, teachers, other school personnel and visitors to the school;~~

~~3. appropriate prevention and intervention strategies which are based on data to target priority needs and which make use of effective actions based on currently accepted best practice;~~

~~4. collaborative arrangements with state and local law enforcement officials, designed to ensure that school safety officers and other security personnel are adequately trained, including being trained to de-escalate potentially violent situations, and are effectively and fairly recruited;~~

~~5. policies and procedures for contacting appropriate law enforcement officials and EMS/Fire, in the event of a violent incident;~~

~~6. policies and procedures for notification and activation of the school crisis response team;~~

~~7. policies and procedures for contacting parents, guardians, or persons in parental relation to the students of the city, town, or region in the event of a violent incident;~~

~~8. policies and procedures relating to school building security, including where appropriate, the use of school safety officers and/or security devices or procedures;~~

~~9. policies and procedures for the dissemination of informative materials regarding the early detection of potentially violent behaviors, including but not limited to, the identification of family, community, and environmental factors, to teachers, administrators, school personnel, persons in parental relation to students of the city, town, or region students and others persons deemed appropriate to receive that information;~~

~~10. policies and procedures for annual school safety training and a review of the school crisis response plan for staff and students;~~

~~11. protocols for responding to bomb threats, hostage-takings, intrusions, kidnappings, acts of terrorism, or natural disasters;~~

~~12. strategies for improving communication among students and between students and staff and reporting of potentially violent incidents, such as the establishment of youth-run programs, peer mediation, conflict resolution, creating a forum or designating a mentor for students concerned with bullying or violence, and establishing anonymous reporting mechanisms for school violence; and~~

~~13. a description of the duties of hall monitors and any other school safety personnel, including the school crisis response team, and the training requirements of all personnel acting in a school security capacity.~~

37.4 School safety plans, as required by RIGL §16-21-23, shall further include school emergency response plans specific to each school building contained within each city, town, or regional school district., and shall be developed and approved in consultation with local professional public safety agencies, including local law enforcement, fire, and emergency personnel. The state police shall provide consultation to those school districts that do not maintain a local law enforcement agency. School emergency response plans shall include, and address, but not be limited to, the following elements:

(1) Policies and procedures for the safe evacuation of students, teachers, and other school personnel as well as visitors to the school in the event of a serious violent incident or other emergency, which shall include evacuation routes and shelter sites and procedures for addressing medical needs, transportation, and emergency notification to persons in parental relation to a student. "[S]erious violent incident" means an incident of violent criminal conduct that is, or appears to be, life threatening and warrants the evacuation of students and/or staff;

(2) Designation of an emergency response team comprised of school personnel, local law enforcement officials, and representatives from local regional and/or state emergency

response agencies, other appropriate incident response teams including a school crisis response team, and a post-incident response team that includes appropriate school personnel, medical personnel, mental health counselors, and others who can assist the school community in coping with the aftermath of a violent incident;

(3) Procedures for assuring that crisis response and law enforcement officials have access to floor plans, blueprints, schematics, or other maps of the school interior and school grounds, and road maps of the immediate surrounding area;

(4) Establishment of internal and external communication systems in emergencies recommended by the current model published in accordance with RIGL §16-21-23.1;

(5) Definition and formalization of the chain of command in a manner consistent with the national interagency incident management system/incident command system;

(6) Procedures for review and the conduct of drills and other exercises to test components of the emergency response plan, including use of checklists as described in RIGL §16-21-23.1;

(7) Policies and procedures created in conjunction with local or state police for securing and restricting access to the crime scene in order to preserve evidence in cases of violent crimes on school property; and

(8) Policies and procedures for ensuring timely access to mental health services for those students, school personnel and others directly affected by a violent incident.

~~The school safety plan shall include a provision that the school administrator shall file an evacuation plan for students with disabilities with the local fire department.~~

Review of School Safety Plans

37.5 In accordance with RIGL §16-21-25, each school district safety plan and school emergency response plans shall be reviewed on an annual basis by the school committee and updated as deemed necessary. These reviews and, where applicable, updates shall be completed on or before November 1 of each year, and the Commissioner of Elementary and Secondary Education shall report, on or before December 31 of each year, to the Speaker of the House, the President of the Senate, and the Governor that such reviews or, where applicable, updates have been completed.

~~School safety plans, as required by Chapter 16-21 RIGL, shall further include school emergency response plans specific to each school building contained within each city, town, or regional school district. School emergency response plans shall include, and address, but not be limited to, the elements stipulated in section 16-21-24 RIGL.~~

~~***Review of School Safety Plans / Waiver***~~

37.6 **[DELETED]** ~~Each city, town, or regional department school safety plan and school emergency response plans shall be reviewed on an annual basis by the school committee and updated as appropriate.~~

Statewide Bullying Policy

37.7 In accordance with RIGL §16-21-33 and RIGL §16-21-34, any form or degree of bullying at school is prohibited.

(a) Definitions. In addition to the definitions in §1.0 of these Regulations, the following definitions are applicable to a Statewide Bullying Policy.

(1) "***Bullying***" means the use by one or more students of a written, verbal or electronic expression or a physical act or gesture or any combination thereof directed at a student that:

(i) Causes physical or emotional harm to the student or damage to the student's property;

(ii) Places the student in reasonable fear of harm to himself/herself or of damage to his/her property;

(iii) Creates an intimidating, threatening, hostile, or abusive educational environment for the student;

(iv) Infringes on the rights of the student to participate in school activities; or

(v) Materially and substantially disrupts the education process or the orderly operation of a school. The expression, physical act or gesture may include, but is not limited to, an incident or incidents that may be reasonably perceived as being motivated by characteristics such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression or mental, physical, or sensory disability, intellectual ability or by any other distinguishing characteristic.

(2) "***Cyber-bullying***" means bullying through the use of technology or any electronic communication, which shall include, but shall not be limited to, any transfer of signs, signals, writing, images, sounds, data, texting or intelligence of any nature transmitted in whole or in part by a wire, radio, electromagnetic, photo electronic or photo optical system, including, but not limited to, electronic mail, Internet communications, instant messages or facsimile communications. For purposes of these Regulations, cyber-bullying shall also include:

(i) The creation of a web page or blog in which the creator assumes the identity of another person;

(ii) The knowing impersonation of another person as the author or posted content or messages; or

(iii) The distribution by electronic means of a communication to more than one person or the posting of materials on an electronic medium that may be accessed by one or more persons, if the creation, impersonation, or distribution results in any of the conditions enumerated in §§3.7.1(b)(1) (i) to (v) of these Regulations.

(b) All school districts, charter schools, career and technical schools, approved private day or residential schools and collaborative schools must adopt the statewide bullying policy developed by the Rhode Island Department of Education. In accordance with RIGL §16-21-34, the statewide bullying policy shall include:

(1) Descriptions of and statements prohibiting bullying, cyber-bullying and retaliation at school;

(2) Clear requirements and procedures for students, staff, parents, guardians and others to report bullying or retaliation;

(3) A provision that reports of bullying or retaliation may be made anonymously; provided, however, that no disciplinary action shall be taken against a student solely on the basis of an anonymous report;

(4) Clear procedures for promptly responding to and investigating reports of bullying or retaliation;

(5) The range of disciplinary actions that may be taken against a perpetrator for bullying or retaliation; provided, however, that the disciplinary actions shall balance the need for accountability with the need to teach appropriate behavior; and provided, further:

(i) A parental engagement strategy; and

(ii) A provision that states punishments for violations of the bullying policy shall be determined by the school's appropriate authority; however, no student shall suspended from school unless it is deemed a necessary consequence of the violations;

(6) Clear procedures for restoring a sense of safety for a victim and assessing that victim's needs for protection;

(7) Strategies for protecting from bullying or retaliation a person who reports bullying, provides information during an investigation of bullying or witnesses or has reliable information about an act of bullying;

(8) Procedures for promptly notifying the parents or guardians of a victim and a perpetrator; provided, further, that the parents or guardians of a victim shall also be notified of the action taken to prevent any further acts of bullying or retaliation; and provided, further, that the procedures shall provide for immediate notification of the local law enforcement agency when criminal charges may be pursued against the perpetrator;

(9) A provision that a student who knowingly makes a false accusation of bullying or retaliation shall be subject to disciplinary action;

(10) A strategy for providing counseling or referral to appropriate services currently being offered by schools or communities for perpetrators and victims and for appropriate family members of said students. The plan shall afford all students the same protection regardless of their status under the law;

(11) A provision that requires a principal or designee to be responsible for the implementation and oversight of the bullying policy;

(12) Provisions for informing parents and guardians about the bullying policy of the school district or school shall include, but not be limited to:

(i) A link to the policy prominently posted on the home page of the school district's website and distributed annually to parents and guardians of students;

(ii) A provision for notification, within twenty-four (24) hours, of the incident report, to the parents or guardians of the victim of bullying and parents or guardians of the alleged perpetrator of the bullying;

(13) A school employee, school volunteer, student, parent, legal guardian, or relative caregiver who promptly reports, in good faith, an act of bullying to the appropriate school official designated in the school's policy is immune from a cause of action for damages arising from reporting bullying;

(14) RIGL §16-21-34 does not prevent a victim from seeking redress under any other available law, either civil or criminal. RIGL §16-21-34 does not create or alter any tort liability;

(15) Students shall be prohibited from accessing social networking sites at school, except for educational or instructional purposes and with the prior approval from school administration. Nothing in RIGL §16-21-33 or RIGL §16-21-34 shall prohibit students from using school department or school websites for educational purposes. School districts and schools are encouraged to provide in-service training on Internet safety for students, faculty and staff.

~~The Commissioner of Elementary and Secondary Education and school committee shall make each city, town, or regional department school safety plan and school emergency response plan available for public comment at least thirty (30) days prior to its adoption. All meetings of school safety teams shall comply with the open meetings law pursuant to RIGL Chapter 42-46 RIGL.~~

~~***Waiver***~~

37.8 ~~The Commissioner of Elementary and Secondary Education may grant a waiver of the requirements of sections 16-21-23 and §16-21-24 RIGL to any city, town, or regional school department for a period of up to two (2) years upon a finding by the Commissioner that the town, city, or regional district had adopted a comprehensive school safety plan or school emergency response plans which are in substantial compliance with the requirements of sections 16-21-23 and 16-21-24 RIGL. Provided, however, no waiver shall extend beyond June 30, 2003.~~

Section 38.0 ***Weapons and Firearms***

38.1 All schools shall have policies prohibiting possession of firearms and other weapons and imposing penalties for such possession in conformity with RIGL 16-21-18 and the "Gun Free Schools Act", 20 U.S.C.A. §8921 *et seq*.

38.1.1 All school districts shall ensure the discipline policies regarding incidents of students in possession of weapons shall be imposed on a case-by-case basis.

Section 39.0 ***Alcohol and Other Drugs***

39.1 All schools shall have policies regarding possession of alcohol and other drugs and shall have on-going prevention activities and programs as supported by the "Safe and Drug Free Schools Act", 20 U.S.C.A. §7101 *et seq*.

39.1.1 All school districts shall ensure that the discipline policies regarding incidents of students in possession of alcohol or drugs shall be imposed on a case-by-case basis.

Section 40.0 ***Recreational Facilities***

40.1 All recreation facilities and areas, including gymnasiums, playgrounds, and athletic fields shall be maintained and operated in a safe manner at all times, including, at a minimum, the following provisions:

40.1.1 Playground surfaces and equipment shall demonstrate compliance with all applicable guidelines of the most recent version of the *Handbook for Public Playground Safety* issued by the U.S. Consumer Products Safety Commission.

40.2 In accordance with section 36 *Code of Federal Regulations*, Part 1191, recreational facilities, athletic fields and playgrounds shall be accessible to persons with disabilities.

40.3 Adequate, convenient, and well-maintained changing areas and facilities shall be provided for secondary school students, as needed.

