



CHULA VISTA ELEMENTARY SCHOOL DISTRICT COACHES APPLICATION

Each Child is an Individual of Great Worth

"THE MOST VALUABLE PLAYER IS THE ONE THAT MAKES THE MOST PLAYERS VALUABLE." – PEYTON MANNING



2024 



COACHES APPLICATION



Janet Eleazar
 Athletics Programs Coordinator
 Chula Vista Elementary School District
 (619) 425-9600

Intramural Volunteer Coach Checklist for Schools

Attn. School Secretary/Site LEAD : The following items must be completed prior to serving as a volunteer coach for the CVESD intramural League

1.) Once completed, Please **collect** the following:

- ☐ Copy of CPR/First-Aide card (must include Adult and Child CPR/AED/First-Aid Certification by the American Heart Association/American Red Cross)
Expiration Date:_____
- ☐ Copy of Concussion Training Completion certificate
- ☐ Signed CVESD code of Ethical Conduct

The Following items are only needed for NON-CVESD EMPLOYEES:

- ☐ Request for Livescan Service (pink copy)
- ☐ Completed TB Risk Assessment Questionnaire OR Proof of Negative TB Test

2.) **Keep** the following at your school site:

- Copy of CPR/First-Aid card
- Copy Concussion Training Certificate
- Signed CVESD Code of Ethical Conduct
- Copy of COVID-19 Vaccination Card

3.) **Turn in** the following ESSC-Attn: Janet Eleazar or scan to janet.eleazar@cvesd.org

- Completed Checklist for Coaches
- TB Test Results or Risk Assessment Questionnaire (if needed)

Coach Name_____ Email_____

Coach Signature_____ Date _____

School Site _____ School(s)_____

I have verified that all required forms have been submitted to our school site.

Principal Signature _____ Date_____

For Human Resources Use Only

Verified DOJ/FBI results Approved by _____ Date:_____



CHULA VISTA ELEMENTARY SCHOOL DISTRICT

84 EAST "J" STREET • CHULA VISTA, CALIFORNIA 91910 • 619 425-9600

EACH CHILD IS AN INDIVIDUAL OF GREAT WORTH HUMAN RESOURCES SERVICES AND SUPPORT

It is the policy of the Chula Vista Elementary School District to conduct reference checks for all candidates for employment. If applicable, verification will be conducted prior to the interview portion of the selection procedure, and three references are normally obtained before the candidate is invited to participate in the interview process.

Your signature below indicates your agreement with, and acknowledgment of the following:

1. As an applicant for an employment position with the Chula Vista Elementary School District, I authorize my current and past employers and work associates, including, but not limited to, supervisors, colleagues, and subordinates, to release to the Chula Vista Elementary School District any reference information in my personnel records or file (e.g., applications for employment, time and sick leave records, vacation records, performance evaluations), academic records (e.g., transcripts, certificates, credentials, etc.), and information related to my work-related personal characteristics (e.g., my character, dependability, honesty, integrity, ability to work under pressure, interpersonal skills, general physical ability, and reputation among co-workers).
2. I expressly and without reservation waive my right to review the information collected in the reference checks.
3. The Chula Vista Elementary School District will maintain reference information in strictest confidence and solely for the purposes of the recruitment for which I have applied, and that information obtained during reference checks will not be provided to anyone outside the selection process.
4. A photocopy of this signed Authorization is to be considered valid as an original.
5. IN EXECUTING THIS AUTHORIZATION, I FULLY AND COMPLETELY RELEASE ALL PRESENT AND PAST EMPLOYERS AND THEIR EMPLOYEES, THE CHULA VISTA ELEMENTARY SCHOOL DISTRICT AND ITS EMPLOYEES, AND ALL OTHER PERSONS AND ENTITIES FROM LIABILITY FOR ANY DAMAGE, INCLUDING TO THE FULL EXTENT ALLOWED BY LAW, LIABILITY UNDER CALIFORNIA CIVIL CODE SECTIONS 45 AND 46 AND CALIFORNIA LABOR CODE SECTION 1064, OR ANY SIMILAR LAWS OF OTHER STATES OR POLITICAL ENTITIES, WHICH MAY RESULT FROM FURNISHING INFORMATION WHICH I AM PERMITTING TO BE RELEASED BY WAY OF THIS AUTHORIZATION.
6. I HAVE CAREFULLY READ AND UNDERSTAND ALL OF THE PROVISIONS OF THIS AUTHORIZATION, AND HAVE VOLUNTARILY AND WITHOUT COERCION OR DURESS AGREED TO AND SIGNED THIS AUTHORIZATION.

