State of Rhode Island
DEPARTMENT OF EDUCATION
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Providence, Rhode Island 02903-3400

Angélica Infante-Green
Commissioner

Enclosure 5b
February 8, 2022

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TO: Members of the Council on Elementary and Secondary Education

FROM: Angélica Infante-Green, Commissioner A. Infante

RE: Regulations for School Health Programs in Rhode Island – Feedback from Public Review and Comment

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In February 2020, the RI Department of Education (RIDE) presented the Rules and Regulations for School Health Programs to the Council for approval to proceed to a public hearing. Prior to posting the draft regulations for public comment, the RI Department of Health (RIDOH) and RIDE engaged in public conversations with educator groups, professional associations, and parents. A public hearing was held in November 2021, and comments from two organizations were received and are included in the attached Concise Explanatory Statement (CES). The version of the regulations that was posted for public comment was informed by these rounds of discussions. As a result of public comment received and ongoing discussions, we present the final draft of the regulations.

RECOMMENDATION: That, the Council on Elementary and Secondary Education approves the Regulations for School Health Programs in Rhode Island.

CONCISE EXPLANATORY STATEMENT

In accordance with the Administrative Procedures Act, R.I. Gen. Laws § 42-35-2.6, the following is a concise explanatory statement:

AGENCY: Rhode Island Department of Health (the Department)

DIVISION: N/A

RULE IDENTIFIER: 216-RICR-20-10-4

RULE TITLE: School Health Program

REASON FOR RULEMAKING: The Department is proposing amendments to the School Health Program regulations to align the regulations with the Rhode Island Department of Education; incorporate information and requirements on vision and eye screening; implement requirements of R.I. Gen Laws § 40-11-3 regarding child abuse and neglect; Adds reference and implements R.I. Gen Laws § 16-22-4 regarding mixing opioids and alcohol; to allow licensed dental hygienists to perform dental screenings; requires development of policies and procedures for maintenance of a supply of opioid antagonists in private and elementary schools; implement requirements for medical marijuana and CBD oil administration; remove superfluous language; correct citations to R.I. General Laws and Rhode Island regulations; and revise to plain language.

ANY FINDINGS REQUIRED BY LAW AS A PREEQUISITE TO THE EFFECTIVENESS OF THE RULE: N/A

TESTIMONY AND COMMENTS:

A comment was received requesting that the phrase “or otherwise discriminate against” in § 4.23.1(C) in order to provide further protections for students who are medical marijuana card holders. The Department is agreeable to this addition and has added the language. The Department thanks you for this comment.

A comment was received requesting a revision to § 4.23.2(A)(3) to require the school to make arrangements for another school nurse or school employee to administer medical marijuana in the event the original school nurse declines to administer medical marijuana. To avoid a situation that created the need for such regulations, the Department agrees that the school should provide an alternative method for a student to receive his or her medication in the event a school nurse refuses to administer. The Department has added language to this effect in § 4.23.2(A)(3). The Department thanks you for this comment.

A comment was received asking to change the word “may” to “shall” in § 4.24.3(A)(1) of the regulations. In accordance with R.I. Gen. Laws § 42-35-6.1, an agency may not file a rule that is a logical outgrowth of the proposed rule. The Department did not propose amendments to this section, and inclusion of such language after the proposed regulation would be a violation of statue. This comment will not be accepted at this time.

Testimony was provided at the School Health Program hearing on November 8, 2021. The testimony requesting that only cannabis/marijuana medications approved by the Food and Drug Administration (FDA). Rhode Island has approved cannabis for medicinal use by Rhode Island residents with qualifying conditions and symptoms. The Department recognizes that some individuals are not comfortable with administering cannabis, even for medicinal purposes, and thus permits a school nurse to opt out of administering. This comment will not be accepted at this time.

CHANGES TO THE TEXT OF THE RULE:

§ 4.23.1(C) added the phrase “or otherwise discriminate against.”

§ 4.23.2(A)(3)(a) added language to require the school to make arrangements for a student to receive medical marijuana during the school day in the event a school nurse refuses to administer medical marijuana.

REGULATORY ANALYSIS:

In development of this rule, consideration was given to:

1) Alternative approaches;

2) Overlap or duplication with other statutory and regulatory provisions; and

3) Significant economic impact on small business

No alternative approach, duplication or overlap was identified based on available information. RIDOH has determined that the benefits of the rule justify its costs.

216-RICR-20-10-4

TITLE 216 – DEPARTMENT OF HEALTH

CHAPTER 20 – COMMUNITY HEALTH

SUBCHAPTER 10 – SCREENING, MEDICAL SERVICES, AND REPORTING

PART 4 – School Health Programs

4.1 Authority

These Regulations are promulgated pursuant to the authority conferred under R.I. Gen. Laws §§ 16-21-7(a) and 23-1-18(4), and are established for the purpose of adopting prevailing standards pertaining to school health programs.

4.2 Incorporated Materials

A. These Regulations hereby adopt and incorporate the Rhode Island Health Education Framework: Health Literacy for All Students (2010) standards by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

B. These Regulations hereby adopt and incorporate the RIDE Comprehensive Health Instructional Outcomes (2015) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

C. These Regulations hereby adopt and incorporate the Rhode Island Physical Education Framework standards (2003) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

D. These Regulations hereby adopt and incorporate the Substance Abuse and Mental Health Services Administration (~~SAMSA~~SAMHSA) National Registry of Evidence Based Programs and Practices (2014), by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

E. These Regulations hereby adopt and incorporate the Occupational Safety and Health Administration (OSHA) Toxic and Hazardous Substances Standard - 29 C.F.R. Parts 1910-1450 (2012) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

F. These Regulations hereby adopt and incorporate the American Speech-Language-Hearing Association Guidelines for Audiology Service Provision in and

for Schools (2002) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

G. These Regulations hereby adopt and incorporate the American National Standards Institute Specifications for Audiometers Standards (2010) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

H. These Regulations hereby adopt and incorporate the Occupational Safety and Health Administration Occupational Noise Exposure Standard, 29 C.F.R. § 1910.95(c) (2008) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with this Part.

I. These Regulations hereby adopt and incorporate the Scoliosis Research Society Screening for Early Detection for Idiopathic Scoliosis in Adolescents standards (2015) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

J. These Regulations hereby adopt and incorporate the U.S. Consumer Product Safety Commission Standards for public playground safety (2010) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

K. These Regulations hereby adopt and incorporate the Uniform Federal Accessibility Standards (2004) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

L. These Regulations hereby adopt and incorporate the National Center for Children's Vision and Eye Health's Vision Screening Recommendations (2019) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

4.3 Definitions

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

~~1. "Added sweetener" means 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.~~

~~2~~1. “Administrative head of school” means the person with the greatest responsibility for the care and supervision of a public-school district or community as defined in § 4.3(A)(10) of this Part, or a non-public school (e.g. headmaster, principal, superintendent).

~~3~~2. "Anaphylaxis" means 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.

~~4. "At school", as used in §§ 4.38 and 4.39 of this Part, 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.~~

~~5~~3. "Audiologist" means an individual licensed in this State in accordance with Part 40-05-33 of this Title, Speech Pathologists and Audiologists ~~[R5-48-SPA]~~.

~~6~~4. "Audiometric aide" means an individual registered in this State in accordance with Part 40-05-33 of this Title, Speech Pathologists and Audiologists ~~[R5-48-SPA]~~.

~~7~~5. "Bullying and cyber-bullying", as used in this Part, are defined by R.I. Gen. Laws § 16-21-33.

~~8~~6. "Certified health educator" means an individual who ~~holds the appropriate certification as a health educator~~is certified by the Rhode Island Department of Education (RIDE) in accordance with 200-RICR-20-20-1, ~~RIDE requirements.~~~~the~~ Regulations Governing the Certification of Educators in Rhode Island.

7. "Certified school nurse" means an individual who is licensed as a professional (registered) nurse in this State pursuant to R.I. Gen. Laws Chapter 5-34 and is certified by RIDE as an All Grades Registered School Nurse and is not eligible to serve as a teacher of record in accordance with 200-RICR-20-20-1, Regulations Governing the Certification of Educators in Rhode Island.

8~~9~~. "Certified school nurse-teacher" means an individual who is licensed as a professional (registered) nurse in this State pursuant to R.I. Gen. Laws Chapter 5-34 and is certified by RIDE as ~~a Certified~~an All Grades School Nurse-Teacher~~.~~ and as a Health Teacher in accordance with 200-RICR-

20-20-1, Regulations Governing the Certification of Educators in Rhode Island.

910. "Community" means any city, town or regional school district established pursuant to State law and/or DCYF and any school operated by RIDE; provided, however, that the Department for Children, Youth and Families shall not have those administrative responsibilities and obligations as set forth in R.I. Gen. Laws Chapter 16-2 ("Education"); provided, however, the member towns of the Chariho Regional High School District, created by R.I. Gen. Laws § 16-3.1-9 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 R.I. Gen. Laws Chapter 16-24-6 for all grades financed in whole or in part by said towns irrespective of any regionalization pursuant to R.I. Gen. Laws Chapter 16-7 entitled, "Foundation Level School Support."").

101. “Comprehensive school health program” means a 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 R.I. Gen. Laws § 16-21-7.

112. “Competitive foods” means all foods and beverages other than meals reimbursed under the Richard B. Russell National School Lunch Act (42 U.S.C. § 1751 *et seq*.), 200-RICR-20-25-4, Regulations Governing Nutritional Requirements for Reimbursable Meals and Competitive Foods and Beverages; Limitations on Competitive Foods and Beverages at Meal Time and the Child Nutrition Act of 1966 (42 U.S.C.§ 1771 *et seq*.) available for sale to students on the school campus during the school day.

123. "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.

134. "Controlled substance" means a drug, substance, or immediate precursor in schedules I-V of R.I. Gen. Laws § 21-28-1.02.

145. “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.

156. “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/her dating partner.

167. "Dental hygienist", means a person with a license to practice dental hygiene in this State under the provisions R.I. Gen. Laws § 5-31.1-1.

a. Public health dental hygienist, as used in this Part means any practicing registered dental hygienist who may perform dental hygiene procedures in a public health setting under the provisions of R.I. Gen. Laws § 5-31.1-39.

17~~8~~. "Dentist", as used in this Part, means a person with a license to practice dentistry in this State under the provisions of R.I. Gen. Laws § 5-31.1-1.

18~~9~~. “DCYF” means the Rhode Island Department of Children, Youth and Families.

19~~20~~. "Education record" means those records that are:

a. Directly related to a student; and

b. Maintained by an educational agency or institution or by a party acting for the agency or institution.

20~~1~~. "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.

21~~2~~. “Emergency care plan” or “ECP” means a set of procedural guidelines that provides specific directions about what to do in an emergency. 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 in this Part, “emergency care plan (ECP)” shall have the same meaning as “emergency health care plan (EHCP).”

22~~3~~. "Epinephrine auto-injectors" means any device that is used for the automatic injection of epinephrine into the human body to prevent or treat anaphylaxis.

23~~4~~. "Eye care provider~~", as used in this Part,~~" means an individual licensed in the Rhode Island to practice optometry or medicine (i.e., ophthalmology) pursuant to the provisions of R.I. Gen. Laws Chapter 5-35.1.

24~~5~~. "Follow~~-~~-up" means the contact with a student’s~~,~~ parent as defined in this Part, and/or service provider to verify receipt of services, provide clarification and determine the need for additional assistance.

25~~6~~. “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.

267. "Hazardous chemical" means a chemical for which there is statistically significant evidence based on at least one (1) study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed persons. 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.

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

289. "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.

2930. "Health education" means comprehensive sequential kindergarten through grade twelve (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 § 4.5(D) of this Part.

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

312. “Individualized health care plan” or “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.

332. “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 § 4.9.1(B) of this Part.

334. "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.

~~35. "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.~~

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

~~37~~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.

36. "Medical marijuana" means as defined in § 230-RICR-80-05-1.1(A)(27) and can only be purchased from a licensed compassion center.

378. "Medication" means 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.

389. "OSHA" means the Occupational Safety and Health Administration.

3940. "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.

401. "Physician" means an individual licensed in the United States to practice allopathic or osteopathic medicine pursuant to the provisions of R.I. Gen. Laws Chapter 5-37.

a. Chiropractic physicians licensed under the provisions of R.I. Gen. Laws Chapter 5-30 are entitled to the same services of the laboratories of RIDOH and other institutions, and shall be subject to the same duties and liabilities, and are 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 R.I. Gen. Laws § 5-37-2; provided, however, that chiropractic physicians shall not write prescriptions for drugs for internal medication nor practice major surgery.

41~~2~~. “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 § 4.9.1(B) of this Part.

42~~3~~. "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.

