

RESCUE UNION SCHOOL DISTRICT

2390 Bass Lake Road Rescue, CA 95672 (530) 677-4461 / FAX (530) 677-0719

www.rescueusd.org

BOARD OF TRUSTEES REGULAR MEETING MINUTES

Tuesday, January 24, 2023 Closed Session 3:00 p.m. - 3:25 p.m. Open Session starts at 3:25 p.m. Closed Session 5:30 p.m. - 6:30 p.m. Open Session starts at 6:30 p.m. Rescue District Office Board Room

The Public's health and well-being are the top priority for the Board of Trustees of the Rescue Union School District and all are urged to take all appropriate health safety precautions. To facilitate this process, there were two options to view and/or participate in this open session meeting in person or via Zoom.

DISTRICT MISSION

Rescue Union School District, in partnership with families and the community, is dedicated to the success of every student by providing a challenging, comprehensive and quality education in a safe environment in which all individuals are respected, valued, connected and supported.

PLEASE NOTE:

These are provided as summary minutes. The audio recording of the meeting is available for review at: <u>http://www.rescueusd.org/School-Board/Agendas-Minutes/index.html</u>

CALL TO ORDER: Board president called the meeting to order at 3:01 p.m.

ROLL CALL:

- ✓ Michael Gordon, President
- ✓ Kim White, Vice President
- ✓ Michelle Bebout, Clerk
- ✓ Jamie Hunter, Member Vacant Seat
- ✓ Jim Shoemake, Superintendent and Board Secretary

PUBLIC COMMENT:

(Closed session agenda items only) There were no comments concerning items on the Closed Session agenda.

CLOSED SESSION:

The Board adjourned to closed session to discuss matters of personnel, security, negotiations, student discipline, litigation, or other matters as authorized by Government Code Sections 3549.1, 54956.9, 54956.8, 54957, and 54957.6 and Education Code Sections 35146 and 48918. Conference with Labor Negotiator - Discussion with the District's Superintendent, Jim Shoemake, and/or labor negotiators, Lisa Donaldson and Dustin Haley, regarding directions and issues in negotiations with Rescue Union Federation of Teachers (RUFT), California School Employees Association (CSEA), Confidential Staff, and Administrative Management.

a. Collective Bargaining Matters: Discussion with District Superintendent Jim Shoemake and/or labor negotiators Lisa Donaldson and Dustin Haley, regarding directions and issues in negotiations with Rescue Union Federation of Teachers (RUFT), California School Employees Association (CSEA), Confidential Staff, and Administrative Management.

b.Personnel Matters (Government Code section 54957).

c. A body may hold a closed session to consider the appointment or employment of a public employee, including interviews. CA Government Code 11126(a) (Bagley-Keene Act); 54957(b)(1) (Brown Act).

OPEN SESSION:

Convened open session in the Board Room at 3:25 p.m.

GENERAL:

1. <u>Board of Trustees Vacant Seat Interviews</u> Interviews for the RUSD open Board seat were conducted. (Interviews)(Discussion)(Consideration for Action)

The Board discussed the candidates and their qualifications. Trustee White moved and Trustee Bebout seconded to approve a Special Meeting on January 31, 2023 with second-round interviews for candidates Efrain Mercado and Michael Flaherty. Motion passed 4-0.

CALL TO ORDER: Board President called the meeting to order at 5:30 p.m.

ROLL CALL:

- ✓ Michael Gordon, President
- ✓ Kim White, Vice President
- ✓ Michelle Bebout, Clerk
- ✓ Jamie Hunter, Member Vacant Seat
- ✓ Jim Shoemake, Superintendent and Board Secretary

PUBLIC COMMENT:

(Closed session agenda items only) There were no comments concerning items on the Closed Session agenda.

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OPEN SESSION:

Convened open session in the Boardroom at 6:30 p.m. Welcome - The Board president provided an introduction to Board meeting proceedings. Flag Salute - Board president led the flag salute.

1. Adoption of Agenda(Consideration for Action)Trustee White moved and Trustee Bebout seconded to approve the agenda. Motion passed 4-0.

REPORTS AND COMMUNICATION:

Report from Closed Session - Board president reported no action taken in closed session.

Superintendent's Report - The Superintendent presented a report on recent Bright Spots happening around the district, including Lakeview's staff and faculty teams coming together in remembrance and celebration of longtime site volunteer Blair Barnes, who recently passed away. Donations in his honor are requested to be given to the school's Pottery Program. RUSD facilities plans are in place, most notably at Jackson, and will feature field improvements as well as a new playground structure. RUSD students were also mentioned in remarks as well-engaged this school year with activities and sports participation increased from the prior year.

Recognition - The Board President presented Proclamations recognizing School Board Member Month in January and the Week of the School Counselor, February 6-10.

Celebrating Excellence in our Schools

Lake Forest Principal, Jana Vermette, provided a site update and discussed the growth of the Special Day Class (SDC) program for students, general academic recovery and site statistics post-pandemic with emphasis on improved Language Arts. Also presented were garden photos and mention of the success of both Lake Forest's outdoor learning space and the hydroponics room on campus. School events put on by both faculty and the PTO have gone very well this school year and staff is looking forward to more events such as Read-A-Thon, Val-O-Grams and the Color Run.

Difference Makers honored were Stacy Gallman, School Site Secretary and Teacher Denise Colter.

There were no public comments.

GENERAL:

2. Update for Board Policies, Administrative Regulations and Board Bylaws

The Superintendent recommended the Board review updates to and approve changes for Board Policy and Administrative Regulation 6158: Independent Study. Trustee White moved and Trustee Hunter seconded to approve the Board Policy and Administrative Regulation 6158. Motion passed 4-0.

3. Health and Nursing Staff and Student Supports

The Superintendent recommended the Board hear a presentation by Sunshine Handley, Director of Special Education Health and Nursing updates within the District.

There were no public comments.

CURRICULUM AND INSTRUCTION:

4. California School Dashboard Update for 2022

The Superintendent recommended the Board receive information regarding the Rescue Union School District's status for the state indicators.

5. Library Plan

The Superintendent recommended the Board receive a report and approve the 2022-2023 RUSD Library Plan. Trustee White moved and Trustee Bebout seconded to approve the 2022-2023 Library Plan. Motion passed 4-0.

There were no public comments.

BUSINESS AND FACILITIES:

6. <u>Budget Update - Board Reserves and Budget Guidelines</u> The Superintendent recommended the Board approve the Board Budget Guidelines for 2022-2023.

7. Auditors Report / Financial Statements for 2022-2023

To comply with Ed. Code 14503, each year an independent audit must be conducted. Stephen Roatch Accountancy Corporation completed the financial audit for the 2021-2022 fiscal year. The Superintendent recommended approval of the Auditor's Report on the 2021-2022 financial statements. Trustee Bebout moved and Trustee Hunter seconded to approve the Auditors Report/Financial Statements for 2022-2023. Motion passed 4-0.

CONSENT AGENDA:

All matters listed under Consent Agenda are considered to be routine or sufficiently supported by prior or accompanying reference materials and information as to not require additional discussion. A motion as referenced below will enact all items.

The Board President called for public comment on any of the items on the consent agenda. There were no public comments. Trustee Bebout moved and Trustee Hunter seconded to approve the balance of the Consent Agenda. The motion passed 4-0.

8. Board Meeting Minutes- Minutes of the Dec. 13, 2022 Regular Board Meeting (Materials provided) 9. Board Meeting Minutes- Minutes of the Jan. 10, 2023 Study Session Meeting (Materials provided) 10. Human Resources-the District's long-range goal is to recruit a diverse, high quality staff with student focused goals and philosophies. Periodically, changes in staffing occur due to need for additional positions, resignations, or leaves of absence. All positions listed are within current budget allocations (Materials provided) **11.** District Expenditure- Warrants must regularly be presented to the Board of Trustees for ratification. Detailed warrant order listings are available at the District Office. The supplement reflects expenditures from 12/1/22 through 12/31/22 (Materials provided) **12.** District Purchase Orders - Purchase orders must regularly be presented to the Board of Trustees for ratification. The supplemental reflects expenditures from 12/1/22 through 12/31/22 (Materials provided) 13. Geotechnical Reports Contract with Youngdahl Consulting Group (Materials provided) 14. E-Rate Purchase Agreement for Technology Department (Materials provided) 15. Lindamood-Bell Individual Student Instruction Contract (Materials provided) 16. Williams Act Quarterly Report - The Superintendent recommends the Board approve the Williams Act Quarterly Report for the period of October 1, 2022- December 31, 2022. (Materials provided) 17. Donation - The Board and District appreciate and accept the following donation: \$100.00 from an anonymous community member living within RUSD boundaries, who contacted the District Office on December 22, 2022 to contribute a cash gift for the holidays to a community member in need. (Materials provided)

ADJOURNMENT:

Trustee White moved to adjourn the meeting at 8:42 p.m.



RESCUE UNION SCHOOL DISTRICT

2390 Bass Lake Road Rescue, CA 95672 (530) 677-4461 / FAX (530) 677-0719

www.rescueusd.org

BOARD OF TRUSTEES SPECIAL MEETING MINUTES

Tuesday, January 31, 2023 - 5:50 p.m. Open Session (Closed Session at 5:30 p.m.) Rescue District Office Board Room

The Public's health and well-being are the top priority for the Board of Trustees of the Rescue Union School District and all are urged to take all appropriate health safety precautions. To facilitate this process, there were two options to view and/or participate in this open session meeting in person or via Zoom.

DISTRICT MISSION

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CALL TO ORDER: Board president called the meeting to order at 5:30 p.m.

ROLL CALL:

- ✓ Michael Gordon, President
- ✓ Kim White, Vice President
- ✓ Michelle Bebout, Clerk
- ✓ Jamie Hunter, Member Vacant Seat
- ✓ Jim Shoemake, Superintendent and Board Secretary

PUBLIC COMMENT:

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Conference with Labor Negotiator - Discussion with the District's Superintendent, Jim Shoemake, and/or labor negotiators, Lisa Donaldson and Dustin Haley, regarding directions and issues in negotiations with Rescue Union Federation of Teachers (RUFT), California School Employees Association (CSEA), Confidential Staff, and Administrative Management.

OPEN SESSION:

Convened open session in the Board Room at 5:50 p.m.

Welcome - The Board president provided an introduction to Board meeting proceedings.

Flag Salute - Board president led the flag salute.

 <u>Adoption of Agenda</u> Trustee White moved and Trustee Bebout seconded to approve the agenda as presented. The motion passed 4-0. (Consideration for Action)

REPORTS AND COMMUNICATION:

Report from Closed Session - Board president reported no action taken in closed session.

PUBLIC COMMENTS:

There were no public comments on items not on the agenda.

GENERAL:

2. Board of Trustees Vacant Seat Interviews

Second round interviews for the RUSD open Board seat were conducted. (Interviews)(Discussion)(Consideration for Action)

The Board discussed the candidates and their qualifications. Trustee White moved and Trustee Hunter seconded to select Michael Flaherty as the RUSD Board Provisional Appointee. The motion passed 3-1.

Ayes: Trustees Gordon, White, Hunter

Nays: Trustee Bebout

ADJOURNMENT:

Trustee White moved to adjourn the meeting at 7:35 p.m.

Michelle Bebout, Clerk

Date

Michael Gordon, President

Date

RESCUE UNION SCHOOL DISTRICT

AGENDA ITEM: Classified Personnel

<u>RECOMMENDATION:</u>

The Superintendent recommends the Board approve the following personnel actions.

BACKGROUND:

Periodically changes in classified staffing occur due to hiring, resignations or requests for leaves of absence. The Board must formally approve these requests.

STATUS:

The following classified personnel changes are listed on the agenda:

Name	Personnel Action	Pos. FTE	Position	School/Dept.	Effective Date
Hantzis, Lori	40% unpaid LOA	.3750	Yard Supervisor	Pleasant Grove	1/17/2023
Bloomquist, Maryann	Reclassification	.88	Registered Behavior Technician	District Office	1/23/2023
Diaz, Ivan	Resignation	.75	Night Custodian	Pleasant Grove	1/31/2023
Hudson, Stefanie	Resignation	.75	Instructional Assistant- Special Day Class	Lake Forest	1/31/2023
Saetern, Lor	Resignation	1.0	Mechanic Assistant	Transportation	2/3/2023

FISCAL IMPACT:

Fiscal impact will be reflected in the 2022-2023 budget years.

BOARD GOAL:

Board Focus Goal IV - STAFF NEEDS:

Attract and retain diverse, knowledgeable, dedicated employees who are skilled and supported in their commitment to providing quality education for our students.

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230675	AMAZON CAPITAL SERVICES INC AMAZON CAPITAL SERVICES INC	Tech Supplies List 7 1/10/23	1.489.32	DISTRICTWIDE SERVICES
230656	AMERICAN RIVER CONSERVANCY	TK & K FT: Wakamatsu 3/7 & 3/9	680.00	Green Valley School
230665	APPLE COMPUTER INC	3 iPads for SpEd	974.03	DISTRICTWIDE SERVICES
230676	APPLE COMPUTER INC	I-pad for library	649.36	Jackson School
230672	BAYSHORE PAINTERS INC CALTERDALA ASSOCTATION OF TEAC	PG - Roof CAIE Conference	4,680.00	Maintenance Diassant Grova Middla School
230680	CENTER FOR THE COLLABORATIVE	Decondable Books for Megan W.	968.10	Jackson School
230655	DAVE BANG ASSOCIATES	Lake View Play Structure	9,006.15	Maintenance
230662	DAWSON'S FLOOR FASHIONS	Lake Forest	746.60	Maintenance
230679	EL DORADO COUNTY	Reorder Behavior Referral Form	375.38	Green Valley School
230674	EXPLORE LEARNING	Reflex Math - MV 10 needed	255.55	DISTRICTWIDE SERVICES
230661	GOPHER SPORT	PE Equipment	3,455.49	Jackson School
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230678	MUSIC K-8 MARKETPLACE	Recorders for Music	190.53	Jackson School
230657	NICK'S CUSTOM GOLF CARS		1,000.00	Transportation
230670	RIVERSIDE COMMUNITY CARE INC	PG-SOS renewal Lauren Todoroff	300.00	DISTRICTWIDE SERVICES
230668	ROSENZWEIG, REGINA M.	Teacher Conference	4,200.00	Lake Forest School
230514	RUSD CONFERENCE	CASMEC Conference	1,116.26	DISTRICTWIDE SERVICES
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230677	SCHOOL SPECIALTY LLC	Laminating film	178.16	Rescue School
230652	SKIP'S MUSIC INC	PA Speaker/ Site	419.30	Pleasant Grove Middle School
230681	STAPLES ADVANTAGE	BOARDROOM/CONFERENCE RM CHAIRS	5, 537.25	DISTRICTWIDE SERVICES
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015 RESCUE UNION SCHOOL DISTRICT Purchase Orders 01/12/23-01/31

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P.O. BOARD REPORT

015 RESCUE UNION SCHOOL DISTRICT Purchase Orders 01/12/23-01/31

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ITEM #: 10a DATE: February 7, 2023

RESCUE UNION SCHOOL DISTRICT

AGENDA ITEM: OUT-OF-STATE TRAVEL REQUEST

RECOMMENDATION:

The Superintendent is recommending the Board of Trustees approve participation at the Oregon Destination High Performance conference in March 2023.

BACKGROUND:

The conference will take place in Estacada, OR on March 13, 14, 15, 16 2023. This conference is designed to further professional knowledge in building an educational Culture of Excellence.

STATUS:

Superintendent Jim Shoemake and Assistant Superintendent of Curriculum and Instruction Dustin Haley will be participating in the conference.

FISCAL IMPACT:

Fiscal impact will not be reflected in the 2022-2023 budget. The cost of the training for two people, three days, will be paid for EDCOE.

BOARD GOAL:

Board Focus Goal IV – STAFF NEEDS:

Attract and retain, diverse, knowledgeable, dedicated employees who are skilled and supported in their commitment to providing quality education to our students.

RESCUE UNION SCHOOL DISTRICT CONFERENCE REQUEST

Requester Name C .	MASO	2	School:	D.	०. Date: अ	23			
DESTINATION HIC	It PERK	Denak	EE	STAC	ADA, OREGON	1			
Conference Name			Confere	nce Loca	ation				
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Attendees:		2			4				
^{1.} JIM SHOEMAKE ^{2.} D	iustiji ha	ney 3.		8	4.				
5. 6.		7.			8.				
Travel Dates: Depart on <u>M 3/13/23</u> at <u>11:60 Aw</u> Return on <u>TH 3/16/23</u> at <u>3:00 PM</u> (Date) (Time) (Date) (Time) (Date)									
Is this an Educator Effective	ness related	training (YE	s) NO) <						
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Conference/Professional Developm	ent Esti	mated Cost	Date Com	pleted	Copy Attached	Requested			
Expense Items:			and beneficial		(check if attached)	method of payment			
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Sub Requested #days @ \$									
Other (please describe)									
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APPROVED BY:	Principal	Date	<u> </u>	Asst Si	perintendent C&L	Date			
	пыра	Date	-	Or Asst	. Superintendent, Bus	iness			

]]]

/

v



Christina Mason <cmason@my.rescueusd.org>

Destination High Performance Conference March 13-16, 2023

1 message

Carrie Pearson < Cpearson@edcoe.org>

Mon, Jan 23, 2023 at 4:20 PM

To: Curtis Wilson <cwilson@mlusd.net>, Larry Mahoney - MLUSD <lmahoney@mlusd.net>, Jeremy Meyers - BOMUSD <jmeyers@bomusd.org>, Carrie Arnett-BOMUSD <carnett@bomusd.org>, Jim Shoemake <jshoemake@my.rescueusd.org>, Dustin Haley - RUSD <dhaley@my.rescueusd.org>

Cc: Christina Kay - BOMUSD <ckay@bomusd.org>, Christina Mason <cmason@my.rescueusd.org>, Jennifer Delgado <jdelgado@mlusd.net>, Shelly King - BOM <sking@bomusd.org>, Carrie Pearson <Cpearson@edcoe.org>, Kevin Monsma <kmonsma@edcoe.org>

Good afternoon,

The EDCOE team is excited to have you join us for the Destination High Performance Conference in Estacada, OR on Tuesday, March 14 and Wednesday, March 15, 2023.

You have been registered for the conference and a hotel reservation has been made in your name.

You will be staying at McMenamins Edgefield, 2126 SW Hasley Street, Troutdale, OR 97060.

The check-in day is Monday, March 13 and check-out is Thursday, March 16.

Please make your air travel arrangements and rental car/Uber reservations as soon as possible.

It would be very helpful if you can let me know your flight itinerary, once you are booked.

The costs for the trip, (registration, travel, hotel) will be covered by EDCOE as part of our level1 and level 2 support for districts through differentiated assistance.

I have attached a travel reimbursement form and W-9 to be completed after the conference to reimburse you/your district.

Please let me know if you have any questions.

Carrie

Carrie Pearson Coordinator to Dr. Ed Manansala, County Superintendent of Schools

El Dorado County Office of Education

6767 Green Valley Road, Placerville, CA 95667

530-295-2217 office ~~ 530-957-8526 cell ~~ 530-621-2543 fax



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Continuous Improvement from the District to the Classroom

MARCH 14, 2023 · SITE VISITS

Go onsite to see students rounding, setting goals, and taking an active role in progress monitoring.

Sites

- · Estacada High School
- · Estacada Middle School
- · Clackamas River Elementary
- · River Mill Elementary

MARCH 15, 2023 • SESSIONS

Leading Improvement Strand

What does it take to create system alignment and practices for continuous improvement, and how do you develop a strong leadership team to lead the way?

School and Classroom Instruction Strand

How can teachers, school administrators, and instructional leaders empower students to lead continuous improvement in the classroom?

REGISTER

studereducation.com/westcoast2023







Christina Mason <cmason@my.rescueusd.org>

You're going to Portland, OR on 03/13 (492VKK)!

1 message

Southwest Airlines <southwestairlines@ifly.southwest.com> Reply-To: Southwest Airlines <no-reply@ifly.southwest.com> To: cmason@rescueusd.org

Tue, Jan 31, 2023 at 2:18 PM

Here's your itinerary & receipt. See ya soon! View our mobile site | View in browser

Southwest

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MARCH 13 - MARCH 16 4

Sacramento to Portland, OR

Confirmation # 492VKK

PASSENGER

RAPID REWARDS # TICKET # EST. POINTS EARNED

Jim Shoemake Join or Log in 5262415045065 1,698

PASSENGER

TICKET #

RAPID REWARDS #

Dustin Haley Join or Log in 5262415045064 EST. POINTS EARNED 1.698

Rapid Rewards® points are only estimations.



Est Travel Time: 1h 30m Wanna Get Away Plus™ Flight 1: Monday, 03/13/2023



DEPARTS SMF 01:25PM Sacramento





Confirmation date: 01/31/2023

Flight 2: Thursday, 03/16/2023 Est. Travel Time: 1h 30m Wanna Get Away Plus™



DEPARTS PDX 11:10AM Portland, OR



Payment information

Total cost

Air - 492VKK	
Base Fare	\$ 424.48
U.S. Transportation Tax	\$ 31.84
U.S. 9/11 Security Fee	\$ 22.40
U.S. Flight Segment Tax	\$ 19.20
U.S. Passenger Facility Chg	\$ 18.00
Total	\$ 515.92

Payment

Mastercard ending in 0929 Date: January 31, 2023

Payment Amount: \$257.96

Mastercard ending in 0929 Date: January 31, 2023

Payment Amount: \$257.96

Fare rules: If you decide to make a change to your current itinerary it may result in a fare increase.

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📄 Print

1

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We're sending you a confirmation email to the address below. If the email hasn't arrived in 2 minutes, check your junk or spam folder. cmason@rescueusd.org

Trip summary



492VKK

SMF >> PDX

FLIGHT TOTAL \$515.92



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03/13/2023	03/16/2023	1000

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Sacramento, CA to Portland, OR

Confirmation # 492VKK

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EST. POINTS

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PAYMEN	INFORMATION			AMOUNT PAID
Autor	MasterCard 0929 XXXXXXXXXXX0929 Expiration: 6/26	CARD HOLDER Jim Shoemake	BILLING ADDRESS 2390 Bass Lake Road Rescue, CA US 95672	\$515.92
Tot	al charged			
Yo	ou're all set for yo ocoming trip.	ur F	SUBTOTAL TAXES & FEES	\$424.48 \$91.44 \$ 515 92
Get no f	ready to enjoy two bags for the p fees to change your flight**, and s and second checked bags, Weight and size lim	orice of none*, some Southwest [®] love. nils apply. **Fare difference may apply.	DIAL DULLARS	Show price breakatiwn

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Christina Mason <cmason@my.rescueusd.org>

Tue, Jan 31, 2023 at 4:10 PM

Jim's 03/13 Portland, OR - PDX car reservation (1345848293COUNT)

1 message

Southwest Airlines <southwestairlines@ifly.southwest.com> Reply-To: Southwest Airlines <no-reply@ifly.southwest.com> To: cmason@rescueusd.org

> We've reserved your car with Enterprise View our mobile site | View in browser



Manage Flight | Flight Status | My Account

Ready. Set. Gol



Thanks for letting us help you reserve a car with Enterprise. Your rate is an estimate; refer to Enterprise's terms and conditions below, or contact Enterprise diractly for additional information regarding payment, pickup, and drop off.

March 13 - March 16



Portland, OR - PDX

Confirmation # 1345848293COUNT

Your itinerary

DRIVER NAME Jim Shoemake

PICK-UP

March 13, 2023 04:00PM

LOCATION Portland, OR - PDX Rental Counter and Car are both at the Airport Terminal.

Confirmation date: 01/31/2023

RETURN

March 16, 2023 09:00AM

LOCATION Portland, OR - PDX Rental Counter and Car are both at the Airport Terminal.

VEHICLE DESCRIPTION Premium

DETAILS The minimum rental age is 21 years old on most rentals. All drivers must have a major credit card and valid driver's license in the driver's name.

Cost estimate

Total cost

CAR - 1345848293COUNT			
Base rate	S	172.83	
Mileage Drop charge	\$	0.00	
Taxes/Fees	\$	69.66	
Car total due at pickup (Excludes car rental extras)	\$	242.49	
Car total due now	\$	0.00	





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Trip summary



3/13 - Portland

Enterprise, Premium - Portland, OR (PDX)

Confirmation # 1345848293COUNT

DRIVER Jim Shoemake Car details PICK-UP 3/13/23 4:00PM

PDX	
ortland, OR	
NULTER	
/16/23	9:00AM

3/16/23 9:0 PDX

Portland, OR

Р	ick-up instructions
٩	Rental counter and car are both at the
	airport terminal



Premium: Nissan Maxima or similar

RATE BREAKDOWN	MILEAGE	BASE RATE
3 days at \$57.61	Unlimited	\$172.83
	Taxes & fees	\$69.66
	Estimated car total	\$242.49
		Due at car return, Excludes rental car extras
	8	
Car policies	Ŧ	
 The minimum rental age is 25 years old on most rentals. All drivers must have a major credit card and a valid driver's license in the oral driver's license in the oral driver's license, surcharges, or fees may apply. 	ifriver's name.	

\$242.49



TRAVEL REIMBURSEMENT FORMS

INSTRUCTIONS:

- □ Collect your receipts including airfare itinerary, plane ticket stubs if available, parking, taxi, tolls, hotel, internet access, etc. The EDCOE reimburses participants for all travel expenses.
- □ Complete the travel log (attached).
- □ Complete a W-9 tax form (attached).
- Scan the form(s) and your original receipts and send to Carrie Pearson via email at <u>cpearson@edcoe.org</u> or you can mail your forms and receipts to Carrie Pearson at the address below.

Carrie Pearson El Dorado County Office of Education 6767 Green Valley Road Placerville, CA 95667

If you have any questions about the forms or your reimbursement, please contact Carrie Pearson at (530) 295-2217 or cpearson@edcoe.org. Thank you!

Integrity · Service · Relationships · Equity · Innovation



Destination High Performance Conference

Travel Log

PURPOSE: PLACE: TRAVEL DATES: CONFERENCE DATES:	Destination High Performance C Estacada, OR March 13 and March 16, 2023 March 14 and 15, 2023	Conference		
PARTICIPANT'S NAME:				
MAKE CHECK PAYABLE	то:			
MAILING ADDRESS:	CITY/ STATE/ ZIP:			
PHONE:	PAYEE'S SSN OR EIN:			
Conference Registration has been completed on your behalf.				
1. AIRLINE TRIP I	1. AIRLINE TRIP ITINERARY – (attach air itinerary and plane ticket stubs/receipts)			
Date		Departure (place/time/am/pm)		
Arrival (place/time/am	/pm)			
		Airfare Total: \$		
2. HOTEL – (Rese	rvations have been made in your	name but not paid – attach hotel folio)		
Name		Confirmation #:		
Check-in Date	Check-out Date			
		Hotel Total: \$		
3. MEALS – (3-\$16/ L-\$17/ D-\$28/Incidentals-\$	\$5)		
		Meal Total: \$		

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EDC	OE		Dr. Ed Manansala
EL DORAD	O COUNTY OFFICE OF EDUCATION		El Dorado County Superintendent of Schools
4.	LOCAL TRAVEL (Taxi/Uber/Lyft/ Ca	r Rental - Attach all receipts)	
Date	Description	Destination (to/from)	Amount
		Local T	ravel Total: \$
5.	OTHER TRAVEL (Miscellaneous exp	enses: parking, tolls, phone,	internet, etc. – Attach receipts)
Date	Description		Amount
		Othor	Trough Totola É
		Other	Travel Toldi: 5
6.	MILEAGE		
Miles	From/To Destinat	ion	Rate per Mile:625 Total Miles
			Mileage Total: \$
I certify t	hat the above is a true statement c incurred by me in the service of th	f the travel GRAND TOTAL e El Dorado	EXPENDITURES: \$
County C business	office of Education and items claims purposes.	ed are for official	

Claimant's signature and date

EDCOE Director's signature and date

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Integrity | Service | Relationships | Equity | Innovation

3 attachments

AgendaDHPMarch2022.docx
 23K

TravelReimbursement.docx 216K

P IRS W-9 Form (10-2018).pdf 130K

Google Maps

2390 Bass Lake Rd, Rescue, CA 95672 to 2390 Drive 86.6 miles, 1 hr 28 min Bass Lake Rd, Rescue, CA 95672



via US-50 W 1 hr 28 min without traffic 1 hr 28 min 86.6 miles

Explore 2390 Bass Lake Rd

Restaurants Hotels Gas stations Parking Lots More

CONFERENCE RECONCILIATION REPORT FORM COMPLETE AFTER CONFERENCE IS COMPLETED

ATTACH REIMBURSEMENT REQUEST COPIES

ATTACH OTHER SUPPORTING DOCUMENTATION

Requester Name _____ School: _____ Date: _____

Conference Name

Conference Location

Conference PO Number

Conference/Professional Development Expense Items:	Actual Cost	Date	Copy Attached (check if attached)	Method of Payment
Registration completed				
Flyer Attached				
Hotel reservations				
Air reservations				
Meals purchased				
Ground Transportation				
Mileage				
Parking/tolls				
Sub Actual #days@ \$				
Include Name of Subs and dates sub pay submitted to payroll				
Other (please describe)				
Total				

Site Secretary Signature

Date

APPROVED BY: _____

Director or Principal

Date

Asst. Superintendent, C & I Date Or Asst. Superintendent, Business



Rescue Union School District

Comprehensive School Safety Plan

2022-2023



RESCUE UNION SCHOOL DISTRICT EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

Prepared By:

Schools Insurance Authority P.O. Box 276710 Sacramento, CA 95827-6710 (916) 364-1281

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- F. Sample Blood Borne Pathogens Quiz and Answer Key

ACKNOWLEDGMENTS

The Schools Insurance Authority wishes to express its appreciation to all of the Wellness Committee representatives and other individuals who worked on the completion of this model Exposure Control Plan.

Special thanks goes to Ruth Barrios, R.N., P.H.N., Sacramento City Unified; Linda Davis-Alldritt, R.N., P.H.N., Elk Grove Unified; Cindy Dodge, R.N., P.H.N, San Juan Unified; Pat Ghiglieri, R.N., P.H.N., Folsom-Cordova Unified; Jean MacIver, R.N., P.H.N., North Sacramento School District; Karen Mies, R.N., P.H.N., El Dorado Union High School District and Patty Wills, R.N., P.H.N., El Dorado County Office of Education.

The Schools Insurance Authority would also like to thank Wendy Gomez-Getty, Attorney at Law, with the law firm of Kronick, Moskovitz, Tiedemann and Girard, for her efforts in the review of this plan.

This document has been developed under the direction of Martin Brady, M.A., Executive Director of the Schools Insurance Authority.

PREFACE

This sample Exposure Control Plan has been prepared by the Schools Insurance Authority in an effort to assist its member school districts in meeting their duty to enact such a plan as required under the Cal/OSHA regulations. School districts should be aware, however, that minimal interpretation of the newly enacted Cal/OSHA Blood Borne Pathogens regulations exist. Therefore, questions may exist about the extent of the rights and responsibilities under the Blood Borne Pathogens regulations, and the regulations may be subject to further change. Additionally, in light of the unique differences between school districts, **it is the responsibility of each school district to adapt the sample Plan according to the needs and requirements of each district. Should questions arise regarding the duties and responsibilities of school districts under the Cal/OSHA regulations, district council should be consulted.**

While many of the basic elements of an Exposure Control Plan have already been implemented in our member school districts, it is important that the plan be documented in writing and included in your district's Injury and Illness Prevention Program.

BACKGROUND

The Federal Occupational Safety and Health Administration published the Occupational Exposure to Blood Borne Pathogens regulations (29 CFR 1910.1030) on December 6, 1991, culminating approximately 4 years of rule making. The standard went into effect on March 6, 1992, and all the provisions, including hepatitis B vaccination became effective by July 6, 1992. The standard applies to federal employees and to private sector employees in states without state OSHA programs.

The Division of Occupational Safety and Health, or Cal/OSHA, has jurisdiction in California for private sector employees and public sector employees other than federal employees. State programs are required to have standards at least as effective as federal standards. The Cal-OSHA blood borne pathogens standard (8 CCR 5193) went into effect on January 8, 1993.

The standard covers <u>all employees</u> who could <u>be reasonably anticipated</u> as the result of performing their <u>job duties</u> to have <u>occupational exposure</u> (skin, eye, mucous membrane, or parenteral contact) to blood or other potentially infectious materials. The purpose is to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of blood borne pathogens which could lead to disease or death.

A list of the key provisions of the standard and the dates by which they must be implemented follows:

March 9, 1993

• Exposure Control Plan

April 8, 1993

- Information and Training
- RECORD KEEPING

May 8, 1993

- Engineering and Work Practice Controls
- Personal Protective Equipment
- Housekeeping
- Hepatitis B Vaccination and Post-Exposure
- Evaluation and Follow-up
- Labels and Signs

EXPOSURE CONTROL PLAN

I. INTRODUCTION

A. <u>Purpose</u>

The purpose of Rescue Union School District Exposure Control Plan is to:

- 1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
- Comply with the Cal-OSHA Blood Borne Pathogens Standard, Cal. Code Regs., tit. 8 sec. 5193.

B. Background

Blood and body fluids may contain pathogens, which are small organisms that can cause serious disease. Two of the most common blood borne diseases are:

- 1. Hepatitis B virus (HBV), and Hepatitis C virus (HCV which causes hepatitis, a potentially fatal liver disease.
- 2. Human Immunodeficiency Virus (HIV), the cause of Acquired Immunodeficiency Syndrome (AIDS).

HBV, HCV and HIV are usually passed on when disease organisms enter the body through mucous membranes or through breaks in the skin.

In the school setting the most common way exposure can occur is when an employee has an open sore or injury and is in contact with blood or other infectious material, or when an employee is not wearing the proper personal protective equipment to protect against contact with infectious material such as blood, human tissue or other body fluids that contain blood.

C. Management Commitment/Responsibility

The development and implementation of an exposure control plan requires the commitment of management and participation of all employees at every level within the district.

1. Policy Statement

It is the policy of Rescue Union School District to provide a safe and healthy work environment for all of its employees by minimizing expo-sure to blood borne pathogens.

- 2. Responsibility
 - a. It shall be the responsibility of the department managers to review the district's blood borne pathogen exposure control program annually. Whenever necessary, the Exposure Control Plan will be amended to reflect new or modified tasks and procedures, which affect occupational exposure.
 - b. It shall be the responsibility of department managers to conduct facility audits to assess exposure control compliance, including examination of engineering controls on a regular basis to ensure their effectiveness.

- c. Department managers shall coordinate, implement and monitor the training, vaccinations, post-exposure evaluation and follow-up, post-exposure prophylaxis, and RECORD KEEPING required annually to ensure compliance in accordance with blood borne pathogens exposure control standards.
- d. The department manager is responsible for overseeing the implementation of the work practice controls at that site, which are discussed in Section IIIB.
- e. The department manager is responsible for assessing and selecting appropriate personal protective equipment.
- f. The department manager is responsible for ensuring that appropriate personal protective equipment is available to employees at that site. Employees are responsible for wearing the designated personal protective equipment.
- g. The department manager is responsible for maintaining the training records outlined in Section VIII B.

II. EXPOSURE DETERMINATION

A. Definition of Occupational Exposure

Any employee with occupational exposure to blood or other potentially infectious materials is covered by the Exposure Control Plan. Potentially infectious materials include the following human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Occupational exposure is defined by Cal-OSHA as "reasonably anticipated skin, eye, mucous membrane, or parenteral con-tact with blood or other potentially infectious materials that may result from the performance of an employee's du-ties." (Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions). Further, to be considered "occupational exposure," the contact must result from the performance of an employee's du-ties.

B. Determination of Occupational Exposure

The Cal/OSHA regulations provide for the Hepatitis B vaccination of certain employees who may reasonably anticipate occupational exposure. Accordingly, it is the responsibility of the District to identify and list the following:

- 1. Each job classification in which all the employees have reasonably anticipated occupational exposure.
- 2. Each job classification in which some of the employees have occupational exposure.

In identifying the job classification, the District must specify the job tasks and procedures in which occupational exposure is reasonably anticipated to occur. These job classifications and related job tasks and procedures are identified in the list that follows, entitled "Job Classifications in Which Employees Have Occupational Exposure to Blood Borne Pathogens."

Consequently, Hepatitis B vaccinations shall be provided to those employees determined by the District to have occupational exposure to blood and other potentially infectious materials, and to be eligible for vaccination.

Note: Not all employees who have reasonably anticipated occupational exposure are entitled to a pre-exposure Hepatitis B vaccination. Employees who belong to job classifications wherein all employees may reasonably anticipate occupational exposure are entitled to pre-exposure Hepatitis B vaccination. However, in the event an employee is in a job classification in which not everyone with that job classification may reasonably anticipate occupational exposure, the district must evaluate the employee's specific duties, as well as past occupational exposure incidents, to determine if that individual employee has occupational exposure.

Two other categories of employees also exist in addition to the above.

- I. Employees may be considered "designated first-aid providers." Designated first-aid providers may run a risk of occupational exposure; however, this risk arises in the context of the performance of a "collateral" duty, and is not performed on a regular basis. The District is not required to provide pre-exposure Hepatitis B vaccinations to designated first-aid providers. However, unvaccinated, designated first-aid providers must be offered the Hepatitis B vaccination series no later than 24 hours after rendering assistance in any situation involving the presence of blood or infectious material, regardless of whether an "occupational exposure" incident has occurred. Designated first aid providers are also subject to reporting requirements.
- II. The final category of employees is the "good Samaritan." The Cal/OSHA regulations do not cover the exposure of an employee to blood or infectious material where that exposure was not related to the performance of job duties, or collateral job duties.

The following is a list of a few examples of the above categories. (See Appendix D.)

- 1. Employees with Occupational Exposure. School Nurses and Health Assistants who provide physical care in which blood or blood tinged body fluids are present.
- 2. Employees with Potential Occupational Exposure. Special Education Teachers and Instructional Assistants for the developmentally disabled who provide physical care or conduct activities with exposure to blood.

Special Education Bus Drivers and Attendants who provide physical care and/or first aid.

Coaches and Assistants who provide first aid.

Other teachers and Instructional Assistants who provide physical care or conduct activities with exposure to blood (e.g., teachers who instruct in P.E., health careers and science classes, or provide care to group home residents known to be HBV and HCV carriers).

Custodians. OSHA does not generally consider maintenance personnel, janitorial or housekeeping staff in non-health care facilities to have occupational exposure. However, the District must determine on a case-by-case basis whether the employee is subject to such exposure. For example, a custodian who cleans the school first-aid room is more likely to have occupational exposure than a custodian who cleans offices.

3. Designated First-Aid Providers. School Security Personnel (depending on assessment of primary/collateral duty).

School secretaries/Office Personnel.

Yard Duty Supervisors.

Other Bus Drivers and Attendants.

JOB CLASSIFICATIONS IN WHICH EMPLOYEES HAVE OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

Below are listed the job classifications in Rescue Union School District where some or all employees may handle human blood or other potentially infectious materials, and the tasks/procedures which may result in possible exposure to blood borne pathogens:

JOB CLASSIFICATION TASKS/PROCEDURES

III. HEPATITIS B VACCINATION PROGRAM

The school district recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, the district has implemented a Hepatitis B vaccination program, as well as set up procedures for post-exposure evaluation and follow-up should exposure to blood borne pathogens occur.

This program is available, at no cost, to all eligible employees who have occupational exposure to blood borne pathogens.

Note: No cost to the employee means any "out of pocket" expense to the employee. The employer may not require the employee to use health care insurance to pay for the vaccination series, if covered, unless the employer pays all of the cost of the health insurance and unless there is no cost to the employee in the form of deductibles, co-payments, or other expenses.

See Section II Exposure Determination to identify those employees who will be offered the vaccination. The vaccination is a series of either two or three injections. Field trials of the vaccines have shown 80-90 percent efficacy in preventing infections.

Vaccination for employees with occupational exposure will be made available following the required Blood Borne Pathogens training and within 10 working days of initial assignment.

Vaccinations are performed under the supervision of a health care professional. Employees taking part in the vaccination program are listed on the "Employees Eligible for Hepatitis B Vaccination" form (see Appendix A). Employees who are eligible, but have declined to take part in the program are listed as well and have signed the "Vaccination Declination Form". (See Appendix A). The completed "Vaccination Declination Forms" [shall be maintained by the employer.] If any employee signs the "Vaccination Declination Form" but at a later date chooses to receive the vaccination, the district will make it available at that time.

Employees who are designated first-aid providers are not mandatorily eligible for pre-exposure vaccination, but may be eligible for vaccination in the event the employee renders assistance during a first-aid incident involving the presence of blood or infectious material. See discussion regarding such vaccination under the section regarding Post Exposure Evaluation and Follow-up.

Designated first aid providers are defined as employees who may run a risk of occupational exposure; however, this risk arises in the context of the performance of a "collateral" duty, and is not performed on a regular basis.

IV. METHODS OF COMPLIANCE

There are a number of areas that must be addressed in order to effectively minimize exposure to blood borne pathogens in our district. These include:

A. Universal precautions

Universal precautions are an approach to infection control. According to the concept of universal pre-cautions, all human blood and body fluids are treated as if known to be infectious.

In the school setting, precautions shall include: hand washing, using gloves and other appropriate protective equipment, careful trash disposal and using an Environmental Protection Agency (EPA) approved disinfectant known to kill HBV, HCV and HIV. If injectables are given, use of safety syringes are recommended.

Universal precautions shall be used within the school setting at all times to prevent contact with blood or other potentially infectious materials.

All procedures involving blood or other body fluids shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

B. Engineering and Work Practice Controls

<u>Engineering controls</u> means controls that isolate or re-move the blood borne pathogens hazard from the workplace (e.g., sharps disposal containers). See Section III D on Contaminated Needles and Sharps.

<u>Work practice controls</u> are controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

1. **Hand washing:** Thorough hand washing is the single most effective means in preventing the spread of infectious diseases and should be practiced routinely by all school personnel and taught to students as routine hygienic practices.

All employees shall wash hands and any other skin with soap and water and flush exposed mucous membranes with water immediately, or as soon as practicable, following contact of such body areas with blood or other potentially infectious materials.

Employees shall wash their hands immediately, or as soon as possible after removal of gloves or other personal protective equipment.

How to wash hands:

Wet hands with running water and apply soap from a dispenser. Lather well. You may wish to remove all jewelry from hands and place in a safe location at this time. Wash vigorously for 15 to 20 seconds. Soap suspends easily-removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris.

Rinse well under running water with water draining from wrist to fingertips. Leave water running. Dry hands well with a paper towel and then turn off the faucet with paper towel. Discard the towel in appropriate container. Apply hand cream after frequent hand washing. Use lotion to prevent skin irritation, breakdown and subsequent infection. In some situations, where running water is not available, liquid disinfectant and/or towelettes should be substituted temporarily. (Employees with frequent exposure to body fluids should `not wear hand jewelry in the workplace.)

2. Hand washing facilities: Hand washing facilities or antiseptic solutions and/or towelettes (to be used as an immediate but temporary measure in places where hand washing facilities are not available) will be readily accessible. Hand washing facility means a facility providing an adequate supply of running potable water, soap and single-use towels or hot air drying machines.

C. Personal Protective Equipment

Personal protective equipment is specialized clothing or equipment worn or used by an employee for protection against a hazard (e.g., gloves, eye protection, etc.).

All personal protective equipment used in Rescue Union School District to provide a barrier against blood borne pathogens will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes.

All personal protective equipment will be inspected periodically and repaired or replaced as needed to maintain its effectiveness. Employees shall be responsible for notifying there principals or managers of the need for repair or replacement of such materials.

Reusable personal protective equipment will be cleaned, laundered and decontaminated as needed at no cost to the employees. Personal protective equipment that cannot, for whatever reason, be decontaminated will be disposed of in accordance with biohazard rules and regulations. See Section G. Waste Disposal. Any garments penetrated by blood or other infectious materials will be removed immediately, or as soon as practicable. All potentially contaminated personal protective equipment will be re-moved prior to leaving a work area. Glasses, reusable gloves and barrier masks shall be decontaminated by the user by soaking in an EPA registered germicide or a fresh solution of one (1) part bleach to ten (10) parts water for at least five (5) minutes (if bleach is used, it must be mixed fresh daily).

<u>Disposable (single-use) latex gloves</u> should be used when contact with blood or body fluids is anticipated (such as a bloody nose). Gloves will be standard components of first-aid supplies in the schools so that they are readily accessible for emergencies and regular care given in school health offices, cafeterias, and athletic training rooms. Gloves shall also be used during decontamination procedures. In some instances, use of latex free gloves may be appropriate. (See Section IV.G Housekeeping for more information on decontamination.)

- Disposable (single-use) gloves shall be replaced as soon as practical when contaminated, torn, punctured or unable to function as a barrier. They shall not be washed or decontaminated for re-use.
- Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, deteriorated or when their ability to function as a barrier is com-promised.

D. Contaminated Needles and Sharps

Broken glassware or other sharps, which may be contaminated shall not be picked up directly with the hands but shall be picked up by utilizing any mechanical means, such as a broom, dustpan or tongs. Gloves should be worn during this procedure.

Contaminated sharps shall NOT be recapped, broken or bent and should be discarded immediately into easily accessible containers that are closable, puncture resistant, leak proof on sides and bottom and properly labeled.

Containers should be located as close as possible to the immediate area where sharps are used (e.g., health room, science classroom, etc.), replaced immediately when full and shall not be allowed to overfill. Full sharps containers may not be stored more than 7 days.

When moving containers of contaminated sharps from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spilling or protrusion of contents. The primary container must be placed in a secondary container if leakage is possible. The secondary container must be a container, which is closable, leak-proof, red and appropriately labeled (e.g., a red, labeled plastic bag).

The disposable sharps container ordered from **Sharps Compliance**, **Inc.** shall be sent back to the company for proper disposal. A backup sharps container shall be available at all times.

Note: Sharps waste is regulated under California's Medical Waste Management Act. Insert your district's method of disposal above. Alternatives for disposal of sharps waste include:

- Using a biohazardous mailing system
- Using a registered waste hauler

Before contaminated sharps can be transported by a non-registered hauler, an approved limited quantity exemption must be obtained from the local enforcement agency. For more information, contact the State Department of Health Services, Environmental Management Branch office at (916) 558-1784, or your county environmental health office.

E. Waste Disposal

Disposal of contaminated sharps and other "regulated waste" must be in accordance with the Medical Waste Management Act ("Act"). (Health & Saf. Code, sec. 25015, and following.) Cal-OSHA defines "regulated waste" as liquid or semi-liquid blood or other potentially infectious

materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Medical waste under the Act consists of (see Appendix F for summary of the Act):

- 1. Biohazardous waste and
- 2. Sharps waste

Biohazardous waste is not normally found in the school setting. Biohazardous waste includes waste, which contains recognizable fluid blood. In the event of unusual circumstances, the regulated waste must be double bagged in leak proof, appropriately labeled (see Appendix A for sample biohazard labels), color coded red, plastic bags tied and trans-ported in accordance with all applicable state and local regulations.

<u>Sharps waste</u> includes any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including:

- Hypodermic needles, syringes, blades, and needles with attached tubing;
- Broken glass items contaminated with medical waste.

Non-regulated waste may be disposed of as regular trash and includes the following:

• Waste such as disposables containing non-fluid blood (dressing, gauze cotton rolls, towels, rags, etc., with small amounts of dried blood or other body fluids). Please note that feminine hygiene products, Band-Aids or dressings with small amounts of dried blood are NOT considered to be medical wastes.

All waste baskets should be lined with disposable plastic bags. It is important to note that if a contaminated item such as a Band-Aid or a small dressing contains dried blood, it may be disposed of as regular trash.

F. Work Area Restrictions

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where occupational exposure may be expected.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other body fluids are present.

G. Housekeeping Practices

Decontamination: Gloves shall be worn during decontamination procedures. All contaminated work surfaces will be decontaminated after completion of associated tasks/procedures, immediately or as soon as feasible after any spill of blood or other

potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning. Contaminated furniture, toys, educational materials/equipment shall be decontaminated with an EPA registered germicide or a solution of one (1) part bleach to ten (10) parts water.

Equipment/tools which have become contaminated with blood or other potentially infectious materials shall be decontaminated by using an EPA registered germicide or a 1/10 bleach/water solution prepared daily. Equipment which becomes contaminated will be examined prior to reuse, servicing or shipping, and decontaminated as necessary.

The school district shall assure that the work site is maintained in a clean and sanitary condition and shall determine and implement an appropriate cleaning schedule for rooms where body fluids are present. Schedules shall be as frequent as necessary depending on the area of the school, the type of surface to be cleaned, and the amount and type of soil present.

Custodial and maintenance staff shall wear appropriate personal protective equipment, including general-purpose utility gloves during cleanup of blood or other potentially infectious materials.

All blood and body fluid spills shall be immediately contained and as soon as practicable cleaned up by appropriately trained staff who are equipped to work with potentially infectious materials.

Initial clean-up of blood or other potentially infectious materials from all surfaces including sinks, work areas, equipment, floors, car/bus seats, etc., should be followed with the use of an appropriate disinfectant.

All waste baskets should be lined with a disposable plastic bag. In areas where blood is present, physical care is provided or personal care occurs (e.g., health office, restrooms, locker rooms, science classrooms, etc.), disposable plastic bags should be replaced daily.

H. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials (e.g., athletic uniforms and towels) should be handled as little as possible and with a minimum of agitation. Contaminated laundry should be bagged at the location of use in a biohazard labeled or color coded red, leak-proof bag. Contaminated laundry should not be sorted or rinsed in the location of use.

If laundry facilities are available and the contaminated laundry is to be laundered at school, the bag will be transported to the site where laundry is done. Universal precautions will be used at all times.

Each of these areas will be reviewed with employees during blood borne pathogens related training (see Section VII <u>Information and Training</u> in this plan for additional information).

I. Labels and Signs

One of the most obvious warnings of possible exposure to blood borne pathogens are biohazard labels. Because of this, the district will implement a bio-hazard warning labeling program using labels of the type shown in Appendix A or when appropriate, using red "color-coded" containers.

The following items shall be properly labeled:

- Containers of regulated waste. (see Section III G on Waste Disposal).
- Sharps disposal containers.
- Contaminated laundry bags and containers
- Contaminated equipment. (e.g., athletic equipment, shop equipment)

V. FIRST AID INCIDENTS INVOLVING THE PRESENCE OF BLOOD OR INFECTIOUS MATERIAL.

Designated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether an actual exposure incident has occurred, have a duty to report such an incident before the end of the work shift during which the first aid incident occurred. The report must contain the information required of employees involved in occupational exposure incidents, as provided below. The report is used in determining whether the employee has been involved in an occupational exposure incident, and the types of prophylaxis and follow-up treatment required in light of the incident. The report shall be recorded on a list of such first aid incidents, which shall be made available to all employees upon request.

Following a first aid incident involving the presence of blood or infectious material, the Hepatitis B vaccination will be made available to the first aid providers who rendered assistance during the incident within 24 hours, regardless of whether an exposure incident occurred. See section regarding Hepatitis B Vaccination Program.

In the event that it is determined that the first aid incident also constituted an exposure incident, the procedures for post-exposure evaluation and follow-up, discussed below, shall be followed.

VI. <u>POST-EXPOSURE EVALUATION AND FOLLOW-UP.</u>

It is the employee's responsibility to report the occurrence of an occupational exposure incident, before the end of the work day during which the incident occurred. An occupational exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or infectious material, resulting from the performance of an employee's duties.

The employee's report must contain the following information:

1. Name of the first aid provider who rendered assistance or employee who suffered an occupational exposure incident.

- 2. Date and time of the incident.
- 3. A description of the first aid incident, including:
 - a. Whether potentially infectious materials were involved;
 - b. Source of the blood or infectious material;
 - c. Circumstances under which the incident occurred, i.e., accidental, unusual circumstances;
 - d. Description of where the incident occurred;
 - e. Description of the personal protective equipment used.
- 4. Explanation as to whether, in the opinion of the employee, an "occupational exposure" incident occurred.
- 5. The Hepatitis B vaccine was offered to the employee within 24 hours of the incident, whether an exposure occurred or not.

The employee may use the Occupational Exposure Incident Form for preparing such a report, available in Appendix A.

In response to a report of an occupational exposure incident, the district will:

- a. Investigate the circumstances surrounding the expo-sure incident; and
- b. Make immediately available to the employee involved in the occupational exposure incident, a confidential medical evaluation and follow-up, including at least the following elements:
 - i. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 - ii. Identification and documentation of the source individual, if feasible and not prohibited by state or local law.

Following such action, the principal or department manager will seek to obtain the consent of the identified source individual to test that individual's blood to determine the presence of antibodies to the Human Immunodeficiency Virus, Hepatitis B or Hepatitis C Virus. Once consent is obtained, the testing shall be done as soon as is feasible.

The principal or department manager will also seek to obtain the consent of the source individual for subsequent disclosure of the results of the above test by the health care provider and the employer, unless the source individual is already known to be infected. See the Source Individual Consent Form, the Authorization for Disclosure by Health Care Provider form, and the Authorization for Disclosure by School District form in Appendix A. If such consent is obtained, the results of the test will be made available to the exposed employee, accordingly. Districts must document the refusal of the source individual to provide such consent, in order to establish that consent cannot legally be obtained.

If the employee with occupational exposure consents, the district will also arrange to collect and test his or her blood for HBV, HCV and HIV status. In addition, an appointment will be arranged

for the exposed employee with a qualified health care professional to discuss the employee's medical status.

Finally, the employee will be provided with an evaluation of any subsequent reported illnesses, which are related to the occupational exposure incident. The employee will also be provided with appropriate post-exposure prophylaxis and counseling.

Note: Counseling and evaluation of reported illnesses must be offered even where the exposed employee declines to have HBV and HIV serological testing.

District managers will use the "Post-Exposure Report/Checklist" (see Appendix A) to verify that all the steps in the post-exposure process has been taken correctly.

NOTE: Disclosure of confidential medical information is regulated by several statutory provisions, as well as Article I, section 1 of the California Constitution. Among these statutes are: the Confidentiality of Medical Information Act (Civil Code, sec. 56 et seq.), the Information Practices Act (Civil Code, sec. 1798 et seq.), Health and Safety Code sec. 199.21(g), and Education Code section 49076.

Generally, these statutes require specific authorization by the person concerned for the disclosure of personal and confidential medical information by a school district. Unauthorized and/or negligent disclosures of such information may be subject to civil and criminal penalties.

Where consent for disclosure is not given by a source individual, district council should be consulted as to the subsequent course of action.

Confidentiality requirements likewise apply to health care providers. School districts are not entitled to know the results of the test of the source individual's blood. Therefore, consent must also be obtained from the source individual authorizing the disclosure of the test results by the health care provider to the employer. Alternatively, the source individual could consent for the disclosure of such information to the exposed employee alone. Once the health care provider discloses that information to the employer or exposed employee, consent for subsequent disclosure must be obtained by those individuals prior to any further disclosures. See discussion above.

VII. INFORMATION AND TRAINING

All employees who have the potential for exposure to blood borne pathogens will be trained and furnished with as much information as possible on this issue. Employees will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given initial or additional training which their new position requires at the time of their new job assignment.

A. TOPICS

The topics covered in our training program will include but not be limited to:

- An explanation of the symptoms and modes of transmission of blood borne pathogens.
- An explanation of the use and limitations of methods of control that may prevent or reduce exposure including universal precautions, engineering controls, work practices, and personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the HBV vaccine, including its efficacy, safety and the benefits of being vaccinated.
- An explanation of the procedure to follow if a first aid incident involving the presence of blood, or an exposure incident occurs, method of reporting the incident, and the medical follow-up that will be made available.
- An explanation of the signs, labels, tags and/or color coding used to denote biohazards (e.g., contaminated sharps containers).
- An accessible copy of the Cal-OSHA standard and an explanation of its contents. (Cal-OSHA GISO 5193).
- An explanation of the district's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

(See Section VIII RECORD KEEPING for required records).

Note: The training must provide an opportunity for interactive questions and answers with the person conducting the training sessions.

VIII. <u>RECORD KEEPING</u>

A. MEDICAL RECORDS

The district will establish and maintain a medical record on each employee identified in Section II Exposure Determination as having occupational exposure to blood borne pathogens. These records will include the following information:

- 1. Name of the employee.
- 2. Social Security number of the employee.
- 3. A copy of the employee's Hepatitis B Vaccination status or declination form.
 - Dates of any vaccinations
 - Medical Records relative to the employee's ability to receive vaccination.
- 4. Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an employee's expo-sure to blood borne pathogens.
- 5. A copy of the information provided to the consulting healthcare professional as a result of any exposure to blood borne pathogens.
- 6. The employer's copy of the evaluating healthcare professional's written opinion following an exposure to blood borne pathogens.

All medical records will be maintained in a confidential manner and retained for at least the duration of employment plus 30 years.

B. TRAINING RECORDS

Training records shall be maintained for **three years** from the date of training. The following information shall be documented:

- 1. The dates of the training sessions;
- 2. An outline describing the material presented;
- 3. The names and qualifications of persons conducting the training;
- 4. The names and job titles of all persons attending the training sessions.

These records will be kept in each department or school.

EMPLOYEES ELIGIBLE FOR HEPATITIS B VACCINATION

EMPLOYEE	DEPARTMENT	ACCEPTED/		IN F	CULATI RECEIVE	D <mark>N</mark> D	ADMINISTERING HEALTH
		DECLINED	SCHEDULED	#1	#2	#3	CARE PROFESSIONAL

VACCINATION DECLINATION FORM

DATE:

EMPLOYEE NAME:

EMPLOYEE ID #

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

EMPLOYEE SIGNATURE

DATE

DISTRICT REPRESENTATIVE SIGNATURE

DATE

OCCUPATIONAL EXPOSURE INCIDENT REPORT FORM

[This form must be completed by each employee involved in an incident]

Name of Employee Exposed:	
Date of Incident:	Time of Incident:
Location of Incident:	
Potentially Infectious Materi	als Involved:
Туре:	Source:
Circumstances (what was em	ployee doing at time of incident):
How Did Incident Occur? (Ad	cident, equipment malfunction, etc.):
Personal Protective Equipme	nt Being Used:
In Your Opinion, Did An Expo	sure Incident Occur? (i.e., a specific eye, mouth, other mucous
membrane, non-intact skin, o	or parenteral contact with blood or other infectious material.)
YES NO Ple	ase explain:
Date Form Completed:	Employee Signature:
Telephone No.:	Social Security No.:
Employee Address:	
I was offered the HBV vaccir	e:
	(Signature)

POST-EXPOSURE REPORT/CHECKLIST

Use this report as a checklist of POST-EXPOSURE EVALUATION and FOLLOW-UP PROCEDURES.

ΑCTIVITY	COMPLETION DATE
Employee furnished with documentation regarding exposure incident.	
Source individual identified.	
Name of source individual:	
Source individual's blood tested and results given to exposed employee.	
Check here if consent has not been able to be obtained.	
Exposed employee's blood collected and tested.	
Appointment arranged for employee with health care professional.	
Professional's name:	
Documentation forwarded to health care professional:	
Bloodborne Pathogens Standard	
Description of exposed employee's duties	
Description of exposure incident, including routes of exposure	
Result of source individual's blood testing	
Employee's medical records	

HEPATITIS B VACCINATION STATUS FORM

IS THERE A MEDICAL REASON FOR EMPLOYEE NOT RECEIVING VACCINE: Yes _____ No _____

Explanation if YES:

HEPATITIS B VACCINATION RECORD

#1:	#2:
Date	Date
#3.	#4.
#3 Date	Date
#5:	Data
	Date
ANTIBODY TEST RESULTS:	Date:

RISK OF EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS EXPOSURE DETERMINATION WORKSHEET

Work Site: ______ Employee Position Classification: Tasks and Procedures: _____ Exposure Risk (Indicate if risk is routine or occasional): ______ Additional Comments regarding potential risks: ______ Supervisor Signature: _____ Date: Employee Signature: Date:

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS
RECORD OF BLOODBORNE PATHOGENS EXPOSURE AND TREATMENT

Exposed Employee's Name:	
Employee's Social Security Number:	Date Exposed:
(Attach Supervisor's Investigation Report Form)	
Name of Exposure Source:	
Department:	
Description of Exposure:	

I (do) (do not) request to be evaluated and tested for HIV/HBV/HCV by a physician designated by Rescue Union School District. I understand that the testing is not mandatory and that all expenses for the testing will be paid by Rescue Union School District. Following the initial HIV/HBV/HCV test, additional testing will be scheduled at 6 weeks, 12 weeks and 6 months to determine if a Blood borne Pathogen has been transmitted. I understand that I will be provided the test results, counseled by a physician designated by Rescue Union School District and that all information regarding the exposure, HIV/HBV/HCV testing and test results will remain confidential.

Employee Signature: _____

|--|

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS BLOODBORNE PATHOGENS TRAINING DOCUMENTATION

Name: _____

Job Title: ______ Social Security Number: ______

Trainer: ______

I have received training on the Rescue Union School District Exposure Control Plan for Blood borne Pathogens. The contents on this training included:

- An accessible copy of the standard and an explanation of its contents
- Explanation of the epidemiology and symptoms of blood borne diseases
- Modes of transmission of blood borne pathogens
- Explanation of exposure control plan and how to obtain a copy
- Recognition of tasks and activities that may involve risk of exposure
- Use and limitation of methods that will reduce or prevent exposure
- Universal precautions
- Engineering controls
- Explanation of signs, warning labels and/or color coded containers or bags
- Work practices
- Housekeeping practices
- Personal protective equipment types, selection, use, location, removal, handling, decontamination, and disposal
- HBV vaccine efficiency, safety, method of administration, benefits and cost
- Procedures to follow if an exposure occurs reporting and medical follow-up
- Post exposure evaluation and follow-up

Trainer Signature:	Date:
Employee Signature:	Date:

SOURCE INDIVIDUAL CONSENT FORM

l,	, have been identified as the source of	blood or bodily
fluid involved in an occupational exposure	e incident at	, on
, 20		
Pursuant to Cal/OSHA regulations governi	ing blood borne pathogens, and the Exposur	e Control Plan
enacted by	(Name of School District.), I have been ree	quested to
consent to the testing of my blood to dete	ect the presence of antibodies to the Human	I
Immunodeficiency Virus (HIV), Hepatitis B	3 Virus (HBV) and the Hepatitis C Virus (HCV).	
Accordingly,		
I refuse to grant my consent for su	ich testing.	
I grant my consent for the testing	of my blood and/or bodily fluid in order to as	scertain
whether the HIV virus, Hepatitis B virus, o	r Hepatitis C virus is present. My consent is	hereby given
voluntarily of my own free will. My conse	ent has not been obtained through duress, co	percion or
pressure.		
Signature:	Date:	
Printed Name:		
Parent/Guardian's Signature if Minor:	Date:	
Parent/Guardian's Printed Name if Minor	:	

AUTHORIZATION FOR DISCLOSURE BY HEALTH CARE PROVIDER OF THE RESULTS OF THE SOURCE INDIVIDUAL BLOOD TEST

 This authorization for use or disclosure of the results of a blood test to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and the Hepatitis C Virus (HCV) is being requested of you to comply with the provisions of the Confidentiality of Medical Information Act, Civil Code section 56 et seq., and the Health and Safety Code section 199.21(g).

2.	I,, hereby authorize		to furnish
		(Name of Health Care Provider)	

to: ________ and/ or _______ (Name or Title of Designated Representative of School District) (Name of Employee Involved in Occupational Exposure Incident) the results of the blood test to detect the presence of HIV, HBV and HCV antibodies.

- 3. The requestor may use this information for any purpose, subject only to the following limitations:
- 4. This authorization shall become effective immediately and shall remain in effect indefinitely, or until ______, 20___.
- 5. I understand that the person(s) identified above, receiving the information identified above, may not further use or disclose the medical information unless another authorization is obtained from me, or unless such use or disclosure is specifically required or permitted by law.
- 6. I understand that I am entitled to a copy of this authorization upon my request.

Signature:	Date:
Printed Name:	
Parent/Guardian's Signature if Minor:	Date:
Parent/Guardian's Printed Name if Minor:	

APPENDIX A

AUTHORIZATION FOR DISCLOSURE BY SCHOOL DISTRICT OF THE RESULTS OF THE SOURCE INDIVIDUAL BLOOD TEST

 This authorization and consent for use or disclosure of the results of a blood test to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV) is being requested of you to comply with the terms of the Confidentiality of Medical Information Act, Civil Code section 56 et seq., the Information Practices Act, Civil Code section 1798 et seq., Health and Safety Code section 199.21(g), Education Code section 49076, where applicable, and Article I, section 1 of the California Constitution.

2. I,	, hereby authorize
	(Title or Name of Designated Representative of School District
	to Which Disclosure of Medical Information was made.)
to furnish to:	

(Name or Title of Person to Receive Information)

the results of my blood test to determine the presence of HIV antibodies or the Hepatitis B Virus.

- 3. The person(s) receiving this information may use the information for any purpose, subject only to the following limitations:
- 4. This authorization and consent shall become effective immediately, and shall remain in effect indefinitely, or until ______, 20__.
- 5. I understand the person(s) identified above, receiving the information identified above, may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.
- 6. I further understand that I have a right to receive a copy of this authorization upon my request.

Signature:	Date:	
Printed Name:		
Parent/Guardian's Signature if Minor:	Date:	
Parent/Guardian's Printed Name if Minor:		

COUNTY HEALTH OFFICERS*

ALAMEDA COUNTY

Nicholas J. Moss, MD, MPH 1000 Broadway 5th Floor. Oakland, CA 94607 Office: (510) 267-3200 Fax: (510) 268-2140

EL DORADO COUNTY

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YOLO COUNTY

Aimee Sisson, MD, MPH 137 N. Cottonwood St., Suite 2200 Woodland, CA 95695 Office: (916) 666-8765 Fax: (916) 666-1283

APPENDIX B

EXAMPLE LETTER FROM DISTRICT ADMINISTRATION TO EMPLOYEES

MEMORANDUM

DATE:

TO:

FROM:

RE: PRECAUTIONS TO PREVENT THE SPREAD OF INFECTIOUS DISEASES IN THE SCHOOL SETTING

Health and Safety Code Section 199.82 requires school districts to provide annual information to all employees about general precautions school staff members can take to prevent the spread of ALL infectious diseases, with specific suggestions about HIV/AIDS and Hepatitis B infections.

Spread of Hepatitis B may occasionally occur in special education settings and classrooms attended by students who become Hepatitis B carriers while in the hospital or residential facilities. The risk of Hepatitis transmission in all classroom settings can be almost eliminated by good environmental and personal hygiene (Universal Precautions). A vaccine to prevent contraction of Hepatitis B is available through______. Such vaccination of susceptible personnel and students can substantially reduce the risk of contraction of Hepatitis B.

Attached to this memorandum are guidelines for you to read. Because your continued good health is a concern to the district, it is recommended you incorporate the attached Universal Precautions into your daily routine.

Questions relating to Infectious Diseases should be directed to your personal physician or the County Health Department.

ATTACHMENT TO THE EXAMPLE LETTER FROM DISTRICT ADMINISTRATION TO EMPLOYEES

PRECAUTIONS TO PREVENT SPREAD OF INFECTIOUS DISEASES IN THE SCHOOL SETTING

The California Department of Education and the National Center for Disease Control (CDC) recommend that schools implement procedures regarding the handling of body fluids. THE BODY FLUIDS OF ALL PERSONS SHOULD BE REGARDED AS POTENTIALLY INFECTIOUS. The term Dody fluids includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (*such as nasal drainage) and saliva.

UNIVERSAL PRECAUTIONS

UNIVERSAL PRECAUTIONS are precautions used in all situations and not limited to use with individuals known to be carrying a specific virus such as HIV or the virus causing Hepatitis B. In the school setting, those precautions should include: hand washing, using gloves, careful trash disposal, using disinfectants, and modification of cardiopulmonary resuscitation (CPR).

HAND WASHING

- 1. Thorough hand washing is the single most important factor in preventing the spread of infectious diseases and should be practiced routinely by all school personnel and taught to students as routine hygienic practice.
- 2. All staff should wash their hands in the following circumstances:
 - Before handling food, drinking, eating or smoking.
 - After toileting.
 - After contact with body fluids or items soiled with body fluids.
 - After touching or caring for students, especially those with nose, mouth, or other discharge.
- 3. Scheduling time for students to wash hands before eating is suggested to encourage the practice.
- 4. How to wash hands: Wet hands with running water and apply soap from dispenser. Lather well and wash vigorously for 15 to 20 seconds. Soap suspends easily-removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse well under running water with water draining from wrist to fingertips. Leave water running. Dry hands well with a paper towel and then turn off the faucet with the paper towel. Discard the towel.
- 5. Classroom instruction about proper hand washing can be integrated into health instruction at all grade levels.

FIRST AID INVOLVING BODY FLUIDS AND CPR

- Avoid direct skin contact with body fluids. If direct skin contact occurs, hands and other affected skin areas should be washed with soap and water immediately after contact has ended. To the extent practicable, use running water, liquid soap and disposable gauze, towels or tissues.
- 2. Disposable single use gloves should be used when contact with body fluids is anticipated (such as with a bloody nose, diapering). Gloves should be standard components of first-aid supplies in the schools so that they are readily accessible for emergencies and regular care given in school health offices, cafeterias, and athletic training rooms.
- 3. Any soiled clothing should be placed in a separate bag, sealed and placed in a plastic bag labeled with the student's name. Send the bag home with the student.

TRASH DISPOSAL

- 1. Place soiled tissues, pads with gauze bandages, towels, etc., into a plastic bag and tie or seal the bag. Place it in a second plastic bag and leave unsealed.
- If needles, syringes, or lancets are used in the school setting, arrange for a puncture-proof container. Please discourage using lancets in the classroom. Place intact needles and syringes in the designated container. Do not bend or break needles. Do not recap needles. Contact your local Health Department for directions about disposal of contaminated materials.

USING DISINFECTANTS

- 1. Environmental surfaces contaminated with body fluids should be cleaned promptly with disposable towels and approved disinfectant. Disposable gloves should be worn. Disposable items should be discarded in a plastic-lined wastebasket. Mop solution used to clean up body fluid spills should consist of the approved disinfectant. Used mops should be soaked in this solution 30 minutes and rinsed thoroughly before reusing.
- 2. After clean-up, remove gloves and wash hands.
- 3. If carpet is soiled, clean up immediately and disinfect with approved disinfectant.

WHAT IS HIV/AIDS INFECTION?

AIDS (Acquired Immune Deficiency Syndrome) is the advanced stage of HIV (Human Immunodeficiency Virus) infection. The virus attacks the body's immune system, leaving it vulnerable to life-threatening opportunistic infections and malignancies. The virus also may directly attack the central nervous system. Persons infected with HIV frequently have no apparent symptoms and usually appear to be in good health. More than half of the persons in the United States who have been diagnosed to have AIDS (the advanced stage of HIV infection) have died.

HOW IS HIV INFECTION SPREAD?

The possibility that HIV/AIDS will be transmitted in schools, the workplace and other public gatherings is remote. HIV/AIDS infection is not transmitted from one person to another though everyday activities. You will not get AIDS by being around or working with a person who is infected or by having ordinary daily contact with an HIV infected person.

Everyone infected with HIV, even a person without apparent symptoms, is capable of transmitting the infection. HIV infection is transmitted by:

- 1. Any sexual activity involving director contact with semen, blood or vaginal secretion of someone who is infected;
- 2. Sharing intravenous (IV) needles and/or syringes with someone who is infected;
- 3. Penetrating the skin with needles that have been used to inject an infected person;
- 4. Direct contact on broken skin with infected blood;
- 5. Receiving blood transfusion or blood products from someone who is infected (a screening test has been used since 1985 that has reduced the risk to 1 in 68,000 in California [AIDS Update, December 1988]; and
- 6. Being born to an infected mother.
WHAT IS HEPATITIS B?

Hepatitis B is an infection of the liver caused by a virus present in blood and other body fluids of infected persons. Less than 50 percent of persons who become infected show symptoms of illness. The symptoms are like those of Hepatitis A and include fatigue, mild fever, muscle or joint aches, nausea, vomiting, loss of appetite and abdominal pain. In some patients the urine turns dark and the skin becomes yellow. The onset of symptoms may appear 6 weeks to 6 months after becoming infected with the virus. Death is un-common in Hepatitis B, but 5 to 10 percent of those infected become long term virus carriers. Up to 25 percent of carriers may develop serious, chronic liver disease.