Candidate's Full Name (Print)

Other Last Names You have Used (If any)

Candidate's Signature

____/____/____
Date



Chula Vista Elementary School District
THIS FORM MUST BE RETURNED TO THE SCHOOL
BEFORE STUDENT CAN PARTICIPATE

RELEASE TO PARTICIPATE

(Both the Applicant Student and Parent
or Guardian Must Read Carefully and Sign)

Name of Student

Sport/Activity (Year)

Participation in the identified athletic/sport activity **IS VOLUNTARY AND IS NOT REQUIRED** as part of the regular school program. We hereby give our permission for our student to participate in the identified athletic/sport activity. We realize there is a possibility that a student may suffer severe injury, including permanent paralysis or death, as a result of participation in athletic or sports activities. We are aware that playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. We understand that the dangers and risks of playing or practicing to play include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and or aspects of the skeletal system and serious injury or impairment to other aspects of the student's body and/or well being. We understand that the dangers of playing or practicing to play may result not only in serious injury, but in serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

We recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions. We specifically acknowledge that **FOOTBALL, WRESTLING, GYMNASTICS, SOFTBALL, BASEBALL AND BASKETBALL ARE VIOLENT CONTACT SPORTS** involving even greater risk of injury than other sports.

In consideration of the permission granted, we, the undersigned, hereby **RELEASE, DISCHARGE** and **HOLD HARMLESS** the Chula Vista Elementary School District from all liability arising out of or in connection with the identified athletic sport/activity. The release and discharge of the Chula Vista Elementary School District from all liability includes any defect or alleged negligence attributed to the Chula Vista Elementary School District or any of its coaches, agents, instructors, teachers or any assistants supervising, directing or instructing in the athletic sport/activity. (_____) (to be initialed by the student and parent or guardian)

Date: _____

Student's Signature _____

I, _____, being the parent/legal guardian of _____ (student). I have read the above release. I understand and agree to its terms. I understand that all sports can involve **MANY RISKS OF INJURY** including, but not limited to, those risks outlined above and on the attached Concussion Information Sheet.

In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

I am signing this document on my own behalf, as well as on behalf of my student athlete.

Date: _____

Parent's/Legal Guardian's Signature _____



**Distrito Escolar Primario de Chula Vista ESTE
FORMULARIO DEBE SER DEVUELTO A LA ESCUELA
ANTES DE QUE EL ESTUDIANTE PUEDA PARTICIPAR**

