

Date of Hearing: April 3, 2024

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
AB 2887 (Maienschein) – As Introduced February 15, 2024

SUBJECT: School safety plans: medical emergency procedures

SUMMARY: Requires that comprehensive school safety plans include procedures that address the appropriate use of school personnel in responding to incidents involving an individual experiencing a sudden cardiac arrest or similar life-threatening medical emergency on school grounds, and requires those procedures include specified elements, including cardiopulmonary resuscitation (CPR) training and automated external defibrillator (AED) placement. Specifically, **this bill:**

- 1) Requires that comprehensive school safety plans include, among other requirements, procedures that address the appropriate use of school personnel to respond to incidents involving an individual experiencing a sudden cardiac arrest or similar life-threatening medical emergency on school grounds.
- 2) Requires these procedures to integrate evidence-based core elements, including CPR training and AED placement in accordance with nationally recognized evidence-based emergency cardiac care guidelines, as dictated by the school safety plan.
- 3) Requires that charter schools include these provisions in the development of their school safety plans.

EXISTING LAW:

- 1) Requires each school district or county office of education (COE) to be responsible for the overall development of all comprehensive school safety plans for its schools operating kindergarten or any of grades 1 through 12. (Education Code (EC) 32281)
- 2) Exempts small school districts with fewer than 2,501 students, from the requirement to develop a comprehensive school safety plan for each school if the district develops a districtwide comprehensive school safety plan applicable to each schoolsite. (EC 32281)
- 3) Requires the schoolsite council or a school safety planning committee to be responsible for developing the comprehensive school safety plan, in consultation with representatives from law enforcement agencies, fire departments, and other first responder entities, and requires that the comprehensive school safety plan be shared with law enforcement, the fire department, and other first responder entities. (EC 32281)
- 4) Requires each school to adopt its school safety plan by March 1 and review and update its plan annually by March 1. Each school is required to annually report, in July, on the status of its school safety plan, including a description of key elements of the school safety plan in the annual school accountability report card. (EC 32286)

- 5) Specifies that the comprehensive school safety plan must include an assessment of the current status of school crime committed on school campuses and at school-related functions and identification of appropriate strategies and programs to provide or maintain a high level of school safety, and address the school's procedures for complying with existing laws related to school safety, including child abuse reporting procedures; disaster procedures; an earthquake emergency procedure system; policies regarding pupils who commit specified acts that would lead to suspension or expulsion; procedures to notify teachers of dangerous pupils; a discrimination and harassment policy; the provisions of any schoolwide dress code; procedures for safe ingress and egress of pupils, parents, and school employees to and from school; a safe and orderly environment conducive to learning; rules and procedures on school discipline; procedures for conducting tactical responses to criminal incidents, including procedures related to individuals with guns on school campuses and at school-related functions; and a protocol for responding to a student suffering from an opioid overdose. (EC 32282)
- 6) Requires the comprehensive school safety plan to be evaluated at least once a year. (EC 32282)
- 7) Requires the petition to establish a charter school to include the development of a school safety plan with specified safety topics, aligned with the requirements for a school district's comprehensive school safety plan. (EC 47605 and 47605.5)
- 8) Authorizes public schools to solicit and receive non-state funds to acquire and maintain an AED and requires these funds to be used only to acquire and maintain an AED, and to provide training to school employees in the use of an AED. (EC 49417)
- 9) Requires, if a school district or charter school requires a course in health education for graduation from high school, instruction in performing compression-only CPR. Also encourages school districts and charter schools to provide information to students on the use and importance of an AED, but states that the physical presence of an AED in the classroom is not required. (EC 51225.6)
- 10) Requires, if a school district or charter school elects to offer any interscholastic athletic program, the school district or charter school to acquire at least one AED for each school that participates in the program and encourages school districts and charter schools to ensure that at least one AED is available for the purpose of rendering emergency care or treatment within the recommended 3 to 5 minutes of sudden cardiac arrest to students, spectators or other individuals in attendance at the athletic program's activities or events. (EC 35179.6)
- 11) Requires the California Department of Education (CDE) to post on its website, guidelines, videos, an information sheet on sudden cardiac arrest symptoms and warning signs, and other relevant materials to inform and educate students and parents and to train coaches. Also encourages school districts and schools to post these materials on their websites to provide ready access to the information. (EC 33479.2)

FISCAL EFFECT: The Office of Legislative Counsel has keyed this as a possible state-mandated local program.