43~~4~~. "Record" means any information recorded in any way, including, but not limited to, handwriting, print, tape, electronic storage, computer diskette, film, microfilm, and microfiche.

44~~5~~. “RIDE” means the Rhode Island Department of Elementary and Secondary Education.

45~~6~~. “RIDOH” means the Rhode Island Department of Health.

46. "School campus" means all areas of the property under the jurisdiction of the school that are accessible to students during the school day.

47. "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 § 4.4(A) of this Part) shall be considered a "school" for the purposes of this Part.

48. "School nurse" means a certified school nurse teacher as defined in § 4.3 of this Part, or a certified school nurse as defined in § 4.3 of this Part.

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

~~49~~50. "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.

~~50~~51. "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 medication label, without additional assistance or direction.

~~51~~52. "Self-carry" means that the student carries medication on his/her person, if self-administration of the medication is necessary.

~~52~~53. "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.

~~53~~54. "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.

~~54~~55. "Speech/language pathologist" means a professional who identifies, assesses, diagnoses, prevents, and treats speech, voice, language, communication, and swallowing disorders.

a. "Certified speech/language pathologist" means a speech/language pathologist certified by RIDE in accordance with 200-RICR-20-20-1, Regulations Governing the Certification of Educators in Rhode Island to perform speech-language pathology services for the public-school system.

b. "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.

~~55~~56. "Speech/language pathology aide" means an individual registered in this S~~s~~tate in accordance with Part 40-05-33 of this Title, Speech Pathologists and Audiologists~~[R5-48-SPA]~~.

~~56~~57. "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.

~~57. "These Regulations" means all sections of the Rhode Island Rules and Regulations for School Health Programs [216-RICR-20-10-4].~~

58. "Vision screening," as used in this Part, means a limited series of tests to identify individuals who may have a vision or eye health problem.

59. "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.

4.4 General Requirements

A. All schools, as defined in § 4.3(A)(~~47~~48) of this Part, that are approved pursuant to R.I. Gen. Laws §§ 16-19-1 and 16-19-2 are required to have a comprehensive school health program approved by RIDE and RIDOH in accordance with R.I. Gen. Laws § 16-21-7.

B. A comprehensive school health program as defined in § 4.3(A)(11) of this Part, consists of three (3) components:

1. Health education;

2. Health services; and

3. A healthful school environment.

a. All schools that sell or distribute competitive foods and beverages as defined in § 4.3 must do so in accordance with the provisions of R.I. Gen. Laws §§ 16-21-7(c) and (d); and pursuant to 200-RICR-20-25-4, Regulations Governing Nutritional Requirements for Reimbursable Meals and Competitive Foods and Beverages; Limitations on Competitive Foods and Beverages at Meal Time.

b. The prohibition on advertising unhealthy food and beverages is pursuant to R.I. Gen. Laws § 16-21-7.1.

4. The health education program (curriculum and personnel) for non-public schools must be consistent with the provisions of § 4.5(A) of this Part.

C. The administrative head of school(s) is responsible for the comprehensive school health program and is required to:

1. Develop a manual of procedures (protocols) governing health education, health services and a healthful school environment. This manual must be available at the Superintendent's office and at each school. Procedures must address the statutory and regulatory requirements of this Part and include provisions pertaining to, but not limited to, the following:

    a. Students and/or employees infected with HIV/AIDS or hepatitis;

    b. Substance abuse;

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

    d. Suicidal behavior;

    e. 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

    f. Provisions regarding the three (3) statutory waivers for exemption of a student from health education curricula pursuant to R.I. Gen. Laws §§ 16-22-18(c) sexuality and family life; 16-22-17(c) HIV/AIDS; and 16-21-7(a) the characteristics, symptoms or treatment of disease.

2. Provide an adequate number of personnel for a comprehensive school health program in accordance with the statutory requirements and the requirements of this Part. Required personnel include no less than a school physician, dentist, certified health educator and ~~certified~~a school nurse~~ teacher~~.

    a. Non-public schools may employ registered nurses licensed in Rhode Island pursuant to R.I. Gen. Laws Chapter 5-34, to provide individualized health services, but not to provide population-based health services and other requirements of the school health program as described in this Part.

3. Designate an individual(s) or committee to be accountable for the comprehensive school health program. The name of the individual(s) must be included in the annual school health report as required in § 4.4(C)(4) of this Part.

4. Submit an annual school health report to RIDE pertaining to the comprehensive school health program no later than sixty (60) days from a date established by RIDE. The report should be prepared with input from district school improvement teams when appropriate.

D. No requirement of this Part 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 their profession.

E. Nothing in this Part 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.

4.4.1 Child Abuse/Neglect Reporting; Reporting of Sexual Abuse of a Child in an Educational Program

A. Any person who has reasonable cause to know or suspect that any child has been abused or neglected, as defined in R.I. Gen. Laws § 40-11-2, or has been the victim of sexual abuse by another child is required to transfer that information to DCYF in accordance with the requirements of R.I. Gen. Laws § 40-11-3.

~~A~~B. Any person who has reasonable cause to know or suspect that any child has been the victim of sexual abuse by an employee, agent, contractor or volunteer of an educational program as defined in R.I. Gen. Laws § 40-11-2, is required to transfer that information to DCYF in accordance with the requirements of R.I. Gen. Laws ~~Chapter~~ § 40-11-3.3.

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

~~C~~D. Pursuant to R.I. Gen. Laws § 16-21-36, all schools are required to post the DCYF child abuse hotline ~~reporting sign available to download and print from the DCYF website.~~telephone number available on DCYF's Child Protective Services website.

~~D. All health care providers licensed by this state to provide health care services and all health care facilities licensed under R.I. Gen. Laws Chapter 23-17 are required to assess patient pain in accordance with the requirements of the "Rules and Regulations Related to Pain Assessment".~~

4.4.2 Health and Wellness Subcommittee

The school committee for each school district is required to establish a district-wide coordinated school health and wellness subcommittee in accordance with the requirements of R.I. Gen. Laws § 16-21-28.

4.4.3 Free-Play Recess

All schools are required to provide daily, at least twenty (20) consecutive minutes of unstructured free-play recess for students in ~~in~~ elementary grades Kindergarten through six (6) in accordance with R.I. Gen. Laws § 16-22-4.2.

4.5 Administration of the Health Education Program

A. Health education is required for grades K through twelve (12) in all schools. The health education program (curriculum and personnel) of non-public schools ~~must~~will be approved by RIDE if deemed substantially equivalent.

B. Pursuant to the provisions of R.I. Gen. Laws § 16-1-5(14), RIDE in conjunction with RIDOH will provide guidance and technical assistance in the development and adoption of school health education curricula.

C. The administrative head of school(s) is required to designate a certified health educator to administer the health education program.

D. Pursuant to the RIDE certification requirements in 200-RICR-20-20-1, Regulations Governing the Certification of Educators in Rhode Island and the provisions of this Part, teachers providing health education shall consist of:

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 200-RICR-20-20-1, Regulations Governing the Certification of Educators in Rhode Island.

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 200-RICR-20-20-1, Regulations Governing the Certification of Educators in Rhode Island, or any certified elementary teacher.

E. Health education instruction must comply with the Comprehensive Health Instructional Outcomes incorporated at § 4.2(B) of this Part, which conforms to the statutory provisions of R.I. Gen. Laws § 35-4-18, the curriculum requirements of RIDE, and other statutory and regulatory requirements of this Part.

F. Health education instruction and materials must be age-appropriate for use with students of all races, genders, sexual orientations, ethnic and cultural backgrounds, and students with disabilities.

G. All ~~children~~students in ~~grades kindergarten (~~K~~)~~ through twelve (12) attending schools, are required to receive instruction in health and physical education as prescribed and approved by RIDE, for ~~during~~ periods which shall average at least twenty (20) minutes in each school day in accordance with the provisions of R.I. Gen. Laws §§ 16-22-4 and 16-1-5(14).

1. Recess, free play, and after-school activities shall not be construed as physical education.

2. Exemption from the requirements of § 4.5(G) of this Part is pursuant to R.I. Gen. Laws § 16-100-3(d).

H. No non-public instruction will be approved by any school committee for the purposes of R.I. Gen. Laws Chapter 16-19 as substantially equivalent to that required by law for a ~~child~~student 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.

I. Planned and ongoing in-service programs are required 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 must be consistent with the provisions of R.I. Gen. Laws §§ 35-4-18, ~~and R.I. Gen. Laws §§~~ 16-1-5(14), 16-22-12, 16-22-14, and 16-22-24 pertaining to substance abuse, alcohol, suicide prevention and mental health services, teen dating violence, and such other relevant laws.

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

K. Teaching methods and learning materials must be consistent with the mandated health instructional outcomes of § 4.7 of this Part, and available to health educators and students in the classroom.

4.6 Health Education Curriculum

A. The health education curriculum must:

1. Be sequential and comprehensive for K through twelve (12);

2. Be medically accurate;

3. Be aligned with the ~~Rhode Island health education~~ standards~~;~~ in the Rhode Island Health Education Framework;

4. Include standards-based goals, objectives, examples of teaching and learning strategies and materials, and assessment;

5. Address the mandated health instructional outcomes in § 4.7 of this Part; and

6. Be developmentally appropriate so that all students can achieve high standards.

B. A curriculum team consisting of representatives from the school district teaching and administrative staff, parents, and community members including health professionals must periodically review and revise, as necessary, the health education curriculum. The health education curriculum of each school district must be available for review by RIDE upon request.

4.7 Mandated Health Instructional Outcomes

A. Pursuant to R.I. Gen. Laws § 16-22-4, the health education curriculum must be based on the Rhode Island Health Education Framework: Health Literacy for All Students standards and consistent with the mandated health instructional outcomes incorporated at §§ 4.2(A) and (B) of this Part, and must be evidence-based. These outcomes must pertain to no less than the following required content area topics appropriate to grade or developmental level:

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, including but not limited to information that mixing opioids and alcohol can cause accidental death, pursuant to R.I. Gen. Laws §§ 16-22-3, 16-22-4, 16-22-12, 16-1-5(14), and 35-4-18;

2. Cardiopulmonary Resuscitation (CPR): the procedures and proper techniques for CPR, automated external defibrillator (AED), and the Heimlich Maneuver, pursuant to R.I. Gen. Laws §§ 16-22-15 and 16-22-16;

3. Child Abuse: the signs, symptoms and resources available for assistance;

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

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;

7. Family Life and Sexuality: responsibilities of family membership and adulthood, issues related to reproduction, abstinence, dating and dating violence, marriage, parenthood, information about sexually transmitted diseases, the law and meaning of consent, sexuality and sexual

orientation, as part of comprehensive sexuality education pursuant to R.I. Gen. Laws § 16-22-18.

8. HIV (Human Immunodeficiency Virus)/AIDS (Acquired Immune Deficiency Syndrome): the causes, effects, treatment, and prevention, pursuant to R.I. Gen. Laws § 16-22-17.

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;

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

11. Nutrition: the role of nutrition in the promotion and maintenance of good health;

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 R.I. Gen. Laws § 16-22-3;

13. Physical Activity: the relationship of physical activity to health and physical fitness;

14. Prevention and Control of Disease: the causes, effects, treatment, and prevention of chronic and communicable diseases, with exclusion of instruction thereof pursuant to R.I. Gen. Laws § 16-21-7(a).

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

    a. Suicide Prevention: the causes, effects, and treatment of behaviors related to suicide, and information that mixing opioids and alcohol can cause accidental death, pursuant to R.I. Gen. Laws §§§ 16-22-4 and 16-22-14.

    b. Teen Dating Violence (grades seven (7) through twelve (12)): defining dating violence, recognizing dating violence warning signs and characteristics of healthy relationships, as stipulated in R.I. Gen. Laws § 16-22-24, and as defined in this Part.

        (1) Students must be provided with the school district's dating violence policy in accordance with R.I. Gen. Laws § 16-21-30(c).

(2) Upon written request to the school principal, and within a reasonable period after the request is made, a parent or legal guardian of a ~~pupil~~student less than eighteen (18) years of age must be permitted to examine the dating violence education program instruction materials at the school in which the student is enrolled.

4.8 Physical Education Curriculum

A. The physical education curriculum must:

1. Be sequential and comprehensive for grades K through twelve (12);

2. Be aligned with the Rhode Island Physical Education Framework standards incorporated at § 4.~~3~~2(C) of this Part;

3. Include standards-based goals, objectives, examples of teaching and learning strategies and materials, and assessment; and

4. Be developmentally appropriate so that all students can achieve high standards.

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

C. The physical education curriculum of each school district must be available for review by RIDE upon request.

4.9 Health Services

4.9.1 Population-Based Health Services

A. In accordance with R.I. Gen. Laws § 16-21-9, each community is required to provide adequate and appropriate personnel to conduct mandated population-based health services, as described in this Part, for all students attending schools within its geographical boundaries.

