

Students

Health Care And Emergencies

The Governing Board recognizes the importance of taking appropriate action whenever an emergency threatens the safety, health, or welfare of a student at school or during school-sponsored activities.

(cf. 0450 - Comprehensive Safety Plan)

(cf. 3516 - Emergencies and Disaster Preparedness Plan)

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

(cf. 5141.22 - Infectious Diseases)

(cf. 5142 - Safety)

The Superintendent or designee shall develop procedures to ensure that first aid and/or medical attention is provided as quickly as possible when student accidents and injuries occur and that parents/guardians are notified as appropriate.

(cf. 3530 - Risk Management/Insurance)

(cf. 5143 - Insurance)

(cf. 6145.2 - Athletic Competition)

The Superintendent or designee shall ask parents/guardians to provide emergency contact information in order to facilitate communication in the event of an accident or illness.

District staff shall appropriately report and document student accidents.

Resuscitation Orders

The Board believes that staff members should not be placed in the position of determining whether or not to follow any parental or medical "do not resuscitate" orders. Staff shall not accept or follow any such orders unless they have been informed by the Superintendent or designee that the request to accept such an order has been submitted to the Superintendent or designee, signed by the parent/guardian, and supported by a written statement from the student's physician and an order from an appropriate court.

The Superintendent or designee shall ensure that all parents/guardians are informed of this policy.

Automated External Defibrillators (AEDS)

The Board authorizes the placement of automated external defibrillators (AEDs) at designated school sites for use by designated personnel who have volunteered to receive training in the use of AEDs.

The Superintendent or designee shall develop guidelines for employees regarding the use of these devices and shall ensure that employees receive training on their proper use and handling. The guidelines shall also specify the placement, security, and maintenance of the AED.

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The authorization of AEDs in district schools shall not be deemed to create a guarantee or obligation to use the AED in the case of an emergency nor any expectation that an AED or trained employee will be present and/or able to use an AED in an emergency or any expectation that the AED will operate properly.

As an AED Service Provider, the Norris School District or designee authorizes purchase and deployment of automated external defibrillators (AEDs) at designated facilities for use during normal operating hours by a lay rescuer in a medical emergency involving an unconscious person who is not breathing.

Staff members are encouraged to volunteer to receive training to use AEDs. The Norris District, or designee, shall designate a licensed physician and surgeon who will help develop an Internal Emergency Response Plan and otherwise assist with developing guidelines for employees regarding use of these devices and ensure that designated employees have appropriate training on proper use and handling. The guidelines shall also specify AED placement, security, maintenance, and training.

Legal Reference:

EDUCATION CODE

32040-32044 First aid equipment

49300-49307 School safety patrols

49407 Liability for treatment

49408 Emergency information

49409 Athletic events; physicians and surgeons; emergency medical care; immunity

49417 Automated external defibrillators

49470 Medical and hospital services for athletic program

49471 Medical and hospital services not provided or available

49472 Medical and hospital services for pupils

49474 Ambulance services

51202 Instruction in personal and public health and safety

CIVIL CODE

1714.21 Defibrillators; CPR; immunity from civil liability

FAMILY CODE

6550-6552 Caregivers

HEALTH AND SAFETY CODE

1797.196 Automated external defibrillators, immunity from civil liability

1799.102 Personal liability immunity

CODE OF REGULATIONS, TITLE 8

5193 California Bloodborne Pathogens Standard

CODE OF REGULATIONS, TITLE 22

100031-10043 Automated external defibrillators

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Management Resources:

WEB SITES

American Heart Association: <http://www.americanheart.org>

American Red Cross: <http://www.redcross.org>

California Department of Health Care Services: <http://www.dhcs.ca.gov>

Policy Adopted: 08/15

Policy Revised: 10/16

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Emergency Contact Information

In order to facilitate contact in case of an emergency or accident, the principal or designee shall annually request that parents/guardians provide the following information:

1. Home address and telephone number
2. Parent/guardian's business address and telephone number
3. Parent/guardian's cell phone number and email address, if applicable
4. Name, address, and telephone number of an alternative contact person to whom the student may be released and who is authorized by the parent/guardian to care for the student in cases of emergency or when the parent/guardian cannot be reached

(cf. 5021 - Noncustodial Parents)

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

(cf. 5142 - Safety)

In addition, parents/guardians shall be encouraged to notify the school whenever their emergency contact information changes.

Notification/Consent for Medical Treatment

Whenever a student requires emergency or urgent medical treatment while at school or a school-sponsored activity, the principal or designee shall contact the parent/guardian or other person identified on the emergency contact form in order to obtain consent for the medical treatment.

If the student's parent/guardian or other contact person cannot be reached to provide consent, the principal may seek reasonable medical treatment for the student as needed, unless the parent/guardian has previously filed with the district a written objection to any medical treatment other than first aid.