PERMISO PARA PARTICIPAR

**(Tanto el estudiante solicitante como el padre
o tutor deben leer cuidadosamente y firmar)**

Nombre del estudiante _____

Deporte/actividad (Año) _____

La participación en la actividad atlética o deportiva indicada ES VOLUNTARIA Y NO ES REQUERIDA como parte del programa académico regular. Damos por este medio, nuestro permiso para que nuestro estudiante participe en la actividad atlética o deportiva indicada. Entendemos que hay una posibilidad de que un estudiante pueda sufrir una lesión severa, incluyendo parálisis permanente o muerte, a resultado de participar en actividades atléticas o deportivas. Estamos enterados que jugar, o practicar para jugar, o participar en cualquier deporte, puede ser una actividad peligrosa que implica MUCHOS RIESGOS DE LASTIMADURA. Entendemos que los peligros y los riesgos de jugar o practicar para jugar o participar en las actividades antes mencionadas, incluyen, pero no se limitan a la muerte, lastimaduras serias del cuello y de la espina dorsal que pueden resultar en una parálisis parcial o total, daño cerebral, lastimaduras serias en prácticamente todos los órganos internos, lastimaduras serias en prácticamente todos los huesos, coyunturas, ligamentos, músculos, tendones y otros aspectos del sistema del esquelético y lastimaduras serias o daño a otras partes del cuerpo y bienestar del estudiante. Entendemos que los peligros de jugar o de practicar para jugar podrían resultar en no sólo una lastimadura seria, pero en un impedimento serio de las capacidades futuras para ganarse la vida, de realizar otras actividades en otros negocios, actividades sociales y recreativas, y de disfrutar la vida en general.

Reconocemos la importancia de seguir las instrucciones de los entrenadores con respecto a las técnicas del juego, el entrenamiento y otras reglas del equipo, etc., y estamos de acuerdo en obedecer tales instrucciones. Reconocemos específicamente que EL FÚTBOL AMERICANO, LA LUCHA, LA GIMNASIA, EL BEÍSBOL CON PELOTA BLANDA, EL BÉISBOL Y EL BALONCESTO SON DEPORTES DE CONTACTO VIOLENTOS que implican todavía un mayor riesgo de lastimadura que otros deportes.

En consideración del permiso concedido, nosotros, con nuestra firma, por este medio LIBERAMOS, DESCARGAMOS y EXIMIMOS DE TODA RESPONSABILIDAD al Distrito Escolar Primario de Chula Vista cualquier responsabilidad que surja o que esté relacionada con la actividad atlética o deportiva mencionada. La liberación y exoneración del Distrito Escolar Primario de Chula Vista de toda la responsabilidad incluye cualquier falla o presunta negligencia atribuida al Distrito Escolar Primario de Chula Vista o a cualquiera de sus entrenadores, agentes, instructores, maestros o ayudantes que supervisen, dirijan o enseñen en la actividad atlética o deportiva mencionada. (_____) (para que lo firmen con sus iniciales el estudiante y el padre o tutor)

Fecha: _____

Firma del Estudiante _____

Yo, _____, siendo el padre o tutor de _____ (estudiante). He leído la autorización anterior. Entiendo y convengo con sus términos. Entiendo que todos los deportes pueden implicar MUCHOS RIESGOS DE LASTIMADURAS que incluyen pero no se limitan a, los riesgos descritos anteriormente y en la hoja anexa de información sobre conmoción cerebral.

En caso de un accidente, o de enfermedad repentina, el Distrito escolar tiene mi permiso para rendir cualquier tratamiento médico de emergencia que pueda juzgarse necesario para el estudiante nombrado anteriormente.

Estoy firmando este documento a mi nombre y a nombre de mi estudiante atleta.

Fecha: _____

Firma del Padre o Tutor _____

HEADS UP

CONCUSSION IN SCHOOL SPORTS

A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your child reports *one or more* symptoms of concussion listed below, or if you notice the symptoms yourself, keep your child out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<input type="checkbox"/> Appears dazed or stunned <input type="checkbox"/> Is confused about assignment or position <input type="checkbox"/> Forgets an instruction <input type="checkbox"/> Is unsure of game, score, or opponent <input type="checkbox"/> Moves clumsily <input type="checkbox"/> Answers questions slowly <input type="checkbox"/> Loses consciousness (<i>even briefly</i>) <input type="checkbox"/> Shows mood, behavior, or personality changes <input type="checkbox"/> Can’t recall events <i>prior</i> to hit or fall <input type="checkbox"/> Can’t recall events <i>after</i> hit or fall	<input type="checkbox"/> Headache or “pressure” in head <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Double or blurry vision <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Feeling sluggish, hazy, foggy, or groggy <input type="checkbox"/> Concentration or memory problems <input type="checkbox"/> Confusion <input type="checkbox"/> Just not “feeling right” or is “feeling down”

How can you help your child prevent a concussion?