B. Population-based services must include no less than the following components:

1. Health examinations and screenings in accordance with §§ 4.~~11~~12 through 4.16 of this Part;

2. Record keeping requirements in accordance with §§ 4.17 through 4.21 of this Part;

3. Reporting and managing any school-based communicable, environmental, or occupational disease, as directed by a physician and in accordance

with Part 30-05-1 of this Title, Reporting and Testing of Infectious, Environmental and Occupational Diseases.

4.9.2 Individualized Health Services

A. Each school must provide adequate and appropriate personnel and/or equipment to provide individualized health services to all students enrolled in the school. At a minimum, the services must include those ordered by a physician, such as medication administration.

1. All personnel providing individualized health services to students must be licensed and/or certified in Rhode Island in accordance with all applicable State laws and Regulations.

4.9.3 Students Assisted by Medical Technology and Special Health Care Needs

A. Pursuant to the provisions of R.I. Gen. Laws § 23-13-26~~, certified~~, school ~~nurse-teachers~~nurses who provide direct care for technology-dependent students must develop individualized health care plans (IHCPs) for such ~~children~~students and provide care accordingly.

B. All students assisted by medical technology and/or with other specialized health care needs, who are currently enrolled in grades K through twelve(12); entering Kindergarten; or currently attending or entering a public school-sponsored preschool, must 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 student while at school or at school-sponsored activities. The plan must include, but not be limited to the following:

1. 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;

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

3. Qualifications of the person(s) providing services;

4. Training requirements for person(s) providing services and focus of responsibility for providing training;

5. Supervision of person(s) providing services.

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

D. The IHCP and ECP/EHCP must 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 must be signed by the ~~certified~~ school nurse ~~teacher~~, parent/guardian, and student (when appropriate).

E. The IHCP and ECP/EHCP must 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 the requirements stated in this Part.

4.10 School Health Personnel

The administrative head of school(s) 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) is required to arrange for the appointment of all school health personnel necessary to implement the health services requirements described in this Part, pursuant to the requirements of R.I. Gen. Laws Chapter 16-21.

4.10.1 School Physician

A. Qualifications and general duties of the school physician include the following:

1. Must be licensed to practice allopathic or osteopathic medicine in Rhode Island in accordance with R.I. Gen. Laws Chapter 5-37.

2. Must be qualified by training and experience to assume the role of a school health physician 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.

3. Must have knowledge of all State and local laws, Regulations and protocols pertaining to schools.

4. Must ensure implementation of all such laws, Regulations and protocols in collaboration with the school's administrative authorities and school health personnel.

5. Must have a contract with the school system defining mutually agreed upon expectations and objectives.

6. Must provide a regular report, a minimum of one (1) per year, on consultation and/or direct service activities provided.

7. At least annually, must review and approve school health service plans, protocols, and programs (except those developed and provided by the school dentist[s]) including but not limited to:

   a. Delivery of school health services and screenings;

   b. Consultations;

   c. Furnishing information on health-related matters;

   d. Review of standing orders, protocols and procedures; and

   e. Reporting and management of infectious diseases and outbreaks, in accordance with Part 30-05-1 of this Title, Reporting and Testing of Infectious, Environmental and Occupational Diseases and RIDOH recommendations related to infection control in the school environment.

4.10.2 Certified School Nurse-Teachers and Certified School Nurses

A. Qualifications and general duties of ~~certified~~the school nurse~~-teachers~~ include the following:

1. Must be licensed as a professional (registered) nurse pursuant to R.I. Gen. Laws Chapter 5-34 and certified by RIDE as a certified school nurse or as a certified school nurse-teacher pursuant to ~~R.I. Gen. Laws § 16-21-8 .~~200-RICR-20-20-1, Regulations Governing the Certification of Educators in Rhode Island..

2. Must provide population-based health services to ~~school children~~students in public and non-public schools in the community.

3. Must provide individualized health services to all public-school ~~children~~students in the community.

   a. This requirement shall not be construed as prohibiting certified school nurse-teachers or certified school nurses from providing individualized health services to students in non-public schools.

B. Exemption from Certified School Nurse~~-Teacher~~ Requirement

1. Non-public schools are authorized to employ registered nurses licensed in Rhode Island pursuant to R.I. Gen. Laws Chapter 5-34 who are not certified by RIDE for the purpose of providing individualized health services, including dispensing medications, to students in the non-public school setting.

2. Registered nurses may not provide the population-based health services and other requirements of the school health program as described in ~~these Regulations~~this Part.

4.10.3 Dentist/Public Health Dental Hygienist/Dental Hygienist

A. Qualifications

1. The school dentist(s)/public health dental hygienist/dental hygienist for a community must be licensed to practice dentistry/dental hygiene, respectively, in Rhode Island in accordance with R.I. Gen. Laws Chapter 5-31.1, and have at least three (3) years of clinical experience as specified in R.I. Gen. Laws § 16-21-9.

   a. Public health hygienists performing the dental screenings pursuant to the provisions of R.I. Gen. Laws § 16-21-9 must do so in accordance with R.I. Gen. Laws § 5-31.1-39.

   b. Dental hygienists performing the dental screenings pursuant to the provisions of R.I. Gen. Laws § 16-21-9 must do so under the general supervision as defined in Part 40-05-2 of this Title, Dentists, Dental Hygienists, and Dental Assistants, of the dentist liable and responsible under the contract with the community.

B. General Duties

1. The school dentist, public health hygienist, or dental hygienist as specified in § 4.10.3(A)(1)(b) of this Part may perform any of the required dental screenings of students.

2. Each dentist must also examine students referred by the administrator, ~~certified~~ school nurse~~ teacher~~, or physician for suspected dental disease.

3. The school dentist, public health hygienist and dental hygienist, when applicable, must be qualified by virtue of training and experience to assume the role of a school health dental consultant (e.g., develops school health protocols, provides in-service training for school nurses or dental hygienists) and/or service provider in accordance with Part 40-05-2 of this Title, Dentists, Dental Hygienists and Dental Assistants.

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

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

6. Referrals of ~~children~~students screened by the school dentist, public health hygienist and dental hygienist, must be made in accordance with the provisions of R.I. Gen. Laws § 16-21-9(c).

   a. Referrals by a dentist, public health hygienist 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 § 4.10.3(B)(6) of this Part.

4.11 Health Examinations

4.11.1 Health Examination Requirements

A. General health examinations must be a complete, age-appropriate medical history and physical examination, assessing the health and well-being of the student and evaluating any challenges to the student's success in school and school-related activities.

B. These general health examinations must be conducted by the student's primary care physician, a physician's assistant under the physician's supervision, or a certified registered nurse practitioner.

C. Every student who has not been previously enrolled in a school in this State is required to have a health examination completed. This health examination may be performed in the twelve (12) months preceding the date of school entry, but if not, it must be completed within six (6) months of school entry.

D. A second (2nd) general health examination and health clearance is required upon entry to the seventh (7th) grade. This health examination may be performed during the sixth (6th) grade, but no later than six (6) months after entry into the seventh (7th) grade.

E. A third (3rd) health examination is required upon entry to the twelfth (12th) grade. This health examination must 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.

F. If there is no evidence that the required health examination has been performed, the school must make provisions for the health examination by the end of the school year in which it is required.

1. No student shall be excluded from school for failure to provide documentation of completion of a health examination.

G. For students suspected or identified as having special health needs, referrals by a ~~certified~~ school nurse~~-teacher~~ must be made as specified in this Part or in 200-RICR-20-30-6, Regulations Governing the Education of Children with Disabilities.

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

4.11.2 Health Examination Documentation & Follow-up

A. Written or electronic documentation of the health examination results is acceptable and must be in a standardized format with one (1) copy available from RIDOH or any format that captures the same required fields of information.

1. Documentation of the health examination results must be included in the student's cumulative school health record.

B. A care plan for health problems must be developed by the ~~certified~~ school nurse~~-teacher~~ in conjunction with the parent, student, and other appropriate health care providers as defined in § 4.3 of this Part.

4.12 Lead Screening

A. Pursuant to R.I. Gen. Laws § 23-24.6-8, evidence that students under six (6) years of age have been screened for lead poisoning is required in accordance with guidelines established under R.I. Gen. Laws § 23-24.6-7.

1. A statement on a school health form signed by a healthcare provider is sufficient to comply with this requirement.

B. The lead screening entry requirement does not apply if a parent signs a statement indicating that lead screening is contrary to their religious beliefs.

4.13 Vision Screening

4.13.1 General Vision Screening Requirements

A. Pursuant to R.I. Gen Laws §§ 16-21-14 and 16-21-14.1, vision screening is required for all students~~.~~

~~1. Every student must be given a vision screening~~ upon entry to school, and in ~~the~~preschool programs operated by public school districts, and first (1st), second (2nd), third (3rd), fourth (4th), fifth (5th), seventh (7th) and ninth (9th) grades.

aB. If evidence is presented to the school physician or certified school nurse teacher that the same series of vision tests, as required in this Part, has beenan eye examination was completed within the preceding twelve (12) months of the initial screening by the student's ophthalmologist, optometrist, pediatric ophthalmologist, pediatric optometrist or primary care provider, the student may be exempt from this screening requirement for that school year.

bC. A school must screen vision using evidence-based, optotype-based screening, or evidence-based, instrument-based screening, depending on the age of the student in accordance with the National Center for Children's Vision and Eye Health's Vision Screening Recommendations (https://nationalcenter.preventblindness.org/vision-screening-recommendations) incorporated by reference at § 4.2(L) of this Part.

1. Certain students who have a higher rate of vision problems should bypass vision screening in accordance with the National Center for Children's Vision and Eye Health's Vision Screening Recommendations and be referred directly to an eye specialist for a comprehensive examination. The school nurse may determine which children should be referred directly.

D. It is recommended that vision screening occur early in the school year. Preschool and kindergarten screening must be completed within thirty (30) administrative days of the start of school.

E. Vision screening outside of the grade level required for screening must occur upon referral from teachers, parents/caregivers, or with presentation of signs or symptoms of a vision problem.

F. Students transferring to a school without record of previous vision screening must be screened.

G. When a trained, unlicensed individual, or individuals from an outside entity, conducts the initial screening, the school nurse must rescreen the student before making a referral.

1. Rescreening for all vision tools, except instrument-based screening, will occur as soon as possible, but no later than six (6) months following the initial screen.

H. Students who do not pass vision screening must be referred to their parents/caregivers and provided with a referral form to bring to their health care provider or eye specialist.

I. Periodic reporting of vision screening results to RIDE and/or RIDOH may be required.

4.13.2. The Distance Visual Acuity

A. Students in preschool, kindergarten, and grades one (1) through five (5), seven (7), and nine (9) must be screened for distance visual acuity.

B. For those students required to wear prescription glasses, screening must occur with student wearing glasses.

C. Screening tools recommended for preschool and kindergarten (and grade one (1) if students cannot identify letters in random sequence) are:

1. LEA SYMBOLS® chart (illuminated preferred, critical line screening permissible; five (5) foot and ten (10) foot charts or booklets are permissible); and

2. HOTV chart (illuminated preferred, critical line screening is permissible;

3. Computer-based screening programs using either HOTV or LEA SYMBOLS® optotypes.

D. Screening tools recommended for students in grades one (1) (if students can identify letters in random sequence) and grades two (2) through five (5), seven (7), and nine (9) are:

1. Sloan Letters chart (illuminated preferred if using nine inch by fourteen inch (9"x14") charts, charts exceeding nine inches by fourteen inches (9"x14") are permissible);

2. Computer-based screening programs using Sloan Letters.

E. Instrument-Based Screening may be used as an alternative to distance visual acuity screening for:

1. Children ages three (3), four (4), and five (5) years

2. Children ages six (6) years and older when children cannot participate in optotype-based vision screening ~~must be completed in accordance with the schedule below:~~.

~~Function~~	~~Tests*~~	~~Referral Criteria~~	~~Comments~~
~~Distance Visual Acuity~~ ~~(myopia screening)~~	~~HOTV~~ ~~LEA Symbols~~	~~**For Age 3 Years:**~~ ~~1. Less than 3 of the4 symbols correctly identified~~	~~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~~

		~~at the critical line 20/50 with a 5 foot distance~~ ~~**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 4-5 years:**~~ ~~1. Less than 3 of the 4 symbols at the critical line 20/40 with a 5 foot distance.~~ ~~**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)~~	~~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 must be completed for those grades noted in § 4.13(A)(1) of this Part.~~
~~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~~	~~Less than 4 of 6 correct~~	~~Testing for ocular alignment must be completed only for students in grades K, 1, and~~

	~~cm (100 secs of arc)~~		~~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~~
~~*Or other vision screening test(s) designed for special populations~~			

3. If conducting instrument-based screening, record pass or refer.

4.13.~~1~~3 Near Visual Acuity

A. Students in preschool, kindergarten, and grades one (1) through five (5), seven (7), and nine (9) must be screened for near visual acuity.