Section 41.0 ***Laboratories, Shops and Other Special Purpose Areas***

41.1 Special purpose areas of school facilities that shall include, but not be limited to, the cafeteria, home economics laboratory, industrial arts and vocational laboratories, art rooms, and science laboratories shall be in compliance with the following provisions:

41.1.1 *OSHA Regulations 1910: Occupational Safety and Health Standards*, as filed with the Secretary of State pursuant to RIGL 28-20 by the Rhode Island Department of Labor and Training;

41.1.2 The *Code of Federal Regulations, Title XXIX, General Industry Standards 1910.1200 Hazardous Communication* that requires employers to maintain in the workplace copies of the required material safety data sheets for each hazardous chemical, and shall ensure that they are readily accessible during each work shift to employees when they are in their work area(s), and to provide training in accordance with state and federal regulations.

41.1.3 *OSHA Regulations 1926: Safety and Health Regulations for Construction*, as filed with the Secretary of State pursuant to RIGL 28-20 by the Rhode Island Department of Labor and Training;

41.1.4 RIGL Chapter 16-7-24, entitled "Minimum Appropriation By a Community for Approved School Expenses";

41.1.5 ~~The *Basic Educational Program Manual*, Rhode Island Department of Elementary and Secondary Education~~ *Basic Education Program Regulations*, Rhode Island Board of Regents for Elementary and Secondary Education (effective 1 July 2010).

Chemical Hygiene Plan

41.2 For the purposes of these ~~rules and~~ Regulations, the protective measures required for employees pursuant to ~~Section~~ §1450 of OSHA Standard 1910, as incorporated by reference in ~~Section~~ §41.1.1 of these Regulations ~~above~~, shall ~~be deemed to~~ extend to students.

41.3 Any school engaged in the laboratory use of hazardous chemicals as defined herein shall develop and implement a written chemical hygiene plan that sets forth procedures, equipment, personal protective equipment, and work practices that are capable of protecting employees and students from the health hazards presented by hazardous chemicals used in that particular school setting in accordance with the requirements of Section 1450 of OSHA Standard 1910, , as incorporated by reference in ~~Section~~ §41.1.1 of these Regulations ~~above~~. Said plan shall also include a section regarding the purchase, storage, and disposal of potentially hazardous chemicals and the training of staff and students on their use.

41.4 The written chemical hygiene plan required herein shall include a prohibition on the use of the chemicals listed in Appendix "A" of these Regulations ~~herein~~.

41.4.1 Any chemical(s) listed in Appendix "A" of these Regulations ~~herein~~ shall not be purchased by a school.

41.4.2 All chemicals listed in Appendix "A" herein shall be prohibited from a school.

41.4.3 State-approved career and technical education programs, as governed by the *Regulations of the Board of Regents Governing the Management and Operation of Area Vocational-Technical Centers in Rhode Island*, shall be exempt from the chemical prohibition of ~~Section~~ §41.4 of these Regulations ~~herein~~, but shall maintain a safe and healthy environment where risks are minimized through education, training, administrative and engineering controls, personal protective equipment, proper work practices, and the use of the safest available materials and products, in accordance with current occupational and environmental standards and regulations.

41.5 School personnel (e.g., art teachers, shop teachers, classroom teachers, maintenance staff) shall ensure compliance with ~~Section~~ §1200 of OSHA Standard 1910, as incorporated by reference in ~~Section~~ §41.1.1 of these Regulations, for those areas under their control or supervision. ~~Material~~ Safety data sheets[1] (SDS) ~~(MSDS)~~ for all chemicals stored, handled or

[1] The change from Material Safety Data Sheet (MSDS) to Safety Data Sheet (SDS) is part of updating the OSHA

used in those areas shall be reviewed with the school's chemical hygiene officer to ensure that the chemicals are appropriately managed in accordance with school's chemical hygiene plan.

Section 42.0 ***Vehicular and Pedestrian Traffic Safety***

42.1 Each school shall develop written procedures or protocols, the goal of which shall be to reduce the risk of motor vehicle injuries and exposure to motor vehicle exhaust fumes among students. These procedures shall be reviewed annually by school representatives and local police authorities and shall address no less than the following issues:

42.1.1 Arrival and departure areas for busses, private automobiles, bicyclists, and pedestrians;

42.1.2 Parking and idling locations for motor vehicles, including busses;

42.1.3 Signage and crosswalks;

42.1.4 Traffic flow on and adjacent to school grounds; and,

42.1.5 Emergency procedures.

Section 43.0 ***Asset Protection***

43.1 Each public school shall be subject to the provisions of RIGL Chapter 16-7.1, entitled "The Rhode Island Student Investment Initiative", requiring all public school districts to provide an annual asset protection plan to the Commissioner of Elementary and Secondary Education.

Hazard Communication Standard [29 CFR 1910.1200] for consistency with the *Globally Harmonized System of Classification and Labeling of Chemicals* (GHS).

PART V *ENFORCEMENT & SEVERABILITY*

Section 44.0 *Enforcement*

44.1 Pursuant to the provisions of ~~section~~ RIGL §16-5-30 ~~of the RIGL~~, the Commissioner of Elementary and Secondary Education may for violation or neglect of law or for violation or neglect of rules and regulations in pursuance of law by any city or town or city or town officer or school committee, order the General Treasurer to withhold the payment of any portion of the public money that has been or may be apportioned to the city or town.

44.2 The General Treasurer upon the receipt in writing of the order shall hold the public money due the city or town until such time as the Commissioner by writing requests the withheld funds for the purposes of eliminating the violation or neglect of law or regulation that caused the order to be issued, or the Commissioner of Elementary and Secondary Education shall notify the Treasurer that the city or town has complied with the order as the Department shall make in the premises, in which case payment shall be made to the town forthwith.

44.3 The Board of Regents for Elementary and Secondary Education shall report to the General Assembly annually all infractions of school law which shall be brought to its attention, with a record of such action as the Department shall have taken in each instance.

Section 45.0 *Severability*

45.1 If any provision of these ~~rules and~~ Regulations or the application thereof to any facility or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of the regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.

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Tuesday, 11 February 2014

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Appendix "A": List of Chemicals Prohibited from Use in Schools

Full Chemical Name	CAS #	Reference
1-(2-tert-Butylperoxy isopropyl)-3-isopropenylbenzene	96319-55-0	49CFR173.225
1-(o-Chlorophenyl)thiourea	5344-82-1	EPA Acutely Toxic (P Listed)
1,1-Di-(tert-amylperoxy)cyclohexane	15667-10-4	49CFR173.225
1,1-Di-(tert-butylperoxy)-3,3,5-trimethylcyclohexane	6731-36-8	49CFR173.225
1,1-Di-(tert-butylperoxy)cyclohexane	3006-86-8	49CFR173.225
1,1'-Diazoaminonaphthalene		DOT Forbidden
1,1-Dimethyl-3-hydroxybutylperoxyneoheptanoate		49CFR173.225
1,2,3-Propanetriol, trinitrate (R)	55-63-0	EPA Acutely Toxic (P Listed)
1,2,4-butanetriol trinitrate		DOT Forbidden
1,2-Benzenediol, 4-[1-hydroxy-2-(methylamino)ethyl]-, (R)-	51-43-4	EPA Acutely Toxic (P Listed)
1,2-Diazidoethane		DOT Forbidden
1,2-Dibromo-3-Chloropropane	96-12-8	Reproductive Toxin, Select Carcinogen
1,2-Propylenimine	75-55-8	EPA Acutely Toxic (P Listed)
1,3,4 oxadiazole		IARC List of Known and Suspected Human Carcinogens
1,3-butadiene	106-99-0	OSHA Listed Chemicals
1,3-Diazopropane		DOT Forbidden
1,3-dinitro-5,5-dimethyl hydantoin		DOT Forbidden
1,3-Dithiolane-2-carboxaldehyde, 2,4-dimethyl-, O-[(methylamino)- carbonyl]oxime.	26419-73-8	EPA Acutely Toxic (P Listed)
1,4-Butanediol Dimethylsulfonate	55-98-1	Select Carcinogen
1,7-octadine-3, 5-diyne-1, 8-dimethoxy-9-octadecynoic acid		DOT Forbidden
1,8-dihydroxy-2,4,5,7-tetranitroanthraquinone		DOT Forbidden
1,9-dinitroxy pentamethylene-2,4, 6,8-tetramine		DOT Forbidden
1-Acetyl-2-thiourea	591-08-2	EPA Acutely Toxic (P Listed)
1-bromo-3-nitrobenzene		DOT Forbidden
2-(2-Hydroxyethoxy)-1-(pyrrolidin-1-yl)benzene-4-diazonium zinc chloride	15005-97-7	49CFR 173.224
2-(N,N-Ethoxycarbonylphenylamino)-3-methoxy-4-(N-methyl-N-cyclohexylamino)benzenediazonium zinc chloride		49CFR 173.224
2-(N,N-Methylaminoethylcarbonyl)-4-(3,4-dimethyl-phenylsulphonyl)benzene diazonium zinc chloride		49CFR 173.224
2,2'-Azodi(2,4-dimethyl-4-methoxyvaleronitrile)		49CFR 173.224
2,2'-Azodi(2,4-dimethylvaleronitrile)	4419-11-8	49CFR 173.224
2,2-Azodi(2-methylbutyronitrile)		49CFR 173.224
2,2'-Azodi(ethyl 2- methylpropionate)		49CFR 173.224
2,2'-Azodi(isobutyronitrile)	78-67-1	49CFR 173.224
2,2-Di-(4,4-di(tert-butylperoxy)cyclohexyl)propane	1705-60-8	49CFR173.225
2,2-di-(4,4-di-tert-butylperoxycyclohexyl) propane		DOT Forbidden
2,2-Di-(tert-butylperoxy) butane		DOT Forbidden
2,2-di-(tert-Butylperoxy)butane	2167-23-9	49CFR173.225
2,2-Di-(tert-butylperoxy)propane	1705-60-8	49CFR173.225
2,2-Dihydroperoxypropane	2614-76-8	49CFR173.225
2,2-dinitrostilbene		DOT Forbidden
2,4-Dinitrophenol	51-28-5	EPA Acutely Toxic (P Listed)
2,5 Dimethyl 2,5 di-2-ethylhexanoylperoxyhexane		49CFR173.225
2,5-Diethoxy-4-(phenylsulphonyl)benzenediazonium zinc chloride		49CFR 173.224
2,5-Diethoxy-4-2,5-Diethoxy-4-morpholinobenzenediazonium zinc chloride	26123-91-1	49CFR 173.224
2,5-Diethoxy-4-morpholinobenzenediazonium tetrafluoroborate	4979-72-0	49CFR 173.224