Hepatitis B may occasionally occur in special education settings and classrooms attended by developmentally delayed students who became Hepatitis B carriers while in the hospital or residential facilities. The risk of Hepatitis transmission in these special education classroom settings can be almost eliminated by good environmental and personal hygiene (Universal Precautions). Hepatitis B vaccination of susceptible personnel and students can reduce the risk to virtually zero.

HOW IS HEPATITIS B SPREAD?

An infected person can transmit Hepatitis B as long as the virus remains in the blood. Transmission may occur as early as 4 weeks before any symptoms occur. A small number of people will carry the virus in their blood for years and are known as chronic carriers. Hepatitis B is transmitted by:

- 1. Sexual activity involving semen, blood, or vaginal secretions;
- 2. Sharing with someone who is infected, unsterile instruments used to penetrate the skin such as those used for tattooing, ear piercing, and razors.
- 3. Sharing intravenous (IV) needles and/or syringes with someone who is infected;
- 4. Direct contact of infected blood with mucous membranes of the eye or mouth;
- 5. Direct contact of infected blood with broken skin (e.g. cuts);
- 6. Accidental needle sticks with needles containing blood from a virus carrier;
- 7. Being born to an infected mother.

Bloodborne Pathogens New Employee In-Service

Date:

Location:

Sign In

PLEASE PRINT

Name	Job Classification	Site

Blood borne Pathogens In-Service Evaluation Form

Name (optional) :_____ Date: _____

1. What part of the presentation was most helpful to you?

2. What part was the least helpful to you?

3. What suggestions do you have for the presenter to make this an even better in-service in the future?

4. Was there time for your questions to be answered? Yes No

Comments:

Blood borne Pathogens HIV/AIDS and Hepatitis B (HBV) Self Test

- 1. True False AIDS is a disease of gay and bisexual men only.
- 2. True False The Hepatitis B Virus is easily treated and cured.
- 3. True False HIV and HBV may be present in body fluids other than blood.
- 4. True False Anyone infected with HIV and HBV can transmit these viruses to others.
- 5. True False There is currently little chance of a person being infected with HIV or HBV through a blood transfusion in the United States.
- 6. True False Latex gloves and other personal protective equipment only needs to be worn to clean up bloody fluid if the person who is bleeding is known to be HIV or HBV infected.
- 7. True False Tests are currently available to determine if a person has been infected with HIV or HBV.
- 8. True False People infected with HIV or HBV always show some signs of illness.
- 9. True False HIV attacks the immune system.
- 10. True False Every time latex or utility gloves are removed; hands must be washed.
- 11. True False Broken glass and the exposed ends of dental wires are considered sharps.
- 12. True False Contaminated environmental surfaces are a major mode of HIV spread certain settings.
- 13. True False A 27 year- old person diagnosed with AIDS could have been infected with HIV while in high school.
- 14. True False HIV can cause many long lasting symptoms such as unexplained weight loss, swollen glands, and constant fatigue.
- 15. True False You can get HIV or HBV by donating (giving) blood.
- 16. True False The proper way to dispose of blood soaked bandages is put them into the regular trash.
- 17. True False Universal Precautions means treating the blood and body fluids of anyone aged 18 to 65 as if they were known to be infected with HIV, HBV, or other blood borne pathogens.

Blood borne Pathogens HIV/AIDS and Hepatitis B (HBV) Self Test - Answer Key

- 1. True **False** AIDS is a disease of gay and bisexual men only.
- 2. True **False** The Hepatitis B Virus is easily treated and cured.
- 3. **True** False HIV and HBV may be present in body fluids other than blood.
- 4. **True** False Anyone infected with HIV and HBV can transmit these viruses to others.
- 5. **True** False There is currently little chance of a person being infected with HIV or HBV through a blood transfusion in the United States.
- 6. True **False** Latex gloves and other personal protective equipment only needs to be worn to clean up bloody fluid if the person who is bleeding is known to be HIV or HBV infected.
- 7. **True** False Tests are currently available to determine if a person has been infected with HIV or HBV.
- 8. True False People infected with HIV or HBV always show some signs of illness.
- 9. **True** False HIV attacks the immune system.
- 10. **True** False Every time latex or utility gloves are removed; hands must be washed.
- 11. **True** False Broken glass and the exposed ends of dental wires are considered sharps.
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- 15. True **False** You can get HIV or HBV by donating (giving) blood.
- 16. True **False** The proper way to dispose of blood soaked bandages is put them into the regular trash.
- 17. True **False** Universal Precautions means treating the blood and body fluids of anyone aged 18 to 65 as if they were known to be infected with HIV, HBV, or other blood borne pathogens.



Rescue Union School District Hazardous Communication Plan

January 2023

District address: 2390 Bass Lake Road, Rescue, CA 95672

Hazard Communication contact: Lisa Donaldson, Assist. Superintendent of Business Services

Hazard Communication Elements

To enhance our employees' health and safety, our district has developed, implemented and maintains a hazard communication program as required by the Hazard Communication Regulations (Title 8, CCR 5194). The Hazard Communication contact listed above has full authority and responsibility for implementing and maintaining this program. We provide information about the hazardous substances in our workplace, the associated hazards, and the control of these hazards through a comprehensive hazard communication program that includes the elements listed below.

1. List of hazardous substances

This plan will include a current inventory list of all known hazardous substances present in our workplace. Specific information on each noted hazardous substance can be obtained by reviewing the Safety Data Sheet (SDS).

2. Proposition 65 list of chemicals

The Hazard Communication contact is responsible for obtaining updates of Proposition 65 listed chemicals and providing information to affected employees. In the case of newly added chemicals to the Proposition 65 list, warning requirements take effect 12 months from the date of listing.

3. Safety Data Sheets (SDS)

The Hazard Communication contact is responsible for obtaining the SDSs, reviewing them for completeness, and maintaining the data sheet system for our district/school. In the review of incoming data sheets, if new and significant health/safety information becomes available, this new information is passed on

immediately to the affected employees by additional training sessions, posting of memos and other means of communication.

Legible SDS copies for all hazardous substances to which employees of this district/school may be exposed are kept in Google Shared Drive and on the Rescue Union School District Intranet (http://staff.rescueusd.org). SDSs are readily available for review to all employees in their work area and during each work shift. If SDSs are missing or new hazardous substance(s) in use do not have SDSs, or if a SDS is obviously incomplete, please contact the Hazard Communication contact listed above immediately and a new SDS will be requested from the manufacturer. If we are unable to obtain the SDS from the vendor within 25 calendar days of the request, we will either call our local Cal/OSHA compliance office or write to:

Division of Occupational Safety and Health Deputy Chief of Health and Engineering Services P.O. Box 420603 San Francisco, Ca 94142-0603

{If our district uses alternatives other than paper SDS (i.e. computer programs), employees will have access and will be trained on how to retrieve and print legible hard copies as needed. Our backup system, in the event of electronic failure, will require employees to request paper SDS by telephone.}

4. Labels and Other Forms of Warning

Before hazardous substance containers are released to the work area, it is the policy of our district that the Hazard Communication contact will verify that all primary and secondary containers are labeled as follows:

Label Information	Primary Container	Secondary Container
Identity of the hazardous substance(s)	Х	Х
Applicable hazard and precautionary statements	Х	Х
Applicable signal word	Х	Х
Applicable hazard symbols/pictograms	Х	Х
Name and address of the manufacturer	Х	

To address exposures to Proposition 65 chemicals, the Hazard Communication contact will provide clear and reasonable warnings to individuals prior to exposure by means of posting signs conspicuously, labeling consumer products, and training employees.

If applicable, the Hazard Communication contact will arrange for labels, signs and other warnings to be printed in other languages.

Employee Information and Training

Employees are to attend a health and safety training session set up by the Hazard Communication contact prior to starting work. This training session will provide information on the following:

- The requirements of the hazard communication regulation, including the employees' rights under the regulation.
- The location and availability of the written hazard communication program.
- Any operation in their work area, including non-routine tasks, where hazardous substances or Proposition 65 carcinogens/reproductive toxins are present and exposures are likely to occur.
- Methods and observation techniques used to determine the presence or release of hazardous substances in the work area.
- Protective practices the district has taken to minimize or prevent exposures to these substances.
- How to read labels and review SDSs to obtain hazard information.
- Physical and health effects of the hazardous substances.
- Symptoms of overexposure.
- Measures employees need to put into practice to reduce or prevent exposure to these hazardous substances by engineering controls, work practices and use of personal protective equipment. Emergency and first-aid procedures to follow if employees are exposed to hazardous substances.
- The location and interpretation, if needed, of warning signs or placards to communicate that a chemical known to cause cancer or reproductive toxicity is used in the workplace.

Employees will receive additional training when a new hazard is introduced into the workplace.

5. Hazardous Non-routine Tasks

In the event our employees are required to perform hazardous non-routine tasks, affected employees will be given information by their supervisor on hazards to which they may be exposed prior to starting on the project.

This information will cover:

- Specific hazards
- Measures the district has taken to reduce the risk of these hazards, such as providing ventilation, ensuring the presence of another employee, providing a respiratory protection program, and establishing emergency procedures.

• Required protective/safety measures.

Sample Non-Routine Task	Hazardous Substance

Examples of non-routine tasks performed by employees of our district may include:

6. Labeled/Unlabeled Pipes {if applicable}

Above-ground pipes transporting hazardous substance (gases, vapors, liquids, semi-liquids or plastics) shall be identified in accordance with Title 8, CCR Section 3321, "Identification of Piping."

Other above-ground pipes that do not contain hazardous substances but may have associated hazards if disturbed or cut (e.g. steam lines, oxygen lines) shall be addressed as follows:

Before employees enter the area and initiate work, the Hazard Communication contact will inform them of:

- The location of the pipe or piping system or other know safety hazard
- The substance in the pipe
- Potential hazards
- Safety precautions

7. Informing Contractors

To ensure that outside contractors work safely at our site and to protect our employees from chemicals used by outside contractors, the Hazard Communication contact is responsible for giving and receiving the following information from contractors:

- Hazardous substances, including Proposition 65 chemicals, to which they may be exposed while on the job site as well as substances they will be bringing into the workplace. To this end, we will provide contractors with information on our labeling system and access to SDSs.
- Precautions and protective measures the employees may take to minimize the possibility of exposure.

If anyone has questions about this plan, please contact the Hazard Communication contact. Our plan will be maintained by the Hazard Communication contact to ensure that the policies are carried out and the plan is effective.

{SAMPLE}

Hazardous Substance Inventory

Hazardous Substance	Operation/ Work Area	MSDS
{Acetone}	{Maintenance Shop}	{Complete}

Hazardous Communication Training		
Training date:		
J		
Topic:		
Attendees:		
Name (Please print)	Signature:	

Attach copy of agenda and/or handouts



Rescue Union School District Heat Illness Prevention Plan

January 2023

District address: 2390 Bass Lake Road, Rescue, CA 95672

Heat Illness Prevention contact: Lisa Donaldson, Assistant Superintendent of Business Services

Heat Illness Prevention Elements

Heat illness results when the body's internal temperature system is overworked. These procedures are designed to assist the district in reducing the risk of heat related illnesses and to ensure that emergency assistance is provided without delay.

The elements reflected within this Heat Illness Prevention Plan are those contained in Title 8 of the California Code of Regulations, Section 3395 (T8 CCR 3395) and consist of the following:

- * Procedures or the provision of water and access to shade;
- * High heat procedures;
- * Emergency response procedures;
- * Acclimatization methods and procedures;
- * Training.

Provision of Water (c)

Water is a key preventive measure to minimize the risk of heat related illnesses.

According to regulation 3395 (c), employees shall have access to potable drinking water (meeting the requirements of Sections 1524, 3363, and 3457, as applicable), including but not limited to the requirements that it be fresh, pure, suitably cold and provided to employees free of charge. The water shall be located as close as practicable to the areas where employees are working. Where the supply of water is not plumbed or otherwise continuously supplied, water shall be provided in sufficient quantity

at the beginning of the work shift to provide one quart per employee per hour for drinking for the entire shift. Smaller quantities of water are allowed if effective procedures for replenishment during the shift are established to allow employees to drink one quart or more per hour. <u>The frequent drinking of water</u> <u>shall be encouraged</u>.

To ensure access to sufficient quantities of potable drinking water and to encourage the frequent drinking of potable water, the following steps will be taken:

- Supervisor will provide repeated reminders to employees to drink frequently and more water breaks will be provided.
- Working water fountains will be available and within close proximity at most job sites.
- Where water fountains are not easily accessible, the district will provide water bottles.
- Purified water dispensers are provided in all school and district staff rooms.

Access to Shade (d)

Access to rest and shade or other cooling measures are important preventive steps to minimize the risk of heat related illnesses.

Shade shall be present when the outside temperature exceeds 80 degrees Fahrenheit in the work area.

Employees suffering from heat illness or believing a preventative recovery period is needed shall be provided access to an area with shade that is either open to the air or provided with ventilation or cooling for a period of no less than five minutes. Such access to shade shall be permitted at all times.

An individual employee who takes a preventative cool-down rest shall be monitored and asked if he or she is experiencing symptoms of heat illness; shall be encouraged to remain in the shade; and shall not be ordered back to work until any signs or symptoms of heat illness have abated. If the employee exhibits signs or reports symptoms of heat illness while taking a preventative cool-down rest, the employer shall provide appropriate first aid or emergency response.

To ensure access to shade and a preventative recovery period at all times, the following steps will be taken:

- During days of anticipated heat, jobs requiring outside exposure will be conducted early in the day. When a modified or shorter work-shift is not possible, more water and rest breaks will be provided.
- Indoor jobs where air conditioning is available will be conducted in the late morning or afternoon when the temperatures are higher.
- Employees will be reminded regularly to take rest breaks in shaded and cooler areas.
- Supervisor will provide umbrellas, canopies or other portable devices for shade within 50 -100 yards of the work activity if other shade is not available.
- Drinking water will be available in shaded areas.

High-Heat Procedures (e)

Because of extreme environmental conditions during a heat wave, employees' physical and mental condition can change rapidly into a serious medical condition. The onset of heat illness may be confused with other problems and may not always be obvious before it becomes life-threatening. Therefore, extra measures may be required to prevent and/or respond to heat illness.

The employer shall implement high-heat procedures when the temperature equals or exceeds 95 degrees Fahrenheit.

- Stay alert to weather make sure to monitor the weather and the specific locations where work
 activities are occurring. Continue to stay updated throughout the work shift on the changing air
 temperatures and other environmental factors. Use current weather information to make the
 appropriate adjustments in work activities throughout the workday.
- Pre-shift meetings will be conducted to review high-heat procedures. Topics may include staying hydrated, taking cool-down rests, identifying the employees who will call for emergency medical services when needed, and discussing how employees will be observed.
- Supervisors or designee will monitor employees for signs and symptoms of heat illness.
- Co-workers will use a "buddy system" to watch each other closely for discomfort or symptoms of heat illness.
- Extra vigilance real time communication and the "buddy system" account for the whereabouts of employees at more frequent intervals throughout the work shift and at the end of the work shift.
- Employees are authorized to call for emergency services if needed.
- Employees, who are required to work alone, will be in regular communication using radio or cell phone in locations where there is adequate coverage.
- Workers who were previously fully acclimatized are at risk for heat illness during a heat wave because during a heat wave, the body does not have enough time to adjust to a sudden, abnormally high temperature or other extreme conditions.
- Additional water consumption encourage employees to drink small quantities of water more frequently and have effective replenishment measures in place for the provision of extra drinking water to ensure that supplies are reliable.
- Additional cooling measures employees may use alternative cooling measures in addition to shade (i.e. air conditioned rooms, spraying themselves with water)
- Additional and/or longer rest breaks –employees may be allowed to take more frequent and longer breaks.
- Changing work scheduling and assignments supervisors may need to put into place one or more of the following additional measures:
 - \circ Start the work shift even earlier in the day or later in the evening.
 - Cut work shifts short or stop work altogether.
 - Reduce the severity of work by scheduling slower paced, less physically demanding work during the hot parts of the day and the heaviest work activities during the cooler parts of the day.

Emergency Response (f)

Emergency medical services will be provided as quickly as possible if an employee suffers heat illness.

If a supervisor observes, or any employee reports, any signs or symptoms of heat illness in any employee, the supervisor shall take immediate action commensurate with the severity of the illness. If the signs or symptoms are indicators of severe heat illness (such as, but not limited to, decreased level of consciousness, staggering, vomiting, disorientation, irrational behavior or convulsions), the employer must implement emergency response procedures.

An employee with signs or symptoms of heat illness will not be left alone or sent home without being offered first aid or provided with medical services.

If employees cannot reach emergency medical services directly (i.e. cell phone coverage is inadequate), the employer shall designate a person who can immediately contact emergency services on behalf of the employees. Employees must be able to contact this person quickly (i.e. by radio) to request emergency services be summoned.

To ensure that emergency medical services are provided without delay, the following steps will be taken:

- Supervisors and co-workers are encouraged never to discount any signs or symptoms they are observing or experiencing and will immediately report them.
- Supervisors will carry cell phones, radios or other means of communication, to ensure that emergency services can be called and check that these are functional at the worksite prior to each shift.
- In the event of an emergency, supervisor or lead will call 911 and give clear and precise directions to the work site.
- Employees may contact emergency services directly and are not required to contact a supervisor first.
- An employee who may be experiencing heat illness symptoms will be kept cool and comfortable once emergency service responders have been called.

Acclimatization (g)

Acclimatization is a process by which the body adjusts to increased heat exposure. The body needs time to adapt when working in hotter environments

Employees shall be closely observed by a supervisor or designee during a heat wave, where a "heat wave" is any day in which the predicted high temperature for the day will be at least 80 degrees Fahrenheit and at least ten degrees Fahrenheit higher than the average high daily temperature the preceding five days.

An employee who has been newly assigned to a high heat area shall be closely observed by a supervisor or designee for the first 14 days of the employee's employment.

To ensure that employees can acclimatize to the conditions, the following steps will be taken:

- Employees are encouraged to take it easy when a heat wave strikes or when starting a job that newly exposes them to heat.
- Supervisors or designees will closely observe employees during a heat wave, as defined above.
- Supervisors will strive to find alternative tasks that lessen the intensity of employee's work during the heat wave and during the 2-week break-in period of new employees.

Training (h)

Training is critical to help reduce the risk of heat related illnesses and to assist with obtaining emergency assistance without delay. Training will be conducted before work begins that should reasonably be anticipated to result in exposure to the risk of heat illness.

Training in the following topics shall be provided to all supervisory and non-supervisory employees (e) (1):

(A) The environmental and personal risk factors for heat illness;

(B) The employer's procedures for complying with the requirements of this standard including, but not limited to, the employer's responsibility to provide water, shade, cool-down rests, and access to first aid as well as the employees' right to exercise their rights under this standard without retaliation;

(C) The importance of frequent consumption of small quantities of water when the work environment is hot and employees are likely to be sweating more than usual in the performance of their duties;

(D) The concept, importance, and methods of acclimatization pursuant to the employer's procedures under subsection (i)(4).

(E) The different types of heat illness, the common signs and symptoms of heat illness, and appropriate first aid and/or emergency responses to the different types of heat illness, and in addition, that heat illness my progress quickly from mild symptoms and signs to serious and life threatening illness;

(F) The importance to employees of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves, or in co-workers;

(G) The employer's procedures for responding to symptoms of possible heat illness, including how emergency medical services will be provided should they become necessary;

(H) The employer's procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider;

(I) The employer's procedures for ensuring that, in the event of emergency, clear and precise directions to the work site can and will be provided as needed to emergency responders.

Note: T8 CCR 3203(a)(3) requires that communication for employees shall be in a form readily understandable by all affected employees.

(e) (2) Supervisor training: Prior to assignment to supervision of employees working in the heat, training on the following topics shall be provided:

(A) The information required to be provided by section (e) (1) above.

(B) The procedures the supervisor is to follow to implement the applicable provisions in this section.

(C) The procedures the supervisor is to follow when an employee exhibits symptoms consistent with possible heat illness, including emergency response procedures.

To ensure appropriate training, the following steps will be taken:

- Employee training will be conducted as the weather begins to warm and on a weekly/daily basis during the hottest days and heat waves.
- Records of the training will be kept with the Injury and Illness Prevention Program documentation.

To report any concerns regarding our district's heat illness plan contact:

Lisa Donaldson, Assistant Superintendent of Business Services – (530) 672-4803



RESCUE UNION SCHOOL DISTRICT

2022 - 2023

INJURY AND ILLNESS PREVENTION

PROGRAM



Prepared by: Schools Insurance Authority P.O. Box 276710 Sacramento, CA 95827 (916) 364-1281 www.sia-jpa.org

Updated: January 2023

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- D Inspections E Hazard Alert Form

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The Schools Insurance Authority wishes to express its appreciation to all of the district Loss Control Committee representatives and other individuals who contributed to the development of the original IIPP model in 1991. Special acknowledgement goes to Mr. Gary Bolen, Rio Linda USD, Loretta Brown, Rio Linda USD, Ramona Buchannan, Elk Grove USD and Ron Cohea, Industrial Indemnity. Their time and expertise provided a foundation and we are grateful for their contribution.

Preface

The following pages describe a model Injury and Illness Prevention Program (IIPP) which was prepared by the Schools Insurance Authority to assist its member school districts in preparing their own IIPPs. An IIPP must be individually tailored to meet the needs of each specific school district.

While many of the basic concepts of an Injury and Illness Prevention Program have already been implemented in our member school districts, it is important that the program be documented in writing and adopted by Board Policy. It is also important to state assigned responsibilities for implementation of the program. Finally, it is important to document in writing how your district will implement the specific elements of an IIPP, such as safety training, safety meetings, hazard identification, and accident investigation.

Sample board policy statements, safety training rosters, and inspection checklists and other forms included in the Appendix are examples which can be modified to fit your school district.

Introduction

On October 2, 1989, former Governor Deukmejian signed Senate Bill 198 into law. S.B. 198 mandates that all employers establish and maintain a written Injury and Illness Prevention Program. S.B. 198 also required the Cal/OSHA Standards Board to develop regulations. These regulations may be found in Section 3203, Title 8, CCR (General Industry Safety Orders). See Appendix A for a copy of S.B. 198 and Appendix B for a copy of Section 3203, Title 8, CCR.

The Injury and Illness Prevention Program must:

- Be in writing
- Identify the person or persons with authority and responsibility for implementing the program.
- Provide a means for identifying job safety and health hazards.
- Establish routine documented inspections and corrective steps taken to eliminate any hazards discovered.
- Document training of new and current employees (including supervisors) in general safe work practices and specific hazards related to their job assignment.
- Provide a method for assuring compliance with safety requirements, including disciplinary action.
- Provide a method for conducting accident and exposure investigations.
- Describe a system for communicating with employees on safety and health matters that assures employee participation. A management/labor safety and health committee is suggested as a means of meeting this element of the standard.

INJURY AND ILLNESS PREVENTION PROGRAM

I. DISTRICT COMMITMENT TO SAFETY AND HEALTH

A. <u>Safety and Health Policy</u>

The Governing Board believes that all district students and employees have the right to learn and work in a safe, peaceful atmosphere. All members of the school community should be alert to any hazards which may jeopardize the safety of students, employees or the public. Precautionary measures against fire, explosion and other hazards shall be established and vigorously observed. (Board Policy 3514)

B. Objectives of the Injury and Illness Prevention Program.

The District's Injury and Illness Prevention Program is designed to prevent injuries, illnesses and accidents in the workplace. The primary purpose of the program is to ensure the safety and health of the district's employees and to provide a safe and healthful work environment.

C. Location of the Written Injury and Illness Prevention Program.

A copy of the District's written Injury and Illness Prevention Program shall be kept at each site along with documentation of specific elements of the program (i.e., completed inspection checklists, safety training rosters, safety committee meeting minutes, etc.) implemented at that site. A master copy of the Districts' written Injury and Illness Prevention Program shall be kept by the **District Office and a copy in the office at all school sites**. Electronic copies of the IIPP will be accessible to all staff.

D. <u>Responsibilities for Safety and Health</u>

District employees at every level have a special obligation to work safely and maintain a safe and healthful work environment. Safe job performance is an integral part of overall job performance. Each employee is fully responsible for implementing the provisions of this program as it pertains to operations under his/her jurisdiction.

1. Program Administrator - Title 8 California Code of Regulations, Sec. 3203(a)(1)

The person(s) with overall responsibility and authority for implementing the Injury and Illness Prevention Program is (are) listed below:

NAME: Lisa Donaldson

TITLE: Assistant Superintendent of Business Services

PHONE NUMBER: (530) 672-4803

NAME: Brandon Page

TITLE: Facilities Director

PHONE NUMBER: (530) 672-4300

The Program Administrator's duties include, but are not limited to:

- a. Maintaining a safety program that will incorporate the current practices and policies adopted by the safety profession and Cal/OSHA as being most effective in preventing injuries, occupational diseases, vehicular collisions, liabilities, and damage to equipment and material.
- b. Consulting directly with management personnel and employees on loss prevention matters, and provide guidance necessary to assure effective administration of this program.
- c. Periodically evaluating compliance with the program within the district and its school sites. Make periodic inspections of worker compliance with Cal/OSHA standards. He/she should have full authority to stop jobs when safety precautions are not being enforced. The verbal notification to stop a job must be followed by a written report directly to the Superintendent.
- d. Ensuring that managers and supervisors are trained in workplace safety and are familiar with the safety and health hazards to which employees under their immediate direction or control may be exposed, as well as applicable laws, regulations and District safety rules and policies.
- e. Ensuring that employees are trained in accordance with this Program.
- f. Developing methods for abating workplace hazards.
- g. Ensuring that workplace hazards are abated in a timely and effective manner.

The Program Administrator may assign all or some of these tasks to other individuals within the District.

2. Superintendents, Assistant Superintendents

Management, at all levels, has the responsibility to provide employees and students with a safe school and work environment by promoting safe practices and maintaining safe facility conditions. Although personnel exposure varies widely from school site to school site, it is expected that an unrelenting effort will be directed toward controlling injuries, collisions, liabilities and waste of materials at each site. To meet this goal, management will do the best of their knowledge and ability to:

- a. Ensure that the policies and procedures set forth herein are complied with by all personnel under their direction. Ensure adherence to all safety directives and standards.
- b. Provide the leadership and direction necessary for administering school and/or departmental safety policies, such as rules and regulations.

- c. Devote a portion of staff meetings, as necessary, to review departmental accidents and to discuss plans to reduce losses.
- d. Promote safety training and education.
- e. Establish a policy of regular safety inspections of equipment, facilities and crews to ensure the safe operation and protection of District personnel and assets and to follow federal, state and local safety standards and regulations.
- f. Ensure that the District has an effective Hazard Communication Program in place.
- g. Ensure that all accidents are immediately investigated and reported promptly to both Safety Officers:
 Lisa Donaldson (530) 672-4803 and Brandon Page (530) 672-4300
- h. Hold each principal/department head/supervisor fully accountable for an explanation of the preventable injuries, collisions, and liabilities incurred by his/her employees. An excessive number is an indication that some management policies and practices need re-evaluation.

3. Principals, Department Heads, Supervisors

Each Principal/Department Head/Supervisor shall be fully responsible and accountable to the Superintendent/Assistant Superintendent for compliance with the provisions of the program within his/her school site/department. He/she should ensure that:

- a. All personnel are briefed and fully understand work procedures and policies and enforce their use for each job class.
- b. All employees, full-time or part-time, permanent or temporary, are trained upon hire and retrained, when necessary, in the way each job must be accomplished.
- c. All employees are instructed and understand the use and need for protective equipment relating to the job.
- d. Necessary safety equipment and protective devices for each job are available and used properly.
- e. Initiative is taken in recommending correction of deficiencies noted in facilities, work procedures, employee job knowledge, or attitudes that adversely affect district loss control efforts.
- f. Safety meetings are conducted as necessary to review accidents, analyze their causes, and promote a free discussion of hazardous work problems and possible solutions.

- g. All serious accidents are thoroughly investigated, recorded and promptly reported to both Safety Officers:
 Lisa Donaldson (530) 672-4803 and Brandon Page (530) 672-4300
- h. Prompt, corrective action is taken wherever hazards are recognized or unsafe acts are observed. Each principal/department head/supervisor is accountable for the preventable injuries, collisions, and liabilities incurred by his/her employees.
- i. Written documentation is maintained at each site reflecting that each employee is fully trained for the job he/she is assigned to do, that he/she is familiar with the published work rules, and that he/she has received information indicating that compliance is mandatory.
- j. Employees are properly evaluated by indicating to the employees that: Following safe work procedures is required of all district employees; adherence to district safety policies is considered on performance evaluations; failure to comply with safety rules is grounds for disciplinary action.
- k. In-service educational programs are planned at least quarterly for all employees and that documentation is maintained for all educational activities.
- I. Proper safety procedures are prepared and used for all hazardous operations.
- m. All periodic inspections within his/her jurisdiction are completed as scheduled.
- n. Chemical hazards are known to employees, safety data sheets are available and employees are trained on the safe use of such chemicals.

4. Employees

Employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries to themselves and to their fellow workers and to be mentally and physically alert to safety issues. To accomplish this goal, employees will:

- a. Adhere to all safety policies and procedures.
- b. Report potential unsafe conditions to the immediate supervisor.
- c. Keep work areas clean and orderly at all times and use all safeguards and safety equipment.
- d. Wear safety protective devices as necessary (or when instructed to do so).

4. Employees (Continued)

- e. Report injuries immediately and seek immediate medical attention when required.
- f. Learn to lift and handle materials properly.
- g. Cooperate and take part in the District Safety Program, workshops, training, and safety meetings as appropriate.
- h. Operate only machinery or equipment that he/she has been authorized to operate by his/her supervisor.
- i. Use only the prescribed equipment for the job and utilize it properly.

5. Parents

Parents shall be encouraged to:

- a. Teach safety standards to children in the home.
- b. Support district safety requirements for employees and pupils.
- c. Help the school in its hazard correction activities.
- d. Serve on school safety committees when appointed.

II. HAZARD IDENTIFICATION, EVALUATION AND CONTROL (Title 8 CCR, Sec. 3203 (a)(4)

A. Inspections.

1. Purpose

A safety inspection program is essential to disclose unsafe acts or conditions, determine reasons for their existence, and to recommend corrective action.

2. Scheduled Inspections

Inspections of District facilities will be conducted as follows:

District Facility	Frequency	Conducted by
SCHOOL SITES	Annually	District Representative to SIA
PLAYGROUNDS	Check Daily Monthly Report	Lead Custodian Lead Custodian
SPECIAL HAZARD AREAS Science Labs School Shops Maintenance Shop Transportation Shop Gymnasium Auditorium	Check Daily Monthly Report Check immediately prior to use. Monthly written report.	Science Teacher Shop Teacher Lead Maintenance Tech Mechanic Lead Custodian Lead Custodian
Bleachers	Check immediately prior to use. Monthly written report.	Lead Custodian
Athletic Field	Monthly	Lead Custodian/Utility Tech
Cafeteria	Monthly	Lead Custodian
District Office	Semi-Annually	Maint. & Operations Coordinator
Central Kitchen	Semi-Annually	Food Service Director
Automotive Equipment	Check daily by operator. Yearly report by California Highway Patrol for School E	Vehicle Operator

3. Unscheduled Inspections

In addition to scheduled inspections and ongoing review, the Program Administrator will arrange for unscheduled, unannounced inspections. The list of subjects for these inspections will be chosen randomly, but with particular emphasis on:

- General housekeeping
- Storage and handling of hazardous materials
- Use of Personal Protective Equipment
- Proper guarding of equipment and machinery
- Playgrounds/Fitness Courses/Athletic Fields

4. Red Tagging of Unsafe Facilities or Equipment

Facilities and equipment noted to be unsafe for use should be tagged on the spot by the inspector. Personnel who continue to use any item that has been so tagged or who willfully removes the tag before the unsafe condition is corrected shall be subject to disciplinary action up to and including dismissal.

5. Documentation of Inspections

Copies of completed inspection reports should be filed in the Injury and Illness Prevention Program binder at each site and at the District Office. The original should be forwarded to the Maintenance Department with the appropriate work orders.

B. <u>Employee Hazard Reporting Procedure</u>.

Employees should make every effort to correct hazards immediately within their control. Other hazards should be reported immediately to the employee's supervisor. Employees may also use the Employee Hazard Reporting Form to report hazards (anonymously, if they so wish). The form should be submitted to the Maintenance Department.

C. Job Hazard Analysis (JHA)

Each supervisor shall maintain and periodically update a Job Hazard Analysis for the job classifications within his/her jurisdiction. A JHA will focus on the job tasks as a way to identify hazards before they occur. The JHA will be used to train new employees and provide on-going training for existing employees. The applicable JHA shall be maintained in the Injury and Illness Prevention Program binder at each site.

D. Hazard Evaluation and Control

All Inspection Reports should be forwarded to Maintenance and Operations Department with appropriate work orders, if needed. Employee Hazard Reporting Forms should be forwarded to Maintenance and Operations where appropriate work orders will be completed if needed. Any work orders dealing with safety issues will be prioritized according to the seriousness of the hazard and completed in a timely manner.

E. Imminent Hazards

Whenever possible, it is the District's intent to abate immediately any hazard which gives rise to a risk of imminent harm. When such a hazard exists which the District cannot abate immediately without endangering employees and/or property, all exposed personnel will be removed from the area of potential exposure except those necessary to correct the hazardous condition. All employees involved in correcting the hazardous condition will receive appropriate training in how to do so and will be provided with necessary safeguards and personal protective equipment.

III. SAFETY AND HEALTH TRAINING

Awareness of potential health and safety hazards, as well as knowledge of how to control such hazards, is critical to maintaining a safe and healthful work environment and preventing injuries, illnesses, and accidents in the workplace. The District is committed to instructing all employees in safe and healthful work practices. To achieve this goal, the District will provide training to each employee with regard to general safety procedures and with regard to any hazards or safety procedures specific to that employee's work assignment.

A. <u>When Training Will Occur</u>

Training will be provided as follows:

- 1. Upon hiring;
- 2. Whenever an employee is given a new job assignment for which training has not previously been provided;
- 3. Whenever new substances, processes, procedures or equipment which represent a new hazard are introduced into the workplace;
- 4. Whenever the District is made aware of a new or previously unrecognized hazard; and
- 5. Whenever the District, Program Administrator, or Department Manager believes that additional training is necessary.

B. <u>Training of Supervisors</u>

The District will be responsible for providing and developing formal safety training in specific areas for supervisors.

C. <u>Areas of Training</u>

- 1. Hazard Communication, Employee Right-to-Know
- 2. Personal Protective Equipment
- 3. Fire Safety
- 4. Hand Tools and Portable Power Tools
- 5. Machinery and Machine Guarding
- 6. Back Injury Prevention/Proper Lifting Techniques
- 7. Cardiac Pulmonary Resuscitation (CPR) and First Aid
- 8. Office Safety

C. <u>Areas of Training (Continued)</u>

- 9. Defensive Driving
- 10. Accident Investigation for Supervisors
- 11. Forklift Operators Safety Training
- 12. Other programs as necessary

D. <u>Documentation of Training</u>

Documentation of training shall be maintained in writing by completing the Training and Instruction Record Form. A copy of each Training and Instruction Record Form shall be maintained in the Injury and Illness Prevention Program binder at the site and the original forwarded to the Program Administrator.

IV. COMMUNICATION WITH EMPLOYEES ON SAFETY AND HEALTH ISSUES

A. <u>Safety Meetings</u>

Safety meetings will be conducted by department managers quarterly. During these meetings, each manager shall discuss with the employees under his or her direct supervision such issues as:

- 1. New hazards that have been introduced or discovered in the workplace;
- 2. Causes of recent accidents or injuries and the methods adopted by the District to prevent similar incidents in the future; and
- 3. Any health or safety issue deemed by the manager to require reinforcement.

These safety meetings will be documented using the Safety Committee Minutes Form.

B. <u>Anonymous Notification Procedures</u>

The District has a system of anonymous notification whereby employees who wish to inform the District of workplace hazards may do so anonymously by sending a written notification to the Maintenance and Operations Department using the Employee Hazard Report Form. The Maintenance and Operations Department shall investigate all such reports in a prompt and thorough manner.

C. <u>Posters/Signs</u>

The District will distribute in a timely manner all safety and health posters to the appropriate facilities and ensure their use. Where appropriate, signs and posters will be utilized to help maintain a high level of safety awareness on the job.

D. <u>Newsletter</u>

The District will distribute the Schools Insurance Authority's *Wellness & Safety* newsletter to all employees in a timely manner. Sample issues will be maintained in the Injury and Illness Prevention Program binder at the District Office and at each site.

E. Training

The District has training requirements designed to instruct each employee on general safety procedures as well as on safety procedures specific to the employee's job. These training requirements are described in greater detail in Section III of this program.

F. <u>Safety Committees</u>

1. **District Safety Committee**

The District Safety Committee shall be appointed by the Safety Officers. It should include representatives from school sites, district departments and management to meet the district's needs.

The District Safety Committee will serve in an advisory capacity and shall:

- a. Assist the Safety Officers in the development of safety policies, regulations, inspection techniques, schedules, and methods of coping with high incidence safety problem areas for implementation by principals, department heads, and school or departmental committees.
- b. Aid the Safety Officers in the review and analysis of accident reports.
- c. Make recommendations to the Safety Officers with regard to the elimination of safety hazards or unsafe practices.
- d. Assist in conducting periodic on-site safety inspections.
- e. Assist in the development of in-service safety training programs and/or their use.
- f. Assist the Safety Officers in the review and selection of literature and other material suitable for distribution throughout the district to assist in training or advertising the Injury and Illness Prevention Program.
- g. Assist the Safety Officers in developing a budget for the implementation of the Injury and Illness Prevention Program.

The **Safety Committee** should meet quarterly, to develop safety programs and consider district safety needs.

It is the responsibility of the Safety Committee to share with the schools and service departments the safety posters, videos, pamphlets, accident data, and other safety and health information.

2. School and Departmental Safety Committees

School Safety Committees shall be chaired by the principal or an assistant principal of the school and should include representatives from each department (i.e., teachers, cafeteria, transportation, custodial/maintenance, etc.). Service Department Safety Committees shall be chaired by the department director or supervisor and shall include at least three classified employees of that department.

School and Department Safety Committees shall:

- a. Establish written safety regulations for the particular needs of the respective school or department within the framework of District Policy, Administrative Regulations, and Title 8, California Code of Regulations.
- b. Conduct safety inspections utilizing school or department employees, as required.
- c. Assist in the accomplishment of inspections in coordination with the District Safety Committee or Program Administrator in response to an accident or unsafe condition complaint.
- d. Submit to the Safety Officers all reports relative to accidents or safety problems.
- e. Post and distribute safety materials provided by the Safety Officers.
- f. Provide safety in-service training and orientation to employees and pupils.

The School and/or Departmental Safety Committee should meet quarterly to develop safety programs and consider school/departmental safety needs.

3. **Responsibilities of Committee Chairperson and Secretary**

Each committee should elect a chairperson and a secretary.

It should be the responsibility of the chairperson to:

- * Schedule all meetings
- * Prepare an agenda for all meetings
- * Conduct all meetings
- * Follow up on committee recommendations

It should be the responsibility of the secretary to:

- * Notify all members of meetings and transmit agendas
- * Keep minutes of all meetings
- * Convey a copy of meeting minutes to the Safety Officers.

V. ACCIDENT INVESTIGATION

A. <u>Purpose</u>

The purpose of accident investigation is to determine the causes of accidents and what can be done to prevent similar accidents from recurring. The objective of any investigation is <u>FACT FINDING, NOT FAULT FINDING</u>.

B. District Policy

All work-related accidents involving employee injuries and/or property damage will be investigated by the District in a timely manner. Minor incidents and near misses will be investigated as well as serious accidents. A near miss is an incident which, although not serious in itself, could have resulted in a serious injury or significant property damage. Investigation of these instances may avoid serious accidents in the future. Accident investigations will be documented in writing, using the Accident and Exposure Investigation Report Form.

C. <u>Responsibility for Accident Investigation</u>

The Principal/Department Head/Supervisor shall be responsible for conducting the accident investigation in a timely manner.

D. <u>Procedures for Investigation of Accidents</u>

The following facts should be gathered by the accident investigator:

- 1. <u>WHO</u> was involved? Include injured employees and witnesses.
- 2. <u>WHAT</u> happened? Describe what took place and include any equipment/machinery/tools which were involved.
- 3. <u>WHEN</u> did the accident occur? What time of day, day of the week, shift, break period did the accident occur? Was an employee working overtime involved?
- 4. <u>WHERE</u> did the accident occur? Describe the location where the accident occurred and any special characteristics.

Based on these facts, determine:

- 5. <u>WHY</u> the accident occurred? Was an involved employee properly trained? Were proper operating procedures followed? Was faulty equipment involved?
- 6. <u>HOW</u> could this accident have been prevented? Determine whether the accident was <u>PREVENTABLE OR NONPREVENTABLE</u>. List the reasons why the accident was <u>PREVENTABLE</u> or <u>NONPREVENTABLE</u>.
D. <u>Procedures for Investigation of Accidents (Continued)</u>

7. Finally describe, <u>WHAT</u> action has been taken to prevent similar accidents from occurring in the future?

VI. DISTRICT SAFETY RULES

A. <u>General Safety Rules</u>

For the protection and safety of all employees, the Rescue Union School District has established the following rules designed to prevent accidents and injuries. Compliance with these rules will be mandatory. Documentation will be made when the rules are distributed to new employees and posted at each school site where appropriate.

- 1. All accidents and injuries must be reported to the supervisor at the time of occurrence.
- 2. Machines or equipment shall not be operated until proper operation instruction have been received.
- 3. Horseplay, throwing things, running in aisles and stairways, distracting employees at work, and unnecessary shouting are forbidden.
- 4. All spilled oil, grease, water and other liquids, must be cleaned up immediately.
- 5. Areas in which overhead maintenance is being performed will be blocked off and posted to prevent possible injury from falling objects. A barricaded or posted area will not be entered except by the workers performing the work.
- 6. Any defective tool or equipment must be immediately reported to the Maintenance and Operations Coordinator.
- 7. Failure by an employee to comply with the safety rules will be grounded for corrective discipline.
- 8. Specific Department Safety Rules, when applicable, will be posted in appropriate work areas.

B. <u>Materials Handling</u>

- 1. Attempting to lift or push an object which is too heavy must be avoided. The supervisor must be contacted when help is needed to move a heavy object.
- 2. Hand trucks will be pulled in transit except when going down an incline or placing a load in position.
- 3. Hand trucks will be loaded in such a manner as to eliminate the possibility of spilling.

B. <u>Materials Handling (Continued)</u>

- 4. When carrying material, caution will be exercised in observance of obstructions, loose material, etc.
- 5. Protruding nails in boxes, skids, or other containers will be removed or made flush.
- 6. All materials will be stacked and stored in proper areas.
- 7. Materials will not be stored in aisles. Aisles must be kept clear at all times.

C. <u>Protective Equipment</u>

- 1. Safety glasses will be worn when eye protection is required, i.e., where posted. Sunglasses will not be allowed in shop areas.
- 2. It is the employee's responsibility to insure protection for feet. The employer is to have appropriate footwear to prevent potential injury.

D. <u>Motor Vehicle Control</u>

- 1. Any personnel, principals/supervisors, of the district having a need for the use of a district vehicle at their site should:
 - a. Assume full responsibility of their employees who are driving said vehicles.
 - b. Establish firm internal requirement for personnel to fully adhere to the policies established and frequently check on their compliance.
 - c. Review all accidents and take the necessary steps to prevent a reoccurrence.
 - d. Set standards for disciplinary actions that will be taken against employees and their supervisors who show a repeated disregard for good driving practices, and ensure they are applied consistently.
 - e. Insist that all assigned vehicles are maintained adequately for safe operation.
 - f. Establish periodic inspection of assigned vehicles for safety discrepancies, malfunctions, and signs of abuse, unreported damage and cleanliness. Have repairs made promptly.
 - g. Review each preventable vehicle collision and unsafe driving report with the employee and his/her supervisor to emphasize management's intolerance of irresponsibility behind the wheel.
 - h. Enforce the wearing of seat belts on all trips.
 - i. Document and file pre-trip and post-trip checklists for assigned vehicles.

- 2. Administrators, Principals, Supervisors having direct authority over employees should:
 - a. Ensure that employees do not drive any district vehicle unless they have a valid State of California driver's license and are familiar with state driving rules and regulations. Newly hired employees should be required to satisfactorily pass a road test before being permitted to drive a district vehicle.
 - b. Ensure that only authorized personnel be allowed to operate district vehicles, special purpose vehicles and trucks.
 - i. An employee should not be certified as authorized to operate a special purpose vehicle until he/she has satisfactorily demonstrated his/her complete familiarity with its functions. The employee shall thoroughly understand the manufacturer's operating instructions, vehicle limitations, and emergency procedures and be able to successfully pass an operator's checkout test to the satisfaction of the supervisor.
 - ii. These procedures should be accomplished for each type of special purpose vehicle and truck the operator is required to operate.
 - iii. A record of each checkout should be dated and recorded on an individual's Vehicle Operator's Record together with the signature of the certifying supervisor. Re-checks should be of a frequency deemed necessary by the operator's supervisor to ensure maximum proficiency.
 - c. Be alert to observing unsafe driving practices or district employees and ensure that action is taken immediately to correct the driver.
 - d. Review all preventable vehicle collisions with employees at Safety Meetings and discuss each unsafe act that was responsible so that something can be gained from the situation.
 - e. Periodically ride with special purpose vehicle drivers to check for compliance with operation instructions and traffic regulations.
 - f. Ensure that unsafe vehicles are not driven until safety discrepancies have been corrected.
- 3. Employees should be prohibited from using district vehicles and equipment or property in the conducts of their own personal affairs, either on or off duty except as approved by an Administrator, Principal or Supervisor.
- 4. Employees should be required to follow defensive driving practices which are established for the protection of themselves, their fellow employees and citizens. Each employee driving a district vehicle should:
 - a. Inspect the vehicle which he/she is about to drive, in accordance with established safety rules (pre-trip checklist)

- i. If there is evidence of accident damage, the employee should report it to his/her supervisor before leaving. Otherwise he/she could be charges for the accident he/she didn't have.
- ii. If the vehicle is found to be unsafe, the employee should report it and request another vehicle.
- iii. Vehicles having steering or braking defects should not be driven. They should be towed to Transportation and be repaired before returning to service.
- b. Report to the supervisor, in writing, all defects noted during trip.
- c. Wear seat belts at all times while driving.

B. <u>GENERAL POLICIES</u>

1. Driver Selection

Selection of employees, who will be required to drive full-time or part-time, should be done with care. The lives of people and the professionalism of district employees are under public evaluation every time a district vehicle is operated. It is of paramount importance that only employees who have a healthy attitude toward their driving responsibilities be assigned to driving tasks.

Drivers of district vehicles, including new hires, should be considered qualified when capable of meeting the following criteria:

a. Possess a valid California driver's license of the proper class with no record of a traffic violation with the past twelve (12) months, or completion of a defensive driving course if there is a record of a moving violation.

A request should be made to the Department of Motor Vehicles (DMV) for a current copy of the employee's (or potential employee's) driving record. A request should be made to the DMV to have that employee's name become a part of the "Pull-Notice" program administered by the DMV. The DMV will then notify the district when an employee is cited for the other than a parking violation, and especially if an employee's license has been suspended or revoked.

(NOTE: To become a part of the "Pull-Notice" program, a district must apply for a requestor code number. After the application is completed and processed by the DMV, the district will be sent a packet of materials covering the procedures to be followed. There is no fee for school districts to participate in this program.)

b. Capable of passing eye tests given by the district which determine visual acuity (near or far), vertical and lateral balance, fusion, depth

perception, field of vision and color recognition.

- c. Capable of passing a district physical examination when a question of fitness to drive arises because of prolonged or serious illness.
- d. Capable of passing written tests on driving regulations whenever required.
- e. Capable of successfully passing a driving check ride administered by his/her supervisor.
- f. Capable of demonstrating familiarity with the type of vehicle assigned.
- 2. Defensive Driving Course

Full-time and designated part-time employees driving district vehicles should be required to attend the Defensive Driving Course and periodically refresher courses when scheduled by the district.

- a. Frequency of employee attendance at Defensive Driving Course should be determined by the district or when a review of records indicates a need.
- b. Any driver involved in a preventable collision or demonstrating questionable capabilities should be retrained.
- 3. Vehicle Accident Review

In the event of any vehicle accident, the person to whom discretionary authority is properly delegated should make every effort to determine:

- a. The cause of the accident
- b. Whether it was preventable or non-preventable
- c. Which of the flowing categories is the appropriate classification for the employee's action:
 - i. <u>Gross Negligence</u>: A deliberate or predetermined act, not in performance of duty, or the employee acted in utter disregard for the welfare of the equipment in performance on an official assignment.
 - ii. <u>Negligence</u>: The employee acted, not in utter disregard of the equipment but failed to demonstrate reasonable caution or the person used poor judgement.
 - iii. <u>Excusable</u>: The employee was acting in the best interest of the district and damages were caused by conditions beyond his/her control.

4. Disciplinary Action

When the person to whom disciplinary authority is properly delegated determines which of the above categories applies to the action of the employee, he/she should take action to initiate the appropriate disciplinary action according to the procedures prescribed in the district policy.

5. Volunteer Drivers

The use of volunteer, or any other non-employee drivers, should be permitted only in circumstances allowed under current district policies. Volunteer drivers should meet all requirements established by the district or school purpose.

E. <u>Machine Operating</u>

- 1. Use of a machine or piece of equipment will be restricted to employee(s) who have been trained, qualified and authorized for operation.
- 2. Immediate notification must be given to supervisor for any unsafe equipment which is missing protective guards or has improperly positioned protective guards.
- 3. Power machinery will be kept free of unnecessary tools, rags and scrap while in operation.
- 4. Machinery will be turned off when not in use.
- 5. Work pieces and cutters will be secured before setting machine in motion.
- 6. Correct speed and feed will be used when operating equipment.
- 7. Rings, jewelry, watches, gloves, neckties, long sleeves, long hair or loose clothing will not be worn when near or when operating machinery.
- 8. Tampering with or removal of safety guards is prohibited.
- F. <u>Compressed Air</u>
 - 1. Compressed air will not be used to clean floors.
 - 2. When blowing chips from a hole, the hole must be covered with a shop towel.
 - 3. Flow from an air hose will not be directed toward another person or toward the operator of the air hose.
 - 4. Compressed air will not be used to clean clothes, hands or other parts of the body.
 - 5. Where danger of flying particles is present, safety glasses with side shields will be worn by employees working with compressed air hoses.

- 6. The working pressure of a nozzle will not exceed 30 psi.
- 7. Altering or tampering with safety air nozzles is forbidden.

G. Housekeeping

The foundation for a safe, healthful and pleasant place to work is good housekeeping.

- 1. Materials and equipment will be kept out of aisles.
- 2. Materials will not be stored against doors or exits, fire ladders or fire extinguisher stations.
- 3. Tools and other equipment will be returned to their proper storage area after use.
- 4. Tools will be kept dry; spilling of liquids will be avoided; all spills will be wiped up immediately.
- 5. Trash and scrap will be thrown in proper waste containers.
- 6. Good housekeeping practices will be exercised within each employee's work area.
- 7. Chewing and spitting of tobacco, peanut shells, and sunflower seeds or throwing of cigarette butts, etc., on the floor is prohibited.

H. Chemicals

- 1. Chemicals meeting the definition of "Hazardous Material," as defined by the OSHA Safety and Health Regulations, will not be purchased and/or brought into a site for usage without:
 - a. Material Safety Data Sheet (Form OSHA-20) or equivalent information on file.
 - b. Express consent or approval of the designated district Safety Coordinator.
- 2. No chemicals meeting the definition of "Hazardous Material," as defined by the OSHA Safety and Health Regulations, will be used without strict adherence to the Data, precautions and procedures for handling, storage, disposal and usage contained on the appropriate Materials Safety Data Sheet (Form OSHA-20).
- 3. All containers will be labeled as to their contents.

VII. <u>EMERGENCIES</u>

A. <u>Emergency Action Plan</u>

Refer to Rescue USD Crisis Response and Emergency Management Procedure Manual.

B. <u>Earthquake Procedures</u>

Refer to Rescue USD Crisis Response and Emergency Management Procedure Manual.

C. <u>Fire Prevention Program</u>

The District maintains a fully automatic fire alarm system in accordance with the requirements of its insurer, the Schools Insurance Authority. The District also conducts fire drills in accordance with Section 32110 of the California Education Code. Refer to Rescue USD Crisis Response and Emergency Management Procedure Manual for more information.

D. <u>Fire Emergency Procedures</u>

- 1. All fires must be reported immediately. Fire emergency number will be called and location of fire given.
- 2. All employees must know the location of the fire extinguisher(s), fire blankets and stretchers.
- 3. Tampering with fire extinguisher(s) is forbidden.
- 4. Fire extinguisher(s), sprinklers, fire exits or risers will not be blocked by supplies, stock or parts at any time.
- 5. Smoking or open flame is prohibited in areas where flammable materials are used or stored.
- 6. All employees will comply with posted "No Smoking" areas.
- 7. Person who is reporting the fire must stay on telephone line until released by the fire department personnel.

E. <u>Medical Emergency</u>

All medical emergencies will be reported immediately. Medical emergency number must be called and location of emergency given.

F. Disaster Preparedness Plan

Refer to Rescue USD Crisis Response and Emergency Procedure Manual.

G. <u>Exposure Control Plan for Blood Borne Pathogens</u>

Training provided to staff annually. Refer to District Office file copy.

H. Asbestos Hazard Emergency Response Act (AHERA)

ENTEK training provided to staff annually. Refer to District Office file copy.

VIII. ENFORCEMENT OF THE SAFETY PROGRAM

A. Incentive Program

Will be discussed at a later date.

B. <u>Disciplinary System</u>

A disciplinary system has been established according to Federal, State, District policies and regulations and is in accordance with employee contract provisions.

APENDIX A: Senate Bill 198 (https://www.dir.ca.gov/bulletin/spring_94/level_of_safety.html)

Cal/OSHA Reforms Reduce Burdens, Preserve Level of Safety

In the flurry of legislative activity last year aimed at improving California's economic competitiveness, some significant reforms involving Cal/OSHA requirements have received less attention than they are due.

The reforms signed by Governor Wilson significantly reduce the burdens on businesses-without reducing safety-by focusing efforts on safety rather than needless bureaucratic requirements.

These reforms center around Senate Bill 198, which the California Legislature enacted in 1989 and became effective in July, 1991. SB 198 requires every employer to develop and implement a written injury and illness prevention plan (IIPP). It applied to all businesses, regardless if they had only one employee or operated in a low-hazard industry. If an employer did not have an IIPP, Cal/OSHA could assess a \$7,000 fine.

In implementing SB 198, however, it became clear that the law, although well-intentioned, was overly broad and burdensome. Many employers, especially small employers, lacked the expertise to develop an effective program. These businesses were forced to spend thousands of dollars on professional consultants to develop a plan.

In addition to the costs, employers in low-hazard industries saw little justification in these costs because their businesses pose little hazard to employees. Certainly, for instance, an auto plant or a sawmill poses more risk to employees than a real estate or insurance office. Businesses with only seasonal or intermittent employees also were required to develop an IIPP.

The Council on California Competitiveness, appointed by Governor Pete Wilson to identify ways to reduce regulation without reducing desired purposes, found great potential for improvement in SB 198. The Council found that SB 198 "is imposing unnecessary and unproductive costs on many businesses for which application of the program makes little sense. Literally millions of dollars in needless hard costs and lost productivity will result from the current application of this program to businesses whose work environments pose virtually no risk to the safety of their employees."

The Governor followed this recommendation and signed three bills last year reforming SB 198 requirements while maintaining effective injury and illness prevention. Businesses in low-hazard industries and employers with seasonal or intermittent employees may use a model IIPP designed by Cal/OSHA. This reform will eliminate the need for employers to incur hard dollar costs developing individual programs.

Cal/OSHA has moved quickly to implement these reforms. The Division of Occupational Safety and Health recently published model programs for employers with intermittent workers and for non-high hazard employers. These model plans currently are available.

Two other notable changes also were enacted. For new businesses or businesses that have just moved to California, a one-year moratorium now applies on assessment of civil penalties for not having an IIPP. Many potential employers have been deterred by Cal/OSHA's reputation for tough safety enforcement. This moratorium will provide a window that will alleviate that concern and give employers time to learn safety requirements before the threat of fines. Cal/OSHA's ability to mitigate penalties related to IIPPs also has been restored if the employer acted in good faith.

A final reform concerns recordkeeping requirements. Businesses with 20 or fewer employees and not on the list of high hazard industries will be relieved of many of SB 198's burdensome recordkeeping mandates. Those employees will be required only to keep only limited written records: the name of the person or persons responsible for implementing the IIPP, records of periodic inspections, and records of employee training.

For additional information or to obtain copies of the model programs, please contact the Cal/OSHA Consultation Service at (415) 703-4050 or write to Richard Jones, Program Manager, Cal/OSHA Consultation Service, 455 Golden Gate Ave.-Room 5246

APENDIX B: Section 3203, Title 8, CCR (https://www.dir.ca.gov/title8/3203.html)

(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The Program shall be in writing and, shall, at a minimum:

(1) Identify the person or persons with authority and responsibility for implementing the Program.

(2) Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices.

(3) Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees.

Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employees' job assignments as compliance with subsection (a)(3).

(4) Include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards:

(A) When the Program is first established;

Exception: Those employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with previously existing section 3203.

(B) Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and

(C) Whenever the employer is made aware of a new or previously unrecognized hazard.

(5) Include a procedure to investigate occupational injury or occupational illness.

(6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:

(A) When observed or discovered; and,

(B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

(7) Provide training and instruction:

(A) When the program is first established; Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.

(B) To all new employees;

(C) To all employees given new job assignments for which training has not previously been received;

(D) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;

(E) Whenever the employer is made aware of a new or previously unrecognized hazard; and,

(F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

(b) Records of the steps taken to implement and maintain the Program shall include:

(1) Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for at least one (1) year; and

Exception: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

(2) Documentation of safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for at least one (1) year.

EXCEPTION NO. 1:Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employees' job assignment when first hired or assigned new duties.

EXCEPTION NO. 2: Training records of employees who have worked for less than one (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon termination of employment.

EXCEPTION NO. 3: For Employers with fewer than 20 employees who are in industries that are not on a designated list of high-hazard industries established by the Department of Industrial Relations (Department) and who have a Workers' Compensation Experience Modification Rate of 1.1 or less, and for any employers with fewer than 20 employees who are in industries on a designated list of low-hazard industries established by the Department, written documentation of the Program may be limited to the following requirements:

A. Written documentation of the identity of the person or persons with authority and responsibility for implementing the program as required by subsection (a)(1).

B. Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).

C. Written documentation of training and instruction as required by subsection (a)(7).

ExceptionNo. 4: Local governmental entities (any county, city, city and county, or district, or any public or quasipublic corporation or public agency therein, including any public entity, other than a state agency, that is a member of, or created by, a joint powers agreement) are not required to keep records concerning the steps taken to implement and maintain the Program.

Note1: Employers determined by the Division to have historically utilized seasonal or intermittent employees shall be deemed in compliance with respect to the requirements for a written Program if the employer adopts the Model Program prepared by the Division and complies with the requirements set forth therein.

Note2: Employers in the construction industry who are required to be licensed under Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code may use records relating to employee training provided to the employer in connection with an occupational safety and health training program approved by the Division, and shall only be required to keep records of those steps taken to implement and maintain the program with respect to hazards specific to the employee's job duties.

(c) Employers who elect to use a labor/management safety and health committee to comply with the communication requirements of subsection (a)(3) of this section shall be presumed to be in substantial compliance with subsection (a)(3) if the committee:

(1) Meets regularly, but not less than quarterly;

(2) Prepares and makes available to the affected employees, written records of the safety and health issues discussed at the committee meetings and, maintained for review by the Division upon request. The committee meeting records shall be maintained for at least one (1) year;(3) Reviews results of the periodic, scheduled worksite inspections;

(4) Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;

(5) Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;

(6) Submits recommendations to assist in the evaluation of employee safety suggestions; and

(7) Upon request from the Division, verifies abatement action taken by the employer to abate citations issued by the Division.

Note: Authority cited: Sections 142.3 and 6401.7, Labor Code. Reference: Sections 142.3 and 6401.7, Labor Code.

Safety and Health Policy Statement

It is the policy of the Rescue Union School District to provide safe working conditions for all employees and to promote continuing, vital SAFETY AWARENESS at all levels, from top management to the individual worker. It is our belief that SAFETY AWARENESS is the basis on which a safety program must be founded.

The Rescue Union School District recognizes its responsibility to furnish a place of employment which shall be safe for employees and visitors; to provide safety devices and mechanical safeguards; to use methods and processes to protect the life, health and safety and welfare of employees, visitors and the general public, and to maintain and enforce a program to fulfill this responsibility.

Therefore, it shall be considered each person's responsibility not only to assure his/her own personal safety, but to develop a concern for safety for all who work with him/her.

Employees shall at all times, while on District property, conduct themselves and perform work in a safe manner consistent with existing safety rules.

Rescue Union School District MONTHLY PROPERTY CHECKLIST Loss Control Program

Please complete this form and forward the original to Custodial Supervisor on Friday of the first week of each month. (Keep a photocopy for your files.) List each item requiring correction and IDENTIFY THE AREA, BUILDING, AND ROOM IN EACH CASE, using the space provided.

Indicate specific action taken in REMARKS section on page 2.

Scho	ol:				Report	t No:	Date:			
	attan manda hu							Month	Day	Year
Inspe	Custodia	an's Sigr	nature			Principal's Signa	ture			
		SATIS	FACTO	ORY				SATIS	FACTC	RY
		YES	NO	N/A				YES	NO	N/A
1)	FIRE ALARMS				8)	AUTOMATIC SPR	INKLERS			
	Detectors undamaged?					Valve locked in ope	en			
	Bells/horns functional?					position?				
	Date of last fire drill:		1	1		18" clearance belo	w all			
	Date alarm tested:		/	/		sprinkler heads?				
	Zones(s) tested:					extra neads and w available?	rencn			
2)	INTRUSION ALARMS					Date of last inspect	tion:	/	1	/
_)	Operable?					•				
	Date alarm tested:		1	/	9)	HOUSEKEEPING				
	Zone(s) tested:					Trash and garbage	e properly			
						stored?				
3)	AUDIOVISUAL EQUIPMENT, O	OFFICE	MACH	INES,		Trash and garbage	e picked up			
	COMPUTERS	1	1			Elemmeble liquide	atorod in			
	Stored in designated rooms					approved safety ca	stored in			
	or cabinets?			_		metal cabinet?				
	Permanentity marked?			_		Dumpsters away fr	om			
	Transporting stands acfo and					buildina?				
	adequate?					No rooms with hea	vy fire			
		1				load?	-			
4)	DOORS					No high storage?				
.,	Good repair?					Oily rags stored in	proper			
				-1		receptacles and en	nptied			
5)	FENCES/GATES					regularly?				
	Good repair?				10)					
					10)	No broken lights?				T
6)	ELECTRICAL (INTERIOR AND	EXTER	RIOR)			No light burned out	12			+
	Switch/junction boxes					Adequate lighting?	••			1
				_		Diffusors in place?				
	Cords, plugs, winng,							4 1		_
	condition?				11)	WINDOWS & SKY	LIGHTS			
	Electrical panels				,	Latch in good repa	ir?			
	unobstructed?					No broken window	s/skylights			
	(36" clearance)									
	Electrical panel rooms				12)	PLAYGROUND EC	QUIPMENT			
	locked?					Good condition?				_
						Sufficient fall surface	cing			
7)	FIRE EXTINGUISHERS	1	1			material?				
	Extinguishers hung properly?				13)	DREMISES (INITER			D)	
	(5 OF IOWER)			_	13)	Sidewalks walking			IX)	1
	Pin secured?	+	1	+		parking lots steps	stairwavs			
	Accessible?					hallways, ramps, e	tc., free			
	Inspection current?		1	+		from slip and trip h	azards			
		1	1			limbs, or obstructio	ns?			
	L					Free of safety haza	ards			
						caused by trees, lir	nbs, or			
						roots?		+		+
						Handrails in place	and			
						Secure (1		1

Any water leaks in bathrooms?

Monthly Property Checklist - page 2

_

		SATISFACTORY		
		YES	NO	N/A
14)	CAFETERIA, AUDITORIUM, G	YNNAS	IUM	
,	In-wall tables in good			
	Do portable tables close and			
	stay closed?			
	Benches and seats in good			
	condition?			
	Bleachers in good condition?			
	Exit lights operating?			
	Emergency lights operating?			
	Locker rooms in good			
	condition?			
	Choking posters properly			
	posted?			
15)	OUTSIDE/ATHLETIC FACILITI	ES	1	
	Fields in good condition?			
	Bleachers in good condition?			
	Dugouts in good condition?			
	Tennis courts in good			
	condition?			
	Basketball courts in good			
	No chain nets on baskets?			
	Eoothalls goals safely			
	arranged?			
	Soccer goals safely			
	arranged?			
16)	SWIMMING POOL AREA			
	Depth markings in good			
	condition?			
	Decking in good condition?			
	Bleachers in good condition?			
	Diving boards and towers in			
	good condition?			
	Pool handrails in good			
	Emorgonov/rosouo			
	equinment in place?			
	Rules nosted?			
	Filter covers in place?			
		1	1	1

		SATISFACTORY		RY
		YES	NO	N/A
17)	LADDERS	1		1
,	In good repair?			
	Shock hazard warning posted			
	on aluminum ladders?			
18)	SHOP AREAS/MACHINERY/F			WFR
,	TOOLS (Instructional & District	Shop A	reas)	
	Moving parts guarded?	0.1007.		
	Equipment properly arounded			
	or double-insulated?			
	Tools in good condition?			
	Cords in good condition?			
	Housekeeping in shop area			
	okav?			
	Personal protective			
	equipment available and in			
	aood condition?			
	3			
19)	ARSON PREVENTION			
,	"We-Tip" posters in place?		[
20)	ASBESTOS	1		
,	Asbestos-containing building		[
	materials in good condition?			
	0			
21)	MATERIAL SAFETY DATA SH	EETS		1
,	Accessible to employees?		1	
	Updated?			
22)	INDOOR AIR QUALITY			
,	Are filters clean?			
	Any signs of mold or mildew?			
23)	ELEVATORS/LIFTS			
,	Are elevators/lifts working			
	properly?			
	Are inspections current?			
24)	OTHER: Specify		·	
.,				

REMARKS	Work Order Submitted	YES	NO
	#		
	#		
	#		
	#		
	#		
	#		
	#		

Hazard Alert Form

Instructions:	This fo unsafe	rm is to be used by district employees to report pot conditions.	ential hazards or
Person report	ing:	Name	
		Department	Extension
Date of report	t:		
Location of H	azard:	School Site/Department/Other	
Description of	f Unsafe	e Condition or Hazard (attach pictures if available):	
Description of	f Incider	ıt:	
Recommenda	ations to	Correct the Condition or Hazard:	
Follow-up:			

Training and Instruction Record

Date:	Location:			
Trainer(s):				
Subject:				
Method:				
Verbal	Video	Audio	Other:	

Name (Printed)	Signature	Department

Page ____ of ____

Safety Committee Meeting Minutes

Committee Members Present: Name: Position: Position: <td< th=""><th>Meeting Date:</th><th>Time:</th><th></th></td<>	Meeting Date:	Time:	
Name: Position:	Committee Members Present:		
	Name:	Posi	ition:
Review and Status of Old Business: Recent accidents: Safety Concerns: Safety Education for Staff: New Business: Supervisor:			
Review and Status of Old Business: Recent accidents: Safety Concerns: Safety Education for Staff: New Business: Supervisor:			
Recent accidents: Safety Concerns: Safety Education for Staff: New Business: Supervisor: Date:	Review and Status of Old Business:		
Recent accidents: Safety Concerns: Safety Education for Staff: New Business: Supervisor: Date:			
Safety Concerns: Safety Education for Staff: New Business: Supervisor: Date:	Recent accidents:		
Safety Concerns: Safety Education for Staff: New Business: Supervisor: Date:			
Safety Education for Staff: New Business: Supervisor: Date:	Safety Concerns:		
Safety Education for Staff: New Business: Supervisor: Date:			
Safety Education for Staff: New Business: Supervisor: Date:			
New Business: Supervisor: Date:	Safety Education for Staff:		
New Business: Supervisor: Date:			
Supervisor: Date:	New Business:		
Supervisor: Date:			
Supervisor: Date:	Que en ince	_	4
Next meeting and Location:	Supervisor:	Da	le:

Accident / Exposure Investigation Report

Date and Time of Incident/Accident:	
Location:	
Incident/Accident Description:	
Employees Involved	
Ultimate Cause of Incident/Exposure:	
Preventive Action Recommendations:	
Corrective Actions Taken:	
Name of Person(s) Making Corrections:	
Investigated By:	Date Completed:

Personal Protective Equipment

This Appendix is intended to provide compliance assistance for employers and employees in implementing requirements for a hazard assessment and the selection of personal protective equipment.

- 1. Controlling hazards. PPE devices alone should not be relied on to provide protection against hazards, but should be used in conjunction with guards, engineering controls, and sound manufacturing practices.
- 2. Assessment and selection. It is necessary to consider certain general guidelines for assessing the foot, head, eye and face, and hand hazard situations that exist in an occupational or educational operation or process, and to match the protective devices to the particular hazard. It should be the responsibility of the safety officer to exercise common sense and appropriate expertise to accomplish these tasks.
- 3. Assessment guidelines. In order to assess the need for PPE the following steps should be taken:
 - Survey. Conduct a walk-through survey of the areas in question. The purpose of the survey is to identify sources of hazards to workers and co-workers. Consideration should be given to the basic hazard categories:
 - i. Impact
 - ii. Penetration
 - iii. Compression (roll-over)
 - iv. Chemical
 - v. Heat
 - vi. Harmful dust
 - vii. Light (optical) radiation
 - b. Sources. During the walk-through survey the safety officer should observe:
 - i. sources of motion; i.e., machinery or processes where any movement of tools, machine elements or particles could exist, or movement of personnel that could result in collision with stationary objects;
 - ii. sources of high temperatures that could result in burns, eye injury or ignition of protective equipment, etc.;
 - iii. types of chemical exposures;
 - iv. sources of harmful dust;
 - v. sources of light radiation, i.e., welding, brazing, cutting, furnaces, heat treating, high intensity lights, etc.;
 - vi. sources of falling objects or potential for dropping objects;
 - vii. sources of sharp objects which might pierce the feet or cut the hands;
 - viii. sources of rolling or pinching objects which could crush the feet;
 - ix. layout of workplace and location of co-workers; and

- x. any electrical hazards. In addition, injury/accident data should be reviewed to help identify problem areas.
- c. Organize data. Following the walk-through survey, it is necessary to organize the data and information for use in the assessment of hazards. The objective is to prepare for an analysis of the hazards in the environment to enable proper selection of protective equipment.
- d. Analyze data. Having gathered and organized data on a workplace, an estimate of the potential for injuries should be made. Each of the basic hazards (subsection 3.a.) should be reviewed and a determination made as to the type, level of risk, and seriousness of potential injury from each of the hazards found in the area. The possibility of exposure to several hazards simultaneously should be considered.
- 4. Selection guidelines. After completion of the procedures in subsection 3, the general procedure for selection of protective equipment is to:
 - a. Become familiar with the potential hazards and the type of protective equipment that is available, and what it can do; i.e., splash protection, impact protection, etc.;
 - compare the hazards associated with the environment; i.e., impact velocities, masses, projectile shape, radiation intensities, with the capabilities of the available protective equipment;
 - c. select the protective equipment which ensures a level of protection greater than the minimum required to protect employees from the hazards; and
 - d. fit the user with the protective device and give instructions on care and use of the PPE.
 It is very important that end users be made aware of all warning labels for and limitations of their PPE.
- 5. Fitting the device. Careful consideration must be given to comfort and fit. PPE that fits poorly will not afford the necessary protection. Continued wearing of the device is more likely if it fits the wearer comfortably. Protective devices are generally available in a variety of sizes. Care should be taken to ensure that the right size is selected.
- 6. Devices with adjustable features. Adjustments should be made on an individual basis for a comfortable fit that will maintain the protective device in the proper position. Particular care should be taken in fitting devices for eye protection against dust and chemical splash to ensure that the devices are sealed to the face. In addition, proper fitting of helmets is important to ensure that it will not fall off during work operations. In some cases, a chin strap may be necessary to keep the helmet on an employee's head. (Chin straps should break at a reasonably low force, however, so as to prevent a strangulation hazard). Where manufacturer's instructions are available, they should be followed carefully.
- 7. Reassessment of hazards. It is the responsibility of the safety officer to reassess the workplace hazard situation as necessary, by identifying and evaluating new equipment and processes,

reviewing accident records, and reevaluating the suitability of previously selected PPE.

