

STUDENT SAFETY / HEALTH IN SCHOOL SHOPS, LABORATORIES, AND CLASSROOMS

This Circular will remain in effect unless rescinded or superseded by a subsequent version.

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

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

RESPONSIBILITIES OF PRINCIPALS/HEADS OF SCHOOL

1. Inform the staff and students in writing of the safety standards and procedures, including the need to wear eye protection devices.
2. Ensure that workable fire extinguishers, blankets, and eye wash equipment are readily available (custodians are responsible for recharging fire extinguishers).
3. Make sure that appropriate personnel receive training in use of portable fire extinguishers and blankets.
4. Ensure that staff has instructed all students in safety standards and procedures, including School Safety Plan.

5. Post building evacuation procedures in classrooms, offices, and corridors.
6. Review and evaluate safety procedures in shops and laboratories (refer to Safety Check List attached).
7. Conduct quarterly fire drills (refer to Superintendent's Circular FSE-2 Fire Safety Practices).
8. Develop emergency procedures in case of a serious accident (refer to Superintendent's Circular FSE-05 Medical Emergency Management).
9. Maintain adequate lighting and proper ventilation in shops, laboratories, and classrooms. Report problems to Facilities Management.
10. Ensure that food service training programs and/or student-run restaurants comply with current sanitation code regulations.
11. Be sure that teacher evaluations reflect the implementation of safety standards and procedures.
12. Ensure that a "Right to Know" workplace notice is posted in the school's shops/laboratories.
13. Ensure that all instructors working with toxic or hazardous substances receive training as specified in Chapter 111F of the Massachusetts General Laws.
14. State safety regulations within your school-based rules.
15. Make Material Safety Data Sheets available.

RESPONSIBILITIES OF TEACHERS

1. Practice safety procedures; the teacher serves as the model for the students).
2. Set up and maintain shop or laboratory to permit free, unobstructed movement of students at benches, around equipment and machines, and to allow egress from the

area.

3. Report all lighting and ventilation problems to the head of school/principal.
4. Develop emergency procedures to follow in case of an accident (refer to Superintendent's Circular FSE-5 Medical Emergency Management).
5. Post safety rules and safety hazards conspicuously in appropriate areas; contact the Department of Vocational Technical Education for translation of safety rules into appropriate language(s).
6. ENFORCE SCHOOL-BASED RULES WHICH ADDRESS SAFETY.
7. Supervise students at all times. *Under no circumstances* shall a teacher leave students unsupervised in a laboratory or shop area. If an instructor must leave the shop in an emergency, they must:
 - a. Arrange for a qualified teacher as replacement OR
 - b. Relocate students to a properly supervised area.
 - c. Lock laboratory/shop area.
 - d. Shut off equipment.
8. Check fire protection equipment weekly.
9. Know the location of the closest fire extinguisher.
10. Maintain a first aid kit in an easily accessible area.
11. Check machinery/equipment weekly to make sure safety guards are in place and working properly.
12. Check any gas-burning equipment daily for gas leaks.
13. If anyone detects the smell of gas, shut off the gas source before reporting the problem to your supervisor.
14. Maintain a dated, self-evaluation safety inspection checklist. Safety program checklist forms are available from the Department of Career and Technical Education.

15. Use the building safety committee as a resource for student safety plans.
16. Present each student with a copy of the shop's safety rules and procedures.
17. Teach safety as an integral part of each job or lesson by:
 - a. Testing students on their knowledge of safety rules and procedures.
 - b. Using objective tests to emphasize shop safety.
 - c. Checking student mastery of safe methods and safe practices.
 - d. Testing students' handling of tools, operation of machines, use of equipment, and trade practices, all with a focus on safety.
 - e. Having a student sign their written test as indication they understand safety rules and procedures.
 - f. Filing signed written tests in the student's folder as a permanent record.
18. Know location of AED and qualified operations.
19. Avoid shop accidents by insisting that students dress properly for the laboratory/shop. Each student shall:
 - a. Wear shoes with low or flat heels and substantial soles, or wear work shoes where mandated.
 - b. Wear head covering, pin up hair, or tie hair back.
 - c. Wear eye protection devices as per M.G.L. c.71, s.55C.
 - d. NOT wear loose-fitting clothes which could get caught in moving equipment.
 - e. NOT wear rings, bracelets, or necklaces which could get caught in moving machinery parts.
20. Supervise students at all times. *Under no circumstances* should an unsafe piece of equipment be operated. Disconnect or remove the fuse to ensure that an

accident will not occur.

