Lewis Center for Educational Research

AR 5141: STUDENTS

HEALTH CARE AND EMERGENCIES

Adopted: August 14, 2023 Revised:

Emergency Contact Information:

In order to facilitate contact in case of an emergency or accident, parents/guardians shall furnish the principal or designee with the information specified below:

- 1. Home address and telephone number.
- 2. Parent/guardian's business address and telephone number.
- 3. Parent/guardian's cell phone number and e-mail address, if applicable.
- 4. Name, address, and telephone number of a relative or friend 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.
- 5. Local physician to call in case of emergency.

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.

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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 LCER a written objection to any medical treatment other than first aid.

Any person 18 years of age and older who files with the LCER a completed caregiver's authorization affidavit for a minor student 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 LCER receives notice from the caregiver that the minor student is no longer living with the caregiver or if the President/Chief Executive Officer ("CEO") or designee has actual knowledge of facts contrary to those stated on the affidavit. (Family Code 6550)

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 an LCER school, the CEO 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 CEO or designee shall ensure that any AED placed at an LCER school is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer. (Health and Safety Code 1797.196)

The CEO or designee shall develop a written plan which describes the procedures to be followed in the event of a medical emergency, including an emergency that may involve the use of an AED. These procedures should include, but not be limited to, requirements for immediate notification of the 911 emergency telephone number in the event of an emergency that may involve the use of an AED.

The principal of an LCER 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

Instructions on how to use the AED, in no less than 14-point type, 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)

Each AED shall be checked for readiness at least biannually and after each use. In addition, the CEO 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 CEO or designee shall maintain records of these checks. (Health and Safety Code 1797.196)