8. Selection chart guidelines for eye and face protection. Some occupations (not a complete list) for which eye protection should be routinely considered are: carpenters, electricians, machinists, mechanics and repairers, millwrights, plumbers and pipe fitters, sheet metal workers and tinsmiths, assemblers, sanders, grinding machine operators, lathe and milling machine operators, sawyers, welders, laborers, chemical process operators and handlers, and timber cutting and logging workers. The following chart provides general guidance for the proper selection of eye and face protection to protect against hazards associated with the listed hazard "source" operations.

Source	Assessment of Hazard	Protection
IMPACT — Chloping, grinding machining, maximy work, woodworking, sawing, drilling, chiseling, powered fastening, riveting, and sanding	Flying fragments, objects, large chips, particles sand, dirt, etc	Spectacles with side protection, goggles, face shields. See notes (1), (3), (5), (6), (10). For severe exposure, use faceshield
HEAT — Furnace operations, pouring, casting, hot dipping, and welding	Het sparks	Paceshields, goggles, spectacles with side protection. For severe exposure use facestileld. See notes (1), (2), (3).
-	Splash from molien metals	Faceshields worn over goggles. See notes (1), (2), (3).
	High temperature exposure	Screen face shields, reflective face shields. See notes (1), (2), (3)
CHEMICALS — Acid and chemicals bandling, degreasing plating	Splash	Ooggles, eyecup and cover types. For severe exposure, use face shield. See notes (3), (11).
	Initating mists	Special-purpose goggles.
DUST — Woodworking, buffing, general dusty conditions	Nuisance dust	Goggles, eyecup and cover types. See note (8).
LIGHT and/or RADIATION		_
Welding: Electric arc	Optical radiation	Welding helmets or welding shields. Typical shades: 10-14. See notes (9), (12)
Welding: Gas	Optical radiation	Welding goggles or welding face shield. Typical shades: gas welding 4-8, cutting 3- 6, brazing 3-4. See note (9)
Catting. Torch brazing, Torch soldering	Optical radiation	Spectacles or welding face-shield. Typical shades, 1.5-3. See notes (3), (9)
Glace	Poor vision	Spectacles with shaded or special-purpose lenses, as suitable. See notes (9), (10).

Eye and Face Protection Selection Chart

Notes to Eye and Face Protection Selection Chart:

- a. Care should be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards should be provided. Protective devices do not provide unlimited protection.
- b. Operations involving heat may also involve light radiation. As required by the standard, protection from both hazards must be provided.
- c. Face shields should only be worn over primary eye protection (spectacles or goggles).

- d. As required by the standard, filter lenses must meet the requirements for shade designations in Section 3382. Tinted and shaded lenses are not filter lenses unless they are marked or identified as such.
- e. As required by the standard, persons whose vision requires the use of prescription (Rx) lenses must wear either protective devices fitted with prescription (Rx) lenses or protective devices designed to be worn over regular prescription (Rx) eyewear.
- f. Wearers of contact lenses must also wear appropriate eye and face protection devices in a hazardous environment. It should be recognized that dusty and/or chemical environments may represent an additional hazard to contact lens wearers.
- g. Caution should be exercised in the use of metal frame protective devices in electrical hazard areas.
- h. Atmospheric conditions and the restricted ventilation of the protector can cause lenses to fog. Frequent cleansing may be necessary.
- i. Welding helmets or face shields should be used only over primary eye protection (spectacles or goggles).
- j. Non-side shield spectacles are available for frontal protection only, but are not acceptable eye protection for the sources and operations listed for "impact."
- k. Ventilation should be adequate, but well protected from splash entry. Eye and face protection should be designed and used so that it provides both adequate ventilation and protects the wearer from splash entry.
- I. Protection from light radiation is directly related to filter lens density. See note (4). Select the darkest shade that allows task performance.
- 9. Selection guidelines for head protection. All head protection (helmets) is designed to provide protection from impact and penetration hazards caused by falling objects. Head protection is also available which provides protection from electric shock and burn. When selecting head protection, knowledge of potential electrical hazards is important. Class A helmets, in addition to impact and penetration resistance, provide electrical protection from low-voltage conductors (they are proof tested to 2,200 volts). Class B helmets, in addition to impact and penetration resistance, provide electrical protectors (they are proof tested to 2,200 volts). Class B helmets, in addition to impact and penetration resistance, provide electrical protection from high-voltage conductors (they are proof tested to 2,000 volts). Class C helmets provide impact and penetration resistance (they are usually made of aluminum which conducts electricity), and should not be used around electrical hazards.

Where falling object hazards are present, helmets must be worn. Some examples include: working below other workers who are using tools and materials which could fall; working around or under conveyor belts which are carrying parts or materials; working below machinery or processes which might cause material or objects to fall; and working on exposed energized conductors.

Some examples of occupations for which head protection should be routinely considered are: carpenters, electricians, linemen, mechanics and repairers, plumbers and pipe fitters, assemblers, packers, wrappers, sawyers, welders, laborers, freight handlers, timber cutting and logging, stock handlers, and warehouse laborers.

10. Selection guidelines for foot protection. Safety shoes and boots which meet either the ANSI Z41-1999 or the American Society for Testing and Materials (ASTM) F2412-05 and ASTM F2413-5 Standards provide both impact and compression protection. Where necessary, safety shoes can be obtained which provide puncture protection. In some work situations, metatarsal protection should be provided, and in other special situations electrical conductive or insulating safety shoes would be appropriate.

Safety shoes or boots with impact protection would be required for carrying or handling materials such as packages, objects, parts or heavy tools, which could be dropped; and, for other activities where objects might fall onto the feet. Safety shoes or boots with compression protection would be required for work activities involving skid trucks (manual material handling carts) around bulk rolls (such as paper rolls) and around heavy pipes, all of which could potentially roll over an employee's feet. Safety shoes or boots with puncture protection would be required where sharp objects such as nails, wire, tacks, screws, large staples, scrap metal etc., could be stepped on by employees causing a foot injury.

Some occupations (not a complete list) for which foot protection should be routinely considered are: shipping and receiving clerks, stock clerks, carpenters, electricians, machinists, mechanics and repairers, plumbers and pipe fitters, structural metal workers, assemblers, drywall installers and lathers, packers, wrappers, craters, punch and stamping press operators, sawyers, welders, laborers, freight handlers, gardeners and grounds-keepers, timber cutting and logging workers, stock handlers and warehouse laborers.

11. Selection guidelines for hand protection. Gloves are often relied upon to prevent cuts, abrasions, burns, and skin contact with chemicals that are capable of causing local or systemic effects following dermal exposure. The Division of Occupational Safety and Health is unaware of any gloves that provide protection against all potential hand hazards, and commonly available glove materials provide only limited protection against many chemicals. Therefore, it is important to select the most appropriate glove for a particular application and to determine how long it can be worn, and whether it can be reused.

It is also important to know the performance characteristics of gloves relative to the specific hazard anticipated; e.g., chemical hazards, cut hazards, flame hazards, etc. These performance characteristics should be assessed by using standard test procedures. Before purchasing gloves, the employer should request documentation from the manufacturer that the gloves meet the appropriate test standard(s) for the hazard(s) anticipated. Other factors to be considered for glove selection in general include:

- a. As long as the performance characteristics are acceptable, in certain circumstances, it may be more cost effective to regularly change cheaper gloves than to reuse more expensive types; and,
- b. The work activities of the employee should be studied to determine the degree of dexterity required, the duration, frequency, and degree of exposure of the hazard, and the physical stresses that will be applied.

With respect to selection of gloves for protection against chemical hazards:

- i. The toxic properties of the chemical(s) must be determined; in particular, the ability of the chemical to cause local effects on the skin and/or to pass through the skin and cause systemic effects;
- ii. Generally, any "chemical resistant" glove can be used for dry powders;
- iii. For mixtures and formulated products (unless specific test data are available), a glove should be selected on the basis of the chemical component with the shortest breakthrough time, since it is possible for solvents to carry active ingredients through polymeric materials; and,
- iv. Employees must be able to remove the gloves in such a manner as to prevent skin contamination.
- 12. Cleaning and maintenance. It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision.

For the purposes of compliance with Section 3380(a) and (d), PPE should be inspected, cleaned, and maintained at regular intervals so that the PPE provides the requisite protection.

It is also important to ensure that contaminated PPE which cannot be decontaminated is disposed of in a manner that protects employees from exposure to hazards.

Note: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

Integrated Pest Management Plan

When completed, this template meets the Healthy Schools Act requirement for an integrated pest management

(IPM) plan. An IPM plan is required if a school district uses pesticides¹

Contacts

Rescue Union School District	2390 Bass Lake Rd, R	2390 Bass Lake Rd, Rescue, CA 95672				
School District Name	Address					
Lisa Donaldson	530-672-4803	ldonaldson@rescueusd.org				
School District IPM Coordinator	IPM Coordinator's Phone Number	Email Address				

IPM statement

It is the goal of <u>Rescue Union School District</u> to implement IPM by focusing on long-term prevention or suppression of pests through accurate pest identification, by frequent monitoring for pest presence, by applying appropriate action levels, and by making the habitat less conducive to pests using sanitation and mechanical and physical controls. Pesticides that are effective will be used in a manner that minimizes risks to people, property, and the environment, and only after other options have been shown ineffective.

Our pest management objectives are to: (Example: Focus on long-term pest prevention)

Rescue Union School District is committed to long-term prevention that will provide clean, safe, and functional pest free learning environments for our students and staff.

IPM team

In addition to the IPM Coordinator, other individuals who are involved in purchasing, making IPM decisions, applying pesticides, and complying with the Healthy Schools Act requirements, include:

Role in IPM program	
Supervisor/Applicator/Assessor	
Supervisor/Applicator/Assessor	
Supervisor/Applicator/Assessor	
	Role in IPM program Supervisor/Applicator/Assessor Supervisor/Applicator/Assessor Supervisor/Applicator/Assessor

Pest management contracting

- Pest management services are contracted to a licensed pest control business. Pest Control Business name(s): Koby Pest Control, Irwin's Animal Control and Trap
- Prior to entering into a contract, the school district has confirmed that the pest control business understands the training requirement and other requirements of the Healthy Schools Act.

Pest identification, monitoring and inspection

Pest Identification is done by: District maintenance and custodial staff

(Example: College/University staff, Pest Control Business, etc.)

Monitoring and inspecting for pests and conditions that lead to pest problems are done regularly by

District maintenance and custodial staff and results are communicated to the IPM Coordinator.

(Example: District staff title, e.g. Maintenance staff)

Specific information about monitoring and inspecting for pests, such as locations, times, or techniques include: (*Example: Sticky monitoring boards are placed in the kitchen and are checked weekly by custodial staff.*)

Staff reports the presence of pests in and around school campuses through our work order system.

Pests and non-chemical management practices

This School District has identified the following pests and routinely uses the following non-chemical practices to prevent pests from reaching the action level:

Pest	Remove food	Fix leaks	Seal cracks	Install barriers	Physical removal	Traps	Manage irrigation	Other
Ants	~	~	Y		~	~		
Rodents	~		Y	~	~	~		
Wasps	~		Y			~		
Skunks	~				~	~		

Chemical pest management practices

If non-chemical methods are ineffective, the school district will consider pesticides only after careful monitoring indicates that they are needed according to pre-established action levels and will use pesticides that pose the least possible hazard and are effective in a manner that minimizes risks to people, property and the environment.

This school district expects the following pesticides (pesticide products and active ingredients) to be applied during the year. (This list includes pesticides that will be applied by school district staff or licensed pest control businesses.):

Healthy Schools Act

This School District complies with the notification, posting, recordkeeping, and all other requirements of the Healthy Schools Act.(Education Code Sections 17608 - 17613, 48980.3; Food & Agricultural Code Sections 13180 - 13188)

Training

Every year school district employees who make pesticide applications receive the following training prior to pesticide

- Pesticide specific safety training (Title 3 California Code of Regulations 6724)
- School IPM training course approved by the Department of Pesticide Regulation (Education Code Section 16714; Food & Agricultural Code Section 13186.5).

Submittal of pesticide use reports

Reports of all pesticides applied by school district staff during the calendar year, except pesticides exempt¹ from HSA recordkeeping, are submitted to the Department of Pesticide Regulation at least annually, by January 30 of the following year, using the form provided at <u>www.cdpr.ca.gov/schoolipm</u>. (Education Code Section 16711)

Notification

This school district has made this IPM plan publicly available by the following methods (check at least one)

This IPM plan can be found online at the following web address: rescueusd.org

This IPM plan is sent out to all parents, guardians and staff annually.

Review

This IPM plan will be reviewed (and revised, if needed) at least annually to ensure that the information provided is still true and correct.

Date of next review: 08-2023

I acknowledge that I have reviewed this school district's IPM Plan and it is true and correct.

Signature: Lisa Donaldson

Date: 08-01-2022

use:

These pesticides are exempt from all Healthy Schools Act requirements, except the training requirement: 1) products used in self-contained baits or traps, 2) gels or pastes used as crack and crevice treatments, 3) antimicrobials, and 4) pesticides exempt from U.S. EPA registration. (Education Code Section 17610.5)

Back Disorders and Injuries

I. Introduction

- a. General. Back disorders can develop gradually as a result of micro trauma brought about by repetitive activity over time or can be the product of a single traumatic event. Because of the slow and progressive onset of this internal injury, the condition is often ignored until the symptoms become acute, often resulting in disabling injury. Acute back injuries can be the immediate result of improper lifting techniques and/or lifting loads that are too heavy for the back to support. While the acute injury may seem to be caused by a single well-defined incident, the real cause is often a combined interaction of the observed stressor coupled with years of weakening of the musculoskeletal support mechanism by repetitive micro-trauma. Injuries can arise in muscle, ligament, vertebrae, and discs, either singly or in combination.
- b. Incidence. Although back injuries account for no work-related deaths, they do account for a significant amount of human suffering, loss of productivity, and economic burden on compensation systems. Back disorders are one of the leading causes of disability for people in their working years and afflict over 600,000 employees each year with a cost of about \$50 billion annually in 1991 according to NIOSH. The frequency and economic impact of back injuries and disorders on the work force are expected to increase over the next several decades as the average age of the work force increases and medical costs go up.

II. Back Disorders

- a. Factors Associated with Back Disorders. Back disorders result from exceeding the capability of the muscles, tendons, discs, or the cumulative effect of several contributors:
 - i. Reaching while lifting.
 - ii. Poor posture--how one sits or stands.
 - iii. Stressful living and working activities--staying in one position for too long.
 - iv. Bad body mechanics--how one lifts, pushes, pulls, or carries objects.
 - v. Poor physical condition-losing the strength and endurance to perform physical tasks without strain.
 - vi. Poor design of job or work station.
 - vii. Repetitive lifting of awkward items, equipment, or (in health-care facilities) patients.
 - viii. Twisting while lifting.
 - ix. Bending while lifting.
 - **x.** Maintaining bent postures.
 - xi. Heavy lifting.
 - xii. Fatigue.
 - **xiii.** Poor footing such as slippery floors, or constrained posture.

- **xiv.** Lifting with forceful movement.
- **xv.** Vibration, such as with lift truck drivers, delivery drivers, etc.
- **b.** Signs and Symptoms. Signs and symptoms include pain when attempting to assume normal posture, decreased mobility, and pain when standing or rising from a seated position.

III. Reports of Back Injuries

- **a. Contributing Factors.** These factors usually account for very few work-related back injuries.
 - i. Congenital defects of the spine.
 - ii. Increase in static standing or sitting tasks.
 - **iii.** An aging work force.
 - iv. Decreases in physical conditioning and exercise.
 - v. Increased awareness of workplace hazards.
 - vi. Job dissatisfaction.
- b. Manual Materials Handling. Manual materials handling is the principal source of compensable injuries in the American work force, and four out of five of these injuries will affect the lower back.

IV. Investigation Guidelines

a. Records Review: OSHA 200 Log

i. Note when back or other musculoskeletal disorders appear excessive from Lost Work Day Injury and Illness (LWDII) rate calculations. Understand that excessiveness is relative, since there is no firm figure established that delineates safe from unsafe. A better measure is to look for trends of escalating number of injuries or of increasing severity of injuries. Comparing your target population with BLS data, other company rates, other lines, departments, wings, or occupational titles can yield a meaningful measuring point to gauge excessiveness.

Back injuries should be treated as an injury on the OSHA 200 log regardless of whether the injury was the result of an acute or chronic exposure.

- **ii.** To determine if trends exist, at least several years of the OSHA 200 log will be needed for review.
- iii. Record or copy information, including occupational titles, departments, dates of injury or illness, from the OSHA 200 log and pertinent OSHA 101 (or equivalent). This information can be used to calculate the LWDII and Severity rates (see Appendix VII:1-1).
- **iv.** If you determine that there is a need for a more in-depth analysis of the extent and magnitude of the back disorders, see Appendix VII:1-1.

b. Employer, Employee Interviews

- i. Walk around
 - **1.** Ask employees about their opinion on the difficulty of the task as well as personal experiences of back pain.
 - 2. Observe worker postures and lifting.
 - **3.** Determine weight of objects lifted.
 - 4. Determine the frequency and duration of lifting tasks.
 - 5. Measure the dimensions of the workplace and lift.
- ii. Evaluation
 - 1. Videotapes should be taken of the work task for later review and for evidence of recognized musculoskeletal hazards (see Appendix VII:1-3).
 - 2. Manual lifting:
 - **a.** Repetitive material handling increases the likelihood of a disorder.
 - b. Principal variables in evaluating manual lifting tasks to determine how heavy a load can be lifted are: the horizontal distance from the load to the employee's spine, the vertical distance through which the load is handled, the amount of trunk twisting the employee utilized during the lifting, the ability of the hand to grasp the load, and the frequency with which the load is handled.
 - **c.** Additional variables include floor and shoe traction, space constraints, two-handed lifts, size and stability of the load.
 - **d.** The NIOSH Lifting Formula uses the principal variables to compute a theoretically safe lift.

V. Prevention and Control

a. Engineering Controls

i. General. Alter the task to eliminate the hazardous motion and/or change the position of the object in relation to the employee's body -- such as adjusting the height of a pallet or shelf.

ii. Manual Handling Tasks

- **1.** Material handling tasks should be designed to minimize the weight, range of motion, and frequency of the activity.
- 2. Work methods and stations should be designed to minimize the distance between the person and the object being handled.
- **3.** Platforms and conveyors should be built at about waist height to minimize awkward postures. Conveyors or carts should be used for horizontal motion whenever possible. Reduce the size or weight of the object(s) lifted.
- **4.** High-strength push-pull requirements are undesirable, but pushing is better than pulling. Material handling equipment should be easy to move, with handles that can be easily grasped in an upright posture.
- 5. Workbench or workstation configurations can force people to bend over. Corrections should emphasize adjustments necessary for the

employee to remain in a relaxed upright stance or fully supported, seated posture. Bending the upper body and spine to reach into a bin or container is highly undesirable. The bins should be elevated, tilted or equipped with collapsible sides to improve access.

- **6.** Repetitive or sustained twisting, stretching, or leaning to one side are undesirable. Corrections could include repositioning bins and moving employees closer to parts and conveyors.
- 7. Store heavy objects at waist level.
- **8.** Provide lift-assist devices, and lift tables.

iii. Controls and Work Practices

- **1.** Engineering controls are preferred.
- 2. Worker training and education:
 - a. Training should include general principles of ergonomics, recognition of hazards and injuries, procedures for reporting hazardous conditions, and methods and procedures for early reporting of injuries. Additionally, job specific training should be given on safe work practices, hazards, and controls.
 - **b.** Strength and fitness training can reduce compensation costs.
- **3.** Rotating of employees, providing a short break every hour, or using a two-person lift may be helpful.
- **4.** Rotation is not simply a different job, but must be a job that utilizes a completely different muscle group from the ones that have been over-exerted.

iv. Other

- Standing for extended periods places excessive stress on the back and legs. Solutions include a footrest or rail, resilient floor mats, heightadjustable chairs or stools, and opportunities for the employee to change position.
- 2. Where employees are seated the chairs or stools must be properly chosen.
- 3. Proper adjustable lumbar support may be provided.
- 4. Static seated postures with bending or reaching should be avoided.

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Appendix VII:1-1. In-Depth Analysis

The usefulness of the information gained from the review of the OSHA 200 log is limited by internal practices of recording injuries and illnesses. Some plants record everything and some record only those cases that are sent to see a physician. With back disorders, these cases are not always recognized as being work-related and therefore are not recorded. Thus, the Compliance Officer must determine the internal procedure for recording on the OSHA 200, i.e., who records, what cases are recorded, and when cases are recorded (see Field Operations Manual (FOM)).

The following is a systematic approach to identifying the extent and magnitude of a disease or injury and is based on epidemiological principles. The approach consists of records review, worker surveys, and job analysis respectively. This information may be used to determine which jobs pose a risk to workers.

Workers' Compensation Records

Advantages:

Identify additional cases, departments, and job titles.

Limitations:

Does not include cases where treatment is paid for directly by the employee or comprehensive health insurance.

Describes only most severe and advanced problems. May fail to identity problems in early stage of development.

Plant Medical Records

In larger plants that employ health care providers, individual employee medical folders, or records, will be maintained and every visit to the health office may be recorded in the record. Such records should be accessed through a medical access order.

There may also be a first-aid log or health office sign-in log. Entries in these records often include:

- Date of visit;
- Department or location where employee works;
- Description of injury or illness;
- Treatment given, including medications; and
- Work restrictions recommended.

Monthly summaries of employee visits to the health office are often compiled by health office personnel. If there are too many records, review a random sample of records to identify cases of back disorders.

Safety and Accident Reports

Internal reports that may be available in the health, safety or personnel office. These cases may not be noted on the OSHA 200 Log or in worker compensation records. Employee may just want to report the injury or disorder and not seek treatment.

Payroll Records (If available)

Used to obtain information on number of hours worked.

Serves as crude measure of exposure potential and can be used to compare jobs in terms of incidence rates of all forms of back disorders.

Useful in identifying job titles or departments with high absentee or turnover rates.

Available Information From Records Review

- Total number of back injuries reported to the company;
- Date each case reported;
- Department or specific job of those who are injured or ill; and
- Number of workers on the same job or in the same department.

What You Can Do with the Information

The incidence rate can be calculated for the entire establishment and for each department. This procedure allows comparison between and within the same departments from year to year.

Lost Work Day Injury and Illness rate (LWDII) = (Number of cases)*(200,000)/Total population at risk in a given period

- Numerator: Number of lost or restricted time incidents (cases) in specified group or department that experiences a disorder in a specified time period multiplied by 200,000. Multiplying the number of employees by 200,000 normalizes the observed work population to a standard work population of 100 employees working a 50-week year.
- Denominator: Total number of hours worked in a specified group or department within the same time period. If these numbers are not available an approximation can be made by multiplying the observed number of employees by 2000.

Severity Rate (SR) = This is the same calculation as was performed to produce the LWDII except that the days away from work or restricted days are substituted into the numerator for the number of incidents. This calculation provides a measure of the severity of the cases and is used in conjunction with the LWDII to determine the magnitude of the case.

NOTE: If counting system recognized only lost-time or Workers Compensation cases, relatively low incidence rates may be computed. If the company has instituted an ergonomics program the LWDII may rise dramatically, but there should be a corresponding drop in the SR.

Survey the Workers

Purpose:

Assist in identifying new or early cases of back injury and disorders in the work force. Useful in smaller facilities where data gathered from records review may be limited or in facilities where reporting disincentives limit the number of reported cases. The major reason for this is to collect data on the number of workers that may be experiencing some form of back injury or disorder. This is also a good method for identifying departments or jobs where potential back problems exist.

Factors to be considered in designing a questionnaire or symptom survey:

- Reading level and primary language of workers if the questionnaire or survey is selfadministrated. Wording is very important and must be geared to particular respondents.
- Length of the questionnaire (usually should not exceed 20 minutes).
- Instructions: Are they clear?
- Important questions should be asked first.
- Sensitive or personal questions should be asked later in the survey.
- Multiple-choice questions are easier to evaluate but limit the potential responses of the person being questioned.

Mass Medical Screening:

Mass medical screening could be useful but must be performed by trained medical staff -- so the process can be costly in both personnel and resources. The Office of Occupational Medicine should be consulted prior to attempting mass medical screenings.

Job Analysis and Observation

Each job in which workers have a greater incidence of back disorders might be subject to a job analysis after an appropriate records review and worker survey.

Work-Methods Analysis:

- Observe employees at work:
 - Notice what employees are doing to make themselves more comfortable in the workplace. For example, look for improvised foot rests, padding, or homemade tools and devices.
 - Watch for repeated motions and the position of the arms, wrist and trunk (e.g. overstretching or unusual posture).
- Record the movements used to perform the task. Use a video camera for subsequent slowmotion analysis. See Appendix VII:1-3 for instructions on videotaping techniques.
- Describe the positions seen. Ask questions to determine if staffing levels and production pace is truly representative of the normal operation. Obtain production data if at all possible.
- An ergonomic check-list can be helpful on inspections to record information which is not readily identifiable from the videotape. A sample checklist is shown in Appendix VII:1-4.
- Work station and tool evaluation may be necessary.

Appendix VII:1-2. Evaluation of Lifting Tasks [Completely Revised]

NIOSH Work Practice Guide for Manual Lifting

In 1981, NIOSH developed an equation to assess lifting conditions. In 1991, NIOSH issued a revised equation for the design and evaluation of manual lifting tasks. The 1991 equation uses six factors that have been determined to influence lifting difficulty the most, combining the factors into one equation. Two of the factors which are new to the revised equation include twisting (asymmetry) and the quality of the worker's grip on the load (coupling). Using the equation involves calculating values for the six factors in the equation for a particular lifting and lowering task, thereby generating a Recommended Weight Limit (RWL) for the task. The RWL is the load that nearly all healthy employees (90% of the adult population, 99% of the male and 75% of the female workforce) can lift over a substantial period of time (i.e., up to 8 hours) without placing an excessive load on the back.

The revised equation also incorporated a term called the Lifting Index, which is defined as a relative estimate of the level of physical stress associated with a particular manual lifting task. The estimate of the level of physical stress is defined by the relationship of the weight of the load lifted divided by the recommended weight limit. A level greater than one indicates that the lifted weight exceeded the RWL and should be addressed using either administrative or engineering controls. A level greater than three indicates that the lifted weight exceeds the capacity to safely lift for most of the population, is likely to cause injury, and should be modified by implementation of engineering controls.

The 1991 equation still maintains the 1981 biomechanical criteria for establishing the maximum lower back compression force of 770 lbs. For the revised equation, the load constant was reduced from 90 pounds to 51 pounds. This reduction was driven by the need to increase the minimum horizontal distance from 6 inches to 10 inches (which is believed to be the minimum attainable horizontal distance as measured from the spine during lifting) in the 1991 equation. Aside from this reduction the 1991 revised equation represents only a two-pound reduction from the 1981 version when adjusted for revised horizontal distance.

Application of the NIOSH lifting tasks assumes the following:

- Lifting task is two-handed, smooth, in front of the body, hands are at the same height or level, moderate-width loads (i.e., they do not substantially exceed the body width of the lifter), and the load is evenly distributed between both hands.
- Manual handling activities other than lifting are minimal and do not require significant energy expenditure, especially when repetitive lifting tasks are performed (i.e., holding, pushing, pulling, carrying, walking or climbing).
- Temperatures (66-79°F) or humidity (35-50%) outside of the ranges may increase the risk of injury.
- One-handed lifts, lifting while seated or kneeling, lifting in a constrained or restricted work space, lifting unstable loads, wheelbarrows and shovels are not tasks designed to be covered by the lifting equation.
- The shoe sole to floor surface coupling should provide for firm footing.
- Lifting and lowering assumes the same level of risk for low back injuries.
- Using the Guidelines in situations that do not conform to these ideal assumptions will typically underestimate the hazard of the lifting task under investigation.
The computed values of the Recommended Weight Limit are used by the CSHO as a guide to estimate risk. The numbers by themselves do not identify a hazardous activity. The employer's incidence of injuries and lack of programs for training, work practice controls, and engineering controls related to lifting are elements used to determine the seriousness of the hazard.

Calculations

The revised lifting equation for calculating the Recommended Weight Limit (RWL) is based on a multiplicative model that provides a weighting for each of six variables:

RWL = LC x HM x VM x DM x AM x FM x CM

where:

LC = Load Constant (51 pounds)

HM = Horizontal Multiplier (10/H)

Horizontal location of the hands (H): The horizontal location of the hands at both the start (origin) and end (destination) of the lift must be measured. The horizontal location is measured as the distance from the mid-point between the employee's ankles to a point projected on the floor directly below the mid-point of the hands grasping the object (the middle knuckle can be used to define the mid-point). The horizontal distance should be measured when the object is lifted (when the object leaves the surface).

VM = Vertical Multiplier (1 - (0.0075 | V-30 |))

Vertical location of the hands (V): The vertical location is measured from the floor to the vertical midpoint between the two hands (the middle knuckle can be used to define the mid-point).

DM = Distance Multiplier (0.82 + (1.8 / D)

Travel Distance of the load (D): The total vertical travel distance of the load during the lift is determined by subtracting the vertical location of the hands (V) at the start of the lift from the vertical location of the hands (V) at the end of the lift. For lowering, the total vertical travel distance of the load is determined by subtracting the vertical location of the hands (V) at the end of the vertical location of the hands (V) at the end of the lower from the vertical location of the hands (V) at the start of the lower.

AM = Asymmetric Multiplier (1 - (0.0032A))

Asymmetry Angle(A): The angular measure of the perpendicular line that intersects the horizontal line connecting the mid-point of the shoulders and the perpendicular line that intersects the horizontal line connecting the outer mid-point of the hips.

FM = Frequency Multiplier (See Frequency Table Below (Table VII:1-1))

Lifting Frequency (F): The average lifting frequency rate, expressed in terms of lifts per minute, must be determined. The frequency rate can be determined by observing a typical 15-minute work period, and documenting the number of lifts performed during this time frame. The number of lifts observed is divided by 15 to determine the average lifts per minute. Duration is measured using the following categories: Short (Less than one hour); Moderate (1 to 2 hours); Long (2 to 8 hours).

	Work Duration					
	< 1 Hour		> 1 but < 2 Hours		> 2 but < 8 Hours	
Frequency Lifts/min(F) ‡	V < 30 †	V > 30	V < 30	V > 30	V < 30	V > 30
< 0.2	1.00	1.00	.95	.95	.85	.85
0.5	.97	.97	.92	.92	.81	.81
1	.94	.94	.88	.88	.75	.75
2	.91	.91	.84	.84	.65	.65
3	.88	.88	.79	.79	.55	.55
4	.84	.84	.72	.72	.45	.45
5	.80	.80	.60	.60	.35	.35
6	.75	.75	.50	.50	.27	.27
7	.70	.70	.42	.42	.22	.22
8	.60	.60	.35	.35	.18	.18
9	.52	.52	.30	.30	.00	.15
10	.45	.45	.26	.26	.00	.13
11	.41	.41	.00	.23	.00	.00
12	.37	.37	.00	.21	.00	.00
13	.00	.34	.00	.00	.00	.00
14	.00	.31	.00	.00	.00	.00
15	.00	.28	.00	.00	.00	.00
> 15	.00	.00	.00	.00	.00	.00

Table VII:1-1. Frequency Multiplier Table (FM)

‡ For lifting less frequently than once per 5 minutes, set F = 2 lifts/minute.

CM = Coupling Multiplier (See Coupling Table Below (Table VII:1-2))

Object coupling (C): The classification of the quality of the hand-to-object coupling (rated as Good, Fair, or Poor).

GOOD	FAIR	POOR	
CM = 1.00	V < 30" then CM = 0.95	CM = 0.90	
	V > or = to 30" then CM = 1.00		
 For containers of optimal design, such as some boxes, crates, etc., a "Good" hand-to-object coupling would be defined as handles or hand- hold cut-outs of optimal design. 	 For containers of optimal design, a "Fair" hand-to-object coupling would be defined as handles or hand-hold cut-outs of less than optimal design. 	 Containers of less than optimal design or loose parts or irregular objects that are bulky or hard to handle. 	
2. For loose parts or irregular objects, which are not usually containerized, such as castings, stock, supply materials, etc., a "Good" hand-to-object coupling would be defined as a comfortable grip in which the hand can be easily wrapped around the object.	 For containers of optimal design with no handles or hand- hold cut-outs or for loose parts or irregular objects, a "Fair" hand-to-object coupling is defined as a grip in which the hand can be flexed about 90 degrees. 	 Lifting non-rigid bags (i.e., bags that sag in the middle). 	

Help using the lifting formula is available through the Directorate of Technical Support and Emergency Management.

Lifting Analysis Worksheet Table

The actual worksheet can be found in Appendix VII:1-5. The lifting analysis should be performed using both the average and maximum weights.

Appendix VII:1-3. Videotape Guidelines and Analysis [Completely Revised]

Video Guidelines for Ergonomic Evaluations

Obtaining good video documentation for ergonomic evaluations can be difficult -- as the tasks are often performed in inaccessible areas with poor lighting conditions and a lot of extraneous movement taking place. This guide presents suggestions for capturing effective video documentation of potential ergonomic hazards.

Preparation

Use the OSHA Form 200 logs and 101's, complaint information, and interviews to help prioritize areas for taping. It is desirable to have at least a two-person team when performing an evaluation. One person can operate the video camera while the other can record task and employee information.

The equipment needed for an ergonomic inspection will generally include:

- Video Camera with extra tapes and charged batteries
- Tape measure
- Small Notebook
- Fanny pack
- Small scale (Chattillon or fish scale that can measure pull forces)
- Bungee cord or small piece of rope
- Questionnaires for employee interviews concerning ergonomic factors.

Other useful items may include:

- Stop watch
- Lens cleaning paper
- Extra batteries for internal clock
- Skylight UV filter. This is a must in a dirty environment if you do not have a protective case.

The following are general suggestions on camera usage which, if reviewed prior to going on-site, will provide the best video documentation for the analyst and ensure that all pertinent information is obtained and documented.

- Become familiar with the camera and read the operators manual. Shoot some test footage so you are familiar with all the functions of the camera.
- Always activate the date and time mechanism on the camera so that this information is displayed on the video during the entire taping series. This will provide additional reference points with which to correlate written information with the videotape footage. Be aware of the position of the date and time printout on the video footage to make sure that it is not superimposed over the top of important features of the video documentation.
- For operations with extraneous movement it may be necessary to use the manual focus to avoid the camera refocusing on irrelevant moving objects. Determine where the focus point is for the camera you are using. It may not be in the center of the viewfinder. To make this determination place the camera on auto focus and try to focus on a small item such as a hanging pendant that has nothing else in the same plane. Hang the item from a doorway and try to focus by moving

the item back and forth in the field of the viewfinder. You have found the focus point when the camera focuses on the item.

- If the camera has a high speed shutter, turn it off and use the auto shutter. high speed requires too much light for most industrial tasks. If you are taping a worker with dark clothes against a light background (such as a window, or a white wall), activate the "back lit" capability on the camera.
- Practice visual slating of information. This should be done by filming a piece of paper with information clearly written on it just prior to or directly after videotaping the task. Use a marker or dark pen that can be clearly seen. The macro-zoom on your camera will permit use of a small notebook or journal to be used as a slate. A small notebook is easy to carry and any pertinent notes can be recorded on the slate sheet for easy correlation and future reference. Macro-zoom is also helpful for documentation of small informational areas such as labels.
- If visual slating is absolutely not possible, cover the lens with your hand and record the information verbally before the actual job taping begins. Be aware that you will need to speak directly into the camera microphone to be clearly understood. Use of an external microphone can be helpful in audio slating.
- Hold the camera as still as possible or use a tripod if available. Don't walk with the camera
 unless absolutely necessary to record the task. When you change location, move slowly and
 minimize camera movement. Use the zoom instead of walking whenever possible. Use the
 manual focus whenever there is extraneous movement in the frame of action to ensure the
 focus will be on the items of interest.

Videotaping Tasks

The following items outline the procedures used for obtaining useful video documentation.

- If possible tape the operation in the order of production. Do the beginning of the production process first and proceed through all tasks of interest.
- Visually SLATE at least the name of the task just prior to or directly after videotaping the task.
- Tape 5-10 minutes for all jobs including approximately 10 cycles. A cycle is considered to be a set of repeated motions during which one part or assembly is processed. Jobs that have relatively long cycle times in excess of 30-60 seconds may require fewer than 10 cycles if all aspects of the job are recorded at least 3-4 times.
- Begin each task with a whole-body view of the worker from the side including the chair and/or the floor. Hold this view for 2-3 cycles and then zoom the camera in for a closer view of the area of principal interest. Tape from a variety of angles to allow a determination of wrist deviation, arm postures, back angles, etc. Tape from both sides and the front if possible. The total footage may be distributed between these different angles.
- Videotape the operation from a distance to give perspective to the analyst about workstation layout.
- Find an entity of known dimension in the frame of the picture and measure it for reference purposes. The employee's forearm from the wrist to the elbow is a convenient landmark since it is in most frames and is measurable on the television screen. If possible place a piece of contrasting tape on the reference points to provide a more distinct and identifiable location point. Record the reference dimensions either by visually slating the information or verbally

recording the data. If using a ruler or tape measure as your reference point, ensure that the increments are clearly visible.

• Obtain video footage of tools or machinery that are used on the job. Videotape labels from hand tools, machinery, weight from boxes, etc.

Analysis of Videotapes

It is usually best to contact the Salt Lake Technical Center before you submit a videotape for analysis. This will allow us to provide you with a time frame for analysis completion and to make any pertinent inquiries concerning the nature of the request. Send a copy of the tape rather than the original, since we keep all materials for our files, and any written documentation which was obtained about the inspection. Allow plenty of time for analysis as there is generally significant backlog.

There is information that cannot be readily obtained by visual inspection of the video documentation. The following information should be recorded on the videotape slate at the beginning of the taping sequence or provided in the written "Request For Tape Evaluation" accompanying the tape (example attached):

- Name, SIC code, and location of the facility being inspected.
- Date of inspection.
- Name of Compliance Officer(s), and OSHA office performing the inspection.

Additionally, the following information should be visually slated at the beginning of each individual task or recorded in a written Supplemental Factors Checklist (example attached). Written information should be referenced to the video documentation and must accompany the videotape when submitted for analysis.

- The name of the task and employee.
- Anthropometry (height) of the employee.
- Ambient conditions when working in extreme areas (freezers, furnaces, etc.).
- Clothing and PPE (materials, etc.).
- The period of time in which the task is performed including work-rest schedules.
- The nature of injuries as determined from the 200's, 101's, or interviews.
- Weight and dimension of loads lifted.
- Dimensions of the work items seen in the shot (i.e., pallets, tables, shelving units, etc.).
- Vertical distance between origin and destination of lift. Horizontal distance the load is held from the body at the beginning and end of the lift. These distances can be estimated directly from the video documentation if measuring will significantly interfere with the operation. To do this there must be a clear view of the entire body and the work space, preferably in profile. Provide dimensional information on as many work items seen in the footage as possible.
- Distance loads must be carried.
- Production data to aid in determining if the video segment is representative of normal activity.
- Conditions that might affect grip or traction (ie., sand on the floor, ice on boxes being lifted, etc.).

Appendix VII:1-4. Supplemental Factors for Ergonomic Tape Evaluation [New]

Worker Information:

Worker's Name: Worker's Height: Distance from wrist to elbow or between contrast markers: Past medical or CTD problems (prior to this task): Current medical or CTD problems: Non-occupational activities:

Job Information:

Job Name:

Location: Time of videotape sequence:

Job Description (task frequency, cycle time, time on job; is the job always performed in this manner?):

Number of employees on job (now and normally): Line speed; Self or machine-paced; (pieces/min): Break schedule (micro-rest breaks possible): Rotation schedule: Jobs in rotation:

Job and Ergonomic Training:

Given by Whom:

Hands-on or theoretical:

Time spent in training: Updates:

> How often: Last update: Update given by whom:

Workstation Information:

*Make a sketch of the workstation layout on separate sheet of paper or reference to area of tape that shows the entire work layout.

Is the workstation adjustable, can it be tilted or rotated (mechanism and range of motion, heights, dimensions):

Table: Chair: What is the worker standing on (concrete, wood):

Is it slippery:

Can work positions be changed (sit/stand): Reach distances:

> Horizontal: Vertical:

Tool Information:

*Answer these questions and make a sketch or identify the tool on the video segment for each tool used. Use other sheets of paper if needed.

Name of tool:

Type of tool and Power Source:

Torque: Reciprocating or vibrating: Other:

Weight of tool: Handle:

> Span and Length: Material:

If air-powered, is the exhaust away from the hand:

Miscellaneous Information:

What objects or materials are handled and their weight (for patients estimate the amount of help they can provide):

Name & Weight:

Temperature of work environment: Personal protective equipment: Are gloves worn, what material: Estimate of task exertion level: Estimate of hand and finger exertion level:

(1 = Low; hold coffee cup; to 5 = high; open large "Bulldog" paper clip)

Does the employee have an opinion concerning the nature of the problem, management commitment, and possible corrective measures?

Employee Signature (optional, but desirable) _____



Chemicals on Your Site

What is lurking in your cabinets?

- One of the most common findings during an SIA safety site inspection is chemicals, especially cleaning materials, stored in areas accessible to children.
- All schools have some cleaning materials, pesticides, science chemicals, art supplies, etc. on campus that must be handled appropriately and with caution.



Hazard Communication

- Title 8 of the California Code of Regulations requires employers to provide information to their employees about the hazardous substances to which they may be exposed under normal conditions of use or in a reasonably foreseeable emergency resulting from work place operations.
- Only district-approved chemicals should be on site. Site administration should be consulted before any other chemical is purchased.



- Each chemical must be properly labeled. Specifically indicate the contents on secondary containers. Simply writing "cleaner" is not sufficient.
- Personal protective equipment (gloves, goggles, masks) should be available and used when required by all staff handling the chemicals.

Material Safety Data Sheets (MSDS)

- MSDS tell you how to use, handle and store the substance safely.
- MSDS include emergency and first aid procedures as well as emergency phone numbers.
- MSDS can be obtained from the manufacturer and often comes in the shipment.
- Our site's MSDS binder is located ____

Information provided by Schools Insurance Authority www.sia-jpa.org

Motor Vehicle Safety Programs

Every employer whose workers drive on the job should have a comprehensive motor vehicle safety program. The program should provide clear policies, promote safe driving, and ensure that vehicles are maintained in a safe condition.

Why Have a Motor Vehicle Safety Program?

According to federal government statistics:

- Every 5 seconds a motor vehicle accident occurs in the U.S.
- Every 10 seconds a motor vehicle injury occurs.
- Every 12 minutes a motor vehicle fatality occurs.

Many of these accidents involve workers on the job. Vehicle accidents are the *leading* cause of work-related deaths in the U.S. A preliminary report from the Bureau of Labor Statistics says that in 2007 there were 5,488 work fatalities in the U.S. Approximately 40% of these resulted from transportation incidents. In California in 2007 there were 407 work fatalities and 36% resulted from transportation incidents.

Any worker who drives on the job is at risk. Employers are also at risk because those whose workers are involved in vehicle accidents face serious potential liability. This is especially true if the individual(s) injured or killed are third parties (non-employees). Workers who are injured in job-related accidents are covered by workers' compensation and generally cannot sue their employers. However, damage awards from third-party lawsuits can potentially soar into the millions for a fatal accident. An effective safety program can greatly reduce these risks.



What Factors Contribute to Accidents?

According to government statistics, key factors contributing to vehicle accidents include:

- Exceeding the speed limit
- Distracted driving

• Backing up unsafely

Driver fatigue

• Driving a poorly maintained vehicle.

When an accident occurs, injury is much more likely when drivers or passengers are not wearing seatbelts and when loads are not properly secured.

What Are the Costs of Accidents?

The greatest cost is the human pain and suffering, and lost quality of life that workers and their families can experience.

Overall, motor vehicle accidents cost U.S. employers \$60 billion a year. According to OSHA:

- Each accident with a non-fatal injury costs an employer an average of \$74,000.
- Each accident with a fatal injury can cost an employer \$500,000 (and higher).

On-the-job vehicle accidents are largely preventable, so employers can avoid these costs. A good vehicle safety program can help a lot. OSHA cites a survey of business executives by a major insurance company, in which a majority said employers save \$3 for every \$1 they invest in safety. [Source: OSHA's publication *Guidelines for Employers to Reduce Motor Vehicle Crashes*, p.5.]

What Can Employers Do?

Employers are in an excellent position (and have a responsibility) to promote motor vehicle safety on the job. Developing an effective motor vehicle safety program is one of the best ways for employers to protect their employees who drive and to protect themselves from the high cost of accidents.

Although not specifically required, a vehicle safety program should be made part of an employer's Injury and Illness Prevention Program (IIPP), a comprehensive safety program which Cal/OSHA requires most California employers to have.

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Cal/OSHA's Injury and Illness Prevention Program (IIPP) standard (Title 8, California Code of Regulations, sections 1509 and 3203) says that employers need an effective written program to promote health and safety in the workplace. Copies must be made available to all workers.

What Are the Elements of an Effective Vehicle Safety Program?

1. INVOLVE MANAGEMENT AND WORKERS

Assign a key member of the management team to help establish the vehicle safety program and enforce safety policies. This person should be fully accountable for the program.

Actively encourage participation and involvement from all levels of the organization. Workers and their union representatives (if any) should be consulted about all phases of the program as it is developed, and convinced to "buy in" to it. Ask workers to identify driving risks particular to their own jobs and to recommend appropriate solutions such as revised policies, procedures, and work schedules.

2. PREPARE WRITTEN POLICIES AND PROCEDURES

Develop a written statement emphasizing the employer's commitment to reducing vehiclerelated deaths and injuries. Create a clear and comprehensive set of safety policies and communicate them to all employees.

Consider the following policies:

- Require workers to stop driving if they feel fatigue. Plan schedules to allow this. Accident risk has been shown to increase with hours of driving. Don't ask workers to drive beyond their normal working hours.
- Discourage distracted driving. For example, workers should avoid eating, drinking, reading, and applying makeup while driving. Don't require or allow workers to conduct company business on a cell phone while driving. (In California, according to the law, drivers must use "hands-free" headsets.)

Warning Signs of Fatigue

- Eyes that feel sore or heavy.
- Daydreaming.
- Continual yawning.
- Feeling stiff or cramped.
- Slower reaction times.
- Varying speed for no apparent reason.
- Rash decisions due to impatience.
- Wandering over the centerline or onto the road edge.
- Require drivers to report problems or concerns with vehicles immediately.

- Require drivers to maintain valid licenses for the types of vehicles they operate and to get required medical exams for commercial licenses when necessary. Check DMV history of workers who will be assigned to drive as a major part of their jobs.
- Develop work schedules that allow workers to obey speed limits.

3. ENCOURAGE SAFE DRIVING

- Provide continuous safety training to all drivers. Make sure that regular meetings are scheduled where safety challenges and problem-solving are discussed.
- Provide driver training for new hires. Many employers have found that new hires have more accidents than experienced workers.
- Teach workers strategies for recognizing and managing driver fatigue and in-vehicle distractions.
- Provide extra training to workers operating specialized motor vehicles or equipment.
- Emphasize the importance of using seat belts, and explain that it's mandatory.

Tips for Safe Driving

- Buckle up—always wear a seatbelt.
- Stay focused and awake.
- Don't use cell phones while driving.
- Don't drink and drive.
- Keep your cool—avoid aggressivebehavior and road rage.
- Don't back up your vehicle unless there is good visibility. You may need a spotter and/or alarm.
- Watch out for pedestrians.
- Be aware of road conditions. Slow down on slick roads and in construction zones.
- Secure tools and equipment.
- Make sure your vehicle is in good condition.

-Adapted from Oregon OSHA

4. REPORT AND INVESTIGATE ALL INCIDENTS

- Develop a no-fault reporting system. This encourages workers to report near-misses and other problems as well as accidents.
- Review all incidents to determine their causes, patterns, trends, and whether or not they were preventable. Try to understand *root causes* (conditions that make driving mistakes more likely). Understanding what really happened, regardless of fault, can help reduce accidents in the future.

5. KEEP VEHICLES SAFE

• It is the employer's responsibility to establish a regular vehicle inspection/maintenance schedule. Conduct informal inspections daily and formal inspections on a regular basis.

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- Encourage employees to report mechanical problems as soon as possible. (See the *Sample Vehicle Inspection Checklist* on the back page.)
- Provide vehicles that offer the highest possible level of protection. Vehicles should have working seat belts, adequate tire treads, provide rollover protection, and be in good mechanical condition.
- Provide necessary safety and emergency equipment in all vehicles, such as cones, triangles, fire extinguishers, first aid kits, and snow chains. A camera to document incidents is also useful. Some employers supply an insurance form to diagram accidents, list witnesses, etc.
- Consider adopting a "one driver, one vehicle" strategy. This means that the same worker operates the same vehicle most of the time. He or she becomes familiar with it and may identify mechanical problems more easily.

6. EVALUATE YOUR SAFETY PROGRAM

• Periodically assess your progress, and use this information to improve your motor vehicle safety policies and procedures.

Which Agencies Oversee Motor Vehicle Safety?

- The Federal Motor Carrier Safety Administration (FMCSA) and the National Highway Traffic Safety Administration (NHTSA) develop and enforce vehicle safety standards.
- The California Department of Motor Vehicles (DMV) licenses drivers at the appropriate level for the vehicles they operate.
- The California Highway Patrol (CHP) and local authorities have jurisdiction over driving violations, equipment violations, and any accident that occurs on a highway.
- Neither OSHA nor Cal/OSHA has a specific standard on motor vehicle safety.

Sum Up

Although employers cannot control roadway conditions, they can promote safe driving by keeping vehicles in safe condition and making sure that schedules do not cause driver fatigue. They should develop clear safety policies and provide safety information and training to workers. Many accidents are avoidable. If employers take the appropriate steps to protect and train their employees, work-related accidents can be significantly reduced. Developing a proactive vehicle safety program is one of the best ways to control costs and reduce injury to workers and others.

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A Note on Young Drivers

- Traffic accidents are the leading cause of fatalities for teenagers, both on and off the job.
- In California no worker under 18 may drive a motor vehicle on public streets as part of the job or work as an outside helper on a motor vehicle. (There are a few exceptions. For example, 17-year-olds may drive in very limited circumstances, but not as a major part of the job.)
- For young drivers (18 and up) assign driving-related tasks in an incremental fashion, beginning with limited driving responsibilities and ending with unrestricted assignments.
- For young drivers (18 and up) be particularly vigilant about enforcing safety belt use (adolescents and young adults are less likely than older adults to wear safety belts).

RESOURCES

Cal/OSHA Consultation

www.dir.ca.gov/dosh/consultation.html

Cal/OSHA is a state agency that enforces job safety and health standards by responding to complaints and accident reports and by conducting workplace inspections. Cal/OSHA's Consultation Service provides technical assistance on health and safety problems to employers and employees. Cal/OSHA Consultation has several vehicle-related publications on the web. Soon these will include a *Fleet Safety Program* (*FSP*) Worksheet and *Fleet Vehicle Safety Program Self-Assessment Checklist* which are currently in preparation. Employers can obtain assistance or learn more about Cal/OSHA Consultation services on the website or by calling toll-free 1-800-963-9424.

National Institute for Occupational Safety and Health (NIOSH) Motor Vehicle Safety

www.cdc.gov/niosh/topics/motorvehicle/

NIOSH is the federal agency responsible for conducting research and making recommendations to prevent work-related injury and illness nationwide. This NIOSH webpage offers links to *Fatality Assessment and Control Evaluation (FACE)* case reports, other reports related to vehicle safety, and articles and factsheets with statistics and prevention information. NIOSH provides technical assistance on safety and health issues to employers, employees, and others. Call toll-free 1-800-CDC-INFO (1-800-232-4636).

Occupational Safety and Health Administration (OSHA) Motor Vehicle Safety

www.osha.gov/SLTC/motorvehiclesafety/

OSHA promotes the safety and health of America's working men and women by setting and enforcing standards and by providing training, outreach, and education. This OSHA webpage has information on motor vehicle safety, hazard recognition, possible solutions, and related resources. One important publication is *Guidelines for Employers to Reduce Motor Vehicle Crashes*. Call toll-free 1-800-321-OSHA (1-800-321-6742).

American Society of Safety Engineers (ASSE)—Transportation Practice Specialty

www.asse.org/practicespecialties/transportation/

ASSE is the oldest and largest professional safety organization. This website offers safety checklists and safety articles of interest.

ASSE also offers for sale the American National Standards Institute (ANSI) standard ANSI/ASSE Z15.1 Safe Practices for Motor Vehicle Operations, available from their "standards store" at www.asse.org/ cartpage.php?link=standards. Go to the Additional Standards section to purchase a copy. This standard sets forth best practices for the safe operation of motor vehicles owned or operated by an organization.

Federal Motor Carrier Safety Administration (FMCSA)

www.fmcsa.dot.gov

FMCSA focuses on reducing crashes, injuries, and fatalities involving large trucks and buses. Many of their publications are available online, including the *ETA-A Motor Carriers' Guide to Improving Highway Safety*, the *Hazardous Materials Emergency Response Guidebook*, and reports on various topics such as driver fatigue. The California Field Office number is 1-916-930-2760.

National Highway Traffic Safety Administration (NHTSA)

www.nhtsa.dot.gov

The NHTSA website provides access to the *National Driver Register*, a computerized database about drivers who have had their licenses revoked or suspended or who have been convicted of serious traffic violations. This site also includes statistical information, a collection of traffic safety factsheets, and many other publications. Call toll-free 1-888-327-4236.

National Safety Council (NSC)

www.nsc.org

The NSC offers courses for safety professionals, instructors, supervisors, and drivers, with some leading to certificates. Its website has a free safety factsheet library with some on driving safety. It also has a Driver Safety page with general information, including state motor vehicle death statistics.

Network of Employers for Traffic Safety (NETS)

www.trafficsafety.org

NETS is a public-private partnership that engages employers of all sizes and industry types in seeking, developing, and expanding best practices in traffic safety. Their website offers many statistics and factsheets for employers, including *The Economic Burden of Traffic Crashes on Employers* and *Work-Related Roadway Crashes: Challenges and Opportunities for Prevention*. Call 1-703-891-6005.

This factsheet was developed in 2008 by the Labor Occupational Health Program (LOHP), University of California, Berkeley. These materials are part of the Worker Occupational Safety and Health Training and Education Program (WOSHTEP), which is administered by the Commission on Health and Safety and Workers' Compensation in the Department of Industrial Relations through interagency agreements with LOHP at UC Berkeley and the Labor Occupational Safety and Health Program (LOSH) at the University of California, Los Angeles.

- SAMPLE VEHICLE INSPECTION CHECKLIST -					
DATE:			MILEAGE:		
LICENSE PLATE # / VIN:		MILEAGE AT LAST SERVICE:			
ITEM CHECK THE APPROPRIATE COLUMN	ОК	NOT OK	DESCRIBE THE PROBLEM		
REGISTRATION AND INSURANCE Proper registration and proof of insurance?					
HEADLIGHTS / TAIL LIGHTS / BRAKE LIGHTS Do they work? Are they cracked?					
HORN Working?					
BRAKES Will emergency brake hold? Other problems?					
WINDSHIELD WIPERS Wipers and rear wipers in good condition?					
WINDSHIELD Free from cracks that impair vision?					
TIRES Proper inflation? At least 1mm of tread?					
EXHAUST SYSTEM No leaks, noise, or smoke?					
REAR VIEW MIRROR Working? Side mirrors (if applicable)?					
DOORS AND WINDOWS Open and close freely? No cracked glass?					
FUEL TANK Free from leaks? Gas cap OK?					
SEAT BELTS One for each seat? In good working order?					
ALL FLUIDS Fluids filled to correct level?					
BABY / CHILD SEAT (if applicable) Installed and secured properly?					
EMERGENCY AND SAFETY EQUIPMENT Cones / extinguisher / first aid kit / water / snow chains / phone / camera to document accidents					



Ergonomic fixes on a shoestring

Lita Chang, SIA Prevention Services



<u>RISK</u>

In this picture the mouse is located on the desktop as there is not enough room next to the keyboard for the mouse. When an individual must extend their arm to use the mouse, undue stress is placed on the neck and shoulder area. In addition, if the individual plants their wrist on the desktop, more pressure may be placed on the carpal tunnel area resulting in more discomfort.





In order for the individual to obtain neutral posture in the upper body, the mouse must be placed on the same plain as the keyboard. As shown in the picture, this has been achieved by placing a keyboard tray on top of the existing keyboard tray and/or desk drawer. Having the keyboard and mouse on the same plain allows for neutral body posture which helps reduce the chances of injury.



A keyboard tray (or similar item) placed on an existing surface lower than desktop height can simulate a keyboard tray and help place the upper body in a neutral posture. This can be a cost effective solution if a keyboard tray is not affordable.

Do you have unexplained aches and pains? SIA offers **FREE** ergonomic evaluations, education and presentations to member districts within our worker's compensation pool. To find out more information about this program or who your district liaison is, please contact Lita Chang, Prevention Services at <u>lchang@sia-jpa.org</u>.

Schools Insurance Authority, Prevention Services P.O. Box 276710 ● Sacramento, CA 95827 (916) 364-1281 ● (916) 362-0904 fax ● <u>www.sia-ipa.org</u>



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Prevention is the key to help keep the cost of claims down. When budget is tight, it is often difficult for districts to spend money on ergonomic materials. Below are some ideas to help solve issues on a tight budget.

Books or a ream of paper are a good solution to help elevate a computer monitor or laptop. Many individuals, who have pain in their neck, shoulder, or upper back can minimize neck flexion by bringing the monitor up to eye level. One way to check monitor height, look at the task bar in a program such as Word and have a co-worker snap a picture of your posture. If you are looking up, bring the monitor down. If you are looking down, raise the monitor up. If you wear bi/tri-focals try adjusting the computer monitor lower than your eye level to allow you to focus through the bottom part of the lens. Most optometrists recommend having a pair of glasses for computer use only if you do a large amount of computer work. Keep in mind that good posture is important too as it helps to reduce eye strain and in some cases reduction of headaches.







Sturdy items or ream of paper- FREE!

Reams of paper make a good solution for a footrest. A ream of paper can help support the legs, improve circulation, help reduce body strain and prevent "dangling" which may cause strain on the low back. In some cases if you feel the chair placing pressure on the back of your knees, it may be cutting off circulation. One solution is supporting your legs so that knees and hip are in alignment with each other. As in the pictures below, you want to make sure you are sitting with proper posture, knees and hips in alignment, and back straight.



Approximately \$45.00



2 Reams of Paper - Free



Phone Book- Free

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- 1. **Reduce your pinch grip** Do you often use a pen/pencil that is small in diameter? Do you often have to stop and rest because your hand or wrist is sore or numb after writing for a long period of time? This may be caused by an intense pinch grip which is exerted while holding a thin pen/pencil. Using wide body pens/pencils helps reduce your pinch grip and may help reduce pain and/or numbness in the hand or wrist area. You can add a pen/pencil grip to help increase the body of the pen or as a temporary solution use tape around the pen/pencil to help increase the body of the pen/pencil.
- 2. Alternating hands when using your mouse can help reduce injury and/or pain in your wrist. Alternating from your dominant to non-dominant hand helps balance the load which may help prevent injury from occurring. Remember when you are using a standard mouse it is important to cup the mouse with your entire palm so that your wrist stays in neutral posture. When moving the mouse, avoid side-to-side wrist motion and utilize your forearm muscles. It is important that you use your forearm to move the mouse as it helps maintain neutral wrist posture and reduce undue stress on the carpal tunnel region.





Neutral Posture

Improper Posture

3. Use shortcut keys instead of the mouse when typing documents in Office Programs (Word, Excel, etc.). Shortcut keys help reduce the repetitive use of the mouse and help reduce injury to your wrist /carpal tunnel area. Here are some examples to help you get started:

Control "Ctrl" B = BoldControl "Ctrl" C = CopyControl "Ctrl" V = PasteControl "Ctrl" X = CutControl "Ctrl" S = Save

- To highlight an area, hold the shift key and arrow keys across rather then clicking and dragging the mouse over the desired text.
- If at any time you are in an Office Program (Word, Excel, etc.) you can access the menu by using the alt key to highlight the tool bar and use the arrow keys to move around.

Remember micro-breaks are key in helping to reduce injury! Take the opportunity to rest/stretch your hands and wrists while your computer is "thinking" or while reading a document on your computer screen.

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Rescue Union - Green Valley Elementary School

AED Policies & Procedures

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com



Rescue Union - Green Valley Elementary School AED PROGRAM CONTACT LIST

AED Coordinator: Mandy Tomlin

Location: 2390 Bass Lake Road Rescue, CA, 95672 Phone Number: (530)672-4300 Email: mtomlin@rescueusd.org

Site Contact: Mandy Tomlin

Location: 2380 Green Valley Rd. Rescue, CA, 95672 Phone Number: (530)672-4300 Email: mtomlin@rescueusd.org

Medical Director: Michael Choy, MD

Phone Number: (530) 477-6818 Email: info@dipietroassociates.com

Local EMS: El Dorado County

Contact: Richard W. Todd Location: 2900 Fair Lane Court Placerville, CA 95667 Phone Number: (530)621-6500 Email: michelle.patterson@edcgov.us

AED Program Management: DiPietro & Associates, Inc.

Location: 101 W. McKnight Way Ste B #255 Grass Valley, CA, 95949 Phone Number: (530) 477-6818 Email: david@dipietroassociates.com



Rescue Union - Green Valley Elementary School AED LOCATIONS

Location: Health Office Serial Number: 16D00947287

Location: Plumb Center/Multipurpose Room Serial Number: 19D00008563



DiPietro & Associates, Inc.

"Helping Companies Navigate Safety"

Medical Direction & Prescription Certificate

As a client of DiPietro & Associates Inc. the following location is under the medical direction of Michael Choy, MD. for a period of one year from:

Effective Date: July 15, 2019 Company Name: Rescue Union - Green Valley Elementary School Location: 2380 Green Valley Rd. Rescue, CA, 95672

This prescription is renewable yearly through DiPietro & Associates Inc. In accordance with the recommendations of the American Heart Association, DiPietro & Associates agrees to provide all of the necessary tools and support for placement of an automated external defibrillator (AED) at your location. The following AED(s) are covered by this prescription:

AED Make / Model: HeartSine Samaritan 350P Serial Number(s): 16D00947287 19D00008563

By implementing DiPietro & Associates online tracking system you will meet or exceed all guidelines and recommendations for private ownership of an AED for the establishment of a public access defibrillation program. In order for this prescription and medical direction to be in effect, all steps of the implementation program must be completed.

Upon termination or expiration of the service agreement with DiPietro & Associates, Inc., the client assumes complete responsibility and liability for all AEDs purchased and AED programs implemented. These responsibilities include, but are not limited to: medical control and oversight, ongoing training, event review, policies and procedures updates, equipment maintenance, and ongoing AED program compliance.

Muchael Chog MD

Michael Choy, MD Medical Director

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com

Rescue Union - Green Valley Elementary School AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM **Standard Operating Procedures**

Effective Date: 7/15/2019

1. BACKGROUND

Sudden Cardiac Arrest is the nation's leading cause of death. 350,000 relatives, co-workers, and neighbors will suffer a Sudden Cardiac Arrest this year. Despite immediate CPR efforts and a rapid 911 response, tragically less than 5% will survive. In response to these chilling statistics the Food and Drug Administration, Federal and State Legislatures, as well as OSHA, have approved Automatic External Defibrillators (AEDs) and recommend their implementation in the workplace.

AEDs are devices designed to administer an electric shock to the heart of a Sudden Cardiac Arrest victim. This "electric medicine" stops a fatal rhythm called Ventricular Fibrillation and allows the patients heart to begin beating on its own. The shock can only be delivered after the device has verified the patient is in Cardiac Arrest, delivery of an inappropriate shock is not possible.

The American Heart Association as well as Federal guidelines recommend that AED treatment be given within the first 3 minutes of a Sudden Cardiac Arrest. To achieve this recommendation AEDs must be strategically placed and appropriate numbers of employees trained to use them. By doing so we may improve survivability of Cardiac Arrest by as much as 65%. Every minute that defibrillation is delayed; 7-10% of survivability is lost. After 10 minutes without defibrillation the patient's chances of survival drop to less than 5%. To effectively treat Sudden Cardiac Arrest, AEDs must be immediately available.

2. PROGRAM OBJECTIVE

To make available the most rapid response possible to a victim of a Sudden Cardiac Arrest.

To implement the American Heart Association recommended "Chain of Survival" including early defibrillation within 3 minutes of a reported event.

To make available to our clients, partners, employees, contractors and guests the best chances of surviving the nation's leading cause of death.



The 5 links in the adult Chain of Survival are

• Immediate **recognition** of cardiac arrest and **activation** of the emergency response system

- Early cardiopulmonary resuscitation (CPR) with an emphasis on chest compressions
- Rapid **defibrillation**
- Effective advanced life support
- Integrated **post-cardiac arrest care**

A strong Chain of Survival can improve chances of survival and recovery for victims of heart attack, stroke and other emergencies.

3. PURPOSE

These policies and procedures provide the necessary information to effectively implement, administer, and maintain the AED program. Access and training on these policies and procedures should be provided to any employee that may voluntarily render assistance at the scene of a cardiac arrest or who wishes to be involved with the administration of this program. All Targeted Responders, Site Contacts, and AED Coordinators are required to become familiar with these policies and procedures and will be provided formal training and American Heart Association certification.

4. SCOPE

These policies and procedures define responsibilities and methods by which personnel will comply with corporate and state regulatory requirements. All onsite Automated External Defibrillators (AEDs) shall be subject to these policies and procedures.

These policies and procedures apply to all employees who are members of the voluntary Emergency Response Team or who may voluntarily render First Aid, CPR or defibrillation.

These policies and procedures are a compilation of CA state standards for the use of an AED by non-licensed personnel or Public Access Defibrillation Programs (PAD). Additional action by the Site Contacts and/or AED Coordinator may be necessary to comply with these requirements.

5. **DEFINITIONS**

- 5.1 <u>AED</u> is the acronym used to describe the AUTOMATED EXTERNAL DEFIBRILLATOR. The AED in use at Rescue Union - Green Valley Elementary School is the HeartSine Samaritan 350P. Operating instructions and maintenance manuals are available in this document or by contacting the Site Coordinator.
- 5.2 The <u>Medical Director</u> is a licensed physician that has authority over the entire AED program and its participants. General responsibilities include establishing guidelines for administration, implementation and maintenance of the program. The Medical Director oversees quality assurance, compliance to protocols, proper training and provides positive reinforcement to individuals and the system, as well as corrective instruction. The Medical Director will provide post event review and make system improvement recommendations.
- 5.3 The <u>AED Coordinator</u> is an employee of Rescue Union Green Valley Elementary School who is the primary liaison between the company's AED program and the Medical Director. This person will help the organization fulfill its responsibility for

maintaining the program from a corporate level. The AED Coordinator will disseminate program information to and from the Medical Director, DiPietro & Associates, Inc. and the Site Contacts. The AED Coordinator will play an active role in the development of policies and procedures, quality assurance and program evaluation. The AED Coordinator will be given instructions, a username and password to the online tracking system. He/She will ensure required information is entered into the online tracking system in a timely manner and are responsible for communication with the online tracking system.

5.4 The <u>Site Contacts</u> are employees at the individual facilities equipped with an AED. If no site contact the <u>AED coordinator</u> will assume all site contact responsibilities. The primary responsibility of the Site Contacts is to ensure the readiness of the AED program for the local level. The Site Contacts are responsible for on-site coordination and to assist the AED Coordinator and Medical Director as necessary.

The Site Contacts are also responsible to ensure that all AED units are inspected, maintained and tested according to the manufacturer's guidelines.

The online monthly maintenance data should be entered by the Site Contact By the 5th of every month. Information can be submitted between the 25 th of the previous month and the 5th of the current month. If the monthly maintenance form is not completed by the 5th of each month, the online tracking system software will auto-email the AED coordinator a reminder.

The Site Contact is also responsible for scheduling initial training and regular retraining programs, forwarding any incident data and holding post-incident debriefing sessions for any employees involved in the use of an AED. Another critical role of the Site Contacts is to forward any information to the AED Coordinator that could adversely affect the AED program.

The names of the Site Contact(s) and AED Coordinator(s) are listed in the AED Program Contact List and in the AED Navigator Database.

<u>Targeted Responders</u> are specific individuals who have volunteered to respond to a cardiac emergency and have been trained in accordance with these policies and procedures. A sufficient number of Targeted Responders may be designated to ensure that someone is available to use the AED in all areas during normal business hours. 10-15% of the total employee number, strategically located throughout the facility is a commonly accepted standard. This percentage is only a rule of thumb and is not regulatory driven or mandated. Targeted Responders are, in most cases, the same people that make up the voluntary Emergency Response Team.

6. **PROGRAM DESCRIPTION**

- 6.1 Responsibility
 - 6.1.1 Responsibility of AED Coordinator/Site Contact
 - 6.1.1.1 To establish an AED standard operating procedure.
 - 6.1.1.2 To disseminate information to and from program elements.
 - 6.1.1.3 To maintain the AED program to ensure compliance with these standards.
 - 6.1.1.4 To periodically evaluate facilities for any change in conditions that could adversely affect program effectiveness.

- 6.1.1.5 To ensure there is an appropriate number of trained responders.
- 6.1.1.6 To provide necessary safety equipment including personal protective equipment for targeted responders.
- 6.1.1.7 To provide appropriate signage identified location of AED's.
- 6.1.1.8 To ensure information is entered into the online tracking system software in a timely manner.
- 6.1.1.9 To ensure that all participating personnel are identified and receive training on these policies and procedures.
- 6.1.2.0 To assure that proper safety procedures regarding AEDs, as outlined in this policy, are followed.
- 6.1.2.1 To ensure response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
- 6.1.3 Responsibilities of the Targeted Responder
 - 6.1.3.1 To conduct response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
 - 6.1.3.2 To report any AED use, indicators or alarms, or missing AEDs to their supervisor.
 - 6.1.3.3 They should maintain certification.
- 6.2 Equipment, Location, Inspection and Maintenance
 - 6.2.1 Equipment
 - 6.2.1.1 The following equipment shall be maintained as part of the AED Program and is to be used only for AED emergencies:
 - Heartsine Samaritan
 - Manufacturer's prep kit
 - Extra set of AED pads
 - Extra batteries
 - 6.2.1.2 For the exact location of the AED refer to the nearest evacuation map.
 - 6.2.1.3 AEDs are in an AED Cabinet and announced by appropriate signage.
 - 6.2.2 Inspections of AED Units
 - 6.2.2.1 The AED coordinator, or other staff member(s) as designated, shall inspect the AED at least monthly. At some facilities, this can be incorporated into the facility's fire extinguisher inspection checklist.
 - 6.2.2.2 Inspections will confirm that the AED is:
 - In place and accessible
 - Ready for use, with the electrodes attached to the unit (verify according to manufacturer's directions)
 - All related supplies are in place, within shelf life and in good condition
 - The monthly inspection will be entered into the monthly maintenance log in the online tracking system.

6.2.3 Maintenance – see the User's Guide for the complete maintenance schedule.

6.3 Procedures

6.3.1 Responding to an Emergency

In the event of an emergency potentially requiring the use of CPR or the AED unit, the first responder shall immediately call "911", or direct someone to call "911" and state:

- The nature of the emergency
- The location
- Caller's name
- Caller's call back number

The first responder will direct someone to get the AED and bring it to the location of the emergency. Turn on the HeartSine Samaritan and follow the CPR prompts.

Try to get the person to respond. Tap and shout. If they do not respond, roll the person on his or her back on a firm, flat surface.