COMMENTS:

Need for the bill. According to the author, “Educational institutions should update their school safety plans to incorporate protocols for dealing with sudden cardiac arrests (SCA) effectively. SCA incidents can occur unpredictably, affecting individuals of any age within school premises. By integrating specific procedures for identifying, responding to, and managing SCA scenarios, schools prioritize the safety and well-being of students, staff, and visitors. Implementing measures to have (SCA) response protocols ensures preparedness and timely intervention, which are critical in preserving life.”

Sudden Cardiac Arrest (SCA). According to the American Heart Association (AHA), unlike a heart attack (when blood flow to the heart is blocked), SCA is when the heart malfunctions and suddenly stops beating unexpectedly. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia). With its pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

According to the Centers for Disease Control and Prevention (CDC), about 2,000 young, seemingly healthy people under age 25 in the U.S. die each year of SCA. It is thought to be a leading cause of death in young athletes, but it also affects young people not involved in organized sports.

What is an AED? An AED is a lightweight, portable device that delivers an electric shock through the chest to the heart. According to the AHA, the shock can potentially stop an irregular heartbeat and allow a normal rhythm to resume following SCA. AEDs are considered safe for use by anyone. The device has a built-in computer to check a victim’s heart rhythm and calculate whether defibrillation is needed. If it is, audible prompts guide the rescuer through the process.

Effectiveness of AEDs. More than 356,000 out-of-hospital cardiac arrests (OHCAs) are reported annually in the United States by the Centers for Disease Control (CDC) and Prevention. An estimated 70% to 90% of people experiencing OHCA die before reaching the hospital. Cardiopulmonary resuscitation (CPR) and the use of an AED within minutes of cardiac arrest can dramatically raise survival rates but are not commonly used or available. One study reported AED use at 10.8% in public settings before emergency medical services arrive. (Andersen, 2018)

Research further suggests that the availability of an AED in communities is associated with nearly a doubling of survival after out-of-hospital cardiac arrest, reinforcing the importance of strategically expanding community-based AED programs. (Weisfeldt, 2010)

According to the CDC, the placement of AEDs at public locations where cardiac arrest is likely to occur, including schools, casinos, federal buildings, airports, fitness centers, churches, and workplaces, has been found to increase out-of-hospital cardiac arrest survival, increase rates of return of spontaneous circulation, and improve neurological outcomes for patients.

AEDs in schools. A 2009 research study noted that U.S. high schools are increasingly adopting AEDs for use in campus settings, and found that school-based AED programs provide a high survival rate for both student athletes and older non-students who suffer SCA on school grounds. (Drezner, 2009)

Adding elements to the comprehensive school safety plans. Existing law requires each school to develop a school safety plan that includes processes, procedures, and policies to ensure student and staff safety at a school site. The components of the plan range from daily processes, such as procedures for safe ingress and egress of pupils, parents, and school employees; to disaster and emergency procedures such as those during and after earthquakes; to behavioral policies such as discrimination and harassment policies.

Current law exempts schools within small school districts, namely those with fewer than 2,501 units of daily average attendance, from the requirement to develop a comprehensive school safety plan, if the district develops a districtwide comprehensive school safety plan that is applicable to each schoolsite.

This bill would require that the school safety plan also include procedures to respond to an individual experiencing a sudden cardiac arrest or a similar life-threatening medical emergency while on school grounds. It also requires that these procedures integrate evidence-based core elements, including CPR training and AED placement in accordance with nationally recognized evidence-based emergency cardiac care guidelines.

