SAFE DRIVING RECORD STANDARD FOR DRIVERS

Standard for Pupil Transportation Vehicle Drivers: Each person who is required to have a permit to operate a pupil transportation vehicle for this School District shall meet all requirements to hold and continue to hold a pupil transportation operator's permit. One of the requirements for obtaining such a permit is that the person have a record of satisfactory driving as determined by Board policy. For such persons, a satisfactory driving record means a record which reflects the absence of any of the following offenses or circumstances:

1. Motor vehicle homicide;
2. Driving while under the influence of alcoholic liquor or drugs or refusal to submit to a chemical test, within the immediate prior 20 years; or,
3. Reckless driving or willful reckless, within the immediate prior 20 years; or
4. Accumulation of 5 or more points under the motor vehicle operators' license point system within the immediate prior 4 years. In the event the person has accumulated 3 or 4 points within the immediate prior 4 years, the determination of whether the person has a satisfactory driving record shall be made by the Superintendent or Superintendent's designee based on the nature and proximity of the offense as it relates to safe transportation.

Standard for Drivers of Small Vehicles for Activity Trips: Each person who drives a small vehicle (car or van) other than a pupil transportation vehicle for school activities and who is not required to have a permit to operate a pupil transportation vehicle shall be precluded from driving in the event it is discovered that the person does not have a record of satisfactory driving. For such persons, a satisfactory driving record means a record which reflects the absence of any of the following offenses or circumstances:

1. Motor vehicle homicide;
2. Driving while under the influence of alcoholic liquor or drugs or refusal to submit to a chemical test, within the immediate prior 20 years; or
3. Reckless driving or willful reckless, within the immediate prior 20 years; or
4. Accumulation of 6 or more points under the motor vehicle operators' license point system, within the immediate prior 4 years. In the event the person has accumulated 3 or 4 points within the immediate prior 4 years, the determination of whether the person has a satisfactory driving record shall be made by the Superintendent or Superintendent's designee based on the nature and proximity of the offense as it relates to safe transportation.

Standard for Drivers of Other School Vehicles: Each person who drives a school vehicle other than a pupil transportation vehicle and does not transport students in the vehicle shall be precluded from driving in the event it is discovered that the person does not have a record of satisfactory driving. In the event the person's employment position

requires driving vehicles as a function of the person's employment, the employment may be terminated in the absence of a record of satisfactory driving. For such persons, a satisfactory driving record means a record which reflects the absence of any of the following offenses or circumstances:

1. Motor vehicle homicide;
2. Driving while under the influence of alcoholic liquor or drugs or refusal to submit to a chemical test, within the immediate prior 20 years; or
3. Reckless driving or willful reckless, within the immediate prior 20 years; or
4. Accumulation of 5 or more points under the motor vehicle operators' license point system, within the immediate prior 4 years. In the event the person has accumulated 3 or 4 points within the immediate prior 4 years, the determination of whether the person has a satisfactory driving record shall be made by the Superintendent or Superintendent's designee based on the nature and proximity of the offense as it relates to safe transportation.

The record of satisfactory driving standards shall apply to all new employees from and after adoption of this policy. Existing employees shall be subject to the same standards, provided that the Superintendent or Superintendent's designee may determine to permit an exception based on the existing employee' record of satisfactory driving while employed with the District and the nature and proximity of prior driving offenses as such offenses relate to safe transportation.

Adopted: June 21, 2004
Revised: September 21, 2011

Legal Source:
Neb. Rev. Stat. Sections 79-318, 79-602, 79-607 and 79-608;
Neb. Rev. Stat. Section 60-4,182 (point system);
Title 92, Nebraska Administrative Code, Chapter 91.

DRIVER CERTIFICATION
FOR USE OF DISTRICT VEHICLES OR TRANSPORTATION OF STUDENTS

This certification is required for all persons who: (1) drive District-owned or leased vehicles or (2) drive students as part of their employment or (3) provide a pupil transportation service which is sponsored or approved by the District.

Name _____ Operator's License No: _____

License Class: _____

I certify that the following information is true and accurate:

___ I have a current and valid Nebraska motor vehicle license, current proof of insurance, and the physical and mental ability to properly operate a motor vehicle.

___ My driver's license is subject to the following restrictions (check the applicable restrictions) and I will comply with all such restrictions:

_____	Corrective Lenses	_____	Outside Mirrors
_____	Automatic Signals	_____	Maximum Speed Rest.
_____	Mechanical Aids	_____	Daylight Only
_____	Restricted Area	_____	2 Lane, 2 Way Only
_____	Automatic Trans.	_____	No Interstate Driving
_____	No One Way Streets	_____	Other:_____

___ I will abide by all rules of the road and any applicable rules of the Nebraska Department of Education and the District relating to driving a motor vehicle. Seat belts and child restraint systems will be utilized by all occupants. Cell phones will not be used while the vehicle is in motion.