Start chest compressions. Place the heel of one hand on the lower half of the breastbone, Put the heel of your other hand on top of the first hand,

Press straight down so you compress the chest **at least 2 – 2.4**" at a rate of at least 100-120 compressions a minute for adults.

For children, push the chest up to 2'' at the same rate of at least 100 compressions a minute.

After each compression, let the chest come back up to its normal position.

Compressions are very important and doing them correctly can be tiring. If other trainer responder(s) are available, take turns switching about every 2 minutes. Move quickly to keep the pause between compressions as short as possible.

Continue until the person moves or wakes, or until 911 arrives.

The first certified AED user on the scene would be responsible for directing its use. A more detailed response description and treatment algorithm should be placed with each AED unit.

6.3.2 Post Incident

Any cardiac event or use of the AED shall be reported to the Office Supervisor and AED Coordinator. If they are unable to reach, the incident shall be reported directly to DiPietro & Associates, Inc. Main Office at (530) 477-6818.

By the next business day after the event, the AED Coordinator must be notified and the AED Coordinator must acknowledge that they have received the notification. If the AED Coordinator does not acknowledge receipt within 4 hours, contact should be made directly with DiPietro & Associates, Inc. (530) 477-6818. Report information should include:

- Date/time of the incident
- Nature of the incident

- Location of the AED used
- Patient (name)
- Responders (names and contact information)
- Witnesses (names and contact information)
- Follow-up care (hospital, doctor, phone numbers)

The AED Coordinator will do the following after any AED use:

- Complete an event report (section 8).
- Complete the Event Summary Form in the online tracking system
- Notify DiPietro & Associates, Inc. (530) 477-6818, if not already contacted.
- Download data and Label with patient information and deliver to DiPietro & Associates, Inc. or designated Medical Director. See www.heartsine.com for instructions and free software or call DiPietro & Associates, Inc., Inc. for assistance (530) 477-6818.
- Conduct incident debriefing, as needed.
- Complete incident follow-up report as deemed necessary by the Medical Director.
- Clean the AED if needed. Review User's Guide for list of appropriate cleaning agents.
- Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or old expiration dates.
- Refer to user's manual; perform post use inspection before placing the unit back in service.
- 6.4 Program Evaluation
 - 6.4.1 The AED Coordinator and the designated AED Medical Director will evaluate the AED program annually or following each use of an AED.
- 6.5 Personnel, Training and Record Keeping.
 - 6.5.1 Training Program

All Targeted Responders shall receive training on the use of the AED, these policies and procedures, general safety procedures, and use of any necessary personal protection equipment.

Initial training shall consist minimally of a 3-4 hour CPR/AED class taught in accordance with American Heart Association guidelines, with mandatory periodic skills evaluations. A 5-7 hour CPR/AED/First Aid class will also meet this requirement. Skills evaluations, required in California, are necessary to maintain proficiency and may take a variety of forms.

Re-certification training will be conducted annually. Staff may be trained on alternate years. Although certification cards may be valid for up to two years, Medical Direction requires AED Targeted Responders to recertify annually. To schedule training, contact DiPietro & Associates, Inc. at (530) 477-6818 or via email to support@DiPietroAssociates.com.

7. REPORTING AND RECORDKEEPING REQUIREMENTS

- 7.1 Any cardiac event and the use of the AED will be reported to the Office Supervisor and AED Coordinator immediately.
- 7.2 Any use of the AED will be reported to the AED Coordinator by the next business day, who will notify DiPietro & Associates, Inc. (530) 477-6818. If the AED Coordinator does not acknowledge notification within (4 hours) contact DiPietro & Associates, Inc. directly at (530) 477-6818.
- 7.3 AED Use Records shall be maintained in accordance with the requirements stated in ABCDEF Safety and Risk Management Program manual and as required by law.

8. **REFERENCES**

- 8.1 American Heart Association Heartsaver AED Training Manual.
- 8.2 Senate Bill No. 287, Chapter 449
- 8.3 Senate Bill No. 658, Chapter 264

9. CONTINGENCIES

9.1 The sections to this policy may be updated at any time without revising the policy. Superseded sections will be archived with the original policy.

10. SIGNATURES

Approved by:	Name and Title	Date:	
Approved by:	Name and Title	Date:	

Rescue Union - Green Valley Elementary School

Treatment Algorithm

2015 (New): Universal elements of a system of care have been identified to provide stakeholders with a resuscitation system (Figure 3).

that are required before that convergence are very different for the 2 settings. Patients who have an OHCA depend on their community for support. Lay rescuers must recognize the arrest, call for help, and initiate CPR and provide common framework with which to assemble an integrate fibrillation (ie, public-access defibrillation [PAD]) until a team of professionally trained emergency medical service

Why: Healthcare delivery requires structure (eg, people, (EMS) providers assumes responsibility and then transports equipment, education) and process (eg, policies, protocols, patient to an emergency department and/or cardiac procedures) that, when integrated, produce a system (eg, a'critical care unit for continued care. In contrast, patients programs, organizations, cultures) that leads to optimal outcomes (eg, patient survival and safety, quality, satisfaction), who have an IHCA depend on a system of appropriate An effective system of care comprises all of these elements elements (eg, rapid response or early warning system) to prevent cardiac arrest. If cardiac arrest occurs, patients structure, process, system, and patient outcomes—in a depend on the smooth interaction of the institution's various framework of continuous quality improvement. departments and services and on a multidisciplinary team

Chains of Survival

of professional providers, including physicians, nurses, respiratory therapists, and others. 2015 (New): Separate Chains of Survival (Figure 4) have been recommended that identify the different pathways Use of Social Media to Summon Rescuers of care for patients who experience cardiac arrest in the hospital as distinct from out-of-hospital settings.

2015 (New): It may be reasonable for communities to incorporate social media technologies that summon rescuers Why: The care for all post-cardiac arrest patients, regardlessare in close proximity to a victim of suspected OHCA of where their arrests occur, converges in the hospital, and are willing and able to perform CPR.

generally in an intensive care unit where post-cardiac arrect. Why: There is limited evidence to support the use of social

media by dispatchers to notify potential rescuers of a possib



cardiac arrest nearby, and activation of social media has Regionalization of Care been shown to improve survival from OHCA. However, in a recent study in Sweden, there was a significant increase 2015 (Reaffirmation of 2010): A regionalized approach the rate of bystander-initiated CPR when a mobile-phone OHCA resuscitation that includes the use of cardiac resuscitation centers may be considered. dispatch system was used ven the low harm and the potential benefit, as well as the ubiquitous presence of CWhy: A cardiac resuscitation center is a hospital that devices, municipalities could consider incorporating these provides evidence-based care in resuscitation and posttechnologies into their OHCA systems of care.

is hoped that resuscitation systems of care will achieve the 2015 (Updated): For adult patients, rapid response team improved survival rates that followed establishment of oth (RRT) or medical emergency team (MET) systems can systems of care, such as trauma. be effective in reducing the incidence of cardiac arrest, particularly in the general care wards. Pediatric MET/RRT systems may be considered in facilities where children w high-risk illnesses are cared for in general in-patient unit The use of early warning sign systems may be considered for adults and children.

2010 (Old): Although conflicting evidence exists, expert

consensus recommended the systematic identification offey issues and major changes in the 2015 Guidelines patients at risk of cardiac arrest, an organized response Update recommendations for adult CPR by lay rescuers to such patients, and an evaluation of outcomes to fosteinclude the following: continuous quality improvement. The crucial links in the out-of-hospital adult Chain of Survival are

Why: RRTs or METs were established to provide early intervention for patients with clinical deterioration, with the goal of preventing IHCA. Teams can be composed of

The Adult BLS Algorithm has been modified to reflect the fact that varying combinations of physicians, nurses, and respiratory rescuers can activate an emergency response (ie, through use of a therapists. These teams are usually summoned to a patient mobile telephone) without leaving the victim's side. bedside when acute deterioration is identified by hospital

staff. The team typically brings emergency monitoring and resuscitation equipment and drugs. Although the evidence

is still evolving, there is face validity in the concept of having commendations have been strengthened to encourage teams trained in the complex choreography of resuscitation. In the recognition of unresponsiveness, activation of the

2015 (Reaffirmation of 2010): Resuscitation systems should establish ongoing assessment and improvement of systemsCPR instructions to the caller (ie, dispatch-guided CPR). of care.

Why: There is evidence of considerable regional variation in the reported incidence and outcome of cardiac arrest in the United States. This variation underscores the need for communities and systems to accurately identify each occurrence of treated cardiac arrest and to record outcomes. There are likely to be opportunities to improve survival rates in many communities.

Community- and hospital-based resuscitation programs should systematically monitor cardiac arrests, the level of resuscitation care provided, and outcome. Continuous quality improvement includes systematic evaluation and feedback, measurement or benchmarking, and analysis. Continuous efforts are needed to optimize resuscitation care so that the gaps between ideal and actual resuscitation fife-threatening opioid-associated emergencies. performance can be narrowed.

Adult Basic Life Support and CPR

Quality: Lay Rescuer CPR

cardiac arrest care, including 24-hour, 7-day percutaneous coronary intervention (PCI) capability, TTM with an adequa annual volume of cases, and commitment to ongoing performance improvement that includes measurement, benchmarking, and both feedback and process change. It

It is recommended that communities with people at risk for cardiac arrest implement PAD programs.

unchanged from 2010, with continued emphasis on the simplified

universal Adult Basic Life Support (BLS) Algorithm.

emergency response system, and initiation of CPR if the lay rescuer finds an unresponsive victim is not breathing or not breathing normally (eg, gasping).

Emphasis has been increased about the rapid identification of potential cardiac arrest by dispatchers, with immediate provision of

The recommended sequence for a single rescuer has been confirmed: the single rescuer is to initiate chest compressions before giving rescue breaths (C-A-B rather than A-B-C) to reduce delay to first compression. The single rescuer should begin CPR with 30 chest compressions followed by 2 breaths.

There is continued emphasis on the characteristics of high-quality. CPR: compressing the chest at an adequate rate and depth. allowing complete chest recoil after each compression, minimizing interruptions in compressions, and avoiding excessive ventilation.

The recommended chest compression rate is 100 to 120/min (updated from at least 100/min).

The clarified recommendation for chest compression depth for adults is at least 2 inches (5 cm) but not greater than 2.4 inches (6 cm).

Bystander-administered naloxone may be considered for suspected

These changes are designed to simplify lay rescuer training and to emphasize the need for early chest compressions for victims of sudden cardiac arrest. More Cardiac arrest victims sometimes present with seizure-like information about these changes appears below.

In the following topics, changes or points of emphasis presentations of cardiac arrest to enable prompt recognition that are similar for lay rescuers and HCPs are noted wiald immediate dispatcher-guided CPR. an asterisk (*).

Community Lay Rescuer AED Programs

2015 (Updated): It is recommended that PAD programs for patients with OHCA be implemented in public locationseathing, the rescuer and the dispatcher should assume arrest (eg, airports, casinos, sports facilities).

2010 (Old): CPR and the use of automated external descriptions. defibrillators (AEDs) by public safety first responders were recommended to increase survival rates for out-of-hospi 2010 (Old): To help bystanders recognize cardiac sudden cardiac arrest. The 2010 Guidelines recommender est, dispatchers should ask about an adult victim's the establishment of AED programs in public locations wire ponsiveness, if the victim is breathing, and if the breathin there is a relatively high likelihood of witnessed cardiac arrestmal, in an attempt to distinguish victims with agonal gasps (ie, in those who need CPR) from victims who are (eq, airports, casinos, sports facilities). breathing normally and do not need CPR.

Why: There is clear and consistent evidence of improved survival from cardiac arrest when a bystander performs Why: This change from the 2010 Guidelines emphasizes the CPR and rapidly uses an AED. Thus, immediate access toole that emergency dispatchers can play in helping the lay a defibrillator is a primary component of the system of corecuer recognize absent or abnormal breathing.

The implementation of a PAD program requires 4 essential patchers should be specifically educated to help components: (1) a planned and practiced response, which standers recognize that agonal gasps are a sign of ideally includes identification of locations and neighborhood arrest. Dispatchers should also be aware that where there is high risk of cardiac arrest, placement of AFPC generalized seizures may be the first manifestation in those areas and ensuring that bystanders are aware of the off ardiac arrest. In summary, in addition to activating location of the AEDs, and, typically, oversight by an HCP of calculate all rest. In Summary, the dispatcher should training of anticipated rescuers in CPR and use of the AED sk straightforward questions about whether the patient is (3) an integrated link with the local EMS system; and (4) thresponsive and if breathing is normal or abnormal in order program of ongoing quality improvement. to identify patients with possible cardiac arrest and enable

A system-of-care approach for OHCA might include public ispatcher-guided CPR. A system-of-care approach for one change approach for

service access point has replaced the less-precise EMS

2015 (Updated): Untrained lay rescuers should provide dispatch center). Such a policy would enable PSAPs to direct compression-only (Hands-Only) CPR, with or without bystanders to retrieve nearby AEDs and assist in their Use dispatcher guidance, for adult victims of cardiac arrest. The when OHCA occurs. Many municipalities as well as the federal government have enacted legislation to place AEDs and AED or rescuers with additional training. All lay in municipal buildings, large public venues, airports, casinos lescuers should, at a minimum, provide chest compressions and schools. For the 20% of OHCAs that occur in public for victims of cardiac arrest. In addition, if the trained lay areas, these community programs represent an important rescuer is able to perform rescue breaths, he or she should link in the Chain of Survival between recognition and add rescue breaths in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED activation of the PSAPs. This information is expanded in 4: Systems of Care and Continuous Quality Improvement arrives and is ready for use, EMS providers take over care of the 2015 Guidelines Update. the victim, or the victim starts to move.

There is insufficient evidence to recommend for or agair 2010 (Old): If a bystander is not trained in CPR, the the deployment of AEDs in homes. Victims of OHCAs that by stander should provide compression-only CPR for the occur in private residences are much less likely to receive dult victim who suddenly collapses, with an emphasis to chest compressions than are patients who experience 'push hard and fast" on the center of the chest, or follow cardiac arrest in public settings. Real-time instructions the directions of the EMS dispatcher. The rescuer should provided by emergency dispatchers may help potential in-home rescuers to initiate action. Robust community CPR and is ready for use or EMS providers take over care of training programs for cardiac arrest, along with effective the victim. All trained lay rescuers should, at a minimum, prearrival dispatch protocols, can improve outcomes.

activity or agonal gasps that can confuse potential rescuers. Dispatchers should be specifically trained to identify these

2015 (Updated): To help bystanders recognize cardiac arrest, dispatchers should inquire about a victim's absence of responsiveness and quality of breathing (normal versus not normal). If the victim is unresponsive with absent or abnorm

where there is a relatively high likelihood of witnessed carathe victim is in cardiac arrest. Dispatchers should be educated to identify unresponsiveness with abnormal and agonal gasps across a range of clinical presentations and

provide chest compressions for victims of cardiac arrest compressions (eg, to open the airway, deliver rescue breat addition, if the trained lay rescuer is able to perform resallew AED analysis). In most studies, more compressions a breaths, compressions and breaths should be provided inspociated with higher survival rates, and fewer compress ratio of 30 compressions to 2 breaths. The rescuer shoulare associated with lower survival rates. Provision of adequ continue CPR until an AED arrives and is ready for use ochest compressions requires an emphasis not only on an EMS providers take over care of the victim. adequate compression rate but also on minimizing interrup

Why: Compression-only CPR is easy for an untrained res to perform and can be more effectively guided by dispat over the telephone. Moreover, survival rates from adult arrests of cardiac etiology are similar with either compre only CPR or CPR with both compressions and rescue brea when provided before EMS arrival. However, for the train lay rescuer who is able, the recommendation remains for the upper limit of compression rate is based on 1 large registry rescuer to perform both compressions and breaths.

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions appressions delivered during resuscitation. rate of 100 to 120/min.

2010 (Old): It is reasonable for lay rescuers and HCPs to

Why: The number of chest compressions delivered per minute during CPR is an important determinant of return of pression depths (greater than 2.4 inches [6 cm]). spontaneous circulation (ROSC) and survival with good

to this critical component of CPR. An inadequate compress or frequent interruptions (or both) will reduce the tota The period of compressions delivered per minute. New to the Buidelines Update are upper limits of recommended pression rate and compression depth, based on liminary data suggesting that excessive compression ra depth adversely affect outcomes. The addition of an

study analysis associating extremely rapid compression ra-(greater than 140/min) with inadequate compression depth Box 1 uses the analogy of automobile travel to explain the effect of compression rate and interruptions on total numb

2015 (Updated): During manual CPR, rescuers should perform chest compressions at a rate of at least 100/min perform chest compressions to a depth of at least 2 inchest (5 cm) for an average adult, while avoiding excessive ches

neurologic function. The actual number of chest compressions (5 cm). 2010 (Old): The adult sternum should be depressed at least delivered per minute is determined by the rate of chest

compressions and the number and duration of interrupti Why: Compressions create blood flow primarily by increasi

Box 1

Number of Compressions Delivered Affected by Compression Rate and by Interruptions

The total number of compressions delivered during resuscitation is an important determinant of survival from cardiac arrest.

- The number of compressions delivered is affected by the compression rate (the frequency of chest compressions per minute) and by the compression fraction (the portion of total CPR time during which compressions are performed). Increases in compression rate and fraction increase the total number of compressions delivered. Compression fraction is improved by reducing the number and duration of any interruptions in compressions.
- An analogy can be found in automobile travel. When traveling in an automobile, the number of miles traveled in a day is affected not only by the speed (rate of travel) but also by the number and duration of any stops (interruptions in travel). Traveling 60 mph without interruptions translates to an actual travel distance of 60 miles in an hour. Traveling 60 mph except for a 10-minute stop translates to an actual travel of 50 miles in that hour. The more frequent and the more prolonged the stops, the lower the actual miles traveled.
- During CPR, rescuers should deliver effective compressions at an appropriate rate (100 to 120/min) and depth while minimizing the number and duration of interruptions in chest compressions. Additional components of high-quality CPR include allowing complete chest recoil after each compression and avoiding excessive ventilation.

intrathoracic pressure and directly compressing the heart, which in turn results in critical blood flow and oxygen deliv to the heart and brain. Rescuers often do not compress the chest deeply enough despite the recommendation to "pusl hard." While a compression depth of at least 2 inches (5 cr is recommended, the 2015 Guidelines Update incorporates new evidence about the potential for an upper threshold of compression depth (greater than 2.4 inches [6 cm]), beyor which complications may occur. Compression depth may be difficult to judge without use of feedback devices, and identification of upper limits of compression depth may be challenging. It is important for rescuers to know that the recommendation about the upper limit of compression dep is based on 1 very small study that reported an association between excessive compression depth and injuries that were not life-threatening. Most monitoring via CPR feedbac devices suggests that compressions are more often too shallow than they are too deep.

2015 (New): For patients with known or suspected opioid addiction who are unresponsive with no normal breathing but a pulse, it is reasonable for appropriately trained lay rescuers and BLS providers, in addition to providing standard BLS care, to administer intramuscular (IM) or intranasal (IN) naloxone. Opioid overdose response education with or without naloxone distribution to persons. at risk for opioid overdose in any setting may be considere This topic is also addressed in the Special Circumstances o Resuscitation section.

the large burden of disease from lethal opioid overdoses, as well as some documented success in targeted national Where EMS systems have adopted bundles of care involving strategies for bystander-administered naloxone for people continuous chest compressions, the use of passive ventilation at risk. In 2014, the naloxone autoinjector was approved by the US Food and Drug Administration for use by lay rescuers and HCPsThe resuscitation training network has requested information about the best way to incorporate such a device into the adult BLS guidelines and training. Thiger minute) is recommended.

Adult Basic Life Support and CPR Quality: HCP BLS

Summary of Key Issues and Major Changes

Key issues and major changes in the 2015 Guidelines Update recommendations for HCPs include the following Immediate Recognition and Activation of

- These recommendations allow flexibility for activation of the emergency response system to better match the HCP's clinical setting.
- Trained rescuers are encouraged to simultaneously perform some steps (ie, checking for breathing and pulse at the same time), in an effort to reduce the time to first chest compression.
- Integrated teams of highly trained rescuers may use a choreographed approach that accomplishes multiple steps and assessments simultaneously rather than the sequential manner used by individual rescuers (eg, one rescuer activates the emergency response system while another begins chest compressions, a third either provides ventilation or retrieves the bag-mask device for rescue breaths, and a fourth retrieves and sets up a defibrillator).
- Increased emphasis has been placed on high-quality CPR using performance targets (compressions of adequate rate and depth, allowing complete chest recoil between compressions, minimizing interruptions in compressions, and avoiding excessive ventilation). See Table 1.
- Compression rate is modified to a range of 100 to 120/min.
- Compression depth for adults is modified to at least 2 inches (5) cm) but should not exceed 2.4 inches (6 cm).
- To allow full chest wall recoil fter each compression, rescuers must avoid leaning on the chest between compressions.
- Criteria for minimizing interruptions ified with a goal of

Why: There is substantial epidemiologic data demonstrating chest compression fraction as high as possible, with a target of at east 60%.

> techniques may be considered as part of that bundle for victims of OHCA.

For patients with ongoing CPR and an advanced airway in place, a simplified ventilation rate of 1 breath every 6 seconds (10 breaths

recommendation incorporates the newly approved treatment. These changes are designed to simplify training for HCPs and to continue to emphasize the need to provide early and high-quality CPR for victims of cardiac arrest. More information about these changes follows.

> In the following topics for HCPs, an asterisk (*) marks those that are similar for HCPs and lay rescuers.

Emergency Response System

2015 (Updated): HCPs must call for nearby help upon finding the victim unresponsive, but it would be practical for an HCP to continue to assess the breathing and pulse simultaneously before fully activating the emergency response system (or calling for backup).

2010 (Old): The HCP should check for response while looking at the patient to determine if breathing is absent or not normal.

Why: The intent of the recommendation change is to minimize delay and to encourage fast, efficient simultaneous assessment and response, rather than a slow, methodical, step-by-step approach.

Emphasis on Chest Compressions*

2015 (Updated): It is reasonable for HCPs to provide chest compressions and ventilation for all adult patients in cardiac arrest, whether from a cardiac or noncardiac cause. Moreover, it is realistic for HCPs to tailor the sequence of rescue actions to the most likely cause of arrest.

2010 (Old): It is reasonable for both EMS and in-hospital professional rescuers to provide chest compressions and rescue breaths for cardiac arrest victims.

Table 1 **BLS Dos and Don'ts of Adult High-Quality CPR**

Rescuers Should	Rescuers Should Not
Perform chest compressions at a rate of 100-120/min	Compress at a rate slower than 100/min or faster than 120/min
Compress to a depth of at least 2 inches (5 cm)	Compress to a depth of less than 2 inches (5 cm) or greater than 2.4 inches (6 cm)
Allow full recoil after each compression	Lean on the chest between compressions
Minimize pauses in compressions	Interrupt compressions for greater than 10 seconds
Ventilate adequately (2 breaths after 30 compressions, each breath delivered over 1 second, each causing chest rise)	Provide excessive ventilation (ie, too many breaths or breaths with excessive force)
Why: Compression-only CPR is recommended for untrair Why: The minimum recommended compression rate rescuers because it is relatively easy for dispatchers to remains 100/min. The upper limit rate of 120/min has beer guide with telephone instructions. It is expected that added because 1 large registry series suggested that as th HCPs are trained in CPR and can effectively perform botkompression rate increases to more than 120/min, compre compressions and ventilation. However, the priority for t provider, especially if acting alone, should still be to active proportion of compressions of inadequate depth was the emergency response system and to provide chest about 35% for a compression rate of 100 to 119/min compressions. There may be circumstances that warranbat increased to inadequate depth in 50% of compressions change of sequence, such as the availability of an AED thaten the compression rate was 120 to 139/min and to inadequate depth in 70% of compressions when compressi the provider can quickly retrieve and use.

rate was more than 140/min.

2015 (Updated): For witnessed adult cardiac arrest when an AED is immediately available, it is reasonable that th 2015 (Updated): During manual CPR, rescuers should defibrillator be used as soon as possible. For adults with perform chest compressions to a depth of at least 2 inches unmonitored cardiac arrest or for whom an AED is not (5 cm) for an average adult while avoiding excessive chest immediately available, it is reasonable that CPR be initiated pression depths (greater than 2.4 inches [6 cm]).

while the defibrillator equipment is being retrieved and applied and that defibrillation, if indicated, be attempted and that defibrillation, if indicated, be attempted and that defibrillation. 2010 (Old): The adult sternum should be depressed at least soon as the device is ready for use.

Why: A compression depth of approximately 5 cm is 2010 (Old): When any rescuer witnesses an out-of-hospita sociated with greater likelihood of favorable outcomes should start CPR with chest compressions and use the AED arrest and an AED is immediately available on-site, the dence about whether there is an upper threshold beyon as soon as possible. HCPs who treat cardiac arrest in ho h compressions may be too deep, a recent very small and other facilities with on-site AEDs or defibrillators sho dy suggests potential injuries (none life-threatening) fro provide immediate CPR and should use the AED/defibrill sive chest compression depth (greater than 2.4 inche soon as it is available. These recommendations are desi [n]). Compression depth may be difficult to judge witho to support early CPR and early defibrillation, particularly of feedback devices, and identification of upper limits an AED or defibrillator is available within moments of the Compression depth may be challenging. It is important of sudden cardiac arrest. When an OHCA is not witnesse prescuers to know that chest compression depth is more by EMS personnel, EMS may initiate CPR while checking ften too shallow than too deep.

rhythm with the AED or on the electrocardiogram (ECG)

preparing for defibrillation. In such instances, $1\frac{1}{2}$ to 3 minutes **Recoil*** of CPR may be considered before attempted defibrillation.

Whenever 2 or more rescuers are present, CPR should b 2015 (Updated): It is reasonable for rescuers to avoid leaning provided while the defibrillator is retrieved. on the chest between compressions, to allow full chest wal With in-hospital sudden cardiac arrest, there is insufficient for adults in cardiac arrest.

evidence to support or refute CPR before defibrillation. 2010 (Old): Rescuers should allow complete recoil of the However, in monitored patients, the time from ventriculehest after each compression, to allow the heart to fill fibrillation (VF) to shock delivery should be under 3 minutempletely before the next compression.

and CPR should be performed while the defibrillator is readied. Why: Full chest wall recoil occurs when the sternum return Why: While numerous studies have addressed the questionts natural or neutral position during the decompression of whether a benefit is conferred by providing a specifiethase of CPR. Chest wall recoil creates a relative negative period (typically 1¹/₂ to 3 minutes) of chest compressionsntrathoracic pressure that promotes venous return and before shock delivery, as compared with delivering a cardiopulmonary blood flow. Leaning on the chest wall shock as soon as the AED can be readied, no difference between compressions precludes full chest wall recoil. outcome has been shown. CPR should be provided whileIncomplete recoil raises intrathoracic pressure and reduces the AED pads are applied and until the AED is ready to venous return, coronary perfusion pressure, and myocardia analyze the rhythm. blood flow and can influence resuscitation outcomes.

Chest Compression Rate: 100 to 120/min*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions (2015 (Reaffirmation of 2010): Rescuers should attempt to rate of 100 to 120/min.

Minimizing Interruptions in Chest

minimize the frequency and duration of interruptions in compressions to maximize the number of compressions

2010 (Old): It is reasonable for lay rescuers and HCPs to perform chest compressions at a rate of at least 100/mindelivered per minute. Table 2

Component	Adults and Adolescents	Children (Age 1 Year to Puberty)	Infants (Age Less Than 1 Year, Excluding Newborns)					
Scene safety	Make sure the environment is safe for rescuers and victim							
Recognition of cardiac arrest	Check for responsiveness No breathing or only gasping (ie, no normal breathing) No definite pulse felt within 10 seconds (Breathing and pulse check can be performed simultaneously in less than 10 seconds)							
Activation of emergency response system	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR Otherwise, send someone and begin CPR immediately; use the AED as soon as it is available	Witnessed collapse Follow steps for adults and adolescents on the left Unwitnessed collapse Give 2 minutes of CPR Leave the victim to activate the emergency response system and get the AED Return to the child or infant and resume CPR; use the AED as soon as it is available						
Compression- ventilation ratio without advanced airway	1 or 2 rescuers 30:2	1 rescuer 30:2 2 or more rescuers 15:2						
Compression- ventilation ratio with advanced airway	Continuous compressions at a rate of 100-120/min Give 1 breath every 6 seconds (10 breaths/min)							
Compression rate	100-120/min							
Compression depth	At least 2 inches (5 cm)*	At least one third AP diameter of chest About 2 inches (5 cm)	At least one third AP diameter of chest About 1½ inches (4 cm)					
Hand placement	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastbone (sternum)	1 rescuer 2 fingers in the center of the chest, just below the nipple line 2 or more rescuers 2 thumb–encircling hands in the center of the chest, just below the nipple line					
Chest recoil	Allow full recoil of chest afte	er each compression; do not lean on the che	est after each compression					
Minimizing interruptions	Limit interruptions in chest compressions to less than 10 seconds							

*Compression depth should be no more than 2.4 inches (6 cm).

Abbreviations: AED, automated external defibrillator; AP, anteroposterior; CPR, cardiopulmonary resuscitation.

2015 (New): For adults in cardiac arrest who receive CPR Why: Several EMS systems have tested a strategy of without an advanced airway, it may be reasonable to pepforviding initial continuous chest compressions with delay CPR with the goal of a chest compression fraction as highPas for adult victims of OHCA. In all of these EMS systems, possible, with a target of at least 60%. the providers received additional training with emphasis or

Why: Interruptions in chest compressions can be intended Why: Interruptions in chest compressions can be intended as part of required care (ie, rhythm analysis and ventilation) as part of required care (ie, rhythm analysis and ventilation) or unintended (ie, rescuer distraction). Chest compression package of care that includes up to 3 cycles of passive fraction is a measurement of the proportion of total minimizing pauses in chest compressions. The optimal goal victims with witnessed arrest or shockable rhythm. for chest compression fraction has not been defined. The

oxygen insufflation, airway adjunct insertion, and 200 increase in chest compression fraction can be achieved by much increase in chest compressions with interposed shocks, owed improved survival with favorable neurologic status

addition of a target compression fraction is intended to liventilation During CPR With an interruptions in compressions and to maximize coronary Advanced Airway perfusion and blood flow during CPR.

Table 2 lists the 2015 key elements of adult, child, and infant (ie, during CPR with an advanced airway). BLS (excluding CPR for newly born infants).

feedback devices during CPR for real-time optimization of CPR performance.

2010 (Old): New CPR prompt and feedback devices may be useful for training rescuers and as part of an

overall strategy to improve the quality of CPR in actual **Team Resuscitation: Basic Principles** resuscitations. Training for the complex combination of skills required to perform adequate chest compressions shoul 2015 (New): For HCPs, the 2015 Guidelines Update allows focus on demonstrating mastery. flexibility for activation of the emergency response and

Why: Technology allows for real-time monitoring, recording vider's clinical setting (Figure 5). and feedback about CPR quality, including both physiologic

patient parameters and rescuer performance metrics. TI Why: The steps in the BLS algorithms have traditionally important data can be used in real time during resuscitableen presented as a sequence in order to help a single for debriefing after resuscitation, and for system-wide questioner prioritize actions. However, there are several facto improvement programs. Maintaining focus during CPR om any resuscitation (eg, type of arrest, location, whether the characteristics of compression rate and depth and classified providers are nearby, whether the rescuer must lea recoil while minimizing interruptions is a complex challengectim to activate the emergency response system) that even for highly trained professionals. There is some evidence equire modifications in the BLS sequence. The update that the use of CPR feedback may be effective in modify BLGS HCP algorithms aim to communicate when and where chest compression rates that are too fast, and there is flexibility in sequence is appropriate.

separate evidence that CPR feedback decreases the leaning force during chest compressions. However, stud to date have not demonstrated a significant improveme in favorable neurologic outcome or survival to hospital discharge with the use of CPR feedback devices during actual cardiac arrest events.

Alternative Techniques and **Ancillary Devices for CPR**

Delayed Ventilation

2015 (New): For witnessed OHCA with a shockable rhythn it may be reasonable for EMS systems with prioritybased, multitiered response to delay positive-pressure and airway adjuncts.

2015 (Updated): It may be reasonable for the provider to deliver 1 breath every 6 seconds (10 breaths per minute) while continuous chest compressions are being performed

2010 (Old): When an advanced airway (ie, endotracheal tube, Combitube, or laryngeal mask airway) is in place dur 2-person CPR, give 1 breath every 6 to 8 seconds without attempting to synchronize breaths between compressions

Why: This simple single rate for adults, children, and infants—rather than a range of breaths per minute—should be easier to learn, remember, and perform.

Summary of Key Issues and Major Changes

Conventional CPR consisting of manual chest compressions interspersed with rescue breaths is inherently inefficient w respect to generating significant cardiac output. A variety of alternatives and adjuncts to conventional CPR have ventilation (PPV) by using a strategy of up to 3 cycles of 200 developed with the aim of enhancing cardiac output continuous compressions with passive oxygen insufflation resuscitation from cardiac arrest. Since the 2010 Guidelines were published, a number of clinical trials have provided new data on the effectiveness of these alternative **Event Report**

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CPR/AED INCIDENT INVESTIGATION REPORT

(To be completed within 24 hours of incident)

Name of Patient			Sex	Socia	Security Nun	nber	Depart	tment	Job Tit	le
		"								
Service Date	Time in]	Date of Incident:	Г		Report I	Date	Event Actio	ons:	
	Position		Time: a	m	pm				2	
							EMT Res	sponse		
							🔲 Hospitali	zation		
Location of Incide	ent	[Describe Job Ta	sk in Pı	Progress					
								Cause Rela	ted To	
Description of Inc	cident							Uehicle /	Accident	
								Equipme	ent Condit	ion/Design
									li Exposui Temperati	re Ire Exposure
								\square Slip, trip,	fall	
								Other		
								Names of V	Vitness	ses:
								1		
								2		
								3		
								Witnesses		Notes
								Interviewe	d?	Attached?
								1 yes ∐ no		yes □ no □
								$2 \text{ yes} \square \Pi$		
Patient Transport	ted To	By (EM	1T Firm)		Date/Time			Names of F	Respon	ders:
			,					1		
AED Serial No.		Data Ca	ard Serial No.	I				2		
								3		
Information from	AED Screen	ns: Numb	ber of Shocks		Time Defibril	lator in Us	se	Responder	S	Notes
		Delivere	ed					Interviewe	d?	Attached?
								1 yes ∐ no		yes ∐ no ∐
Data Coordina	tor Transf	fer Hist	ory: (each ha	andler	signs off be	elow)		2 yes ∐ no		yes ∐ no ∐
										yes 🗋 no 🗋
From					10					
Date/Time					Date/ Fime					
Date/Time					Date/Time					
From					To					
Date/Time					Date/Time					
From					То					
Date/Time			Date/Time							
								_		
wanager Signatu	ire:				l itle:			Da	ate:	
Safety Manager S	Signature:							Da	ate:	
COPY OF COMPLI	ETED FORM	TO MANA	AGER OF CORPO	RATE S	AFETY & WOR	KER'S FIL	.E			

D&A-017-00 Attachment 2 Page 2 of 2

GENERAL DIRECTIONS

- 1. Complete the report within 24 hours of the incident.
- 2. Write legibly and clearly or type.
- 3. Complete ALL items or mark "N/A" if not applicable.

DETAILED DIRECTIONS

These are all self-explanatory. Be specific and accurate in reporting this information.

Name of Patient - Sex - Social Security No. (SS No.)

Department - Job Title - Hire Date - Time on Job

Date/Time of Incident - Date Reported - Event Actions - "Related to"

DESCRIPTION OF THE INCIDENT

- 1. What was the injured person doing at the time of the incident?
- 2. What tools or equipment were involved, if any?
- 3. What was happening around the work area (external influences)?
- 4. Give description of contributing causes

INTERVIEWING WITNESSES AND RESPONDERS

Interview all persons involved with the incident.

- 1. Put each person at ease. Tell the person you are looking for the facts only and not trying to blame anyone.
- 2. Interview witnesses and responders separately so that what one person says will not influence what someone else says.
- 3. Ask open-ended questions that do not elicit one-word answers, such as "What did you see?"
- 4. During the interviews, inform each witness or responder of what is being done for the injured person.
- 5. Avoid talk that will mislead or confuse the witnesses or responders.
- 6. Do not accept, deny, or promise anything. The purpose of the investigation is to gather facts only.

AED INFORMATION: Complete the following.

- 1. AED Serial Number:
- 2. Data Card Serial Number (if applicable):___
- 3. Number of shocks delivered (from screen on AED):
- 4. Amount of time defibrillator was in use (from screen on AED):
- 5. Data Card Transfer History: Each person given possession of the data card must sign and date upon taking possession and relinquishing to another.

Print Name	Signature	Date/Time of Possession	Print Name	Signature	Date/Time of Relinquish

Online Monthly Log Instructions



DiPietro & Associates, Inc. Online Monthly Log Quick Reference Guide

LOG ON: www.dipietroassociates.com

Click on: Login (in upper right corner)

Enter your Username: (your full email address)

Enter your Password: dipietro (all lowercase). You may change this in the section called My Profile.

This brings you to your Home Page

🖬 🛃 http://demo.ktakpada.com/	v200 /	Complete your Monthly Maintenance Log
	Web Tracker Diffector & Associates, NC: Each wire & Compare Annual	Roll over Icons to get Program Status specifics. View the Details of your AED and Responders. Submit an Event (where to file a report is you use the AED).
	Convested 2007 - STAT PACE JIC	

Your Home Page shows your monthly logs that are due. You may click on file monthly report to the right of each AED or if all your AEDs are compliant you can do all the logs at once by clicking on complete all logs **Operators Manual**



amarit**&AD**

ni-Automatic Defibrillat ly Automatic Defibrillat n 450P Semi-Automatic Defibrillat



Contents

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Ventricular Tachycardia	In
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Recommended Training	AP
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Use of This Manual

It is important that you read this manual carefully before **@\$AD**.your samar ta This manual is presented in support of any training you may have receive If you have any questions, contact your Authorized Distributor or

Indications for Use

The HeartSine samaritan PAD SAM 350P (SAM 350P), HeartSine samaritan PAD SAM 360P (SAM 360P) and HeartSine samaritan PAD SAM 450P (SAM 450P) all have the identical indications for use. Each is indicated for use on victims of cardiac arrest who are exhibiting the the following signs:

- Unconscious
- Not breathing
- Without circulation (without a pulse)

The devices are intended for use by personnel who have been trained in their operation. Users should have received training in basic life support/AED. advanced life support or a physician-authorized emergency medical response training program.

The devices are indicated for use on patients greater than 8 years old or over 55 lbs/25 kg when used with the adult Pade Pade Pak-01 or Pad-Pak-07). They are indicated for use on children between 1 and 8 years of age or up to 55 lbs/25 kg when used with the Pediat(PedPaPlak-02).

Contraindications for Use

If the patient is responsive or conscious, do not use the samaritan PAD to provide treatment.

Caution

U.S. Federal law restricts this device to sale by or on the order of a physician.

Warnings and Precau

Patients Suitable for Treatment Ris

The samaritan PAD has been designed to he on unconscious, nonresponsive patients http://www.conscious.com/ patient is responsive or conscious, do notse samaritan PAD to provide treatment. one

The samaritan PAD uses an interchangeable and electrode pack called Pad-Pak. The pan PAD in combination with an adult Pad-Pathe suitable for use on patients of over 55 lb3o(2 weight or equivalent to a child of approxima eight years old or over. sho

For use on smaller children (from 1 to 8 the remove the adult Pad-Pak and install a Pacia Pak. If a Pediatric-Pak or an alternative suit defibrillator is not available, you may use a Pad-Pak. of a

If you treat a pediatric patient with an $a\theta\theta I$ Pad-Pak, ignore any voice prompts regarding rate of CPR. The SAM 450P CPR Rate $Ad\theta is \delta$ currently only intended to provide feedback adult patients. Tou of t

Do Not Delay Treatment

Do not delay treatment trying to find out the stient's exact age and weight whi patient's exact age and weight. The the

2

Warnings and Precautions

A PRECAUTIONS

Fully Automatic Defibrillator (SAM 3609) rect Placement of Electrode Pads **Ingress Protection** The SAM 360P is a fully automatic defibilition placement of the samaritan PAD electrophe samaritan PAD has an IP56 rating again When required, it will deliver a shock to be a spectation to a sprays of water. However, the Man WITHOUT user intervention. instructions shown on pages 19-22 and on thedoes not cover the immersion of any part of CPR Rate Advisor Function (SAM 450P) bit outries dreament or the presence of samaritan PAD in water or any type of fibig

CPR Rate Advisor Function (SAM 450P) hair surgical dressings or medicine patcheath fluids may seriously damage the device on adult patients only. If a Pediatric-Pak styseen the pads and the skin could reduce cause fire or a shock hazard. Aut CPR Rate Advisor function is disabled. In the fibrilization effectiveness. Slightly red skin after **Prolonging Battery Life** the rescuer is prompted to begin CPR in the rapy is normal. Do not turn on the device unnecessarily on the device unne the metronome but receives no CPR Rate Not Use Electrode Pads if Pouch is Not Sealed uce the standby life of the device. feedback.

The Pad-Pak and Pediatric-Pak are single-use Standby storage outside the range of Che items which must be replaced after each use 35^UF to 122°F/0°C to 50°C may decreased the pouch that seals the electrode pads has been for the Pad-Pak. req broken or compromised in any way. If you suspect of a that the Pad-Pak or Pediatric-Pak is damaged, Operator Training

The samaritan PAD is intended for use by replace it immediately. personnel who have been trained in its ope **Susceptibility to Electromagnetic Interference**, operate the series should have received training in basic To safeguard against interference, operate the series should have received training in basic samaritan PAD at least 6 feet/2 meters away from sician-authorized emergency medical all radio frequency devices. Alternatively, switch off the equipment causing the electromagnetic

Use of Accessories The samaritan PAD is a self-contained device

Reg

Temperature Range for Operation

interference.

Temperature Range for Operation not use any unauthorized accessories with The samaritan PAD, with its battery and electrodes as the samaritan PAD may malfunct is designed to operate in the temperature range of approved accessories are used. 32°F to 122°F/0°C to 50°C. Use of the device outside of this range may cause the device to malfunction.

Overview

sinus rhythm by means of an electric shock adrbessamaritan PAD uses the HeartSine sam **Sudden Cardiac Arrest** Sudden cardiac arrest (SCA) is a conditioneineedmichThis treatment is called defibrillatioECG arrhythmia analysis algorithm. This alc

Sudden cardiac arrest (SCA) is a conditioned in this treatment is control to be used down and the patient's ECG to ascertain the heart suddenly stops pumping blood effectively due to a malfunction of the heart's electrical ar **Tachycardia** Often victims of SCA have no prior warning signs or symptoms. SCA also can occur in people with previously diagnosed heart conditions. Survival activity of the heart. VT starts in previously diagnosed heart conditions. Survival activity of the heart, called the from SCA depends on immediate and effectivels. Although there are many different cardiopulmonary resuscitation (CPR). of VT, this arrhythmia can be potentially life-

The use of an external defibrillator within that in the patient presents with no pulkes important to note that cardiac defibrilla few minutes of a collapse can greatly in an every unresponsive. If not treated with immediate the HeartSine samaritan PAD, will not a patient's chance of survival. Heart attachignilation VT may lead to other arrhythmiaadminister a shock unless a lifesaving shoc SCA are not the same, though sometimes a heart required.

attack can lead to an SCA. If you are expressioned by AED symptoms of a heart attack (chest pain, bless optimis misconception that CPR alone shortness of breath, tight feeling in the chest along emergency services is enough. CPR elsewhere in the body), immediately seektened ary measure that maintains blood flow and oxygen to the brain. CPR alone will not ret attention.

heart to a normal rhythm during VF or VT. The Sinus Rhythm and Ventricular Fibrillation ryival is defibrillation - and the sooner The normal heart rhythm, known as sinus rhythm, creates electrical activity resulting in coordinated

contraction of the heart muscle. This genefities ation is a common treatment for lifethreatening arrhythmias, mainly ventricular normal blood flow around the body.

Ventricular fibrillation (V-fib or VF) is a condition block to the heart with a device calle in which there is uncoordinated contraction of billator. This restores normal heart musc heart muscle, making it quiver rather than contractions and allows normal sinus rhythm to properly. Ventricular fibrillation is the most restored by the body's natural pacemaker in victims of SCA it is possible to re-establish normal



Introduction

This manual provides instructions for the fiel SAW hg50P is a semi-automatic defibrillatoo f tangood quality. If the quality of the CREAR models of the HeartSine samaritan PADSAM 360P is a fully automatic defibrillator, anistipeod, the chances of successfully resucce me

samaritan PAD 350P (SAM 350P) samaritan PAD 360P (SAM 360P) samaritan PAD 450P (SAM 450P)

About the samaritan PAD

The samaritan PAD family of AEDs is designed to quickly deliver a defibrillation shock to vor metronome

SAM 450P is a semi-automatic defibrillator withatient are greatly increased. integrated CPR Rate "Advisor

WARNING: The SAM 360P is a fully automatic defibrillator. When required, it will deliver a shock to the patient WITHOUT user

Research has demonstrated that non-profes responders regularly provide ineffective inexperience. The

The SAM 450P with CPR Rate Advisor pr盼的 feedback to the rescuers on the rate of the are providing to the victim. The SAM 450 P impedance cardiogram measurements tong

of sudden cardiac arrest (SCA). Each sa Warenathe samaritan PAD instructs you to perferenspeed of compressions and provide the PAD is designed to operate in accordance without will hear an audible beep and see the set for the structions to push faster or push the current joint American Heart Association (Alba) and icator flash at a rate compliant witentinue to provide compressions at a group European Resuscitation Council (ERC) g20125in AddA/ERC guidelines. This feature, referred tording to the AHA resuscitation guidelines on Cardiopulmonary Resuscitation (CPR) and e CPR metronome, will guide you to the rate at 50P uses both audible and visual fee Emergency Cardiovascular Care (ECC). which to compress a patient's chest during CPG ve the responder instruction on CPR rate

While all of the samaritan PAD models aCPRERate Advisor

similar in use, there are distinct different when providing CPR treatment to a victim of s en direction of s en directio similar in use, there are distinct differen was providing CPR treatment to a victim of s

Table 1. samaritan PAD AEDs

	SAM 350P	SAM 360P	SAM 450P
Shock delivery	Semi-Automatic	Fully Automatic	Semi-Automatio
Four-year electrode and battery life	4	4	4
Audible and visual indicators	4	4	4
CPR coaching with metronome	4	4	4
CPR Rate Advisor			4
Pediatric use-compatible (with Pediatri	c Pad-Pak4)	4	4

Technical Data in Appendix C on page C-7 Aut dire

is intended for use on adult patients only of Pediatric-Pak is used, the CPR function is di In this case, the rescuer is prompted to be in time with the metronome but receiveSat Plea CPR Rate Advisor feedback.

ass of S effe

Introduction

SAM 350P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable attach the electrode pads to the feed SAM 350P is ready for into this port to download patient's bare chest as indicated use when this indicator is event data from the AED, when the action arrows are flashing freen.

(See Figure 8, page 24.)

Shock Button

Press this button to defiver a therapeutic shock.

Adult and

Pediatric Symbols Indicates that the SAM 350P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 350P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

Green Tab Pull this tab to release the electrodes. Safe to Touch Icon/ Action Arrows You may touch the patient when the action

patient when the action arrows around this icon are flashing.

On/Off button

Press this button to turn on or turn off the device.

Speaker

Listen for the metronome and verbal prompts.

Pad-Pak

Contains the battery and electrode pads.

SAM 360P Layout

Attach Pads Ic

Plug the custom USB cablettach the electro into this port to downloadpatient's bare che event data from the AED, when the action a (See Figure 8, page 24.)

Shock Icon

Data Port

Flashes to indicate a shock will be delivered.

Adult and

Pediatric Symbols Indicates that the SAM 360P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 360P may be analyzing the patient's heart rhythm or about to charge, in preparat to deliver a shock. Green Tab the electrodes.



Introduction

SAM 450P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable ttach the electrode pads to the he SAM 450P is ready for into this port to download patient's bare chest as indicated se when this indicator is event data from the AED, when the action arrows are flashing ing green.

(See Figure 8, page 24.)

Shock Button

Press this button to deliv a therapeutic shock.

Adult and

Pediatric Symbol Indicates that the SAM 450P is compat with both the Pad-Pa and Pediatric-Pak.

CPR Rate Advisor Id

Provides visual feedback about the rate of chest compressions during CPR.

Safe to Touch Icon/ Action Arrows

You may touch the **Speaker** Con patient when the action step for the **Green Tab** and arrows around this icometronome and Pull this tab to release are flashing. verbal prompts. the electrodes.

Set-up

Unpacking

Verify that the contents include the samarit PAD, carry case, Pad-Pak, User Manual, War Statement and Warranty Card.

Pad-Pak

A Pad-Pak is a single-use removable cartrid includes the battery and electrode pads in a unit. The Pad-Pak is available in two versior

- Pad-Pak (gray color shown in Figure 1) for on patients weighing over 55 lbs/25 kg, o equivalent to a child of approximately eig years of age or older.
- The optional Pediatric-Pak (pink color sho Figure 2) for use on smaller children (fron years old and weighing under 55 lbs/25 k

WARNING: Do not delay treatment tryin determine the patient's exact age and weig

The Pad-Pak also is available in a TSO-certified version f use on aircraft.

Do Not Touch Icon/ Action Arrows Do not touch the

Do not touch the patient when the action arrows above this icon are flashing. The SAM 450P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

On/Off button

Press this button to turn on or turn off the device.

Pad-Pak

Contains the battery and electrode pads.

Set-uptinued

Putting the samaritan PAD into Service

Follow these steps to place your samaritan PAD int service:

1. Check the expiration date (year-month-day) on the rear of the Pad-Pak (see Figure B) If expiration date has passed, do not use and immediately replace the expired Pad-Pak.

2. Unpack the Pad-Pak and retain the packaging





Figure 3. Expiration Date

Figure 4. Inserting a Pad-Pak

messages are played.

- Be sure to store the device according to t 4. Verify that the green Status indicator (see theenvironmental specifications (see Technig layout for your model on pages 10-12) is blinking in Appendix C on page C-1). to indicate the initial self-test routine has been performed and the device is ready PRECAUTION: HeartSine Technologies for use.
- 5. Press the On/Off But ton turn on the samaritan PAD. Listen for, but do not follow,

recommends that you store a spare Pad-Pa your samaritan PAD in the rear section of th

6. Press the On/Off Buttom turn off the **Pre**

samaritan PAD. Verify that the Status Ind

flashing green. If you have not heard and message and the Status Indicator conting

flash green, the device is ready for use.

7. Place the samaritan PAD in its supplied so

carry case. Store the samaritan PAD whe will be seen and heard in an unobstructe secure location in a clean, dry environme

- the voice prompts to ensure that no warnin $\boldsymbol{\beta}$. Register online, or complete the Warrang and return it to your Authorized Distribute HeartSine Technologies directly (see Track
- in case you need to return the Pad-Pa PRECAUTION: Do NOT pull the green tab or Requirements on page 26). HeartSine Technologies. the Pad-Pak at this time. If you have pulled the teleate a service schedule (see Service and
- 3. Place the samaritan PAD face up on a **aflat spefaee** the electrode drawer, you may need the place on page 27). and slide the Pad-Pak into the samaritam BAD your Pad-Pak. (see Figure 4) until you hear the "double click" to the samaritan PAD ONCE. If you turn it indicate that the tabs on the right and left sides of repeatedly, you will deplete the batteries

of the Pad-Pak are fully engaged. prematurely and may need to replace the Pad-Pak.

Using the samaritan PAD

 Using the samaritan PAD
 2. If the patient is non-responsive, shake the
 4. Call for medical assistance.
 7. P

 Follow these steps to use your AED, which patilient by the shoulders while speaking loudly provide you with step-by-step voice prompts the patient becomes responsive, do not use
 3. Retrieve the AED, asking others nearby to be the shoulders while speaking loudly.

 For a full list of voice prompts for your devide AED.
 6. While waiting for the AED, begin CPR, hard and fast at a rate of between 10

3. Check that the patient's airway is not block using a head-chin tilt if necessary.

PRECAUTION: Once a non-shockabl is detected, the samaritan PAD will end to shock condition if it had previously de shock.

1. If necessary, move the patient to a sa or remove any source of danger.



PREC/UTION You must use the san PAD at least 6 feet/2 meters from all rac frequency devices, or switch off any equ causing electromagnetic interference.



CHECK FOR A RESPONSE While waiting for the AED, begin CPR, hard and fast at a rate of between 10 compressions per minute (cpm) and a 5 to 6 cm. If you feel able to give resc perform 30 compressions followed by rescue breaths.







w If Pa Pa





Using the samaritamuRAD

- 9. Remove clothing from patient's chest 12. Expansepen the pouch to remove the electroide particle the liner from each electrode part. apply each electrode pad firmly to the pa bare skin, removing any metal (bras or jewelry)
- where possible from the pad placeme



OPEN THE ELECTRODE POUCH

bare chest. For a patient over 8 years of a weighing over 55 lbs/25 kg, place one ele pad horizontally on the right chest, and the other vertically on the left rib cage. For a patient under 8 years of age or weighing than 55 lbs/25 kg, you can place one elec pad on the center of the chest and the ot on the center of the back. Refer to pages for detailed instructions for electrode pad placement.

15.

- 10. Dry the patient's chest if wet or clamm a lot of chest hair is present, shave the p chest where the electrodes will be place
- 11Pull the green tab to remove the electro pouch from the AED.





Using the samaritam BAD

- 16. When advised that a shockable rhytheric detected, stand clear of patient as d When advised to do so, press the oras shock button (SAM 350P/SAM 450P) to the a shock, or if using a SAM 360P, the AED will automatically deliver the shock after a verbal 3, 2, 1 countdown.
- 17. When advised that a shockable rhythm is not detected, begin CPR. To do so, place overlapping hands in the middle of the patient's chest and, with straight arms, press firmly and quickly in time with the metronome. Continue to perform CPR until the AED begins to analyze the patient's heart rhythm again.

When using the SAM 450P, follow Advisor voice prompts. Refer to C on page C-7 for more information

- 18. Repeat the process from step 1 services arrive.
- 19. When emergency services arriv On/Off button to turn off the AED the electrode pads.

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Pediatric-Pak

Treating Small Children and Infants ANT The Pediatric-Pak is intended to provide the pediatric (child) victims of SCA between the 1 and 8 years old or weighing less than BAF 55 lbs/25 kg who are: in the bac

- Unconscious
- Not breathing
- Without circulation (without a pulse)

WARNING: The Pediatric-Pak contains a magnetic component (surface strength 650 gauss). Avoid storage next to magneticallysensitive storage media.

WARNING: Not for use on patients und year old. For use with children up to the age years or up to 55 lbs/25 kg. DO NOT DELAY IF YOU ARE UNSURE OF THE EXACT AGE OR

Electrode Placement

For pediatric patients there are two options electrode placement: anterior-posterior and anterior-lateral.

Figu

Pediatric-Poaked

ANTERIOR-LATERAL PLACEMENT

If a child's chest is large enough to permit a 1 in/2.5 cm gap between the electrode pads, OR if trauma does not allow for placement on the back, the pads can be placed according to the adult anteriorlateral placement. Place one electrode pa child's BARE upper right chest above nipp one electrode pad on child's BARE lower below nipple as shown in Figure 6.



Figure 6. Anterior-Lateral Placement

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WARNING: Electrode pads must be a 1 in/2.5 cm apart and should never touch one another.



After Using the sama

Cleaning the samaritan PAD

 Remove the electrode pads from the patie and stick the pads together face to faceus electrodes may be contaminated with hte bodily tissue, fluid or blood so dispose of electrodes separately as infectious waste material.

3.C

2. The Pad-Pak is a single-use item that lithium batteries. Replace the Pad-Pak at use. With the samaritan PAD placed faces a flat surface, squeeze the two tabs on the of the Pad-Pak and pull to remove it from samaritan PAD. The Pad-Pak will slide (see Figure 7).



After using the samaritan PAD

Downloading and Submitting Event Information

The optional HeartSine Saver EVO[™] software can be downloaded at no charge from:

http://heartsine.com/support/upload-saver-evo/

This software lets you manage the events in which your samaritan PAD was used. You can provide this data to a patient's doctor, and/or use it to obtain a Pad-Pak if you have a qualifying event. In addition to Saver EVO, the optional USB data cable is required to download event data. Contact your Authorized Distributor or HeartSine Technologies directly to obtain the data cable or with questio about downloading and using Saver EVO.

1. Connect the USB data cable to the Data/ the samaritan PAD (see Figure 8).

Figure 8. USB Data Port

- 2. Connect the USB connector on the data c to a PC.
- 3. Install and launch the HeartSine Saver EV software.
- 4. Follow the instructions provided in the Sa EVO manual to save or erase the event dayour samaritan PAD.
- 5. Upload the Saver EVO file on the HeartSir Technologies site.

For further information on managing the ev data on your samaritan PAD, contact your Authorized Distributor or HeartSine Technol directly.

Disposal

The Pad-Pak and Pediatric-Pak contain lithiu batteries and cannot be disposed of in norm waste. Dispose of each at an appropriate re facility according to your local requirements Alternatively return the Pad-Pak or Pediatric to your Authorized Distributor for disposal or replacement.

Tracking

Tracking Requirements

Medical device regulations require HeartSine Technologies to track the location of each samaritan PAD AED, Pad-Pak, and Pediatric-Pak sold. Therefore, it is important that you register your device, either using our on-line registration tool at:

https://secure.heartsine.com/UserRegistration.html

Or by completing the samaritan PAD Warranty Card and returning it to your Authorized Distributor or HeartSine Technologies directly. As an alternative to the card and on-line registration tool, you may send an email to:

support@heartsine.com

The email should contain the following information:

- Name
- Address

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• Device Serial Number

If there is a change in the information you have provided to us, such as a change of address or ownership of your samaritan PAD, provide the updated information to us via email or the online registration tool.

When you register your AED, we will contact you with any important notifications about the samaritan PAD, such as software updates or field safety corrective actions.

Service and Maintena

HeartSine Technologies recommends us regular maintenance checks, which inclose following:

WEEKLY

Check the Status Indicator. The sama performs a self-test routine at midnig every Sunday. During this self-test th light blinks red but returns to green upon successful completion of the self-test If the Status Indicator is not flashing and every 5 to 10 seconds or if the status is flashing red or you hear continuous a problem has been detected. (See Fi and Troubleshooting in Appendix B on pa

MONTHLY

- □ If the device shows any signs of physical damage, contact your Authorized Dist HeartSine Technologies directly. marie
- Check the expiration date of the Pad-Set-up on page 14 for the location of the If the date has expired, or is near exp immediately replace the Pad-Pak or c Authorized Distributor for a replacem
- □ If you hear a warning message when you on your samaritan PAD or if, for any relates suspect that your samaritan PAD is not war properly, consult Troubleshooting in Append

to t mai Aut





HEALTH AND SAFETY CODE - HSC DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1799.207]

(Division 2.5 added by Stats. 1980, Ch. 1260.)

CHAPTER 3. State Administration [1797.100 - 1797.197a]

(Chapter 3 added by Stats. 1980, Ch. 1260.)

ARTICLE 5. Personnel [1797.160 - 1797.197a]

(Article 5 added by Stats. 1980, Ch. 1260.)

1797.196.

(a) For purposes of this section, "AED" or "defibrillator" means an automated external defibrillator.

(b) (1) In order to ensure public safety, a person or entity that acquires an AED shall do all of the following:

(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 operation and maintenance guidelines set forth by the manufacturer.

(D) Ensure that the AED is tested at least biannually and after each use.

(E) Ensure that an inspection is made of all AEDs on the premises 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.

(F) Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.

(2) When an AED is placed in a building, the building owner shall do all of the following:

(A) At least once a year, notify the tenants as to the location of the AED units and provide information to tenants 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 the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.

(C) Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.

(3) A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED. (c) (1) When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

(2) This section does not prohibit a school employee or other person from rendering aid with an AED.

(d) A manufacturer or retailer supplying an AED shall provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

(e) A violation of this section is not subject to penalties pursuant to Section 1798.206.

(f) Nothing in this section or Section 1714.21 of the Civil Code may be construed to require a building owner or a building manager to acquire and have installed an AED in any building.

(g) For purposes of this section, "local EMS agency" means an agency established pursuant to Section 1797.200.

(h) This section does not apply to facilities licensed pursuant to subdivision (a), (b), (c), or (f) of Section 1250.

(Amended by Stats. 2015, Ch. 264, Sec. 2. (SB 658) Effective January 1, 2016.)

HEALTH AND SAFETY CODE - HSC DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1799.207]

(Division 2.5 added by Stats. 1980, Ch. 1260.)

CHAPTER 9. Liability Limitation [1799.100 - 1799.112]

(Chapter 9 added by Stats. 1980, Ch. 1260.)

1799.102.

(a) No person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision applies only to the medical, law enforcement, and emergency personnel specified in this chapter.

(b) (1) It is the intent of the Legislature to encourage other individuals to volunteer, without compensation, to assist others in need during an emergency, while ensuring that those volunteers who provide care or assistance act responsibly.

(2) Except for those persons specified in subdivision (a), no person who in good faith, and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency shall be liable for civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision shall not be construed to alter existing protections from liability for licensed medical or other personnel specified in subdivision (a) or any other law.

(c) Nothing in this section shall be construed to change any existing legal duties or obligations, nor does anything in this section in any way affect the provisions in Section 1714.5 of the Civil Code, as proposed to be amended by Senate Bill 39 of the 2009–10 Regular Session of the Legislature.

(d) The amendments to this section made by the act adding subdivisions (b) and (c) shall apply exclusively to any legal action filed on or after the effective date of that act.

(Amended by Stats. 2009, Ch. 77, Sec. 1. Effective August 6, 2009. Note: As referenced in subd. (d), subds. (b) and (c) were added in the amendment by Stats. 2009, Ch. 77.)



Rescue Union - Jackson Elementary School

AED Policies & Procedures

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com



Rescue Union - Jackson Elementary School AED PROGRAM CONTACT LIST

AED Coordinator: Morgan Butler

Location: 2390 Bass Lake Road Rescue, CA, 95672 Phone Number: (530)672-4300 Email: mbutler@rescueusd.org

Site Contact: Morgan Butler

Location: 2561 Francisco Drive El Dorado Hills, CA, 95762 Phone Number: (530)363-7159 Email: mbutler@rescueusd.org

Medical Director: Michael Choy, MD

Phone Number: (530) 477-6818 Email: info@dipietroassociates.com

Local EMS: El Dorado County

Contact: Richard W. Todd Location: 2900 Fair Lane Court Placerville, CA 95667 Phone Number: (530)621-6500 Email: michelle.patterson@edcgov.us

AED Program Management: DiPietro & Associates, Inc.

Location: 101 W. McKnight Way Ste B #255 Grass Valley, CA, 95949 Phone Number: (530) 477-6818 Email: david@dipietroassociates.com



Rescue Union - Jackson Elementary School AED LOCATIONS

Location: Health Office Serial Number: 16D00947347

Location: Ruppel Center (gym) Serial Number: 19D00008564



DiPietro & Associates, Inc.

"Helping Companies Navigate Safety"

Medical Direction & Prescription Certificate

As a client of DiPietro & Associates Inc. the following location is under the medical direction of Michael Choy, MD. for a period of one year from:

Effective Date: July 15, 2019 Company Name: Rescue Union - Jackson Elementary School Location: 2561 Francisco Drive El Dorado Hills, CA, 95762

This prescription is renewable yearly through DiPietro & Associates Inc. In accordance with the recommendations of the American Heart Association, DiPietro & Associates agrees to provide all of the necessary tools and support for placement of an automated external defibrillator (AED) at your location. The following AED(s) are covered by this prescription:

AED Make / Model: HeartSine Samaritan 350P Serial Number(s): 16D00947347 19D00008564

By implementing DiPietro & Associates online tracking system you will meet or exceed all guidelines and recommendations for private ownership of an AED for the establishment of a public access defibrillation program. In order for this prescription and medical direction to be in effect, all steps of the implementation program must be completed.

Upon termination or expiration of the service agreement with DiPietro & Associates, Inc., the client assumes complete responsibility and liability for all AEDs purchased and AED programs implemented. These responsibilities include, but are not limited to: medical control and oversight, ongoing training, event review, policies and procedures updates, equipment maintenance, and ongoing AED program compliance.

Muchael Chog MD

Michael Choy, MD Medical Director

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com

Rescue Union - Jackson Elementary School AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM **Standard Operating Procedures**

Effective Date: 7/15/2019

1. BACKGROUND

Sudden Cardiac Arrest is the nation's leading cause of death. 350,000 relatives, co-workers, and neighbors will suffer a Sudden Cardiac Arrest this year. Despite immediate CPR efforts and a rapid 911 response, tragically less than 5% will survive. In response to these chilling statistics the Food and Drug Administration, Federal and State Legislatures, as well as OSHA, have approved Automatic External Defibrillators (AEDs) and recommend their implementation in the workplace.

AEDs are devices designed to administer an electric shock to the heart of a Sudden Cardiac Arrest victim. This "electric medicine" stops a fatal rhythm called Ventricular Fibrillation and allows the patients heart to begin beating on its own. The shock can only be delivered after the device has verified the patient is in Cardiac Arrest, delivery of an inappropriate shock is not possible.

The American Heart Association as well as Federal guidelines recommend that AED treatment be given within the first 3 minutes of a Sudden Cardiac Arrest. To achieve this recommendation AEDs must be strategically placed and appropriate numbers of employees trained to use them. By doing so we may improve survivability of Cardiac Arrest by as much as 65%. Every minute that defibrillation is delayed; 7-10% of survivability is lost. After 10 minutes without defibrillation the patient's chances of survival drop to less than 5%. To effectively treat Sudden Cardiac Arrest, AEDs must be immediately available.

2. PROGRAM OBJECTIVE

To make available the most rapid response possible to a victim of a Sudden Cardiac Arrest.

To implement the American Heart Association recommended "Chain of Survival" including early defibrillation within 3 minutes of a reported event.

To make available to our clients, partners, employees, contractors and guests the best chances of surviving the nation's leading cause of death.



The 5 links in the adult Chain of Survival are

• Immediate **recognition** of cardiac arrest and **activation** of the emergency response system

- Early cardiopulmonary resuscitation (CPR) with an emphasis on chest compressions
- Rapid **defibrillation**
- Effective advanced life support
- Integrated **post-cardiac arrest care**

A strong Chain of Survival can improve chances of survival and recovery for victims of heart attack, stroke and other emergencies.

3. PURPOSE

These policies and procedures provide the necessary information to effectively implement, administer, and maintain the AED program. Access and training on these policies and procedures should be provided to any employee that may voluntarily render assistance at the scene of a cardiac arrest or who wishes to be involved with the administration of this program. All Targeted Responders, Site Contacts, and AED Coordinators are required to become familiar with these policies and procedures and will be provided formal training and American Heart Association certification.

4. SCOPE

These policies and procedures define responsibilities and methods by which personnel will comply with corporate and state regulatory requirements. All onsite Automated External Defibrillators (AEDs) shall be subject to these policies and procedures.

These policies and procedures apply to all employees who are members of the voluntary Emergency Response Team or who may voluntarily render First Aid, CPR or defibrillation.

These policies and procedures are a compilation of CA state standards for the use of an AED by non-licensed personnel or Public Access Defibrillation Programs (PAD). Additional action by the Site Contacts and/or AED Coordinator may be necessary to comply with these requirements.

5. **DEFINITIONS**

- 5.1 <u>AED</u> is the acronym used to describe the AUTOMATED EXTERNAL DEFIBRILLATOR. The AED in use at Rescue Union - Jackson Elementary School is the HeartSine Samaritan 350P. Operating instructions and maintenance manuals are available in this document or by contacting the Site Coordinator.
- 5.2 The <u>Medical Director</u> is a licensed physician that has authority over the entire AED program and its participants. General responsibilities include establishing guidelines for administration, implementation and maintenance of the program. The Medical Director oversees quality assurance, compliance to protocols, proper training and provides positive reinforcement to individuals and the system, as well as corrective instruction. The Medical Director will provide post event review and make system improvement recommendations.
- 5.3 The <u>AED Coordinator</u> is an employee of Rescue Union Jackson Elementary School who is the primary liaison between the company's AED program and the Medical Director. This person will help the organization fulfill its responsibility for maintaining

the program from a corporate level. The AED Coordinator will disseminate program information to and from the Medical Director, DiPietro & Associates, Inc. and the Site Contacts. The AED Coordinator will play an active role in the development of policies and procedures, quality assurance and program evaluation. The AED Coordinator will be given instructions, a username and password to the online tracking system. He/She will ensure required information is entered into the online tracking system in a timely manner and are responsible for communication with the online tracking system.

5.4 The <u>Site Contacts</u> are employees at the individual facilities equipped with an AED. If no site contact the <u>AED coordinator</u> will assume all site contact responsibilities. The primary responsibility of the Site Contacts is to ensure the readiness of the AED program for the local level. The Site Contacts are responsible for on-site coordination and to assist the AED Coordinator and Medical Director as necessary.

The Site Contacts are also responsible to ensure that all AED units are inspected, maintained and tested according to the manufacturer's guidelines.

The online monthly maintenance data should be entered by the Site Contact By the 5th of every month. Information can be submitted between the 25th of the previous month and the 5th of the current month. If the monthly maintenance form is not completed by the 5th of each month, the online tracking system software will auto-email the AED coordinator a reminder.

The Site Contact is also responsible for scheduling initial training and regular retraining programs, forwarding any incident data and holding post-incident debriefing sessions for any employees involved in the use of an AED. Another critical role of the Site Contacts is to forward any information to the AED Coordinator that could adversely affect the AED program.

The names of the Site Contact(s) and AED Coordinator(s) are listed in the AED Program Contact List and in the AED Navigator Database.

<u>Targeted Responders</u> are specific individuals who have volunteered to respond to a cardiac emergency and have been trained in accordance with these policies and procedures. A sufficient number of Targeted Responders may be designated to ensure that someone is available to use the AED in all areas during normal business hours. 10-15% of the total employee number, strategically located throughout the facility is a commonly accepted standard. This percentage is only a rule of thumb and is not regulatory driven or mandated. Targeted Responders are, in most cases, the same people that make up the voluntary Emergency Response Team.

6. **PROGRAM DESCRIPTION**

- 6.1 Responsibility
 - 6.1.1 Responsibility of AED Coordinator/Site Contact
 - 6.1.1.1 To establish an AED standard operating procedure.
 - 6.1.1.2 To disseminate information to and from program elements.
 - 6.1.1.3 To maintain the AED program to ensure compliance with these standards.
 - 6.1.1.4 To periodically evaluate facilities for any change in conditions that could adversely affect program effectiveness.
 - 6.1.1.5 To ensure there is an appropriate number of trained responders.

- 6.1.1.6 To provide necessary safety equipment including personal protective equipment for targeted responders.
- 6.1.1.7 To provide appropriate signage identified location of AED's.
- 6.1.1.8 To ensure information is entered into the online tracking system software in a timely manner.
- 6.1.1.9 To ensure that all participating personnel are identified and receive training on these policies and procedures.
- 6.1.2.0 To assure that proper safety procedures regarding AEDs, as outlined in this policy, are followed.
- 6.1.2.1 To ensure response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
- 6.1.3 Responsibilities of the Targeted Responder
 - 6.1.3.1 To conduct response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
 - 6.1.3.2 To report any AED use, indicators or alarms, or missing AEDs to their supervisor.
 - 6.1.3.3 They should maintain certification.
- 6.2 Equipment, Location, Inspection and Maintenance
 - 6.2.1 Equipment
 - 6.2.1.1 The following equipment shall be maintained as part of the AED Program and is to be used only for AED emergencies:
 - Heartsine Samaritan
 - Manufacturer's prep kit
 - Extra set of AED pads
 - Extra batteries
 - 6.2.1.2 For the exact location of the AED refer to the nearest evacuation map.
 - 6.2.1.3 AEDs are in an AED Cabinet and announced by appropriate signage.
 - 6.2.2 Inspections of AED Units
 - 6.2.2.1 The AED coordinator, or other staff member(s) as designated, shall inspect the AED at least monthly. At some facilities, this can be incorporated into the facility's fire extinguisher inspection checklist.
 - 6.2.2.2 Inspections will confirm that the AED is:
 - In place and accessible
 - Ready for use, with the electrodes attached to the unit (verify according to manufacturer's directions)
 - All related supplies are in place, within shelf life and in good condition
 - The monthly inspection will be entered into the monthly maintenance log in the online tracking system.
 - 6.2.3 Maintenance see the User's Guide for the complete maintenance schedule.