Every sport is different, but there are steps your child can take to protect themselves from concussion and other injuries.

- ☐ Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- ☐ Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- ☐ Encourage them to practice good sportsmanship at all times.

What should you do if you think your child has a concussion?

1. Keep your child out of play. If your child has a concussion, her/his brain needs time to heal. Don’t let your child return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your child is symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
3. Teach your child that it’s not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your child convince you that s/he’s “just fine.”
4. Tell all of your child’s coaches and the student’s school nurse about ANY concussion. Coaches, school nurses, and other school staff should know if your child has ever had a concussion. Your child may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your child’s coaches, school nurse, and teachers. If needed, they can help adjust your child’s school activities during her/his recovery.

If you think your child has a concussion:

- ☐ Don’t assess it yourself.
- ☐ Take him/her out of play.
- ☐ Seek the advice of a health care professional.

It’s better to miss one game than the whole season.

For more information, visit: www.cdc.gov/Concussion

ATENCIÓN

CONMOCIONES CEREBRALES EN LOS DEPORTES DE LA ESCUELA SECUNDARIA

HOJA INFORMATIVA PARA LOS PADRES

¿Qué es una conmoción cerebral?

Una conmoción cerebral es una lesión en el cerebro causada por un golpe o una sacudida en la cabeza o el cuerpo. Incluso un golpeteo, un zumbido en la cabeza, o lo que parece ser un golpe o una sacudida leve puede ser algo grave.

¿Cuáles son los signos y síntomas?

La conmoción cerebral no se puede ver. Los signos y síntomas de una conmoción cerebral pueden aparecer justo después de una lesión o puede que no aparezcan o se noten sino hasta después de días de ocurrida la lesión. Si su hijo le informa sobre *algún* síntoma de conmoción cerebral de los especificados a continuación, o si usted nota los signos, no permita que su hijo juegue y busque atención médica de inmediato.

Signos que notan los padres o tutores	Síntomas que reporta el atleta
<input type="checkbox"/> El atleta luce aturdido o desorientado Está confundido en cuanto a su posición o lo que debe hacer Olvida las instrucciones No se muestra seguro del juego, de la puntuación ni de sus adversarios <input type="checkbox"/> Se mueve con torpeza <input type="checkbox"/> Responde a las preguntas con lentitud <input type="checkbox"/> Pierde el conocimiento (<i>aunque sea por poco tiempo</i>) <input type="checkbox"/> Muestra cambios de humor, conducta o personalidad <input type="checkbox"/> No puede recordar lo ocurrido <i>antes</i> o después de un golpe o una caída	<input type="checkbox"/> Dolor de cabeza o “presión” en la cabeza <input type="checkbox"/> Náuseas o vómitos <input type="checkbox"/> Problemas de equilibrio o mareo <input type="checkbox"/> Visión borrosa o doble <input type="checkbox"/> Sensibilidad a la luz y al ruido <input type="checkbox"/> Debilidad, confusión, aturdimiento o estado grogui <input type="checkbox"/> Problemas de concentración o de memoria <input type="checkbox"/> Confusión <input type="checkbox"/> No se “siente bien” o se siente “desganado”

¿Cómo puede ayudar a su hijo para que evite una conmoción cerebral?

Cada deporte es diferente, pero hay una serie de medidas que su hijo puede tomar para protegerse de las conmociones cerebrales.

- ☐ Asegúrese de que use el equipo de protección adecuado para la actividad. El equipo debe ajustarse bien y estar en buen estado, y el jugador debe usarlo correctamente y en todo momento.
- ☐ Controle que siga las reglas que imparta el entrenador y las reglas del deporte que practica.
- ☐ Invítelo a mantener el espíritu deportivo en todo momento.

¿Qué debe hacer si cree que su hijo ha sufrido una conmoción cerebral?