21. Insist that visitors to your area wear safety equipment (eye protection, etc.).
22. Shut off all machines, store all equipment, and shut off lights before closing the laboratory/shop for the day.
23. Make sure that soap and towels are replenished as needed.
24. Establish a foolproof system for dispensing and securing tools.
25. Designate storage for tools to prevent accidents.
26. Lock up hazardous materials and equipment in approved containers when not in use.
27. Keep machinery and equipment in good condition; conduct monthly inspections.
28. Submit appropriate requisition(s) to paint hazardous machinery parts and safety switches in conspicuous colors.
29. Submit appropriate requisition(s) to secure safety mats to the floor around machines to prevent slipping.
30. Check the emergency disconnect switch (PANIC BUTTON) to ensure proper operation.
31. Dispose of oily waste and rags in designated containers.
32. Ensure that food service training programs and/or student-run restaurants comply with current sanitation code regulations.

RESPONSIBILITIES OF NURSES

1. Help students and teachers obtain necessary health screening, where required, for admission to occupational programs (e.g., food service/restaurant programs).
2. Administer first aid.

3. Evaluate the injury.
4. Notify student's parent/guardian.
5. Complete nurse's section of accident report.
6. If an accident is serious, in addition to above, implement procedures documented in Superintendent's Circular FSE-5 Medical Emergency Management.

ACCIDENT REPORTS

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

TECHNICAL ASSISTANCE

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

Contact:

Director of Career and Technical Education, 617-635-8970

Director Safety / Emergency Preparedness, 617-635-8300

For more information about this circular, contact:

Owner:	Director of Emergency Management and Preparedness
Department:	Safety & Emergency Management
Mailing Address:	205 Townsend Street Boston, MA 02121
Phone:	(857) 701-9404
Email:	Operations-Department-Heads@bostonpublicschools.org

Mary Skipper, Superintendent

ATTACHMENTS:

Form EEE 111 – Occupational Education Accident Report

Form 201 – Pupil Accident Report

Occupational Safety and Health: Safety Inspection Checklist

FORM EE 111

OCCUPATIONAL EDUCATION ACCIDENT REPORT

Name of injured: _____

Grade: _____ Age: _____

Parent's/guardian's name: _____

Address: _____

Date of accident: _____ Time of accident: _____

Location of accident: _____

Description of accident: _____

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

Emergency care was given by: _____

Follow-up (check statements which apply):

☐ Pupil remained in school

☐ Parent/guardian notified

☐ Taken to nurse's office by _____ .

☐ Taken to hospital by _____

Name of doctor, if any _____

Witness to accident: _____

Person reporting accident: _____

Signatures:

Person making this report: _____

Person supervising activity/program _____

School nurse _____

Principal/head of school _____

Report #: _____ (to be filled in by the
building principal/headmaster)

Reviewed by: _____

Director of Career and Technical Education

NOTE: Retain original in principal's/head of school's office. Send copy to the director of Career and Technical Education, 75 Malcolm X Blvd., Boston, MA 02120.

FORM 201

PUPIL ACCIDENT REPORT

(Section 225 of the Rules and Regulations)

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

1. Student's Last Name _____

First Name _____ Middle Initial _____

2. Address _____

3. School _____

4. Student's Age _____ Sex _____ Grade _____ Room _____

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

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

7. Nature and extent of injury _____

8. In case of dog bite, has a report been made to the Boston Health Department? ☐ Yes ☐ No

8. Specific location of accident _____

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

9. Teacher(s) in charge present at scene of accident? ☐ Yes ☐ No

10. Description of accident, including cause _____

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

If not, why not? _____

12. In case of shop or laboratory accident, is the statement required by Section 225 of the Rules and Regulations attached? ☐ Yes ☐ No