The school safety plan is developed by a school site council or a school safety planning committee. Current law requires a school district's safety plan to be developed in cooperation with local law enforcement agencies, community leaders, parents, students, teachers, administrators, classified employees, and other persons who may be interested in the prevention of campus crime and violence. This bill would add intent to include "local emergency medical services personnel" to the list of those to be involved in the development of the plan and adds the "health and safety of students" to the purpose of the safety plan.

Recommended Committee Amendments. *Staff recommends that the bill be amended as follows:*

- 1) Remove the limitation that only school personnel would be identified to respond to medical emergencies in the school safety plan.
- 2) Clarify that the procedures to respond to medical emergencies may include, but are not required to offer CPR training or to specify the placement of any AEDs that may be available on the schoolsite.

Arguments in support. The American Heart Association, sponsor of the bill writes, "A cardiac event can happen anywhere, and schools are a nucleus for a variety of events in all communities. Shared use agreements allow communities to access schools exercise, garden, cook, host community meetings, and more. In addition to shared use agreements, parents and community members are often at school facilities for school plays, concerts, and athletic events.

With over 5 million students enrolled in California public schools in pre-K to grade 12, approximately 319,000 teachers in the public school system, and numerous staff, it is important for school facilities to have a plan in place to address cardiac arrest.ⁱⁱ It is estimated that there are more than 23,000 children under the age of 18 who experience cardiac arrest outside of a hospital each year in the U.S. Only 40% are sports related. In schools with AEDs, approximately 70% of children survive cardiac arrest — seven times the overall survival rate for children.

The safety of students, school staff, and visitors can be enhanced when response plans are in place and school teams are trained and empowered to administer lifesaving care until emergency medical services arrive. A plan can increase survival rates from cardiac arrest by 50% or more by enabling a trained lay-responder team to take action. AB 2887 does just that.”

Related legislation. AB 3262 (Mainschein) of the 2023-24 Session would require, when an AED is placed in a public or private school serving students in grades 6 to 12, the principal to ensure that the students annually receive information that describes sudden cardiac arrest, the school’s emergency response plan, and the proper use of an AED, and at least annually notify students of the locations of all AED units on campus.

SB 671 (Portantino) Chapter 626, Statutes of 2023, requires an LEA, COE, and charter school safety plans to include procedures to assess and respond to reports of any dangerous, violent, or unlawful activity that is being conducted or threatened to be conducted at the school, at an activity sponsored by the school, or on a school bus serving the school.

SB 323 (Portantino) Chapter 599, Statutes of 2023, requires that comprehensive school safety plans address accommodations related to relevant federal disability laws; (2) requires that the annual evaluation of those plans ensure appropriate adaptations; and (3) authorizes parents and others to bring a concern about a student's safety to the principal.

AB 2009 (Mainschein) Chapter 646, Statutes of 2018, requires a school district or charter school that elects to offer any interscholastic athletic program to ensure that there is a written emergency action plan in place and acquire at least one AED for each school for the purpose of emergency care in the event of cardiac arrest and other related medical emergencies. Clarifies that existing law providing conditional liability protections to those acquiring or using these AEDs would apply.

AB 1639 (Mainschein) Chapter 792, Statutes of 2016, requires the CDE to make available specified guidelines and materials on sudden cardiac arrest; requires students and parents to sign informational materials before athletic participation; requires training of coaches; and sets requirements for action in the event a pupil experiences specified symptoms.

AB 1271 (Bonta) Chapter 794, Statutes of 2014, encourages the guidelines in a school safety plan for the roles and responsibilities of mental health professionals, community intervention professional, school counselors, school resource officers, and police officers on school campuses to include protocols to address the mental health care of pupils who have witnessed a violent act at any time, including, but not limited to, any of the following: while on school grounds; while going to or coming from school; during a lunch period whether on or off campus; and, during, or while going to or coming from, a school-sponsored activity.

REGISTERED SUPPORT / OPPOSITION:

Support

American Heart Association
California Federation of Teachers
Eric Paredes Save a Life Foundation
National Association of Pediatric Nurse Practitioners

Opposition

None on file

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