B. For those students required to wear prescription glasses, screening should occur with student wearing glasses.

4.13.4 Referral Requirements

A. Referral of students to qualified vision professionals, such as an ophthalmologist, optometrist, pediatric ophthalmologist, or pediatric optometrist, must occur in the following circumstances:

1. Age three (3) years, unable to correctly identify at least three (3) of five (5) optotypes on 20/50 line with each eye individually if using threshold method.

2. Ages four (4) and five (5) years, unable to correctly identify three (3) of five (5) optotypes on the 20/40 line with each eye individually if using threshold method.

3. Ages six (6) years and older, unable to correctly identify at least three (3) of five (5) optotypes on the 20/32 line with each eye individually if using threshold method.

4. Refer students who have a two (2) line difference between the eyes, even in the passing lines (e.g., 20/20 and 20/32), if using threshold method.

5. If using threshold screening, record the visual acuity value for each eye.

6. If using critical line screening, use the age line per the chart manufacturer's instructions and record pass or refer.

B. The school nurse will follow up with the parents/caregivers of students referred to determine the outcome of the referral.

C. The school nurse will follow up with students referred for further evaluation by an eye care provider (pediatric ophthalmologist, pediatric optometrist, ophthalmologist, or optometrist) to ensure treatment plans are implemented at school, if necessary.

4.13.5 Stereoacuity Screening

A. Stereoacuity screening – to determine how well eyes work together – is optional and if used for students in preschool, kindergarten, and grades one (1) through five (5), seven (7), and nine (9), will be used in conjunction with optotype-type based screening, but not instrument-based screening.

B. Preschool Assessment of Stereopsis with a Smile (PASS) II is the recommended tool for stereoacuity screening with all students. Manufacturer's instructions must be followed for use of any tools used for stereoacuity screening.

4.13.6 Color Vision Deficiency Screening

A. Color Vision Deficiency Screening is optional. If such screenings are conducted, recommended age for use is in preschool, kindergarten, and upon entry to the school.

B. Books with pseudoisochromatic plates should be used. Options include:

1. HRR Standard Pseudoisochromatic Test, 4th Edition;

2. Good-Lite ColorCheck Complete Vision Screener; and

3. Waggoner Color Vision Testing Made Easy.

C. Manufacturer's instructions must be followed for use of any tools used for color vision deficiency screening.

4.13.7 Personnel & Training Requirements

A. The school vision screening must be ~~given~~conducted by a ~~certified~~formally trained school nurse~~-teacher~~, trained in the administration of these ~~tests.~~tools to ensure uniformity across procedures.

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

4.13.~~2~~8 Follow-up & Documentation Requirements

A. A student ~~failing the~~who does not pass vision screening must be ~~given a retest~~rescreened on a different day ~~(~~and as soon as possible but ~~within one month)~~no longer than six (6) months before the parents/caregivers are notified of the results of the ~~test~~screening.

1. Students who fail the screening criteria set must be re-screened by the ~~certified~~ school nurse~~-teacher~~.

2. Parents of students who fail to meet the minimal visual requirements on the second screening must be notified in accordance with the requirements of § 4.19 of this Part in order to arrange for a comprehensive vision examination by an eye care provider.

B. If the corrected visual acuity of the student is found to be in the range of 20/70 – 20/200 in the better eye after ~~rescreening~~an eye examination, the ~~licensed health care provider~~school nurse in charge of the screening must, within thirty (30) days, report the result of the ~~screening~~eye examination to the administrator of the Division of Services for the Blind and to the Special Education Supervisor, indicating that specialized services may be indicated.

1. Students identified with a visual impairment must be referred for specialized services and follow-up in accordance with the provisions of the 200-RICR-20-30-6, Regulations Governing the Education of Children with Disabilities.

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

4.14 Hearing Screening

4.14.1 General Hearing Screening Requirements

A. Students in ~~pre-kindergarten~~preschool programs operated by public school districts, and all students in kindergarten, first (1st), second (2nd), and third (3rd) grades and any student(s) new to a school without a prior record of a hearing screening must be given a hearing screening test by a properly trained and qualified person in accordance with the guidelines of the American Speech-Language-Hearing Association (ASHA) incorporated at § 4.2(G) of this Part.

B. 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 incorporated at § 4.2(I) of this Part, or are suspected by school personnel of a hearing loss must be screened as often as is necessary.

C. The "passing" criteria for the hearing screening test shall be in accordance with the guidelines of the American Speech-Language-Hearing Association (ASHA) incorporated at § 4.2(G) of this Part.

D. The screening must consist of an initial Otoacoustics Emission hearing test. Students who fail the initial screen must be re-screened within four (4) weeks with tympanometry and pure tone in accordance with the American Speech/Language and Hearing guidelines incorporated at § 4.2(G) of this Part.

E. Any student who provides documentation from a parent that a hearing screening test has been performed in accordance with § 4.14.1(A) of this Part is exempt from this screening requirement.

1. In the absence of this documentation from the parent, the school is required to make provisions for the screening.

4.14.2 Equipment

All equipment utilized in the hearing screenings must be calibrated according to the American National Standards Institute Specifications for Audiometers incorporated at § 4.2(H) of this Part.

4.14.3 Personnel Requirements

A. A ~~certified~~ school nurse ~~teacher~~ is responsible for coordinating the requirements of this section.

B. 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.

C. Any supporting personnel utilized by an audiologist/speech language pathologist in the hearing screening program must meet the requirements in Part 40-05-33 of this Title, Speech Pathologists and Audiologists.

4.14.4 Follow-up & Documentation Requirements

A. The parent of a student who does not meet the "passing" criteria of the hearing screening must be notified, in accordance with the requirements of § 4.14.3(B) of this Part, and recommended to obtain a comprehensive audiological evaluation and/or medical follow-up with the student's primary care provider.

B. Students identified with a potentially educationally-significant hearing impairment must be referred by the ~~certified~~ school nurse ~~teacher~~ for in-school supportive accommodations, Teacher Support Team, or other educational services, as

appropriate or as specified in 200-RICR-20-30-6, Regulations Governing the Education of Children with Disabilities.

C. The hearing status of students referred for further evaluation must be confirmed and noted by the ~~certified~~ school nurse ~~teacher~~ within three (3) months of the initial referral.

D. A student's hearing screening results must be entered into the school health record by the ~~certified~~ school nurse ~~teacher~~, or the person performing the screening. At a minimum, the following components must be noted in the record:

1. Date screening completed;

2. Screening results;

3. Follow-up plan, as indicated.

4.15 Speech/Language Screening

4.15.1 General Speech/Language Requirements

A. Every elementary school student who has not been previously screened for speech/language impairments must be screened for speech and language impairments by a trained and qualified person as described in § 4.15.2 of this Part. Any student may be screened on an “as needed” basis.

1. For those students who have been previously screened, results of said screening must be transferred to each new school in accordance with the requirements of § 4.18.2 of this Part.

B. 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 must be exempt from this screening requirement.

1. In the absence of this documentation from the parent, the school must make provisions for the screening.

C. A speech/language screening must consist of an assessment of the following:

1. Articulation;

2. Voice characteristics;

3. Fluency (e.g., stuttering) and;

4. Receptive/expressive language skills.

4.15.2 Personnel Requirements

A. A ~~RIDE~~ certified speech language pathologist certified by RIDE in accordance with 200-RICR-20-20-1, Regulations Governing the Certification of Educators in Rhode Island is responsible for implementing the requirements of § 4.15.1 of this Part.

B. Any support personnel (e.g., a speech/language pathology assistant) utilized by a speech/language pathologist must meet the training and supervision requirements outlined in Part 40-05-33 of this Title, Speech Pathologists and Audiologists.

4.15.3 Instruments

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

B. 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.

4.15.4 Follow-up ~~&~~and Documentation Requirements

A. A student who does not pass the speech/language screening must be referred immediately for a comprehensive speech/language evaluation. The parent of any ~~child~~student who does not pass the speech screening must be notified of the findings, in accordance with the requirements of § 4.19 of this Part.

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

1. The following components must be noted in the record:

   a. Date screening completed;

   b. Screening results (i.e., pass/fail); and

   c. Follow-up plan for a student who does not pass.

4.16 Scoliosis Screening

4.16.1 General Scoliosis Screening Requirements

A. Annual scoliosis screening, conducted by a ~~certified~~ school~~-~~ nurse~~ teacher~~, is required for students in grades six (6) through eight (8) pursuant to R.I. Gen. Laws § 16-21-10.

B. 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.

C. The screening of male and female students must be conducted separately and individually. A private, well-lit screening area should be available.

D. The parent of any student may have the scoliosis screening conducted by a private physician.

E. If these results are made available to the local school department, the student will be exempt from the scoliosis screening requirement.

F. The screening is not required of any student whose parents object on the grounds that the test conflicts with their religious beliefs.

4.16.2 Follow-up and Documentation Requirements

A. The ~~certified~~ school nurse ~~teacher~~ is responsible for notifying the parent of any student who is found to have positive signs or symptoms of scoliosis, based on standards published by the American Academy of Orthopedic Surgeons or the Scoliosis Research Society incorporated at § 4.2(E) of this Part, in order to arrange for further evaluation or treatment, as indicated.

B. A student's scoliosis screening results must be documented in the student health record.

4.17 Dental Health Screening

4.17.1 General Dental Health Screening Requirements

A. Every student who has not been previously enrolled in a public or non-public school in this State must be given a dental screening by a licensed dentist, licensed dental hygienist, or a licensed public health dental hygienist with at least three (3) years of clinical experience.

1. Thereafter, every student must be given an annual dental screening by a licensed dentist, dental hygienist, or a licensed public health dental hygienist through the fifth (5th) grade and must be screened at least once between the sixth (6th) and tenth (10th) grades.

   a. Provided, however, that dental screenings for students in kindergarten, third (3rd) and ninth (9th) grades must be performed by a licensed dentist~~.~~ or licensed public health dental hygienist.

   b. Dental hygienists performing the dental screenings pursuant to the provisions of this section must do so under the general supervision

of the dentist liable and responsible under the contract with the community as required under R.I. Gen. Laws § 16-21-9(b).

c. Public health dental hygienists performing the dental screenings pursuant to the provisions of R.I. Gen. Laws § 16-21-9 must do so in accordance within the collaborative agreement guidelines between the public health dental hygienist and a licensed dentist, or an authorized facility. (For a definition of "general" supervision or "collaborative agreement", see Part 40-05-2 of this Title, Dentists, Dental Hygienists and Dental Assistants.

2. Schools are required to report to RIDOH annually, aggregate screening results on grades K, three (3), and six (6) (if 6th grade is screened).

B. Students who are screened by private dentists/dental hygienists and who provide written documentation containing information outlined by RIDOH of the screening being performed at the intervals prescribed by § 4.17.1(A)(1) of this Part are exempt from the requirements of this section and may elect not to be screened.

C. To screen for hard tissue disease (tooth decay), soft tissue disease (gum disease) and urgent treatment need, the school dental screening must consist of a non-invasive inspection of the student's mouth using the RIDOH standardized screening form.

D. Equipment to perform the screening requirements must include: a mirror, tongue depressor, a light source, and non-latex disposable gloves.

E. The initial dental screening preferably should be conducted by the student'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.

1. Screening results must be documented in writing using the RIDOH standardized form and submitted to the school for all grades and to the RIDOH Oral Health Program upon screening completion for grades K and three (3), or as indicated by the RIDOH.

2. The RIDOH standardized form is available to all schools via the RIDOH website.

4.17.2 Follow-up and Documentation Requirements

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

B. A student's dental screening results must be documented on the school health record.

C. Each community must provide to parents or custodians of students 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.

4.18 Health Records

A. The ~~certified~~ school nurse ~~teacher~~ is responsible for the complete, cumulative school health record for each student at the school in which the student is enrolled. The health record must include:

1. Immunization status;

2. Health history, including chronic conditions and treatment plan;

3. Screening results and necessary follow-up;

4. Health examination reports;

5. Documentation of traumatic injuries and episodes of sudden illness referred for emergency health care (see also requirements in “First Aid and Emergencies" § 4.21 of this Part);

6. 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 must be entered into the student's health record.

7. Documentation of any nursing assessments completed;

8. 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;

9. Documentation of the health care provider's orders, if any, and parental permission to administer medication or medical treatment in school by the ~~certified~~ school nurse ~~teacher~~.