If answer is no, state reason: _____

13. To whom was the accident first reported? _____

What action was taken by this person? _____

14. Were first aid supplies available? ☐ Yes ☐ No

15. Was any treatment administered? ☐ Yes ☐ No

Where? _____

16. Did the pupil leave school (or place of accident)? ☐ Yes ☐ No

If so, to what destination? _____

17. If transported by ambulance, attendant names, and unit #:

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

19. Names and addresses of witnesses: _____

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

Signature of Safety Counselor

Signature of Principal

Date of Report _____

School _____

BOSTON PUBLIC SCHOOLS — VOCATIONAL, ADULT,

AND ALTERNATIVE EDUCATION

OCCUPATIONAL SAFETY AND HEALTH: SAFETY INSPECTION CHECKLIST

School _____ Level _____

Department _____ Area _____ Date _____

Inspection by _____ Position _____

STUDENTS	YES	NO	N/A
1. Are they wearing proper eye protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
2. Are they wearing proper footwear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
3. Are they properly dressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
4. Are they trained in safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
5. Do they have safe work habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			

STUDENTS (continued)	YES	NO	N/A
6. Are they wearing proper hearing protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
7. Are hard hats provided and worn where any danger of falling objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
8. Do they know how to properly and safely use the tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
9. Are they trained in safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
10. Do students know what to do in emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			

WORK AREA	YES	NO	N/A
1. Is it clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
2. Are exit lanes clear and marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			

3. Are materials neatly stored? ☐ ☐ ☐

Comment:

WORK AREA	YES	NO	N/A
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1. Are tools safely stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

2. Are floors clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

3. Are hazard signs properly posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

4. Are floors non-skid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

5. Are compressed gas cylinders properly secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

DOORS	YES	NO	N/A
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1. Are there an adequate number of exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

2. Are exits properly marked with signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

3. Is there an unobstructed and clear way to all doors?

☐ ☐ ☐

Comment:

- Are fire doors (automatic/self-closing) in operable condition?

☐ ☐ ☐

Comment:

EYEWASH - EMERGENCY SHOWERS

YES NO N/A

1. Are there washing facilities available where students are exposed to corrosive materials, flying chips, or dust?

☐ ☐ ☐

Comment:

ELECTRIC DEVICES

YES NO N/A

1. Are all outlets and switches in good condition?

☐ ☐ ☐

Comment:

2. Are there any loose wires?

☐ ☐ ☐

Comment:

3. Are all outlets properly grounded?

☐ ☐ ☐

Comment:

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

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

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

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

HEATING	YES	NO	N/A
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- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are all heat dispersing units free from obstruction and flammable materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Comment:

- | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| 2. Is the heat in the shop adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------|--------------------------|--------------------------|--------------------------|

Comment:

LIGHTS	YES	NO	N/A
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- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is lighting suitable for work being done? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Comment:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 2. Is there a back-up light in case of emergency (battery-operated)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Comment:

MACHINERY AND TOOLS	YES	NO	N/A
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- | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Are safety guards in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------|--------------------------|--------------------------|--------------------------|

Comment:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 2. Are they properly cleaned and lubricated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Comment:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 3. Are there any dangerously worn parts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Comment:

- | | | | |
|---|--|--|--|
| 4. Is there adequate space between machines for | | | |
|---|--|--|--|

working safely?

☐ ☐ ☐

Comment:

5. Are there any electrical hazards?

☐ ☐ ☐

Comment:

6. Are hand tools and other equipment regularly inspected for safe conditions?

☐ ☐ ☐

Comment:

POWER SHUT-OFFS

YES NO N/A

1. Are there emergency shut-offs?

☐ ☐ ☐

Comment:

2. Do they work?

☐ ☐ ☐

Comment:

3. Are they checked each month?

☐ ☐ ☐

Comment:

VENTILATION	YES	NO	N/A
1. Do all exhaust ducts terminate outside the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
2. Does tailpipe exhaust exit outside the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
3. Does this shop (welding, auto body, etc.) require exhaust fans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
4. Does this shop have exhaust fans, and do they exhaust to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
5. Is the system sufficient with shop at full capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			

RIGHT TO KNOW LAW	YES	NO	N/A
1. Is a workplace notice posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
2. Are containers labeled that contain toxic or hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
3. Have the instructors been taught about the			

nature and effects of the MSL substances to
which they may be exposed in the workplace?

☐ ☐ ☐

Comment:

4. Other:

☐ ☐ ☐

Comment: