

HEALTH CARE AND EMERGENCIES

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 case of emergency or when the parent/guardian cannot be reached
5. Local physician to call in case of emergency

(cf. 5021 - Noncustodial Parents)
(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.

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

HEALTH CARE AND EMERGENCIES

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 that the minor student is no longer living with the caregiver or if the Superintendent or designee has actual knowledge of facts contrary to those stated on the affidavit. (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The caregiver’s consent to medical care shall be superseded by any contravening decision of the parent or other person having legal custody of the student, provided that this contravening decision does not jeopardize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)

Automated External Defibrillators

When an automated external defibrillator (AED) is placed in a District school, the Superintendent or designee shall notify an agent of the local emergency medical services agency of the existence, location, and type of AED acquired. (Health and Safety Code 1797.196, 1797.200)

The Superintendent or designee shall ensure that any AED placed at a District school is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer. (Health and Safety Code 1797.196)

The Superintendent or designee shall ensure that any AED placed at a District school is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer. (Health and Safety Code 1797.196)

(cf. 0450 - Comprehensive Safety Plan)

The principal of any District school with an AED shall annually provide information to school employees that describes: (Health and Safety Code 1797.196)

1. Sudden cardiac arrest
2. The school’s emergency response plan
3. The proper use of an AED

HEALTH CARE AND EMERGENCIES

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

Each AED shall be checked for readiness at least biannually and after each use. In addition, the Superintendent or designee shall ensure that an inspection is made of all AEDs at least every 90 days for potential issues related to operability of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the AED. The Superintendent or designee shall maintain records of these checks. (Health and Safety Code 1797.196)

(cf. 3580 - District Records)

Students

AR 5141

HEALTH CARE AND EMERGENCIES

Revised: December 10, 2018

HEALTH CARE AND EMERGENCIES

BREA OLINDA UNIFIED SCHOOL DISTRICT
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM
CPR/AED EMERGENCY RESPONSE SITE PLAN

School Nurse _____ Date _____

School _____ Phone _____

Exact Location of the AED(s) _____

CPR/AED Emergency Response Team Members	Date of CPR/AED Certification
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HEALTH CARE AND EMERGENCIES

Exhibit A
Page 2 of 2

BREA OLINDA UNIFIED SCHOOL DISTRICT
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM
CPR/AED EMERGENCY RESPONSE SITE PLAN

Responder to the scene advises someone to call 911 (EMS). Responder begins the assessment and administers CPR if necessary.

- 1. Who will activate the site CPR/AED Emergency Response Team?

- 2. How will CPR/AED Emergency Response Team be notified? Indicate by phone, radio, or bell.

- Please note the CPR/AED Emergency Response Site Plan must be reviewed and updated annually by the 1st Monday in October each school year. Maintain the original copy of the CPR/AED Response Site Plan at your school site.
- Send a copy of the CPR/AED Response Site Plan to the AED Program Director or his designee.

HEALTH CARE AND EMERGENCIES

Exhibit B

BREA OLINDA UNIFIED SCHOOL DISTRICT
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
EVENT SUMMARY FORM

Immediately after an event, the responder is required to complete this event summary form, collect the AED Unit and send it to the AED Program Director for review by the Medical Director.

Name of person completing this form: _____

Date of Event: _____

Time of Event: _____

School Site: _____

Exact location of event: _____

Name of patient/victim: _____

Were there any witnesses? If so, how many and what were their names? _____

Was internal response plan activated? If yes, time of activation: _____

Time arrived at patient's side with AED: _____

Name of the AED rescuer: _____

Name of the 911 caller: _____

Name of the CPR rescuer: _____

Names of bystanders: _____

Patient Transported to: _____

Condition of victim at time of transport: _____

Counseling/emotional support provided: _____

Nurse notified? _____

Parent/Guardian notified? _____