B. The student's cumulative health record is confidential and subject to the provisions of R.I. Gen. Laws Chapter 5-37.3, ("Confidentiality of Health Care Information Act"), and other applicable State and Federal laws and Rules and Regulations.

C. The record must be stored in an appropriately secured location with convenient access by the school nurse and must be used only in connection with the provision of treatment to the student.

D. Appropriate steps must be taken for the protection of all student health records, including the provisions for the following:

1. Securing records at all times, including confidentiality safeguards for electronic records;

2. Establishing, documenting and enforcing protocols and procedures consistent with the confidentiality requirements of R.I. Gen. Laws Chapter 5-37.3 and this Part;

3. Training school personnel who handle student school health records in security objectives and techniques.

E. The record must 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.

4.18.1 Confidentiality

A. Any school personnel, including health care providers, who maintain cumulative school health records containing confidential health care information are responsible for ensuring full confidentiality of this information as provided in R.I. Gen. Laws § 5-37.3-4 ("Confidentiality of Health Care Information Act") and other applicable State and Federal laws and Rules and Regulations.

B. Any school personnel, including health care providers, who release confidential health care information from cumulative school health records in accordance with R.I. Gen. Laws § 5-37.3-4 ("Confidentiality of Health Care Information Act") and other applicable State and Federal laws and Rules and Regulations, must document each release in the cumulative school health records by indicating the following:

1. The date of release;

2. A description of the information released;

3. The name(s) of the person(s) to whom the information was released;

4. The reason for the release of information.

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

4.18.2 Transfer of Health Records

A. 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 must be transferred at the same time to the health personnel of the school building or school system to which the student is transferring.

B. This record must be sent in a manner consistent with the provisions of the Health Insurance Portability and Accountability Act (Pub. Law 104-191) to a health care professional authorized to receive confidential health care information at the new school or handed to the parent, as appropriate.

C. A copy of the record (or the original) must be maintained by the 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.

4.19 Notification of Parents

A. Parents and/or guardians must 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.

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

4.20 School Disease Reporting Requirements

A. In accordance with the rules and regulations pertaining to Part 30-05-1 of this Title, Reporting and Testing of Infectious, Environmental and Occupational Diseases, the basic responsibility for reporting infectious, environmental and occupational diseases lies with:

1. Physicians licensed in accordance with R.I. Gen. Laws Chapter 5-37 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).

5. In the school setting, this requirement encompasses ~~certified~~ school ~~nurse-teachers~~nurses directed by a physician to report in accordance with the regulatory requirements cited above.

6. Licensed health care facilities that operate school-based health clinics must report communicable, environmental and occupational diseases in accordance with the rules and regulations for the Licensing of Organized Ambulatory Care Facilities and Part 30-05-1 of this Title, Reporting and Testing of Infectious, Environmental and Occupational Diseases.

B. In accordance with Part 30-05-1 of this Title, Reporting and Testing of Infectious, Environmental and Occupational Diseases, any health care provider (e.g., school physicians, ~~certified~~ school ~~nurse-teachers~~nurses, 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 this Part or not, must promptly report the facts to RIDOH. Exotic diseases and unusual group expressions of illness that may be of public health concern should also be reported immediately.

4.21 First Aid and Emergencies

A. Each school must have written protocols and standing orders available in the event of injuries and acute illnesses, including anaphylaxis and cardiac arrest.

B. Protocols and standing orders must be prepared, dated, signed, reviewed and updated, as appropriate, but at least on an annual basis by the school physician(s).

C. Protocols must also be reviewed annually by all school personnel designated by the school principal (or other designated school authority), who might be involved in managing an emergency in a school, including anaphylaxis, prior to the arrival of more fully trained persons.

D. No requirement in this Part 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 must be reviewed in accordance with § 4.21(B) of this Part.

4.21.1 Basic First Aid Training

A. In-service basic first aid training must be provided for school personnel who might be involved in managing an injury or other medical emergency.

B. Personnel must be identified by the school principal, or other designated school authority, and listed in the emergency protocol described in §§ 4.21(B) through (D) of this Part.

C. First aid subjects to be covered must 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.

D. 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.

E. The school principal, or other authorized school personnel, must maintain a record-keeping system documenting that the basic first aid training (as ~~above~~required under § 4.21.1(D) of this Part) has been provided to all designated school personnel.

F. The training must 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.

G. 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 in the administration of basic first aid, and who have posted and discussed safety rules with the students.

4.21.2 Cardiopulmonary Resuscitation Training

A. At all times, during normal school hours and at on-site school-sponsored activities, each school must 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.

B. Requirements for automated external defibrillators (AEDs) in high schools and middle schools are pursuant to R.I. Gen Laws § 16.21-33.1(b).

4.21.3 Anaphylaxis Training

Training must be provided for school personnel who might administer an epinephrine auto-injector in a case of anaphylaxis. Subjects to be covered must 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.

4.21.4 Response to and Treatment for Anaphylaxis

A. To prevent or treat a case of anaphylaxis (as defined in § 4.3(A)(~~3~~2) of this Part), the ~~certified~~ school nurse~~-teacher~~ or trained school personnel must administer the epinephrine auto-injector to an identified student. ~~Certified school nurse-teachers~~School nurses must administer the epinephrine auto-injector in accordance with standard nursing practice.

B. 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.

C. School health programs must 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 must pertain to no less than the requirements described in this Part and must include the following:

1. Parents must provide a physician's or other licensed prescriber's order, parent authorization, and filled prescription(s) ~~(i.e.,~~such as, 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.

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

3. The school physician must review these procedures on an annual basis.

4. Such procedures must stipulate that the epinephrine auto-injector be used only on the student for whom it was prescribed, in accordance with the provisions of R.I. Gen. Laws Chapter 21-28.2.

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

6. Procedures for accessing the community's emergency medical system ~~(i.e.,~~, also known as, "911~~")~~.".

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

E. If appropriate, a student identified as being at risk for anaphylaxis should carry the epinephrine auto-injector at all times. If this is not appropriate, the epinephrine auto-injector must, 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 must be made for the availability, safekeeping and security of the epinephrine auto-injector. The school must develop protocols and procedures related to the availability, safekeeping and security of the epinephrine auto-injector.

F. School personnel who have been trained in accordance with §§ 4.21.1, 4.21.2, and/or 4.21.3 of this Part 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 Part shall preclude the self-administration of an epinephrine auto-injector by a medically identified student.

G. In accordance with R. I. Gen Laws § 16-21-22(e), school districts may permit schools to maintain epinephrine auto-injectors for emergency first aid to students who experience allergic reactions.

4.21.5 Good Samaritan Provisions

School personnel who voluntarily assist persons suffering from anaphylaxis are immune from liability for ordinary negligence in accordance with R. I. Gen Laws §§ 9-1-27.1 and 16-21-22(d).

4.21.6 Food Allergy Management

A. Schools that have students with peanut/tree nut allergies are required to post a notice in accordance with R.I. Gen Laws § 16-21-31.

B. 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 pursuant to R.I. Gen Laws § 16-21-32.

C. Students with peanut/tree nut allergies, must have an IHCP and EHCP developed in accordance with R.I. Gen Laws § 16-21-32 prior to entry into school or immediately thereafter for students diagnosed with an allergy.

D. In addition to the requirements of R.I. Gen Laws § 16-21-32, the IHCP and EHCP must be part of the student’s permanent record, include both preventative measures to help avoid accidental exposure to allergens, and emergency measures in case of exposure. Additional measures shall include:

1. Educating school personnel, students, and families about food allergies; and,

2. Implementing protocols around cleaning surfaces touched by food products, washing of hands after eating, etc.

E. The EHCP must be consistent with applicable provisions contained in this Part, including, but not limited to, training, communication, plan review, Good Samaritan protections in accordance with R.I. Gen Laws § 9-1-27.1, and follow-up and documentation.

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

4.21.7 Follow-up & Documentation Requirements

A. Following a traumatic injury, an episode of anaphylaxis, or other emergency, a written report must 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 designee.

B. Following a minor injury, the ~~certified~~ school nurse ~~teacher~~, or other appropriate school authority, must 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 must be noted:

1. Date and time of injury;
2. Location where injury occurred;
3. Chief complaint;
4. Treatment administered;
5. Disposition (e.g., back to class);
6. Signature of responder.

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

1. Name and telephone number of the student's parent and additional contact person(s) in the event of an emergency;
2. Name and telephone number of the student’s primary care provider;
3. Health insurance (optional);
4. Known allergies (including drug, food, insect bite and chemical allergies);
5. Medical conditions that may need attention ~~(e.g.,~~, such as, past surgeries, heart problems, seizure disorders, nosebleeds, or diabetes~~);~~;

6. Current, routine prescription medications and authorized OTC medications.

D. 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 § 4.3 of this Part.

4.21.8 Concussions/Head Injuries in Recreational and/or Athletic Competition

A. 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 must be removed from that practice or competition at that time.

B. 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.

C. A report of a concussion or head injury and written clearance to return to play should be logged in the student's health record.

D. 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.

E. All school nurses must complete a training course and an annual refresher course in concussions and traumatic brain injuries.

F. 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.

4.21.9 Opioid-related Drug Overdose in School Settings

A. All public and private elementary, middle, junior, and high schools must develop policies and procedures for the provision and maintenance of a supply of opioid antagonists (Naloxone) in the school setting to treat suspected opioid overdose in accordance with R.I. Gen. Laws. § 16-21-35.

1. School ~~nurse-teachers~~nurses and other school personnel are immune from liability for ordinary negligence for acts or omissions relating to the use of the opioid antagonist in accordance with R.I. Gen. Laws § 16-21-35.

4.22 Diabetes Care Management

A. Each school district must develop a policy or protocol that allows students who are diagnosed with diabetes to self-manage their disease whenever possible.

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

B. Such policy or protocol must require no less than the following:

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

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;

3. Permitting ~~healthier~~healthy snacks~~, as defined in these Regulations,~~ in the classroom or other appropriate place(s) on the school campus or at school-sponsored activities, as designated in the IHCP;

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,

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

C. The student's IHCP and EHCP must 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).

4.22.1 Glucagon Administration

A. As part of the ECP/EHCP, a parent or legal guardian may 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~~student in case of an emergency, while at school or school-sponsored activities.

1. A parent or legal guardian must 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.

2. The glucagon must 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.

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~~nurses be required to provide the training.

a. 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.

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

c. 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 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 only upon successful completion of glucagon administration training.

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.

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

4.23 Medical Marijuana Administration

4.23.1 Requirements for All Medical Marijuana Administration to Students

A. Every school authority must develop protocols or procedures authorizing parents, parents' designees, legal guardians, and school nurses in accordance with § 4.23.2 of this Part, to administer medical marijuana to a student while the student is on school campus. The protocols or procedures must include, at a minimum, the following:

1. A requirement that the student be authorized to engage in use of medical marijuana pursuant to R.I. Gen. Laws § 21-28.6.

2. An established written process for verifying the student's medical marijuana cardholder registration and ongoing medical marijuana cardholder authorization status.

3. Written instructions for medical marijuana administration that includes:

   a. The signature of the certifying physician, advanced practice nurse practitioner, or physician assistant;

   b. The student's debilitating medical condition;

   c. The dose of medical marijuana, including the amount of CBD and/or THC (where applicable) per dose;

   d. Minimum interval between dosage; and

   e. Possible side effects to be included in the student's IHCP.

4. A requirement that all medical marijuana products utilized under § 4.23 of this Part shall only be obtained from a Rhode Island licensed compassion center. All medical marijuana products utilized must be labeled with the following information:

   a. The student's name;

   b. The student's date of birth;

   c. Dosage;

   d. Ingredients of product.

5. Documentation of each dose of medical marijuana administered to a student. Documentation must include:

   a. Date and time;

   b. Dosage;

   c. Route of administration; and

   d. The signature of the parent, parents' designees, legal guardian, or school nurse who is administering the medical marijuana.

   e. In the event the dosage is not administered as dictated by the instructions required under § 4.23.1(A)(2) of this Part, the reason(s) therefore must be noted.

6. Prohibition on administering medical marijuana to a student by smoking or other form of inhalation.

7. Identification of locations on the school campus where medical marijuana may be administered.

8. A written and signed statement from the student's parent or legal guardian releasing the school, and employees and volunteers of the school, from liability, except in cases of willful or wanton conduct or disregard of the criteria of the IHCP.

9. Prohibition of students handling or self-administering medical marijuana on the school campus.

10. Prohibition of student possession, use, distribution, or sale of marijuana that is inconsistent with the provisions of § 4.23 of this Part and R.I. Gen. Laws §§ 16-21-16 and 16-21-21.1.