Full Chemical Name	CAS #	Reference
2,5-Diethoxy-4-morpholinobenzenediazonium zinc chloride	26123-91-1	49CFR 173.224
2,5-Dimethoxy-4-(4-methylphenylsulphony)benzene diazonium zinc chloride		49CFR 173.224
2,5-Dimethyl-2,5-di-(3,5,5-trimethylhexanoylperoxy)hexane		49CFR173.225
2,5-Dimethyl-2,5-di-(benzoylperoxy)hexane	2618-77-1	49CFR173.225
2,5-Dimethyl-2,5-di-(tert-butylperoxy)hexane	78-63-7	49CFR173.225
2,5-Dimethyl-2,5-di-(tert-butylperoxy)hexyne-3	1068-27-5	49CFR173.225
2,5-dimethyl-2,5-dihydroperoxy hexane		DOT Forbidden
2,5-Dimethyl-2,5-dihydroperoxyhexane	3025-88-5	49CFR173.225
2-acetylaminofluorene	53-96-3	OSHA Listed Chemicals
2-Acetylaminofluorine		Select Carcinogen
2-Cyclohexyl-4,6-dinitrophenol	131-89-5	EPA Acutely Toxic (P Listed)
2-Diazo-1-Naphthol-4-sulphochloride		49CFR 173.224
2-Diazo-1-Naphthol-5-sulphochloride		49CFR 173.224
2-Methyllactonitrile	75-86-5	EPA Acutely Toxic (P Listed)
2-Propanone, 1-bromo-	598-31-2	EPA Acutely Toxic (P Listed)
2-Propen-1-ol	107-18-6	EPA Acutely Toxic (P Listed)
2-Propenal	107-02-8	EPA Acutely Toxic (P Listed)
3(2H)-Isoxazolone, 5-(aminomethyl)-	2763-96-4	EPA Acutely Toxic (P Listed)
3-(2-Hydroxyethoxy)-4-(pyrrolidin-1-yl)benzenediazonium zinc chloride	15005-97-7	49CFR 173.224
3,3,6,6,9,9-Hexamethyl-1,2,4,5-tetraoxacyclononane	22397-33-7	49CFR173.225
3,3-dichlorobenzidine	91-94-1	OSHA Listed Chemicals
3-3'-Dichlorobenzidine	91-94-1	Select Carcinogen
3-Azido-1, 2-Propylene glycol dinitrate		DOT Forbidden
3-Chloro-4-diethylaminobenzenediazonium zinc chloride		49CFR 173.224
3-Chloroperoxybenzoic acid	937-14-4	49CFR173.225
3-Chloropropionitrile	542-76-7	EPA Acutely Toxic (P Listed)
3-Isopropylphenyl N-methylcarbamate.	64-00-6	EPA Acutely Toxic (P Listed)
3-Methyl-4-(pyrrolidin-1-yl)benzenediazonium tetrafluoroborate	36422-95-4	49CFR 173.224
3-tert-Butylperoxy-3-phenylphthalide	25251-51-8	49CFR173.225
4-(Benzyl(ethyl)amino)-3-ethoxybenzenediazonium zinc chloride		49CFR 173.224
4-(Benzyl(methyl)amino)-3-ethoxybenzenediazonium zinc chloride		49CFR 173.224
4,4'-Methylenebis (2-Chloroaniline)	95-51-2	Select Carcinogen
4,6-Dinitro-o-cresol, & salts	534-52-1	EPA Acutely Toxic (P Listed)
4-Aminobiphenyl	92-67-1	Select Carcinogen
4-Aminopyridine	504-24-5	EPA Acutely Toxic (P Listed)
4-bromo-1, 2-dinitrobenzene		DOT Forbidden
4-Dimethylamino-6-(2-dimethylaminoethoxy)toluene-2-diazonium zinc chloride		49CFR 173.224
4-Dimethylaminoazobenzene	60-11-7	Select Carcinogen
4-Dipropylaminobenzenediazonium zinc chloride		49CFR 173.224
4-Methylbenzenesulphonylhydrazide		49CFR 173.224
4-Nitrobiphenyl	92-93-3	Select Carcinogen
4-Nitrosophenol	104-91-6	49CFR 173.224
4-Pyridinamine		EPA Acutely Toxic (P Listed)
5-(Aminomethyl)-3-isoxazolol	2763-96-4	EPA Acutely Toxic (P Listed)
5-Azido-1-hydroxy tetrazole		DOT Forbidden
5-Mercaptotetrazol-1-acetic acid	57658-36-3	DOT Explosive
5-nitrobenzotriazol	169796-98-9	DOT Explosive
7-Benzofuranol, 2,3-dihydro-2,2-dimethyl-,	1563-66-2	EPA Acutely Toxic (P Listed)

Full Chemical Name	CAS #	Reference
methylcarbamate.		
7-Oxabicyclo[2.2.1]heptane-2,3-dicarboxylic acid	145-73-3	EPA Acutely Toxic (P Listed)
A-alpha-C [2-amino-9H-pyrido[2,3-b]indole]		IARC List of Known and Suspected Human Carcinogens
Acetal	105-57-7	Peroxidizable
Acetaldehyde	75-07-0	Reproductive Toxin
Acetaldehyde, chloro-	107-20-0	EPA Acutely Toxic (P Listed)
Acetamide, 2-fluoro-	640-19-7	EPA Acutely Toxic (P Listed)
Acetamide, N-(aminothioxomethyl)-	591-08-2	EPA Acutely Toxic (P Listed)
Acetic acid, fluoro-, sodium salt	62-74-8	EPA Acutely Toxic (P Listed)
Acetyl acetone peroxide	37187-22-7	49CFR173.225
Acetyl benzoyl peroxide	644-31-5	49CFR173.225
Acetyl cyclohexanesulfonyl peroxide	3179-56-4	49CFR173.225
acetyl peroxide	110-22-5	DOT Forbidden
acetylaminofluorene, 2-		IARC List of Known and Suspected Human Carcinogens
acetylene silver nitrate	7761-88-8	DOT Forbidden
Acrolein	107-02-8	EPA Acutely Toxic (P Listed)
Acrylamide	79-06-1	Select Carcinogen
Acrylonitrile	107-13-1	Select Carcinogen
actinomycin D		IARC List of Known and Suspected Human Carcinogens
adriamycin [doxorubicin]		IARC List of Known and Suspected Human Carcinogens
AF-2 [2-(2-furyl)-3-(5-nitro-2-furyl)acrylamide]		IARC List of Known and Suspected Human Carcinogens
Aflatoxin	1402-68-2	Select Carcinogen
Aflatoxin B1	1162-65-8	Select Carcinogen
Aflatoxin B2	7220-81-7	Select Carcinogen
Aflatoxin G1	1165-39-5	Select Carcinogen
Aflatoxin G2	7241-98-7	Select Carcinogen
Aflatoxin M1	6795-23-9	Select Carcinogen
agaritine		IARC List of Known and Suspected Human Carcinogens
Aldicarb	116-06-3	EPA Acutely Toxic (P Listed)
Aldicarb sulfone.	1646-88-4	EPA Acutely Toxic (P Listed)
Aldrin	309-00-2	EPA Acutely Toxic (P Listed)
Allyl alcohol	107-18-6	EPA Acutely Toxic (P Listed)
allyl isothiocyanate		IARC List of Known and Suspected Human Carcinogens
allyl isovalerate		IARC List of Known and Suspected Human Carcinogens
alpha,alpha-Dimethylphenethylamine	122-09-8	EPA Acutely Toxic (P Listed)
Alpha-Naphthylamine	134-32-7	Select Carcinogen
alpha-Naphthylthiourea	86-88-4	EPA Acutely Toxic (P Listed)
Aluminum phosphide (R,T)	20859-73-8	EPA Acutely Toxic (P Listed)
amino-2-methylanthraquinone, 1-		IARC List of Known and Suspected Human Carcinogens
amino-5-(5-nitro-2-furyl)-1,3,4-thiadiazole		IARC List of Known and Suspected Human Carcinogens
amino-5-nitrothiazole, 2-		IARC List of Known and Suspected Human Carcinogens
aminoanthraquinone, 2-		IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
aminoazobenzene, p-		IARC List of Known and Suspected Human Carcinogens
aminoazotoluene, o- [solvent yellow 3]		IARC List of Known and Suspected Human Carcinogens
aminobipheny, 4-		IARC List of Known and Suspected Human Carcinogens
amitrole		IARC List of Known and Suspected Human Carcinogens
ammonium azide		DOT Forbidden
ammonium bromate		DOT Forbidden
ammonium chlorate	10192-29-7	DOT Forbidden
ammonium fulminate		DOT Forbidden
ammonium nitrate	6484-52-2	DOT Explosive
ammonium nitrite		DOT Forbidden
ammonium perchlorate	7790-98-9	DOT Explosive
ammonium permanganate		DOT Forbidden
Ammonium picrate (R)	131-74-8	EPA Acutely Toxic (P Listed)
Ammonium vanadate	7803-55-6	EPA Acutely Toxic (P Listed)
androgenic (anabolic) steroids		IARC List of Known and Suspected Human Carcinogens
aniline		IARC List of Known and Suspected Human Carcinogens
anisidine hydrochloride, o-		IARC List of Known and Suspected Human Carcinogens
anisidine, o-		IARC List of Known and Suspected Human Carcinogens
anlagesic mixtures containing phenacetin		IARC List of Known and Suspected Human Carcinogens
anthanthrene		IARC List of Known and Suspected Human Carcinogens
antimony sulfide	1345-04-6	DOT Forbidden
aramite		IARC List of Known and Suspected Human Carcinogens
Argentate(1-), bis(cyano-C)-, potassium	506-61-6	EPA Acutely Toxic (P Listed)
Arsenic	7440-38-2	Reproductive Toxin, Select Carcinogen
Arsenic acid H3 AsO4	7778-39-4	EPA Acutely Toxic (P Listed)
Arsenic oxide As2 O3	1327-53-3	EPA Acutely Toxic (P Listed)
Arsenic oxide As2 O5	1303-28-2	EPA Acutely Toxic (P Listed)
Arsenic pentoxide	1303-28-2	EPA Acutely Toxic (P Listed)
arsenic sulfide	56320-22-0	DOT Forbidden
Arsenic trioxide	1327-53-3	EPA Acutely Toxic (P Listed)
Arsine	7784-42-1	Acutely Toxic
Arsine, diethyl-	692-42-2	EPA Acutely Toxic (P Listed)
Arsonous dichloride, phenyl-	696-28-6	EPA Acutely Toxic (P Listed)
Asbestos	1332-21-4	Select Carcinogen
ascaridole		DOT Forbidden
auramine		IARC List of Known and Suspected Human Carcinogens
azacitidine		IARC List of Known and Suspected Human Carcinogens
azaserine		IARC List of Known and Suspected Human Carcinogens
Azathioprine		Select Carcinogen
azaurolic acid		DOT Forbidden

Full Chemical Name	CAS #	Reference
azido guanidine picrate		DOT Forbidden
azidodithiocarbonic acid		DOT Forbidden
azidoethyl nitrate		DOT Forbidden
Aziridine	151-56-4	EPA Acutely Toxic (P Listed)
Aziridine, 2-methyl-	75-55-8	EPA Acutely Toxic (P Listed)
Azodi(hexahydrobenzonitrile)	2094-98-6	49CFR 173.224
Azodicarbonamide formulation	123-77-3	49CFR 173.224
barium azide	18810-58-7	DOT Explosive
Barium Chromate	10294-40-3	Select Carcinogen
Barium cyanide	542-62-1	EPA Acutely Toxic (P Listed)
barium styphnate	20236-55-9	DOT Explosive
benz[a]anthracene		IARC List of Known and Suspected Human Carcinogens
benz[c]acridine		IARC List of Known and Suspected Human Carcinogens
Benzenamine, 4-chloro-	106-47-8	EPA Acutely Toxic (P Listed)
Benzenamine, 4-nitro-	100-01-6	EPA Acutely Toxic (P Listed)
Benzene	71-43-2	Reproductive Toxin, Select Carcinogen
benzene diazonim chloride		DOT Forbidden
Benzene sulphohydrazide	80-17-1	49CFR 173.224
benzene triozonide		DOT Forbidden
Benzene, (chloromethyl)-	100-44-7	EPA Acutely Toxic (P Listed)
Benzene-1,3-disulphohydrazide		49CFR 173.224
Benzeneethanamine, alpha,alpha-dimethyl-	122-09-8	EPA Acutely Toxic (P Listed)
Benzenethiol	108-98-5	EPA Acutely Toxic (P Listed)
Benzidine	92-87-5	Select Carcinogen
benzo[a]pyrene		IARC List of Known and Suspected Human Carcinogens
benzo[b]fluoranthene		IARC List of Known and Suspected Human Carcinogens
benzo[j]fluoranthene		IARC List of Known and Suspected Human Carcinogens
benzo[k]fluoroanthene		IARC List of Known and Suspected Human Carcinogens
benzotrichloride		IARC List of Known and Suspected Human Carcinogens
Benzoyl (3-methylbenzoyl) peroxide	214425-85-1	49CFR173.225
benzoyl azide		DOT Forbidden
Benzyl chloride	100-44-7	EPA Acutely Toxic (P Listed)
benzyl violet 4B		IARC List of Known and Suspected Human Carcinogens
beryllium & beryllium compounds (e.g. oxide or sulfate)		IARC List of Known and Suspected Human Carcinogens
Beryllium powder	7440-41-7	EPA Acutely Toxic (P Listed)
Beta-naphthylamine	91-59-8	OSHA Listed Chemicals
Beta-Propiolactone	57-57-8	Select Carcinogen
bieomycins		IARC List of Known and Suspected Human Carcinogens
biphenyl triozonide		DOT Forbidden
bis(chloroethyl) nitrosourea [BCNU]		IARC List of Known and Suspected Human Carcinogens
bis(chloromethyl)ether [BCME]		IARC List of Known and Suspected Human Carcinogens
bitumens, extracts of steam and air refined		IARC List of Known and Suspected Human

