

Health Care and Emergencies

The Solano County Office of Education (SCOE) 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.

The County 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.

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

SCOE 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.

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

Consent by Caregiver

Any person 18 years of age and older who files with SCOE a completed caregiver's authorization affidavit for a minor SCOE student shall have the right to consent to or refuse school-related medical care on behalf of the student. The caregiver's authorization shall be invalid if SCOE receives notice from the caregiver that the minor student is no longer living with the caregiver.

The caregiver's consent to medical care shall be superseded by any contravening decision of the parent or other person having legal custody of the student, provided that this contravening decision does not jeopardize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

Accidents and Serious Illnesses

Any time a student accident occurs, a student accident report shall be completed and submitted to the supervisor within 24 hours. (Attachment C)

The purpose in completing a report for each accident involving a student is to document the facts at the time of the accident, such as:

1. Extent of injury
2. Action taken
3. Witnesses

All of the above can be useful in successfully preventing future accidents.

Contents of student accident reports are confidential.

It is required that all student accident reports be:

1. Signed and dated by the individual completing the report.
2. Signed by the supervisor and forwarded to the department head for review and processing of the report form.

Purpose of Policy

It is the intent of this policy to ensure that:

1. Maximum practical safeguards are provided to students in case of injury or illness.
2. Staff will only make decisions that would be made by the average person without medical training in a similar circumstance.
3. All parents/care providers are provided with specific information as to the steps that will be followed for a student accident/illness situation.

Policy Procedures

The following enumerated paragraphs set forth the accident/illness emergency response and reporting procedures.

1. In case of an emergency situation, the parent/care provider shall be notified immediately. It is then the parent's/care provider's responsibility to arrange for proper medical attention. If an emergency appears to be severe, the school staff shall call 911 immediately and then notify the parent/care provider. School personnel should not transport injured students. School staff will provide a copy of the emergency card/specialized health care procedures to the emergency medical team.
 - a. The student's ability to communicate or show signs of distress should be considered when evaluating injuries.
 - b. **Life-threatening, fire, or police emergencies: Dial 911.** Stay on the line long enough to clearly describe the problem. Provide life support to the best of your ability, e.g., CPR, keeping victim calm. Do not move victim if a spinal cord injury is suspected. (Attachment A)
 - c. **Suspect poisoning: Call the Poison Control Center at (800) 342-9293.** If the victim is conscious, call the Poison Control Center. The center staff will tell you what care to give and whether or not to call an ambulance. Notify the parent(s), school nurse, and administrator. If the victim is unconscious, call 911. Follow 911 procedure.

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- d. **Certain types of injuries or illnesses should be considered potentially serious and may require emergency medical care.** These include, but are not limited to, the following:

- (1) Head and neck injuries
- (2) Respiratory or breathing problems
- (3) Eye injuries
- (4) Seizures

The "Procedure for Care of Student with Seizures" policy shall be followed as outlined. If the parent objects to its provisions, then a written statement should be obtained specifying what is to be done when their child does have a seizure. A physician's authorization may be required. (Attachment B)

- e. **Serious health problems, injuries, or illness should be referred to parent or care provider as soon as possible.** Remember, it is better to err on the side of caution for the good of the student. A call should be made to the parents, a nurse, or emergency medical personnel (911).

- f. **Minor injuries may be treated at school.** For example, a small cut should be washed with soap and water and covered with a Band-Aid; an ice bag or cold compress may be applied to areas of localized swelling. Parent/care provider must be advised in writing or by telephone how the injury occurred.

2. If the child is taken to a hospital by ambulance, a staff member will accompany the child to the hospital. The parents will be notified as soon as possible.

If a staff member cannot accompany a student to the hospital, s/he will:

- a. Call the hospital to ensure appropriate student/medical information is received by the hospital to include a description of the student and nature of the disability.
- b. Attempt to locate an alternate SCOE staff member to go to the hospital.

3. If a decision by staff is made that a student should not return to class, the parent/care provider will be notified immediately. The parent/care provider is then responsible for making proper arrangements for appropriate medical care and/or transportation. The student will be appropriately monitored by a staff member until arrival of the parent/care provider. Staff shall not transport students. Any exceptions need to be authorized by the school nurse or supervisor.

4. In case of an emergency situation, the principal (or designated staff member) shall telephone the designated SCOE administrator as soon after the occurrence as circumstances permit.

Guidelines for Policy Implementation

1. School staff is required to encourage students to report all injuries and illnesses.
2. School site, classroom teacher, bus drivers, and the transportation office shall maintain updated student emergency cards/specialized health care procedures on all students which will provide the necessary information in the event of an accident or illness. Those cards should provide specific parental instructions of actions to be taken in their absence.
3. Maintain an established emergency plan and/or current medical information, if necessary, for each student indicating any specific medical conditions a student is or was being treated for.

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4. A complete written accident/illness report documenting accidents or illnesses that occur on school premises or associated with school-sponsored functions will be forwarded to the proper supervisor within 24 hours (see Attachment C). These reports should also reflect the treatment that was administered and should be forwarded to the appropriate County Office personnel.
5. The program supervisor should review and process all accident reports. Some circumstances may require additional investigation by the program supervisor.
6. Health supplies should be kept in a box in the classroom and taken on field trips.