6.3 Procedures

6.3.1 Responding to an Emergency

In the event of an emergency potentially requiring the use of CPR or the AED unit, the first responder shall immediately call "911", or direct someone to call "911" and state:

- The nature of the emergency
- The location
- Caller's name
- Caller's call back number

The first responder will direct someone to get the AED and bring it to the location of the emergency. Turn on the HeartSine Samaritan and follow the CPR prompts.

Try to get the person to respond. Tap and shout. If they do not respond, roll the person on his or her back on a firm, flat surface.

Start chest compressions. Place the heel of one hand on the lower half of the breastbone, Put the heel of your other hand on top of the first hand,

Press straight down so you compress the chest **at least 2 – 2.4**" at a rate of at least 100-120 compressions a minute for adults.

For children, push the chest up to 2'' at the same rate of at least 100 compressions a minute.

After each compression, let the chest come back up to its normal position.

Compressions are very important and doing them correctly can be tiring. If other trainer responder(s) are available, take turns switching about every 2 minutes. Move quickly to keep the pause between compressions as short as possible.

Continue until the person moves or wakes, or until 911 arrives.

The first certified AED user on the scene would be responsible for directing its use. A more detailed response description and treatment algorithm should be placed with each AED unit.

6.3.2 Post Incident

Any cardiac event or use of the AED shall be reported to the Office Supervisor and AED Coordinator. If they are unable to reach, the incident shall be reported directly to DiPietro & Associates, Inc. Main Office at (530) 477-6818.

By the next business day after the event, the AED Coordinator must be notified and the AED Coordinator must acknowledge that they have received the notification. If the AED Coordinator does not acknowledge receipt within 4 hours, contact should be made directly with DiPietro & Associates, Inc. (530) 477-6818. Report information should include:

- Date/time of the incident
- Nature of the incident
- Location of the AED used
- Patient (name)
- Responders (names and contact information)
- Witnesses (names and contact information)
- Follow-up care (hospital, doctor, phone numbers)

The AED Coordinator will do the following after any AED use:

- Complete an event report (section 8).
- Complete the Event Summary Form in the online tracking system
- Notify DiPietro & Associates, Inc. (530) 477-6818, if not already contacted.
- Download data and Label with patient information and deliver to DiPietro & Associates, Inc. or designated Medical Director. See www.heartsine.com for instructions and free software or call DiPietro & Associates, Inc., Inc. for assistance (530) 477-6818.
- Conduct incident debriefing, as needed.
- Complete incident follow-up report as deemed necessary by the Medical Director.
- Clean the AED if needed. Review User's Guide for list of appropriate cleaning agents.
- Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or old expiration dates.
- Refer to user's manual; perform post use inspection before placing the unit back in service.
- 6.4 Program Evaluation
 - 6.4.1 The AED Coordinator and the designated AED Medical Director will evaluate the AED program annually or following each use of an AED.
- 6.5 Personnel, Training and Record Keeping.
 - 6.5.1 Training Program

All Targeted Responders shall receive training on the use of the AED, these policies and procedures, general safety procedures, and use of any necessary personal protection equipment.

Initial training shall consist minimally of a 3-4 hour CPR/AED class taught in accordance with American Heart Association guidelines, with mandatory periodic skills evaluations. A 5-7 hour CPR/AED/First Aid class will also meet this requirement. Skills evaluations, required in California, are necessary to maintain proficiency and may take a variety of forms.

Re-certification training will be conducted annually. Staff may be trained on alternate years. Although certification cards may be valid for up to two years, Medical Direction requires AED Targeted Responders to recertify annually. To schedule training, contact DiPietro & Associates, Inc. at (530) 477-6818 or via email to support@DiPietroAssociates.com.

7. REPORTING AND RECORDKEEPING REQUIREMENTS

7.1 Any cardiac event and the use of the AED will be reported to the Office Supervisor and AED Coordinator immediately.

- 7.2 Any use of the AED will be reported to the AED Coordinator by the next business day, who will notify DiPietro & Associates, Inc. (530) 477-6818. If the AED Coordinator does not acknowledge notification within (4 hours) contact DiPietro & Associates, Inc. directly at (530) 477-6818.
- 7.3 AED Use Records shall be maintained in accordance with the requirements stated in ABCDEF Safety and Risk Management Program manual and as required by law.

8. **REFERENCES**

- 8.1 American Heart Association Heartsaver AED Training Manual.
- 8.2 Senate Bill No. 287, Chapter 449
- 8.3 Senate Bill No. 658, Chapter 264

9. CONTINGENCIES

9.1 The sections to this policy may be updated at any time without revising the policy. Superseded sections will be archived with the original policy.

10. SIGNATURES

Approved by:	
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Date: _____

Approved by:

Name and Title

Name and Title

Date: _____

Rescue Union - Jackson Elementary School

Treatment Algorithm

2015 (New): Universal elements of a system of care have been identified to provide stakeholders with a resuscitation system (Figure 3).

that are required before that convergence are very different for the 2 settings. Patients who have an OHCA depend on their community for support. Lay rescuers must recognize the arrest, call for help, and initiate CPR and provide common framework with which to assemble an integrate fibrillation (ie, public-access defibrillation [PAD]) until a team of professionally trained emergency medical service

Why: Healthcare delivery requires structure (eg, people, (EMS) providers assumes responsibility and then transports equipment, education) and process (eg, policies, protocols, patient to an emergency department and/or cardiac procedures) that, when integrated, produce a system (eg, a'critical care unit for continued care. In contrast, patients programs, organizations, cultures) that leads to optimal outcomes (eg, patient survival and safety, quality, satisfaction), who have an IHCA depend on a system of appropriate An effective system of care comprises all of these elements elements (eg, rapid response or early warning system) to prevent cardiac arrest. If cardiac arrest occurs, patients structure, process, system, and patient outcomes—in a depend on the smooth interaction of the institution's various framework of continuous quality improvement. departments and services and on a multidisciplinary team

Chains of Survival

of professional providers, including physicians, nurses, respiratory therapists, and others. 2015 (New): Separate Chains of Survival (Figure 4) have been recommended that identify the different pathways Use of Social Media to Summon Rescuers of care for patients who experience cardiac arrest in the hospital as distinct from out-of-hospital settings.

2015 (New): It may be reasonable for communities to incorporate social media technologies that summon rescuers Why: The care for all post-cardiac arrest patients, regardlessare in close proximity to a victim of suspected OHCA of where their arrests occur, converges in the hospital, and are willing and able to perform CPR.

generally in an intensive care unit where post-cardiac arrect. Why: There is limited evidence to support the use of social

media by dispatchers to notify potential rescuers of a possib



cardiac arrest nearby, and activation of social media has Regionalization of Care been shown to improve survival from OHCA. However, in a recent study in Sweden, there was a significant increase 2015 (Reaffirmation of 2010): A regionalized approach the rate of bystander-initiated CPR when a mobile-phone OHCA resuscitation that includes the use of cardiac resuscitation centers may be considered. dispatch system was used ven the low harm and the potential benefit, as well as the ubiquitous presence of CWhy: A cardiac resuscitation center is a hospital that devices, municipalities could consider incorporating these provides evidence-based care in resuscitation and posttechnologies into their OHCA systems of care.

is hoped that resuscitation systems of care will achieve the 2015 (Updated): For adult patients, rapid response team improved survival rates that followed establishment of oth (RRT) or medical emergency team (MET) systems can systems of care, such as trauma. be effective in reducing the incidence of cardiac arrest, particularly in the general care wards. Pediatric MET/RRT systems may be considered in facilities where children w high-risk illnesses are cared for in general in-patient unit The use of early warning sign systems may be considered for adults and children.

2010 (Old): Although conflicting evidence exists, expert

consensus recommended the systematic identification offey issues and major changes in the 2015 Guidelines patients at risk of cardiac arrest, an organized response Update recommendations for adult CPR by lay rescuers to such patients, and an evaluation of outcomes to fosteinclude the following: continuous quality improvement. The crucial links in the out-of-hospital adult Chain of Survival are

Why: RRTs or METs were established to provide early intervention for patients with clinical deterioration, with the goal of preventing IHCA. Teams can be composed of

The Adult BLS Algorithm has been modified to reflect the fact that varying combinations of physicians, nurses, and respiratory rescuers can activate an emergency response (ie, through use of a therapists. These teams are usually summoned to a patient mobile telephone) without leaving the victim's side. bedside when acute deterioration is identified by hospital

staff. The team typically brings emergency monitoring and resuscitation equipment and drugs. Although the evidence

is still evolving, there is face validity in the concept of having commendations have been strengthened to encourage teams trained in the complex choreography of resuscitation. In the recognition of unresponsiveness, activation of the

2015 (Reaffirmation of 2010): Resuscitation systems should establish ongoing assessment and improvement of systemsCPR instructions to the caller (ie, dispatch-guided CPR). of care.

Why: There is evidence of considerable regional variation in the reported incidence and outcome of cardiac arrest in the United States. This variation underscores the need for communities and systems to accurately identify each occurrence of treated cardiac arrest and to record outcomes. There are likely to be opportunities to improve survival rates in many communities.

Community- and hospital-based resuscitation programs should systematically monitor cardiac arrests, the level of resuscitation care provided, and outcome. Continuous quality improvement includes systematic evaluation and feedback, measurement or benchmarking, and analysis. Continuous efforts are needed to optimize resuscitation care so that the gaps between ideal and actual resuscitation fife-threatening opioid-associated emergencies. performance can be narrowed.

Adult Basic Life Support and CPR

Quality: Lay Rescuer CPR

cardiac arrest care, including 24-hour, 7-day percutaneous coronary intervention (PCI) capability, TTM with an adequa annual volume of cases, and commitment to ongoing performance improvement that includes measurement, benchmarking, and both feedback and process change. It

It is recommended that communities with people at risk for cardiac arrest implement PAD programs.

unchanged from 2010, with continued emphasis on the simplified

universal Adult Basic Life Support (BLS) Algorithm.

emergency response system, and initiation of CPR if the lay rescuer finds an unresponsive victim is not breathing or not breathing normally (eg, gasping).

Emphasis has been increased about the rapid identification of potential cardiac arrest by dispatchers, with immediate provision of

The recommended sequence for a single rescuer has been confirmed: the single rescuer is to initiate chest compressions before giving rescue breaths (C-A-B rather than A-B-C) to reduce delay to first compression. The single rescuer should begin CPR with 30 chest compressions followed by 2 breaths.

There is continued emphasis on the characteristics of high-quality. CPR: compressing the chest at an adequate rate and depth. allowing complete chest recoil after each compression, minimizing interruptions in compressions, and avoiding excessive ventilation.

The recommended chest compression rate is 100 to 120/min (updated from at least 100/min).

The clarified recommendation for chest compression depth for adults is at least 2 inches (5 cm) but not greater than 2.4 inches (6 cm).

Bystander-administered naloxone may be considered for suspected

These changes are designed to simplify lay rescuer training and to emphasize the need for early chest compressions for victims of sudden cardiac arrest. More Cardiac arrest victims sometimes present with seizure-like information about these changes appears below.

In the following topics, changes or points of emphasis presentations of cardiac arrest to enable prompt recognition that are similar for lay rescuers and HCPs are noted wiald immediate dispatcher-guided CPR. an asterisk (*).

Community Lay Rescuer AED Programs

2015 (Updated): It is recommended that PAD programs for patients with OHCA be implemented in public locationseathing, the rescuer and the dispatcher should assume arrest (eg, airports, casinos, sports facilities).

2010 (Old): CPR and the use of automated external descriptions. defibrillators (AEDs) by public safety first responders were recommended to increase survival rates for out-of-hospi 2010 (Old): To help bystanders recognize cardiac sudden cardiac arrest. The 2010 Guidelines recommender est, dispatchers should ask about an adult victim's the establishment of AED programs in public locations wire ponsiveness, if the victim is breathing, and if the breathin there is a relatively high likelihood of witnessed cardiac arrestmal, in an attempt to distinguish victims with agonal gasps (ie, in those who need CPR) from victims who are (eq, airports, casinos, sports facilities). breathing normally and do not need CPR.

Why: There is clear and consistent evidence of improved survival from cardiac arrest when a bystander performs Why: This change from the 2010 Guidelines emphasizes the CPR and rapidly uses an AED. Thus, immediate access toole that emergency dispatchers can play in helping the lay a defibrillator is a primary component of the system of corecuer recognize absent or abnormal breathing.

The implementation of a PAD program requires 4 essential patchers should be specifically educated to help components: (1) a planned and practiced response, which standers recognize that agonal gasps are a sign of ideally includes identification of locations and neighborhood arrest. Dispatchers should also be aware that where there is high risk of cardiac arrest, placement of AFPC generalized seizures may be the first manifestation in those areas and ensuring that bystanders are aware of the off ardiac arrest. In summary, in addition to activating location of the AEDs, and, typically, oversight by an HCP of calculate all rest. In Summary, the dispatcher should training of anticipated rescuers in CPR and use of the AED sk straightforward questions about whether the patient is (3) an integrated link with the local EMS system; and (4) thresponsive and if breathing is normal or abnormal in order program of ongoing quality improvement. to identify patients with possible cardiac arrest and enable

A system-of-care approach for OHCA might include public ispatcher-guided CPR. A system-of-care approach for one change approach for

service access point has replaced the less-precise EMS

2015 (Updated): Untrained lay rescuers should provide dispatch center). Such a policy would enable PSAPs to direct compression-only (Hands-Only) CPR, with or without bystanders to retrieve nearby AEDs and assist in their Use dispatcher guidance, for adult victims of cardiac arrest. The when OHCA occurs. Many municipalities as well as the federal government have enacted legislation to place AEDs and AED or rescuers with additional training. All lay in municipal buildings, large public venues, airports, casinos lescuers should, at a minimum, provide chest compressions and schools. For the 20% of OHCAs that occur in public for victims of cardiac arrest. In addition, if the trained lay areas, these community programs represent an important rescuer is able to perform rescue breaths, he or she should link in the Chain of Survival between recognition and add rescue breaths in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED activation of the PSAPs. This information is expanded in 4: Systems of Care and Continuous Quality Improvement arrives and is ready for use, EMS providers take over care of the 2015 Guidelines Update. the victim, or the victim starts to move.

There is insufficient evidence to recommend for or agair 2010 (Old): If a bystander is not trained in CPR, the the deployment of AEDs in homes. Victims of OHCAs that by stander should provide compression-only CPR for the occur in private residences are much less likely to receive dult victim who suddenly collapses, with an emphasis to chest compressions than are patients who experience 'push hard and fast" on the center of the chest, or follow cardiac arrest in public settings. Real-time instructions the directions of the EMS dispatcher. The rescuer should provided by emergency dispatchers may help potential in-home rescuers to initiate action. Robust community CPR and is ready for use or EMS providers take over care of training programs for cardiac arrest, along with effective the victim. All trained lay rescuers should, at a minimum, prearrival dispatch protocols, can improve outcomes.

activity or agonal gasps that can confuse potential rescuers. Dispatchers should be specifically trained to identify these

2015 (Updated): To help bystanders recognize cardiac arrest, dispatchers should inquire about a victim's absence of responsiveness and quality of breathing (normal versus not normal). If the victim is unresponsive with absent or abnorm

where there is a relatively high likelihood of witnessed carathe victim is in cardiac arrest. Dispatchers should be educated to identify unresponsiveness with abnormal and agonal gasps across a range of clinical presentations and

provide chest compressions for victims of cardiac arrest compressions (eg, to open the airway, deliver rescue breat addition, if the trained lay rescuer is able to perform resallew AED analysis). In most studies, more compressions a breaths, compressions and breaths should be provided inspociated with higher survival rates, and fewer compress ratio of 30 compressions to 2 breaths. The rescuer shoulare associated with lower survival rates. Provision of adequ continue CPR until an AED arrives and is ready for use ochest compressions requires an emphasis not only on an EMS providers take over care of the victim. adequate compression rate but also on minimizing interrup

Why: Compression-only CPR is easy for an untrained res to perform and can be more effectively guided by dispat over the telephone. Moreover, survival rates from adult arrests of cardiac etiology are similar with either compre only CPR or CPR with both compressions and rescue brea when provided before EMS arrival. However, for the train lay rescuer who is able, the recommendation remains for the upper limit of compression rate is based on 1 large registry rescuer to perform both compressions and breaths.

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions appressions delivered during resuscitation. rate of 100 to 120/min.

2010 (Old): It is reasonable for lay rescuers and HCPs to

Why: The number of chest compressions delivered per minute during CPR is an important determinant of return of pression depths (greater than 2.4 inches [6 cm]). spontaneous circulation (ROSC) and survival with good

to this critical component of CPR. An inadequate compress or frequent interruptions (or both) will reduce the tota The period of compressions delivered per minute. New to the Buidelines Update are upper limits of recommended pression rate and compression depth, based on liminary data suggesting that excessive compression ra depth adversely affect outcomes. The addition of an

study analysis associating extremely rapid compression ra-(greater than 140/min) with inadequate compression depth Box 1 uses the analogy of automobile travel to explain the effect of compression rate and interruptions on total numb

2015 (Updated): During manual CPR, rescuers should perform chest compressions at a rate of at least 100/min perform chest compressions to a depth of at least 2 inchest (5 cm) for an average adult, while avoiding excessive ches

neurologic function. The actual number of chest compressions (5 cm). 2010 (Old): The adult sternum should be depressed at least delivered per minute is determined by the rate of chest

compressions and the number and duration of interrupti Why: Compressions create blood flow primarily by increasi

Box 1

Number of Compressions Delivered Affected by Compression Rate and by Interruptions

The total number of compressions delivered during resuscitation is an important determinant of survival from cardiac arrest.

- The number of compressions delivered is affected by the compression rate (the frequency of chest compressions per minute) and by the compression fraction (the portion of total CPR time during which compressions are performed). Increases in compression rate and fraction increase the total number of compressions delivered. Compression fraction is improved by reducing the number and duration of any interruptions in compressions.
- An analogy can be found in automobile travel. When traveling in an automobile, the number of miles traveled in a day is affected not only by the speed (rate of travel) but also by the number and duration of any stops (interruptions in travel). Traveling 60 mph without interruptions translates to an actual travel distance of 60 miles in an hour. Traveling 60 mph except for a 10-minute stop translates to an actual travel of 50 miles in that hour. The more frequent and the more prolonged the stops, the lower the actual miles traveled.
- During CPR, rescuers should deliver effective compressions at an appropriate rate (100 to 120/min) and depth while minimizing the number and duration of interruptions in chest compressions. Additional components of high-quality CPR include allowing complete chest recoil after each compression and avoiding excessive ventilation.

intrathoracic pressure and directly compressing the heart, which in turn results in critical blood flow and oxygen deliv to the heart and brain. Rescuers often do not compress the chest deeply enough despite the recommendation to "pusl hard." While a compression depth of at least 2 inches (5 cr is recommended, the 2015 Guidelines Update incorporates new evidence about the potential for an upper threshold of compression depth (greater than 2.4 inches [6 cm]), beyor which complications may occur. Compression depth may be difficult to judge without use of feedback devices, and identification of upper limits of compression depth may be challenging. It is important for rescuers to know that the recommendation about the upper limit of compression dep is based on 1 very small study that reported an association between excessive compression depth and injuries that were not life-threatening. Most monitoring via CPR feedbac devices suggests that compressions are more often too shallow than they are too deep.

2015 (New): For patients with known or suspected opioid addiction who are unresponsive with no normal breathing but a pulse, it is reasonable for appropriately trained lay rescuers and BLS providers, in addition to providing standard BLS care, to administer intramuscular (IM) or intranasal (IN) naloxone. Opioid overdose response education with or without naloxone distribution to persons. at risk for opioid overdose in any setting may be considere This topic is also addressed in the Special Circumstances o Resuscitation section.

the large burden of disease from lethal opioid overdoses, as well as some documented success in targeted national Where EMS systems have adopted bundles of care involving strategies for bystander-administered naloxone for people continuous chest compressions, the use of passive ventilation at risk. In 2014, the naloxone autoinjector was approved by the US Food and Drug Administration for use by lay rescuers and HCPsThe resuscitation training network has requested information about the best way to incorporate such a device into the adult BLS guidelines and training. Thiger minute) is recommended.

Adult Basic Life Support and CPR Quality: HCP BLS

Summary of Key Issues and Major Changes

Key issues and major changes in the 2015 Guidelines Update recommendations for HCPs include the following Immediate Recognition and Activation of

- These recommendations allow flexibility for activation of the emergency response system to better match the HCP's clinical setting.
- Trained rescuers are encouraged to simultaneously perform some steps (ie, checking for breathing and pulse at the same time), in an effort to reduce the time to first chest compression.
- Integrated teams of highly trained rescuers may use a choreographed approach that accomplishes multiple steps and assessments simultaneously rather than the sequential manner used by individual rescuers (eg, one rescuer activates the emergency response system while another begins chest compressions, a third either provides ventilation or retrieves the bag-mask device for rescue breaths, and a fourth retrieves and sets up a defibrillator).
- Increased emphasis has been placed on high-quality CPR using performance targets (compressions of adequate rate and depth, allowing complete chest recoil between compressions, minimizing interruptions in compressions, and avoiding excessive ventilation). See Table 1.
- Compression rate is modified to a range of 100 to 120/min.
- Compression depth for adults is modified to at least 2 inches (5) cm) but should not exceed 2.4 inches (6 cm).
- To allow full chest wall recoil fter each compression, rescuers must avoid leaning on the chest between compressions.
- Criteria for minimizing interruptions ified with a goal of

Why: There is substantial epidemiologic data demonstrating chest compression fraction as high as possible, with a target of at east 60%.

> techniques may be considered as part of that bundle for victims of OHCA.

For patients with ongoing CPR and an advanced airway in place, a simplified ventilation rate of 1 breath every 6 seconds (10 breaths

recommendation incorporates the newly approved treatment. These changes are designed to simplify training for HCPs and to continue to emphasize the need to provide early and high-quality CPR for victims of cardiac arrest. More information about these changes follows.

> In the following topics for HCPs, an asterisk (*) marks those that are similar for HCPs and lay rescuers.

Emergency Response System

2015 (Updated): HCPs must call for nearby help upon finding the victim unresponsive, but it would be practical for an HCP to continue to assess the breathing and pulse simultaneously before fully activating the emergency response system (or calling for backup).

2010 (Old): The HCP should check for response while looking at the patient to determine if breathing is absent or not normal.

Why: The intent of the recommendation change is to minimize delay and to encourage fast, efficient simultaneous assessment and response, rather than a slow, methodical, step-by-step approach.

Emphasis on Chest Compressions*

2015 (Updated): It is reasonable for HCPs to provide chest compressions and ventilation for all adult patients in cardiac arrest, whether from a cardiac or noncardiac cause. Moreover, it is realistic for HCPs to tailor the sequence of rescue actions to the most likely cause of arrest.

2010 (Old): It is reasonable for both EMS and in-hospital professional rescuers to provide chest compressions and rescue breaths for cardiac arrest victims.

Table 1 **BLS Dos and Don'ts of Adult High-Quality CPR**

Rescuers Should	Rescuers Should Not
Perform chest compressions at a rate of 100-120/min	Compress at a rate slower than 100/min or faster than 120/min
Compress to a depth of at least 2 inches (5 cm)	Compress to a depth of less than 2 inches (5 cm) or greater than 2.4 inches (6 cm)
Allow full recoil after each compression	Lean on the chest between compressions
Minimize pauses in compressions	Interrupt compressions for greater than 10 seconds
Ventilate adequately (2 breaths after 30 compressions, each breath delivered over 1 second, each causing chest rise)	Provide excessive ventilation (ie, too many breaths or breaths with excessive force)

Why: Compression-only CPR is recommended for untrair Why: The minimum recommended compression rate rescuers because it is relatively easy for dispatchers to remains 100/min. The upper limit rate of 120/min has beer guide with telephone instructions. It is expected that added because 1 large registry series suggested that as th HCPs are trained in CPR and can effectively perform botkompression rate increases to more than 120/min, compre compressions and ventilation. However, the priority for t provider, especially if acting alone, should still be to active proportion of compressions of inadequate depth was the emergency response system and to provide chest about 35% for a compression rate of 100 to 119/min compressions. There may be circumstances that warranbat increased to inadequate depth in 50% of compressions change of sequence, such as the availability of an AED thaten the compression rate was 120 to 139/min and to inadequate depth in 70% of compressions when compressi the provider can quickly retrieve and use.

rate was more than 140/min.

2015 (Updated): For witnessed adult cardiac arrest when an AED is immediately available, it is reasonable that th 2015 (Updated): During manual CPR, rescuers should defibrillator be used as soon as possible. For adults with perform chest compressions to a depth of at least 2 inches unmonitored cardiac arrest or for whom an AED is not (5 cm) for an average adult while avoiding excessive chest immediately available, it is reasonable that CPR be initiated pression depths (greater than 2.4 inches [6 cm]).

while the defibrillator equipment is being retrieved and applied and that defibrillation, if indicated, be attempted and that defibrillation, if indicated, be attempted and that defibrillation. 2010 (Old): The adult sternum should be depressed at least soon as the device is ready for use.

Why: A compression depth of approximately 5 cm is 2010 (Old): When any rescuer witnesses an out-of-hospita sociated with greater likelihood of favorable outcomes should start CPR with chest compressions and use the AED arrest and an AED is immediately available on-site, the dence about whether there is an upper threshold beyon as soon as possible. HCPs who treat cardiac arrest in ho h compressions may be too deep, a recent very small and other facilities with on-site AEDs or defibrillators sho dy suggests potential injuries (none life-threatening) fro provide immediate CPR and should use the AED/defibrill sive chest compression depth (greater than 2.4 inche soon as it is available. These recommendations are desi [n]). Compression depth may be difficult to judge witho to support early CPR and early defibrillation, particularly of feedback devices, and identification of upper limits an AED or defibrillator is available within moments of the Compression depth may be challenging. It is important of sudden cardiac arrest. When an OHCA is not witnesse prescuers to know that chest compression depth is more by EMS personnel, EMS may initiate CPR while checking ften too shallow than too deep.

rhythm with the AED or on the electrocardiogram (ECG)

preparing for defibrillation. In such instances, $1\frac{1}{2}$ to 3 minutes **Recoil*** of CPR may be considered before attempted defibrillation.

Whenever 2 or more rescuers are present, CPR should b 2015 (Updated): It is reasonable for rescuers to avoid leaning provided while the defibrillator is retrieved. on the chest between compressions, to allow full chest wal With in-hospital sudden cardiac arrest, there is insufficient for adults in cardiac arrest.

evidence to support or refute CPR before defibrillation. 2010 (Old): Rescuers should allow complete recoil of the However, in monitored patients, the time from ventriculehest after each compression, to allow the heart to fill fibrillation (VF) to shock delivery should be under 3 minutempletely before the next compression.

and CPR should be performed while the defibrillator is readied. Why: Full chest wall recoil occurs when the sternum return Why: While numerous studies have addressed the questionts natural or neutral position during the decompression of whether a benefit is conferred by providing a specifiethase of CPR. Chest wall recoil creates a relative negative period (typically 1¹/₂ to 3 minutes) of chest compressionsntrathoracic pressure that promotes venous return and before shock delivery, as compared with delivering a cardiopulmonary blood flow. Leaning on the chest wall shock as soon as the AED can be readied, no difference between compressions precludes full chest wall recoil. outcome has been shown. CPR should be provided whileIncomplete recoil raises intrathoracic pressure and reduces the AED pads are applied and until the AED is ready to venous return, coronary perfusion pressure, and myocardia analyze the rhythm. blood flow and can influence resuscitation outcomes.

Chest Compression Rate: 100 to 120/min*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions (2015 (Reaffirmation of 2010): Rescuers should attempt to rate of 100 to 120/min.

Minimizing Interruptions in Chest

minimize the frequency and duration of interruptions in compressions to maximize the number of compressions

2010 (Old): It is reasonable for lay rescuers and HCPs to perform chest compressions at a rate of at least 100/mindelivered per minute. Table 2

Component	Adults and Adolescents	Children (Age 1 Year to Puberty)	Infants (Age Less Than 1 Year, Excluding Newborns)					
Scene safety	Make sure the environment is safe for rescuers and victim							
Recognition of cardiac arrest	Check for responsiveness No breathing or only gasping (ie, no normal breathing) No definite pulse felt within 10 seconds (Breathing and pulse check can be performed simultaneously in less than 10 seconds)							
Activation of emergency response system	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR Otherwise, send someone and begin CPR immediately; use the AED as soon as it is available	Witnessed collapse Follow steps for adults and adolescents on the left Unwitnessed collapse Give 2 minutes of CPR Leave the victim to activate the emergency response system and get the AED Return to the child or infant and resume CPR; use the AED as soon as it is available						
Compression- ventilation ratio without advanced airway	1 or 2 rescuers 30:2	<i>1 rescuer</i> 30:2 <i>2 or more rescuers</i> 15:2						
Compression- ventilation ratio with advanced airway	Continuous compressions at a rate of 100-120/min Give 1 breath every 6 seconds (10 breaths/min)							
Compression rate		100-120/min						
Compression depth	At least 2 inches (5 cm)*	At least one third AP diameter of chest About 2 inches (5 cm)	At least one third AP diameter of chest About 1½ inches (4 cm)					
Hand placement	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastbone (sternum)	1 rescuer 2 fingers in the center of the chest, just below the nipple line 2 or more rescuers 2 thumb–encircling hands in the center of the chest, just below the nipple line					
Chest recoil	Allow full recoil of chest afte	er each compression; do not lean on the che	est after each compression					
Minimizing interruptions	Limit interru	ptions in chest compressions to less than 1	0 seconds					

*Compression depth should be no more than 2.4 inches (6 cm).

Abbreviations: AED, automated external defibrillator; AP, anteroposterior; CPR, cardiopulmonary resuscitation.

2015 (New): For adults in cardiac arrest who receive CPR Why: Several EMS systems have tested a strategy of without an advanced airway, it may be reasonable to pepforviding initial continuous chest compressions with delay CPR with the goal of a chest compression fraction as highPas for adult victims of OHCA. In all of these EMS systems, possible, with a target of at least 60%. the providers received additional training with emphasis or

Why: Interruptions in chest compressions can be intended Why: Interruptions in chest compressions can be intended as part of required care (ie, rhythm analysis and ventilation) as part of required care (ie, rhythm analysis and ventilation) or unintended (ie, rescuer distraction). Chest compression package of care that includes up to 3 cycles of passive fraction is a measurement of the proportion of total minimizing pauses in chest compressions. The optimal goal victims with witnessed arrest or shockable rhythm. for chest compression fraction has not been defined. The

oxygen insufflation, airway adjunct insertion, and 200 increase in chest compression fraction can be achieved by modified to the pressions with interposed shocks, owed improved survival with favorable neurologic status

addition of a target compression fraction is intended to liventilation During CPR With an interruptions in compressions and to maximize coronary Advanced Airway perfusion and blood flow during CPR.

Table 2 lists the 2015 key elements of adult, child, and infant (ie, during CPR with an advanced airway). BLS (excluding CPR for newly born infants).

feedback devices during CPR for real-time optimization of CPR performance.

2010 (Old): New CPR prompt and feedback devices may be useful for training rescuers and as part of an

overall strategy to improve the quality of CPR in actual **Team Resuscitation: Basic Principles** resuscitations. Training for the complex combination of skills required to perform adequate chest compressions shoul 2015 (New): For HCPs, the 2015 Guidelines Update allows focus on demonstrating mastery. flexibility for activation of the emergency response and

Why: Technology allows for real-time monitoring, recording vider's clinical setting (Figure 5). and feedback about CPR quality, including both physiologic

patient parameters and rescuer performance metrics. TI Why: The steps in the BLS algorithms have traditionally important data can be used in real time during resuscitableen presented as a sequence in order to help a single for debriefing after resuscitation, and for system-wide questioner prioritize actions. However, there are several facto improvement programs. Maintaining focus during CPR om any resuscitation (eg, type of arrest, location, whether the characteristics of compression rate and depth and classified providers are nearby, whether the rescuer must lea recoil while minimizing interruptions is a complex challengectim to activate the emergency response system) that even for highly trained professionals. There is some evidence equire modifications in the BLS sequence. The update that the use of CPR feedback may be effective in modify BLGS HCP algorithms aim to communicate when and where chest compression rates that are too fast, and there is flexibility in sequence is appropriate.

separate evidence that CPR feedback decreases the leaning force during chest compressions. However, stud to date have not demonstrated a significant improveme in favorable neurologic outcome or survival to hospital discharge with the use of CPR feedback devices during actual cardiac arrest events.

Alternative Techniques and **Ancillary Devices for CPR**

Delayed Ventilation

2015 (New): For witnessed OHCA with a shockable rhythn it may be reasonable for EMS systems with prioritybased, multitiered response to delay positive-pressure and airway adjuncts.

2015 (Updated): It may be reasonable for the provider to deliver 1 breath every 6 seconds (10 breaths per minute) while continuous chest compressions are being performed

2010 (Old): When an advanced airway (ie, endotracheal tube, Combitube, or laryngeal mask airway) is in place dur 2-person CPR, give 1 breath every 6 to 8 seconds without attempting to synchronize breaths between compressions

Why: This simple single rate for adults, children, and infants—rather than a range of breaths per minute—should be easier to learn, remember, and perform.

Summary of Key Issues and Major Changes

Conventional CPR consisting of manual chest compressions interspersed with rescue breaths is inherently inefficient w respect to generating significant cardiac output. A variety of alternatives and adjuncts to conventional CPR have ventilation (PPV) by using a strategy of up to 3 cycles of 200 developed with the aim of enhancing cardiac output continuous compressions with passive oxygen insufflation resuscitation from cardiac arrest. Since the 2010 Guidelines were published, a number of clinical trials have provided new data on the effectiveness of these alternative **Event Report**

D&A-017-00 Attachment 2 Page 1 of 2

CPR/AED INCIDENT INVESTIGATION REPORT

(To be completed within 24 hours of incident)

Name of Patient		S	Sex	Socia	I Security Nun	nber	Depart	tment	Job Tit	le
Service Date	Time in		Date of Incident:			Report I	Date	Event Actio	ons:	
	Position	T	Time: a	m [pm				2	
								EMT Res	sponse	
								🔲 Hospitali	zation	
Location of Incide	ent		Describe Job Ta	sk in P	rogress			Fatality		
								Cause Rela	ted To	
Description of Inc	cident	I						Uehicle /	Accident	
								Equipme	ent Condit	ion/Design
									li Exposui Temperati	re Ire Exposure
								\square Slip, trip,	fall	
								Other		
								Names of V	Vitness	ses:
								1		
								2		
								3		
								Witnesses		Notes
								Interviewe	d?	Attached?
								1 yes ∐ no		yes □ no □
								$2 \text{ yes} \square \Pi$		
Patient Transport	ted To	By (EM	T Firm)		Date/Time			Names of F	Respon	ders:
			,					1		
AED Serial No.		Data Ca	ard Serial No.					2		
								3		
Information from	AED Screen	ns: Numb	er of Shocks		Time Defibril	lator in Us	se	Responder	S	Notes
		Delivered	d					Interviewe	d?	Attached?
								1 yes ∐ no		yes ∐ no ∐
Data Coordina	tor Transf	fer Histo	orv: (each ha	andler	signs off be	elow)		2 yes ∐ no		yes ∐ no ∐
										yes 🗋 no 🗋
From										
Date/Time					Date/ Time					
Date/Time					Date/Time					
From					To					
Date/Time					Date/Time					
From					То					
Date/Time					Date/Time					
								_		
Manager Signatu	ire:				l itle:			Da	ate:	
Safety Manager S	Signature:							Da	ate:	
COPY OF COMPLI	ETED FORM	TO MANA	GER OF CORPO	RATE S	AFETY & WOR	KER'S FIL	.E			

D&A-017-00 Attachment 2 Page 2 of 2

GENERAL DIRECTIONS

- 1. Complete the report within 24 hours of the incident.
- 2. Write legibly and clearly or type.
- 3. Complete ALL items or mark "N/A" if not applicable.

DETAILED DIRECTIONS

These are all self-explanatory. Be specific and accurate in reporting this information.

Name of Patient - Sex - Social Security No. (SS No.)

Department - Job Title - Hire Date - Time on Job

Date/Time of Incident - Date Reported - Event Actions - "Related to"

DESCRIPTION OF THE INCIDENT

- 1. What was the injured person doing at the time of the incident?
- 2. What tools or equipment were involved, if any?
- 3. What was happening around the work area (external influences)?
- 4. Give description of contributing causes

INTERVIEWING WITNESSES AND RESPONDERS

Interview all persons involved with the incident.

- 1. Put each person at ease. Tell the person you are looking for the facts only and not trying to blame anyone.
- 2. Interview witnesses and responders separately so that what one person says will not influence what someone else says.
- 3. Ask open-ended questions that do not elicit one-word answers, such as "What did you see?"
- 4. During the interviews, inform each witness or responder of what is being done for the injured person.
- 5. Avoid talk that will mislead or confuse the witnesses or responders.
- 6. Do not accept, deny, or promise anything. The purpose of the investigation is to gather facts only.

AED INFORMATION: Complete the following.

- 1. AED Serial Number:
- 2. Data Card Serial Number (if applicable):___
- 3. Number of shocks delivered (from screen on AED):
- 4. Amount of time defibrillator was in use (from screen on AED):
- 5. Data Card Transfer History: Each person given possession of the data card must sign and date upon taking possession and relinquishing to another.

Print Name	Signature	Date/Time of Possession	Print Name	Signature	Date/Time of Relinquish

Online Monthly Log Instructions



DiPietro & Associates, Inc. Online Monthly Log Quick Reference Guide

LOG ON: www.dipietroassociates.com

Click on: Login (in upper right corner)

Enter your Username: (your full email address)

Enter your Password: dipietro (all lowercase). You may change this in the section called My Profile.

This brings you to your Home Page

(🔄 http://demo.kolopids.com/		
Web Tracker With Tracker With Tracker With Tracker Statistics Statistics Tracker Statistics	Conclusion C	Complete your Monthly Maintenance Log Roll over Icons to get Program Status specifics. View the Details of your AED and Responders. Submit an Event (where to file a report is you use the AED).
	Resolution Sector Secto	

Your Home Page shows your monthly logs that are due. You may click on file monthly report to the right of each AED or if all your AEDs are compliant you can do all the logs at once by clicking on complete all logs **Operators Manual**



amarit**&AD**

ni-Automatic Defibrillat ly Automatic Defibrillat n 450P Semi-Automatic Defibrillat



Contents

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Use of This Manual

It is important that you read this manual carefully before **@\$AD**.your samar ta This manual is presented in support of any training you may have receive If you have any questions, contact your Authorized Distributor or

Indications for Use

The HeartSine samaritan PAD SAM 350P (SAM 350P), HeartSine samaritan PAD SAM 360P (SAM 360P) and HeartSine samaritan PAD SAM 450P (SAM 450P) all have the identical indications for use. Each is indicated for use on victims of cardiac arrest who are exhibiting the the following signs:

- Unconscious
- Not breathing
- Without circulation (without a pulse)

The devices are intended for use by personnel who have been trained in their operation. Users should have received training in basic life support/AED. advanced life support or a physician-authorized emergency medical response training program.

The devices are indicated for use on patients greater than 8 years old or over 55 lbs/25 kg when used with the adult Pade Pade Pak-01 or Pad-Pak-07). They are indicated for use on children between 1 and 8 years of age or up to 55 lbs/25 kg when used with the Pediat(PedPaPlak-02).

Contraindications for Use

If the patient is responsive or conscious, do not use the samaritan PAD to provide treatment.

Caution

U.S. Federal law restricts this device to sale by or on the order of a physician.

Warnings and Precau

Patients Suitable for Treatment Ris

The samaritan PAD has been designed to he on unconscious, nonresponsive patients http://www.conscious.com/ patient is responsive or conscious, do notse samaritan PAD to provide treatment. one

The samaritan PAD uses an interchangeable and electrode pack called Pad-Pak. The pan PAD in combination with an adult Pad-Pathe suitable for use on patients of over 55 lb3o(2 weight or equivalent to a child of approxima eight years old or over. sho

For use on smaller children (from 1 to 8 the remove the adult Pad-Pak and install a Pacia Pak. If a Pediatric-Pak or an alternative suit defibrillator is not available, you may use a Pad-Pak. of a

If you treat a pediatric patient with an $a\theta\theta I$ Pad-Pak, ignore any voice prompts regarding rate of CPR. The SAM 450P CPR Rate $Ad\theta is \delta$ currently only intended to provide feedback adult patients. Tou of t

Do Not Delay Treatment

Do not delay treatment trying to find out the stient's exact age and weight whi patient's exact age and weight. The the

2

Warnings and Precautions

A PRECAUTIONS

Fully Automatic Defibrillator (SAM 3609) rect Placement of Electrode Pads **Ingress Protection** The SAM 360P is a fully automatic defibilition placement of the samaritan PAD electrophe samaritan PAD has an IP56 rating again When required, it will deliver a shock to be a spectation to a sprays of water. However, the Man WITHOUT user intervention. instructions shown on pages 19-22 and on thedoes not cover the immersion of any part of CPR Rate Advisor Function (SAM 450P) bit outries dreament or the presence of samaritan PAD in water or any type of fibig

CPR Rate Advisor Function (SAM 450P) hair surgical dressings or medicine patcheath fluids may seriously damage the device on adult patients only. If a Pediatric-Pak styseen the pads and the skin could reduce cause fire or a shock hazard. Aut CPR Rate Advisor function is disabled. In the fibrilization effectiveness. Slightly red skin after **Prolonging Battery Life** the rescuer is prompted to begin CPR in the rapy is normal. Do not turn on the device unnecessarily on si the metronome but receives no CPR Rate Not Use Electrode Pads if Pouch is Not Sealed uce the standby life of the device. feedback.

The Pad-Pak and Pediatric-Pak are single-use Standby storage outside the range of Che items which must be replaced after each use 35^UF to 122°F/0°C to 50°C may decreased the pouch that seals the electrode pads has been for the Pad-Pak. req broken or compromised in any way. If you suspect of a that the Pad-Pak or Pediatric-Pak is damaged, Operator Training

The samaritan PAD is intended for use by replace it immediately. personnel who have been trained in its ope **Susceptibility to Electromagnetic Interference**, operate the series should have received training in basic To safeguard against interference, operate the support/AED, advanced life support, or a samaritan PAD at least 6 feet/2 meters away from sician-authorized emergency medical all radio frequency devices. Alternatively, switch off the equipment causing the electromagnetic

Use of Accessories The samaritan PAD is a self-contained device

Reg

Temperature Range for Operation

interference.

Temperature Range for Operation not use any unauthorized accessories with The samaritan PAD, with its battery and electrodes as the samaritan PAD may malfunct is designed to operate in the temperature range of approved accessories are used. 32°F to 122°F/0°C to 50°C. Use of the device outside of this range may cause the device to malfunction.

Overview

sinus rhythm by means of an electric shock adrbessamaritan PAD uses the HeartSine sam **Sudden Cardiac Arrest** Sudden cardiac arrest (SCA) is a conditioneineedmichThis treatment is called defibrillatioECG arrhythmia analysis algorithm. This alc

Sudden cardiac arrest (SCA) is a conditioned in this treatment is control to be used down and the patient's ECG to ascertain the heart suddenly stops pumping blood effectively due to a malfunction of the heart's electrical ar **Tachycardia** Often victims of SCA have no prior warning signs or symptoms. SCA also can occur in people with previously diagnosed heart conditions. Survival activity of the heart. VT starts in previously diagnosed heart conditions. Survival activity of the heart, called the from SCA depends on immediate and effectivels. Although there are many different cardiopulmonary resuscitation (CPR). of VT, this arrhythmia can be potentially life-

The use of an external defibrillator within that in the patient presents with no pulkes important to note that cardiac defibrilla few minutes of a collapse can greatly in an every unresponsive. If not treated with immediate the HeartSine samaritan PAD, will not a patient's chance of survival. Heart attachignilation VT may lead to other arrhythmiaadminister a shock unless a lifesaving shoc SCA are not the same, though sometimes a heart required.

attack can lead to an SCA. If you are expressioned by AED symptoms of a heart attack (chest pain, bless optimis misconception that CPR alone shortness of breath, tight feeling in the chest along emergency services is enough. CPR elsewhere in the body), immediately seektened ary measure that maintains blood flow and oxygen to the brain. CPR alone will not ret attention.

heart to a normal rhythm during VF or VT. The Sinus Rhythm and Ventricular Fibrillation ryival is defibrillation - and the sooner The normal heart rhythm, known as sinus rhythm, creates electrical activity resulting in coordinated

contraction of the heart muscle. This genefities ation is a common treatment for lifethreatening arrhythmias, mainly ventricular normal blood flow around the body.

Ventricular fibrillation (V-fib or VF) is a condition block to the heart with a device calle in which there is uncoordinated contraction of billator. This restores normal heart musc heart muscle, making it quiver rather than contractions and allows normal sinus rhythm to properly. Ventricular fibrillation is the most restored by the body's natural pacemaker in victims of SCA it is possible to re-establish normal





Introduction

This manual provides instructions for the fiel SAW hg50P is a semi-automatic defibrillatoo f tangood quality. If the quality of the CREAR models of the HeartSine samaritan PADSAM 360P is a fully automatic defibrillator, anistipeod, the chances of successfully resucce me

samaritan PAD 350P (SAM 350P) samaritan PAD 360P (SAM 360P) samaritan PAD 450P (SAM 450P)

About the samaritan PAD

The samaritan PAD family of AEDs is designed to quickly deliver a defibrillation shock to vor metronome

SAM 450P is a semi-automatic defibrillator withatient are greatly increased. integrated CPR Rate "Advisor

WARNING: The SAM 360P is a fully automatic defibrillator. When required, it will deliver a shock to the patient WITHOUT user

Research has demonstrated that non-profes responders regularly provide ineffective inexperience. The

The SAM 450P with CPR Rate Advisor pr盼的 feedback to the rescuers on the rate of the are providing to the victim. The SAM 450 P impedance cardiogram measurements tong

of sudden cardiac arrest (SCA). Each sa Warenathe samaritan PAD instructs you to perferenspeed of compressions and provide the PAD is designed to operate in accordance without will hear an audible beep and see the set for the structions to push faster or push the current joint American Heart Association (Alba) and icator flash at a rate compliant witentinue to provide compressions at a group European Resuscitation Council (ERC) g20125in AddA/ERC guidelines. This feature, referred tording to the AHA resuscitation guidelines on Cardiopulmonary Resuscitation (CPR) and e CPR metronome, will guide you to the rate at 50P uses both audible and visual fee Emergency Cardiovascular Care (ECC). which to compress a patient's chest during CPG ve the responder instruction on CPR rate

While all of the samaritan PAD models aCPRERate Advisor

similar in use, there are distinct different when providing CPR treatment to a victim of s en direction of s en directio similar in use, there are distinct differen was providing CPR treatment to a victim of s

Table 1. samaritan PAD AEDs

	SAM 350P	SAM 360P	SAM 450P
Shock delivery	Semi-Automatic	Fully Automatic	Semi-Automatio
Four-year electrode and battery life	4	4	4
Audible and visual indicators	4	4	4
CPR coaching with metronome	4	4	4
CPR Rate Advisor			4
Pediatric use-compatible (with Pediatri	c Pad-Pak4)	4	4

Technical Data in Appendix C on page C-7 Aut dire

is intended for use on adult patients only of Pediatric-Pak is used, the CPR function is di In this case, the rescuer is prompted to be in time with the metronome but receiveSat Plea CPR Rate Advisor feedback.

ass of S effe

Introduction

SAM 350P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable attach the electrode pads to the feed SAM 350P is ready for into this port to download patient's bare chest as indicated use when this indicator is event data from the AED, when the action arrows are flashing freen.

(See Figure 8, page 24.)

Shock Button

Press this button to defiver a therapeutic shock.

Adult and

Pediatric Symbols Indicates that the SAM 350P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 350P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

Green Tab Pull this tab to release the electrodes. Safe to Touch Icon/ Action Arrows You may touch the patient when the action

patient when the action arrows around this icon are flashing.

On/Off button

Press this button to turn on or turn off the device.

Speaker

Listen for the metronome and verbal prompts.

Pad-Pak

Contains the battery and electrode pads.

SAM 360P Layout

Attach Pads Ic

Plug the custom USB cablettach the electro into this port to downloadpatient's bare che event data from the AED, when the action a (See Figure 8, page 24.)

Shock Icon

Data Port

Flashes to indicate a shock will be delivered.

Adult and

Pediatric Symbols Indicates that the SAM 360P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 360P may be analyzing the patient's heart rhythm or about to charge, in preparat to deliver a shock. Green Tab the electrodes.



Introduction

SAM 450P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable ttach the electrode pads to the he SAM 450P is ready for into this port to download patient's bare chest as indicated se when this indicator is event data from the AED, when the action arrows are flashing ing green.

(See Figure 8, page 24.)

Shock Button

Press this button to deliv a therapeutic shock.

Adult and

Pediatric Symbol Indicates that the SAM 450P is compat with both the Pad-Pa and Pediatric-Pak.

CPR Rate Advisor Id

Provides visual feedback about the rate of chest compressions during CPR.

Safe to Touch Icon/ Action Arrows

You may touch the **Speaker** Con patient when the action step for the **Green Tab** and arrows around this icometronome and Pull this tab to release are flashing. verbal prompts. the electrodes.

Set-up

Unpacking

Verify that the contents include the samarit PAD, carry case, Pad-Pak, User Manual, War Statement and Warranty Card.

Pad-Pak

A Pad-Pak is a single-use removable cartrid includes the battery and electrode pads in a unit. The Pad-Pak is available in two versior

- Pad-Pak (gray color shown in Figure 1) for on patients weighing over 55 lbs/25 kg, o equivalent to a child of approximately eig years of age or older.
- The optional Pediatric-Pak (pink color sho Figure 2) for use on smaller children (from years old and weighing under 55 lbs/25 k

WARNING: Do not delay treatment tryindetermine the patient's exact age and weig

The Pad-Pak also is available in a TSO-certified version f use on aircraft.

Do Not Touch Icon/ Action Arrows Do not touch the

Do not touch the patient when the action arrows above this icon are flashing. The SAM 450P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

On/Off button

Press this button to turn on or turn off the device.

Pad-Pak

Contains the battery and electrode pads.

Set-uptinued

Putting the samaritan PAD into Service

Follow these steps to place your samaritan PAD int service:

1. Check the expiration date (year-month-day) on the rear of the Pad-Pak (see Figure B) If expiration date has passed, do not use and immediately replace the expired Pad-Pak.

2. Unpack the Pad-Pak and retain the packaging





Figure 3. Expiration Date

Figure 4. Inserting a Pad-Pak

messages are played.

- Be sure to store the device according to t 4. Verify that the green Status indicator (see theenvironmental specifications (see Technig layout for your model on pages 10-12) is blinking in Appendix C on page C-1). to indicate the initial self-test routine has been performed and the device is ready PRECAUTION: HeartSine Technologies for use.
- 5. Press the On/Off But ton turn on the samaritan PAD. Listen for, but do not follow,

recommends that you store a spare Pad-Pa your samaritan PAD in the rear section of th

6. Press the On/Off Buttom turn off the **Pre**

samaritan PAD. Verify that the Status Ind

flashing green. If you have not heard and message and the Status Indicator conting

flash green, the device is ready for use.

7. Place the samaritan PAD in its supplied so

carry case. Store the samaritan PAD whe will be seen and heard in an unobstructe secure location in a clean, dry environme

- the voice prompts to ensure that no warnin $\boldsymbol{\beta}$. Register online, or complete the Warrang and return it to your Authorized Distribute HeartSine Technologies directly (see Track
- in case you need to return the Pad-Pa PRECAUTION: Do NOT pull the green tab or Requirements on page 26). HeartSine Technologies. the Pad-Pak at this time. If you have pulled the teleate a service schedule (see Service and
- 3. Place the samaritan PAD face up on a **aflat spefaee** the electrode drawer, you may need the place on page 27). and slide the Pad-Pak into the samaritam BAD your Pad-Pak. (see Figure 4) until you hear the "double click" to indicate that the tabs on the right and left sides of repeatedly, you will deplete the batteries

of the Pad-Pak are fully engaged. prematurely and may need to replace the Pad-Pak.

Using the samaritan PAD

 Using the samaritan PAD
 2. If the patient is non-responsive, shake the
 4. Call for medical assistance.
 7. P

 Follow these steps to use your AED, which patilient by the shoulders while speaking loudly provide you with step-by-step voice prompts the patient becomes responsive, do not use
 3. Retrieve the AED, asking others nearby to be the shoulders while speaking loudly.

 For a full list of voice prompts for your devide AED.
 6. While waiting for the AED, begin CPR, hard and fast at a rate of between 10

3. Check that the patient's airway is not block using a head-chin tilt if necessary.

PRECAUTION: Once a non-shockabl is detected, the samaritan PAD will end to shock condition if it had previously de shock.

1. If necessary, move the patient to a sa or remove any source of danger.



PREC/UTION You must use the san PAD at least 6 feet/2 meters from all rac frequency devices, or switch off any equ causing electromagnetic interference.



CHECK FOR A RESPONSE While waiting for the AED, begin CPR, hard and fast at a rate of between 10 compressions per minute (cpm) and a 5 to 6 cm. If you feel able to give resc perform 30 compressions followed by rescue breaths.







0.D W If Of Pa

CHECK FOR AIRWAY

Using the samaritamuRAD

- 9. Remove clothing from patient's chest 12. Expansepen the pouch to remove the electroide particle the liner from each electrode part. apply each electrode pad firmly to the pa bare skin, removing any metal (bras or jewelry)
- where possible from the pad placeme





bare chest. For a patient over 8 years of a weighing over 55 lbs/25 kg, place one ele pad horizontally on the right chest, and the other vertically on the left rib cage. For a patient under 8 years of age or weighing than 55 lbs/25 kg, you can place one elec pad on the center of the chest and the ot on the center of the back. Refer to pages for detailed instructions for electrode pad placement.

15.

- 10. Dry the patient's chest if wet or clamm a lot of chest hair is present, shave the p chest where the electrodes will be place
- 11Pull the green tab to remove the electro pouch from the AED.





Using the samaritam PAD

- 16. When advised that a shockable rhytheric detected, stand clear of patient as d When advised to do so, press the oras shock button (SAM 350P/SAM 450P) to the a shock, or if using a SAM 360P, the AED will automatically deliver the shock after a verbal 3, 2, 1 countdown.
- 17. When advised that a shockable rhythm is not detected, begin CPR. To do so, place overlapping hands in the middle of the patient's chest and, with straight arms, press firmly and quickly in time with the metronome. Continue to perform CPR until the AED begins to analyze the patient's heart rhythm again.

When using the SAM 450P, follow Advisor voice prompts. Refer to C on page C-7 for more information

- 18. Repeat the process from step 1 services arrive.
- 19. When emergency services arriv On/Off button to turn off the AED the electrode pads.

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Pediatric-Pak

Treating Small Children and Infants ANT The Pediatric-Pak is intended to provide the pediatric (child) victims of SCA between the 1 and 8 years old or weighing less than BAF 55 lbs/25 kg who are: in the bac

- Unconscious
- Not breathing
- Without circulation (without a pulse)

WARNING: The Pediatric-Pak contains a magnetic component (surface strength 650 gauss). Avoid storage next to magneticallysensitive storage media.

WARNING: Not for use on patients und year old. For use with children up to the age years or up to 55 lbs/25 kg. DO NOT DELAY IF YOU ARE UNSURE OF THE EXACT AGE OR

Electrode Placement

For pediatric patients there are two options electrode placement: anterior-posterior and anterior-lateral.

Figu

Pediatric-Poaked

ANTERIOR-LATERAL PLACEMENT

If a child's chest is large enough to permit a 1 in/2.5 cm gap between the electrode pads, OR if trauma does not allow for placement on the back, the pads can be placed according to the adult anteriorlateral placement. Place one electrode pa child's BARE upper right chest above nipp one electrode pad on child's BARE lower below nipple as shown in Figure 6.



Figure 6. Anterior-Lateral Placement

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WARNING: Electrode pads must be a 1 in/2.5 cm apart and should never touch one another.



After Using the sama

Cleaning the samaritan PAD

 Remove the electrode pads from the patie and stick the pads together face to faceus electrodes may be contaminated with hte bodily tissue, fluid or blood so dispose of electrodes separately as infectious waste material.

3.C

2. The Pad-Pak is a single-use item that lithium batteries. Replace the Pad-Pak at use. With the samaritan PAD placed faces a flat surface, squeeze the two tabs on the of the Pad-Pak and pull to remove it from samaritan PAD. The Pad-Pak will slide (see Figure 7).



After using the samaritan PAD

Downloading and Submitting Event Information

The optional HeartSine Saver EVO[™] software can be downloaded at no charge from:

http://heartsine.com/support/upload-saver-evo/

This software lets you manage the events in which your samaritan PAD was used. You can provide this data to a patient's doctor, and/or use it to obtain a Pad-Pak if you have a qualifying event. In addition to Saver EVO, the optional USB data cable is required to download event data. Contact your Authorized Distributor or HeartSine Technologies directly to obtain the data cable or with questio about downloading and using Saver EVO.

1. Connect the USB data cable to the Data/ the samaritan PAD (see Figure 8).

Figure 8. USB Data Port

- 2. Connect the USB connector on the data c to a PC.
- 3. Install and launch the HeartSine Saver EV software.
- 4. Follow the instructions provided in the Sa EVO manual to save or erase the event day your samaritan PAD.
- 5. Upload the Saver EVO file on the HeartSir Technologies site.

For further information on managing the ev data on your samaritan PAD, contact your Authorized Distributor or HeartSine Technol directly.

Disposal

The Pad-Pak and Pediatric-Pak contain lithiu batteries and cannot be disposed of in norm waste. Dispose of each at an appropriate re facility according to your local requirements Alternatively return the Pad-Pak or Pediatric to your Authorized Distributor for disposal or replacement.

Tracking

Tracking Requirements

Medical device regulations require HeartSine Technologies to track the location of each samaritan PAD AED, Pad-Pak, and Pediatric-Pak sold. Therefore, it is important that you register your device, either using our on-line registration tool at:

https://secure.heartsine.com/UserRegistration.html

Or by completing the samaritan PAD Warranty Card and returning it to your Authorized Distributor or HeartSine Technologies directly. As an alternative to the card and on-line registration tool, you may send an email to:

support@heartsine.com

The email should contain the following information:

- Name
- Address

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• Device Serial Number

If there is a change in the information you have provided to us, such as a change of address or ownership of your samaritan PAD, provide the updated information to us via email or the online registration tool.

When you register your AED, we will contact you with any important notifications about the samaritan PAD, such as software updates or field safety corrective actions.

Service and Maintena

HeartSine Technologies recommends us regular maintenance checks, which inclose following:

WEEKLY

Check the Status Indicator. The sama performs a self-test routine at midnig every Sunday. During this self-test th light blinks red but returns to green upon successful completion of the self-test If the Status Indicator is not flashing and every 5 to 10 seconds or if the status is flashing red or you hear continuous a problem has been detected. (See Fi and Troubleshooting in Appendix B on pa

MONTHLY

- □ If the device shows any signs of physical damage, contact your Authorized Dist HeartSine Technologies directly. marie
- Check the expiration date of the Pad-Set-up on page 14 for the location of the If the date has expired, or is near exp immediately replace the Pad-Pak or c Authorized Distributor for a replacem
- □ If you hear a warning message when you on your samaritan PAD or if, for any relates suspect that your samaritan PAD is not war properly, consult Troubleshooting in Append

to t mai Aut





HEALTH AND SAFETY CODE - HSC DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1799.207]

(Division 2.5 added by Stats. 1980, Ch. 1260.)

CHAPTER 3. State Administration [1797.100 - 1797.197a]

(Chapter 3 added by Stats. 1980, Ch. 1260.)

ARTICLE 5. Personnel [1797.160 - 1797.197a]

(Article 5 added by Stats. 1980, Ch. 1260.)

1797.196.

(a) For purposes of this section, "AED" or "defibrillator" means an automated external defibrillator.

(b) (1) In order to ensure public safety, a person or entity that acquires an AED shall do all of the following:

(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 operation and maintenance guidelines set forth by the manufacturer.

(D) Ensure that the AED is tested at least biannually and after each use.

(E) Ensure that an inspection is made of all AEDs on the premises 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.

(F) Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.

(2) When an AED is placed in a building, the building owner shall do all of the following:

(A) At least once a year, notify the tenants as to the location of the AED units and provide information to tenants 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 the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.

(C) Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.

(3) A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED. (c) (1) When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

(2) This section does not prohibit a school employee or other person from rendering aid with an AED.

(d) A manufacturer or retailer supplying an AED shall provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

(e) A violation of this section is not subject to penalties pursuant to Section 1798.206.

(f) Nothing in this section or Section 1714.21 of the Civil Code may be construed to require a building owner or a building manager to acquire and have installed an AED in any building.

(g) For purposes of this section, "local EMS agency" means an agency established pursuant to Section 1797.200.

(h) This section does not apply to facilities licensed pursuant to subdivision (a), (b), (c), or (f) of Section 1250.

(Amended by Stats. 2015, Ch. 264, Sec. 2. (SB 658) Effective January 1, 2016.)

HEALTH AND SAFETY CODE - HSC DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1799.207]

(Division 2.5 added by Stats. 1980, Ch. 1260.)

CHAPTER 9. Liability Limitation [1799.100 - 1799.112]

(Chapter 9 added by Stats. 1980, Ch. 1260.)

1799.102.

(a) No person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision applies only to the medical, law enforcement, and emergency personnel specified in this chapter.

(b) (1) It is the intent of the Legislature to encourage other individuals to volunteer, without compensation, to assist others in need during an emergency, while ensuring that those volunteers who provide care or assistance act responsibly.

(2) Except for those persons specified in subdivision (a), no person who in good faith, and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency shall be liable for civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision shall not be construed to alter existing protections from liability for licensed medical or other personnel specified in subdivision (a) or any other law.

(c) Nothing in this section shall be construed to change any existing legal duties or obligations, nor does anything in this section in any way affect the provisions in Section 1714.5 of the Civil Code, as proposed to be amended by Senate Bill 39 of the 2009–10 Regular Session of the Legislature.

(d) The amendments to this section made by the act adding subdivisions (b) and (c) shall apply exclusively to any legal action filed on or after the effective date of that act.

(Amended by Stats. 2009, Ch. 77, Sec. 1. Effective August 6, 2009. Note: As referenced in subd. (d), subds. (b) and (c) were added in the amendment by Stats. 2009, Ch. 77.)



Rescue Union - Lake Forest Elementary School

AED Policies & Procedures

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com


Rescue Union - Lake Forest Elementary School AED PROGRAM CONTACT LIST

AED Coordinator: Morgan Butler

Location: 2390 Bass Lake Road Rescue, CA, 95672 Phone Number: (530)672-4300 Email: mbutler@rescueusd.org

Site Contact: Morgan Butler

Location: 2240 Sailsbury Drive El Dorado Hills, CA, 95762 Phone Number: (530)363-7159 Email: mbutler@rescueusd.org

Medical Director: Michael Choy, MD

Phone Number: (530) 477-6818 Email: info@dipietroassociates.com

Local EMS: El Dorado County

Contact: Richard W. Todd Location: 2900 Fair Lane Court Placerville, CA 95667 Phone Number: (530)621-6500 Email: michelle.patterson@edcgov.us

AED Program Management: DiPietro & Associates, Inc.

Location: 101 W. McKnight Way Ste B #255 Grass Valley, CA, 95949 Phone Number: (530) 477-6818 Email: david@dipietroassociates.com



Rescue Union - Lake Forest Elementary School AED LOCATIONS

Location: Health Office Serial Number: 16D00947288

Location: School gym Serial Number: 19D00009114



DiPietro & Associates, Inc.

"Helping Companies Navigate Safety"

Medical Direction & Prescription Certificate

As a client of DiPietro & Associates Inc. the following location is under the medical direction of Michael Choy, MD. for a period of one year from:

Effective Date: July 15, 2019 Company Name: Rescue Union - Lake Forest Elementary School Location: 2240 Sailsbury Drive El Dorado Hills, CA, 95762

This prescription is renewable yearly through DiPietro & Associates Inc. In accordance with the recommendations of the American Heart Association, DiPietro & Associates agrees to provide all of the necessary tools and support for placement of an automated external defibrillator (AED) at your location. The following AED(s) are covered by this prescription:

AED Make / Model: HeartSine Samaritan 350P Serial Number(s): 16D00947288 19D00009114

By implementing DiPietro & Associates online tracking system you will meet or exceed all guidelines and recommendations for private ownership of an AED for the establishment of a public access defibrillation program. In order for this prescription and medical direction to be in effect, all steps of the implementation program must be completed.

Upon termination or expiration of the service agreement with DiPietro & Associates, Inc., the client assumes complete responsibility and liability for all AEDs purchased and AED programs implemented. These responsibilities include, but are not limited to: medical control and oversight, ongoing training, event review, policies and procedures updates, equipment maintenance, and ongoing AED program compliance.

Muchael Chog MD

Michael Choy, MD Medical Director

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com

Effective Date: 7/15/2019

1. BACKGROUND

Sudden Cardiac Arrest is the nation's leading cause of death. 350,000 relatives, co-workers, and neighbors will suffer a Sudden Cardiac Arrest this year. Despite immediate CPR efforts and a rapid 911 response, tragically less than 5% will survive. In response to these chilling statistics the Food and Drug Administration, Federal and State Legislatures, as well as OSHA, have approved Automatic External Defibrillators (AEDs) and recommend their implementation in the workplace.

AEDs are devices designed to administer an electric shock to the heart of a Sudden Cardiac Arrest victim. This "electric medicine" stops a fatal rhythm called Ventricular Fibrillation and allows the patients heart to begin beating on its own. The shock can only be delivered after the device has verified the patient is in Cardiac Arrest, delivery of an inappropriate shock is not possible.

The American Heart Association as well as Federal guidelines recommend that AED treatment be given within the first 3 minutes of a Sudden Cardiac Arrest. To achieve this recommendation AEDs must be strategically placed and appropriate numbers of employees trained to use them. By doing so we may improve survivability of Cardiac Arrest by as much as 65%. Every minute that defibrillation is delayed; 7-10% of survivability is lost. After 10 minutes without defibrillation the patient's chances of survival drop to less than 5%. To effectively treat Sudden Cardiac Arrest, AEDs must be immediately available.

2. PROGRAM OBJECTIVE

To make available the most rapid response possible to a victim of a Sudden Cardiac Arrest.

To implement the American Heart Association recommended "Chain of Survival" including early defibrillation within 3 minutes of a reported event.

To make available to our clients, partners, employees, contractors and guests the best chances of surviving the nation's leading cause of death.



The 5 links in the adult Chain of Survival are

• Immediate recognition of cardiac arrest and activation of the emergency response system

- Early cardiopulmonary resuscitation (CPR) with an emphasis on chest compressions
- Rapid **defibrillation**
- Effective advanced life support
- Integrated **post-cardiac arrest care**

A strong Chain of Survival can improve chances of survival and recovery for victims of heart attack, stroke and other emergencies.

3. PURPOSE

These policies and procedures provide the necessary information to effectively implement, administer, and maintain the AED program. Access and training on these policies and procedures should be provided to any employee that may voluntarily render assistance at the scene of a cardiac arrest or who wishes to be involved with the administration of this program. All Targeted Responders, Site Contacts, and AED Coordinators are required to become familiar with these policies and procedures and will be provided formal training and American Heart Association certification.

4. SCOPE

These policies and procedures define responsibilities and methods by which personnel will comply with corporate and state regulatory requirements. All onsite Automated External Defibrillators (AEDs) shall be subject to these policies and procedures.

These policies and procedures apply to all employees who are members of the voluntary Emergency Response Team or who may voluntarily render First Aid, CPR or defibrillation.

These policies and procedures are a compilation of CA state standards for the use of an AED by non-licensed personnel or Public Access Defibrillation Programs (PAD). Additional action by the Site Contacts and/or AED Coordinator may be necessary to comply with these requirements.

5. **DEFINITIONS**

- 5.1 <u>AED</u> is the acronym used to describe the AUTOMATED EXTERNAL DEFIBRILLATOR. The AED in use at Rescue Union - Lake Forest Elementary School is the HeartSine Samaritan 350P. Operating instructions and maintenance manuals are available in this document or by contacting the Site Coordinator.
- 5.2 The <u>Medical Director</u> is a licensed physician that has authority over the entire AED program and its participants. General responsibilities include establishing guidelines for administration, implementation and maintenance of the program. The Medical Director oversees quality assurance, compliance to protocols, proper training and provides positive reinforcement to individuals and the system, as well as corrective instruction. The Medical Director will provide post event review and make system improvement recommendations.
- 5.3 The <u>AED Coordinator</u> is an employee of Rescue Union Lake Forest Elementary School who is the primary liaison between the company's AED program and the Medical Director. This person will help the organization fulfill its responsibility for maintaining

the program from a corporate level. The AED Coordinator will disseminate program information to and from the Medical Director, DiPietro & Associates, Inc. and the Site Contacts. The AED Coordinator will play an active role in the development of policies and procedures, quality assurance and program evaluation. The AED Coordinator will be given instructions, a username and password to the online tracking system. He/She will ensure required information is entered into the online tracking system in a timely manner and are responsible for communication with the online tracking system.

5.4 The <u>Site Contacts</u> are employees at the individual facilities equipped with an AED. If no site contact the <u>AED coordinator</u> will assume all site contact responsibilities. The primary responsibility of the Site Contacts is to ensure the readiness of the AED program for the local level. The Site Contacts are responsible for on-site coordination and to assist the AED Coordinator and Medical Director as necessary.

The Site Contacts are also responsible to ensure that all AED units are inspected, maintained and tested according to the manufacturer's guidelines.

The online monthly maintenance data should be entered by the Site Contact By the 5th of every month. Information can be submitted between the 25 th of the previous month and the 5th of the current month. If the monthly maintenance form is not completed by the 5th of each month, the online tracking system software will auto-email the AED coordinator a reminder.

The Site Contact is also responsible for scheduling initial training and regular retraining programs, forwarding any incident data and holding post-incident debriefing sessions for any employees involved in the use of an AED. Another critical role of the Site Contacts is to forward any information to the AED Coordinator that could adversely affect the AED program.

The names of the Site Contact(s) and AED Coordinator(s) are listed in the AED Program Contact List and in the AED Navigator Database.

<u>Targeted Responders</u> are specific individuals who have volunteered to respond to a cardiac emergency and have been trained in accordance with these policies and procedures. A sufficient number of Targeted Responders may be designated to ensure that someone is available to use the AED in all areas during normal business hours. 10-15% of the total employee number, strategically located throughout the facility is a commonly accepted standard. This percentage is only a rule of thumb and is not regulatory driven or mandated. Targeted Responders are, in most cases, the same people that make up the voluntary Emergency Response Team.

6. **PROGRAM DESCRIPTION**

- 6.1 Responsibility
 - 6.1.1 Responsibility of AED Coordinator/Site Contact
 - 6.1.1.1 To establish an AED standard operating procedure.
 - 6.1.1.2 To disseminate information to and from program elements.
 - 6.1.1.3 To maintain the AED program to ensure compliance with these standards.
 - 6.1.1.4 To periodically evaluate facilities for any change in conditions that could adversely affect program effectiveness.
 - 6.1.1.5 To ensure there is an appropriate number of trained responders.