Full Chemical Name	CAS #	Reference
		Carcinogens
bromine azide	13973-87-0	DOT Forbidden
Bromoacetone	598-31-2	EPA Acutely Toxic (P Listed)
bromosilane		DOT Forbidden
Brucine	357-57-3	EPA Acutely Toxic (P Listed)
Butadiene	106-99-0	Peroxidizable
butadiene, 1,3-		IARC List of Known and Suspected Human Carcinogens
butylated hydroxyanisole [BHA]		IARC List of Known and Suspected Human Carcinogens
butyrolactone, beta-		IARC List of Known and Suspected Human Carcinogens
C.I. basic red 9 monohydrochloride		IARC List of Known and Suspected Human Carcinogens
Cadmium and cadmium compounds		Reproductive Toxin
Calcium cyanide	592-01-8	EPA Acutely Toxic (P Listed)
captan	133-06-2	IARC List of Known and Suspected Human Carcinogens
Carbamic acid, [(dibutylamino)- thio]methyl-, 2,3-dihydro-2,2-dimethyl- 7-benzofuranyl ester.	55285-14-8	EPA Acutely Toxic (P Listed)
Carbamic acid, dimethyl-, 1-[(dimethyl-amino)carbonyl]- 5-methyl-1H- pyrazol-3-yl ester.	644-64-4	EPA Acutely Toxic (P Listed)
Carbamic acid, dimethyl-, 3-methyl-1- (1-methylethyl)-1H-pyrazol-5-yl ester.	119-38-0	EPA Acutely Toxic (P Listed)
Carbamic acid, methyl-, 3-methylphenyl ester.	1129-41-5	EPA Acutely Toxic (P Listed)
carbazole	86-74-8	IARC List of Known and Suspected Human Carcinogens
Carbofuran.	1563-66-2	EPA Acutely Toxic (P Listed)
Carbon Disulfide	75-15-0	Reproductive Toxin
carbon tetrachloride	56-23-5	IARC List of Known and Suspected Human Carcinogens
Carbonic dichloride	75-15-0	EPA Acutely Toxic (P Listed)
Carbosulfan.	55285-14-8	EPA Acutely Toxic (P Listed)
carrageenan	9000-07-1	IARC List of Known and Suspected Human Carcinogens
Chloramabucil		Select Carcinogen
chloramphenicol	56-75-7	IARC List of Known and Suspected Human Carcinogens
chlorbenzilat	510-15-6	IARC List of Known and Suspected Human Carcinogens
chlordane	57-74-9	IARC List of Known and Suspected Human Carcinogens
chlordecone [kepone]	143-50-0	IARC List of Known and Suspected Human Carcinogens
chlorendic acid	115-28-6	IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
chlorinated, alpha- toluenes	(benzal chloride [98-87-3], benzotrichloride [98-07-7], benzyl chloride [100-44-7]) and benzoyl chloride [98-88-4]	IARC List of Known and Suspected Human Carcinogens
chlorine azide		DOT Forbidden
chlorine dioxide	10049-04-4	DOT Forbidden
Chlorine Gas	7782-50-5	Acutely Toxic
chlormadinone acetate	302-22-7	IARC List of Known and Suspected Human Carcinogens
Chlornaphazine		Select Carcinogen
chlornaphazine [n,n-bis(2-chloroethyl)-2-naphthylamine]	494-03-1	IARC List of Known and Suspected Human Carcinogens
Chloroacetaldehyde	107-20-0	EPA Acutely Toxic (P Listed)
chloroacetone	78-95-5	DOT Forbidden
chloroethyl)-3-cyclohexyl-1-nitrosourea, 1-(2- [CCNU]		IARC List of Known and Suspected Human Carcinogens
chloroform	67-66-3	IARC List of Known and Suspected Human Carcinogens
chloromethyl ethyl ether	3188-13-4	IARC List of Known and Suspected Human Carcinogens
Chloromethyl Methyl Ether		Select Carcinogen
chloro-o-phenylenediamine, 4-	95-83-0	IARC List of Known and Suspected Human Carcinogens
chloro-o-toluidine, p-	95-69-2	IARC List of Known and Suspected Human Carcinogens
chloro-o-toluidine, p- and its HCl salt		IARC List of Known and Suspected Human Carcinogens
chlorophenols		IARC List of Known and Suspected Human Carcinogens
chlorophenoxy herbicides		IARC List of Known and Suspected Human Carcinogens
Chloroprene	126-99-8	Peroxidizable
chloroprene	126-99-8	DOT Forbidden
chlorothalonil	1897-45-6	IARC List of Known and Suspected Human Carcinogens
chlorozotocin	54749-90-5	IARC List of Known and Suspected Human Carcinogens
cholesterol	57-88-5	IARC List of Known and Suspected Human Carcinogens
Chromium and chromium compounds	7440-47-3	Select Carcinogen
chrysene	218-01-9	IARC List of Known and Suspected Human Carcinogens
cinnamyl anthranilate	87-29-6	IARC List of Known and Suspected Human Carcinogens
cisplatin [trade name=platinol]	15663-27-1	IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
citrus red no. 2	6358-53-8	IARC List of Known and Suspected Human Carcinogens
clofibrate	637-07-0	IARC List of Known and Suspected Human Carcinogens
coal tar pitch volatiles		IARC List of Known and Suspected Human Carcinogens
copper acetylide		DOT Forbidden
copper amine azide		DOT Forbidden
Copper cyanide	544-92-3	EPA Acutely Toxic (P Listed)
copper tetramine nitrate		DOT Forbidden
creosotes		IARC List of Known and Suspected Human Carcinogens
cresidine, p-	120-71-8	IARC List of Known and Suspected Human Carcinogens
Cumene	98-82-8	Peroxidizable
Cumyl hydroperoxide	80-15-9	49CFR173.225
Cumyl peroxyneodecanoate	26748-47-0	49CFR173.225
Cumyl peroxypivalate	23383-59-7	49CFR173.225
cupferron	135-20-6	IARC List of Known and Suspected Human Carcinogens
Cyanides (soluble cyanide salts), not otherwise specified		EPA Acutely Toxic (P Listed)
Cyanogen	460-19-5	EPA Acutely Toxic (P Listed)
Cyanogen chloride	506-77-4	EPA Acutely Toxic (P Listed)
cyanuric triazide		DOT Forbidden
cycasin [methylazoxmethanol]	14901-08-7	IARC List of Known and Suspected Human Carcinogens
cyclamates	139-05-9	IARC List of Known and Suspected Human Carcinogens
Cyclohexanone peroxide(s) [as a paste]	78-18-2	49CFR173.225
Cyclohexanone peroxide(s) [as a solution]	12262-58-7	49CFR173.225
Cyclohexene	110-83-8	Peroxidizable
cyclopenta[cd]pyrene	27208-37-3	IARC List of Known and Suspected Human Carcinogens
Cyclopentene	142-29-0	Peroxidizable
Cyclophosphamide	50-18-0	Select Carcinogen
cyclosporin	79217-60-0	IARC List of Known and Suspected Human Carcinogens
cyclotetramethylene tetranitramine		DOT Forbidden
cyclotetramethylenetetranitramine	2691-41-0	DOT Explosive
D, 2,4- (salts and esters) e.g. phenolyacetic acid	94-75-7	IARC List of Known and Suspected Human Carcinogens
dacarbazine [trade name=DIC or DTIC]	4342-03-4	IARC List of Known and Suspected Human Carcinogens
danthron	117-10-2	IARC List of Known and Suspected Human Carcinogens
dapsone	80-08-0	IARC List of Known and Suspected Human Carcinogens
daunomycin [daunorubicin]	20830-81-3	IARC List of Known and Suspected Human Carcinogens
DDT	50-29-3	IARC List of Known and Suspected Human Carcinogens
decabromodiphenyl oxide	1163-19-5	IARC List of Known and Suspected Human Carcinogens
Decalin	91-17-8	Peroxidizable

Full Chemical Name	CAS #	Reference
Di-(1-hydroxycyclohexyl)peroxide	2407-94-5	49CFR173.225
di-(1-hydroxytetrazole)		DOT Forbidden
Di-(2-ethoxyethyl)peroxydicarbonate	52373-74-7	49CFR173.225
Di-(2-ethylhexyl)peroxydicarbonate	16111-62-9	49CFR173.225
Di-(2-ethylhexyl)peroydicarbonate		49CFR173.225
di(2-ethylhexyl)phthalate	117-81-7	IARC List of Known and Suspected Human Carcinogens
Di-(2-methylbenzoyl)peroxide	3034-79-5	49CFR173.225
Di-(2-neodecanoylperoxyisopropyl)benzene		49CFR173.225
Di-(2-phenoxyethyl)peroxydicarbonate	41935-39-1	49CFR173.225
Di-(2-tert-butylperoxyisopropyl)benzene	279671-18-0	49CFR173.225
Di-(3,5,5-trimethyl-1,2-dioxolanyl- 3)peroxide		49CFR173.225
Di-(3,5,5-trimethylhexanoyl)peroxide		49CFR173.225
Di-(3-methoxybutyl)peroxydicarbonate	52238-68-3	49CFR173.225
Di-(3-methylbenzoyl)peroxide	96436-26-9	49CFR173.225
Di-(4-methylbenzoyl)peroxide	895-85-2	49CFR173.225
Di-(4-tert-butylcyclohexyl)peroxydicarbonate	15520-11-3	49CFR173.225
di-(beta-nitroxyethyl) ammonium nitrate		DOT Forbidden
di-(tert-butylperoxy) phthalate		DOT Forbidden
Di-(tert-butylperoxy)phthalate	2155-71-7	49CFR173.225
Di-2,4-dichlorobenzoyl peroxide	133-14-2	49CFR173.225
di-2,4-dichlorobenzoyl peroxide		DOT Forbidden
Di-4-chlorobenzoyl peroxide	94-17-7	49CFR173.225
Diacetone alcohol peroxides	54693-46-8	49CFR173.225
Diacetyl peroxide	110-22-5	49CFR173.225
diacetylbenzidine, n,n'-	613-35-4	IARC List of Known and Suspected Human Carcinogens
Diacetylene	446-86-6	Peroxidizable
diallate	2303-16-4	IARC List of Known and Suspected Human Carcinogens
diaminoanisole sulfate, 2,4-		IARC List of Known and Suspected Human Carcinogens
diaminoanisole, 2,4-	615-05-4	IARC List of Known and Suspected Human Carcinogens
diaminodiphenyl ether, 4,4'-	101-80-4	IARC List of Known and Suspected Human Carcinogens
diaminotoluene, 2,4-	95-80-7	IARC List of Known and Suspected Human Carcinogens
diazoaminotetrazole		DOT Forbidden
Diazomethane	334-88-3	Acutely Toxic
diazonium nitrates		DOT Forbidden
diazonium perchlorates		DOT Forbidden
dibenz[a,c]anthracene	215-58-7	IARC List of Known and Suspected Human Carcinogens
dibenz[a,h]acridine	226-36-8	IARC List of Known and Suspected Human Carcinogens
dibenz[a,h]anthracene	53-70-3	IARC List of Known and Suspected Human Carcinogens
dibenz[a,j]acridine	224-42-0	IARC List of Known and Suspected Human Carcinogens
dibenz[a,j]anthracene	224-41-9	IARC List of Known and Suspected Human Carcinogens
dibenzo[a,e]fluoranthene	5385-75-1	IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
dibenzo[a,e]pyrene	192-65-4	IARC List of Known and Suspected Human Carcinogens
dibenzo[a,h]pyrene	189-64-0	IARC List of Known and Suspected Human Carcinogens
dibenzo[a,i]pyrene	189-55-9	IARC List of Known and Suspected Human Carcinogens
dibenzo[a,l]pyrene	191-30-0	IARC List of Known and Suspected Human Carcinogens
dibenzo[c,g]carbazole, 7H-	194-59-2	IARC List of Known and Suspected Human Carcinogens
Dibenzoyl peroxide	94-36-0	49CFR173.225
Dibenzyl peroxydicarbonate	2144-45-8	49CFR173.225
dibenzyl peroxydicarbonate		DOT Forbidden
Diborane	19287-45-7	Acutely Toxic
dibromo-3-chloropropane, 1,2- [DBCP]	96-12-8	IARC List of Known and Suspected Human Carcinogens
dibromoacetylene	624-61-3	DOT Forbidden
dibromomethane, 1,2- [DBM]		IARC List of Known and Suspected Human Carcinogens
Dicetyl peroxydicarbonate	26322-14-5	49CFR173.225
dichloro-4,4'-diaminodiphenyl ether, 3,3'-	28434-86-8	IARC List of Known and Suspected Human Carcinogens
dichloroacetylene	7572-29-4	DOT Forbidden
dichlorobenzene, 1,4-	106-46-7	IARC List of Known and Suspected Human Carcinogens
dichlorobenzidine, 3,3'-	91-94-1	IARC List of Known and Suspected Human Carcinogens
dichloroethane, 1,2- [EDC] [ethylene dichloride]	107-06-2	IARC List of Known and Suspected Human Carcinogens
dichloroethyl sulfide		DOT Forbidden
dichloromethane	75-09-2	IARC List of Known and Suspected Human Carcinogens
Dichloromethyl ether	542-88-1	EPA Acutely Toxic (P Listed)
Dichlorophenylarsine	696-28-6	EPA Acutely Toxic (P Listed)
dichloropropane, 1,2- [propylene dichloride]	78-87-5	IARC List of Known and Suspected Human Carcinogens
dichloropropene, 1,3-	542-75-6	IARC List of Known and Suspected Human Carcinogens
dichlorovinylchloroarsine		DOT Forbidden
dicofol	115-32-2	IARC List of Known and Suspected Human Carcinogens
Dicumyl peroxide	80-43-3	49CFR173.225
Dicyclohexyl peroxydicarbonate	1561-49-5	49CFR173.225
Dicyclopentadiene	77-73-6	Peroxidizable
Didecanoyl peroxide	762-12-9	49CFR173.225
dieldrin	60-57-1	IARC List of Known and Suspected Human Carcinogens
Dieldrin	60-57-1	EPA Acutely Toxic (P Listed)
dienoestrol	84-17-3	IARC List of Known and Suspected Human Carcinogens
diepoxybutane	1464-53-5	IARC List of Known and Suspected Human Carcinogens
diethanol nitrosamine dinitrate		DOT Forbidden
Diethyl Ether	60-29-7	Peroxidizable