11. A requirement that a student who is authorized to use medical marijuana shall not be considered under the influence of marijuana and not penalized pursuant to R.I. Gen. Laws §§ 16-21-16 and 16-21-21.1.

B. The provisions of § 4.23 of this Part do not apply during the time a student is engaged in a school-sponsored trip or activity outside the state of Rhode Island.

C. The school may not discipline or otherwise discriminate against a student who is administered medical marijuana and may not deny the student's eligibility to attend school solely because the student requires the administration of medical marijuana.

D. § 4.23 of this Part does not apply to FDA-approved cannabinoid medications.

E. A school is exempt from implementing the provisions of § 4.23 of this Part if the school can reasonably demonstrate that it would lose Federal funding as a result of the implementation of the provisions of § 4.23 of this Part.

4.23.2 Administration of Medical Marijuana by a School Nurse

A. Pursuant to R.I. Gen. Laws § 21-28.6-4(n), a school nurse may administer medical marijuana to a student. Administration of medical marijuana to students by school nurses must follow all requirements of § 4.23.1 of this Part. Additionally:

1. All medical marijuana to be administered by the school nurse must be kept in a secured cabinet designated by the school.

2. No school nurse shall be subject to disciplinary action by the applicable Rhode Island professional licensing board solely for following an appropriate written certification to administer medical marijuana.

3. Nothing in this Part requires a school nurse to administer medical marijuana to a student, provided that the school nurse’s decision not to administer medical marijuana applies to all students authorized to use medical marijuana.

a. School's whose school nurse refuses to administer medical marijuana shall make arrangements for the student to receive his or her medical marijuana during the school day.

4.23.3 Administration of Medical Marijuana by Parents, Parents' Designees, and Legal Guardians

A. Administration of medical marijuana to students by parents, parents' designees, and legal guardians must follow all requirements of § 4.23.1 of this Part. Additionally:

1. Any medical marijuana taken onto the school campus by the parent, parents' designee, or legal guardian must be either:

a. Consumed/utilized in its entirety by the student; or

b. The excess medical marijuana which is not consumed/utilized by the student must be removed in its entirety from the school campus, with the exception of any disposable packaging which no longer contains medical marijuana.

4.24 Medication Administration

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

~~B~~ 1. A ~~certified~~ school nurse ~~teacher~~ must administer medication(s) to student(s) within the public school setting except as provided in §§ 4.21.4(F), 4.22.1, 4.~~23~~24.3, 4.~~23~~24.4, or 4.~~23~~24.5 of this Part. ~~–~~The ~~certified~~ school nurse ~~teacher~~ must be licensed in Rhode Island in accordance with the requirements of R.I. Gen. Laws Chapter 5-34. He~~/~~ or she must also be certified in accordance with the provisions of R.I. Gen. Laws ~~Chapter~~ § 16-21-8.

~~1~~a. All medications, including prescription and ~~OTC (~~over-the-counter (OTC), must be administered only in accordance with a written order from a licensed health care prescriber, except as provided in §§ 4.21.4(F), 4.22.1, 4.~~23~~24.3, 4.~~23~~24.4, or 4.~~23~~24.5 of this Part. All medications must be administered in keeping with safe standards of health care practice and in accordance with all applicable State and Federal laws and Regulations.

~~C~~ 2. A ~~certified~~ school nurse ~~teacher~~ or other registered nurse must administer medication to student(s) in a non-public school except as provided in §§ 4.21.4(F), 4.22.1, 4.~~23~~24.3, 4.~~23~~24.4, or 4.~~23~~24.5 of this Part. Such a registered nurse must be licensed in Rhode Island in accordance with the requirements of R.I. Gen. Laws Chapter 5-34.

D 3. No lay person, other than a parent, may administer medication to a student in the school setting. Exceptions: §§ 4.21.4(F) and, 4.22.1 of this Part (related to the administration of epinephrine and glucagon).

4.2324.1 Provisions Related to Nurse Administration

A. Each dose of medication administered by a certified school nurse-teacher or other registered nurse must be documented. Documentation must 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 must be noted.

B. All medications to be administered by the certified school nurse-teacher or other registered nurse, as provided in these Regulationsthis Part, must be kept in a secured cabinet.

C. A licensed provider's (with prescriptive privileges) order must 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 must be followed up by a written order from the licensed prescriber within three (3) working days. Upon receipt, the orders must be confirmed with the parent by the nurse.

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

4.2324.2 Controlled Substances

No Except as provided in § 4.2.5 of this Part, no controlled substance is permitted to 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 § 4.23.5 of this Part.

4.2324.3 Self-Carry and Self-Administration of Medication

A. All school districts or school authorities must 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 must be informed of the existence of said agreement.

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 must 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.

B. The protocols or procedures related to student self-administration of medication must include provisions for the following:

1. All medication must be stored in its original prescription or manufacturer-labeled container.

2. For prescription medication, a licensed health care prescriber's written order is required.

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

4.~~23~~24.4 Inhalers

A. Each school district must develop a procedure to allow students to carry and use prescription inhalers while in school or at a school sanctioned function or event, when prescribed by a licensed healthcare provider with prescriptive privileges. Students who carry inhalers must provide the school with medical documentation that the inhaler has been legitimately prescribed and that the child needs to self-carry due to a medical condition. No child shall be disciplined for failure to provide such documentation in advance.

1. No school teacher, school administrator, or school health personnel, or any other school personnel will 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.

4.~~23~~24.5 Medication Administration at Off-site School-sponsored Activities

A. Each school district or non-public school authority must 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.

1. The medication must be supplied by the parent with a parent's written authorization for use of the medication during the off-site school-

sponsored activity and must 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).

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

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

4.~~24~~25 Immunization and Testing for Communicable Diseases

Pursuant to Part 30-05-3 of this Title, Immunization and Communicable Disease Testing in Preschool, School, Colleges or Universities, all schools in Rhode Island must adopt, at a minimum, the standards for immunization and communicable disease testing described therein.

4.~~25~~26 Standards for School Building(s) and Approval

A. Pursuant to R.I. Gen. Laws § 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.

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.

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.

B. Pursuant to R.I. Gen. Laws § 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.

1. Neglect by any superintendent, non-public school official, or director of any State operated school to comply with the statutory provisions of § 4.~~25~~26(B) of this Part shall be subject to the sanction as set forth in R.I. Gen. Laws § 16-21-3.1.

4.~~26~~27 New Construction, Renovation or Conversion of Existing Buildings to Schools

4.~~26~~27.1 General Requirements

A. All new construction or the alteration, extension, or modification of an existing building(s) is 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:

1. IBC-1 State Building Code, *et al*, R.I. Gen. Laws Chapter 23-27.3, R.I. State Building Code Standards Committee;

2. The Uniform Federal Accessibility Standards (UFAS) incorporated at § 4.2(L) of this Part and State accessibility for persons with disability standards:

   a. R.I. Gen. Laws ~~Chapter~~ § 37-8-15, “Access for People with Disabilities”;

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

   c. R.I. Gen. Laws § 42-26-13 Open Meetings-Accessibility for Persons with Disabilities; 510-RICR-00-00-17, RISBC-17 Public Meetings Accessibility Standard;

3. Construction, Division of Occupational Safety, Rhode Island Department of Labor and Training, incorporated at § 4.2(I) of this Part;

~~4~~4. R.I. Gen. Laws § 16-21-5.1, "Carbon monoxide detectors required in school buildings;

5. § 450-RICR-00-00-7.1.10 ~~Section 7, Chapter 10~~ of the Fire Safety Code Board of Appeal and Review's Fire Safety Code ~~(450-RICR-00-00-7)~~; and,

~~5~~6. 200-RICR-20-05-4, Rhode Island ~~Board of Education "Rhode Island~~ School Construction Regulations~~" (24 May 2007 (200-RICR-20-05-4)~~

~~6~~7. Such other applicable statutory and regulatory provisions.

B. All architectural plans for school construction, renovations, or conversions must be submitted to the appropriate staff at RIDE, 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.

1. All architectural plans for new school construction, submitted for approval must 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.

4.~~27~~28 Existing School Buildings/General Requirements

A. All existing structures must 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:

1. 510-RICR-00-00-13, Standards for Existing Schools, through the local building officials or the State Building Commissioner;

2. Where applicable, the Federal and State accessibility for persons with disability standards:

a. R.I. Gen. Laws ~~Chapter~~ § 37-8-15, "Access for People with Disabilities";

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

c. R.I. Gen. Laws § 42-26-13 Open Meetings--Accessibility for Persons with Disabilities; 510-RICR-00-00-17, RISBC-17 Public Meetings Accessibility Standard

3. R.I. Gen. Laws Chapter 23-24.9, "Mercury Reduction and Education Act;"

4. 29 C.F.R. ~~§§~~ Parts 1910 and 1926, Construction, Division of Occupational Safety, R.I. Department of Labor and Training;

5. R.I. Gen. Laws § 16-21-5.1, "Carbon monoxide detectors required in school buildings;

6. R.I. Gen. Laws Chapter 23-28.12 and § 7, Chapters 1 through 8 and Chapters 24 through 43 of 450-RICR-00-00-7, RI Fire Code ; and,

~~6~~7. Such other applicable statutory or regulatory requirements.

4.~~28~~29 Pesticide Applications and Notification of Pesticide Applications at Schools

All school buildings are subject to the provisions of R.I. Gen. Laws ~~Chapter~~ § 23-25-37 for the notification and application of pesticides.

4.~~29~~30 Asbestos

All school buildings are subject to the provisions of R.I. Gen. Laws Chapter 23-24.5 and Part 50-15-1 of this Title, Asbestos Control.

4.~~30~~31 Lead

All schools serving children under the age of six (6) years (e.g., kindergartens, day care sites) are subject to the provisions of R.I. Gen. Laws Chapter 23-24.6 and Part 50-15-3 of this Title, Lead Poisoning Prevention.

4.~~31~~32 Radon

All school buildings are subject to the provisions of R.I. Gen. Laws Chapter 23-61 and Part 50-15-2 of this Title, Radon Control.

4.~~32~~33 Latex Gloves

Any school that utilizes latex gloves must do so in accordance with the provisions of Subchapter 15 Part 3 of this Chapter, 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.

4.~~33~~34 Food Service

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

1. R.I. Gen. Laws Chapter 21-27 and § 23-1-31;

2. Part 50-10-1 of this Title, Rhode Island Food Code;

3. Part 50-10-2 of this Title, Certification of Managers in Food Safety.

B. No less than one (1) person certified as a manager in food safety within each school must be designated as the person in charge to supervise all food preparation personnel to ensure food safety in accordance with Part 50-10-1 of this Title, Rhode Island Food Code.

C. In accordance with Part 50-10-1 of this Title, Rhode Island Food Code, each school serving hot potentially hazardous foods must have a written plan for assessing, monitoring, and controlling foodborne disease hazards within the facility. The plan must 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.

4.~~34~~35 Health Room

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

1. Within the health room:

   a. Hand washing facilities, including warm (not to exceed one hundred twenty degrees Fahrenheit (120° F) [forty-nine degrees Celsius (49° C)]) and cold running water, soap dispensers and soap (liquid or powdered), and either disposable towels or a heated-air hand drying device;

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

   c. All supplies necessary for the disposal of biohazardous waste, including but not limited to, a sharps container that must be managed in accordance with the requirements of 250-RICR-140-15-1, Rhode Island Department of Environmental Management Medical Waste Regulations;

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

   e. A telephone;

2. Either within or adjacent to the health room:

   a. A toilet;

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

   c. A secure cabinet for medical record storage;

d. An area for students to comfortably await services;

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

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

4. The minimum lighting level for the health room must be fifty foot (50') candles.

4.~~35~~36 Sanitation Facilities

A. The premises of each school must include an appropriate number of hand washing facilities, toilets, and drinking fountains for all students and school personnel and must be maintained in a working and sanitary condition as determined by ~~the Rhode Island Department of Health~~RIDOH 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.

1. Hand washing facilities: In addition, hand washing facilities must have cold and warm (not to exceed one hundred twenty degrees Fahrenheit (120° F) [forty-nine degrees Celsius (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 must also be available within school premises in accordance with Executive Order 07-01.

2. Toilets: At a minimum, the following ratios of toilets must 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

3. Showers: In those schools where shower facilities are in use, they must be properly cleaned and maintained and supplied with cold and warm (not to exceed one hundred twenty degrees Fahrenheit (120° F) [forty-nine degrees Celsius (49° C)]) running water.

4. All sanitation facilities must be accessible to persons with disabilities in accordance with all applicable local, State and Federal laws and Regulations.