Attachments: (A) 911 Procedure
(B) Procedure for Care of Student with Seizures
(C) Student Accident Report

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
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 Automatic external defibrillators, immunity from civil liability

CODE OF REGULATIONS, TITLE 8

5193 California Bloodborne Pathogens Standard

Policy Cross-Reference:

0450 Comprehensive Safety Plan
3516 Emergencies and Disaster Preparedness Plan
3530 Risk Management/Insurance
5021 Noncustodial Parents
5111.1 District Residency
5141.21 Administering Medication and Monitoring Health Conditions
5141.22 Infectious Diseases
5142 Safety
5143 Insurance
6145.2 Athletic Competition

CALLING 911

1. Give name of student, age, location, extent of injury, treatment or action taken, student's disability.
2. If possible, make a copy of the student's emergency card, specialized health care procedures, and individual emergency plan (if there is one). The copies are to be given to the paramedics when they arrive. If not possible to make a copy, give the paramedics your class or bus record.
3. One staff member remains with student. Another staff member should wait in front of the building to direct paramedics to student. If possible, make sure the driveway is clear.
4. Contact the parent/care provider.
5. If two staff members are available, one follows ambulance and stays with student until parent/care provider arrives.
6. If one staff person is available, remain with the group until other responsible school personnel arrive, then proceed to the hospital.
7. Notify your principal/administrator as soon as possible.

PROCEDURE FOR CARE OF STUDENT WITH SEIZURES

With a generalized seizure (also called Grand Mal), prevent injuries, make the student comfortable, and note the time and duration of the seizure. Note if the seizure began on one side only. If the student falls, try to break the fall and leave him/her on the floor. Roll the student on his/her side and check for open airway. Do not restrain the student, but move away objects that could cause bruises. Do not attempt to place any object in the mouth. You may loosen tight clothing and allow the seizure to run its course. Allow the student to sleep afterwards: seizures may be very tiring. One staff member should be assigned to remain with the student. Inform the parent or care provider of the time and duration of the seizure.

A. An ambulance should be called

1. If the seizure continues for more than five minutes.
2. If a second seizure starts shortly after the first has ended.
3. If consciousness does not start to return after the shaking has stopped.
4. If there is no known history of seizures.
5. If the seizure has happened in water.
6. If the student is pregnant.

B. Important

Know your students. Know their seizure pattern and the medications that they take at home or school. Ask the parents if they have observed a behavior that occurs prior to the seizure so that you can be prepared. If the parents have a plan other than the procedure outlined here, an individual seizure plan must be developed with the school nurse.

If a generalized seizure occurs just prior to bus time, ask the parents to pick up the student. The bus drivers must give their full attention to driving and cannot watch a student who is recovering from a seizure.

Parents and care providers should be informed by phone or in the student's communication notebook when their child has a seizure on the bus or at school.

If at any time or for any reason staff believes it is in the best interest of the student to be transported to a hospital, they should call 911 and then notify the parents.

Resource: Epilepsy Foundation of America

OFFICE OF THE SOLANO COUNTY SUPERINTENDENT OF SCHOOLS

Attachment C
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STUDENT ACCIDENT REPORT

<p>TO BE COMPLETED IMMEDIATELY! THE SCHOOL EMPLOYEE WHO EITHER WITNESSES THE STUDENT INJURY OR IS SUPERVISING THE STUDENT AT THE TIME OF INJURY SHOULD COMPLETE THIS FORM, IF POSSIBLE. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE PRINCIPAL. SHOULD OTHER PERTINENT FACTS DEVELOP, NOTIFY THE PRINCIPAL.</p>			<p>CONFIDENTIAL REPORT THIS REPORT IS FOR THE CONFIDENTIAL USE OF NORTH BAY SCHOOLS INSURANCE AUTHORITY (NBSIA) AND OF ATTORNEYS FOR THE EDUCATION AGENCY AND ITS EMPLOYEES IN DEFENDING LITIGATION.</p>		
SCHOOL DISTRICT			SCHOOL		
SCHOOL ADDRESS			PHONE NO.		
STUDENT'S NAME		PARENT/GUARDIAN NAME	DATE OF BIRTH	SEX	GRADE
HOME ADDRESS			PHONE NO.		
WHERE DID ACCIDENT OCCUR?			DATE OF INCIDENT	TIME OF INCIDENT	
DESCRIPTION OF ACCIDENT					
<p>NATURE OF INJURY:</p> <p>Abrasion _____ Burn _____ Fracture _____ Asphyxiation _____ Concussion _____ Poisoning _____ Bite _____ Cuts _____ Puncture _____ Bruise _____ Dislocation _____ Scratches _____ Sprain _____ Other (specify): _____</p>			<p>PART OF BODY INJURED:</p> <p>Abdomen _____ Eye _____ Leg _____ Ankle _____ Face _____ Mouth _____ Arm _____ Finger _____ Nose _____ Back _____ Foot _____ Scalp _____ Cheek _____ Hand _____ Tooth _____ Ear _____ Head _____ Wrist _____ Elbow _____ Knee _____ Other (specify): _____</p>		
FIRST AID APPLIED?	BY WHOM?		DISPOSITION OF INJURED STUDENT (return to class, home, doctor, hospital, etc.)		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
WERE PARENTS CONTACTED BY SCHOOL? (If yes, explain below in Comments section)		HAVE PARENTS CONTACTED SCHOOL? (If yes, explain below in Comments section)		WERE PARENTS OR STUDENT TOLD THEY WOULD BE CONTACTED AGAIN? (Explain below in Comments section)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WITNESSES PRESENT AT TIME OF ACCIDENT					
NAME	ADDRESS			PHONE NO.	
DOES INJURED STUDENT HAVE SCHOOL ACCIDENT INSURANCE COVERAGE?			NAME OF INSURANCE COMPANY		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS ANY SCHOOL RULE VIOLATED?		NAME OF SUPERVISOR ON DUTY AT TIME OF ACCIDENT:			
<input type="checkbox"/> YES <input type="checkbox"/> NO		_____ WAS SUPERVISOR PRESENT AT TIME OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMMENTS:					
REPORT SUBMITTED BY	POSITION	DATE	PRINCIPAL OR DESIGNEE SIGNATURE		DATE