Full Chemical Name	CAS #	Reference
Diethyl peroxydicarbonate	14666-78-5	49CFR173.225
diethyl sulfate	64-67-5	IARC List of Known and Suspected Human Carcinogens
Diethylarsine	692-42-2	EPA Acutely Toxic (P Listed)
Diethylene glycol bis(allyl carbonate) + Diisopropylperoxydicarbonate		49CFR 173.224
Diethylene Glycol Dimethyl Ether	11-96-6	Peroxidizable
diethylene glycol dinitrate	693-21-0	DOT Forbidden
diethyleneglycol dinitrate	628-96-6	DOT Explosive
diethylgold bromide		DOT Forbidden
diethylhydrazine, 1,2- OR n,n'-diethylhydrazine	1615-80-1	IARC List of Known and Suspected Human Carcinogens
Diethylnitrosamine		Select Carcinogen
Diethyl-p-nitrophenyl phosphate	311-45-5	EPA Acutely Toxic (P Listed)
Diethylstilbestrol	56-53-1	Select Carcinogen
diglycidyl resorcinol ether	101-90-6	IARC List of Known and Suspected Human Carcinogens
dihydrosafrole	94-58-6	IARC List of Known and Suspected Human Carcinogens
diiodoacetylene		DOT Forbidden
Diisobutyryl peroxide	3437-84-1	49CFR173.225
Diisopropyl peroxydicarbonate	105-64-6	49CFR173.225
Diisopropylbenzene dihydroperoxide	29014-32-2	49CFR173.225
diisopropylbenzene hydroperoxide		DOT Forbidden
Diisopropylfluorophosphate (DFP)	55-91-4	EPA Acutely Toxic (P Listed)
Diisotridecyl peroxydicarbonate		49CFR173.225
Dilauroyl peroxide	105-74-8	49CFR173.225
Dimethoate	60-51-5	EPA Acutely Toxic (P Listed)
dimethoxybenzidine, 3,3'- [o-dianisidine]	119-90-4	IARC List of Known and Suspected Human Carcinogens
Dimethyl Sulfate	77-78-1	Select Carcinogen
dimethylamino)methylimino]-5-[2-nitro-2-furyl)vinyl]-		IARC List of Known and Suspected Human Carcinogens
dimethylaminoazobenzene (also 4 or para-)	60-11-7	IARC List of Known and Suspected Human Carcinogens
dimethylbenzidine, 3,3'- [o-toludine]	119-93-7	IARC List of Known and Suspected Human Carcinogens
dimethylcarbamoyl chloride	79-44-7	IARC List of Known and Suspected Human Carcinogens
dimethylhexane dihydroperoxide		DOT Forbidden
dimethylhydrazine, 1,1-	57-14-7	IARC List of Known and Suspected Human Carcinogens
dimethylhydrazine, 1,2-	540-73-8	IARC List of Known and Suspected Human Carcinogens
Dimethylmercury *	593-74-8	Acutely Toxic
dimethylvinyl chloride	513-37-1	IARC List of Known and Suspected Human Carcinogens
Dimetilan.	644-64-4	EPA Acutely Toxic (P Listed)
Dimyristyl peroxydicarbonate	53220-22-7	49CFR173.225
Di-n-butyl peroxydicarbonate	16215-49-9	49CFR173.225
di-n-butyl peroxydicarbonate		DOT Forbidden
dinitroglycoluril	55510-04-8	DOT Explosive
dinitrophenol	51-28-5	DOT Explosive
dinitropropylene glycol		DOT Forbidden

Full Chemical Name	CAS #	Reference
dinitropyrene, 1,6-	42397-64-8	IARC List of Known and Suspected Human Carcinogens
dinitropyrene, 1,8-	42397-65-9	IARC List of Known and Suspected Human Carcinogens
dinitroresorcinol	519-44-8	DOT Explosive
dinitrosobenzene	25550-55-4	DOT Explosive
Di-n-nonanoyl peroxide	762-13-0	49CFR173.225
Di-n-octanoyl peroxide	762-16-3	49CFR173.225
Dinoseb	88-85-7	EPA Acutely Toxic (P Listed)
Di-n-propyl peroxydicarbonate	16066-38-9	49CFR173.225
Dioxane	123-91-1	Peroxidizable
dioxane, 1,4-	123-91-1	IARC List of Known and Suspected Human Carcinogens
Diperoxy azelaic acid	1941-79-3	49CFR173.225
Diperoxy dodecane diacid	66280-55-5	49CFR173.225
Diphenyloxide-4,4'-disulphohydrazide	80-51-3	49CFR 173.224
Diphosphoramide, octamethyl-	152-16-9	EPA Acutely Toxic (P Listed)
Diphosphoric acid, tetraethyl ester	107-49-3	EPA Acutely Toxic (P Listed)
dipicryl sulfide	2217-06-3	DOT Explosive
Dipropionyl peroxide	3248-28-0	49CFR173.225
dipropionyl peroxide		DOT Forbidden
direct black 38	1937-37-7	IARC List of Known and Suspected Human Carcinogens
direct blue 6	2602-46-2	IARC List of Known and Suspected Human Carcinogens
direct brown 95	16071-86-6	IARC List of Known and Suspected Human Carcinogens
Di-sec-butyl peroxydicarbonate	19910-65-7	49CFR173.225
disperse blue 1	2475-45-8	IARC List of Known and Suspected Human Carcinogens
Distearyl peroxydicarbonate	52326-66-6	49CFR173.225
Disuccinic acid peroxide	123-23-9	49CFR173.225
Disulfoton	298-04-4	EPA Acutely Toxic (P Listed)
Di-tert-amyl peroxide	10508-09-5	49CFR173.225
Di-tert-butyl peroxide	110-05-4	49CFR173.225
Di-tert-butyl peroxyazelate	16580-06-6	49CFR173.225
Dithiobiuret	541-53-7	EPA Acutely Toxic (P Listed)
Divinyl Ether	109-86-4	Peroxidizable
Endosulfan	115-29-7	EPA Acutely Toxic (P Listed)
Endothall	145-73-3	EPA Acutely Toxic (P Listed)
Endrin	72-20-8	EPA Acutely Toxic (P Listed)
Endrin, & metabolites	72-20-8	EPA Acutely Toxic (P Listed)
epichlorohydrin	106-89-8	IARC List of Known and Suspected Human Carcinogens
erionite	66733-21-9	IARC List of Known and Suspected Human Carcinogens
estradiol 17b	50-28-2	IARC List of Known and Suspected Human Carcinogens
estrone	53-16-7	IARC List of Known and Suspected Human Carcinogens
Ethanedinitrile	460-19-5	EPA Acutely Toxic (P Listed)
Ethanimidothioc acid, 2-(dimethylamino)-N-[[(methylamino) carbonyl]oxy]-2-oxo-, methyl ester.	23135-22-0	EPA Acutely Toxic (P Listed)
Ethanimidothioic acid,	16752-77-5	EPA Acutely Toxic (P Listed)