- 6.1.1.6 To provide necessary safety equipment including personal protective equipment for targeted responders.
- 6.1.1.7 To provide appropriate signage identified location of AED's.
- 6.1.1.8 To ensure information is entered into the online tracking system software in a timely manner.
- 6.1.1.9 To ensure that all participating personnel are identified and receive training on these policies and procedures.
- 6.1.2.0 To assure that proper safety procedures regarding AEDs, as outlined in this policy, are followed.
- 6.1.2.1 To ensure response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
- 6.1.3 Responsibilities of the Targeted Responder
 - 6.1.3.1 To conduct response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
 - 6.1.3.2 To report any AED use, indicators or alarms, or missing AEDs to their supervisor.
 - 6.1.3.3 They should maintain certification.
- 6.2 Equipment, Location, Inspection and Maintenance
 - 6.2.1 Equipment
 - 6.2.1.1 The following equipment shall be maintained as part of the AED Program and is to be used only for AED emergencies:
 - Heartsine Samaritan
 - Manufacturer's prep kit
 - Extra set of AED pads
 - Extra batteries
 - 6.2.1.2 For the exact location of the AED refer to the nearest evacuation map.
 - 6.2.1.3 AEDs are in an AED Cabinet and announced by appropriate signage.
 - 6.2.2 Inspections of AED Units
 - 6.2.2.1 The AED coordinator, or other staff member(s) as designated, shall inspect the AED at least monthly. At some facilities, this can be incorporated into the facility's fire extinguisher inspection checklist.
 - 6.2.2.2 Inspections will confirm that the AED is:
 - In place and accessible
 - Ready for use, with the electrodes attached to the unit (verify according to manufacturer's directions)
 - All related supplies are in place, within shelf life and in good condition
 - The monthly inspection will be entered into the monthly maintenance log in the online tracking system.
 - 6.2.3 Maintenance see the User's Guide for the complete maintenance schedule.

6.3 Procedures

6.3.1 Responding to an Emergency

In the event of an emergency potentially requiring the use of CPR or the AED unit, the first responder shall immediately call "911", or direct someone to call "911" and state:

- The nature of the emergency
- The location
- Caller's name
- Caller's call back number

The first responder will direct someone to get the AED and bring it to the location of the emergency. Turn on the HeartSine Samaritan and follow the CPR prompts.

Try to get the person to respond. Tap and shout. If they do not respond, roll the person on his or her back on a firm, flat surface.

Start chest compressions. Place the heel of one hand on the lower half of the breastbone, Put the heel of your other hand on top of the first hand,

Press straight down so you compress the chest **at least 2 – 2.4''** at a rate of at least 100-120 compressions a minute for adults.

For children, push the chest up to 2'' at the same rate of at least 100 compressions a minute.

After each compression, let the chest come back up to its normal position.

Compressions are very important and doing them correctly can be tiring. If other trainer responder(s) are available, take turns switching about every 2 minutes. Move quickly to keep the pause between compressions as short as possible.

Continue until the person moves or wakes, or until 911 arrives.

The first certified AED user on the scene would be responsible for directing its use. A more detailed response description and treatment algorithm should be placed with each AED unit.

6.3.2 Post Incident

Any cardiac event or use of the AED shall be reported to the Office Supervisor and AED Coordinator. If they are unable to reach, the incident shall be reported directly to DiPietro & Associates, Inc. Main Office at (530) 477-6818.

By the next business day after the event, the AED Coordinator must be notified and the AED Coordinator must acknowledge that they have received the notification. If the AED Coordinator does not acknowledge receipt within 4 hours, contact should be made directly with DiPietro & Associates, Inc. (530) 477-6818. Report information should include:

- Date/time of the incident
- Nature of the incident
- Location of the AED used
- Patient (name)

- Responders (names and contact information)
- Witnesses (names and contact information)
- Follow-up care (hospital, doctor, phone numbers)

The AED Coordinator will do the following after any AED use:

- Complete an event report (section 8).
- Complete the Event Summary Form in the online tracking system
- Notify DiPietro & Associates, Inc. (530) 477-6818, if not already contacted.
- Download data and Label with patient information and deliver to DiPietro & Associates, Inc. or designated Medical Director. See www.heartsine.com for instructions and free software or call DiPietro & Associates, Inc., Inc. for assistance (530) 477-6818.
- Conduct incident debriefing, as needed.
- Complete incident follow-up report as deemed necessary by the Medical Director.
- Clean the AED if needed. Review User's Guide for list of appropriate cleaning agents.
- Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or old expiration dates.
- Refer to user's manual; perform post use inspection before placing the unit back in service.
- 6.4 Program Evaluation
 - 6.4.1 The AED Coordinator and the designated AED Medical Director will evaluate the AED program annually or following each use of an AED.
- 6.5 Personnel, Training and Record Keeping.
 - 6.5.1 Training Program

All Targeted Responders shall receive training on the use of the AED, these policies and procedures, general safety procedures, and use of any necessary personal protection equipment.

Initial training shall consist minimally of a 3-4 hour CPR/AED class taught in accordance with American Heart Association guidelines, with mandatory periodic skills evaluations. A 5-7 hour CPR/AED/First Aid class will also meet this requirement. Skills evaluations, required in California, are necessary to maintain proficiency and may take a variety of forms.

Re-certification training will be conducted annually. Staff may be trained on alternate years. Although certification cards may be valid for up to two years, Medical Direction requires AED Targeted Responders to recertify annually. To schedule training, contact DiPietro & Associates, Inc. at (530) 477-6818 or via email to support@DiPietroAssociates.com.

7. REPORTING AND RECORDKEEPING REQUIREMENTS

7.1 Any cardiac event and the use of the AED will be reported to the Office Supervisor and AED Coordinator immediately.

- 7.2 Any use of the AED will be reported to the AED Coordinator by the next business day, who will notify DiPietro & Associates, Inc. (530) 477-6818. If the AED Coordinator does not acknowledge notification within (4 hours) contact DiPietro & Associates, Inc. directly at (530) 477-6818.
- 7.3 AED Use Records shall be maintained in accordance with the requirements stated in ABCDEF Safety and Risk Management Program manual and as required by law.

8. **REFERENCES**

- 8.1 American Heart Association Heartsaver AED Training Manual.
- 8.2 Senate Bill No. 287, Chapter 449
- 8.3 Senate Bill No. 658, Chapter 264

9. CONTINGENCIES

9.1 The sections to this policy may be updated at any time without revising the policy. Superseded sections will be archived with the original policy.

10. SIGNATURES

Approved by:		Date:	
	Name and Title		
Approved by:		Date:	
	Name and Title		

Rescue Union - Lake Forest Elementary School

Treatment Algorithm

2015 (New): Universal elements of a system of care have been identified to provide stakeholders with a resuscitation system (Figure 3).

that are required before that convergence are very different for the 2 settings. Patients who have an OHCA depend on their community for support. Lay rescuers must recognize the arrest, call for help, and initiate CPR and provide common framework with which to assemble an integrated fibrillation (ie, public-access defibrillation [PAD]) until a team of professionally trained emergency medical service

Why: Healthcare delivery requires structure (eg, people, (EMS) providers assumes responsibility and then transports equipment, education) and process (eg, policies, protocols, patient to an emergency department and/or cardiac procedures) that, when integrated, produce a system (egatheterization lab. The patient is ultimately transferred to programs, organizations, cultures) that leads to optimal a critical care unit for continued care. In contrast, patients outcomes (eg, patient survival and safety, quality, satisfaction) and IHCA depend on a system of appropriate An effective system of care comprises all of these elements who have an IHCA depend on a system of appropriate structure, process, system, and patient outcomes—in a to prevent cardiac arrest. If cardiac arrest occurs, patients structure, process, system, and patient outcomes-in a depend on the smooth interaction of the institution's various framework of continuous quality improvement. departments and services and on a multidisciplinary team

Chains of Survival

2015 (New): Separate Chains of Survival (Figure 4) have been recommended that identify the different pathways Use of Social Media to Summon Rescuers of care for patients who experience cardiac arrest in the hospital as distinct from out-of-hospital settings.

2015 (New): It may be reasonable for communities to

of professional providers, including physicians, nurses,

respiratory therapists, and others.

incorporate social media technologies that summon rescuers Why: The care for all post-cardiac arrest patients, regardlessare in close proximity to a victim of suspected OHCA of where their arrests occur, converges in the hospital, and are willing and able to perform CPR. generally in an intensive care unit where post-cardiac arrect. Why: There is limited evidence to support the use of social

care is provided. The elements of structure and process media by dispatchers to notify potential rescuers of a possib



the rate of bystander-initiated CPR when a mobile-phone OHCA resuscitation that includes the use of cardiac resuscitation centers may be considered. dispatch system was used ven the low harm and the potential benefit, as well as the ubiquitous presence of C Why: A cardiac resuscitation center is a hospital that devices, municipalities could consider incorporating the Sprovides evidence-based care in resuscitation and posttechnologies into their OHCA systems of care. cardiac arrest care, including 24-hour, 7-day percutaneous coronary intervention (PCI) capability, TTM with an adequa annual volume of cases, and commitment to ongoing performance improvement that includes measurement benchmarking, and both feedback and process change. It is hoped that resuscitation systems of care will achieve the 2015 (Updated): For adult patients, rapid response team improved survival rates that followed establishment of oth (RRT) or medical emergency team (MET) systems can systems of care, such as trauma. be effective in reducing the incidence of cardiac arrest particularly in the general care wards. Pediatric MET/RRT systems may be considered in facilities where children w Adult Basic Life Support and CPR high-risk illnesses are cared for in general in-patient unit Quality: Lay Rescuer CPR The use of early warning sign systems may be consider for adults and children. 2010 (Old): Although conflicting evidence exists, expert consensus recommended the systematic identification offey issues and major changes in the 2015 Guidelines patients at risk of cardiac arrest, an organized response Update recommendations for adult CPR by lay rescuers to such patients, and an evaluation of outcomes to fostenclude the following: continuous quality improvement. The crucial links in the out-of-hospital adult Chain of Survival are unchanged from 2010, with continued emphasis on the simplified Why: RRTs or METs were established to provide early universal Adult Basic Life Support (BLS) Algorithm. intervention for patients with clinical deterioration, with the goal of preventing IHCA. Teams can be composed of The Adult BLS Algorithm has been modified to reflect the fact that varying combinations of physicians, nurses, and respiratory rescuers can activate an emergency response (ie, through use of a therapists. These teams are usually summoned to a patient mobile telephone) without leaving the victim's side. staff. The team typically brings emergency monitoring and arrest implement DAD procession with people at risk for cardiac resuscitation equipment and drugs. Although the evidence is still evolving, there is face validity in the concept of having commendations have been strengthened to encourage teams trained in the complex choreography of resuscitation. Market and initiation of CPR if the lay rescuer finds an unresponsive victim is not breathing or not breathing normally (eg, gasping). Emphasis has been increased about the rapid identification of 2015 (Reaffirmation of 2010): Resuscitation systems should potential cardiac arrest by dispatchers, with immediate provision of establish ongoing assessment and improvement of systemsCPR instructions to the caller (ie, dispatch-guided CPR). of care. The recommended sequence for a single rescuer has been confirmed: the single rescuer is to initiate chest compressions Why: There is evidence of considerable regional variation before giving rescue breaths (C-A-B rather than A-B-C) to reduce in the reported incidence and outcome of cardiac arrest delay to first compression. The single rescuer should begin CPR in the United States. This variation underscores the with 30 chest compressions followed by 2 breaths. need for communities and systems to accurately identify There is continued emphasis on the characteristics of high-quality each occurrence of treated cardiac arrest and to record CPR: compressing the chest at an adequate rate and depth, outcomes. There are likely to be opportunities to improve allowing complete chest recoil after each compression, minimizing survival rates in many communities. interruptions in compressions, and avoiding excessive ventilation. Community- and hospital-based resuscitation programs The recommended chest compression rate is 100 to 120/min (updated from at least 100/min).

cardiac arrest nearby, and activation of social media has Regionalization of Care

recent study in Sweden, there was a significant increase 2015 (Reaffirmation of 2010): A regionalized approach

been shown to improve survival from OHCA. However, in

should systematically monitor cardiac arrests, the level of resuscitation care provided, and outcome. Continuous quality improvement includes systematic evaluation and feedback, measurement or benchmarking, and analysis. Continuous efforts are needed to optimize resuscitation care so that the gaps between ideal and actual resuscitationifie-threatening opioid-associated emergencies. performance can be narrowed.

The clarified recommendation for chest compression depth for adults is at least 2 inches (5 cm) but not greater than 2.4 inches (6 cm).

Bystander-administered naloxone may be considered for suspected

Highlights of the 2015 AHA Guidelines Update for CPR and ECC

These changes are designed to simplify lay rescuer training and to emphasize the need for early chest compressions for victims of sudden cardiac arrest. More Cardiac arrest victims sometimes present with seizure-like information about these changes appears below.

that are similar for lay rescuers and HCPs are noted will immediate dispatcher-guided CPR. an asterisk (*).

2015 (Updated): It is recommended that PAD programs arrest (eg, airports, casinos, sports facilities).

2010 (Old): CPR and the use of automated external defibrillators (AEDs) by public safety first responders were recommended to increase survival rates for out-of-hospi 2010 (Old): To help bystanders recognize cardiac sudden cardiac arrest. The 2010 Guidelines recommended est, dispatchers should ask about an adult victim's the establishment of AED programs in public locations wire ponsiveness, if the victim is breathing, and if the breathin there is a relatively high likelihood of witnessed cardiac in regimal, in an attempt to distinguish victims with agonal (eg, airports, casinos, sports facilities).

Why: There is clear and consistent evidence of improved survival from cardiac arrest when a bystander performs Why: This change from the 2010 Guidelines emphasizes the CPR and rapidly uses an AED. Thus, immediate access toole that emergency dispatchers can play in helping the lay a defibrillator is a primary component of the system of care, uer recognize absent or abnormal breathing. The implementation of a PAD program requires 4 essential spatchers should be specifically educated to help components: (1) a planned and practiced response, which standers recognize that agonal gasps are a sign of ideally includes identification of locations and neighborhood a rrest. Dispatchers should also be aware that where there is high risk of cardiac arrest, placement of AEDs. where there is high risk of cardiac arrest, placement of AFDC in those areas and ensuring that bystanders are aware of the order generalized seizures may be the first manifestation location of the AEDs, and, typically, oversight by an HCP professional emergency responders, the dispatcher should training of anticipated rescuers in CPR and use of the AED. (2) and (4) a

(3) an integrated link with the local EMS system; and (4) thresponsive and if breathing is normal or abnormal in order

program of ongoing quality improvement. to identify patients with possible cardiac arrest and enable A system-of-care approach for OHCA might include public ispatcher-guided CPR. policy that encourages reporting of public AED locations Emphasis on Chest Compressions*

to public service access points (PSAPs; the term public service access point has replaced the less-precise EMS

dispatch center). Such a policy would enable PSAPs to direct and schools. For the 20% of OHCAs that occur in public link in the Chain of Survival between recognition and activation of the PSAPs. This information is expanded in preaths. The rescue should continue CPR until an AED the 2015 Guidelines Update.

gasps (ie, in those who need CPR) from victims who are breathing normally and do not need CPR.

activity or agonal gasps that can confuse potential rescuers. Dispatchers should be specifically trained to identify these In the following topics, changes or points of emphasis presentations of cardiac arrest to enable prompt recognition

2015 (Updated): To help bystanders recognize cardiac arrest, dispatchers should inquire about a victim's absence of responsiveness and quality of breathing (normal versus not normal). If the victim is unresponsive with absent or abnorm for patients with OHCA be implemented in public locationseathing, the rescuer and the dispatcher should assume where there is a relatively high likelihood of witnessed canatathe victim is in cardiac arrest. Dispatchers should be educated to identify unresponsiveness with abnormal and agonal gasps across a range of clinical presentations and descriptions.

2015 (Updated): Untrained lay rescuers should provide compression-only (Hands-Only) CPR, with or without bystanders to retrieve nearby AEDs and assist in their use when OHCA occurs. Many municipalities as well as the Use cuer should continue compression-only CPR until the when OHCA occurs. Many municipalities as well as the US federal government have enacted legislation to place AEDs in municipal buildings, large public venues, airports, casinos and schools. For the 20% of OHCAs that occur in public and schools. For the 20% of OHCAs that occur in public for victims of cardiac arrest. In addition, if the trained lay areas, these community programs represent an important rescuer is able to perform rescue breaths, he or she should link in the Chain of Suprival between recognition and 4: Systems of Care and Continuous Quality Improvement, in arrives and is ready for use, EMS providers take over care of the victim, or the victim starts to move.

There is insufficient evidence to recommend for or again $\frac{1}{2010}$ (Old): If a bystander is not trained in CPR, the the deployment of AEDs in homes. Victims of OHCAs that bystander should provide compression-only CPR for the occur in private residences are much less likely to receive adult victim who suddenly collapses, with an emphasis to chest compressions than are patients who experience "push hard and fast" on the center of the chest, or follow cardiac arrest in public settings. Real-time instructions the directions of the EMS dispatcher. The rescuer should provided by emergency dispatchers may help potential provided by emergency dispatchers may help potential continue compression-only CPR until an AED arrives in-home rescuers to initiate action. Robust community CPR and is ready for use or EMS providers take over care of training programs for cardiac arrest, along with effective the victim. All trained lay rescuers should, at a minimum, prearrival dispatch protocols, can improve outcomes.

provide chest compressions for victims of cardiac arrest compressions (eg, to open the airway, deliver rescue breat addition, if the trained lay rescuer is able to perform resallow AED analysis). In most studies, more compressions a breaths, compressions and breaths should be provided inspociated with higher survival rates, and fewer compressi ratio of 30 compressions to 2 breaths. The rescuer should be associated with lower survival rates. Provision of adequ continue CPR until an AED arrives and is ready for use orchest compressions requires an emphasis not only on an EMS providers take over care of the victim. adequate compression rate but also on minimizing interrup

Why: Compression-only CPR is easy for an untrained rescuer of the component of CPR. An inadequate compress to perform and can be more effectively guided by dispate over the telephone. Moreover, survival rates from adult a arrests of cardiac etiology are similar with either compre only CPR or CPR with both compressions and rescue brea when provided before EMS arrival. However, for the train lay rescuer who is able, the recommendation remains for the upper limit of compression rate is based on 1 large registry rescuer to perform both compressions and breaths.

effect of compression rate and interruptions on total numb 2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions appressions delivered during resuscitation. rate of 100 to 120/min.

2010 (Old): It is reasonable for lay rescuers and HCPs to perform chest compressions at a rate of at least 100/mir

Why: The number of chest compressions delivered per minute during CPR is an important determinant of return**com**pression depths (greater than 2.4 inches [6 cm]). spontaneous circulation (ROSC) and survival with good

neurologic function. The actual number of chest compressions (5 cm). 2010 (Old): The adult sternum should be depressed at least delivered per minute is determined by the rate of chest

Box 1

Number of Compressions Delivered Affected by Compression Rate and by Interruptions

The total number of compressions delivered during resuscitation is an important determinant of survival from cardiac arrest.

- The number of compressions delivered is affected by the compression rate (the frequency of chest compressions per minute) and by the compression *fraction* (the portion of total CPR time during which compressions are performed). Increases in compression rate and fraction increase the total number of compressions delivered. Compression fraction is improved by reducing the number and duration of any interruptions in compressions.
- An analogy can be found in automobile travel. When traveling in an automobile, the number of miles traveled in a day is affected not only by the speed (rate of travel) but also by the number and duration of any stops (interruptions in travel). Traveling 60 mph without interruptions translates to an actual travel distance of 60 miles in an hour. Traveling 60 mph except for a 10-minute stop translates to an actual travel of 50 miles in that hour. The more frequent and the more prolonged the stops, the lower the actual miles traveled.
- During CPR, rescuers should deliver effective compressions at an appropriate rate (100 to 120/min) and depth while minimizing the number and duration of interruptions in chest compressions. Additional components of high-quality CPR include allowing complete chest recoil after each compression and avoiding excessive ventilation.

compressions and the number and duration of interrupti Why: Compressions create blood flow primarily by increasi intrathoracic pressure and directly compressing the heart, which in turn results in critical blood flow and oxygen deliv to the heart and brain. Rescuers often do not compress the chest deeply enough despite the recommendation to "push hard." While a compression depth of at least 2 inches (5 cr is recommended, the 2015 Guidelines Update incorporates new evidence about the potential for an upper threshold of compression depth (greater than 2.4 inches [6 cm]), beyor which complications may occur. Compression depth may be difficult to judge without use of feedback devices, and identification of upper limits of compression depth may be challenging. It is important for rescuers to know that the recommendation about the upper limit of compression dep is based on 1 very small study that reported an association between excessive compression depth and injuries that were not life-threatening. Most monitoring via CPR feedbac devices suggests that compressions are more often too shallow than they are too deep.

or frequent interruptions (or both) will reduce the tota

ber of compressions delivered per minute. New to the Guidelines Update are upper limits of recommended

fiminary data suggesting that excessive compression ra depth adversely affect outcomes. The addition of an

 $\stackrel{\sf H}{\operatorname{\mathsf{p}r}}$ ession rate and compression depth, based on

study analysis associating extremely rapid compression ra (greater than 140/min) with inadequate compression depth Box 1 uses the analogy of automobile travel to explain the

berform chest compressions to a depth of at least 2 inches (5 cm) for an average adult, while avoiding excessive ches

2015 (Updated): During manual CPR, rescuers should

2015 (New): For patients with known or suspected opioid addiction who are unresponsive with no normal breathing but a pulse, it is reasonable for appropriately trained lay rescuers and BLS providers, in addition to providing standard BLS care, to administer intramuscular (IM) or intranasal (IN) naloxone. Opioid overdose response education with or without naloxone distribution to persons at risk for opioid overdose in any setting may be considere This topic is also addressed in the Special Circumstances o Resuscitation section.

Highlights of the 2015 AHA Guidelines Update for CPR and ECC

Why: There is substantial epidemiologic data demonstrating chest compression fraction as high as possible, with a target of at the large burden of disease from lethal opioid overdoses the large burden of disease from lethal opioid overdoses, as well as some documented success in targeted national. Where EMS systems have adopted bundles of care involving strategies for bystander-administered naloxone for people continuous chest compressions, the use of passive ventilation at risk. In 2014, the naloxone autoinjector was approved techniques may be considered as part of that bundle for victims at risk. In 2014, the naloxone autoinjector was approved by the US Food and Drug Administration for use by lay rescuers and HCPsThe resuscitation training network has requested information about the best way to incorporate such a device into the adult BLS guidelines and training. Thiser minute) is recommended.

Adult Basic Life Support and CPR Quality: HCP BLS

Summary of Key Issues and Major Changes

Key issues and major changes in the 2015 Guidelines Update recommendations for HCPs include the following mediate Recognition and Activation of

- These recommendations allow flexibility for activation of the emergency response system to better match the HCP's clinical setting.
- Trained rescuers are encouraged to simultaneously perform some steps (ie, checking for breathing and pulse at the same time), in an effort to reduce the time to first chest compression.
- Integrated teams of highly trained rescuers may use a choreographed approach that accomplishes multiple steps and assessments simultaneously rather than the sequential manner used by individual rescuers (eg, one rescuer activates the emergency response system while another begins chest compressions, a third either provides ventilation or retrieves the bag-mask device for rescue breaths, and a fourth retrieves and sets up a defibrillator).
- Increased emphasis has been placed on high-quality CPR using performance targets (compressions of adequate rate and depth, allowing complete chest recoil between compressions, minimizing interruptions in compressions, and avoiding excessive ventilation). See Table 1.
- Compression rates modified to a range of 100 to 120/min.
- Compression depth or adults is modified to at least 2 inches (5 cm) but should not exceed 2.4 inches (6 cm).
- To allow full chest wall **recoil** fter each compression, rescuers must avoid leaning on the chest between compressions.
- Criteria for minimizing interruptions ified with a goal of

- of OHCA.
- For patients with ongoing CPR and an advanced airway in place, a simplified ventilation rate of 1 breath every 6 seconds (10 breaths

recommendation incorporates the newly approved treatment. These changes are designed to simplify training for HCPs and to continue to emphasize the need to provide early and high-quality CPR for victims of cardiac arrest. More information about these changes follows.

> In the following topics for HCPs, an asterisk (*) marks those that are similar for HCPs and lay rescuers.

2015 (Updated): HCPs must call for nearby help upon finding the victim unresponsive, but it would be practical for an HCP to continue to assess the breathing and pulse simultaneously before fully activating the emergency response system (or calling for backup).

2010 (Old): The HCP should check for response while looking at the patient to determine if breathing is absent or not normal.

Why: The intent of the recommendation change is to minimize delay and to encourage fast, efficient simultaneous assessment and response, rather than a slow, methodical, step-by-step approach.

Emphasis on Chest Compressions*

2015 (Updated): It is reasonable for HCPs to provide chest compressions and ventilation for all adult patients in cardiac arrest, whether from a cardiac or noncardiac cause. Moreover, it is realistic for HCPs to tailor the sequence of rescue actions to the most likely cause of arrest.

2010 (Old): It is reasonable for both EMS and in-hospital professional rescuers to provide chest compressions and rescue breaths for cardiac arrest victims.

Table 1 **BLS Dos and Don'ts of Adult High-Quality CPR**

Rescuers Should	Rescuers Should Not
Perform chest compressions at a rate of 100-120/min	Compress at a rate slower than 100/min or faster than 120/min
Compress to a depth of at least 2 inches (5 cm)	Compress to a depth of less than 2 inches (5 cm) or greater than 2.4 inches (6 cm)
Allow full recoil after each compression	Lean on the chest between compressions
Minimize pauses in compressions	Interrupt compressions for greater than 10 seconds
Ventilate adequately (2 breaths after 30 compressions, each breath delivered over 1 second, each causing chest rise)	Provide excessive ventilation (ie, too many breaths or breaths with excessive force)

Why: Compression-only CPR is recommended for untrair Why: The minimum recommended compression rate rescuers because it is relatively easy for dispatchers to remains 100/min. The upper limit rate of 120/min has beer guide with telephone instructions. It is expected that added because 1 large registry series suggested that as th HCPs are trained in CPR and can effectively perform botkompression rate increases to more than 120/min, compre compressions and ventilation. However, the priority for the priority for the provider, especially if acting alone, should still be to active provortion of compressions of inadequate depth was the emergency response system and to provide chest about 35% for a compression rate of 100 to 119/min. compressions. There may be circumstances that warranbat increased to inadequate depth in 50% of compressions change of sequence, such as the availability of an AED thaten the compression rate was 120 to 139/min and to inadequate depth in 70% of compressions when compress rate was more than 140/min. the provider can quickly retrieve and use.

2015 (Updated): For witnessed adult cardiac arrest when an AED is immediately available, it is reasonable that the 2015 (Updated): During manual CPR, rescuers should defibrillator be used as soon as possible. For adults with perform chest compressions to a depth of at least 2 inches unmonitored cardiac arrest or for whom an AED is not (5 cm) for an average adult while avoiding excessive chest immediately available, it is reasonable that CPR be initiated pression depths (greater than 2.4 inches [6 cm]). while the defibrillator equipment is being retrieved and applied and that defibrillation, if indicated, be attempted and that defibrillation, if indicated, be attempted and that defibrillation. 2010 (Old): The adult sternum should be depressed at least

soon as the device is ready for use. Why: A compression depth of approximately 5 cm is 2010 (Old): When any rescuer witnesses an out-of-hospita ociated with greater likelihood of favorable outcomes arrest and an AED is immediately available on-site, the r

should start CPR with chest compressions and use the AEL dence about whether there is an upper threshold beyon of compressions may be too deep, a recent very small by suggests potential injuries (none life-threatening) fro as soon as possible. HCPs who treat cardiac arrest in hos and other facilities with on-site AEDs or defibrillators sho provide immediate CPR and should use the AED/defibrill Sive chest compression depth (greater than 2.4 inche soon as it is available. These recommendations are desig n]). Compression depth may be difficult to judge witho to support early CPR and early defibrillation, particularly feedback devices, and identification of upper limits an AED or defibrillator is available within moments of the ompression depth may be challenging. It is important of sudden cardiac arrest. When an OHCA is not witnesse by EMS personnel, EMS may initiate CPR while checking the rhythm with the AED or on the electrocardiogram (ECG) and

preparing for defibrillation. In such instances, $1\frac{1}{2}$ to 3 minutes Recoil* of CPR may be considered before attempted defibrillation.

Whenever 2 or more rescuers are present, CPR should b 2015 (Updated): It is reasonable for rescuers to avoid leaning provided while the defibrillator is retrieved. on the chest between compressions, to allow full chest wal With in-hospital sudden cardiac arrest, there is insufficient for adults in cardiac arrest.

evidence to support or refute CPR before defibrillation. 2010 (Old): Rescuers should allow complete recoil of the However, in monitored patients, the time from ventriculenest after each compression, to allow the heart to fill fibrillation (VF) to shock delivery should be under 3 minutempletely before the next compression. and CPR should be performed while the defibrillator is re

Why: Full chest wall recoil occurs when the sternum return Why: While numerous studies have addressed the question to neutral position during the decompression of whether a benefit is conferred by providing a specifiet hase of CPR. Chest wall recoil creates a relative negative period (typically $1\frac{1}{2}$ to 3 minutes) of chest compression intrathoracic pressure that promotes venous return and before shock delivery, as compared with delivering a cardiopulmonary blood flow. Leaning on the chest wall shock as soon as the AED can be readied, no difference between compressions precludes full chest wall recoil. outcome has been shown. CPR should be provided whilencomplete recoil raises intrathoracic pressure and reduces the AED pads are applied and until the AED is ready to venous return, coronary perfusion pressure, and myocardia analyze the rhythm. blood flow and can influence resuscitation outcomes.

Chest Compression Rate: 100 to 120/min*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions (2015 (Reaffirmation of 2010): Rescuers should attempt to rate of 100 to 120/min.

minimize the frequency and duration of interruptions in compressions to maximize the number of compressions

2010 (Old): It is reasonable for lay rescuers and HCPs to perform chest compressions at a rate of at least 100/mindelivered per minute.

Highlights of the 2015 AHA Guidelines Update for CPR and ECC

Table 2 Sum	mmary of High-Quality CPR Components for BLS Providers							
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $								
Component	Adults and Adolescents	Children (Age 1 Year to Puberty)	Infants (Age Less Than 1 Year, Excluding Newborns)					
Scene safety	Make s	ure the environment is safe for rescuers and	d victim					
Recognition of		Check for responsiveness						
cardiac arrest	No breathing or only gasping (ie, no normal breathing)							
		No definite pulse felt within 10 seconds						
	(Breathing and pulse	check can be performed simultaneously in I	ess than 10 seconds)					
Activation of emergency response system	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR	Witnessed collapse Follow steps for adults and adolescents on the left Unwitnessed collapse Give 2 minutes of CPR Leave the victim to activate the emergency response system and get the AED Return to the child or infant and resume CPR; use the AED as soon as it is available						
	Otherwise, send someone and begin CPR immediately; use the AED as soon as it is available							
Compression- ventilation	1 res 30	scuer 0:2						
ratio without advanced airway		2 or more rescuers 15:2						
Compression- ventilation ratio with advanced airway	Con Gi	tinuous compressions at a rate of 100-120/ ve 1 breath every 6 seconds (10 breaths/m	min in)					
Compression rate	100-120/min							
Compression	At least 2 inches (5 cm)*	At least one third AP diameter of chest	At least one third AP diameter of chest					
depth		About 2 inches (5 cm)	About 1 ¹ / ₂ inches (4 cm)					
Hand placement	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastbone (sternum)	1 rescuer 2 fingers in the center of the chest, just below the nipple line					
			2 or more rescuers					
			center of the chest, just below the nipple line					
Chest recoil	Allow full recoil of chest after	er each compression; do not lean on the che	center of the chest, just below the nipple line					

*Compression depth should be no more than 2.4 inches (6 cm).

Abbreviations: AED, automated external defibrillator; AP, anteroposterior; CPR, cardiopulmonary resuscitation.

10

American Heart Association

2015 (New): For adults in cardiac arrest who receive CPR Why: Several EMS systems have tested a strategy of without an advanced airway, it may be reasonable to pe**pfoxvid**ing initial continuous chest compressions with delay CPR with the goal of a chest compression fraction as highPasfor adult victims of OHCA. In all of these EMS systems, possible, with a target of at least 60%. the providers received additional training with emphasis or

Why: Interruptions in chest compressions can be intended n systems that use priority-based, multitiered response in both urban and rural communities, and provide a bundled as part of required care (ie, rhythm analysis and ventilat or unintended (ie, rescuer distraction). Chest compression package of care that includes up to 3 cycles of passive fraction is a measurement of the proportion of total oxygen insufflation, airway adjunct insertion, and 200 increase in chest compression fraction can be achieved by and increase in chest compressions with interposed shocks, resuscitation time that compressions are performed. An minimizing pauses in chest compression haction can be achieved by for chest compression fraction has not been defined. The addition of a terration fraction has not been defined. The

addition of a target compression fraction is intended to liventilation During CPR With an interruptions in compressions and to maximize coronary Advanced Airway perfusion and blood flow during CPR.

Table 2 lists the 2015 key elements of adult, child, and infant (ie, during CPR with an advanced airway). BLS (excluding CPR for newly born infants).

feedback devices during CPR for real-time optimization of CPR performance.

2010 (Old): New CPR prompt and feedback devices may be useful for training rescuers and as part of an resuscitations. Training for the complex combination of skills required to perform adequate chest compressions shoul 2015 (New): For HCPs, the 2015 Guidelines Update allows focus on demonstrating mastery.

infants—rather than a range of breaths per minute—should be easier to learn, remember, and perform.

flexibility for activation of the emergency response and Why: Technology allows for real-time monitoring, recording videor's clinical setting (Figure 5).

2015 (Updated): It may be reasonable for the provider to deliver 1 breath every 6 seconds (10 breaths per minute) while continuous chest compressions are being performed

2010 (Old): When an advanced airway (ie, endotracheal tube, Combitube, or laryngeal mask airway) is in place dur 2-person CPR, give 1 breath every 6 to 8 seconds without attempting to synchronize breaths between compressions

Why: This simple single rate for adults, children, and

and feedback about CPR quality, including both physiolog

patient parameters and rescuer performance metrics. TI Why: The steps in the BLS algorithms have traditionally important data can be used in real time during resuscitabieen presented as a sequence in order to help a single for debriefing after resuscitation, and for system-wide qualityer prioritize actions. However, there are several facto improvement programs. Maintaining focus during CPR om any resuscitation (eg, type of arrest, location, whether the characteristics of compression rate and depth and chesined providers are nearby, whether the rescuer must lea recoil while minimizing interruptions is a complex challeagectim to activate the emergency response system) that even for highly trained professionals. There is some evid magerequire modifications in the BLS sequence. The updat that the use of CPR feedback may be effective in modifyBLG HCP algorithms aim to communicate when and where chest compression rates that are too fast, and there is flexibility in sequence is appropriate.

separate evidence that CPR feedback decreases the leaning force during chest compressions. However, stud to date have not demonstrated a significant improveme in favorable neurologic outcome or survival to hospital discharge with the use of CPR feedback devices during actual cardiac arrest events.

Delayed Ventilation

it may be reasonable for EMS systems with prioritybased, multitiered response to delay positive-pressure and airway adjuncts.

Alternative Techniques and Ancillary Devices for CPR

Summary of Key Issues and Major Changes

Conventional CPR consisting of manual chest compression 2015 (New): For witnessed OHCA with a shockable rhythm, nterspersed with rescue breaths is inherently inefficient w respect to generating significant cardiac output. A variety of alternatives and adjuncts to conventional CPR have ventilation (PPV) by using a strategy of up to 3 cycles of 2001 developed with the aim of enhancing cardiac output continuous compressions with passive oxygen insufflation from cardiac arrest. Since the 2010 and airway adjuncts provided new data on the effectiveness of these alternative

Highlights of the 2015 AHA Guidelines Update for CPR and ECC

Event Report

D&A-017-00 Attachment 2 Page 1 of 2

CPR/AED INCIDENT INVESTIGATION REPORT (To be completed within 24 hours of incident)

Name of Patient		Sex M	F 🗌	Social S	Security Nun	nber	Depart	tment	Job T	itle
Service Date	Time in	Date of I	ncident:	<u> </u>	nm 🗖	Report I	Date	Event Ac	tions:	
	Position		<u>an</u>	<u>n </u>				AED	Use Response italization	
Location of Incide	ent	Describe	Job Tas	sk in Prog	rogress					
					Cause Related To:					<u>o:</u>
Description of Inc	sident							Medal Medal Vehic Equip Chen Energ Slip, Othel	cal cle Accident oment Cond nical Expos gy/Tempera trip, fall	t lition/Design ure ture Exposure
								Names of 1	of Witnes	ises:
								2		
								3		
								Witness	es	Notes
									ved?	Attached?
								⊥ yes □	no 🗌	yes no no
								2 yes □ 3 yes □	$no \square$	ves
Patient Transport	ted To	By (EMT Firm)		C	ate/Time			Names o	f Respo	nders:
AED Serial No.		Data Card Seria	al No.					2		
								3		
Information from	AED Screen	s: Number of Sh Delivered	iocks	Т	ime Defibril	lator in Us	se	Respond Interviev	lers ved? no	Notes Attached? yes no no
Data Coordina	tor Transf	ier History: (e	ach ha	ndler s	igns off be	elow)		2 yes □ 3 yes □	no 🗌 no 🗌	yes □ no □ yes □ no □
From				Т	0			I		
Date/Time				Date/Time						
From			ד	То						
Date/Time				C	ate/Time					
From				ד	0					
Date/Time					ate/Time					
			U Nato/Time							
Dale/ Time				L	ale/ I IIIIe					
Manager Signatu	ire:				Title:				Date: _	
Safety Manager Signature:								Date: _		
COPY OF COMPLETED FORM TO MANAGER OF CORPORATE SAFETY & WORKER'S FILE										

Form No. D&A-010 (12/2000)

GENERAL DIRECTIONS

- 1. Complete the report within 24 hours of the incident.
- 2. Write legibly and clearly or type.
- 3. Complete ALL items or mark "N/A" if not applicable.

DETAILED DIRECTIONS

These are all self-explanatory. Be specific and accurate in reporting this information.

Name of Patient - Sex - Social Security No. (SS No.)

- Department Job Title Hire Date Time on Job
- Date/Time of Incident Date Reported Event Actions "Related to"

DESCRIPTION OF THE INCIDENT

- 1. What was the injured person doing at the time of the incident?
- 2. What tools or equipment were involved, if any?
- 3. What was happening around the work area (external influences)?
- 4. Give description of contributing causes

INTERVIEWING WITNESSES AND RESPONDERS

Interview all persons involved with the incident.

- 1. Put each person at ease. Tell the person you are looking for the facts only and not trying to blame anyone.
- 2. Interview witnesses and responders separately so that what one person says will not influence what someone else says.
- 3. Ask open-ended questions that do not elicit one-word answers, such as "What did you see?"
- 4. During the interviews, inform each witness or responder of what is being done for the injured person.
- 5. Avoid talk that will mislead or confuse the witnesses or responders.
- 6. Do not accept, deny, or promise anything. The purpose of the investigation is to gather facts only.

AED INFORMATION: Complete the following.

- 1. AED Serial Number:____
- 2. Data Card Serial Number (if applicable):_
- 3. Number of shocks delivered (from screen on AED):_____
- 4. Amount of time defibrillator was in use (from screen on AED):
- 5. Data Card Transfer History: Each person given possession of the data card must sign and date upon taking possession and relinquishing to another.

Print Name	Signature	Date/Time of Possession	Print Name	Signature	Date/Time of Relinquish

Form No. D&A-010 (12/2000)

Online Monthly Log Instructions



DiPietro & Associates, Inc. Online Monthly Log Quick Reference Guide

LOG ON: www.dipietroassociates.com

Click on: Login (in upper right corner)

Enter your Username: (your full email address)

Enter your Password: dipietro (all lowercase). You may change this in the section called My Profile.

This brings you to your Home Page



Your Home Page shows your monthly logs that are due. You may click on file monthly report to the right of each AED or if all your AEDs are compliant you can do all the logs at once by clicking on complete all logs

09/2007 LAW

Operators Manual



amarit**&AD**

ni-Automatic Defibrillat ly Automatic Defibrillat 450P Semi-Automatic Defibrillat



Contents

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Use of This Manual It is important that you read this manual carefully before @**AD**.your samar This manual is presented in support of any training you may have recei

Indications for Use

The HeartSine samaritan PAD SAM 350P (SAM 350P), HeartSine samaritan PAD SAM 360P (SAM 360P) and HeartSine samaritan PAD SAM 450P (SAM 450P) all have the identical indications for use. Each is indicated for use on victims of cardiac arrest who are exhibiting the the following signs:

- Unconscious
- Not breathing
- Without circulation (without a pulse)

The devices are intended for use by personnel who have been trained in their operation. Users should have received training in basic life support/AED, advanced life support or a physician-authorized emergency medical response training program.

The devices are indicated for use on patients greater than 8 years old or over 55 lbs/25 kg when used with the adult Pade Pak-01 or Pad-Pak-07). They are indicated for use on children between 1 and 8 years of age or up to 55 lbs/25 kg when used with the Pediat(PedPalak-02).

Contraindications for Use

If the patient is responsive or conscious, do not use the samaritan PAD to provide treatment.

Caution U.S. Federal law restricts this device to sale by or on the order of a physician.

Warnings and Precau

Patients Suitable for Treatment

Ris The samaritan PAD has been designed tong on unconscious, nonresponsive patientssho patient is responsive or conscious, do notse samaritan PAD to provide treatment. one

The samaritan PAD uses an interchangeab and electrode pack called Pad-Pak. The par PAD in combination with an adult Pad-Pathe suitable for use on patients of over 55 lb3o(2 weight or equivalent to a child of approxime eight years old or over. sho

For use on smaller children (from 1 to 8 the remove the adult Pad-Pak and install a Paci-Pak. If a Pediatric-Pak or an alternative suit defibrillator is not available, you may usena Pad-Pak. of a

If you treat a pediatric patient with an $a\theta\theta I$ Pad-Pak, ignore any voice prompts regarding rate of CPR. The SAM 450P CPR Rate Ad currently only intended to provide feedback adult patients. Tou of t

Do Not Delay Treatment

Do not delay treatment trying to find out the patient's exact age and weight whi patient's exact age and weight. The the

2

feedback.



replace it immediately.

Fully Automatic Defibrillator (SAM 3609) rect Placement of Electrode Pads **Ingress Protection** Reg The SAM 360P is a fully automatic defibilition placement of the samaritan PAD electrophe samaritan PAD has an IP56 rating again When required, it will deliver a shock to the state of th

WITHOUT user intervention. CPR Rate Advisor Function (SAM 450^P) heir surgical dressings or medicine patched filling function is intended for surgical dressings or medicine patched filling and the device of a shock hazard. CPR Rate Advisor function is intended for surgical dressings or medicine patched filling may seriously damage the device on adult patients only. If a Pediatric-Pak is used, the pads and the skin could reduce cause fire or a shock hazard. CPR Rate Advisor function is disabled. In the pads and the skin could reduce cause fire or a shock hazard. CPR Rate Advisor function is disabled. In the pads and the skin could reduce cause fire or a shock hazard. the rescuer is prompted to begin CPR in the pads is normal. The organized pattern of the pade advisor function is disabled. In the first again of the pade is normal. The organized pattern of the pade advisor function is disabled. In the first again of the pade is normal. The materna of the pade is normal. The organized pattern of the pade is normal. the metronome but receives no CPR Rate Not Use Electrode Pads if Pouch is Not Sealed uce the standby life of the device.

items which must be replaced after each use 32^UF to 122°F/0°C to 50°C may decreased the pouch that seals the electrode pads has been broken or compromised in any way. If you suspect that the Pad Pak or Podiatria Pakies are service. The Pad-Pak and Pediatric-Pak are single-use that the Pad-Pak or Pediatric-Pak is damaged, **Operator Training** replace it immediately. The samaritan PAD is intended for use by

The samaritan PAD is a self-contained device

personnel who have been trained in its ope **Susceptibility to Electromagnetic Interference**, should have received training in basic To safeguard against interference, operate the support/AED, advanced life support, or a samaritan PAD at least 6 feet/2 meters away for your source of the support, or a all radio frequency devices. Alternatively, switch sonse training program. interference. **Use of Accessories**

remperature Range for Operation The samaritan PAD, with its battery and electrodes is designed to operate in the temperature range of approved accessories are used. of this range may cause the device to malfunction.

Overview

Sudden Cardiac Arrest

Sudden cardiac arrest (SCA) is a conditioneined in contraction of the streatment is called defibrillation of arrhythmia analysis algorithm. This alg

Sudden cardiac arrest (SCA) is a conditionemean and the second structure of the heart suddenly stops pumping blood effectively the heart suddenly stops pumping blood effectively due to a malfunction of the heart's elect ventricular Tachycardia (VT) is a type of tachy cardiae of some symptoms. SCA have no prior warning such activity of the heart. VT starts in previously diagnosed heart conditions. Survival activity of the heart, called the from SCA depends on immediate and effectives. Although there are many different cardiac defibrilla of VT this arrhythmia can be potentially life-

sinus rhythm by means of an electric shock acroessamaritan PAD uses the HeartSine sam

The use of an external defibrillator within that in the patient presents with no pulkes important to note that cardiac defibrilla few minutes of a collapse can greatly in an every unresponsive. If not treated with immediate the HeartSine samaritan PAD, will not a patient's chance of survival. Heart attacking and ation VT may lead to other arrhythmiaadminister a shock unless a lifesaving shoc required.

SCA are not the same, though sometimes a heart attack can lead to an SCA. If you are experiment by AED

symptoms of a heart attack (chest pain, blessoremon misconception that CPR alone shortness of breath, tight feeling in the chest aling emergency services is enough. CPR elsewhere in the body), immediately seek file or ary measure that maintains blood flow attention. attention. heart to a normal rhythm during VF or VT. The

Sinus Rhythm and Ventricular Fibrillation vivial is defibrillation – and the sooner The normal heart rhythm, known as sinus chyteter, creates electrical activity resulting in coordinated

contraction of the heart muscle. This genefities ation is a common treatment for lifethreatening arrhythmias, mainly ventricular Ventricular fibrillation (V-fib or VF) is a condution. Defibrillation consists of delivering a in which there is uncoordinated contraction of the fibrillator. This restores normal heart musc heart muscle, making it quiver rather than contractions and allows normal sinus rhythm to properly. Ventricular fibrillation is the most commonly identified arrhythmia in SCA patients. In victims of SCA it is possible to re-establish normal normal blood flow around the body.



Introduction

This manual provides instructions for the fel ban has a semi-automatic defibrillatoof tagood quality. If the quality of the CR models of the HeartSine samaritan PADSAM 360P is a fully automatic defibrillator, and the chances of successfully result

WARNING: The SAM 360P is a fully

automatic defibrillator. When required, it will

deliver a shock to the patient WITHOUT user

integrated CPR Rate "Advisor

SAM 450P is a semi-automatic defibrillator withatient are greatly increased.

samaritan PAD 350P (SAM 350P)

samaritan PAD 360P (SAM 360P)

samaritan PAD 450P (SAM 450P)

About the samaritan PAD

The samaritan PAD family of AEDs is designed to quickly deliver a defibrillation shock to vor metronome

impedance cardiogram measurements tong of sudden cardiac arrest (SCA). Each sa Wanena the samaritan PAD instructs you to perferenspeed of compressions and provide the PAD is designed to operate in accordan@Pwithouhevill hear an audible beep and see the Eafnestructions to push faster or push the current joint American Heart Association (Alloach indicator flash at a rate compliant with ntinue to provide compressions at a group European Resuscitation Council (ERC) guide Sinder A/ERC guidelines. This feature, referred tording to the AHA resuscitation guide Sinder on Cardiopulmonary Resuscitation (CPR)ande CPR metronome, will guide you to the rate at 50P uses both audible and visual fee Emergency Cardiovascular Care (ECC). which to compress a patient's chest during CPG ve the responder instruction on CPR rate Technical Data in Appendix C on page C-7 Aut

While all of the samaritan PAD models a **CPR**eRate Advisor ⁷ similar in use, there are distinct different sen providing CPR treatment to a victim of s similar in use, there are distinct different the providing CPR treatment to a victim of s en direct event the models as shown in Table Landian arrest, it is vital the chest compression is intended for use on adult patients only of is intended for use on adult patients only of the complete t

Table 1. samaritan PAD AEDs

8

	SAM 350P	SAM 360P	SAM 450P
Shock delivery	Semi-Automatic	Fully Automatic	Semi-Automatic
Four-year electrode and battery life	4	4	4
Audible and visual indicators	4	4	4
CPR coaching with metronome	4	4	4
CPR Rate Advisor			4
Pediatric use-compatible (with Pediatri	c Pad-Pak)	4	4

Pediatric-Pak is used, the CPR function is di In this case, the rescuer is prompted to beg in time with the metronome but receive Plea CPR Rate Advisor feedback.

Research has demonstrated that non-profes

responders regularly provide ineffective

The SAM 450P with CPR Rate Advisor press

feedback to the rescuers on the rate of the

are providing to the victim. The SAM 450PY

inexperience.

ass of S effe

me

The

Introduction

SAM 350P Layout

Data Port Attach Pads Icon/Action Astanss Indicator Plug the custom USB cable Attach the electrode pads to the he SAM 350P is ready for into this port to download patient's bare chest as indicated se when this indicator is event data from the AED, when the action arrows are flashing green.



the electrodes.

Contains the battery and electrode pads.

SAM 360P Layout

Attach Pads Ic Data Port Attach Pads Ic Plug the custom USB cablettach the electro into this port to downloadpatient's bare che event data from the AED, when the action a (See Figure 8, page 24.)



Introduction

SAM 450P Layout

 Data Port
 Attach Pads Icon/Action AStates Indicator

 Plug the custom USB cable attach the electrode pads to the he SAM 450P is ready for

into this port to download patient's bare chest as indicated se when this indicator is event data from the AED, when the action arrows are flashing green.



Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 450P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver

On/Off button

Press this button to turn on or turn off the device.

Contains the battery and electrode pads. verbal prompts. the electrodes.

Set-up

Unpacking

Verify that the contents include the samarit PAD, carry case, Pad-Pak, User Manual, War Statement and Warranty Card.

Pad-Pak

A Pad-Pak is a single-use removable cartrid includes the battery and electrode pads in a unit. The Pad-Pak is available in two versior

- 1. Pad-Pak (gray color shown in Figure 1) fo on patients weighing over 55 lbs/25 kg, o equivalent to a child of approximately eig years of age or older.
- 2. The optional Pediatric-Pak (pink color sho Figure 2) for use on smaller children (fror years old and weighing under 55 lbs/25 k

🛃 WARNING: Do not delay treatment tryi determine the patient's exact age and weig

The Pad-Pak also is available in a TSO-certified version f use on aircraft.



HeartSine Technologies.

in case you need to return the Pad-Pa PRECAUTION: Do NOT pull the green tab or Requirements on page 26). the Pad-Pak at this time. If you have pulled the teleate a service schedule (see Service and

3. Place the samaritan PAD face up on a **alat speraed** the electrode drawer, you may need the analysis on page 27). and slide the Pad-Pak into the samaritap PAD your Pad-Pak. (see Figure 4) until you hear the "double click" to indicate that the tabe on the right and fift side on the samaritan PAD ONCE. If you turn it

indicate that the tabs on the right and left sides of and off repeatedly, you will deplete the batteries of the Pad-Pak are fully engaged. prematurely and may need to replace the Pad-Pak.

Using the samaritan PAD

 Using the samaritan PAD
 2. If the patient is non-responsive, shake the
 4. Call for medical assistance.
 7. P

 Follow these steps to use your AED, which patilient by the shoulders while speaking loudly provide you with step-by-step voice prompts the patient becomes responsive, do not use
 6. While waiting for the AED, begin CPR, hard and fast at a rate of between 10

3. Check that the patient's airway is not block

using a head-chin tilt if necessary.



1. If necessary, move the patient to a sa or remove any source of danger.



PRECAUTION You must use the san PAD at least 6 feet/2 meters from all rac frequency devices, or switch off any equ causing electromagnetic interference.



CHECK FOR A RESPONSE

CHECK FOR AIRWAY hard and fast at a rate of between 10 compressions per minute (cpm) and a 5 to 6 cm. If you feel able to give resc perform 30 compressions followed by rescue breaths.



8. D w lf o P



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Using the samaritanuBAD

9. Remove clothing from patient's chest 10.expansepen the pouch to remove the electroide pades the liner from each electrode pade apply each electrode pad firmly to the pa





bare chest. For a patient over 8 years of a weighing over 55 lbs/25 kg, place one ele pad horizontally on the right chest, and the other vertically on the left rib cage. For a patient under 8 years of age or weighing than 55 lbs/25 kg, you can place one elec pad on the center of the chest and the ot on the center of the back. Refer to pages for detailed instructions for electrode pad placement.

15.



- 10. Dry the patient's chest if wet or clamm a lot of chest hair is present, shave the p chest where the electrodes will be place
- 11Pull the green tab to remove the electro pouch from the AED.


Using the samaritanu BAD

- 16. When advised that a shockable rhy detected, stand clear of patient as d When advised to do so, press the or shock button (SAM 350P/SAM 450P) to a shock, or if using a SAM 360P, the AED will automatically deliver the shock after a verbal 3, 2, 1 countdown.
- 17. When advised that a shockable rhythm is not detected, begin CPR. To do so, place overlapping hands in the middle of the patient's chest and, with straight arms, press firmly and quickly in time with the metronome. Continue to perform CPR until the AED begins to analyze the patient's heart rhythm again.

When using the SAM 450P, follow Advisor voice prompts. Refer to C on page C-7 for more information

- 18. Repeat the process from step 1. services arrive.
- 19. When emergency services arriv On/Off button to turn off the AED the electrode pads.



Pediatric-Pak

Treating Small Children and Infants ANT The Pediatric-Pak is intended to providel the pediatric (child) victims of SCA between place 1 and 8 years old or weighing less than BAF 55 lbs/25 kg who are: in tl bac

- Unconscious
- Not breathing
- Without circulation (without a pulse)

WARNING: The Pediatric-Pak contains a magnetic component (surface strength 650 gauss). Avoid storage next to magneticallysensitive storage media.

WARNING: Not for use on patients und year old. For use with children up to the age years or up to 55 lbs/25 kg. DO NOT DELAY IF YOU ARE UNSURE OF THE EXACT AGE OR

Electrode Placement For pediatric patients there are two options electrode placement: anterior-posterior and anterior-lateral.

Figu

Pediatric-Poaiked

ANTERIOR-LATERAL PLACEMENT If a child's chest is large enough to permit a 1 in/2.5 cm gap between the electrode pads, OR if trauma does not allow for placement on the back, the pads can be placed according to the adult anteriorlateral placement. Place one electrode pa child's BARE upper right chest above nipp one electrode pad on child's BARE lower below nipple as shown in Figure 6.



Figure 6. Anterior-Lateral Placement

WARNING: Electrode pads must be a 1 in/2.5 cm apart and should never touch one another.

After Using the same

- **Cleaning the samaritan PAD** 3. C 1. Remove the electrode pads from the patient and stick the pads together face to faceu electrodes may be contaminated with hfc bodily tissue, fluid or blood so dispose of electrodes separately as infectious waste material.
- 2. The Pad-Pak is a single-use item that lithium batteries. Replace the Pad-Pak at use. With the samaritan PAD placed face a flat surface, squeeze the two tabs onet of the Pad-Pak and pull to remove it from samaritan PAD. The Pad-Pak will slide (see Figure 7). PAC



Figure 7. Removing the Pad-Pak

After using the samaritan PAD

Downloading and Submitting Event Information The optional HeartSine Saver EVO[™] software can be downloaded at no charge from:

http://heartsine.com/support/upload-saver-evo/

This software lets you manage the events in which your samaritan PAD was used. You can provide this data to a patient's doctor, and/or use it to obtain a Pad-Pak if you have a qualifying event. In addition to Saver EVO, the optional USB data cable is required to download event data. Contact your Authorized Distributor or HeartSine Technologies directly to obtain the data cable or with questio about downloading and using Saver EVO.
1. Connect the USB data cable to the Data the samaritan PAD (see Figure 8).

Figure 8. USB Data Port

0()

- 2. Connect the USB connector on the data c to a PC.
- 3. Install and launch the HeartSine Saver EV software.
- 4. Follow the instructions provided in the Sa EVO manual to save or erase the event dayour samaritan PAD.
- 5. Upload the Saver EVO file on the HeartSir Technologies site.

For further information on managing the ev data on your samaritan PAD, contact your Authorized Distributor or HeartSine Technol directly.

Disposal

The Pad-Pak and Pediatric-Pak contain lithiu batteries and cannot be disposed of in norm waste. Dispose of each at an appropriate re facility according to your local requirements Alternatively return the Pad-Pak or Pediatric to your Authorized Distributor for disposal or replacement.

Tracking

Tracking Requirements

Medical device regulations require HeartSine Technologies to track the location of each samaritan PAD AED, Pad-Pak, and Pediatric-Pak sold. Therefore, it is important that you register your device, either using our on-line registration tool at:

https://secure.heartsine.com/UserRegistration.html

Or by completing the samaritan PAD Warranty Card and returning it to your Authorized Distributor or HeartSine Technologies directly. As an alternative to the card and on-line registration tool, you may send an email to:

support@heartsine.com

The email should contain the following information:



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- Address
- Device Serial Number

If there is a change in the information you have provided to us, such as a change of address or ownership of your samaritan PAD, provide the updated information to us via email or the online registration tool.

When you register your AED, we will contact you with any important notifications about the samaritan PAD, such as software updates or field safety corrective actions.



Service and Mainten

HeartSine Technologies recommends us regular maintenance checks, which including following:

WEEKLY

Check the Status Indicator. The sama performs a self-test routine at midnig every Sunday. During this self-test the light blinks red but returns to green upon successful completion of the self-test. If the Status Indicator is not flashing every 5 to 10 seconds or if the status is flashing red or you hear continuous a problem has been detected. (See Fi and *Troubleshooting* in Appendix B on participation)

MONTHLY

- If the device shows any signs of physical damage, contact your Authorized Dist HeartSine Technologies directly.
- Check the expiration date of the Pad-Set-up on page 14 for the location of the If the date has expired, or is near exp immediately replace the Pad-Pak or c Authorized Distributor for a replacem
- If you hear a warning message when you on your samaritan PAD or if, for any referse suspect that your samaritan PAD is not properly, consult *Troubleshooting* in Appendic

to t mai Aut

HEALTH AND SAFETY CODE - HSC

DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1799.207]

(Division 2.5 added by Stats. 1980, Ch. 1260.)

CHAPTER 3. State Administration [1797.100 - 1797.197a]

(Chapter 3 added by Stats. 1980, Ch. 1260.)

ARTICLE 5. Personnel [1797.160 - 1797.197a] (Article 5 added by Stats. 1980, Ch. 1260.)

1797.196.

(a) For purposes of this section, "AED" or "defibrillator" means an automated external defibrillator.

(b) (1) In order to ensure public safety, a person or entity that acquires an AED shall do all of the following:

(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 operation and maintenance guidelines set forth by the manufacturer.

(D) Ensure that the AED is tested at least biannually and after each use.

(E) Ensure that an inspection is made of all AEDs on the premises 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.

(F) Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.

(2) When an AED is placed in a building, the building owner shall do all of the following:

(A) At least once a year, notify the tenants as to the location of the AED units and provide information to tenants 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 the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.

(C) Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.

(3) A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED.

(c) (1) When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

(2) This section does not prohibit a school employee or other person from rendering aid with an AED.

(d) A manufacturer or retailer supplying an AED shall provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

(e) A violation of this section is not subject to penalties pursuant to Section 1798.206.

(f) Nothing in this section or Section 1714.21 of the Civil Code may be construed to require a building owner or a building manager to acquire and have installed an AED in any building.

(g) For purposes of this section, "local EMS agency" means an agency established pursuant to Section 1797.200.

(h) This section does not apply to facilities licensed pursuant to subdivision (a), (b), (c), or (f) of Section 1250.

(Amended by Stats. 2015, Ch. 264, Sec. 2. (SB 658) Effective January 1, 2016.)

HEALTH AND SAFETY CODE - HSC

DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1799.207]

(Division 2.5 added by Stats. 1980, Ch. 1260.)

CHAPTER 9. Liability Limitation [1799.100 - 1799.112]

(Chapter 9 added by Stats. 1980, Ch. 1260.)

1799.102.

(a) No person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision applies only to the medical, law enforcement, and emergency personnel specified in this chapter.

(b) (1) It is the intent of the Legislature to encourage other individuals to volunteer, without compensation, to assist others in need during an emergency, while ensuring that those volunteers who provide care or assistance act responsibly.

(2) Except for those persons specified in subdivision (a), no person who in good faith, and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency shall be liable for civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision shall not be construed to alter existing protections from liability for licensed medical or other personnel specified in subdivision (a) or any other law.

(c) Nothing in this section shall be construed to change any existing legal duties or obligations, nor does anything in this section in any way affect the provisions in Section 1714.5 of the Civil Code, as proposed to be amended by Senate Bill 39 of the 2009–10 Regular Session of the Legislature.

(d) The amendments to this section made by the act adding subdivisions (b) and (c) shall apply exclusively to any legal action filed on or after the effective date of that act.

(Amended by Stats. 2009, Ch. 77, Sec. 1. Effective August 6, 2009. Note: As referenced in subd. (d), subds. (b) and (c) were added in the amendment by Stats. 2009, Ch. 77.)



Rescue Union - Lakeview Elementary School

AED Policies & Procedures

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com



Rescue Union - Lakeview Elementary School AED PROGRAM CONTACT LIST

AED Coordinator: Christie Beamer

Location: 2390 Bass Lake Road Rescue, CA, 95672 Phone Number: (530)672-4300 Email: cbeamer@rescueusd.org

Site Contact: Christie Beamer

Location: 3371 Brittany Way El Dorado Hills, CA, 95762 Phone Number: (530)363-7159 Email: cbeamer@rescueusd.org

Medical Director: Michael Choy, MD

Phone Number: (530) 477-6818 Email: info@dipietroassociates.com

Local EMS: El Dorado County

Contact: Richard W. Todd Location: 2900 Fair Lane Court Placerville, CA 95667 Phone Number: (530)621-6500 Email: michelle.patterson@edcgov.us

AED Program Management: DiPietro & Associates, Inc.

Location: 101 W. McKnight Way Ste B #255 Grass Valley, CA, 95949 Phone Number: (530) 477-6818 Email: david@dipietroassociates.com



Rescue Union - Lakeview Elementary School AED LOCATIONS

Location: Health Office Serial Number: 16D00947352

Location: Lakeview Gym Serial Number: 19D00009025



DiPietro & Associates, Inc.

"Helping Companies Navigate Safety"

Medical Direction & Prescription Certificate

As a client of DiPietro & Associates Inc. the following location is under the medical direction of Michael Choy, MD. for a period of one year from:

Effective Date: July 15, 2019 Company Name: Rescue Union - Lakeview Elementary School Location: 3371 Brittany Way El Dorado Hills, CA, 95762

This prescription is renewable yearly through DiPietro & Associates Inc. In accordance with the recommendations of the American Heart Association, DiPietro & Associates agrees to provide all of the necessary tools and support for placement of an automated external defibrillator (AED) at your location. The following AED(s) are covered by this prescription:

AED Make / Model: HeartSine Samaritan 350P Serial Number(s): 16D00947352 19D00009025

By implementing DiPietro & Associates online tracking system you will meet or exceed all guidelines and recommendations for private ownership of an AED for the establishment of a public access defibrillation program. In order for this prescription and medical direction to be in effect, all steps of the implementation program must be completed.

Upon termination or expiration of the service agreement with DiPietro & Associates, Inc., the client assumes complete responsibility and liability for all AEDs purchased and AED programs implemented. These responsibilities include, but are not limited to: medical control and oversight, ongoing training, event review, policies and procedures updates, equipment maintenance, and ongoing AED program compliance.

Muchael Chog MD

Michael Choy, MD Medical Director

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com

Rescue Union - Lakeview Elementary School AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM **Standard Operating Procedures**

Effective Date: 7/15/2019

1. BACKGROUND

Sudden Cardiac Arrest is the nation's leading cause of death. 350,000 relatives, co-workers, and neighbors will suffer a Sudden Cardiac Arrest this year. Despite immediate CPR efforts and a rapid 911 response, tragically less than 5% will survive. In response to these chilling statistics the Food and Drug Administration, Federal and State Legislatures, as well as OSHA, have approved Automatic External Defibrillators (AEDs) and recommend their implementation in the workplace.

AEDs are devices designed to administer an electric shock to the heart of a Sudden Cardiac Arrest victim. This "electric medicine" stops a fatal rhythm called Ventricular Fibrillation and allows the patients heart to begin beating on its own. The shock can only be delivered after the device has verified the patient is in Cardiac Arrest, delivery of an inappropriate shock is not possible.

The American Heart Association as well as Federal guidelines recommend that AED treatment be given within the first 3 minutes of a Sudden Cardiac Arrest. To achieve this recommendation AEDs must be strategically placed and appropriate numbers of employees trained to use them. By doing so we may improve survivability of Cardiac Arrest by as much as 65%. Every minute that defibrillation is delayed; 7-10% of survivability is lost. After 10 minutes without defibrillation the patient's chances of survival drop to less than 5%. To effectively treat Sudden Cardiac Arrest, AEDs must be immediately available.

2. PROGRAM OBJECTIVE

To make available the most rapid response possible to a victim of a Sudden Cardiac Arrest.

To implement the American Heart Association recommended "Chain of Survival" including early defibrillation within 3 minutes of a reported event.

To make available to our clients, partners, employees, contractors and guests the best chances of surviving the nation's leading cause of death.



The 5 links in the adult Chain of Survival are

• Immediate **recognition** of cardiac arrest and **activation** of the emergency response system

- Early cardiopulmonary resuscitation (CPR) with an emphasis on chest compressions
- Rapid **defibrillation**
- Effective advanced life support
- Integrated **post-cardiac arrest care**

A strong Chain of Survival can improve chances of survival and recovery for victims of heart attack, stroke and other emergencies.

3. PURPOSE

These policies and procedures provide the necessary information to effectively implement, administer, and maintain the AED program. Access and training on these policies and procedures should be provided to any employee that may voluntarily render assistance at the scene of a cardiac arrest or who wishes to be involved with the administration of this program. All Targeted Responders, Site Contacts, and AED Coordinators are required to become familiar with these policies and procedures and will be provided formal training and American Heart Association certification.

4. SCOPE

These policies and procedures define responsibilities and methods by which personnel will comply with corporate and state regulatory requirements. All onsite Automated External Defibrillators (AEDs) shall be subject to these policies and procedures.

These policies and procedures apply to all employees who are members of the voluntary Emergency Response Team or who may voluntarily render First Aid, CPR or defibrillation.

These policies and procedures are a compilation of CA state standards for the use of an AED by non-licensed personnel or Public Access Defibrillation Programs (PAD). Additional action by the Site Contacts and/or AED Coordinator may be necessary to comply with these requirements.

5. **DEFINITIONS**

- 5.1 <u>AED</u> is the acronym used to describe the AUTOMATED EXTERNAL DEFIBRILLATOR. The AED in use at Rescue Union - Lakeview Elementary School is the HeartSine Samaritan 350P. Operating instructions and maintenance manuals are available in this document or by contacting the Site Coordinator.
- 5.2 The <u>Medical Director</u> is a licensed physician that has authority over the entire AED program and its participants. General responsibilities include establishing guidelines for administration, implementation and maintenance of the program. The Medical Director oversees quality assurance, compliance to protocols, proper training and provides positive reinforcement to individuals and the system, as well as corrective instruction. The Medical Director will provide post event review and make system improvement recommendations.
- 5.3 The <u>AED Coordinator</u> is an employee of Rescue Union Lakeview Elementary School who is the primary liaison between the company's AED program and the Medical Director. This person will help the organization fulfill its responsibility for maintaining

the program from a corporate level. The AED Coordinator will disseminate program information to and from the Medical Director, DiPietro & Associates, Inc. and the Site Contacts. The AED Coordinator will play an active role in the development of policies and procedures, quality assurance and program evaluation. The AED Coordinator will be given instructions, a username and password to the online tracking system. He/She will ensure required information is entered into the online tracking system in a timely manner and are responsible for communication with the online tracking system.

5.4 The <u>Site Contacts</u> are employees at the individual facilities equipped with an AED. If no site contact the <u>AED coordinator</u> will assume all site contact responsibilities. The primary responsibility of the Site Contacts is to ensure the readiness of the AED program for the local level. The Site Contacts are responsible for on-site coordination and to assist the AED Coordinator and Medical Director as necessary.

The Site Contacts are also responsible to ensure that all AED units are inspected, maintained and tested according to the manufacturer's guidelines.

The online monthly maintenance data should be entered by the Site Contact By the 5th of every month. Information can be submitted between the 25th of the previous month and the 5th of the current month. If the monthly maintenance form is not completed by the 5th of each month, the online tracking system software will auto-email the AED coordinator a reminder.

The Site Contact is also responsible for scheduling initial training and regular retraining programs, forwarding any incident data and holding post-incident debriefing sessions for any employees involved in the use of an AED. Another critical role of the Site Contacts is to forward any information to the AED Coordinator that could adversely affect the AED program.

The names of the Site Contact(s) and AED Coordinator(s) are listed in the AED Program Contact List and in the AED Navigator Database.

<u>Targeted Responders</u> are specific individuals who have volunteered to respond to a cardiac emergency and have been trained in accordance with these policies and procedures. A sufficient number of Targeted Responders may be designated to ensure that someone is available to use the AED in all areas during normal business hours. 10-15% of the total employee number, strategically located throughout the facility is a commonly accepted standard. This percentage is only a rule of thumb and is not regulatory driven or mandated. Targeted Responders are, in most cases, the same people that make up the voluntary Emergency Response Team.

6. **PROGRAM DESCRIPTION**

- 6.1 Responsibility
 - 6.1.1 Responsibility of AED Coordinator/Site Contact
 - 6.1.1.1 To establish an AED standard operating procedure.
 - 6.1.1.2 To disseminate information to and from program elements.
 - 6.1.1.3 To maintain the AED program to ensure compliance with these standards.
 - 6.1.1.4 To periodically evaluate facilities for any change in conditions that could adversely affect program effectiveness.
 - 6.1.1.5 To ensure there is an appropriate number of trained responders.

- 6.1.1.6 To provide necessary safety equipment including personal protective equipment for targeted responders.
- 6.1.1.7 To provide appropriate signage identified location of AED's.
- 6.1.1.8 To ensure information is entered into the online tracking system software in a timely manner.
- 6.1.1.9 To ensure that all participating personnel are identified and receive training on these policies and procedures.
- 6.1.2.0 To assure that proper safety procedures regarding AEDs, as outlined in this policy, are followed.
- 6.1.2.1 To ensure response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
- 6.1.3 Responsibilities of the Targeted Responder
 - 6.1.3.1 To conduct response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
 - 6.1.3.2 To report any AED use, indicators or alarms, or missing AEDs to their supervisor.
 - 6.1.3.3 They should maintain certification.
- 6.2 Equipment, Location, Inspection and Maintenance
 - 6.2.1 Equipment
 - 6.2.1.1 The following equipment shall be maintained as part of the AED Program and is to be used only for AED emergencies:
 - Heartsine Samaritan
 - Manufacturer's prep kit
 - Extra set of AED pads
 - Extra batteries
 - 6.2.1.2 For the exact location of the AED refer to the nearest evacuation map.
 - 6.2.1.3 AEDs are in an AED Cabinet and announced by appropriate signage.
 - 6.2.2 Inspections of AED Units
 - 6.2.2.1 The AED coordinator, or other staff member(s) as designated, shall inspect the AED at least monthly. At some facilities, this can be incorporated into the facility's fire extinguisher inspection checklist.
 - 6.2.2.2 Inspections will confirm that the AED is:
 - In place and accessible
 - Ready for use, with the electrodes attached to the unit (verify according to manufacturer's directions)
 - All related supplies are in place, within shelf life and in good condition
 - The monthly inspection will be entered into the monthly maintenance log in the online tracking system.
 - 6.2.3 Maintenance see the User's Guide for the complete maintenance schedule.

6.3 Procedures

6.3.1 Responding to an Emergency

In the event of an emergency potentially requiring the use of CPR or the AED unit, the first responder shall immediately call "911", or direct someone to call "911" and state:

- The nature of the emergency
- The location
- Caller's name
- Caller's call back number

The first responder will direct someone to get the AED and bring it to the location of the emergency. Turn on the HeartSine Samaritan and follow the CPR prompts.

Try to get the person to respond. Tap and shout. If they do not respond, roll the person on his or her back on a firm, flat surface.

Start chest compressions. Place the heel of one hand on the lower half of the breastbone, Put the heel of your other hand on top of the first hand,

Press straight down so you compress the chest **at least 2 – 2.4**" at a rate of at least 100-120 compressions a minute for adults.

For children, push the chest up to 2'' at the same rate of at least 100 compressions a minute.