___ I have been given instruction on emergency evacuation procedures, first aid and other instruction applicable to the group of pupils being transported.

___ I certify that I am of good moral character and I will not engage in conduct or use language inappropriate for children.

___ I certify that I have a satisfactory driving record. I agree to immediately notify my supervisor or the Superintendent upon the occurrence of any of the following events:

- Suspension, revocation, withdrawal or expiration of my driver's license;
- Any ticket or accident while in a District-owned vehicle or while engaged in school business;
- Any ticket or accident which could result in the suspension, revocation, or withdrawal of my driver's license while in any vehicle at any time;
- Any circumstance which may result in any of the responses on this Driver Certification not continuing to be completely accurate or which may indicate that I should not be driving a school vehicle or transporting students.

Dated this _____ day of _____, 20__.

_____
Driver

Basic First Aid Procedures

First aid is the immediate and temporary care given to the victim of an accident or sudden illness until medical services can be obtained. Keep these points in mind when handling situations that may require you to administer first aid:

- Remove everyone from danger and then provide first aid in a safe location. Also, do not attempt to make a rescue until you are sure you won't become a victim.
- Remain calm. Keeping your composure while helping the injured person will help him/her to keep calm and cooperate. If the person becomes anxious or excited, the damage from the injury could be increased.
- Plan quickly what you need to do. Learn basic procedures or have your first aid information available so you can care for the injured person.
- Send for professional help as soon as possible. The local emergency telephone number is 911. The school telephone number is: 727-3000.
- Let the person know that help is on the way and try to make them as comfortable as possible.

Evaluating the Situation and Setting Priorities

To effectively deal with emergencies, the situation must be evaluated and priorities set.

Three evaluations which must be made to establish priorities for treatment: · Condition of the scene · Type of injury · Need for treatment	Primary first aid procedures are to: · Restore breathing · Control bleeding · Prevent shock

Whenever possible, do not move the victim. Treat the person where you find him/her. However, several types of situations require the person to be moved out of immediate danger, such as fire, electrocution, and drowning.

Bleeding

Bleeding needs immediate attention. Evaluate the type of bleeding and the amount of blood lost:

· Capillary oozing	Injuries to capillaries or small veins. It is indicated by steady oozing of dark colored blood.
· Venous bleeding	Bleeding from the vein. It is indicated by a flow of dark-colored blood at a steady rate.
· Arterial bleeding	Bleeding from an artery. It is indicated by bright red blood flowing quickly in spurts.

Blood flowing in a small, steady stream or small spurts can be serious, but can be controlled. Blood flowing in a heavy stream or large spurts is very serious and must be brought under control immediately. The primary step to control bleeding is to exert direct pressure over the wound. Place the cleanest material available against the bleeding point and apply pressure by hand until the wound clots and can be dressed with bandages. If necessary, apply direct, even pressure with your bare hand. If blood soaks through the bandage, do not remove it. Apply more bandages and secure them.

Make sure the bandages are not too tight so circulation is not restricted. Look for swelling around the wound. If the bandage interferes with the circulation of the blood, loosen it. Elevate the wound above the level of the heart, expect when there is a broken bone.

Artery Pressure Point

If direct pressure on the wound does not control bleeding, direct pressure on any artery pressure point closest to the wound is necessary. The artery pressure point must be located between the heart and the wound.

Tourniquet Warning

A tourniquet should only be used for hemorrhaging that cannot be controlled by direct or arterial pressure. Tourniquets are dangerous to apply, to leave on, and to remove. Stoppage of blood supply below the tourniquet can lead to gangrene and loss of limb.

Shock

Shock occurs when the vital body functions are depressed. The three most common causes of shock are:

- Excessive bleeding
- Inadequate breathing
- Unsplintered fractures

If shock is not treated promptly, death may result, even if the injury causing the shock is not severe enough to cause death. It is NOT recommended that drivers attempt to splint a fractured bone; instead simply treat the victim for shock.

Recognizing shock

When a person is in shock, the skin is pale, cold, clammy, and moist with beads of sweat around the lips and forehead. The pulse is fast, weak, or entirely absent. Breathing is shallow and irregular and the eyes are dull and vacant with dilated pupils. The person complains of nausea and dizziness. He/she may be unaware of the seriousness of the injury and then suddenly collapse.