Full Chemical Name	CAS #	Reference
ethanol amine dinitrate		DOT Forbidden
ethidium bromide	1239-45-8	Potent mutagen
ethinyloestradiol	57-63-6	IARC List of Known and Suspected Human Carcinogens
ethion	563-12-2	IARC List of Known and Suspected Human Carcinogens
Ethyl 3,3-di-(tert-amylperoxy)butyrate	67567-23-1	49CFR173.225
Ethyl 3,3-di-(tert-butylperoxy)butyrate	55794-20-2	49CFR173.225
ethyl acrylate	140-88-5	IARC List of Known and Suspected Human Carcinogens
Ethyl cyanide	107-12-0	EPA Acutely Toxic (P Listed)
ethyl hydroperoxide		DOT Forbidden
ethyl methanesulfonate	62-50-0	IARC List of Known and Suspected Human Carcinogens
ethyl perchlorate		DOT Forbidden
Ethylencimine		OSHA Listed Chemicals
ethylene diamine diperchlorate		DOT Forbidden
Ethylene Dibromide	106-93-4	Select Carcinogen
ethylene dichloride [1,2-dichloroethane]	107-06-2	IARC List of Known and Suspected Human Carcinogens
Ethylene Glycol Dimethyl Ether	110-71-4	Peroxidizable
Ethylene Glycol Monoethyl Ether	110-80-5	Peroxidizable, Reproductive Toxin
Ethylene Glycol Monomethyl Ether	109-86-4	Peroxidizable, Reproductive Toxin
Ethylene Oxide	75-21-8	Reproductive Toxin, Select Carcinogen
ethylene thiourea	96-45-7	IARC List of Known and Suspected Human Carcinogens
Ethylenimine	151-56-4	Select Carcinogen
ethyl-n-nitrosourea, n-	759-73-9	IARC List of Known and Suspected Human Carcinogens
ethynodiol diacetate	297-76-7	IARC List of Known and Suspected Human Carcinogens
eugenol [oil of cloves]	97-53-0	IARC List of Known and Suspected Human Carcinogens
Famphur	52-85-7	EPA Acutely Toxic (P Listed)
Fluorine	7782-41-4	EPA Acutely Toxic (P Listed)
Fluoroacetamide	640-19-7	EPA Acutely Toxic (P Listed)
Fluoroacetic acid, sodium salt	62-74-8	EPA Acutely Toxic (P Listed)
fluorouracil	51-21-8	IARC List of Known and Suspected Human Carcinogens
Formaldehyde (Any solution or product with greater than .1%)	50-00-0	Select Carcinogen
Formetanate hydrochloride.	23422-53-9	EPA Acutely Toxic (P Listed)
Formparanate.	17702-57-7	EPA Acutely Toxic (P Listed)
formylhydrazino)-4-(nitro-2-furyl)thiazole, 2-(2-	3570-75-0	IARC List of Known and Suspected Human Carcinogens
Fulminic acid, mercury(2+) salt (R,T)	628-86-4	EPA Acutely Toxic (P Listed)
Furan	110-00-9	Peroxidizable
furfaltadone		IARC List of Known and Suspected Human Carcinogens
glu-p-1(2-amino-6methyldipyrido[1,2-a:3',2'-d]imidazole	67730-11-4	IARC List of Known and Suspected Human Carcinogens
glu-p-2(2-aminodipyrido[1,2-a:3',2'-d]imidazole	67730-10-3	IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
glycerol gluconate trinitrate		DOT Forbidden
glycerol-1, 3-dinitrate		DOT Forbidden
glycidaldehyde	765-34-4	IARC List of Known and Suspected Human Carcinogens
griseofulvin	126-07-8	IARC List of Known and Suspected Human Carcinogens
guanyl nitrosaminoguanylidene hydrazine		DOT Explosive
guanyl nitrosaminoguanylidene hydrazine		DOT Forbidden
gyromitrin [acetaldeyde formylmethylhydrazone]	16568-02-8	IARC List of Known and Suspected Human Carcinogens
Heptachlor	76-44-8	EPA Acutely Toxic (P Listed)
hexachlorobutadiene	87-68-3	IARC List of Known and Suspected Human Carcinogens
hexachlorocyclohexane isomers [e.g. lindane]		IARC List of Known and Suspected Human Carcinogens
Hexaethyl tetraphosphate	757-58-4	EPA Acutely Toxic (P Listed)
hexamethylene triperoxide diamine		DOT Forbidden
Hexamethylphosphoramide	680-31-9	Select Carcinogen
hexanitroazoxy benzene		DOT Forbidden
hexanitrodiphenyl urea		DOT Forbidden
hexanitrodiphenylamine	131-73-7	DOT Explosive
hexanitrostilbene	49850-40-0	DOT Explosive
hydralazine	86-54-4	IARC List of Known and Suspected Human Carcinogens
Hydrazine	302-01-2	Select Carcinogen
hydrazine sulfate	10034-93-2	IARC List of Known and Suspected Human Carcinogens
Hydrazine, methyl-	60-34-4	EPA Acutely Toxic (P Listed)
Hydrazinecarbothioamide	79-19-6	EPA Acutely Toxic (P Listed)
hydrazobenzene	122-66-7	IARC List of Known and Suspected Human Carcinogens
Hydrocyanic acid	74-90-8	EPA Acutely Toxic (P Listed)
hydrocyanic acid	74-90-8	DOT Forbidden
Hydrofluoric Acid	7664-39-3	Acutely Toxic
Hydrogen cyanide	74-90-8	EPA Acutely Toxic (P Listed)
Hydrogen Fluoride	7664-39-3	Acutely Toxic
Hydrogen phosphide	7803-51-2	EPA Acutely Toxic (P Listed)
hyponitrous acid		DOT Forbidden
indeno[1,2,3-cd]pyrene	193-39-5	IARC List of Known and Suspected Human Carcinogens
Inorganic arsenic		OSHA Listed Chemicals
iron dextran complex	9004-66-4	IARC List of Known and Suspected Human Carcinogens
Isodrin	465-73-6	EPA Acutely Toxic (P Listed)
Isolan.	119-38-0	EPA Acutely Toxic (P Listed)
isonizid [isonicotinic acid hydrazide]	54-85-3	IARC List of Known and Suspected Human Carcinogens
Isopropyl Ether	108-20-3	Peroxidizable
Isopropylcumyl hydroperoxide	57242-90-7	49CFR173.225
isosafrole	120-58-1	IARC List of Known and Suspected Human Carcinogens
kepone [chlordecone]	143-50-0	IARC List of Known and Suspected Human Carcinogens
lasiocarpine	303-34-4	IARC List of Known and Suspected Human

Full Chemical Name	CAS #	Reference
		Carcinogens
Lead and lead compounds	7439-92-1	Reproductive Toxin
lead mononitroresorcinate	51317-24-9	DOT Explosive
lead styphnate	15245-44-0	DOT Explosive
lindane	58-89-9	IARC List of Known and Suspected Human Carcinogens
Manganese dimethyldithiocarbamate.	15339-36-3	EPA Acutely Toxic (P Listed)
Manganese, bis(dimethylcarbamodithioato-S,S□Œ)-,	15339-36-3	EPA Acutely Toxic (P Listed)
mannitol hexanitrate	15825-70-4	DOT Explosive
m-Cumenyl methylcarbamate.	64-00-6	EPA Acutely Toxic (P Listed)
mea-alpha-c [2-amino-3-methyl-9H-pyrido[2,3-b]indole]		IARC List of Known and Suspected Human Carcinogens
medroxyprogesterone acetate	71-58-9	IARC List of Known and Suspected Human Carcinogens
megestrol acetate	595-33-5	IARC List of Known and Suspected Human Carcinogens
Melphalan	148-82-3	Select Carcinogen
melphalan [alkeran]	148-82-3	IARC List of Known and Suspected Human Carcinogens
mercaptopurine, 6-	50-44-2	IARC List of Known and Suspected Human Carcinogens
Mercury	7439-97-6	Reproductive Toxin
mercury fulminate	628-86-4	DOT Explosive
Mercury fulminate (R,T)	628-86-4	EPA Acutely Toxic (P Listed)
Mercury, (acetato-O)phenyl-	62-38-4	EPA Acutely Toxic (P Listed)
merphalan	531-76-0	IARC List of Known and Suspected Human Carcinogens
mestranol	72-33-3	IARC List of Known and Suspected Human Carcinogens
Methanamine, N-methyl-N-nitroso-	62-75-9	EPA Acutely Toxic (P Listed)
Methane, isocyanato-	624-83-9	EPA Acutely Toxic (P Listed)
Methane, oxybis[chloro-	542-88-1	EPA Acutely Toxic (P Listed)
Methane, tetranitro- (R)	509-14-8	EPA Acutely Toxic (P Listed)
Methanethiol, trichloro-	75-70-7	EPA Acutely Toxic (P Listed)
Methanimidamide, N,N-dimethyl-N□Œ-[2-methyl-4-[[(methylamino)carbonyl]oxy]phenyl]-	23422-53-9	EPA Acutely Toxic (P Listed)
Methanimidamide, N,N-dimethyl-N□Œ-[3-[[(methylamino)-carbonyl]oxy]phenyl]-, monohydrochloride.	17702-57-7	EPA Acutely Toxic (P Listed)
Methiocarb.	2032-65-7	EPA Acutely Toxic (P Listed)
Methomyl	16752-77-5	EPA Acutely Toxic (P Listed)
methotrexate [trade name=mexate or folex]	59-05-2	IARC List of Known and Suspected Human Carcinogens
methoxsalen therapy [PUVA]		IARC List of Known and Suspected Human Carcinogens
methoxypsoralen, 5-	484-20-8	IARC List of Known and Suspected Human Carcinogens
Methyl Acetylene	74-99-7	Peroxidizable
methyl bromide	74-83-9	IARC List of Known and Suspected Human Carcinogens
methyl chloride	74-87-3	IARC List of Known and Suspected Human Carcinogens
Methyl chloromethyl ether	107-30-2	OSHA Listed Chemicals
Methyl ethyl ketone peroxide	1338-23-4	49CFR173.225
Methyl Fluorosulfate	421-20-5	Acutely Toxic