After each compression, let the chest come back up to its normal position.

Compressions are very important and doing them correctly can be tiring. If other trainer responder(s) are available, take turns switching about every 2 minutes. Move quickly to keep the pause between compressions as short as possible.

Continue until the person moves or wakes, or until 911 arrives.

The first certified AED user on the scene would be responsible for directing its use. A more detailed response description and treatment algorithm should be placed with each AED unit.

6.3.2 Post Incident

Any cardiac event or use of the AED shall be reported to the Office Supervisor and AED Coordinator. If they are unable to reach, the incident shall be reported directly to DiPietro & Associates, Inc. Main Office at (530) 477-6818.

By the next business day after the event, the AED Coordinator must be notified and the AED Coordinator must acknowledge that they have received the notification. If the AED Coordinator does not acknowledge receipt within 4 hours, contact should be made directly with DiPietro & Associates, Inc. (530) 477-6818. Report information should include:

- Date/time of the incident
- Nature of the incident
- Location of the AED used
- Patient (name)

- Responders (names and contact information)
- Witnesses (names and contact information)
- Follow-up care (hospital, doctor, phone numbers)

The AED Coordinator will do the following after any AED use:

- Complete an event report (section 8).
- Complete the Event Summary Form in the online tracking system
- Notify DiPietro & Associates, Inc. (530) 477-6818, if not already contacted.
- Download data and Label with patient information and deliver to DiPietro & Associates, Inc. or designated Medical Director. See www.heartsine.com for instructions and free software or call DiPietro & Associates, Inc., Inc. for assistance (530) 477-6818.
- Conduct incident debriefing, as needed.
- Complete incident follow-up report as deemed necessary by the Medical Director.
- Clean the AED if needed. Review User's Guide for list of appropriate cleaning agents.
- Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or old expiration dates.
- Refer to user's manual; perform post use inspection before placing the unit back in service.
- 6.4 Program Evaluation
 - 6.4.1 The AED Coordinator and the designated AED Medical Director will evaluate the AED program annually or following each use of an AED.
- 6.5 Personnel, Training and Record Keeping.
 - 6.5.1 Training Program

All Targeted Responders shall receive training on the use of the AED, these policies and procedures, general safety procedures, and use of any necessary personal protection equipment.

Initial training shall consist minimally of a 3-4 hour CPR/AED class taught in accordance with American Heart Association guidelines, with mandatory periodic skills evaluations. A 5-7 hour CPR/AED/First Aid class will also meet this requirement. Skills evaluations, required in California, are necessary to maintain proficiency and may take a variety of forms.

Re-certification training will be conducted annually. Staff may be trained on alternate years. Although certification cards may be valid for up to two years, Medical Direction requires AED Targeted Responders to recertify annually. To schedule training, contact DiPietro & Associates, Inc. at (530) 477-6818 or via email to support@DiPietroAssociates.com.

7. REPORTING AND RECORDKEEPING REQUIREMENTS

7.1 Any cardiac event and the use of the AED will be reported to the Office Supervisor and AED Coordinator immediately.

- 7.2 Any use of the AED will be reported to the AED Coordinator by the next business day, who will notify DiPietro & Associates, Inc. (530) 477-6818. If the AED Coordinator does not acknowledge notification within (4 hours) contact DiPietro & Associates, Inc. directly at (530) 477-6818.
- 7.3 AED Use Records shall be maintained in accordance with the requirements stated in ABCDEF Safety and Risk Management Program manual and as required by law.

8. **REFERENCES**

- 8.1 American Heart Association Heartsaver AED Training Manual.
- 8.2 Senate Bill No. 287, Chapter 449
- 8.3 Senate Bill No. 658, Chapter 264

9. CONTINGENCIES

9.1 The sections to this policy may be updated at any time without revising the policy. Superseded sections will be archived with the original policy.

10. SIGNATURES

Approved by:	
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Date: _____

Approved by:

Name and Title

Name and Title

Date: _____

Rescue Union - Lakeview Elementary School

Treatment Algorithm

2015 (New): Universal elements of a system of care have been identified to provide stakeholders with a resuscitation system (Figure 3).

that are required before that convergence are very different for the 2 settings. Patients who have an OHCA depend on their community for support. Lay rescuers must recognize the arrest, call for help, and initiate CPR and provide common framework with which to assemble an integrate fibrillation (ie, public-access defibrillation [PAD]) until a team of professionally trained emergency medical service

Why: Healthcare delivery requires structure (eg, people, (EMS) providers assumes responsibility and then transports equipment, education) and process (eg, policies, protocols, patient to an emergency department and/or cardiac procedures) that, when integrated, produce a system (eg, a'critical care unit for continued care. In contrast, patients programs, organizations, cultures) that leads to optimal outcomes (eg, patient survival and safety, quality, satisfaction), who have an IHCA depend on a system of appropriate An effective system of care comprises all of these elements elements (eg, rapid response or early warning system) to prevent cardiac arrest. If cardiac arrest occurs, patients structure, process, system, and patient outcomes—in a depend on the smooth interaction of the institution's various framework of continuous quality improvement. departments and services and on a multidisciplinary team

Chains of Survival

of professional providers, including physicians, nurses, respiratory therapists, and others. 2015 (New): Separate Chains of Survival (Figure 4) have been recommended that identify the different pathways Use of Social Media to Summon Rescuers of care for patients who experience cardiac arrest in the hospital as distinct from out-of-hospital settings.

2015 (New): It may be reasonable for communities to incorporate social media technologies that summon rescuers Why: The care for all post-cardiac arrest patients, regardlessare in close proximity to a victim of suspected OHCA of where their arrests occur, converges in the hospital, and are willing and able to perform CPR.

generally in an intensive care unit where post-cardiac arrect. Why: There is limited evidence to support the use of social

media by dispatchers to notify potential rescuers of a possib



cardiac arrest nearby, and activation of social media has Regionalization of Care been shown to improve survival from OHCA. However, in a recent study in Sweden, there was a significant increase 2015 (Reaffirmation of 2010): A regionalized approach the rate of bystander-initiated CPR when a mobile-phone OHCA resuscitation that includes the use of cardiac resuscitation centers may be considered. dispatch system was used ven the low harm and the potential benefit, as well as the ubiquitous presence of CWhy: A cardiac resuscitation center is a hospital that devices, municipalities could consider incorporating these provides evidence-based care in resuscitation and posttechnologies into their OHCA systems of care.

is hoped that resuscitation systems of care will achieve the 2015 (Updated): For adult patients, rapid response team improved survival rates that followed establishment of oth (RRT) or medical emergency team (MET) systems can systems of care, such as trauma. be effective in reducing the incidence of cardiac arrest, particularly in the general care wards. Pediatric MET/RRT systems may be considered in facilities where children w high-risk illnesses are cared for in general in-patient unit The use of early warning sign systems may be considered for adults and children.

2010 (Old): Although conflicting evidence exists, expert

consensus recommended the systematic identification offey issues and major changes in the 2015 Guidelines patients at risk of cardiac arrest, an organized response Update recommendations for adult CPR by lay rescuers to such patients, and an evaluation of outcomes to fosteinclude the following: continuous quality improvement. The crucial links in the out-of-hospital adult Chain of Survival are

Why: RRTs or METs were established to provide early intervention for patients with clinical deterioration, with the goal of preventing IHCA. Teams can be composed of

The Adult BLS Algorithm has been modified to reflect the fact that varying combinations of physicians, nurses, and respiratory rescuers can activate an emergency response (ie, through use of a therapists. These teams are usually summoned to a patient mobile telephone) without leaving the victim's side. bedside when acute deterioration is identified by hospital

staff. The team typically brings emergency monitoring and resuscitation equipment and drugs. Although the evidence

is still evolving, there is face validity in the concept of having commendations have been strengthened to encourage teams trained in the complex choreography of resuscitation. In the recognition of unresponsiveness, activation of the

2015 (Reaffirmation of 2010): Resuscitation systems should establish ongoing assessment and improvement of systemsCPR instructions to the caller (ie, dispatch-guided CPR). of care.

Why: There is evidence of considerable regional variation in the reported incidence and outcome of cardiac arrest in the United States. This variation underscores the need for communities and systems to accurately identify each occurrence of treated cardiac arrest and to record outcomes. There are likely to be opportunities to improve survival rates in many communities.

Community- and hospital-based resuscitation programs should systematically monitor cardiac arrests, the level of resuscitation care provided, and outcome. Continuous quality improvement includes systematic evaluation and feedback, measurement or benchmarking, and analysis. Continuous efforts are needed to optimize resuscitation care so that the gaps between ideal and actual resuscitation fife-threatening opioid-associated emergencies. performance can be narrowed.

Adult Basic Life Support and CPR

Quality: Lay Rescuer CPR

cardiac arrest care, including 24-hour, 7-day percutaneous coronary intervention (PCI) capability, TTM with an adequa annual volume of cases, and commitment to ongoing performance improvement that includes measurement, benchmarking, and both feedback and process change. It

It is recommended that communities with people at risk for cardiac arrest implement PAD programs.

unchanged from 2010, with continued emphasis on the simplified

universal Adult Basic Life Support (BLS) Algorithm.

emergency response system, and initiation of CPR if the lay rescuer finds an unresponsive victim is not breathing or not breathing normally (eg, gasping).

Emphasis has been increased about the rapid identification of potential cardiac arrest by dispatchers, with immediate provision of

The recommended sequence for a single rescuer has been confirmed: the single rescuer is to initiate chest compressions before giving rescue breaths (C-A-B rather than A-B-C) to reduce delay to first compression. The single rescuer should begin CPR with 30 chest compressions followed by 2 breaths.

There is continued emphasis on the characteristics of high-quality. CPR: compressing the chest at an adequate rate and depth. allowing complete chest recoil after each compression, minimizing interruptions in compressions, and avoiding excessive ventilation.

The recommended chest compression rate is 100 to 120/min (updated from at least 100/min).

The clarified recommendation for chest compression depth for adults is at least 2 inches (5 cm) but not greater than 2.4 inches (6 cm).

Bystander-administered naloxone may be considered for suspected

These changes are designed to simplify lay rescuer training and to emphasize the need for early chest compressions for victims of sudden cardiac arrest. More Cardiac arrest victims sometimes present with seizure-like information about these changes appears below.

In the following topics, changes or points of emphasis presentations of cardiac arrest to enable prompt recognition that are similar for lay rescuers and HCPs are noted wiald immediate dispatcher-guided CPR. an asterisk (*).

Community Lay Rescuer AED Programs

2015 (Updated): It is recommended that PAD programs for patients with OHCA be implemented in public locationseathing, the rescuer and the dispatcher should assume arrest (eg, airports, casinos, sports facilities).

2010 (Old): CPR and the use of automated external descriptions. defibrillators (AEDs) by public safety first responders were recommended to increase survival rates for out-of-hospi 2010 (Old): To help bystanders recognize cardiac sudden cardiac arrest. The 2010 Guidelines recommender est, dispatchers should ask about an adult victim's the establishment of AED programs in public locations wire ponsiveness, if the victim is breathing, and if the breathin there is a relatively high likelihood of witnessed cardiac arrestmal, in an attempt to distinguish victims with agonal gasps (ie, in those who need CPR) from victims who are (eq, airports, casinos, sports facilities). breathing normally and do not need CPR.

Why: There is clear and consistent evidence of improved survival from cardiac arrest when a bystander performs Why: This change from the 2010 Guidelines emphasizes the CPR and rapidly uses an AED. Thus, immediate access toole that emergency dispatchers can play in helping the lay a defibrillator is a primary component of the system of corecuer recognize absent or abnormal breathing.

The implementation of a PAD program requires 4 essential patchers should be specifically educated to help components: (1) a planned and practiced response, which standers recognize that agonal gasps are a sign of ideally includes identification of locations and neighborhood arrest. Dispatchers should also be aware that where there is high risk of cardiac arrest, placement of AFPC generalized seizures may be the first manifestation in those areas and ensuring that bystanders are aware of the off ardiac arrest. In summary, in addition to activating location of the AEDs, and, typically, oversight by an HCP of calculate all rest. In Summary, the dispatcher should training of anticipated rescuers in CPR and use of the AED sk straightforward questions about whether the patient is (3) an integrated link with the local EMS system; and (4) thresponsive and if breathing is normal or abnormal in order program of ongoing quality improvement. to identify patients with possible cardiac arrest and enable

A system-of-care approach for OHCA might include public ispatcher-guided CPR. A system-of-care approach for one change approach for

service access point has replaced the less-precise EMS

2015 (Updated): Untrained lay rescuers should provide dispatch center). Such a policy would enable PSAPs to direct ompression-only (Hands-Only) CPR, with or without bystanders to retrieve nearby AEDs and assist in their Use dispatcher guidance, for adult victims of cardiac arrest. The when OHCA occurs. Many municipalities as well as the federal government have enacted legislation to place AEDs and AED or rescuers with additional training. All lay in municipal buildings, large public venues, airports, casinos lescuers should, at a minimum, provide chest compressions and schools. For the 20% of OHCAs that occur in public for victims of cardiac arrest. In addition, if the trained lay areas, these community programs represent an important rescuer is able to perform rescue breaths, he or she should link in the Chain of Survival between recognition and add rescue breaths in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED activation of the PSAPs. This information is expanded in 4: Systems of Care and Continuous Quality Improvement arrives and is ready for use, EMS providers take over care of the 2015 Guidelines Update. the victim, or the victim starts to move.

There is insufficient evidence to recommend for or agair 2010 (Old): If a bystander is not trained in CPR, the the deployment of AEDs in homes. Victims of OHCAs that by stander should provide compression-only CPR for the occur in private residences are much less likely to receive dult victim who suddenly collapses, with an emphasis to chest compressions than are patients who experience 'push hard and fast" on the center of the chest, or follow cardiac arrest in public settings. Real-time instructions the directions of the EMS dispatcher. The rescuer should provided by emergency dispatchers may help potential in-home rescuers to initiate action. Robust community CPR and is ready for use or EMS providers take over care of training programs for cardiac arrest, along with effective the victim. All trained lay rescuers should, at a minimum, prearrival dispatch protocols, can improve outcomes.

activity or agonal gasps that can confuse potential rescuers. Dispatchers should be specifically trained to identify these

2015 (Updated): To help bystanders recognize cardiac arrest, dispatchers should inquire about a victim's absence of responsiveness and quality of breathing (normal versus not normal). If the victim is unresponsive with absent or abnorm

where there is a relatively high likelihood of witnessed carathe victim is in cardiac arrest. Dispatchers should be educated to identify unresponsiveness with abnormal and agonal gasps across a range of clinical presentations and

provide chest compressions for victims of cardiac arrest compressions (eg, to open the airway, deliver rescue breat addition, if the trained lay rescuer is able to perform resallew AED analysis). In most studies, more compressions a breaths, compressions and breaths should be provided inspociated with higher survival rates, and fewer compress ratio of 30 compressions to 2 breaths. The rescuer shoulare associated with lower survival rates. Provision of adequ continue CPR until an AED arrives and is ready for use ochest compressions requires an emphasis not only on an EMS providers take over care of the victim. adequate compression rate but also on minimizing interrup

Why: Compression-only CPR is easy for an untrained res to perform and can be more effectively guided by dispat over the telephone. Moreover, survival rates from adult arrests of cardiac etiology are similar with either compre only CPR or CPR with both compressions and rescue brea when provided before EMS arrival. However, for the train lay rescuer who is able, the recommendation remains for the upper limit of compression rate is based on 1 large registry rescuer to perform both compressions and breaths.

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions appressions delivered during resuscitation. rate of 100 to 120/min.

2010 (Old): It is reasonable for lay rescuers and HCPs to

Why: The number of chest compressions delivered per minute during CPR is an important determinant of return of pression depths (greater than 2.4 inches [6 cm]). spontaneous circulation (ROSC) and survival with good

to this critical component of CPR. An inadequate compress or frequent interruptions (or both) will reduce the tota The period of compressions delivered per minute. New to the Buidelines Update are upper limits of recommended pression rate and compression depth, based on liminary data suggesting that excessive compression ra depth adversely affect outcomes. The addition of an

study analysis associating extremely rapid compression ra-(greater than 140/min) with inadequate compression depth Box 1 uses the analogy of automobile travel to explain the effect of compression rate and interruptions on total numb

2015 (Updated): During manual CPR, rescuers should perform chest compressions at a rate of at least 100/min perform chest compressions to a depth of at least 2 inchest (5 cm) for an average adult, while avoiding excessive ches

neurologic function. The actual number of chest compressions (5 cm). 2010 (Old): The adult sternum should be depressed at least delivered per minute is determined by the rate of chest

compressions and the number and duration of interrupti Why: Compressions create blood flow primarily by increasi

Box 1

Number of Compressions Delivered Affected by Compression Rate and by Interruptions

The total number of compressions delivered during resuscitation is an important determinant of survival from cardiac arrest.

- The number of compressions delivered is affected by the compression rate (the frequency of chest compressions per minute) and by the compression fraction (the portion of total CPR time during which compressions are performed). Increases in compression rate and fraction increase the total number of compressions delivered. Compression fraction is improved by reducing the number and duration of any interruptions in compressions.
- An analogy can be found in automobile travel. When traveling in an automobile, the number of miles traveled in a day is affected not only by the speed (rate of travel) but also by the number and duration of any stops (interruptions in travel). Traveling 60 mph without interruptions translates to an actual travel distance of 60 miles in an hour. Traveling 60 mph except for a 10-minute stop translates to an actual travel of 50 miles in that hour. The more frequent and the more prolonged the stops, the lower the actual miles traveled.
- During CPR, rescuers should deliver effective compressions at an appropriate rate (100 to 120/min) and depth while minimizing the number and duration of interruptions in chest compressions. Additional components of high-quality CPR include allowing complete chest recoil after each compression and avoiding excessive ventilation.

intrathoracic pressure and directly compressing the heart, which in turn results in critical blood flow and oxygen deliv to the heart and brain. Rescuers often do not compress the chest deeply enough despite the recommendation to "pusl hard." While a compression depth of at least 2 inches (5 cr is recommended, the 2015 Guidelines Update incorporates new evidence about the potential for an upper threshold of compression depth (greater than 2.4 inches [6 cm]), beyor which complications may occur. Compression depth may be difficult to judge without use of feedback devices, and identification of upper limits of compression depth may be challenging. It is important for rescuers to know that the recommendation about the upper limit of compression dep is based on 1 very small study that reported an association between excessive compression depth and injuries that were not life-threatening. Most monitoring via CPR feedbac devices suggests that compressions are more often too shallow than they are too deep.

2015 (New): For patients with known or suspected opioid addiction who are unresponsive with no normal breathing but a pulse, it is reasonable for appropriately trained lay rescuers and BLS providers, in addition to providing standard BLS care, to administer intramuscular (IM) or intranasal (IN) naloxone. Opioid overdose response education with or without naloxone distribution to persons. at risk for opioid overdose in any setting may be considere This topic is also addressed in the Special Circumstances o Resuscitation section.

the large burden of disease from lethal opioid overdoses, as well as some documented success in targeted national Where EMS systems have adopted bundles of care involving strategies for bystander-administered naloxone for people continuous chest compressions, the use of passive ventilation at risk. In 2014, the naloxone autoinjector was approved by the US Food and Drug Administration for use by lay rescuers and HCPsThe resuscitation training network has requested information about the best way to incorporate such a device into the adult BLS guidelines and training. Thiger minute) is recommended.

Adult Basic Life Support and CPR Quality: HCP BLS

Summary of Key Issues and Major Changes

Key issues and major changes in the 2015 Guidelines Update recommendations for HCPs include the following Immediate Recognition and Activation of

- These recommendations allow flexibility for activation of the emergency response system to better match the HCP's clinical setting.
- Trained rescuers are encouraged to simultaneously perform some steps (ie, checking for breathing and pulse at the same time), in an effort to reduce the time to first chest compression.
- Integrated teams of highly trained rescuers may use a choreographed approach that accomplishes multiple steps and assessments simultaneously rather than the sequential manner used by individual rescuers (eg, one rescuer activates the emergency response system while another begins chest compressions, a third either provides ventilation or retrieves the bag-mask device for rescue breaths, and a fourth retrieves and sets up a defibrillator).
- Increased emphasis has been placed on high-quality CPR using performance targets (compressions of adequate rate and depth, allowing complete chest recoil between compressions, minimizing interruptions in compressions, and avoiding excessive ventilation). See Table 1.
- Compression rate is modified to a range of 100 to 120/min.
- Compression depth for adults is modified to at least 2 inches (5) cm) but should not exceed 2.4 inches (6 cm).
- To allow full chest wall recoil fter each compression, rescuers must avoid leaning on the chest between compressions.
- Criteria for minimizing interruptions ified with a goal of

Why: There is substantial epidemiologic data demonstrating chest compression fraction as high as possible, with a target of at east 60%.

> techniques may be considered as part of that bundle for victims of OHCA.

For patients with ongoing CPR and an advanced airway in place, a simplified ventilation rate of 1 breath every 6 seconds (10 breaths

recommendation incorporates the newly approved treatment. These changes are designed to simplify training for HCPs and to continue to emphasize the need to provide early and high-quality CPR for victims of cardiac arrest. More information about these changes follows.

> In the following topics for HCPs, an asterisk (*) marks those that are similar for HCPs and lay rescuers.

Emergency Response System

2015 (Updated): HCPs must call for nearby help upon finding the victim unresponsive, but it would be practical for an HCP to continue to assess the breathing and pulse simultaneously before fully activating the emergency response system (or calling for backup).

2010 (Old): The HCP should check for response while looking at the patient to determine if breathing is absent or not normal.

Why: The intent of the recommendation change is to minimize delay and to encourage fast, efficient simultaneous assessment and response, rather than a slow, methodical, step-by-step approach.

Emphasis on Chest Compressions*

2015 (Updated): It is reasonable for HCPs to provide chest compressions and ventilation for all adult patients in cardiac arrest, whether from a cardiac or noncardiac cause. Moreover, it is realistic for HCPs to tailor the sequence of rescue actions to the most likely cause of arrest.

2010 (Old): It is reasonable for both EMS and in-hospital professional rescuers to provide chest compressions and rescue breaths for cardiac arrest victims.

Table 1 **BLS Dos and Don'ts of Adult High-Quality CPR**

Rescuers Should	Rescuers Should Not
Perform chest compressions at a rate of 100-120/min	Compress at a rate slower than 100/min or faster than 120/min
Compress to a depth of at least 2 inches (5 cm)	Compress to a depth of less than 2 inches (5 cm) or greater than 2.4 inches (6 cm)
Allow full recoil after each compression	Lean on the chest between compressions
Minimize pauses in compressions	Interrupt compressions for greater than 10 seconds
Ventilate adequately (2 breaths after 30 compressions, each breath delivered over 1 second, each causing chest rise)	Provide excessive ventilation (ie, too many breaths or breaths with excessive force)

Why: Compression-only CPR is recommended for untrair Why: The minimum recommended compression rate rescuers because it is relatively easy for dispatchers to remains 100/min. The upper limit rate of 120/min has beer guide with telephone instructions. It is expected that added because 1 large registry series suggested that as th HCPs are trained in CPR and can effectively perform botkompression rate increases to more than 120/min, compre compressions and ventilation. However, the priority for t provider, especially if acting alone, should still be to active proportion of compressions of inadequate depth was the emergency response system and to provide chest about 35% for a compression rate of 100 to 119/min compressions. There may be circumstances that warranbat increased to inadequate depth in 50% of compressions change of sequence, such as the availability of an AED thaten the compression rate was 120 to 139/min and to inadequate depth in 70% of compressions when compressi the provider can quickly retrieve and use.

rate was more than 140/min.

2015 (Updated): For witnessed adult cardiac arrest when an AED is immediately available, it is reasonable that th 2015 (Updated): During manual CPR, rescuers should defibrillator be used as soon as possible. For adults with perform chest compressions to a depth of at least 2 inches unmonitored cardiac arrest or for whom an AED is not (5 cm) for an average adult while avoiding excessive chest immediately available, it is reasonable that CPR be initiated pression depths (greater than 2.4 inches [6 cm]).

while the defibrillator equipment is being retrieved and applied and that defibrillation, if indicated, be attempted and that defibrillation, if indicated, be attempted and that defibrillation. 2010 (Old): The adult sternum should be depressed at least soon as the device is ready for use.

Why: A compression depth of approximately 5 cm is 2010 (Old): When any rescuer witnesses an out-of-hospita sociated with greater likelihood of favorable outcomes should start CPR with chest compressions and use the AED arrest and an AED is immediately available on-site, the dence about whether there is an upper threshold beyon as soon as possible. HCPs who treat cardiac arrest in ho h compressions may be too deep, a recent very small and other facilities with on-site AEDs or defibrillators sho dy suggests potential injuries (none life-threatening) fro provide immediate CPR and should use the AED/defibrill sive chest compression depth (greater than 2.4 inche soon as it is available. These recommendations are desi [n]). Compression depth may be difficult to judge witho to support early CPR and early defibrillation, particularly of feedback devices, and identification of upper limits an AED or defibrillator is available within moments of the Compression depth may be challenging. It is important of sudden cardiac arrest. When an OHCA is not witnesse prescuers to know that chest compression depth is more by EMS personnel, EMS may initiate CPR while checking ften too shallow than too deep.

rhythm with the AED or on the electrocardiogram (ECG)

preparing for defibrillation. In such instances, $1\frac{1}{2}$ to 3 minutes **Recoil*** of CPR may be considered before attempted defibrillation.

Whenever 2 or more rescuers are present, CPR should b 2015 (Updated): It is reasonable for rescuers to avoid leaning provided while the defibrillator is retrieved. on the chest between compressions, to allow full chest wal With in-hospital sudden cardiac arrest, there is insufficient for adults in cardiac arrest.

evidence to support or refute CPR before defibrillation. 2010 (Old): Rescuers should allow complete recoil of the However, in monitored patients, the time from ventriculehest after each compression, to allow the heart to fill fibrillation (VF) to shock delivery should be under 3 minutempletely before the next compression.

and CPR should be performed while the defibrillator is readied. Why: Full chest wall recoil occurs when the sternum return Why: While numerous studies have addressed the questionts natural or neutral position during the decompression of whether a benefit is conferred by providing a specifiethase of CPR. Chest wall recoil creates a relative negative period (typically 1¹/₂ to 3 minutes) of chest compressionsntrathoracic pressure that promotes venous return and before shock delivery, as compared with delivering a cardiopulmonary blood flow. Leaning on the chest wall shock as soon as the AED can be readied, no difference between compressions precludes full chest wall recoil. outcome has been shown. CPR should be provided whileIncomplete recoil raises intrathoracic pressure and reduces the AED pads are applied and until the AED is ready to venous return, coronary perfusion pressure, and myocardia analyze the rhythm. blood flow and can influence resuscitation outcomes.

Chest Compression Rate: 100 to 120/min*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions (2015 (Reaffirmation of 2010): Rescuers should attempt to rate of 100 to 120/min.

Minimizing Interruptions in Chest

minimize the frequency and duration of interruptions in compressions to maximize the number of compressions

2010 (Old): It is reasonable for lay rescuers and HCPs to perform chest compressions at a rate of at least 100/mindelivered per minute. Table 2

Component	Adults and Adolescents	Children (Age 1 Year to Puberty)	Infants (Age Less Than 1 Year, Excluding Newborns)				
Scene safety	Make sure the environment is safe for rescuers and victim						
Recognition of cardiac arrest	Check for responsiveness No breathing or only gasping (ie, no normal breathing) No definite pulse felt within 10 seconds (Breathing and pulse check can be performed simultaneously in less than 10 seconds)						
Activation of emergency response system	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR Otherwise, send someone and begin CPR immediately; use the AED as soon as it is available	Witnessed collapse Follow steps for adults and adolescents on the left Unwitnessed collapse Give 2 minutes of CPR Leave the victim to activate the emergency response system and get the AED Return to the child or infant and resume CPR; use the AED as soon as it is available					
Compression- ventilation ratio without advanced airway	1 or 2 rescuers 30:2	<i>1 rescuer</i> 30:2 <i>2 or more rescuers</i> 15:2					
Compression- ventilation ratio with advanced airway	Continuous compressions at a rate of 100-120/min Give 1 breath every 6 seconds (10 breaths/min)						
Compression rate		100-120/min					
Compression depth	At least 2 inches (5 cm)*	At least one third AP diameter of chest About 2 inches (5 cm)	At least one third AP diameter of chest About 1½ inches (4 cm)				
Hand placement	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastbone (sternum)	1 rescuer 2 fingers in the center of the chest, just below the nipple line 2 or more rescuers 2 thumb–encircling hands in the center of the chest, just below the nipple line				
Chest recoil	Allow full recoil of chest afte	er each compression; do not lean on the che	est after each compression				
Minimizing interruptions	Limit interru	ptions in chest compressions to less than 1	0 seconds				

*Compression depth should be no more than 2.4 inches (6 cm).

Abbreviations: AED, automated external defibrillator; AP, anteroposterior; CPR, cardiopulmonary resuscitation.

2015 (New): For adults in cardiac arrest who receive CPR Why: Several EMS systems have tested a strategy of without an advanced airway, it may be reasonable to pepforviding initial continuous chest compressions with delay CPR with the goal of a chest compression fraction as highPas for adult victims of OHCA. In all of these EMS systems, possible, with a target of at least 60%. the providers received additional training with emphasis or

Why: Interruptions in chest compressions can be intended Why: Interruptions in chest compressions can be intended as part of required care (ie, rhythm analysis and ventilation) as part of required care (ie, rhythm analysis and ventilation) or unintended (ie, rescuer distraction). Chest compression package of care that includes up to 3 cycles of passive fraction is a measurement of the proportion of total minimizing pauses in chest compressions. The optimal goal victims with witnessed arrest or shockable rhythm. for chest compression fraction has not been defined. The

oxygen insufflation, airway adjunct insertion, and 200 increase in chest compression fraction can be achieved by much increase in chest compressions with interposed shocks, owed improved survival with favorable neurologic status

addition of a target compression fraction is intended to liventilation During CPR With an interruptions in compressions and to maximize coronary Advanced Airway perfusion and blood flow during CPR.

Table 2 lists the 2015 key elements of adult, child, and infant (ie, during CPR with an advanced airway). BLS (excluding CPR for newly born infants).

feedback devices during CPR for real-time optimization of CPR performance.

2010 (Old): New CPR prompt and feedback devices may be useful for training rescuers and as part of an

overall strategy to improve the quality of CPR in actual **Team Resuscitation: Basic Principles** resuscitations. Training for the complex combination of skills required to perform adequate chest compressions shoul 2015 (New): For HCPs, the 2015 Guidelines Update allows focus on demonstrating mastery. flexibility for activation of the emergency response and

Why: Technology allows for real-time monitoring, recording vider's clinical setting (Figure 5). and feedback about CPR quality, including both physiologic

patient parameters and rescuer performance metrics. TI Why: The steps in the BLS algorithms have traditionally important data can be used in real time during resuscitableen presented as a sequence in order to help a single for debriefing after resuscitation, and for system-wide questioner prioritize actions. However, there are several facto improvement programs. Maintaining focus during CPR om any resuscitation (eg, type of arrest, location, whether the characteristics of compression rate and depth and classified providers are nearby, whether the rescuer must lea recoil while minimizing interruptions is a complex challengectim to activate the emergency response system) that even for highly trained professionals. There is some evidence equire modifications in the BLS sequence. The update that the use of CPR feedback may be effective in modify BLGS HCP algorithms aim to communicate when and where chest compression rates that are too fast, and there is flexibility in sequence is appropriate.

separate evidence that CPR feedback decreases the leaning force during chest compressions. However, stud to date have not demonstrated a significant improveme in favorable neurologic outcome or survival to hospital discharge with the use of CPR feedback devices during actual cardiac arrest events.

Alternative Techniques and **Ancillary Devices for CPR**

Delayed Ventilation

2015 (New): For witnessed OHCA with a shockable rhythn it may be reasonable for EMS systems with prioritybased, multitiered response to delay positive-pressure and airway adjuncts.

2015 (Updated): It may be reasonable for the provider to deliver 1 breath every 6 seconds (10 breaths per minute) while continuous chest compressions are being performed

2010 (Old): When an advanced airway (ie, endotracheal tube, Combitube, or laryngeal mask airway) is in place dur 2-person CPR, give 1 breath every 6 to 8 seconds without attempting to synchronize breaths between compressions

Why: This simple single rate for adults, children, and infants—rather than a range of breaths per minute—should be easier to learn, remember, and perform.

Summary of Key Issues and Major Changes

Conventional CPR consisting of manual chest compressions interspersed with rescue breaths is inherently inefficient w respect to generating significant cardiac output. A variety of alternatives and adjuncts to conventional CPR have ventilation (PPV) by using a strategy of up to 3 cycles of 200 developed with the aim of enhancing cardiac output continuous compressions with passive oxygen insufflation resuscitation from cardiac arrest. Since the 2010 Guidelines were published, a number of clinical trials have provided new data on the effectiveness of these alternative **Event Report**

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CPR/AED INCIDENT INVESTIGATION REPORT

(To be completed within 24 hours of incident)

Name of Patient			Sex	Socia	Security Nun	nber	Depart	tment	Job Tit	le
		"								
Service Date	Time in]	Date of Incident:	Г		Report I	Date	Event Actio	ons:	
	Position		Time: a	m	pm				2	
								EMT Res	sponse	
								🔲 Hospitali	zation	
Location of Incide	ent	[Describe Job Ta	sk in Pı	ogress			Fatality		
								Cause Rela	ted To	
Description of Inc	cident							Uehicle /	Accident	
								Equipme	ent Condit	ion/Design
									li Exposui Temperati	re Ire Exposure
								\square Slip, trip,	fall	
								Other		
								Names of V	Vitness	ses:
								1		
								2		
								3		
								Witnesses		Notes
								Interviewe	d?	Attached?
								1 yes ∐ no		yes □ no □
								$2 \text{ yes} \square \Pi$		
Patient Transport	ted To	By (EM	1T Firm)		Date/Time			Names of F	Respon	ders:
			,					1		
AED Serial No.		Data Ca	ard Serial No.	I				2		
								3		
Information from	AED Screen	ns: Numb	ber of Shocks		Time Defibril	lator in Us	se	Responder	S	Notes
		Delivere	ed					Interviewe	d?	Attached?
								1 yes ∐ no		yes ∐ no ∐
Data Coordina	tor Transf	fer Hist	ory: (each ha	andler	signs off be	elow)		2 yes ∐ no		yes ∐ no ∐
										yes 🗋 no 🗋
From					10					
Date/Time					Date/ Fime					
Date/Time					Date/Time					
From					To					
Date/Time					Date/Time					
From					То					
Date/Time					Date/Time					
								_		
wanager Signatu	ire:				l itle:			Da	ate:	
Safety Manager S	Signature:							Da	ate:	
COPY OF COMPLI	ETED FORM	TO MANA	AGER OF CORPO	RATE S	AFETY & WOR	KER'S FIL	.E			

D&A-017-00 Attachment 2 Page 2 of 2

GENERAL DIRECTIONS

- 1. Complete the report within 24 hours of the incident.
- 2. Write legibly and clearly or type.
- 3. Complete ALL items or mark "N/A" if not applicable.

DETAILED DIRECTIONS

These are all self-explanatory. Be specific and accurate in reporting this information.

Name of Patient - Sex - Social Security No. (SS No.)

Department - Job Title - Hire Date - Time on Job

Date/Time of Incident - Date Reported - Event Actions - "Related to"

DESCRIPTION OF THE INCIDENT

- 1. What was the injured person doing at the time of the incident?
- 2. What tools or equipment were involved, if any?
- 3. What was happening around the work area (external influences)?
- 4. Give description of contributing causes

INTERVIEWING WITNESSES AND RESPONDERS

Interview all persons involved with the incident.

- 1. Put each person at ease. Tell the person you are looking for the facts only and not trying to blame anyone.
- 2. Interview witnesses and responders separately so that what one person says will not influence what someone else says.
- 3. Ask open-ended questions that do not elicit one-word answers, such as "What did you see?"
- 4. During the interviews, inform each witness or responder of what is being done for the injured person.
- 5. Avoid talk that will mislead or confuse the witnesses or responders.
- 6. Do not accept, deny, or promise anything. The purpose of the investigation is to gather facts only.

AED INFORMATION: Complete the following.

- 1. AED Serial Number:
- 2. Data Card Serial Number (if applicable):___
- 3. Number of shocks delivered (from screen on AED):
- 4. Amount of time defibrillator was in use (from screen on AED):
- 5. Data Card Transfer History: Each person given possession of the data card must sign and date upon taking possession and relinquishing to another.

Print Name	Signature	Date/Time of Possession	Print Name	Signature	Date/Time of Relinquish

Online Monthly Log Instructions



DiPietro & Associates, Inc. Online Monthly Log Quick Reference Guide

LOG ON: www.dipietroassociates.com

Click on: Login (in upper right corner)

Enter your Username: (your full email address)

Enter your Password: dipietro (all lowercase). You may change this in the section called My Profile.

This brings you to your Home Page

() http://demo.kta/badix.com/		· Die un "
Vieb Trackor White When the When the When the When the Canad Of Track Track	Deficiency of the structure of the second seco	Complete your Monthly Maintenance Log Roll over Icons to get Program Status specifics. View the Details of your AED and Responders. Submit an Event (where to file a report is you use the AED).
	1	

Your Home Page shows your monthly logs that are due. You may click on file monthly report to the right of each AED or if all your AEDs are compliant you can do all the logs at once by clicking on complete all logs **Operators Manual**



amarit**&AD**

ni-Automatic Defibrillat ly Automatic Defibrillat n 450P Semi-Automatic Defibrillat



Contents

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Contraindications for use	······Peo
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Ventricular Tachycardia	In
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Use of This Manual

It is important that you read this manual carefully before **@\$AD**.your samar ta This manual is presented in support of any training you may have receive If you have any questions, contact your Authorized Distributor or

Indications for Use

The HeartSine samaritan PAD SAM 350P (SAM 350P), HeartSine samaritan PAD SAM 360P (SAM 360P) and HeartSine samaritan PAD SAM 450P (SAM 450P) all have the identical indications for use. Each is indicated for use on victims of cardiac arrest who are exhibiting the the following signs:

- Unconscious
- Not breathing
- Without circulation (without a pulse)

The devices are intended for use by personnel who have been trained in their operation. Users should have received training in basic life support/AED. advanced life support or a physician-authorized emergency medical response training program.

The devices are indicated for use on patients greater than 8 years old or over 55 lbs/25 kg when used with the adult Pade Pade Pak-01 or Pad-Pak-07). They are indicated for use on children between 1 and 8 years of age or up to 55 lbs/25 kg when used with the Pediat(PedPaPlak-02).

Contraindications for Use

If the patient is responsive or conscious, do not use the samaritan PAD to provide treatment.

Caution

U.S. Federal law restricts this device to sale by or on the order of a physician.

Warnings and Precau

Patients Suitable for Treatment Ris

The samaritan PAD has been designed to he on unconscious, nonresponsive patients http://www.conscious.com/ patient is responsive or conscious, do notse samaritan PAD to provide treatment. one

The samaritan PAD uses an interchangeable and electrode pack called Pad-Pak. The pan PAD in combination with an adult Pad-Pathe suitable for use on patients of over 55 lb3o(2 weight or equivalent to a child of approxima eight years old or over. sho

For use on smaller children (from 1 to 8 the remove the adult Pad-Pak and install a Pacia Pak. If a Pediatric-Pak or an alternative suit defibrillator is not available, you may use a Pad-Pak. of a

If you treat a pediatric patient with an $a\theta\theta I$ Pad-Pak, ignore any voice prompts regarding rate of CPR. The SAM 450P CPR Rate $Ad\theta is \delta$ currently only intended to provide feedback adult patients. Tou of t

Do Not Delay Treatment

Do not delay treatment trying to find out the stient's exact age and weight whi patient's exact age and weight. The the

2
Warnings and Precautions

A PRECAUTIONS

Fully Automatic Defibrillator (SAM 3609) rect Placement of Electrode Pads **Ingress Protection** The SAM 360P is a fully automatic defibilition placement of the samaritan PAD electrophe samaritan PAD has an IP56 rating again When required, it will deliver a shock to be a spectation to a sprays of water. However, the Man WITHOUT user intervention. instructions shown on pages 19-22 and on thedoes not cover the immersion of any part of CPR Rate Advisor Function (SAM 450P) bit outries dreament or the presence of samaritan PAD in water or any type of fibig

CPR Rate Advisor Function (SAM 450P) hair surgical dressings or medicine patcheath fluids may seriously damage the device on adult patients only. If a Pediatric-Pak styseen the pads and the skin could reduce cause fire or a shock hazard. Aut CPR Rate Advisor function is disabled. In the fibrilization effectiveness. Slightly red skin after **Prolonging Battery Life** the rescuer is prompted to begin CPR in the rapy is normal. Do not turn on the device unnecessarily on si the metronome but receives no CPR Rate Not Use Electrode Pads if Pouch is Not Sealed uce the standby life of the device. feedback.

The Pad-Pak and Pediatric-Pak are single-use Standby storage outside the range of Che items which must be replaced after each use 35^UF to 122°F/0°C to 50°C may decreased the pouch that seals the electrode pads has been for the Pad-Pak. req broken or compromised in any way. If you suspect of a that the Pad-Pak or Pediatric-Pak is damaged, Operator Training

The samaritan PAD is intended for use by replace it immediately. personnel who have been trained in its ope **Susceptibility to Electromagnetic Interference**, operate the series should have received training in basic To safeguard against interference, operate the support/AED, advanced life support, or a samaritan PAD at least 6 feet/2 meters away from sician-authorized emergency medical all radio frequency devices. Alternatively, switch off the equipment causing the electromagnetic

Use of Accessories The samaritan PAD is a self-contained device

Reg

Temperature Range for Operation

interference.

Temperature Range for Operation not use any unauthorized accessories with The samaritan PAD, with its battery and electrodes as the samaritan PAD may malfunct is designed to operate in the temperature range of 32°F to 122°F/0°C to 50°C. Use of the device outside of this range may cause the device to malfunction.

Overview

sinus rhythm by means of an electric shock adrbessamaritan PAD uses the HeartSine sam **Sudden Cardiac Arrest** Sudden cardiac arrest (SCA) is a conditioneineedmichThis treatment is called defibrillatioECG arrhythmia analysis algorithm. This alc

Sudden cardiac arrest (SCA) is a conditioned in this treatment is control to be used down and the patient's ECG to ascertain the heart suddenly stops pumping blood effectively due to a malfunction of the heart's electrical ar **Tachycardia** Often victims of SCA have no prior warning signs or symptoms. SCA also can occur in people with previously diagnosed heart conditions. Survival activity of the heart. VT starts in previously diagnosed heart conditions. Survival activity of the heart, called the from SCA depends on immediate and effectivels. Although there are many different cardiopulmonary resuscitation (CPR). of VT, this arrhythmia can be potentially life-

The use of an external defibrillator within that in the patient presents with no pulkes important to note that cardiac defibrilla few minutes of a collapse can greatly in an every unresponsive. If not treated with immediate the HeartSine samaritan PAD, will not a patient's chance of survival. Heart attachignilation VT may lead to other arrhythmiaadminister a shock unless a lifesaving shoc SCA are not the same, though sometimes a heart required.

attack can lead to an SCA. If you are expressioned by AED symptoms of a heart attack (chest pain, bless optimis misconception that CPR alone shortness of breath, tight feeling in the chest along emergency services is enough. CPR elsewhere in the body), immediately seektened ary measure that maintains blood flow and oxygen to the brain. CPR alone will not ret attention.

heart to a normal rhythm during VF or VT. The Sinus Rhythm and Ventricular Fibrillation ryival is defibrillation - and the sooner The normal heart rhythm, known as sinus rhythm, creates electrical activity resulting in coordinated

contraction of the heart muscle. This genefities ation is a common treatment for lifethreatening arrhythmias, mainly ventricular normal blood flow around the body.

Ventricular fibrillation (V-fib or VF) is a condition block to the heart with a device calle in which there is uncoordinated contraction of brillator. This restores normal heart musc heart muscle, making it quiver rather than contractions and allows normal sinus rhythm to properly. Ventricular fibrillation is the most restored by the body's natural pacemaker in victims of SCA it is possible to re-establish normal





Introduction

This manual provides instructions for the fiel SAW hg50P is a semi-automatic defibrillatoo f tangood quality. If the quality of the CREAR models of the HeartSine samaritan PADSAM 360P is a fully automatic defibrillator, anistipeod, the chances of successfully resucce me

samaritan PAD 350P (SAM 350P) samaritan PAD 360P (SAM 360P) samaritan PAD 450P (SAM 450P)

About the samaritan PAD

The samaritan PAD family of AEDs is designed to quickly deliver a defibrillation shock to vor metronome

SAM 450P is a semi-automatic defibrillator withatient are greatly increased. integrated CPR Rate "Advisor

WARNING: The SAM 360P is a fully automatic defibrillator. When required, it will deliver a shock to the patient WITHOUT user

Research has demonstrated that non-profes responders regularly provide ineffective inexperience. The

The SAM 450P with CPR Rate Advisor pr盼的 feedback to the rescuers on the rate of the are providing to the victim. The SAM 450 P impedance cardiogram measurements tong

of sudden cardiac arrest (SCA). Each sa Warenathe samaritan PAD instructs you to perferenspeed of compressions and provide the PAD is designed to operate in accordance without will hear an audible beep and see the set for the structions to push faster or push the current joint American Heart Association (Alba) and icator flash at a rate compliant witentinue to provide compressions at a group European Resuscitation Council (ERC) g20125in AddA/ERC guidelines. This feature, referred tording to the AHA resuscitation guidelines on Cardiopulmonary Resuscitation (CPR) and e CPR metronome, will guide you to the rate at 50P uses both audible and visual fee Emergency Cardiovascular Care (ECC). which to compress a patient's chest during CPG ve the responder instruction on CPR rate

While all of the samaritan PAD models aCPRERate Advisor

similar in use, there are distinct different when providing CPR treatment to a victim of s en direction of s en directio similar in use, there are distinct differen was providing CPR treatment to a victim of s

Table 1. samaritan PAD AEDs

	SAM 350P	SAM 360P	SAM 450P
Shock delivery	Semi-Automatic	Fully Automatic	Semi-Automatio
Four-year electrode and battery life	4	4	4
Audible and visual indicators	4	4	4
CPR coaching with metronome	4	4	4
CPR Rate Advisor			4
Pediatric use-compatible (with Pediatri	c Pad-Pak4)	4	4

Technical Data in Appendix C on page C-7 Aut dire

is intended for use on adult patients only of Pediatric-Pak is used, the CPR function is di In this case, the rescuer is prompted to be in time with the metronome but receiveSat Plea CPR Rate Advisor feedback.

ass of S effe

Introduction

SAM 350P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable attach the electrode pads to the feed SAM 350P is ready for into this port to download patient's bare chest as indicated use when this indicator is event data from the AED, when the action arrows are flashing freen.

(See Figure 8, page 24.)

Shock Button

Press this button to defiver a therapeutic shock.

Adult and

Pediatric Symbols Indicates that the SAM 350P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 350P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

Green Tab Pull this tab to release the electrodes. Safe to Touch Icon/ Action Arrows You may touch the patient when the action

patient when the action arrows around this icon are flashing.

On/Off button

Press this button to turn on or turn off the device.

Speaker

Listen for the metronome and verbal prompts.

Pad-Pak

Contains the battery and electrode pads.

SAM 360P Layout

Attach Pads Ic

Plug the custom USB cablettach the electro into this port to downloadpatient's bare che event data from the AED, when the action a (See Figure 8, page 24.)

Shock Icon

Data Port

Flashes to indicate a shock will be delivered.

Adult and

Pediatric Symbols Indicates that the SAM 360P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 360P may be analyzing the patient's heart rhythm or about to charge, in preparat to deliver a shock. Green Tab the electrodes.



Introduction

SAM 450P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable ttach the electrode pads to the he SAM 450P is ready for into this port to download patient's bare chest as indicated se when this indicator is event data from the AED, when the action arrows are flashing ing green.

(See Figure 8, page 24.)

Shock Button

Press this button to deliv a therapeutic shock.

Adult and

Pediatric Symbol Indicates that the SAM 450P is compat with both the Pad-Pa and Pediatric-Pak.

CPR Rate Advisor Id

Provides visual feedback about the rate of chest compressions during CPR.

Safe to Touch Icon/ Action Arrows

You may touch the **Speaker** Con patient when the action step for the **Green Tab** and arrows around this icometronome and Pull this tab to release are flashing. verbal prompts. the electrodes.

Set-up

Unpacking

Verify that the contents include the samarit PAD, carry case, Pad-Pak, User Manual, War Statement and Warranty Card.

Pad-Pak

A Pad-Pak is a single-use removable cartrid includes the battery and electrode pads in a unit. The Pad-Pak is available in two versior

- Pad-Pak (gray color shown in Figure 1) for on patients weighing over 55 lbs/25 kg, o equivalent to a child of approximately eig years of age or older.
- The optional Pediatric-Pak (pink color sho Figure 2) for use on smaller children (from years old and weighing under 55 lbs/25 k

WARNING: Do not delay treatment tryin determine the patient's exact age and weig

The Pad-Pak also is available in a TSO-certified version f use on aircraft.

Do Not Touch Icon/ Action Arrows Do not touch the

Do not touch the patient when the action arrows above this icon are flashing. The SAM 450P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

On/Off button

Press this button to turn on or turn off the device.

Pad-Pak

Contains the battery and electrode pads.

Set-uptinued

Putting the samaritan PAD into Service

Follow these steps to place your samaritan PAD int service:

1. Check the expiration date (year-month-day) on the rear of the Pad-Pak (see Figure B) If expiration date has passed, do not use and immediately replace the expired Pad-Pak.

2. Unpack the Pad-Pak and retain the packaging





Figure 3. Expiration Date

Figure 4. Inserting a Pad-Pak

messages are played.

- Be sure to store the device according to t 4. Verify that the green Status indicator (see theenvironmental specifications (see Technig layout for your model on pages 10-12) is blinking in Appendix C on page C-1). to indicate the initial self-test routine has been performed and the device is ready PRECAUTION: HeartSine Technologies for use.
- 5. Press the On/Off But ton turn on the samaritan PAD. Listen for, but do not follow,

recommends that you store a spare Pad-Pa your samaritan PAD in the rear section of th

6. Press the On/Off Buttom turn off the **Pre**

samaritan PAD. Verify that the Status Ind

flashing green. If you have not heard and message and the Status Indicator conting

flash green, the device is ready for use.

7. Place the samaritan PAD in its supplied so

carry case. Store the samaritan PAD whe will be seen and heard in an unobstructe secure location in a clean, dry environme

- the voice prompts to ensure that no warnin $\boldsymbol{\beta}$. Register online, or complete the Warrang and return it to your Authorized Distribute HeartSine Technologies directly (see Track
- in case you need to return the Pad-Pa PRECAUTION: Do NOT pull the green tab or Requirements on page 26). HeartSine Technologies. the Pad-Pak at this time. If you have pulled the teleate a service schedule (see Service and
- 3. Place the samaritan PAD face up on a **aflat spefaee** the electrode drawer, you may need the place on page 27). and slide the Pad-Pak into the samaritam BAD your Pad-Pak. (see Figure 4) until you hear the "double click" to the samaritan PAD ONCE. If you turn it indicate that the tabs on the right and left sides of repeatedly, you will deplete the batteries

of the Pad-Pak are fully engaged. prematurely and may need to replace the Pad-Pak.

Using the samaritan PAD

 Using the samaritan PAD
 2. If the patient is non-responsive, shake the
 4. Call for medical assistance.
 7. P

 Follow these steps to use your AED, which patilient by the shoulders while speaking loudly provide you with step-by-step voice prompts the patient becomes responsive, do not use
 3. Retrieve the AED, asking others nearby to be the shoulders while speaking loudly.

 For a full list of voice prompts for your devide AED.
 6. While waiting for the AED, begin CPR, hard and fast at a rate of between 10

3. Check that the patient's airway is not block using a head-chin tilt if necessary.

PRECAUTION: Once a non-shockabl is detected, the samaritan PAD will end to shock condition if it had previously de shock.

1. If necessary, move the patient to a sa or remove any source of danger.



PREC/UTION You must use the san PAD at least 6 feet/2 meters from all rac frequency devices, or switch off any equ causing electromagnetic interference.



CHECK FOR A RESPONSE While waiting for the AED, begin CPR, hard and fast at a rate of between 10 compressions per minute (cpm) and a 5 to 6 cm. If you feel able to give resc perform 30 compressions followed by rescue breaths.







0.D W If Of Pa

CHECK FOR AIRWAY

Using the samaritamuRAD

- 9. Remove clothing from patient's chest 12. Expansepen the pouch to remove the electroide particle the liner from each electrode part. apply each electrode pad firmly to the pa bare skin, removing any metal (bras or jewelry)
- where possible from the pad placeme





ELECTRODE

bare chest. For a patient over 8 years of a weighing over 55 lbs/25 kg, place one ele pad horizontally on the right chest, and the other vertically on the left rib cage. For a patient under 8 years of age or weighing than 55 lbs/25 kg, you can place one elec pad on the center of the chest and the ot on the center of the back. Refer to pages for detailed instructions for electrode pad placement.

15.

- 10. Dry the patient's chest if wet or clamm a lot of chest hair is present, shave the p chest where the electrodes will be place
- 11Pull the green tab to remove the electro pouch from the AED.





Using the samaritam PAD

- 16. When advised that a shockable rhytheric detected, stand clear of patient as d When advised to do so, press the oras shock button (SAM 350P/SAM 450P) to the a shock, or if using a SAM 360P, the AED will automatically deliver the shock after a verbal 3, 2, 1 countdown.
- 17. When advised that a shockable rhythm is not detected, begin CPR. To do so, place overlapping hands in the middle of the patient's chest and, with straight arms, press firmly and quickly in time with the metronome. Continue to perform CPR until the AED begins to analyze the patient's heart rhythm again.

When using the SAM 450P, follow Advisor voice prompts. Refer to C on page C-7 for more information

- 18. Repeat the process from step 1 services arrive.
- 19. When emergency services arriv On/Off button to turn off the AED the electrode pads.

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Pediatric-Pak

Treating Small Children and Infants ANT The Pediatric-Pak is intended to provide the pediatric (child) victims of SCA between the 1 and 8 years old or weighing less than BAF 55 lbs/25 kg who are: in the bac

- Unconscious
- Not breathing
- Without circulation (without a pulse)

WARNING: The Pediatric-Pak contains a magnetic component (surface strength 650 gauss). Avoid storage next to magneticallysensitive storage media.

WARNING: Not for use on patients und year old. For use with children up to the age years or up to 55 lbs/25 kg. DO NOT DELAY IF YOU ARE UNSURE OF THE EXACT AGE OR

Electrode Placement

For pediatric patients there are two options electrode placement: anterior-posterior and anterior-lateral.

Figu

Pediatric-Poaked

ANTERIOR-LATERAL PLACEMENT

If a child's chest is large enough to permit a 1 in/2.5 cm gap between the electrode pads, OR if trauma does not allow for placement on the back, the pads can be placed according to the adult anteriorlateral placement. Place one electrode pa child's BARE upper right chest above nipp one electrode pad on child's BARE lower below nipple as shown in Figure 6.



Figure 6. Anterior-Lateral Placement

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WARNING: Electrode pads must be a 1 in/2.5 cm apart and should never touch one another.



After Using the sama

Cleaning the samaritan PAD

 Remove the electrode pads from the patie and stick the pads together face to faceus electrodes may be contaminated with hte bodily tissue, fluid or blood so dispose of electrodes separately as infectious waste material.

3.C

2. The Pad-Pak is a single-use item that lithium batteries. Replace the Pad-Pak at use. With the samaritan PAD placed faces a flat surface, squeeze the two tabs on the of the Pad-Pak and pull to remove it from samaritan PAD. The Pad-Pak will slide (see Figure 7).



After using the samaritan PAD

Downloading and Submitting Event Information

The optional HeartSine Saver EVO[™] software can be downloaded at no charge from:

http://heartsine.com/support/upload-saver-evo/

This software lets you manage the events in which your samaritan PAD was used. You can provide this data to a patient's doctor, and/or use it to obtain a Pad-Pak if you have a qualifying event. In addition to Saver EVO, the optional USB data cable is required to download event data. Contact your Authorized Distributor or HeartSine Technologies directly to obtain the data cable or with questio about downloading and using Saver EVO.

1. Connect the USB data cable to the Data/ the samaritan PAD (see Figure 8).

Figure 8. USB Data Port

- 2. Connect the USB connector on the data c to a PC.
- 3. Install and launch the HeartSine Saver EV software.
- 4. Follow the instructions provided in the Sa EVO manual to save or erase the event day your samaritan PAD.
- 5. Upload the Saver EVO file on the HeartSir Technologies site.

For further information on managing the ev data on your samaritan PAD, contact your Authorized Distributor or HeartSine Technol directly.

Disposal

The Pad-Pak and Pediatric-Pak contain lithiu batteries and cannot be disposed of in norm waste. Dispose of each at an appropriate re facility according to your local requirements Alternatively return the Pad-Pak or Pediatric to your Authorized Distributor for disposal or replacement.

Tracking

Tracking Requirements

Medical device regulations require HeartSine Technologies to track the location of each samaritan PAD AED, Pad-Pak, and Pediatric-Pak sold. Therefore, it is important that you register your device, either using our on-line registration tool at:

https://secure.heartsine.com/UserRegistration.html

Or by completing the samaritan PAD Warranty Card and returning it to your Authorized Distributor or HeartSine Technologies directly. As an alternative to the card and on-line registration tool, you may send an email to:

support@heartsine.com

The email should contain the following information:

- Name
- Address

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• Device Serial Number

If there is a change in the information you have provided to us, such as a change of address or ownership of your samaritan PAD, provide the updated information to us via email or the online registration tool.

When you register your AED, we will contact you with any important notifications about the samaritan PAD, such as software updates or field safety corrective actions.

Service and Maintena

HeartSine Technologies recommends us regular maintenance checks, which inclose following:

WEEKLY

Check the Status Indicator. The sama performs a self-test routine at midnig every Sunday. During this self-test th light blinks red but returns to green upon successful completion of the self-test If the Status Indicator is not flashing and every 5 to 10 seconds or if the status is flashing red or you hear continuous a problem has been detected. (See Fi and Troubleshooting in Appendix B on pa

MONTHLY

- □ If the device shows any signs of physical damage, contact your Authorized Dist HeartSine Technologies directly. marie
- Check the expiration date of the Pad-Set-up on page 14 for the location of the If the date has expired, or is near exp immediately replace the Pad-Pak or c Authorized Distributor for a replacem
- □ If you hear a warning message when you on your samaritan PAD or if, for any relates suspect that your samaritan PAD is not the properly, consult Troubleshooting in Append

to t mai Aut





HEALTH AND SAFETY CODE - HSC DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1799.207]

(Division 2.5 added by Stats. 1980, Ch. 1260.)

CHAPTER 3. State Administration [1797.100 - 1797.197a]

(Chapter 3 added by Stats. 1980, Ch. 1260.)

ARTICLE 5. Personnel [1797.160 - 1797.197a]

(Article 5 added by Stats. 1980, Ch. 1260.)

1797.196.

(a) For purposes of this section, "AED" or "defibrillator" means an automated external defibrillator.

(b) (1) In order to ensure public safety, a person or entity that acquires an AED shall do all of the following:

(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 operation and maintenance guidelines set forth by the manufacturer.

(D) Ensure that the AED is tested at least biannually and after each use.

(E) Ensure that an inspection is made of all AEDs on the premises 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.

(F) Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.

(2) When an AED is placed in a building, the building owner shall do all of the following:

(A) At least once a year, notify the tenants as to the location of the AED units and provide information to tenants 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 the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.

(C) Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.

(3) A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED. (c) (1) When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

(2) This section does not prohibit a school employee or other person from rendering aid with an AED.

(d) A manufacturer or retailer supplying an AED shall provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

(e) A violation of this section is not subject to penalties pursuant to Section 1798.206.

(f) Nothing in this section or Section 1714.21 of the Civil Code may be construed to require a building owner or a building manager to acquire and have installed an AED in any building.

(g) For purposes of this section, "local EMS agency" means an agency established pursuant to Section 1797.200.

(h) This section does not apply to facilities licensed pursuant to subdivision (a), (b), (c), or (f) of Section 1250.

(Amended by Stats. 2015, Ch. 264, Sec. 2. (SB 658) Effective January 1, 2016.)

HEALTH AND SAFETY CODE - HSC DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1799.207]

(Division 2.5 added by Stats. 1980, Ch. 1260.)

CHAPTER 9. Liability Limitation [1799.100 - 1799.112]

(Chapter 9 added by Stats. 1980, Ch. 1260.)

1799.102.

(a) No person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision applies only to the medical, law enforcement, and emergency personnel specified in this chapter.

(b) (1) It is the intent of the Legislature to encourage other individuals to volunteer, without compensation, to assist others in need during an emergency, while ensuring that those volunteers who provide care or assistance act responsibly.

(2) Except for those persons specified in subdivision (a), no person who in good faith, and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency shall be liable for civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision shall not be construed to alter existing protections from liability for licensed medical or other personnel specified in subdivision (a) or any other law.

(c) Nothing in this section shall be construed to change any existing legal duties or obligations, nor does anything in this section in any way affect the provisions in Section 1714.5 of the Civil Code, as proposed to be amended by Senate Bill 39 of the 2009–10 Regular Session of the Legislature.

(d) The amendments to this section made by the act adding subdivisions (b) and (c) shall apply exclusively to any legal action filed on or after the effective date of that act.

(Amended by Stats. 2009, Ch. 77, Sec. 1. Effective August 6, 2009. Note: As referenced in subd. (d), subds. (b) and (c) were added in the amendment by Stats. 2009, Ch. 77.)



Rescue Union - Marina Village Middle School

AED Policies & Procedures

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com



Rescue Union - Marina Village Middle School AED PROGRAM CONTACT LIST

AED Coordinator: Morgan Butler

Location: 2390 Bass Lake Road Rescue, CA, 95672 Phone Number: (530)672-4300 Email: mbutler@rescueusd.org

Site Contact: Morgan Butler

Location: 1901 Francisco Drive Rescue, CA, 95672 Phone Number: (530)672-4300 Email: mbutler@rescueusd.org

Medical Director: Michael Choy, MD

Phone Number: (530) 477-6818 Email: info@dipietroassociates.com

Local EMS: El Dorado County

Contact: Richard W. Todd, Administrator Location: 2900 Fair Lane Court Placerville, CA 95667 Phone Number: (530)621-6500 Email: richard.todd@edcgov.us

AED Program Management: DiPietro & Associates, Inc.

Location: 101 W. McKnight Way Ste B #255 Grass Valley, CA, 95949 Phone Number: (530) 477-6818 Email: david@dipietroassociates.com



Rescue Union - Marina Village Middle School AED LOCATIONS

Location: Health Office Serial Number: 16D00947354



DiPietro & Associates, Inc.

"Helping Companies Navigate Safety"

Medical Direction & Prescription Certificate

As a client of DiPietro & Associates Inc. the following location is under the medical direction of Michael Choy, MD. for a period of one year from:

Effective Date: July 15, 2019 Company Name: Rescue Union - Marina Village Middle School Location: 1901 Francisco Drive Rescue, CA, 95672

This prescription is renewable yearly through DiPietro & Associates Inc. In accordance with the recommendations of the American Heart Association, DiPietro & Associates agrees to provide all of the necessary tools and support for placement of an automated external defibrillator (AED) at your location. The following AED(s) are covered by this prescription:

AED Make / Model: HeartSine Samaritan 350P Serial Number(s): 16D00947354

By implementing DiPietro & Associates online tracking system you will meet or exceed all guidelines and recommendations for private ownership of an AED for the establishment of a public access defibrillation program. In order for this prescription and medical direction to be in effect, all steps of the implementation program must be completed.

Upon termination or expiration of the service agreement with DiPietro & Associates, Inc., the client assumes complete responsibility and liability for all AEDs purchased and AED programs implemented. These responsibilities include, but are not limited to: medical control and oversight, ongoing training, event review, policies and procedures updates, equipment maintenance, and ongoing AED program compliance.

Muchael Chog MD

Michael Choy, MD Medical Director

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com

Rescue Union - Marina Village Middle School AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM **Standard Operating Procedures**

Effective Date: 7/15/2019

1. BACKGROUND

Sudden Cardiac Arrest is the nation's leading cause of death. 350,000 relatives, co-workers, and neighbors will suffer a Sudden Cardiac Arrest this year. Despite immediate CPR efforts and a rapid 911 response, tragically less than 5% will survive. In response to these chilling statistics the Food and Drug Administration, Federal and State Legislatures, as well as OSHA, have approved Automatic External Defibrillators (AEDs) and recommend their implementation in the workplace.

AEDs are devices designed to administer an electric shock to the heart of a Sudden Cardiac Arrest victim. This "electric medicine" stops a fatal rhythm called Ventricular Fibrillation and allows the patients heart to begin beating on its own. The shock can only be delivered after the device has verified the patient is in Cardiac Arrest, delivery of an inappropriate shock is not possible.

The American Heart Association as well as Federal guidelines recommend that AED treatment be given within the first 3-5 minutes of a Sudden Cardiac Arrest. To achieve this recommendation AEDs must be strategically placed and appropriate numbers of employees trained to use them. By doing so we may improve survivability of Cardiac Arrest by as much as 65%. Every minute that defibrillation is delayed; 7-10% of survivability is lost. After 10 minutes without defibrillation the patient's chances of survival drop to less than 5%. To effectively treat Sudden Cardiac Arrest, AEDs must be immediately available.

2. PROGRAM OBJECTIVE

To make available the most rapid response possible to a victim of a Sudden Cardiac Arrest.

To implement the American Heart Association recommended "Chain of Survival" including early defibrillation within 3 minutes of a reported event.

To make available to our clients, partners, employees, contractors and guests the best chances of surviving the nation's leading cause of death.



The 5 links in the adult Chain of Survival are

• Immediate **recognition** of cardiac arrest and **activation** of the emergency response system

- Early cardiopulmonary resuscitation (CPR) with an emphasis on chest compressions
- Rapid **defibrillation**
- Effective advanced life support
- Integrated **post-cardiac arrest care**

A strong Chain of Survival can improve chances of survival and recovery for victims of heart attack, stroke and other emergencies.

3. PURPOSE

These policies and procedures provide the necessary information to effectively implement, administer, and maintain the AED program. Access and training on these policies and procedures should be provided to any employee that may voluntarily render assistance at the scene of a cardiac arrest or who wishes to be involved with the administration of this program. All Targeted Responders, Site Contacts, and AED Coordinators are required to become familiar with these policies and procedures and will be provided formal training and American Heart Association certification.

4. SCOPE

These policies and procedures define responsibilities and methods by which personnel will comply with corporate and state regulatory requirements. All onsite Automated External Defibrillators (AEDs) shall be subject to these policies and procedures.

These policies and procedures apply to all employees who are members of the voluntary Emergency Response Team or who may voluntarily render First Aid, CPR or defibrillation.

These policies and procedures are a compilation of CA state standards for the use of an AED by non-licensed personnel or Public Access Defibrillation Programs (PAD). Additional action by the Site Contacts and/or AED Coordinator may be necessary to comply with these requirements.

5. **DEFINITIONS**

- 5.1 <u>AED</u> is the acronym used to describe the AUTOMATED EXTERNAL DEFIBRILLATOR. The AED in use at Rescue Union - Marina Village Middle School is the HeartSine Samaritan. Operating instructions and maintenance manuals are available in this document or by contacting the Site Coordinator.
- 5.2 The <u>Medical Director</u> is a licensed physician that has authority over the entire AED program and its participants. General responsibilities include establishing guidelines for administration, implementation and maintenance of the program. The Medical Director oversees quality assurance, compliance to protocols, proper training and provides positive reinforcement to individuals and the system, as well as corrective instruction. The Medical Director will provide post event review and make system improvement recommendations.
- 5.3 The <u>AED Coordinator</u> is an employee of Rescue Union Marina Village Middle School who is the primary liaison between the company's AED program and the Medical Director. This person will help the organization fulfill its responsibility for maintaining

the program from a corporate level. The AED Coordinator will disseminate program information to and from the Medical Director, DiPietro & Associates, Inc. and the Site Contacts. The AED Coordinator will play an active role in the development of policies and procedures, quality assurance and program evaluation. The AED Coordinator will be given instructions, a username and password to the online tracking system. He/She will ensure required information is entered into the online tracking system in a timely manner and are responsible for communication with the online tracking system.

5.4 The <u>Site Contacts</u> are employees at the individual facilities equipped with an AED. If no site contact the <u>AED coordinator</u> will assume all site contact responsibilities. The primary responsibility of the Site Contacts is to ensure the readiness of the AED program for the local level. The Site Contacts are responsible for on-site coordination and to assist the AED Coordinator and Medical Director as necessary.

The Site Contacts are also responsible to ensure that all AED units are inspected, maintained and tested according to the manufacturer's guidelines.

The online monthly maintenance data should be entered by the Site Contact By the 5th of every month. Information can be submitted between the 25th of the previous month and the 5th of the current month. If the monthly maintenance form is not completed by the 5th of each month, the online tracking system software will auto-email the AED coordinator a reminder.

The Site Contact is also responsible for scheduling initial training and regular retraining programs, forwarding any incident data and holding post-incident debriefing sessions for any employees involved in the use of an AED. Another critical role of the Site Contacts is to forward any information to the AED Coordinator that could adversely affect the AED program.

The names of the Site Contact(s) and AED Coordinator(s) are listed in the AED Program Contact List and in the AED Navigator Database.

<u>Targeted Responders</u> are specific individuals who have volunteered to respond to a cardiac emergency and have been trained in accordance with these policies and procedures. A sufficient number of Targeted Responders may be designated to ensure that someone is available to use the AED in all areas during normal business hours. 10-15% of the total employee number, strategically located throughout the facility is a commonly accepted standard. This percentage is only a rule of thumb and is not regulatory driven or mandated. Targeted Responders are, in most cases, the same people that make up the voluntary Emergency Response Team.

6. **PROGRAM DESCRIPTION**

- 6.1 Responsibility
 - 6.1.1 Responsibility of AED Coordinator/Site Contact
 - 6.1.1.1 To establish an AED standard operating procedure.
 - 6.1.1.2 To disseminate information to and from program elements.
 - 6.1.1.3 To maintain the AED program to ensure compliance with these standards.
 - 6.1.1.4 To periodically evaluate facilities for any change in conditions that could adversely affect program effectiveness.
 - 6.1.1.5 To ensure there is an appropriate number of trained responders.

- 6.1.1.6 To provide necessary safety equipment including personal protective equipment for targeted responders.
- 6.1.1.7 To provide appropriate signage identified location of AED's.
- 6.1.1.8 To ensure information is entered into the online tracking system software in a timely manner.
- 6.1.1.9 To ensure that all participating personnel are identified and receive training on these policies and procedures.
- 6.1.2.0 To assure that proper safety procedures regarding AEDs, as outlined in this policy, are followed.
- 6.1.2.1 To ensure response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
- 6.1.3 Responsibilities of the Targeted Responder
 - 6.1.3.1 To conduct response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
 - 6.1.3.2 To report any AED use, indicators or alarms, or missing AEDs to their supervisor.
 - 6.1.3.3 They should maintain certification.
- 6.2 Equipment, Location, Inspection and Maintenance
 - 6.2.1 Equipment
 - 6.2.1.1 The following equipment shall be maintained as part of the AED Program and is to be used only for AED emergencies:
 - Heartsine Samaritan
 - Manufacturer's prep kit
 - Extra set of AED pads
 - Extra batteries
 - 6.2.1.2 For the exact location of the AED refer to the nearest evacuation map.
 - 6.2.1.3 AEDs are in an AED Cabinet and announced by appropriate signage.
 - 6.2.2 Inspections of AED Units
 - 6.2.2.1 The AED coordinator, or other staff member(s) as designated, shall inspect the AED at least monthly. At some facilities, this can be incorporated into the facility's fire extinguisher inspection checklist.
 - 6.2.2.2 Inspections will confirm that the AED is:
 - In place and accessible
 - Ready for use, with the electrodes attached to the unit (verify according to manufacturer's directions)
 - All related supplies are in place, within shelf life and in good condition
 - The monthly inspection will be entered into the monthly maintenance log in the online tracking system.
 - 6.2.3 Maintenance see the User's Guide for the complete maintenance schedule.