4.~~36~~37 Housekeeping

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

4.~~37~~38 Swimming Pools

Swimming pools are subject to the statutory provisions of R.I. Gen. Laws Chapter 23-22 and any other applicable law relating to Part 50-05-4 of this Title, Licensing Aquatic Venues.

4.~~38~~39 Water Supply

A. Each school building must be furnished with an adequate supply of potable water in accordance with Part 50-05-1 of this Title, Public Drinking Water.

1. Potable water must be supplied to all food service areas, lavatories, janitorial and shower areas.

2. An adequate supply of potable drinking water must be available for consumption through a sufficient number of well-maintained and accessible sources and in accordance with 510-RICR-00-00-3, RISBC-3 Rhode Island Plumbing Code.

B. A community water system must be used as the source of supply where available.

1. Where a community water system is unavailable the water supply system utilized by the school must meet the requirements of R.I. Gen. Laws Chapters 46-13, 23-65, and Part 50-05-6 of this Title, Drinking Water State Revolving Fund.

C. All proposed ~~school water systems~~ schools that meet the definition of a public water system pursuant to Part 50-05-1 of this Title, Public Drinking Water, or proposed alterations to existing ~~school~~public water systems in schools must be approved by RIDOH.

4.~~39~~40 Tobacco

School buildings, school ~~grounds~~campus, and all facilities used by a school, are subject to the provisions of R.I. Gen. Laws Chapters 23-20.9 entitled “Smoking in Schools” and Chapter 23-20.10 the “Public Health and Workplace Safety Act”.

4.~~39~~40.1 Violations and Penalties

In accordance with R.I. Gen. Laws Chapter 23-20.10 if an employer violates the provisions of the statute, civil penalties will be levied in accordance with R.I. Gen. Laws §§ 23-20.10-10 and 23-20.10-14.

4.~~40~~41 School Safety

4.~~40~~41.1 School Safety Assessments

The school district of each city, town, and regional school department is required to conduct an assessment every three (3) years to examine the safety of each school building in accordance with R.I. Gen Laws § 16-21-23(a).

4.~~40~~41.2 School Safety Teams

The school committee or superintendent of each city, town, and regional school department is required to appoint a school safety team and a school crisis response team in accordance with R.I. Gen. Laws §§ 16-21-23(b) through (c).

4.~~40~~41.3 School Safety Plans

A. In accordance with R.I. Gen. Laws § 16-21-23(b), the school committee of each city, town, and regional school department is required to adopt a comprehensive school safety plan that addresses preparedness, response and recovery and meets the policy and procedure requirements in R.I. Gen. Laws § 16-21-24.

1. The school safety plan must include best practices and relevant provisions of the current State model plan as published by RIDE including:

    a. 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.

    b. 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;

2. The school safety plan must include written policies for the establishment of threat assessment teams, completion of an emergency action plan and

submission of the all hazards site safety survey report in accordance with the requirements of R.I. Gen. Laws § 16-21-23.

~~2~~3. The school committee is required to review and update the school safety plans by November 1 of each year in accordance with R.I. Gen. Laws § 16-21-25.

4.~~40~~41.4 Statewide Bullying Policy

In accordance with R.I. Gen. Laws §§ 16-21-33 and 16-21-34, any form or degree of bullying at school is prohibited. All school districts, charter schools, career and technical schools, approved private day or residential schools and collaborative schools must adopt a policy pursuant to 200-RICR-30-10-2, Safe School Act – Statewide Bullying Policy and 200-RICR-30-10-1, Regulations Governing Protections for Students Rights to be Free from Discrimination on the Basis of Sex, Gender, Sexual Orientation, Gender Identity or Gender Expression .

4.~~41~~42 Weapons and Firearms

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

1. All school districts must ensure the discipline policies regarding incidents of students in possession of weapons are imposed on a case-by-case basis.

4.~~42~~43 Alcohol and Other Drugs

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

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

4.~~43~~44 Recreational Facilities

A. All recreation facilities and areas, including gymnasiums, playgrounds, and athletic fields must be maintained and operated in a safe manner, including, at a minimum, the following provisions:

1. Playground surfaces and equipment must 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 incorporated at § 4.2(B) of this Part.

B. In accordance with 36 C.F.R. Part 1191, recreational facilities, athletic fields and playgrounds must be accessible to persons with disabilities.

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

4.~~44~~45 Vehicular and Pedestrian Traffic Safety

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

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

2. Parking and idling locations for motor vehicles, including busses;

3. Signage and crosswalks;

4. Traffic flow on and adjacent to school ~~grounds~~campus; and,

5. Emergency procedures.

4.~~45~~46 Asset Protection

Each public school and district is subject to the provisions of R.I. Gen. Laws Chapter 16-7.1, requiring all public schools and districts to provide an annual asset protection plan to the Commissioner of RIDE.

4.~~46~~47 Enforcement

A. Pursuant to the provisions of R.I. Gen. Laws § 16-5-30, the Commissioner of ~~Elementary and Secondary Education~~RIDE 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.

B. 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~~RIDE 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.

C. The Council on 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.

4.~~47~~48 Laboratories, Shops and Other Special Purpose Areas

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

1. Rhode Island Department of Labor and Training "OSHA Regulations 1910" Occupational Safety and Health Standards, as filed with the Secretary of State pursuant to R.I. Gen. Laws Chapter 28-20;

2. 29 C.F.R. ~~§~~ Part 1200, General Industry Standards 1910. Hazardous Communication that requires employers to maintain in the workplace copies of the required material safety data sheets for each hazardous chemical, and must 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.

3. Rhode Island Department of Labor and Training "OSHA Regulations 1926": Safety and Health Regulations for Construction, as filed with the Secretary of State pursuant to R.I. Gen. Laws Chapter 28-20;

4. R.I. Gen. Laws § 16-7-24, entitled “Minimum Appropriation by a Community for Approved School Expenses”;

5. Rhode Island ~~Board of~~Council on Elementary and Secondary Education’s Basic Education Program (BEP) 200-RICR-20-10-1 ~~(effective 29 July 2009).~~

4.~~47~~48.1 Chemical Hygiene Plan

A. For the purposes of this Part, the protective measures required for employees pursuant to 29 C.F.R. ~~§~~ Part 1450, as incorporated by reference in § 4.2(A) of this Part, must extend to students.

B. Any school engaged in the laboratory use of hazardous chemicals as defined in ~~these Regulations~~this Part must 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 29 C.F.R. ~~§~~ Part 1450, as incorporated by reference in § 4.2(A) of this Part. Said plan must also include a section regarding the purchase, storage, and disposal of potentially hazardous chemicals and the training of staff and students on their use.

C. School personnel (e.g., art teachers, shop teachers, classroom teachers, maintenance staff) must ensure compliance with 29 C.F.R. ~~§~~ Part 1200, as incorporated by reference in § 4.2(A) of this Part, for those areas under their control or supervision. Safety data sheets for all chemicals stored, handled or used in those areas must 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.

D. The written chemical hygiene plan required by this Part must include a prohibition on the use of the chemicals listed below.

1. State-approved career and technical education programs, as governed by 200-RICR-20-10-3, Regulations Governing Career and Technical Education in Rhode Island, shall be exempt from the chemical prohibition of § 4.2(A) of this Part, but must 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.

Full Chemical Name	CAS #	Reference
1-(2-tert-Butylperoxy isopropyl)-3-isopropenylbenzene	96319-55-0	49 C.F.R. § 173.225
1-(o-Chlorophenyl)thiourea	5344-82-1	EPA Acutely Toxic (P Listed)
1,1-Di-(tert-amylperoxy)cyclohexane	15667-10-4	49 C.F.R. § 173.225
1,1-Di-(tert-butylperoxy)-3,3,5-trimethylcyclohexane	6731-36-8	49 C.F.R. § 173.225
1,1-Di-(tert-butylperoxy)cyclohexane	3006-86-8	49 C.F.R. § 173.225
1,1'-Diazoaminonaphthalene		DOT Forbidden
1,1-Dimethyl-3-hydroxybutylperoxyneoheptanoate		49 C.F.R. § 173.225
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)

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.224

Full Chemical Name	CAS #	Reference
2-(N,N-Ethoxycarbonylphenylamino)-3-methoxy-4-(N-methyl-N-cyclohexylamino)benzenediazonium zinc chloride		49 C.F.R. § 173.224
2-(N,N-Methylaminoethylcarbonyl)-4-(3,4-dimethyl-phenylsulphonyl)benzene diazonium zinc chloride		49 C.F.R. § 173.224
2,2'-Azodi(2,4-dimethyl-4-methoxyvaleronitrile)		49 C.F.R. § 173.224
2,2'-Azodi(2,4-dimethylvaleronitrile)	4419-11-8	49 C.F.R. § 173.224
2,2-Azodi(2-methylbutyronitrile)		49 C.F.R. § 173.224
2,2'-Azodi(ethyl 2- methylpropionate)		49 C.F.R. § 173.224
2,2'-Azodi(isobutyronitrile)	78-67-1	49 C.F.R. § 173.224
2,2-Di-(4,4-di(tert-butylperoxy)cyclohexyl)propane	1705-60-8	49 C.F.R. § 173.225
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	49 C.F.R. § 173.225
2,2-Di-(tert-butylperoxy)propane	1705-60-8	49 C.F.R. § 173.225

Full Chemical Name	CAS #	Reference
2,2-Dihydroperoxypropane	2614-76-8	49 C.F.R. § 173.225
2,2-dinitrostilbene		DOT Forbidden
2,4-Dinitrophenol	51-28-5	EPA Acutely Toxic (P Listed)
2,5 Dimethyl 2,5 di-2-ethylhexanoylperoxyhexane		49 C.F.R. § 173.225
2,5-Diethoxy-4-(phenylsulphonyl)benzenediazonium zinc chloride		49 C.F.R. § 173.224
2,5-Diethoxy-4-2,5-Diethoxy-4-morpholinobenzenediazonium zinc chloride	26123-91-1	49 C.F.R. § 173.224
2,5-Diethoxy-4-morpholinobenzenediazonium tetrafluoroborate	4979-72-0	49 C.F.R. § 173.224
2,5-Diethoxy-4-morpholinobenzenediazonium zinc chloride	26123-91-1	49 C.F.R. § 173.224
2,5-Dimethoxy-4-(4-methylphenylsulphony)benzene diazonium zinc chloride		49 C.F.R. § 173.224
2,5-Dimethyl-2,5-di-(3,5,5-trimethylhexanoylperoxy)hexane		49 C.F.R. § 173.225

Full Chemical Name	CAS #	Reference
2,5-Dimethyl-2,5-di-(benzoylperoxy)hexane	2618-77-1	49 C.F.R. § 173.225
2,5-Dimethyl-2,5-di-(tert-butylperoxy)hexane	78-63-7	49 C.F.R. § 173.225
2,5-Dimethyl-2,5-di-(tert-butylperoxy)hexyne-3	1068-27-5	49 C.F.R. § 173.225
2,5-dimethyl-2,5-dihydroperoxy hexane		DOT Forbidden
2,5-Dimethyl-2,5-dihydroperoxyhexane	3025-88-5	49 C.F.R. § 173.225
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		49 C.F.R. § 173.224
2-Diazo-1-Naphthol-5-sulphochloride		49 C.F.R. § 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)

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.224
3,3,6,6,9,9-Hexamethyl-1,2,4,5-tetraoxacyclononane	22397-33-7	49 C.F.R. § 173.225
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		49 C.F.R. § 173.224
3-Chloroperoxybenzoic acid	937-14-4	49 C.F.R. § 173.225
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	49 C.F.R. § 173.224
3-tert-Butylperoxy-3-phenylphthalide	25251-51-8	49 C.F.R. § 173.225

Full Chemical Name	CAS #	Reference
4-(Benzyl(ethyl)amino)-3-ethoxybenzenediazonium zinc chloride		49 C.F.R. § 173.224
4-(Benzyl(methyl)amino)-3-ethoxybenzenediazonium zinc chloride		49 C.F.R. § 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		49 C.F.R. § 173.224
4-Dimethylaminoazobenzene	60-11-7	Select Carcinogen
4-Dipropylaminobenzenediazonium zinc chloride		49 C.F.R. § 173.224
4-Methylbenzenesulphonylhydrazide		49 C.F.R. § 173.224
4-Nitrobiphenyl	92-93-3	Select Carcinogen

Full Chemical Name	CAS #	Reference
4-Nitrosophenol	104-91-6	49 C.F.R. § 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-, methylcarbamate	1563-66-2	EPA Acutely Toxic (P Listed)
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)

Full Chemical Name	CAS #	Reference
Acetic acid, fluoro-, sodium salt	62-74-8	EPA Acutely Toxic (P Listed)
Acetyl acetone peroxide	37187-22-7	49 C.F.R. § 173.225
Acetyl benzoyl peroxide	644-31-5	49 C.F.R. § 173.225
Acetyl cyclohexanesulfonyl peroxide	3179-56-4	49 C.F.R. § 173.225
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

Full Chemical Name	CAS #	Reference
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)

Full Chemical Name	CAS #	Reference
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
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

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
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
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)

Full Chemical Name	CAS #	Reference
Azodi(hexahydrobenzonitrile)	2094-98-6	49 C.F.R. § 173.224
Azodicarbonamide formulation	123-77-3	49 C.F.R. § 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	49 C.F.R. § 173.224
benzene triozonide		DOT Forbidden

Full Chemical Name	CAS #	Reference
Benzene, (chloromethyl)-	100-44-7	EPA Acutely Toxic (P Listed)
Benzene-1,3-disulphohydrazide		49 C.F.R. § 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	49 C.F.R. § 173.225
benzoyl azide		DOT Forbidden
Benzyl chloride	100-44-7	EPA Acutely Toxic (P Listed)

Full Chemical Name	CAS #	Reference
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 Carcinogens
bromine azide	13973-87-0	DOT Forbidden
Bromoacetone	598-31-2	EPA Acutely Toxic (P Listed)
bromosilane		DOT Forbidden

Full Chemical Name	CAS #	Reference
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)

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
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
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

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
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
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

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.225
Cumyl peroxyneodecanoate	26748-47-0	49 C.F.R. § 173.225
Cumyl peroxypivalate	23383-59-7	49 C.F.R. § 173.225
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)

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.225
Cyclohexanone peroxide(s) [as a solution]	12262-58-7	49 C.F.R. § 173.225
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

Full Chemical Name	CAS #	Reference
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
Di-(1-hydroxycyclohexyl)peroxide	2407-94-5	49 C.F.R. § 173.225
di-(1-hydroxytetrazole)		DOT Forbidden
Di-(2-ethoxyethyl)peroxydicarbonate	52373-74-7	49 C.F.R. § 173.225
Di-(2-ethylhexyl)peroxydicarbonate	16111-62-9	49 C.F.R. § 173.225

Full Chemical Name	CAS #	Reference
Di-(2-ethylhexyl)peroydicarbonate		49 C.F.R. § 173.225
di(2-ethylhexyl)phthalate	117-81-7	IARC List of Known and Suspected Human Carcinogens
Di-(2-methylbenzoyl)peroxide	3034-79-5	49 C.F.R. § 173.225
Di-(2-neodecanoylperoxyisopropyl)benzene		49 C.F.R. § 173.225
Di-(2-phenoxyethyl)peroxydicarbonate	41935-39-1	49 C.F.R. § 173.225
Di-(2-tert-butylperoxyisopropyl)benzene	279671-18-0	49 C.F.R. § 173.225
Di-(3,5,5-trimethyl-1,2-dioxolanyl-3)peroxide		49 C.F.R. § 173.225
Di-(3,5,5-trimethylhexanoyl)peroxide		49 C.F.R. § 173.225
Di-(3-methoxybutyl)peroxydicarbonate	52238-68-3	49 C.F.R. § 173.225
Di-(3-methylbenzoyl)peroxide	96436-26-9	49 C.F.R. § 173.225
Di-(4-methylbenzoyl)peroxide	895-85-2	49 C.F.R. § 173.225
Di-(4-tert-butylcyclohexyl)peroxydicarbonate	15520-11-3	49 C.F.R. § 173.225
di-(beta-nitroxyethyl) ammonium nitrate		DOT Forbidden

Full Chemical Name	CAS #	Reference
di-(tert-butylperoxy) phthalate		DOT Forbidden
Di-(tert-butylperoxy)phthalate	2155-71-7	49 C.F.R. § 173.225
Di-2,4-dichlorobenzoyl peroxide	133-14-2	49 C.F.R. § 173.225
di-2,4-dichlorobenzoyl peroxide		DOT Forbidden
Di-4-chlorobenzoyl peroxide	94-17-7	49 C.F.R. § 173.225
Diacetone alcohol peroxides	54693-46-8	49 C.F.R. § 173.225
Diacetyl peroxide	110-22-5	49 C.F.R. § 173.225
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

Full Chemical Name	CAS #	Reference
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
dibenzo[a,e]pyrene	192-65-4	IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.225
Dibenzyl peroxydicarbonate	2144-45-8	49 C.F.R. § 173.225
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	49 C.F.R. § 173.225

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
dicofol	115-32-2	IARC List of Known and Suspected Human Carcinogens
Dicumyl peroxide	80-43-3	49 C.F.R. § 173.225
Dicyclohexyl peroxydicarbonate	1561-49-5	49 C.F.R. § 173.225
Dicyclopentadiene	77-73-6	Peroxidizable
Didecanoyl peroxide	762-12-9	49 C.F.R. § 173.225
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
Diethyl peroxydicarbonate	14666-78-5	49 C.F.R. § 173.225
diethyl sulfate	64-67-5	IARC List of Known and Suspected Human Carcinogens

Full Chemical Name	CAS #	Reference
Diethylarsine	692-42-2	EPA Acutely Toxic (P Listed)
Diethylene glycol bis(allyl carbonate) + Diisopropylperoxydicarbonate		49 C.F.R. § 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

Full Chemical Name	CAS #	Reference
Diisobutyryl peroxide	3437-84-1	49 C.F.R. § 173.225
Diisopropyl peroxydicarbonate	105-64-6	49 C.F.R. § 173.225
Diisopropylbenzene dihydroperoxide	29014-32-2	49 C.F.R. § 173.225
diisopropylbenzene hydroperoxide		DOT Forbidden
Diisopropylfluorophosphate (DFP)	55-91-4	EPA Acutely Toxic (P Listed)
Diisotridecyl peroxydicarbonate		49 C.F.R. § 173.225
Dilauroyl peroxide	105-74-8	49 C.F.R. § 173.225
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

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.225
Di-n-butyl peroxydicarbonate	16215-49-9	49 C.F.R. § 173.225
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	49 C.F.R. § 173.225
Di-n-octanoyl peroxide	762-16-3	49 C.F.R. § 173.225
Dinoseb	88-85-7	EPA Acutely Toxic (P Listed)
Di-n-propyl peroxydicarbonate	16066-38-9	49 C.F.R. § 173.225
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	49 C.F.R. § 173.225
Diperoxy dodecane diacid	66280-55-5	49 C.F.R. § 173.225
Diphenyloxide-4,4'-disulphohydrazide	80-51-3	49 C.F.R. § 173.224
Diphosphoramide, octamethyl-	152-16-9	EPA Acutely Toxic (P Listed)

Full Chemical Name	CAS #	Reference
Diphosphoric acid, tetraethyl ester	107-49-3	EPA Acutely Toxic (P Listed)
dipicryl sulfide	2217-06-3	DOT Explosive
Dipropionyl peroxide	3248-28-0	49 C.F.R. § 173.225
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	49 C.F.R. § 173.225
disperse blue 1	2475-45-8	IARC List of Known and Suspected Human Carcinogens
Distearyl peroxydicarbonate	52326-66-6	49 C.F.R. § 173.225
Disuccinic acid peroxide	123-23-9	49 C.F.R. § 173.225
Disulfoton	298-04-4	EPA Acutely Toxic (P Listed)
Di-tert-amyl peroxide	10508-09-5	49 C.F.R. § 173.225

Full Chemical Name	CAS #	Reference
Di-tert-butyl peroxide	110-05-4	49 C.F.R. § 173.225
Di-tert-butyl peroxyazelate	16580-06-6	49 C.F.R. § 173.225
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)

Full Chemical Name	CAS #	Reference
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)
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	49 C.F.R. § 173.225
Ethyl 3,3-di-(tert-butylperoxy)butyrate	55794-20-2	49 C.F.R. § 173.225
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

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
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
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

Full Chemical Name	CAS #	Reference
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)

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.225

Full Chemical Name	CAS #	Reference
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 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

Full Chemical Name	CAS #	Reference
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)

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.225
Methyl Fluorosulfate	421-20-5	Acutely Toxic
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	49 C.F.R. § 173.225
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

Full Chemical Name	CAS #	Reference
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	49C49 C.F.R. § 173.225
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

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.224
N,N'-Dinitroso-N, N'-dimethyl-terephthalamide	133-55-1	49 C.F.R. § 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

Full Chemical Name	CAS #	Reference
n-Butyl peroxydicarbonate		DOT Forbidden
n-Butyl-4,4-di-(tert-butylperoxy)valerate	995-33-5	49 C.F.R. § 173.225
N-Formyl-2-(nitromethylene)-1,3-perhydrothiazine		49 C.F.R. § 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

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
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)
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

Full Chemical Name	CAS #	Reference
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)

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.225
Peroxyacetic acid	79-21-0	49 C.F.R. § 173.225
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

Full Chemical Name	CAS #	Reference
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)
Phenol, 4-(dimethylamino)-3,5-dimethyl-, methylcarbamate (ester)	315-18-4	EPA Acutely Toxic (P Listed)

Full Chemical Name	CAS #	Reference
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)

Full Chemical Name	CAS #	Reference
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	49 C.F.R. § 173.225
Plumbane, tetraethyl-	78-00-2	EPA Acutely Toxic (P Listed)
p-Menthyl hydroperoxide	26762-92-5	49 C.F.R. § 173.225
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)

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
propylene dichloride [1,2-dichloropropane]	78-87-5	IARC List of Known and Suspected Human 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)

Full Chemical Name	CAS #	Reference
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		49 C.F.R. § 173.224
Sodium 2-diazo-1-naphthol-5-sulphonate	2657-00-3	49 C.F.R. § 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

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
tert-Amyl hydroperoxide	3425-61-4	49 C.F.R. § 173.225
tert-Amyl peroxy-2-ethylhexanoate	686-31-7	49 C.F.R. § 173.225
tert-Amyl peroxy-2-ethylhexyl carbonate	70833-40-8	49 C.F.R. § 173.225
tert-Amyl peroxybenzoate	4511-39-1	49 C.F.R. § 173.225
tert-Amyl peroxyneodecanoate	68299-16-1	49 C.F.R. § 173.225
tert-Amyl peroxypivalate	29240-17-3	49 C.F.R. § 173.225
tert-Amylperoxy-3,5,5-trimethylhexanoate		49 C.F.R. § 173.225
tert-Butoxycarbonyl azide		DOT Forbidden
tert-Butyl cumyl peroxide	30580-75-7	49 C.F.R. § 173.225
tert-Butyl hydroperoxide	75-91-2	49 C.F.R. § 173.225
tert-Butyl monoperoxymaleate	1931-62-0	49 C.F.R. § 173.225
tert-Butyl monoperoxyphthalate	15042-77-0	49 C.F.R. § 173.225
tert-Butyl peroxy-2-ethylhexanoate	3006-82-4	49 C.F.R. § 173.225
tert-Butyl peroxy-2-ethylhexylcarbonate		49 C.F.R. § 173.225

Full Chemical Name	CAS #	Reference
tert-Butyl peroxy-2-methylbenzoate	22313-62-8	49 C.F.R. § 173.225
tert-Butyl peroxy-3,5,5-trimethylhexanoate	13122-18-4	49 C.F.R. § 173.225
tert-Butyl peroxyacetate	107-71-1	49 C.F.R. § 173.225
tert-Butyl peroxyacetate		DOT Forbidden
tert-Butyl peroxybenzoate	614-45-9	49 C.F.R. § 173.225
tert-Butyl peroxybutyl fumarate		49 C.F.R. § 173.225
tert-Butyl peroxycrotonate	23474-91-1	49 C.F.R. § 173.225
tert-Butyl peroxydiethylacetate	2550-33-6	49 C.F.R. § 173.225
tert-Butyl peroxyisobutyrate	109-13-7	49 C.F.R. § 173.225
tert-Butyl peroxyneodecanoate	26748-41-4	49 C.F.R. § 173.225
tert-Butyl peroxyneoheptanoate	26748-38-9	49 C.F.R. § 173.225
tert-Butyl peroxypivalate	927-07-2	49 C.F.R. § 173.225
tert-Butylperoxy isopropylcarbonate	2372-21-6	49 C.F.R. § 173.225
tert-Butylperoxystearylcarbonate		49 C.F.R. § 173.225
tert-Hexyl peroxypivalate	51938-28-4	49 C.F.R. § 173.225

Full Chemical Name	CAS #	Reference
tert-Hexylperoxyneodecanoate		49 C.F.R. § 173.225
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		49 C.F.R. § 173.224

Full Chemical Name	CAS #	Reference
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
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

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
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

Full Chemical Name	CAS #	Reference
vinyl fluoride	75-02-5	IARC List of Known and Suspected Human Carcinogens
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