- No permita que su hijo siga jugando. Si su hijo sufre una conmoción cerebral, su cerebro necesitará tiempo para sanarse. No permita que su hijo regrese a jugar el día de la lesión y espere a que un profesional de la salud, con experiencia en la evaluación de conmociones cerebrales, indique que ya no presenta síntomas y que puede volver a jugar. Una nueva conmoción cerebral que ocurra antes de que el cerebro se recupere de la primera, generalmente en un periodo corto (horas, días o semanas), puede retrasar la recuperación o aumentar la probabilidad de que se presenten problemas a largo plazo. En casos poco frecuentes, las conmociones cerebrales repetidas pueden causar edema (inflamación del cerebro), daño cerebral permanente y hasta la muerte.
- Busque atención médica de inmediato. Un profesional de la salud con experiencia en la evaluación de las conmociones cerebrales podrá determinar la gravedad de la conmoción cerebral que ha sufrido su hijo y cuándo podrá volver a jugar sin riesgo alguno.
- Enséñele a su hijo que no es sensato jugar con una conmoción cerebral. Descansar es fundamental después de una conmoción cerebral. Algunas veces los atletas creen equivocadamente que jugar lesionado es una demostración de fortaleza y coraje. Convenza a los demás de que no deben presionar a los atletas lesionados para que jueguen. No deje que su hijo lo convenza de que está “bien”.
- Avíseles a todos los entrenadores de su hijo y a la enfermera de la escuela sobre *cualquier* conmoción cerebral. Los entrenadores, las enfermeras escolares y otros miembros del personal de la escuela deben saber si su hijo *alguna vez* tuvo una conmoción cerebral. Su hijo debe limitar sus actividades mientras se recupera de una conmoción cerebral. Ciertas actividades como estudiar, manejar, trabajar en la computadora, jugar video juegos o hacer ejercicio pueden provocar que los síntomas de una conmoción cerebral vuelvan a aparecer o empeoren. Hable con su proveedor de atención médica y también con los entrenadores, las enfermeras de la escuela y los profesores de su hijo adolescente. De ser necesario, estas personas pueden colaborar en la adaptación de las actividades de su hijo durante su recuperación.

Si usted cree que su hijo ha sufrido una conmoción cerebral:
No trate de evaluarlo usted mismo. Haga que salga del juego. Busque atención médica de un profesional de la salud.

Es preferible perderse un juego que toda la temporada.

Para obtener más información, visite: www.cdc.gov/Concussion



California School Employee Tuberculosis (TB) Risk Assessment Questionnaire



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

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.^
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new risk factors since the last negative test**.
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:**

*For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing.
A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.*

Name of Person Assessed for TB Risk Factors: _____

Assessment Date: _____

Date of Birth: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)

☐

Yes

- If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

☐

No (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked

☐

One or more sign(s) or symptom(s) of TB disease

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

☐

Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

☐

Close contact to someone with infectious TB disease during lifetime

Treat for LTBI if TB test result is positive and active TB disease is ruled out

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



California School Employee Tuberculosis (TB) Risk Assessment User Guide

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

Background

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

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

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

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

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

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

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

Testing for latent TB infection (LTBI)

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

Previous or inactive tuberculosis

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

Negative test for LTBI does not rule out TB disease

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

Symptoms of TB should trigger evaluation for active TB disease

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

Most patients with LTBI should be treated

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

Emphasis on short course for treatment of LTBI

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

Repeat risk assessment and testing

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

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

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



Certificate of Completion Tuberculosis Risk Assessment and/or Examination

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

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

Date of assessment and/or examination: _____mo./_____day/_____yr.

Date of Birth: _____mo./_____day/_____yr.

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

X _____

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

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



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



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

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

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

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

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

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

California Education Code, ~~Section 87~~408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



Who developed the school staff and volunteer TB risk assessment?

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

Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. However, gLveQ Whe &29,' ePergeQF\ reVSoQVe, Whe 7% rLVN DVVeVVPeQW PD\ DOVo Ee DGPLQLVWereG vLD WeOeheDOWh. The practice of allowing employees or volunteers to self-assess is discouraged.

What is a "health care provider"?

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

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

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

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

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

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

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

If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years?