A person who has filed with the district a completed caregiver's authorization affidavit pursuant to Family Code 6550-6552 shall have the right to consent to or refuse school-related medical care on behalf of the minor student. The caregiver's authorization shall be invalid if the district receives notice from the caregiver that the minor student is no longer living with the caregiver. (Family Code 6550)

(cf. 5111.1 - District Residency)

The caregiver's consent to medical care shall be superseded by any contravening decision of the parent or other person having legal custody of the student, provided that this contravening decision does not jeopardize the student's life, health, or safety. (Family Code 6550)

When an automated external defibrillator (AED) is placed in a district school, the Superintendent or designee shall ensure that there is a written plan in place which describes the procedures to be followed in the event of an emergency that may involve the use of an AED, including, but not limited to, requirements for immediate notification of the 911 emergency telephone number and trained office personnel at the start of the procedures. (Health and Safety Code 1797.196)

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Automated External Defibrillators

The Superintendent or designee shall annually provide school employees a brochure that describes the proper use of an AED and is approved in content and style by the American Heart Association or American Red Cross. Similar information shall be posted next to every AED. In addition, school employees shall be notified annually of the location of all AED units on campus. (Health and Safety Code 1797.196)

(cf. 4112.9/4212.9/4312.9 - Employee Notifications)

The principal shall designate the trained employees who shall be available to respond to an emergency that may involve the use of an AED during the hours of classroom instruction or when a school-sponsored activity is occurring on school grounds. (Health and Safety Code 1797.196)

The Superintendent or designee shall ensure that all AEDs are maintained and regularly tested in accordance with applicable laws and the operation and maintenance guidelines set forth by the manufacturer, American Heart Association, and American Red Cross. (Health and Safety Code 1797.196)

Each AED shall be checked for readiness after each use and at least every 30 days if the AED has not been used in the preceding 30 days. The Superintendent or designee shall maintain records of these checks. (Health and Safety Code 1797.196)

(cf. 3580 - District Records)

Definitions

The following definitions apply to these Administrative Regulations and the policy they accompany:

- A. "AED" means an automated external defibrillator or external defibrillator that after user activation is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.
- B. "AED Service Provider" means the Norris School District and all employees and authorized volunteers.
- C. "Cardiopulmonary resuscitation" or "CPR" means a basic emergency procedure for life support consisting of artificial respiration, manual external cardiac massage, and maneuvers for relief of foreign body airway obstruction.
- D. "Internal Emergency Response Plan" means a written plan of action which utilizes responders within a facility to activate the 911 emergency system and notify trained office personnel, and which provides for the access, coordination, and management of immediate medical care to seriously ill or injured individuals.

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- E. “Lay Rescuer” means any person not otherwise licensed or certified to use an AED who has met the training standards of Chapter 1.8 of Division 9 of Title 22 of the California Code of Regulations. All Lay Rescuers shall be volunteers, willing to perform those services.
- F. “Medical Director” means a physician and surgeon currently licensed in California who provides medical oversight to the AED Service Provider.
- G. “Medical emergency” means an emergency during normal operating hours at a facility where an AED is located that may involve using an AED on an unconscious person who is not breathing.
- H. “Normal operating hours” means the hours of classroom instruction and any facility-sponsored activity occurring on facility grounds.
- I. “Purchase” and “purchases” means acquisition of an AED by any means by the AED Service Provider, including without limitation buying, renting, accepting as a donation, or any combination thereof.

Compliance

The Norris School District, or designee, shall:

- A. Comply with all regulations governing the placement of an AED;
- B. Notify an agent of the local EMS agency of the existence, location, and type of AED acquired;
- C. Ensure that the AED is maintained and tested according to the manufacturer’s operation and maintenance guidelines;
- D. Ensure that the AED is tested at least biannually and after each use;
- E. Ensure that an inspection is made of all AEDs at the facility at least every 90 days for potential issues related to the device’s operation, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with its functionality; and
- F. Ensure that records of the required maintenance and testing are maintained.

For any AED placed in a building, the Norris School District or designee shall:

- A. At least once a year, notify the building occupants as to the location of the AEDs and provide information about who they can contact if they want to voluntarily take AED or CPR training;
- B. At least once a year, offer a demonstration to at least one person associated with the building so that person can be walked through how to properly use an AED in an emergency.
- C. Post instructions on using the AED next to it in no less than 14-point type.