Control of shock

The victim should lie down on top of an article of clothing, newspaper or other material and kept warm with a light blanket. In warmer temperatures, it is not necessary to use cover. The person should not become overly warm so that perspiration occurs. Perspiration draws blood to the skin, away from the interior of the body where it is needed. In order to help the flow of blood to the heart and head, elevate their legs at least 12 inches high. If there is a head or chest injury or breathing seems difficult, elevate the chest instead of the legs. Offer small amounts of water to the person every 15 minutes. Do not give water if the victim is vomiting, nauseous, or unconscious.

Burns

It is not recommended to treat burns. First aid treatment often causes complications and interferes with the treatment given by the physicians. Keep the burned area uncontaminated and treat for shock. Do not apply burn preparation and do not use ice water. It intensifies the shock. There are exceptions when it may be necessary to give

first aid. Chemicals may continue to burn the skin if they are not removed. Large amounts of water should be used to flush the area free of the chemicals, particularly if it is a chemical burn of the eyes or face.

Mouth-to-Mouth Resuscitation

Breathing may stop for the following three reasons:

- Air passage is blocked
- Nerve centers that control breathing are not functioning due to drowning, electrocution, head injury or poisoning
- A sucking sound in the chest prevents the lungs from expanding

In the first two cases, the skin may be blue and breathing may appear to have stopped. If there seems to be no back injury, place the person on his back, open the mouth and clear out foreign matter with your fingers. Place your hand on the victim's forehead, tilt the head back so the chin points upward and lift jaw. This action moves the base of the tongue away from the back of the throat so the airway is not blocked. Pinch nostrils to prevent any leakage of air. Open your mouth wide, take a deep breath, and place your mouth over the victim's mouth. With a small child, place your mouth over the mouth and nose, making a tight seal.

Blow vigorously into the mouth, while continuing to life the lower jaw in order to keep the airway clear. Between each breath, remove your mouth and listen for the outflow of air coming from the lungs. If you hear air, an exchange of air has occurred. Continue to breathe for the person, blowing into the mouth approximately 12 times a minutes. After each breath, remove your mouth and listen for the exchange of air. Blow less vigorously with a small child using shallower breaths at a rate of 20 per minute. A sign of restored breathing is a sigh or a gasp from the victim. Breath may be irregular at first so continue mouth-to-mouth resuscitation. If normal breathing doesn't occur, continue breathing for the person, alternating with others until aid arrives.

Be Prepared—Learn Cardiopulmonary Resuscitation (CPR)

CPR should be used when a person is unresponsive or when breathing or heart beat stops. Call 911 immediately. If someone is available, have him or her call emergency medical services while you begin CPR. Try to stimulate the victim. If no response, turn them onto their back by supporting the head and neck. If head or neck injury is suspected, do not bend or turn neck. Tilt the head back and lift chin up and out to open the airway. Look, listen and feel for breath. If no breathing is present, seal your lips tightly around their mouth; pinch their nose shut. Give two slow breath (1 to 1 ½ seconds each), until chest rises. If no signs of circulation, place heel of one hand in the center of the chest. Compress at a rate that provides about 100 compressions and 20 breaths per minutes. For a child, compression depth should be ½ to 1 inch. For an adult, compressions should be about 2 inches. Repeat cycle of five compressions to one breath until signs of circulation return or until help arrives.

Epilepsy

Once an epileptic seizure begins, you may not be able to move the person. Try to prevent him/her from injury, such as striking his head or body against any hard, sharp,

or hot object. Do not restrain the person or interfere with his movements. Epilepsy victims seldom bit their tongues during seizures. More harm is done when an object is forced between the teeth or into the mouth. Breaking teeth, cutting lips, mouth, or tongue, can occur more often than by the tongue being bitten because of the seizure. You should communicate information about any seizure to the parents and to the school authorities.

Choking

The Heimlich Method, or Hug of Life, is a procedure to help a choking person. Stand behind the person, place your arms around his/her waist and grasp your hands together halfway between the navel and sternum (right below the rib cage). Form a fist with the thumb side against the midriff area. Grasp your fist with your other hand, press midriff area with a quick upward thrust. If the person has collapsed, turn him on his back. Straddle him and press into the same spot with a quick upward thrust with the heel of one hand placed on top of the other hand. Continue until object if freed and/or the person begins coughing. Do not pound or slap a choking person on the back. This can force the object further into the throat. Artificial respiration or offering water is useless because the throat is blocked. Children often choke from running with food or other objects in their mouths.