Full Chemical Name	CAS #	Reference
Methyl hydrazine	60-34-4	EPA Acutely Toxic (P Listed)
methyl hydrazine [monomethyl hydrazine]	60-34-4	IARC List of Known and Suspected Human Carcinogens
methyl iodide	74-88-4	IARC List of Known and Suspected Human Carcinogens
Methyl Isobutyl Ketone	108-10-1	Peroxidizable
Methyl isobutyl ketone peroxide	28056-59-9	49CFR173.225
Methyl isocyanate	624-83-9	EPA Acutely Toxic (P Listed)
methyl methanesulfonate	66-27-3	IARC List of Known and Suspected Human Carcinogens
Methyl parathion	298-00-0	EPA Acutely Toxic (P Listed)
methyl-1-nitroanthraquinone, 2-	129-15-7	IARC List of Known and Suspected Human Carcinogens
methylaziridine, 2- [propyleneimine]	75-55-8	IARC List of Known and Suspected Human Carcinogens
methylazoxymethanol and its acetate	590-96-5 and 592-62-1	IARC List of Known and Suspected Human Carcinogens
methylchrysene, 2-	3351-32-4	IARC List of Known and Suspected Human Carcinogens
methylchrysene, 3-	3351-31-3	IARC List of Known and Suspected Human Carcinogens
methylchrysene, 4-	3351-30-2	IARC List of Known and Suspected Human Carcinogens
methylchrysene, 5-	3697-24-3	IARC List of Known and Suspected Human Carcinogens
methylchrysene, 6-	1705-85-7	IARC List of Known and Suspected Human Carcinogens
Methylcyclohexanone peroxide	11118-65-3	49CFR173.225
Methylcyclopentane	96-37-7	Peroxidizable
methylenbis(n,n-dimethylaniline), 4,4'-	101-61-1	IARC List of Known and Suspected Human Carcinogens
methylene bis(2-chloroaniline), 4,4'- [MOCA]	101-14-4	IARC List of Known and Suspected Human Carcinogens
methylene bis(n,n-dimethyl)benzeneamine, 4,4'-	101-61-1	IARC List of Known and Suspected Human Carcinogens
Methylene chloride	75-09-2	OSHA Listed Chemicals
Methylenedianiline	101-77-9	OSHA Listed Chemicals
methylenedianiline, 4,4'-	101-77-9	IARC List of Known and Suspected Human Carcinogens
methyl-n'-nitro-n-nitrosoguanidine, n- [MNNG]	70-25-7	IARC List of Known and Suspected Human Carcinogens
methyl-n-nitrosourethane, n-	615-53-2	IARC List of Known and Suspected Human Carcinogens
methylthiouracil	56-04-2	IARC List of Known and Suspected Human Carcinogens
Metolcarb.	1129-41-6	EPA Acutely Toxic (P Listed)
metronidazole	443-48-1	IARC List of Known and Suspected Human Carcinogens
Mexacarbamate.	315-18-4	EPA Acutely Toxic (P Listed)
michler's ketone	90-94-8	IARC List of Known and Suspected Human Carcinogens
mirex	2385-85-5	IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
mitomycin C	50-07-7	IARC List of Known and Suspected Human Carcinogens
monocrotaline	315-22-0	IARC List of Known and Suspected Human Carcinogens
morpholinomethyl-3-[(5-nitrofurfurylidene)amino]-2-oxazolidinone, 5-(	3795-88-8	IARC List of Known and Suspected Human Carcinogens
Mustard Gas		Select Carcinogen
myleran [1,4-butanediol dimethanesulfonate]	55-98-1	IARC List of Known and Suspected Human Carcinogens
N,N'- Dinitrosopentamethylenetetramine	101-25-7	49CFR 173.224
N,N'-Dinitroso-N, N'-dimethyl-terephthalamide	133-55-1	49CFR 173.224
N-[[(methylamino)carbonyl]oxy]-, methyl ester		EPA Acutely Toxic (P Listed)
nafenopin	3771-19-5	IARC List of Known and Suspected Human Carcinogens
naphthylamine, 1-	134-32-7	IARC List of Known and Suspected Human Carcinogens
naphthylamine, 2-	91-59-8	IARC List of Known and Suspected Human Carcinogens
n-Butyl peroxydicarbonate		DOT Forbidden
n-Butyl-4,4-di-(tert-butylperoxy)valerate	995-33-5	49CFR173.225
N-Formyl-2-(nitromethylene)-1,3-perhydrothiazine		49CFR 173.224
nickel and some nickel compounds	7440-02-0	IARC List of Known and Suspected Human Carcinogens
Nickel Carbonyl	13463-39-3	Acutely Toxic, Select Carcinogen
Nickel carbonyl Ni(CO)4, (T-4)-	13463-39-3	EPA Acutely Toxic (P Listed)
Nickel cyanide	557-19-7	EPA Acutely Toxic (P Listed)
Nickel cynaide Ni(CN)2	557-19-8	EPA Acutely Toxic (P Listed)
Nicotine, & salts	54-11-5	EPA Acutely Toxic (P Listed)
nifuradene(1-[(5-nitrofurfurylidene)amino]-2-imidazolinone)		IARC List of Known and Suspected Human Carcinogens
niridazole	61-57-4	IARC List of Known and Suspected Human Carcinogens
nithiazide	139-94-6	IARC List of Known and Suspected Human Carcinogens
Nitric oxide	10102-43-9	EPA Acutely Toxic (P Listed)
nitrilotriacetic acid	139-13-9	IARC List of Known and Suspected Human Carcinogens
nitro urea	556-89-8	DOT Explosive
nitro-2-furyl)-2-thiazolyl]acetamide, n-[4-(5-	531-82-8	IARC List of Known and Suspected Human Carcinogens
nitroacenaphthene, 5-	602-87-9	IARC List of Known and Suspected Human Carcinogens
nitroanisole, o-	91-23-6	IARC List of Known and Suspected Human Carcinogens
nitrobiphenyl, 4-	92-93-3	IARC List of Known and Suspected Human Carcinogens
nitrocellulose	9004-70-0	DOT Explosive
nitrochrysene, 6-	7496-02-8	IARC List of Known and Suspected Human Carcinogens
nitrofen	1836-75-5	IARC List of Known and Suspected Human Carcinogens
Nitrogen dioxide	10102-44-0	EPA Acutely Toxic (P Listed)
nitrogen mustard [trade name=mustargen]	51-75-2	IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
nitrogen mustard n-oxide	126-85-2	IARC List of Known and Suspected Human Carcinogens
Nitrogen oxide NO	10102-43-9	EPA Acutely Toxic (P Listed)
Nitrogen oxide NO2	10102-44-0	EPA Acutely Toxic (P Listed)
nitrogen trichloride	10025-85-1	DOT Forbidden
nitroglycerin	55-63-0	DOT Explosive
Nitroglycerine (R)	55-63-0	EPA Acutely Toxic (P Listed)
nitroguanidine	556-88-7	DOT Explosive
nitro-ortho-anisidine, 5-	99-59-2	IARC List of Known and Suspected Human Carcinogens
nitropropane, 2-	25322-01-4	IARC List of Known and Suspected Human Carcinogens
nitropyrene, 1-	5522-43-0	IARC List of Known and Suspected Human Carcinogens
nitropyrene, 4-		IARC List of Known and Suspected Human Carcinogens
nitrosoamines (chemical name includes nitroso)		IARC List of Known and Suspected Human Carcinogens
nitrosodiethanolamine, n-		IARC List of Known and Suspected Human Carcinogens
nitrosodiethylamine, n-	55-18-5	IARC List of Known and Suspected Human Carcinogens
nitrosodimethylamine, p-	62-75-9	IARC List of Known and Suspected Human Carcinogens
nitrosodi-n-butylamine, n-		IARC List of Known and Suspected Human Carcinogens
nitrosodi-n-propylamine, n-		IARC List of Known and Suspected Human Carcinogens
nitrosomethylamino)-1-(3-pyrdyl)-1-butanone, 4-(n-	64091-91-4	IARC List of Known and Suspected Human Carcinogens
nitrosomethylamino)propionitrile, 3-(n-	60153-49-3	IARC List of Known and Suspected Human Carcinogens
nitrosomethylethylamine, n-	10595-95-6	IARC List of Known and Suspected Human Carcinogens
nitrosomethylvinylamine, n-	4549-40-0	IARC List of Known and Suspected Human Carcinogens
nitrosomorpholine, n-	59-89-2	IARC List of Known and Suspected Human Carcinogens
nitroso-n-ethylurea, n-	759-73-9	IARC List of Known and Suspected Human Carcinogens
nitroso-n-methylurea, n-	684-93-5	IARC List of Known and Suspected Human Carcinogens
nitrosonornicotine, n-	80508-23-2	IARC List of Known and Suspected Human Carcinogens
nitrosopiperidine, n-	100-75-4	IARC List of Known and Suspected Human Carcinogens
nitrosopyrrolidine, n-	930-55-2	IARC List of Known and Suspected Human Carcinogens
nitrososarcosine, n-	13256-22-9	IARC List of Known and Suspected Human Carcinogens
nitrostarch	9056-38-6	DOT Explosive
nitrotriazolone		DOT Explosive
n-n'-Dichlorazodicarbonamidine		DOT Forbidden
N-Nitrosodimethylamine	62-75-9	EPA Acutely Toxic (P Listed)

Full Chemical Name	CAS #	Reference
N-Nitrosomethylvinylamine	4549-40-0	EPA Acutely Toxic (P Listed)
norethisterone	68-22-4	IARC List of Known and Suspected Human Carcinogens
norethynodrel	68-23-5	IARC List of Known and Suspected Human Carcinogens
O,O-Diethyl O-pyrazinyl phosphorothioate	297-97-2	EPA Acutely Toxic (P Listed)
O-[(methylamino)carbonyl]oxime		EPA Acutely Toxic (P Listed)
O-[4-[(dimethylamino)sulfonyl]phenyl] O,O-dimethyl ester		EPA Acutely Toxic (P Listed)
ochratoxin A	303-47-9	IARC List of Known and Suspected Human Carcinogens
Octamethylpyrophosphoramide	152-16-9	EPA Acutely Toxic (P Listed)
octolite		DOT Explosive
octonal		DOT Explosive
oestradiol-17 beta		IARC List of Known and Suspected Human Carcinogens
oestrone	53-16-7	IARC List of Known and Suspected Human Carcinogens
oil or orange SS	2646-17-5	IARC List of Known and Suspected Human Carcinogens
Osmium oxide OsO4, (T-4)-	20816-12-0	EPA Acutely Toxic (P Listed)
Osmium tetroxide	20816-12-0	EPA Acutely Toxic (P Listed)
Oxamyl.	23135-22-0	EPA Acutely Toxic (P Listed)
oxydianiline, 4,4'-	101-80-4	IARC List of Known and Suspected Human Carcinogens
oxymentholone		IARC List of Known and Suspected Human Carcinogens
Ozone	10028-15-6	Acutely Toxic
panfuran S [dihydroxymethylfuratizine]	794-93-4	IARC List of Known and Suspected Human Carcinogens
Parathion	56-38-2	EPA Acutely Toxic (P Listed)
p-Chloroaniline	106-47-8	EPA Acutely Toxic (P Listed)
p-Diazidobenzene		DOT Forbidden
Peracetic acid	79-21-0	49CFR173.225
Peroxyacetic acid	79-21-0	49CFR173.225
petasitenine	60102-37-6	IARC List of Known and Suspected Human Carcinogens
phenacetin	62-44-2	IARC List of Known and Suspected Human Carcinogens
phenazopyridine	94-78-0	IARC List of Known and Suspected Human Carcinogens
phenazopyridine hydrochloride	136-40-3	IARC List of Known and Suspected Human Carcinogens
phenelzine	51-71-8	IARC List of Known and Suspected Human Carcinogens
phenobarbital	50-06-6	IARC List of Known and Suspected Human Carcinogens
Phenol, (3,5-dimethyl-4-(methylthio)-, methylcarbamate	2032-65-7	EPA Acutely Toxic (P Listed)
Phenol, 2-(1-methylpropyl)-4,6-dinitro-	88-85-7	EPA Acutely Toxic (P Listed)
Phenol, 2,4,6-trinitro-, ammonium salt (R)	131-74-8	EPA Acutely Toxic (P Listed)
Phenol, 2,4-dinitro-	51-28-5	EPA Acutely Toxic (P Listed)
Phenol, 2-cyclohexyl-4,6-dinitro-	131-89-5	EPA Acutely Toxic (P Listed)
Phenol, 2-methyl-4,6-dinitro-, & salts	534-52-1	EPA Acutely Toxic (P Listed)
Phenol, 3-(1-methylethyl)-, methyl carbamate.	64-00-6	EPA Acutely Toxic (P Listed)
Phenol, 3-methyl-5-(1-methylethyl)-, methyl carbamate.	2631-37-0	EPA Acutely Toxic (P Listed)

Full Chemical Name	CAS #	Reference
Phenol, 4-(dimethylamino)-3,5-dimethyl-, methylcarbamate (ester).	315-18-4	EPA Acutely Toxic (P Listed)
phenoxybenzamine and its hydrochloride	59-96-1	IARC List of Known and Suspected Human Carcinogens
phenyl-beta-naphthylamine, n-	135-88-6	IARC List of Known and Suspected Human Carcinogens
Phenylmercury acetate	62-38-4	EPA Acutely Toxic (P Listed)
phenylphenol, o-	90-43-7	IARC List of Known and Suspected Human Carcinogens
Phenylthiourea	103-85-5	EPA Acutely Toxic (P Listed)
phenytoin (and its sodium salts)	57-41-0	IARC List of Known and Suspected Human Carcinogens
Phorate	298-02-2	EPA Acutely Toxic (P Listed)
Phosgene	75-44-5	EPA Acutely Toxic (P Listed)
Phosphine	7803-51-2	EPA Acutely Toxic (P Listed)
Phosphoric acid, diethyl 4-nitrophenyl ester	311-45-5	EPA Acutely Toxic (P Listed)
Phosphorodithioic acid, O,O-diethyl	298-04-4	EPA Acutely Toxic (P Listed)
Phosphorodithioic acid, O,O-dimethyl S-[2-(methylamino)-2-oxoethyl] ester	60-51-5	EPA Acutely Toxic (P Listed)
Phosphorofluoridic acid, bis(1-methylethyl) ester	55-91-4	EPA Acutely Toxic (P Listed)
Physostigmine salicylate.	57-64-7	EPA Acutely Toxic (P Listed)
Physostigmine.	57-47-6	EPA Acutely Toxic (P Listed)
Pinanyl hydroperoxide	28324-52-9	49CFR173.225
Plumbane, tetraethyl-	78-00-2	EPA Acutely Toxic (P Listed)
p-Menthyl hydroperoxide	26762-92-5	49CFR173.225
p-Nitroaniline	100-01-6	EPA Acutely Toxic (P Listed)
polybrominated biphenyls [PBBs]	67774-32-7	IARC List of Known and Suspected Human Carcinogens
polychlorinated biphenyls [PCBs]	53469-21-9	IARC List of Known and Suspected Human Carcinogens
ponceau 3R	3564-09-8	IARC List of Known and Suspected Human Carcinogens
ponceau MX	3761-53-3	IARC List of Known and Suspected Human Carcinogens
Potassium	7440-09-7	Peroxidizable
Potassium cyanide	151-50-8	EPA Acutely Toxic (P Listed)
Potassium silver cyanide	506-61-6	EPA Acutely Toxic (P Listed)
procarbazine	671-16-9	IARC List of Known and Suspected Human Carcinogens
procarbazine hydrochloride trade name=matulan	366-70-1	IARC List of Known and Suspected Human Carcinogens
Promecarb	2631-37-0	EPA Acutely Toxic (P Listed)
Propanal, 2-methyl-2-(methyl-sulfonyl)-, O-[(methylamino)carbonyl] oxime.	1646-88-4	EPA Acutely Toxic (P Listed)
Propanal, 2-methyl-2-(methylthio)-,	116-06-3	EPA Acutely Toxic (P Listed)
propane sultone, 1,3-	1120-71-4	IARC List of Known and Suspected Human Carcinogens
Propanenitrile	107-12-0	EPA Acutely Toxic (P Listed)
Propanenitrile, 2-hydroxy-2-methyl-	75-86-5	EPA Acutely Toxic (P Listed)
Propanenitrile, 3-chloro-	542-76-7	EPA Acutely Toxic (P Listed)
Propargyl alcohol	107-19-7	EPA Acutely Toxic (P Listed)
propiolactone, beta-	57-57-8	IARC List of Known and Suspected Human Carcinogens
propylene dichloride [1,2-dichloropropane]	78-87-5	IARC List of Known and Suspected Human

Full Chemical Name	CAS #	Reference
		Carcinogens
propylene oxide	75-56-9	IARC List of Known and Suspected Human Carcinogens
propyleneimine [1,2-propylenimine or 2-methylaziridine]	75-55-8	IARC List of Known and Suspected Human Carcinogens
propylthiouracil	51-52-5	IARC List of Known and Suspected Human Carcinogens
Pyridine, 3-(1-methyl-2-pyrrolidinyl)-, (S)-, & salts	54-11-5	EPA Acutely Toxic (P Listed)
quercetin	117-39-5	IARC List of Known and Suspected Human Carcinogens
Radioactive Materials (Non-Excempt)		OSHA Listed Chemicals
reserpine	50-55-5	IARC List of Known and Suspected Human Carcinogens
S-[(ethylthio)methyl] ester		EPA Acutely Toxic (P Listed)
S-[2-(ethylthio)ethyl] ester		EPA Acutely Toxic (P Listed)
safrole	94-59-7	IARC List of Known and Suspected Human Carcinogens
Selenious acid, dithallium(1+) salt	12039-52-0	EPA Acutely Toxic (P Listed)
selenium sulfide	7488-56-4	IARC List of Known and Suspected Human Carcinogens
Selenourea	630-10-4	EPA Acutely Toxic (P Listed)
senkirkine	2318-18-5	IARC List of Known and Suspected Human Carcinogens
Silver cyanide	506-64-9	EPA Acutely Toxic (P Listed)
Sodium 2-diazo-1-naphthol-4-sulphonate		49CFR 173.224
Sodium 2-diazo-1-naphthol-5-sulphonate	2657-00-3	49CFR 173.224
Sodium Amide	7782-92-5	Peroxidizable
Sodium azide	26628-22-8	EPA Acutely Toxic (P Listed)
Sodium cyanide	143-33-9	EPA Acutely Toxic (P Listed)
sodium metal	7440-23-5	Water Reactive
sodium o-phenylphenate	132-27-4	IARC List of Known and Suspected Human Carcinogens
spironolactone	52-01-7	IARC List of Known and Suspected Human Carcinogens
sterigmatocystin	10048-13-2	IARC List of Known and Suspected Human Carcinogens
streptozotocin	18883-66-4	IARC List of Known and Suspected Human Carcinogens
Strychnidin-10-one, & salts	57-24-9	EPA Acutely Toxic (P Listed)
Strychnidin-10-one, 2,3-dimethoxy-	35757-3	EPA Acutely Toxic (P Listed)
Strychnine, & salts	57-24-9	EPA Acutely Toxic (P Listed)
Styrene	100-42-5	Peroxidizable
styrene oxide	96-09-3	IARC List of Known and Suspected Human Carcinogens
sulfallate	95-06-7	IARC List of Known and Suspected Human Carcinogens
sulfamethoxazole	723-46-6	IARC List of Known and Suspected Human Carcinogens
Sulfuric acid, dithallium(1+) salt	7446-18-6	EPA Acutely Toxic (P Listed)
symphytine	22571-95-5	IARC List of Known and Suspected Human Carcinogens
telone II (mostly 1,3-dichloropropene)	542-75-6	IARC List of Known and Suspected Human Carcinogens
tert-Amyl hydroperoxide	3425-61-4	49CFR173.225

Full Chemical Name	CAS #	Reference
tert-Amyl peroxy-2-ethylhexanoate	686-31-7	49CFR173.225
tert-Amyl peroxy-2-ethylhexyl carbonate	70833-40-8	49CFR173.225
tert-Amyl peroxybenzoate	4511-39-1	49CFR173.225
tert-Amyl peroxyneodecanoate	68299-16-1	49CFR173.225
tert-Amyl peroxypivalate	29240-17-3	49CFR173.225
tert-Amylperoxy-3,5,5-trimethylhexanoate		49CFR173.225
tert-Butoxycarbonyl azide		DOT Forbidden
tert-Butyl cumyl peroxide	30580-75-7	49CFR173.225
tert-Butyl hydroperoxide	75-91-2	49CFR173.225
tert-Butyl monoperoxymaleate	1931-62-0	49CFR173.225
tert-Butyl monoperoxyphthalate	15042-77-0	49CFR173.225
tert-Butyl peroxy-2-ethylhexanoate	3006-82-4	49CFR173.225
tert-Butyl peroxy-2-ethylhexylcarbonate		49CFR173.225
tert-Butyl peroxy-2-methylbenzoate	22313-62-8	49CFR173.225
tert-Butyl peroxy-3,5,5-trimethylhexanoate	13122-18-4	49CFR173.225
tert-Butyl peroxyacetate	107-71-1	49CFR173.225
tert-Butyl peroxyacetate		DOT Forbidden
tert-Butyl peroxybenzoate	614-45-9	49CFR173.225
tert-Butyl peroxybutyl fumarate		49CFR173.225
tert-Butyl peroxycrotonate	23474-91-1	49CFR173.225
tert-Butyl peroxydiethylacetate	2550-33-6	49CFR173.225
tert-Butyl peroxyisobutyrate	109-13-7	49CFR173.225
tert-Butyl peroxyneodecanoate	26748-41-4	49CFR173.225
tert-Butyl peroxyneoheptanoate	26748-38-9	49CFR173.225
tert-Butyl peroxypivalate	927-07-2	49CFR173.225
tert-Butylperoxy isopropylcarbonate	2372-21-6	49CFR173.225
tert-Butylperoxystearylcarbonate		49CFR173.225
tert-Hexyl peroxypivalate	51938-28-4	49CFR173.225
tert-Hexylperoxyneodecanoate		49CFR173.225
testosterone and its esters	58-22-0	IARC List of Known and Suspected Human Carcinogens
tetrachlorodibenzo-dioxin [TCDD]		IARC List of Known and Suspected Human Carcinogens
tetrachlorodibenzo-p-dioxin, 2,3,7,8- [TCDD]	1746-01-6	IARC List of Known and Suspected Human Carcinogens
tetrachloroethylene [perchloroethylene]	127-18-4	IARC List of Known and Suspected Human Carcinogens
tetrachlorvinphos	22248-79-9	IARC List of Known and Suspected Human Carcinogens
Tetraethyl lead	78-00-2	EPA Acutely Toxic (P Listed)
Tetraethyl pyrophosphate	107-49-3	EPA Acutely Toxic (P Listed)
Tetraethyldithiopyrophosphate	3689-24-5	EPA Acutely Toxic (P Listed)
Tetrafluoroethylene	116-14-3	Peroxidizable
Tetrahydrofuran	109-99-9	Peroxidizable
Tetralin	119-64-2	Peroxidizable
Tetramine palladium (II) nitrate		49CFR 173.224
Tetranitromethane (R)	509-14-8	EPA Acutely Toxic (P Listed)
Tetraphosphoric acid, hexaethyl ester	757-58-4	EPA Acutely Toxic (P Listed)
Thallic oxide	1314-32-5	EPA Acutely Toxic (P Listed)
Thallium oxide Tl2 O3	1314-32-5	EPA Acutely Toxic (P Listed)
Thallium(I) selenite	12039-52-0	EPA Acutely Toxic (P Listed)
Thallium(I) sulfate	7446-18-6	EPA Acutely Toxic (P Listed)
thioacetamide	62-55-5	IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
thiodianiline, 4,4'-	139-65-1	IARC List of Known and Suspected Human Carcinogens
thiotepa	52-24-4	IARC List of Known and Suspected Human Carcinogens
thiourea	62-56-6	IARC List of Known and Suspected Human Carcinogens
Thorium Dioxide		Select Carcinogen
tolidine, o-	119-93-7	IARC List of Known and Suspected Human Carcinogens
Toluene	108-88-3	Reproductive Toxin
toluene diisocyanate [TDI]	584-84-9	IARC List of Known and Suspected Human Carcinogens
toluidine hydrochloride, o-	540-23-8	IARC List of Known and Suspected Human Carcinogens
toluidine, o-	95-53-4	IARC List of Known and Suspected Human Carcinogens
toluidine, p-	106-49-0	IARC List of Known and Suspected Human Carcinogens
toxaphene	8001-35-2	IARC List of Known and Suspected Human Carcinogens
Treosulfan	299-75-2	Select Carcinogen
triafur [2-amino-5-(nitro-2-furyl)-1,3,4-thiadiazole]		IARC List of Known and Suspected Human Carcinogens
trichloroethane, 1,1,2-	79-00-5	IARC List of Known and Suspected Human Carcinogens
trichloroethylene	79-01-6	IARC List of Known and Suspected Human Carcinogens
trichlorophenol, 2,4,6-	88-06-2	IARC List of Known and Suspected Human Carcinogens
trichloropropane, 1,2,3-	96-18-4	IARC List of Known and Suspected Human Carcinogens
tris(1-aziridinyl)phosphine sulfide trade name=thiotepa	52-24-4	IARC List of Known and Suspected Human Carcinogens
tris(2,3-dibromopropyl)phosphate	126-72-7	IARC List of Known and Suspected Human Carcinogens
tris(aziridinyl)-p-benzoquione [triaziquone]	68-76-8	IARC List of Known and Suspected Human Carcinogens
trp-P-1 [3-amino,1,4-dimethyl-5H-pyrido[4,3-b]indole]	62450-06-0	IARC List of Known and Suspected Human Carcinogens
trp-P-2 [3-amino-1-methyl-5H-pyrido[4,3-b]indole]		IARC List of Known and Suspected Human Carcinogens
trypan blue	72-57-1	IARC List of Known and Suspected Human Carcinogens
uracil mustard trade name=uramustine	66-75-1	IARC List of Known and Suspected Human Carcinogens
urethane [ethyl carbamate]	51-79-6	IARC List of Known and Suspected Human Carcinogens
Vinyl Actetate	108-05-4	Peroxidizable
vinyl bromide	593-60-2	IARC List of Known and Suspected Human Carcinogens
Vinyl Chloride	75-01-4	Peroxidizable, Reproductive Toxin, Select Carcinogen
vinyl fluoride	75-02-5	IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
Vinylacetylene	689-97-4	Peroxidizable
vinylcyclohexene, 4-	100-40-3	IARC List of Known and Suspected Human Carcinogens
vinylidene chloride [1,1-dichloroethylene]	75-35-4	IARC List of Known and Suspected Human Carcinogens
vinylidene fluoride monomer	75-38-7	IARC List of Known and Suspected Human Carcinogens
Vinylidine Chloride	75-35-4	Peroxidizable
Vinylpyridine	1337-81-1	Peroxidizable
Xylene	1330-20-7	Reproductive Toxin
zearalenone	17924-92-4	IARC List of Known and Suspected Human Carcinogens
zinc chromate	13530-65-9	IARC List of Known and Suspected Human Carcinogens