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Implementation

An AED shall not be deployed until all the following requirements have been met:

- A. A Medical Director has been designated. The Medical Director shall participate in developing the Internal Emergency Response Plan and ensure that the Internal Emergency Response Plan and Lay Rescuer CPR and AED training meet the requirements of the Title 22 Regulations, the provisions of Civil Code Section 1714.21, and Health and Safety Code Sections 1797.196 and 1799.102. The Medical Director shall review each incident where emergency care or treatment on a person in cardiac arrest is rendered to ensure that the Internal Emergency Response Plan, along with the CPR and AED standards that the Lay Rescuer was trained to, were followed, and ensure compliance for training, notification, and maintenance as set forth in these regulations, the policy they accompany, and the law. The services of a Medical Director may be provided by a qualified employee or volunteer, or by or through a contract with a vendor or nonprofit organization to provide the services of a qualified individual.
- B. An Internal Emergency Response Plan created with the help of the Medical Director has been adopted and implemented. The written Internal Emergency Response Plan shall include but not be limited to immediate notification of the 911 emergency system and trained office personnel at the start of AED procedures. The written Internal Emergency Response Plan shall comply the policy they accompany and these Administrative Regulations.
- C. An adequate number of facility personnel have volunteered to serve and been designated and trained as Lay Rescuers. The principal/other facility administrator shall designate the trained employees who shall be available to respond to an emergency that may involve using an AED during a medical emergency that occurs during normal operating hours.

The principal/other facility administrator shall designate no less than one trained employee for each of the first five AEDs deployed at any one facility and, for each additional five AEDs deployed the principal/other facility administrator shall designate at least one additional employee, beginning when the first of the additional five AEDs is deployed. At least one of the designated personnel should be available at the facility during normal operating hours.

Designated and trained Lay Rescuers shall maintain current CPR and AED training, including periodic training and skills proficiency demonstrations at a minimum of every two years, and be familiar with the Internal Emergency Response Plan.

The training curriculum must comply with regulations adopted by the California Emergency Medical Services Authority, the standards of the American Heart Association, or the American Red Cross. The training course shall include a competency demonstration of skills on a manikin, directly observed by an instructor, which tests the specified conditions prescribed herein, include a written and skills examination, and include at a minimum the following:

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1. Basic CPR skills;
 2. Proper use, maintenance, and periodic inspection of the AED; the importance of:
 - a. Early activation of an Internal Emergency Response Plan,
 - b. Early CPR,
 - c. Early defibrillation,
 - d. Early advanced life support, and
 - e. An Internal Emergency Response Plan.
 3. Overview of the local EMS system, including 911 access, and interaction with EMS personnel;
 4. Assessment of an unconscious patient, to include evaluation of airway and breathing to determine appropriateness of applying and activating an AED;
 5. Information relating to defibrillator safety precautions to enable the individual to administer shock without jeopardizing the safety of the patient or Lay Rescuer or other nearby persons, to include but not be limited to:
 - a. Age and weight restrictions for use of the AED,
 - b. Presence of water or liquid on or around the victim,
 - c. Presence of transdermal medications, and
 - d. Implantable pacemakers or automatic implantable cardioverter-defibrillators.
 6. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged;
 7. Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary; and,
 8. Responsibility for continuation of care, such as continued CPR and repeated shocks, as indicated, until more medically qualified personnel arrive.
- D. The facility follows any applicable County EMS Department AED Implementation Guidelines.
- E. All required notices are prepared for dissemination.

AED Maintenance

On an ongoing basis, the principal/other facility administrator or other facility administrator or designee at each facility with an AED shall ensure the following:

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A. Notice

1. Facility employees annually receive a brochure, with contents and style approved by the American Heart Association or American Red Cross, describing the proper use of an AED.
2. The American Heart Association or American Red Cross brochure or similar information is posted next to every AED.
3. Facility administrators and staff annually receive information describing sudden cardiac arrest, the facility's emergency response plan, and proper use of an AED, and are annually notified of AED locations at the facility.
4. The facility follows applicable County AED Implementation Guidelines including without limitation:
 - a. Becoming familiar and complying with California AED regulations and statutes;
 - b. Completing a Notification of Public Access Defibrillator Site Form listing each AED being deployed in the county and submitting the form to the local County EMS Department;
 - c. Resubmitting a Notification of Public Access Defibrillator Site Form if any of the information becomes outdated (i.e., the AED is moved to a different location, a new AED is purchased, etc.);
 - d. Every time an AED is used, submitting to the local County EMS Department a completed Report of Defibrillator Use Form within 24 hours of use.

B. Operations

The principal/other facility administrator shall ensure that:

1. The AED is maintained and regularly tested according to the manufacturer's operation and maintenance guidelines and according to any applicable rules and regulations of the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.
2. The AED is checked for readiness after each use and at least once every 30 days if the AED has not been used in the previous 30 days. Records of these periodic checks shall be maintained
3. A mechanism exists to ensure that any person rendering emergency care at the facility during normal operating hours, or using a deployed AED, immediately activates the 911 emergency system.
4. A report of emergency care and/or AED usage is made to the Medical Director and the local EMS agency.

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5. At least one designated and trained employee is available at the facility during normal operating hours.
6. Instructions on how to use the AED, in no less than 14-point type, are posted next to every AED.