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



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



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

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

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

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

Who may sign the Certificate of Completion?

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

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

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

What if I have TB screening or treatment questions?

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

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

California Tuberculosis Controllers’ Association

[hWWSV //www.FWFD.org/SrovLGerV/](http://www.FWFD.org/SrovLGerV/)

California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>

California School Nurses Organization: (916) 448-5752 or email csno@csno.org

<http://www.csno.org/>

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

➤ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury.

Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.

3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____

Date: _____

Athlete's Signature: _____

I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____

Date: _____

Parent or Legal Guardian's Signature: _____

Chula Vista Elementary School District



ATHLETICS OUR MISSION



The Chula Vista Elementary School District is committed to fostering a wholesome community spirit through the practice of good sportsmanship in athletic competitions. In this regard, the CVESD expects that all players, parents, supporters, coaches, and officials will be polite, positive, and generous in their conduct before, during, and after games. In particular we wish to train our youth by example to accept winning or losing with grace and to appreciate the efforts of the other team in providing worthy competition.

CVESD CODE OF CONDUCT

1. Coaches and spectators are to conduct themselves as positive role models and display appropriate behavior.
 2. Coaches are responsible for the conduct of their players and spectators at all times.
 3. Coaches, players, and spectators should treat the referee with respect.
- *Anyone may be asked to leave if they do not follow these guidelines. Refusal to leave may result in suspension of the game and an eventual forfeit.

Signature: _____

Date signed: _____ School: _____

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Chula Vista Elementary School District

DEPORTES

NUESTRA MISION



Chula Vista Elementary School District

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NUESTRA MISION



Nuestra ligas del Distrito Escolar de Chula Vista tienen como propósito cultivar un ambiente sano con la práctica de respeto mutuo durante los partidos. Con esta meta en mente, la ligas de nuestro distrito esperan que todos los jugadores, padres de familia, aficionados, maestros y árbitros sean amables, positivos y generosos en su conducta antes, durante y después de cada partido. En particular, queremos mostrarles a nuestros niños nuestro buen ejemplo de como saber ganar y perder con humildad y apreciar los esfuerzos del otro equipo en proveer buena competencia.

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CODIGO DE CONDUCTA DE CVESD

1. Los entrenadores y aficionados deben comportarse de tal manera que sean un buen ejemplo para todos y demuestren conducta apropiada.
2. Los entrenadores son responsables por la conducta de sus jugadores y todos sus aficionados.
3. Los entrenadores, jugadores, y aficionados deben mostrar respeto hacia al árbitro.

* Personas que no sigan estas guías de conducta se les pedirá que se retiren del campo, al no hacerlo, pueden ocasionar que su equipo reciba la derrota por forfeit.

Firma: _____

Fecha: _____ Escuela: _____

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Fecha: _____ Escuela: _____

“We make a living by what we get, but we make a life by what we give.”

– Winston Churchill

Together Everyone Achieves More

“YOU CAN'T ALWAYS BE THE STRONGEST OR MOST TALENTED OR MOST GIFTED PERSON IN THE ROOM, BUT YOU CAN BE THE MOST COMPETITIVE.”
– PAT SUMMITT

ONE OF THE GREATEST GIFTS YOU CAN GIVE IS YOUR TIME
#VOLUNTEER

I BELIEVE THAT BEING DIFFERENT SHOULD NOT BE FEARED, BUT ACCEPTED.

DON'T BE AFRAID OF BEING A BEGINNER

OUR COACH
LEADS BY EXAMPLE
DEDICATED & DETERMINED
TEACHES TEAMWORK
MOTIVATES and LISTENS
BUILDS CHARACTER
CHALLENGES and DEVELOPS
Committed to OUR TEAM
Our **BIGGEST** Fan

A **COACH** WILL IMPACT MORE YOUNG PEOPLE IN A YEAR THAN THE AVERAGE PERSON DOES IN A LIFETIME.
BILLY GRAHAM

“A good coach can change a game. A great coach can change a life.”

– John Woodent