- Responders (names and contact information)
- Witnesses (names and contact information)
- Follow-up care (hospital, doctor, phone numbers)

The AED Coordinator will do the following after any AED use:

- Complete an event report (section 8).
- Complete the Event Summary Form in the online tracking system
- Notify DiPietro & Associates, Inc. (530) 477-6818, if not already contacted.
- Download data and Label with patient information and deliver to DiPietro & Associates, Inc. or designated Medical Director. See www.heartsine.com for instructions and free software or call DiPietro & Associates, Inc., Inc. for assistance (530) 477-6818.
- Conduct incident debriefing, as needed.
- Complete incident follow-up report as deemed necessary by the Medical Director.
- Clean the AED if needed. Review User's Guide for list of appropriate cleaning agents.
- Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or old expiration dates.
- Refer to user's manual; perform post use inspection before placing the unit back in service.
- 6.4 Program Evaluation
 - 6.4.1 The AED Coordinator and the designated AED Medical Director will evaluate the AED program annually or following each use of an AED.
- 6.5 Personnel, Training and Record Keeping.
 - 6.5.1 Training Program

All Targeted Responders shall receive training on the use of the AED, these policies and procedures, general safety procedures, and use of any necessary personal protection equipment.

Initial training shall consist minimally of a 3-4 hour CPR/AED class taught in accordance with American Heart Association guidelines, with mandatory periodic skills evaluations. A 5-7 hour CPR/AED/First Aid class will also meet this requirement. Skills evaluations, required in California, are necessary to maintain proficiency and may take a variety of forms.

Re-certification training will be conducted annually. Staff may be trained on alternate years. Although certification cards may be valid for up to two years, Medical Direction requires AED Targeted Responders to recertify annually. To schedule training, contact DiPietro & Associates, Inc. at (530) 477-6818 or via email to support@DiPietroAssociates.com.

7. REPORTING AND RECORDKEEPING REQUIREMENTS

7.1 Any cardiac event and the use of the AED will be reported to the Office Supervisor and AED Coordinator immediately.

- 7.2 Any use of the AED will be reported to the AED Coordinator by the next business day, who will notify DiPietro & Associates, Inc. (530) 477-6818. If the AED Coordinator does not acknowledge notification within (4 hours) contact DiPietro & Associates, Inc. directly at (530) 477-6818.
- 7.3 AED Use Records shall be maintained in accordance with the requirements stated in ABCDEF Safety and Risk Management Program manual and as required by law.

8. **REFERENCES**

- 8.1 American Heart Association Heartsaver AED Training Manual.
- 8.2 CA Code of Regulations, Title 22. Division 9. chapter 1.8
- 8.3 Senate Bill 911
- 8.4 Assembly Bill 2041

9. CONTINGENCIES

9.1 The sections to this policy may be updated at any time without revising the policy. Superseded sections will be archived with the original policy.

10. SIGNATURES

Approved by:

Name and Title

Date: _____

Approved by:

Name and Title

Date:

Rescue Union - Marina Village Middle School

Treatment Algorithm

2015 (New): Universal elements of a system of care have been identified to provide stakeholders with a resuscitation system (Figure 3).

that are required before that convergence are very different for the 2 settings. Patients who have an OHCA depend on their community for support. Lay rescuers must recognize the arrest, call for help, and initiate CPR and provide common framework with which to assemble an integrate fibrillation (ie, public-access defibrillation [PAD]) until a team of professionally trained emergency medical service

Why: Healthcare delivery requires structure (eg, people, (EMS) providers assumes responsibility and then transports equipment, education) and process (eg, policies, protocols, patient to an emergency department and/or cardiac procedures) that, when integrated, produce a system (eg, a'critical care unit for continued care. In contrast, patients programs, organizations, cultures) that leads to optimal outcomes (eg, patient survival and safety, quality, satisfaction), who have an IHCA depend on a system of appropriate An effective system of care comprises all of these elements elements (eg, rapid response or early warning system) to prevent cardiac arrest. If cardiac arrest occurs, patients structure, process, system, and patient outcomes—in a depend on the smooth interaction of the institution's various framework of continuous quality improvement. departments and services and on a multidisciplinary team

Chains of Survival

of professional providers, including physicians, nurses, respiratory therapists, and others. 2015 (New): Separate Chains of Survival (Figure 4) have been recommended that identify the different pathways Use of Social Media to Summon Rescuers of care for patients who experience cardiac arrest in the hospital as distinct from out-of-hospital settings.

2015 (New): It may be reasonable for communities to incorporate social media technologies that summon rescuers Why: The care for all post-cardiac arrest patients, regardlessare in close proximity to a victim of suspected OHCA of where their arrests occur, converges in the hospital, and are willing and able to perform CPR.

generally in an intensive care unit where post-cardiac arrect. Why: There is limited evidence to support the use of social

media by dispatchers to notify potential rescuers of a possib



cardiac arrest nearby, and activation of social media has Regionalization of Care been shown to improve survival from OHCA. However, in a recent study in Sweden, there was a significant increase 2015 (Reaffirmation of 2010): A regionalized approach the rate of bystander-initiated CPR when a mobile-phone OHCA resuscitation that includes the use of cardiac resuscitation centers may be considered. dispatch system was used ven the low harm and the potential benefit, as well as the ubiquitous presence of CWhy: A cardiac resuscitation center is a hospital that devices, municipalities could consider incorporating these provides evidence-based care in resuscitation and posttechnologies into their OHCA systems of care.

is hoped that resuscitation systems of care will achieve the 2015 (Updated): For adult patients, rapid response team improved survival rates that followed establishment of oth (RRT) or medical emergency team (MET) systems can systems of care, such as trauma. be effective in reducing the incidence of cardiac arrest, particularly in the general care wards. Pediatric MET/RRT systems may be considered in facilities where children w high-risk illnesses are cared for in general in-patient unit The use of early warning sign systems may be considered for adults and children.

2010 (Old): Although conflicting evidence exists, expert

consensus recommended the systematic identification offey issues and major changes in the 2015 Guidelines patients at risk of cardiac arrest, an organized response Update recommendations for adult CPR by lay rescuers to such patients, and an evaluation of outcomes to fosteinclude the following: continuous quality improvement. The crucial links in the out-of-hospital adult Chain of Survival are

Why: RRTs or METs were established to provide early intervention for patients with clinical deterioration, with the goal of preventing IHCA. Teams can be composed of

The Adult BLS Algorithm has been modified to reflect the fact that varying combinations of physicians, nurses, and respiratory rescuers can activate an emergency response (ie, through use of a therapists. These teams are usually summoned to a patient mobile telephone) without leaving the victim's side. bedside when acute deterioration is identified by hospital

staff. The team typically brings emergency monitoring and resuscitation equipment and drugs. Although the evidence

is still evolving, there is face validity in the concept of having commendations have been strengthened to encourage teams trained in the complex choreography of resuscitation. In the recognition of unresponsiveness, activation of the

2015 (Reaffirmation of 2010): Resuscitation systems should establish ongoing assessment and improvement of systemsCPR instructions to the caller (ie, dispatch-guided CPR). of care.

Why: There is evidence of considerable regional variation in the reported incidence and outcome of cardiac arrest in the United States. This variation underscores the need for communities and systems to accurately identify each occurrence of treated cardiac arrest and to record outcomes. There are likely to be opportunities to improve survival rates in many communities.

Community- and hospital-based resuscitation programs should systematically monitor cardiac arrests, the level of resuscitation care provided, and outcome. Continuous quality improvement includes systematic evaluation and feedback, measurement or benchmarking, and analysis. Continuous efforts are needed to optimize resuscitation care so that the gaps between ideal and actual resuscitation fife-threatening opioid-associated emergencies. performance can be narrowed.

Adult Basic Life Support and CPR

Quality: Lay Rescuer CPR

cardiac arrest care, including 24-hour, 7-day percutaneous coronary intervention (PCI) capability, TTM with an adequa annual volume of cases, and commitment to ongoing performance improvement that includes measurement, benchmarking, and both feedback and process change. It

It is recommended that communities with people at risk for cardiac arrest implement PAD programs.

unchanged from 2010, with continued emphasis on the simplified

universal Adult Basic Life Support (BLS) Algorithm.

emergency response system, and initiation of CPR if the lay rescuer finds an unresponsive victim is not breathing or not breathing normally (eg, gasping).

Emphasis has been increased about the rapid identification of potential cardiac arrest by dispatchers, with immediate provision of

The recommended sequence for a single rescuer has been confirmed: the single rescuer is to initiate chest compressions before giving rescue breaths (C-A-B rather than A-B-C) to reduce delay to first compression. The single rescuer should begin CPR with 30 chest compressions followed by 2 breaths.

There is continued emphasis on the characteristics of high-quality. CPR: compressing the chest at an adequate rate and depth. allowing complete chest recoil after each compression, minimizing interruptions in compressions, and avoiding excessive ventilation.

The recommended chest compression rate is 100 to 120/min (updated from at least 100/min).

The clarified recommendation for chest compression depth for adults is at least 2 inches (5 cm) but not greater than 2.4 inches (6 cm).

Bystander-administered naloxone may be considered for suspected

These changes are designed to simplify lay rescuer training and to emphasize the need for early chest compressions for victims of sudden cardiac arrest. More Cardiac arrest victims sometimes present with seizure-like information about these changes appears below.

In the following topics, changes or points of emphasis presentations of cardiac arrest to enable prompt recognition that are similar for lay rescuers and HCPs are noted wiald immediate dispatcher-guided CPR. an asterisk (*).

Community Lay Rescuer AED Programs

2015 (Updated): It is recommended that PAD programs for patients with OHCA be implemented in public locationseathing, the rescuer and the dispatcher should assume arrest (eg, airports, casinos, sports facilities).

2010 (Old): CPR and the use of automated external descriptions. defibrillators (AEDs) by public safety first responders were recommended to increase survival rates for out-of-hospi 2010 (Old): To help bystanders recognize cardiac sudden cardiac arrest. The 2010 Guidelines recommender est, dispatchers should ask about an adult victim's the establishment of AED programs in public locations wire ponsiveness, if the victim is breathing, and if the breathin there is a relatively high likelihood of witnessed cardiac arrestmal, in an attempt to distinguish victims with agonal gasps (ie, in those who need CPR) from victims who are (eq, airports, casinos, sports facilities). breathing normally and do not need CPR.

Why: There is clear and consistent evidence of improved survival from cardiac arrest when a bystander performs Why: This change from the 2010 Guidelines emphasizes the CPR and rapidly uses an AED. Thus, immediate access toole that emergency dispatchers can play in helping the lay a defibrillator is a primary component of the system of corecuer recognize absent or abnormal breathing.

The implementation of a PAD program requires 4 essential patchers should be specifically educated to help components: (1) a planned and practiced response, which standers recognize that agonal gasps are a sign of ideally includes identification of locations and neighborhood arrest. Dispatchers should also be aware that where there is high risk of cardiac arrest, placement of AFPC generalized seizures may be the first manifestation in those areas and ensuring that bystanders are aware of the off ardiac arrest. In summary, in addition to activating location of the AEDs, and, typically, oversight by an HCP of calculate all rest. In Summary, the dispatcher should training of anticipated rescuers in CPR and use of the AED sk straightforward questions about whether the patient is (3) an integrated link with the local EMS system; and (4) thresponsive and if breathing is normal or abnormal in order program of ongoing quality improvement. to identify patients with possible cardiac arrest and enable

A system-of-care approach for OHCA might include public ispatcher-guided CPR. A system-of-care approach for one change approach for

service access point has replaced the less-precise EMS

2015 (Updated): Untrained lay rescuers should provide dispatch center). Such a policy would enable PSAPs to direct compression-only (Hands-Only) CPR, with or without bystanders to retrieve nearby AEDs and assist in their Use dispatcher guidance, for adult victims of cardiac arrest. The when OHCA occurs. Many municipalities as well as the federal government have enacted legislation to place AEDs and AED or rescuers with additional training. All lay in municipal buildings, large public venues, airports, casinos lescuers should, at a minimum, provide chest compressions and schools. For the 20% of OHCAs that occur in public for victims of cardiac arrest. In addition, if the trained lay areas, these community programs represent an important rescuer is able to perform rescue breaths, he or she should link in the Chain of Survival between recognition and add rescue breaths in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED activation of the PSAPs. This information is expanded in 4: Systems of Care and Continuous Quality Improvement arrives and is ready for use, EMS providers take over care of the 2015 Guidelines Update. the victim, or the victim starts to move.

There is insufficient evidence to recommend for or agair 2010 (Old): If a bystander is not trained in CPR, the the deployment of AEDs in homes. Victims of OHCAs that by stander should provide compression-only CPR for the occur in private residences are much less likely to receive dult victim who suddenly collapses, with an emphasis to chest compressions than are patients who experience 'push hard and fast" on the center of the chest, or follow cardiac arrest in public settings. Real-time instructions the directions of the EMS dispatcher. The rescuer should provided by emergency dispatchers may help potential in-home rescuers to initiate action. Robust community CPR and is ready for use or EMS providers take over care of training programs for cardiac arrest, along with effective the victim. All trained lay rescuers should, at a minimum, prearrival dispatch protocols, can improve outcomes.

activity or agonal gasps that can confuse potential rescuers. Dispatchers should be specifically trained to identify these

2015 (Updated): To help bystanders recognize cardiac arrest, dispatchers should inquire about a victim's absence of responsiveness and quality of breathing (normal versus not normal). If the victim is unresponsive with absent or abnorm

where there is a relatively high likelihood of witnessed carathe victim is in cardiac arrest. Dispatchers should be educated to identify unresponsiveness with abnormal and agonal gasps across a range of clinical presentations and

provide chest compressions for victims of cardiac arrest compressions (eg, to open the airway, deliver rescue breat addition, if the trained lay rescuer is able to perform resallew AED analysis). In most studies, more compressions a breaths, compressions and breaths should be provided inspociated with higher survival rates, and fewer compress ratio of 30 compressions to 2 breaths. The rescuer shoulare associated with lower survival rates. Provision of adequ continue CPR until an AED arrives and is ready for use ochest compressions requires an emphasis not only on an EMS providers take over care of the victim. adequate compression rate but also on minimizing interrup

Why: Compression-only CPR is easy for an untrained res to perform and can be more effectively guided by dispat over the telephone. Moreover, survival rates from adult arrests of cardiac etiology are similar with either compre only CPR or CPR with both compressions and rescue brea when provided before EMS arrival. However, for the train lay rescuer who is able, the recommendation remains for the upper limit of compression rate is based on 1 large registry rescuer to perform both compressions and breaths.

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions appressions delivered during resuscitation. rate of 100 to 120/min.

2010 (Old): It is reasonable for lay rescuers and HCPs to

Why: The number of chest compressions delivered per minute during CPR is an important determinant of return of pression depths (greater than 2.4 inches [6 cm]). spontaneous circulation (ROSC) and survival with good

to this critical component of CPR. An inadequate compress or frequent interruptions (or both) will reduce the tota The period of compressions delivered per minute. New to the Buidelines Update are upper limits of recommended pression rate and compression depth, based on liminary data suggesting that excessive compression ra depth adversely affect outcomes. The addition of an

study analysis associating extremely rapid compression ra-(greater than 140/min) with inadequate compression depth Box 1 uses the analogy of automobile travel to explain the effect of compression rate and interruptions on total numb

2015 (Updated): During manual CPR, rescuers should perform chest compressions at a rate of at least 100/min perform chest compressions to a depth of at least 2 inchest (5 cm) for an average adult, while avoiding excessive ches

neurologic function. The actual number of chest compressions (5 cm). 2010 (Old): The adult sternum should be depressed at least delivered per minute is determined by the rate of chest

compressions and the number and duration of interrupti Why: Compressions create blood flow primarily by increasi

Box 1

Number of Compressions Delivered Affected by Compression Rate and by Interruptions

The total number of compressions delivered during resuscitation is an important determinant of survival from cardiac arrest.

- The number of compressions delivered is affected by the compression rate (the frequency of chest compressions per minute) and by the compression fraction (the portion of total CPR time during which compressions are performed). Increases in compression rate and fraction increase the total number of compressions delivered. Compression fraction is improved by reducing the number and duration of any interruptions in compressions.
- An analogy can be found in automobile travel. When traveling in an automobile, the number of miles traveled in a day is affected not only by the speed (rate of travel) but also by the number and duration of any stops (interruptions in travel). Traveling 60 mph without interruptions translates to an actual travel distance of 60 miles in an hour. Traveling 60 mph except for a 10-minute stop translates to an actual travel of 50 miles in that hour. The more frequent and the more prolonged the stops, the lower the actual miles traveled.
- During CPR, rescuers should deliver effective compressions at an appropriate rate (100 to 120/min) and depth while minimizing the number and duration of interruptions in chest compressions. Additional components of high-quality CPR include allowing complete chest recoil after each compression and avoiding excessive ventilation.

intrathoracic pressure and directly compressing the heart, which in turn results in critical blood flow and oxygen deliv to the heart and brain. Rescuers often do not compress the chest deeply enough despite the recommendation to "pusl hard." While a compression depth of at least 2 inches (5 cr is recommended, the 2015 Guidelines Update incorporates new evidence about the potential for an upper threshold of compression depth (greater than 2.4 inches [6 cm]), beyor which complications may occur. Compression depth may be difficult to judge without use of feedback devices, and identification of upper limits of compression depth may be challenging. It is important for rescuers to know that the recommendation about the upper limit of compression dep is based on 1 very small study that reported an association between excessive compression depth and injuries that were not life-threatening. Most monitoring via CPR feedbac devices suggests that compressions are more often too shallow than they are too deep.

2015 (New): For patients with known or suspected opioid addiction who are unresponsive with no normal breathing but a pulse, it is reasonable for appropriately trained lay rescuers and BLS providers, in addition to providing standard BLS care, to administer intramuscular (IM) or intranasal (IN) naloxone. Opioid overdose response education with or without naloxone distribution to persons. at risk for opioid overdose in any setting may be considere This topic is also addressed in the Special Circumstances o Resuscitation section.

the large burden of disease from lethal opioid overdoses, as well as some documented success in targeted national Where EMS systems have adopted bundles of care involving strategies for bystander-administered naloxone for people continuous chest compressions, the use of passive ventilation at risk. In 2014, the naloxone autoinjector was approved by the US Food and Drug Administration for use by lay rescuers and HCPsThe resuscitation training network has requested information about the best way to incorporate such a device into the adult BLS guidelines and training. Thiger minute) is recommended.

Adult Basic Life Support and CPR Quality: HCP BLS

Summary of Key Issues and Major Changes

Key issues and major changes in the 2015 Guidelines Update recommendations for HCPs include the following Immediate Recognition and Activation of

- These recommendations allow flexibility for activation of the emergency response system to better match the HCP's clinical setting.
- Trained rescuers are encouraged to simultaneously perform some steps (ie, checking for breathing and pulse at the same time), in an effort to reduce the time to first chest compression.
- Integrated teams of highly trained rescuers may use a choreographed approach that accomplishes multiple steps and assessments simultaneously rather than the sequential manner used by individual rescuers (eg, one rescuer activates the emergency response system while another begins chest compressions, a third either provides ventilation or retrieves the bag-mask device for rescue breaths, and a fourth retrieves and sets up a defibrillator).
- Increased emphasis has been placed on high-quality CPR using performance targets (compressions of adequate rate and depth, allowing complete chest recoil between compressions, minimizing interruptions in compressions, and avoiding excessive ventilation). See Table 1.
- Compression rate is modified to a range of 100 to 120/min.
- Compression depth for adults is modified to at least 2 inches (5) cm) but should not exceed 2.4 inches (6 cm).
- To allow full chest wall recoil fter each compression, rescuers must avoid leaning on the chest between compressions.
- Criteria for minimizing interruptions ified with a goal of

Why: There is substantial epidemiologic data demonstrating chest compression fraction as high as possible, with a target of at east 60%.

> techniques may be considered as part of that bundle for victims of OHCA.

For patients with ongoing CPR and an advanced airway in place, a simplified ventilation rate of 1 breath every 6 seconds (10 breaths

recommendation incorporates the newly approved treatment. These changes are designed to simplify training for HCPs and to continue to emphasize the need to provide early and high-quality CPR for victims of cardiac arrest. More information about these changes follows.

> In the following topics for HCPs, an asterisk (*) marks those that are similar for HCPs and lay rescuers.

Emergency Response System

2015 (Updated): HCPs must call for nearby help upon finding the victim unresponsive, but it would be practical for an HCP to continue to assess the breathing and pulse simultaneously before fully activating the emergency response system (or calling for backup).

2010 (Old): The HCP should check for response while looking at the patient to determine if breathing is absent or not normal.

Why: The intent of the recommendation change is to minimize delay and to encourage fast, efficient simultaneous assessment and response, rather than a slow, methodical, step-by-step approach.

Emphasis on Chest Compressions*

2015 (Updated): It is reasonable for HCPs to provide chest compressions and ventilation for all adult patients in cardiac arrest, whether from a cardiac or noncardiac cause. Moreover, it is realistic for HCPs to tailor the sequence of rescue actions to the most likely cause of arrest.

2010 (Old): It is reasonable for both EMS and in-hospital professional rescuers to provide chest compressions and rescue breaths for cardiac arrest victims.

Table 1 **BLS Dos and Don'ts of Adult High-Quality CPR**

Rescuers Should	Rescuers Should Not				
Perform chest compressions at a rate of 100-120/min	Compress at a rate slower than 100/min or faster than 120/min				
Compress to a depth of at least 2 inches (5 cm)	Compress to a depth of less than 2 inches (5 cm) or greater than 2.4 inches (6 cm)				
Allow full recoil after each compression	Lean on the chest between compressions				
Minimize pauses in compressions	Interrupt compressions for greater than 10 seconds				
Ventilate adequately (2 breaths after 30 compressions, each breath delivered over 1 second, each causing chest rise)	Provide excessive ventilation (ie, too many breaths or breaths with excessive force)				

Why: Compression-only CPR is recommended for untrair Why: The minimum recommended compression rate rescuers because it is relatively easy for dispatchers to remains 100/min. The upper limit rate of 120/min has beer guide with telephone instructions. It is expected that added because 1 large registry series suggested that as th HCPs are trained in CPR and can effectively perform botk ompression rate increases to more than 120/min, compre compressions and ventilation. However, the priority for takepth decreases in a dose-dependent manner. For example provider, especially if acting alone, should still be to activate proportion of compressions of inadequate depth was the emergency response system and to provide chest about 35% for a compression rate of 100 to 119/min compressions. There may be circumstances that warranbat increased to inadequate depth in 50% of compressions change of sequence, such as the availability of an AED thaten the compression rate was 120 to 139/min and to inadequate depth in 70% of compressions when compressi the provider can quickly retrieve and use. rate was more than 140/min.

Shock First vs CPR First

Chest Compression Depth* 2015 (Updated): For witnessed adult cardiac arrest when an AED is immediately available, it is reasonable that the 2015 (Updated): During manual CPR, rescuers should defibrillator be used as soon as possible. For adults with perform chest compressions to a depth of at least 2 inches unmonitored cardiac arrest or for whom an AED is not (5 cm) for an average adult while avoiding excessive chest immediately available, it is reasonable that CPR be initiated pression depths (greater than 2.4 inches [6 cm]).

while the defibrillator equipment is being retrieved and applied and that defibrillation, if indicated, be attempted 2 inches (5 cm). 2010 (Old): The adult sternum should be depressed at least soon as the device is ready for use.

2010 (Old): When any rescuer witnesses an out-of-hospita. Why: A compression depth of approximately 5 cm is arrest and an AED is immediately available on-site, the rescuer should start CPR with chest compressions and use the AED and a should should should be the should be Evidence about whether there is an upper threshold beyon spitals which compressions may be too deep, a recent very small as soon as possible. HCPs who treat cardiac arrest in l and other facilities with on-site AEDs or defibrillators sh suggests potential injuries (none life-threatening) fro provide immediate CPR and should use the AED/defibril sive chest compression depth (greater than 2.4 inche soon as it is available. These recommendations are desi Compression depth may be difficult to judge witho to support early CPR and early defibrillation, particular of feedback devices, and identification of upper limits an AED or defibrillator is available within moments of th compression depth may be challenging. It is important of sudden cardiac arrest. When an OHCA is not witnesse prescuers to know that chest compression depth is more by EMS personnel, EMS may initiate CPR while checking ten too shallow than too deep. rhythm with the AED or on the electrocardiogram (ECG)

preparing for defibrillation. In such instances, $1\frac{1}{2}$ to 3 minutes **Recoil*** of CPR may be considered before attempted defibrillation.

Whenever 2 or more rescuers are present, CPR should b 2015 (Updated): It is reasonable for rescuers to avoid leaning provided while the defibrillator is retrieved. on the chest between compressions, to allow full chest wal

With in-hospital sudden cardiac arrest, there is insufficient for adults in cardiac arrest. evidence to support or refute CPR before defibrillation. 2010 (Old): Rescuers should allow complete recoil of the However, in monitored patients, the time from ventriculehest after each compression, to allow the heart to fill fibrillation (VF) to shock delivery should be under 3 minutempletely before the next compression.

and CPR should be performed while the defibrillator is readied. Why: Full chest wall recoil occurs when the sternum return Why: While numerous studies have addressed the questionts natural or neutral position during the decompression of whether a benefit is conferred by providing a specifiethase of CPR. Chest wall recoil creates a relative negative period (typically 1¹/₂ to 3 minutes) of chest compressionsntrathoracic pressure that promotes venous return and before shock delivery, as compared with delivering a cardiopulmonary blood flow. Leaning on the chest wall shock as soon as the AED can be readied, no difference between compressions precludes full chest wall recoil. outcome has been shown. CPR should be provided while ncomplete recoil raises intrathoracic pressure and reduces the AED pads are applied and until the AED is ready to venous return, coronary perfusion pressure, and myocardia analyze the rhythm. blood flow and can influence resuscitation outcomes.

Chest Compression Rate: 100 to 120/min*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions (2015 (Reaffirmation of 2010): Rescuers should attempt to rate of 100 to 120/min.

2010 (Old): It is reasonable for lay rescuers and HCPs to

Minimizing Interruptions in Chest

minimize the frequency and duration of interruptions in compressions to maximize the number of compressions perform chest compressions at a rate of at least 100/mindelivered per minute.

Table 2

Component	Adults and Adolescents	Children (Age 1 Year to Puberty)	Infants (Age Less Than 1 Year, Excluding Newborns)			
Scene safety	Make si	ure the environment is safe for rescuers and	d victim			
Recognition of cardiac arrest	Check for responsiveness No breathing or only gasping (ie, no normal breathing) No definite pulse felt within 10 seconds (Breathing and pulse check can be performed simultaneously in less than 10 seconds)					
Activation of emergency response system	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR Otherwise, send someone and begin CPR immediately; use the AED as soon as it is available Unwitnessed collapse Give 2 minutes of CPR Leave the victim to activate the emergency response system and get the AED Return to the child or infant and resume CPR; use the AED as soon as it is available					
Compression- ventilation ratio without advanced airway	1 or 2 rescuers 30:21 rescuer 30:22 or more rescuers 15:2					
Compression- ventilation ratio with advanced airway	Continuous compressions at a rate of 100-120/min Give 1 breath every 6 seconds (10 breaths/min)					
Compression rate	100-120/min					
Compression depth	At least 2 inches (5 cm)*	At least one third AP diameter of chest About 2 inches (5 cm)	At least one third AP diameter of chest About 1½ inches (4 cm)			
Hand placement	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastbone (sternum)	1 rescuer 2 fingers in the center of the chest, just below the nipple line 2 or more rescuers 2 thumb–encircling hands in the center of the chest, just below the nipple line			
Chest recoil	Allow full recoil of chest after	er each compression; do not lean on the che	est after each compression			
Minimizing interruptions	Limit interru	ptions in chest compressions to less than 1	0 seconds			

*Compression depth should be no more than 2.4 inches (6 cm).

Abbreviations: AED, automated external defibrillator; AP, anteroposterior; CPR, cardiopulmonary resuscitation.

2015 (New): For adults in cardiac arrest who receive CPR Why: Several EMS systems have tested a strategy of without an advanced airway, it may be reasonable to pepforviding initial continuous chest compressions with delayed CPR with the goal of a chest compression fraction as highPac for adult victims of OHCA. In all of these EMS systems, possible, with a target of at least 60%. the providers received additional training with emphasis or

Why: Interruptions in chest compressions can be intended systems that use priority-based, multitiered response in as part of required care (ie, rhythm analysis and ventilation) both urban and rural communities, and provide a bundled or unintended (ie, rescuer distraction). Chest compression package of care that includes up to 3 cycles of passive fraction is a measurement of the proportion of total oxygen insufflation, airway adjunct insertion, and 200 resuscitation time that compressions are performed. An increase in chest compressions are performed. An continuous chest compressions with interposed shocks, minimizing pauses in chest compression fraction can be achieved by showed improved survival with favorable neurologic status minimizing pauses in chest compressions. The optimal goal victims with witnessed arrest or shockable rhythm. for chest compression fraction has not been defined. The

addition of a target compression fraction is intended to Weittilation During CPR With an interruptions in compressions and to maximize coronary Advanced Airway perfusion and blood flow during CPR.

Comparison of Key Elements of Adult, Child, and Infant BLS

Table 2 lists the 2015 key elements of adult, child, and infant (ie, during CPR with an advanced airway). BLS (excluding CPR for newly born infants).

Chest Compression Feedback

feedback devices during CPR for real-time optimization of 2015 (Updated): It may be reasonable to use audiovisual CPR performance.

2010 (Old): New CPR prompt and feedback devices may be useful for training rescuers and as part of an overall strategy to improve the guality of CPR in actual

resuscitations. Training for the complex combination of required to perform adequate chest compressions shoul 2015 (New): For HCPs, the 2015 Guidelines Update allows focus on demonstrating mastery. flexibility for activation of the emergency response and

Why: Technology allows for real-time monitoring, recording vider's clinical setting (Figure 5). and feedback about CPR quality, including both physiologic

patient parameters and rescuer performance metrics. TI Why: The steps in the BLS algorithms have traditionally important data can be used in real time during resuscitable presented as a sequence in order to help a single for debriefing after resuscitation, and for system-wide questioner prioritize actions. However, there are several facto improvement programs. Maintaining focus during CPR om any resuscitation (eg, type of arrest, location, whether the characteristics of compression rate and depth and classified providers are nearby, whether the rescuer must lea recoil while minimizing interruptions is a complex challengectim to activate the emergency response system) that even for highly trained professionals. There is some evidence equire modifications in the BLS sequence. The updat that the use of CPR feedback may be effective in modify BLGS HCP algorithms aim to communicate when and where chest compression rates that are too fast, and there is flexibility in sequence is appropriate.

separate evidence that CPR feedback decreases the leaning force during chest compressions. However, stud to date have not demonstrated a significant improveme in favorable neurologic outcome or survival to hospital discharge with the use of CPR feedback devices during actual cardiac arrest events.

Alternative Techniques and **Ancillary Devices for CPR**

Delayed Ventilation

2015 (New): For witnessed OHCA with a shockable rhythn it may be reasonable for EMS systems with prioritybased, multitiered response to delay positive-pressure ventilation (PPV) by using a strategy of up to 3 cycles of 2001 developed with the aim of enhancing cardiac output continuous compressions with passive oxygen insufflation resuscitation from cardiac arrest. Since the 2010 and airway adjuncts.

2015 (Updated): It may be reasonable for the provider to deliver 1 breath every 6 seconds (10 breaths per minute) while continuous chest compressions are being performed

2010 (Old): When an advanced airway (ie, endotracheal tube, Combitube, or laryngeal mask airway) is in place dur 2-person CPR, give 1 breath every 6 to 8 seconds without attempting to synchronize breaths between compressions

Why: This simple single rate for adults, children, and infants—rather than a range of breaths per minute—should be easier to learn, remember, and perform.

Team Resuscitation: Basic Principles

Conventional CPR consisting of manual chest compression interspersed with rescue breaths is inherently inefficient w

respect to generating significant cardiac output. A variety

Guidelines were published, a number of clinical trials have

provided new data on the effectiveness of these alternative

of alternatives and adjuncts to conventional CPR have

Event Report

D&A-017-00 Attachment 2 Page 1 of 2

CPR/AED INCIDENT INVESTIGATION REPORT

(To be completed within 24 hours of incident)

Name of Patient			Sex	Socia	Security Number Department Job Title		le				
		"									
Service Date	Time in]	Date of Incident:	Г		Report I	Date	Event Actio	ons:		
	Position Time: am pm										
								EMT Response			
				Hospitalization							
Location of Incide	ent	[Describe Job Ta	sk in Pı	ogress			Fatality			
								Cause Rela	ted To		
Description of Incident				Vehicle Accident							
								Equipment Condition/Design			
								Cnemical Exposure Energy/Temperature Exposure			
								\square Slip. trip. fall			
					Other						
					Names of Witnesses:						
				1							
								2			
								3			
								Witnesses		Notes	
								Interviewe	d?	Attached?	
								1 yes ∐ no		yes □ no □	
								$2 \text{ yes} \square \Pi$			
Patient Transport	ted To	By (EM	1T Firm)		Date/Time			Names of F	Respon	ders:	
			,					1			
AED Serial No. Data Card Serial No.					2						
								3			
Information from AED Screens: Number of Shocks			Time Defibrillator in Use		se	Responder	S	Notes			
Delivered						Interviewe	d?	Attached?			
								1 yes ∐ no		yes ∐ no ∐	
Data Coordina	tor Transf	fer Hist	ory: (each ha	andler	signs off be	elow)		2 yes ∐ no		yes ∐ no ∐	
										yes 🗋 no 🗋	
From					10						
Date/Time					Date/ Fime						
Date/Time					Date/Time						
From					To						
Date/Time					Date/Time						
From					То						
Date/Time					Date/Time						
								_			
wanager Signatu	ire:				l itle:			Da	ate:		
Safety Manager S	Signature:							Da	ate:		
COPY OF COMPLI	ETED FORM	TO MANA	AGER OF CORPO	RATE S	AFETY & WOR	KER'S FIL	.E				
D&A-017-00 Attachment 2 Page 2 of 2

GENERAL DIRECTIONS

- 1. Complete the report within 24 hours of the incident.
- 2. Write legibly and clearly or type.
- 3. Complete ALL items or mark "N/A" if not applicable.

DETAILED DIRECTIONS

These are all self-explanatory. Be specific and accurate in reporting this information.

Name of Patient - Sex - Social Security No. (SS No.)

Department - Job Title - Hire Date - Time on Job

Date/Time of Incident - Date Reported - Event Actions - "Related to"

DESCRIPTION OF THE INCIDENT

- 1. What was the injured person doing at the time of the incident?
- 2. What tools or equipment were involved, if any?
- 3. What was happening around the work area (external influences)?
- 4. Give description of contributing causes

INTERVIEWING WITNESSES AND RESPONDERS

Interview all persons involved with the incident.

- 1. Put each person at ease. Tell the person you are looking for the facts only and not trying to blame anyone.
- 2. Interview witnesses and responders separately so that what one person says will not influence what someone else says.
- 3. Ask open-ended questions that do not elicit one-word answers, such as "What did you see?"
- 4. During the interviews, inform each witness or responder of what is being done for the injured person.
- 5. Avoid talk that will mislead or confuse the witnesses or responders.
- 6. Do not accept, deny, or promise anything. The purpose of the investigation is to gather facts only.

AED INFORMATION: Complete the following.

- 1. AED Serial Number:
- 2. Data Card Serial Number (if applicable):___
- 3. Number of shocks delivered (from screen on AED):
- 4. Amount of time defibrillator was in use (from screen on AED):
- 5. Data Card Transfer History: Each person given possession of the data card must sign and date upon taking possession and relinquishing to another.

Print Name	Signature	Date/Time of Possession	Print Name	Signature	Date/Time of Relinquish

Online Monthly Log Instructions



DiPietro & Associates, Inc. Online Monthly Log Quick Reference Guide

LOG ON: www.dipietroassociates.com

Click on: Login (in upper right corner)

Enter your Username: (your full email address)

Enter your Password: dipietro (all lowercase). You may change this in the section called My Profile.

This brings you to your Home Page

🖬 🛃 http://demo.ktakpada.com/	v200 /	Complete your Monthly Maintenance Log
	Web Tracker Diffector & Associates, NC: Each wire & Compare Annual	Roll over Icons to get Program Status specifics. View the Details of your AED and Responders. Submit an Event (where to file a report is you use the AED).
	Convested 2007 - STAT PACE JIC	

Your Home Page shows your monthly logs that are due. You may click on file monthly report to the right of each AED or if all your AEDs are compliant you can do all the logs at once by clicking on complete all logs **Operators Manual**



amarit**&AD**

ni-Automatic Defibrillat ly Automatic Defibrillat n 450P Semi-Automatic Defibrillat



Contents

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Contraindications for use	······Peo
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Ventricular Tachycardia	In
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Recommended Training	AP
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Use of This Manual

It is important that you read this manual carefully before **@\$AD**.your samar ta This manual is presented in support of any training you may have receive If you have any questions, contact your Authorized Distributor or

Indications for Use

The HeartSine samaritan PAD SAM 350P (SAM 350P), HeartSine samaritan PAD SAM 360P (SAM 360P) and HeartSine samaritan PAD SAM 450P (SAM 450P) all have the identical indications for use. Each is indicated for use on victims of cardiac arrest who are exhibiting the the following signs:

- Unconscious
- Not breathing
- Without circulation (without a pulse)

The devices are intended for use by personnel who have been trained in their operation. Users should have received training in basic life support/AED. advanced life support or a physician-authorized emergency medical response training program.

The devices are indicated for use on patients greater than 8 years old or over 55 lbs/25 kg when used with the adult Pade Pade Pak-01 or Pad-Pak-07). They are indicated for use on children between 1 and 8 years of age or up to 55 lbs/25 kg when used with the Pediat(PedPaPlak-02).

Contraindications for Use

If the patient is responsive or conscious, do not use the samaritan PAD to provide treatment.

Caution

U.S. Federal law restricts this device to sale by or on the order of a physician.

Warnings and Precau

Patients Suitable for Treatment Ris

The samaritan PAD has been designed to he on unconscious, nonresponsive patients http://www.conscious.com/ patient is responsive or conscious, do notse samaritan PAD to provide treatment. one

The samaritan PAD uses an interchangeable and electrode pack called Pad-Pak. The pan PAD in combination with an adult Pad-Pathe suitable for use on patients of over 55 lb3o(2 weight or equivalent to a child of approxima eight years old or over. sho

For use on smaller children (from 1 to 8 the remove the adult Pad-Pak and install a Pacia Pak. If a Pediatric-Pak or an alternative suit defibrillator is not available, you may use a Pad-Pak. of a

If you treat a pediatric patient with an $a\theta\theta I$ Pad-Pak, ignore any voice prompts regarding rate of CPR. The SAM 450P CPR Rate $Ad\theta is \delta$ currently only intended to provide feedback adult patients. Tou of t

Do Not Delay Treatment

Do not delay treatment trying to find out the stient's exact age and weight whi patient's exact age and weight. The the

Warnings and Precautions

A PRECAUTIONS

Fully Automatic Defibrillator (SAM 3609) rect Placement of Electrode Pads **Ingress Protection** The SAM 360P is a fully automatic defibilition placement of the samaritan PAD electrophe samaritan PAD has an IP56 rating again When required, it will deliver a shock to be a spectation to a sprays of water. However, the Man WITHOUT user intervention. instructions shown on pages 19-22 and on thedoes not cover the immersion of any part of CPR Rate Advisor Function (SAM 450P) bit outries dreament or the presence of samaritan PAD in water or any type of fibig

CPR Rate Advisor Function (SAM 450P) hair surgical dressings or medicine patcheath fluids may seriously damage the device on adult patients only. If a Pediatric-Pak styseen the pads and the skin could reduce cause fire or a shock hazard. Aut CPR Rate Advisor function is disabled. In the fibrilization effectiveness. Slightly red skin after **Prolonging Battery Life** the rescuer is prompted to begin CPR in the rapy is normal. Do not turn on the device unnecessarily on si the metronome but receives no CPR Rate Not Use Electrode Pads if Pouch is Not Sealed uce the standby life of the device. feedback.

The Pad-Pak and Pediatric-Pak are single-use Standby storage outside the range of Che items which must be replaced after each use 35^UF to 122°F/0°C to 50°C may decreased the pouch that seals the electrode pads has been for the Pad-Pak. req broken or compromised in any way. If you suspect of a that the Pad-Pak or Pediatric-Pak is damaged, Operator Training

The samaritan PAD is intended for use by replace it immediately. personnel who have been trained in its ope **Susceptibility to Electromagnetic Interference**, operate the series should have received training in basic To safeguard against interference, operate the support/AED, advanced life support, or a samaritan PAD at least 6 feet/2 meters away from sician-authorized emergency medical all radio frequency devices. Alternatively, switch off the equipment causing the electromagnetic

Use of Accessories The samaritan PAD is a self-contained device

Reg

Temperature Range for Operation

interference.

Temperature Range for Operation not use any unauthorized accessories with The samaritan PAD, with its battery and electrodes as the samaritan PAD may malfunct is designed to operate in the temperature range of 32°F to 122°F/0°C to 50°C. Use of the device outside of this range may cause the device to malfunction.

Overview

sinus rhythm by means of an electric shock adrbessamaritan PAD uses the HeartSine sam **Sudden Cardiac Arrest** Sudden cardiac arrest (SCA) is a conditioneineedmichThis treatment is called defibrillatioECG arrhythmia analysis algorithm. This alc

Sudden cardiac arrest (SCA) is a conditioned in this treatment is control to be used down and the patient's ECG to ascertain the heart suddenly stops pumping blood effectively due to a malfunction of the heart's electrical ar **Tachycardia** Often victims of SCA have no prior warning signs or symptoms. SCA also can occur in people with previously diagnosed heart conditions. Survival activity of the heart. VT starts in previously diagnosed heart conditions. Survival activity of the heart, called the from SCA depends on immediate and effectivels. Although there are many different cardiopulmonary resuscitation (CPR). of VT, this arrhythmia can be potentially life-

The use of an external defibrillator within that in the patient presents with no pulkes important to note that cardiac defibrilla few minutes of a collapse can greatly in an every unresponsive. If not treated with immediate the HeartSine samaritan PAD, will not a patient's chance of survival. Heart attachignilation VT may lead to other arrhythmiaadminister a shock unless a lifesaving shoc SCA are not the same, though sometimes a heart required.

attack can lead to an SCA. If you are expressioned by AED symptoms of a heart attack (chest pain, bless optimis misconception that CPR alone shortness of breath, tight feeling in the chest along emergency services is enough. CPR elsewhere in the body), immediately seektened ary measure that maintains blood flow and oxygen to the brain. CPR alone will not ret attention.

heart to a normal rhythm during VF or VT. The Sinus Rhythm and Ventricular Fibrillation ryival is defibrillation - and the sooner The normal heart rhythm, known as sinus rhythm, creates electrical activity resulting in coordinated

contraction of the heart muscle. This genefities ation is a common treatment for lifethreatening arrhythmias, mainly ventricular normal blood flow around the body.

Ventricular fibrillation (V-fib or VF) is a condition block to the heart with a device calle in which there is uncoordinated contraction of billator. This restores normal heart musc heart muscle, making it quiver rather than contractions and allows normal sinus rhythm to properly. Ventricular fibrillation is the most restored by the body's natural pacemaker in victims of SCA it is possible to re-establish normal



Introduction

This manual provides instructions for the fiel SAW hg50P is a semi-automatic defibrillatoo f tangood quality. If the quality of the CREAR models of the HeartSine samaritan PADSAM 360P is a fully automatic defibrillator, anistipeod, the chances of successfully resucce me

samaritan PAD 350P (SAM 350P) samaritan PAD 360P (SAM 360P) samaritan PAD 450P (SAM 450P)

About the samaritan PAD

The samaritan PAD family of AEDs is designed to quickly deliver a defibrillation shock to vor metronome

SAM 450P is a semi-automatic defibrillator withatient are greatly increased. integrated CPR Rate "Advisor

WARNING: The SAM 360P is a fully automatic defibrillator. When required, it will deliver a shock to the patient WITHOUT user

Research has demonstrated that non-profes responders regularly provide ineffective inexperience. The

The SAM 450P with CPR Rate Advisor pr盼的 feedback to the rescuers on the rate of the are providing to the victim. The SAM 450 P impedance cardiogram measurements tong

of sudden cardiac arrest (SCA). Each sa Warenathe samaritan PAD instructs you to perferenspeed of compressions and provide the PAD is designed to operate in accordance without will hear an audible beep and see the set for the structions to push faster or push the current joint American Heart Association (Alba) and icator flash at a rate compliant witentinue to provide compressions at a group European Resuscitation Council (ERC) g20125in AddA/ERC guidelines. This feature, referred tording to the AHA resuscitation guidelines on Cardiopulmonary Resuscitation (CPR) and e CPR metronome, will guide you to the rate at 50P uses both audible and visual fee Emergency Cardiovascular Care (ECC). which to compress a patient's chest during CPG ve the responder instruction on CPR rate

While all of the samaritan PAD models aCPRERate Advisor

similar in use, there are distinct different when providing CPR treatment to a victim of s en direction of s en directio similar in use, there are distinct differen was providing CPR treatment to a victim of s

Table 1. samaritan PAD AEDs

	SAM 350P	SAM 360P	SAM 450P
Shock delivery	Semi-Automatic	Fully Automatic	Semi-Automatio
Four-year electrode and battery life	4	4	4
Audible and visual indicators	4	4	4
CPR coaching with metronome	4	4	4
CPR Rate Advisor			4
Pediatric use-compatible (with Pediatri	c Pad-Pak4)	4	4

Technical Data in Appendix C on page C-7 Aut dire

is intended for use on adult patients only of Pediatric-Pak is used, the CPR function is di In this case, the rescuer is prompted to be in time with the metronome but receiveSat Plea CPR Rate Advisor feedback.

ass of S effe

Introduction

SAM 350P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable attach the electrode pads to the feed SAM 350P is ready for into this port to download patient's bare chest as indicated use when this indicator is event data from the AED, when the action arrows are flashing freen.

(See Figure 8, page 24.)

Shock Button

Press this button to defiver a therapeutic shock.

Adult and

Pediatric Symbols Indicates that the SAM 350P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 350P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

Green Tab Pull this tab to release the electrodes. Safe to Touch Icon/ Action Arrows You may touch the patient when the action

patient when the action arrows around this icon are flashing.

On/Off button

Press this button to turn on or turn off the device.

Speaker

Listen for the metronome and verbal prompts.

Pad-Pak

Contains the battery and electrode pads.

SAM 360P Layout

Attach Pads Ic

Plug the custom USB cablettach the electro into this port to downloadpatient's bare che event data from the AED, when the action a (See Figure 8, page 24.)

Shock Icon

Data Port

Flashes to indicate a shock will be delivered.

Adult and

Pediatric Symbols Indicates that the SAM 360P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 360P may be analyzing the patient's heart rhythm or about to charge, in preparat to deliver a shock. Green Tab the electrodes.



Introduction

SAM 450P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable ttach the electrode pads to the he SAM 450P is ready for into this port to download patient's bare chest as indicated se when this indicator is event data from the AED, when the action arrows are flashing ing green.

(See Figure 8, page 24.)

Shock Button

Press this button to deliv a therapeutic shock.

Adult and

Pediatric Symbol Indicates that the SAM 450P is compat with both the Pad-Pa and Pediatric-Pak.

CPR Rate Advisor Id

Provides visual feedback about the rate of chest compressions during CPR.

Safe to Touch Icon/ Action Arrows

You may touch the **Speaker** Con patient when the action step for the **Green Tab** and arrows around this icometronome and Pull this tab to release are flashing. verbal prompts. the electrodes.

Set-up

Unpacking

Verify that the contents include the samarit PAD, carry case, Pad-Pak, User Manual, War Statement and Warranty Card.

Pad-Pak

A Pad-Pak is a single-use removable cartrid includes the battery and electrode pads in a unit. The Pad-Pak is available in two versior

- Pad-Pak (gray color shown in Figure 1) for on patients weighing over 55 lbs/25 kg, o equivalent to a child of approximately eig years of age or older.
- The optional Pediatric-Pak (pink color sho Figure 2) for use on smaller children (fron years old and weighing under 55 lbs/25 k

WARNING: Do not delay treatment tryin determine the patient's exact age and weig

The Pad-Pak also is available in a TSO-certified version f use on aircraft.

Do Not Touch Icon/ Action Arrows Do not touch the

Do not touch the patient when the action arrows above this icon are flashing. The SAM 450P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

On/Off button

Press this button to turn on or turn off the device.

Pad-Pak

Contains the battery and electrode pads.

Set-uptinued

Putting the samaritan PAD into Service

Follow these steps to place your samaritan PAD int service:

1. Check the expiration date (year-month-day) on the rear of the Pad-Pak (see Figure B) If expiration date has passed, do not use and immediately replace the expired Pad-Pak.

2. Unpack the Pad-Pak and retain the packaging





Figure 3. Expiration Date

Figure 4. Inserting a Pad-Pak

messages are played.

- Be sure to store the device according to t 4. Verify that the green Status indicator (see theenvironmental specifications (see Technig layout for your model on pages 10-12) is blinking in Appendix C on page C-1). to indicate the initial self-test routine has been performed and the device is ready PRECAUTION: HeartSine Technologies for use.
- 5. Press the On/Off But ton turn on the samaritan PAD. Listen for, but do not follow,

recommends that you store a spare Pad-Pa your samaritan PAD in the rear section of th

6. Press the On/Off Buttom turn off the **Pre**

samaritan PAD. Verify that the Status Ind

flashing green. If you have not heard and message and the Status Indicator conting

flash green, the device is ready for use.

7. Place the samaritan PAD in its supplied so

carry case. Store the samaritan PAD whe will be seen and heard in an unobstructe secure location in a clean, dry environme

- the voice prompts to ensure that no warnin $\boldsymbol{\beta}$. Register online, or complete the Warrang and return it to your Authorized Distribute HeartSine Technologies directly (see Track
- in case you need to return the Pad-Pa PRECAUTION: Do NOT pull the green tab or Requirements on page 26). HeartSine Technologies. the Pad-Pak at this time. If you have pulled the teleate a service schedule (see Service and
- 3. Place the samaritan PAD face up on a **aflat spefaee** the electrode drawer, you may need the place on page 27). and slide the Pad-Pak into the samaritam BAD your Pad-Pak. (see Figure 4) until you hear the "double click" to the samaritan PAD ONCE. If you turn it indicate that the tabs on the right and left sides of repeatedly, you will deplete the batteries

of the Pad-Pak are fully engaged. prematurely and may need to replace the Pad-Pak.

Using the samaritan PAD

 Using the samaritan PAD
 2. If the patient is non-responsive, shake the
 4. Call for medical assistance.
 7. P

 Follow these steps to use your AED, which patilient by the shoulders while speaking loudly provide you with step-by-step voice prompts the patient becomes responsive, do not use
 3. Retrieve the AED, asking others nearby to be the shoulders while speaking loudly.

 For a full list of voice prompts for your devide AED.
 6. While waiting for the AED, begin CPR, hard and fast at a rate of between 10

3. Check that the patient's airway is not block using a head-chin tilt if necessary.

PRECAUTION: Once a non-shockabl is detected, the samaritan PAD will end to shock condition if it had previously de shock.

1. If necessary, move the patient to a sa or remove any source of danger.



PREC/UTION You must use the san PAD at least 6 feet/2 meters from all rac frequency devices, or switch off any equ causing electromagnetic interference.



CHECK FOR A RESPONSE While waiting for the AED, begin CPR, hard and fast at a rate of between 10 compressions per minute (cpm) and a 5 to 6 cm. If you feel able to give resc perform 30 compressions followed by rescue breaths.







w If Pa Pa





Using the samaritamuRAD

- 9. Remove clothing from patient's chest 12. Expansepen the pouch to remove the electroide particle the liner from each electrode part. apply each electrode pad firmly to the pa bare skin, removing any metal (bras or jewelry)
- where possible from the pad placeme



OPEN THE ELECTRODE POUCH

bare chest. For a patient over 8 years of a weighing over 55 lbs/25 kg, place one ele pad horizontally on the right chest, and the other vertically on the left rib cage. For a patient under 8 years of age or weighing than 55 lbs/25 kg, you can place one elec pad on the center of the chest and the ot on the center of the back. Refer to pages for detailed instructions for electrode pad placement.

15.

- 10. Dry the patient's chest if wet or clamm a lot of chest hair is present, shave the p chest where the electrodes will be place
- 11Pull the green tab to remove the electro pouch from the AED.





Using the samaritam PAD

- 16. When advised that a shockable rhytheric detected, stand clear of patient as d When advised to do so, press the oras shock button (SAM 350P/SAM 450P) to the a shock, or if using a SAM 360P, the AED will automatically deliver the shock after a verbal 3, 2, 1 countdown.
- 17. When advised that a shockable rhythm is not detected, begin CPR. To do so, place overlapping hands in the middle of the patient's chest and, with straight arms, press firmly and quickly in time with the metronome. Continue to perform CPR until the AED begins to analyze the patient's heart rhythm again.

When using the SAM 450P, follow Advisor voice prompts. Refer to C on page C-7 for more information

- 18. Repeat the process from step 1 services arrive.
- 19. When emergency services arriv On/Off button to turn off the AED the electrode pads.

20



Pediatric-Pak

Treating Small Children and Infants ANT The Pediatric-Pak is intended to provide the pediatric (child) victims of SCA between the 1 and 8 years old or weighing less than BAF 55 lbs/25 kg who are: in the bac

- Unconscious
- Not breathing
- Without circulation (without a pulse)

WARNING: The Pediatric-Pak contains a magnetic component (surface strength 650 gauss). Avoid storage next to magneticallysensitive storage media.

WARNING: Not for use on patients und year old. For use with children up to the age years or up to 55 lbs/25 kg. DO NOT DELAY IF YOU ARE UNSURE OF THE EXACT AGE OR

Electrode Placement

For pediatric patients there are two options electrode placement: anterior-posterior and anterior-lateral.

Figu

Pediatric-Poaked

ANTERIOR-LATERAL PLACEMENT

If a child's chest is large enough to permit a 1 in/2.5 cm gap between the electrode pads, OR if trauma does not allow for placement on the back, the pads can be placed according to the adult anteriorlateral placement. Place one electrode pa child's BARE upper right chest above nipp one electrode pad on child's BARE lower below nipple as shown in Figure 6.



Figure 6. Anterior-Lateral Placement

22

WARNING: Electrode pads must be a 1 in/2.5 cm apart and should never touch one another.



After Using the sama

Cleaning the samaritan PAD

 Remove the electrode pads from the patie and stick the pads together face to faceus electrodes may be contaminated with hte bodily tissue, fluid or blood so dispose of electrodes separately as infectious waste material.

3.C

2. The Pad-Pak is a single-use item that lithium batteries. Replace the Pad-Pak at use. With the samaritan PAD placed faces a flat surface, squeeze the two tabs on the of the Pad-Pak and pull to remove it from samaritan PAD. The Pad-Pak will slide (see Figure 7).



After using the samaritan PAD

Downloading and Submitting Event Information

The optional HeartSine Saver EVO[™] software can be downloaded at no charge from:

http://heartsine.com/support/upload-saver-evo/

This software lets you manage the events in which your samaritan PAD was used. You can provide this data to a patient's doctor, and/or use it to obtain a Pad-Pak if you have a qualifying event. In addition to Saver EVO, the optional USB data cable is required to download event data. Contact your Authorized Distributor or HeartSine Technologies directly to obtain the data cable or with questio about downloading and using Saver EVO.

1. Connect the USB data cable to the Data/ the samaritan PAD (see Figure 8).

Figure 8. USB Data Port

- 2. Connect the USB connector on the data c to a PC.
- 3. Install and launch the HeartSine Saver EV software.
- 4. Follow the instructions provided in the Sa EVO manual to save or erase the event dayour samaritan PAD.
- 5. Upload the Saver EVO file on the HeartSir Technologies site.

For further information on managing the ev data on your samaritan PAD, contact your Authorized Distributor or HeartSine Technol directly.

Disposal

The Pad-Pak and Pediatric-Pak contain lithiu batteries and cannot be disposed of in norm waste. Dispose of each at an appropriate re facility according to your local requirements Alternatively return the Pad-Pak or Pediatric to your Authorized Distributor for disposal or replacement.

Tracking

Tracking Requirements

Medical device regulations require HeartSine Technologies to track the location of each samaritan PAD AED, Pad-Pak, and Pediatric-Pak sold. Therefore, it is important that you register your device, either using our on-line registration tool at:

https://secure.heartsine.com/UserRegistration.html

Or by completing the samaritan PAD Warranty Card and returning it to your Authorized Distributor or HeartSine Technologies directly. As an alternative to the card and on-line registration tool, you may send an email to:

support@heartsine.com

The email should contain the following information:

- Name
- Address

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• Device Serial Number

If there is a change in the information you have provided to us, such as a change of address or ownership of your samaritan PAD, provide the updated information to us via email or the online registration tool.

When you register your AED, we will contact you with any important notifications about the samaritan PAD, such as software updates or field safety corrective actions.

Service and Maintena

HeartSine Technologies recommends us regular maintenance checks, which inclose following:

WEEKLY

Check the Status Indicator. The sama performs a self-test routine at midnig every Sunday. During this self-test th light blinks red but returns to green upon successful completion of the self-test If the Status Indicator is not flashing and every 5 to 10 seconds or if the status is flashing red or you hear continuous a problem has been detected. (See Fi and Troubleshooting in Appendix B on pa

MONTHLY

- □ If the device shows any signs of physical damage, contact your Authorized Dist HeartSine Technologies directly. marie
- Check the expiration date of the Pad-Set-up on page 14 for the location of the If the date has expired, or is near exp immediately replace the Pad-Pak or c Authorized Distributor for a replacem
- □ If you hear a warning message when you on your samaritan PAD or if, for any relates suspect that your samaritan PAD is not war properly, consult Troubleshooting in Append

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Senate Bill No. 287

CHAPTER 449

An act to add Chapter 3 (commencing with Section 19300) to Part 3 of Division 13 of the Health and Safety Code, relating to automated external defibrillators.

[Approved by GovernoOctober 02, 2015; iled with Secretary of State October 02, 2015].

LEGISLATIVE COUNSEL'S DIGEST

SB 287, Hueso. Automated external defibrillators (AEDs).

Existing law requires any person or entity that supplies an AED, which means an automated or automatic external defibrillator (AED), to notify an agent of the local emergency medical services agency of the existence, location, and type of AED acquired and to provide the acquirer of the AED with all information governing the use, installation, operation, training, and maintenance of the AED. Existing law provides that any person or entity that acquires an AED is not liable for civil damages resulting from any acts or omissions in the rendering of emergency care, except as provided, if certain conditions are met, including, but not limited to, that the AED is checked for readiness after each use and at least every 30 days if the AED has not been used in the preceding 30 days. Existing law also provides that a person or entity that provides AED training to a person who renders emergency care is not liable for any civil damages, as specified.

This bill would require certain occupied structures that are not owned or operated by any local government entity and are constructed on or after January 1, 2017, to have an AED on the premises. The bill would require a person or entity that supplies an AED to comply with specified existing law regarding AEDs, and would exempt a person or entity that acquires an AED for emergency care from liability for civil damages resulting from any acts or omissions in the rendering of emergency care if certain requirements have been met. The bill would make these provisions operative on January 1, 2017.

DIGEST KEY

BILL TEXT THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Chapter 3 (commencing with Section 19300) is added to Part 3 of Division 13 of the Health and Safety Code, to read:

CHAPTER 3. Automated External Defibrillators 19300.

(a) This chapter applies to all of the following structures, as defined in Chapter 3 (commencing with Section 301.1) of Part 2, the California Building Code, of Title 24, the California Building Standards Code, of the California Code of Regulations, that are constructed on or after January 1, 2017:

- (1) Group A assembly buildings with an occupancy of greater than 300.
- (2) Group B business buildings with an occupancy of 200 or more.
- (3) Group E educational buildings with an occupancy of 200 or more.
- (4) Group F factory buildings with an occupancy of 200 or more.
- (5) Group I institutional buildings with an occupancy of 200 or more.
- (6) Group M mercantile buildings with an occupancy of 200 or more.

(7) Group R residential buildings with an occupancy of 200 or more, excluding single-family and multifamily dwelling units.

(b) A structure described in subdivision (a) that is an occupied structure shall have an automated external defibrillator (AED) on the premises subject to the requirements in Section 1797.196. A person or entity that acquires an AED for emergency care pursuant to this section shall not be liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care by use of an AED if that person or entity has complied with subdivision (b) of Section 1797.196.

(c) (1) This chapter shall not apply to a structure in subdivision (a) that is owned or operated by any local government entity.

(2) This chapter shall not apply to a health facility licensed under subdivision (a), (b), (c), or (f) of Section 1250 of the Health and Safety Code.

(d) This chapter shall not be construed to apply to a structure that is vacant or under construction or renovation.

(e) This chapter shall become operative on January 1, 2017.

Senate Bill No. 658

CHAPTER 264

An act to amend Section 1714.21 of the Civil Code, and to amend Section 1797.196 of the Health and Safety Code, relating to automated external defibrillators.

[Approved by Governor September 3, 2015. Filed with Secretary of State September 3, 2015.]

legislative counsel ,s digest

SB 658, Hill. Automated external defibrillators.

Existing law exempts from civil liability any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an automated external defibrillator (AED) at the scene of an emergency, except in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment. Existing law also exempts from civil liability a person or entity that acquires an AED for emergency use, a physician who is involved with the placement of the AED, and any person or entity responsible for the site where the AED is located if specified conditions are met, including maintenance and regular testing of the AED and having a written plan that describes the procedures to be followed in case of an emergency that may involve the use of the AED. Under existing law, those specified conditions also require, when an AED is placed in a public or private K-12 school, the school principal to, among other things, ensure that the school administrators and staff annually receive a brochure, approved as to content and style by the American Heart Association or the American Red Cross, that describes the proper use of an AED, to ensure that similar information is posted next to every AED, and to designate the trained employees who are available to respond to an emergency that may involve the use of an AED during normal operating hours.

This bill would provide an exemption from civil liability for a physician and surgeon or other health care professional that is involved in the selection, placement, or installation of an AED. The bill would require a person or entity, other than a health facility as defined, that acquires an AED to, among other things, comply with specified regulations for the placement of the device and ensure that the AED is maintained and tested as specified. The bill would require a building owner to annually notify the tenants as to the location of the AED units and provide information to tenants about who they can contact if they want to voluntarily take AED or CPR training, to offer a demonstration to at least one person associated with the building as to the use of an AED in an emergency, and post instructions for the use of the AED. The bill would also specify that a medical director or physician

and surgeon is not required to be involved in the acquisition or placement of an AED. The bill would make related changes.

This bill would revise the public or private K–12 school provisions described above by instead requiring, when an AED is placed in a public or private K–12 school, the school principal to ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED, by instead requiring the school principal to ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED, and by deleting the requirement that the school principal designate the trained employees who are available to respond to an emergency that may involve the use of an AED during normal operating hours.

The people of the State of California do enact as follows:

SECTION 1. Section 1714.21 of the Civil Code is amended to read: 1714.21. (a) For purposes of this section, the following definitions shall apply:

(1) "AED" or "defibrillator" means an automated external defibrillator.

(2) "CPR" means cardiopulmonary resuscitation.

(b) Any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an AED at the scene of an emergency is not liable for any civil damages resulting from any acts or omissions in rendering the emergency care.

(c) A person or entity who provides CPR and AED training to a person who renders emergency care pursuant to subdivision (b) is not liable for any civil damages resulting from any acts or omissions of the person rendering the emergency care.

(d) (1) A person or entity that acquires an AED for emergency use pursuant to this section is not liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care by use of an AED if that person or entity has complied with subdivision (b) of Section 1797.196 of the Health and Safety Code.

(2) A physician and surgeon or other health care professional that is involved in the selection, placement, or installation of an AED pursuant to Section 1797.196 of the Health and Safety Code is not liable for civil damages resulting from acts or omissions in the rendering of emergency care by use of that AED.

(e) The protections specified in this section do not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.

(f) This section does not relieve a manufacturer, designer, developer, distributor, installer, or supplier of an AED or defibrillator of any liability under any applicable statute or rule of law.

SEC. 2. Section 1797.196 of the Health and Safety Code is amended to read:

1797.196. (a) For purposes of this section, "AED" or "defibrillator" means an automated external defibrillator.

(b) (1) In order to ensure public safety, a person or entity that acquires an AED shall do all of the following:

(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 operation and maintenance guidelines set forth by the manufacturer.

(D) Ensure that the AED is tested at least biannually and after each use.

(E) Ensure that an inspection is made of all AEDs on the premises 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.

(F) Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.

(2) When an AED is placed in a building, the building owner shall do all of the following:

(A) At least once a year, notify the tenants as to the location of the AED units and provide information to tenants 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 the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.

(C) Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.

(3) A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED.

(c) (1) When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

(2) This section does not prohibit a school employee or other person from rendering aid with an AED.

(d) A manufacturer or retailer supplying an AED shall provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

(e) A violation of this section is not subject to penalties pursuant to Section 1798.206.

(f) Nothing in this section or Section 1714.21 of the Civil Code may be construed to require a building owner or a building manager to acquire and have installed an AED in any building.

have installed an AED in any building. (g) For purposes of this section, "local EMS agency" means an agency established pursuant to Section 1797.200.

(h) This section does not apply to facilities licensed pursuant to subdivision (a), (b), (c), or (f) of Section 1250.

Ο



Rescue Union - Pleasant Grove Middle School

AED Policies & Procedures

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com



Rescue Union - Pleasant Grove Middle School AED PROGRAM CONTACT LIST

AED Coordinator: Bree Harris

Location: 2390 Bass Lake Road Rescue, CA, 95672 Phone Number: (530)672-4300 Email: bharris@rescueusd.org

Site Contact: Bree Harris

Location: 2540 Green Valley Rd. Rescue, CA, 95672 Phone Number: (530)672-4300 Email: bharris@rescueusd.org

Medical Director: Michael Choy, MD

Phone Number: (530) 477-6818 Email: info@dipietroassociates.com

Local EMS: El Dorado County

Contact: Richard W. Todd, Administrator Location: 2900 Fair Lane Court Placerville, CA 95667 Phone Number: (530)621-6500 Email: richard.todd@edcgov.us

AED Program Management: DiPietro & Associates, Inc.

Location: 101 W. McKnight Way Ste B #255 Grass Valley, CA, 95949 Phone Number: (530) 477-6818 Email: david@dipietroassociates.com



Rescue Union - Pleasant Grove Middle School AED LOCATIONS

Location: Health Office Serial Number: 16D00947353

Location: Multipurpose Room Serial Number: 16D00947349



DiPietro & Associates, Inc.

"Helping Companies Navigate Safety"

Medical Direction & Prescription Certificate

As a client of DiPietro & Associates Inc. the following location is under the medical direction of Michael Choy, MD. for a period of one year from:

Effective Date: July 15, 2019 Company Name: Rescue Union - Pleasant Grove Middle School Location: 2540 Green Valley Rd. Rescue, CA, 95672

This prescription is renewable yearly through DiPietro & Associates Inc. In accordance with the recommendations of the American Heart Association, DiPietro & Associates agrees to provide all of the necessary tools and support for placement of an automated external defibrillator (AED) at your location. The following AED(s) are covered by this prescription:

AED Make / Model: HeartSine Samaritan 350P Serial Number(s): 16D00947353 16D00947349

By implementing DiPietro & Associates online tracking system you will meet or exceed all guidelines and recommendations for private ownership of an AED for the establishment of a public access defibrillation program. In order for this prescription and medical direction to be in effect, all steps of the implementation program must be completed.

Upon termination or expiration of the service agreement with DiPietro & Associates, Inc., the client assumes complete responsibility and liability for all AEDs purchased and AED programs implemented. These responsibilities include, but are not limited to: medical control and oversight, ongoing training, event review, policies and procedures updates, equipment maintenance, and ongoing AED program compliance.

Muchael Chog MD

Michael Choy, MD Medical Director

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com

Rescue Union - Pleasant Grove Middle School AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM **Standard Operating Procedures**

Effective Date: 7/15/2019

1. BACKGROUND

Sudden Cardiac Arrest is the nation's leading cause of death. 350,000 relatives, co-workers, and neighbors will suffer a Sudden Cardiac Arrest this year. Despite immediate CPR efforts and a rapid 911 response, tragically less than 5% will survive. In response to these chilling statistics the Food and Drug Administration, Federal and State Legislatures, as well as OSHA, have approved Automatic External Defibrillators (AEDs) and recommend their implementation in the workplace.

AEDs are devices designed to administer an electric shock to the heart of a Sudden Cardiac Arrest victim. This "electric medicine" stops a fatal rhythm called Ventricular Fibrillation and allows the patients heart to begin beating on its own. The shock can only be delivered after the device has verified the patient is in Cardiac Arrest, delivery of an inappropriate shock is not possible.

The American Heart Association as well as Federal guidelines recommend that AED treatment be given within the first 3-5 minutes of a Sudden Cardiac Arrest. To achieve this recommendation AEDs must be strategically placed and appropriate numbers of employees trained to use them. By doing so we may improve survivability of Cardiac Arrest by as much as 65%. Every minute that defibrillation is delayed; 7-10% of survivability is lost. After 10 minutes without defibrillation the patient's chances of survival drop to less than 5%. To effectively treat Sudden Cardiac Arrest, AEDs must be immediately available.

2. PROGRAM OBJECTIVE

To make available the most rapid response possible to a victim of a Sudden Cardiac Arrest.

To implement the American Heart Association recommended "Chain of Survival" including early defibrillation within 3 minutes of a reported event.

To make available to our clients, partners, employees, contractors and guests the best chances of surviving the nation's leading cause of death.



The 5 links in the adult Chain of Survival are

• Immediate recognition of cardiac arrest and activation of the emergency response system

- Early cardiopulmonary resuscitation (CPR) with an emphasis on chest compressions
- Rapid **defibrillation**
- Effective advanced life support
- Integrated **post-cardiac arrest care**

A strong Chain of Survival can improve chances of survival and recovery for victims of heart attack, stroke and other emergencies.

3. PURPOSE

These policies and procedures provide the necessary information to effectively implement, administer, and maintain the AED program. Access and training on these policies and procedures should be provided to any employee that may voluntarily render assistance at the scene of a cardiac arrest or who wishes to be involved with the administration of this program. All Targeted Responders, Site Contacts, and AED Coordinators are required to become familiar with these policies and procedures and will be provided formal training and American Heart Association certification.

4. SCOPE

These policies and procedures define responsibilities and methods by which personnel will comply with corporate and state regulatory requirements. All onsite Automated External Defibrillators (AEDs) shall be subject to these policies and procedures.

These policies and procedures apply to all employees who are members of the voluntary Emergency Response Team or who may voluntarily render First Aid, CPR or defibrillation.

These policies and procedures are a compilation of CA state standards for the use of an AED by non-licensed personnel or Public Access Defibrillation Programs (PAD). Additional action by the Site Contacts and/or AED Coordinator may be necessary to comply with these requirements.

5. **DEFINITIONS**

- 5.1 <u>AED</u> is the acronym used to describe the AUTOMATED EXTERNAL DEFIBRILLATOR. The AED in use at Rescue Union - Pleasant Grove Middle School is the HeartSine Samaritan. Operating instructions and maintenance manuals are available in this document or by contacting the Site Coordinator.
- 5.2 The <u>Medical Director</u> is a licensed physician that has authority over the entire AED program and its participants. General responsibilities include establishing guidelines for administration, implementation and maintenance of the program. The Medical Director oversees quality assurance, compliance to protocols, proper training and provides positive reinforcement to individuals and the system, as well as corrective instruction. The Medical Director will provide post event review and make system improvement recommendations.
- 5.3 The <u>AED Coordinator</u> is an employee of Rescue Union Pleasant Grove Middle School who is the primary liaison between the company's AED program and the Medical Director. This person will help the organization fulfill its responsibility for maintaining

the program from a corporate level. The AED Coordinator will disseminate program information to and from the Medical Director, DiPietro & Associates, Inc. and the Site Contacts. The AED Coordinator will play an active role in the development of policies and procedures, quality assurance and program evaluation. The AED Coordinator will be given instructions, a username and password to the online tracking system. He/She will ensure required information is entered into the online tracking system in a timely manner and are responsible for communication with the online tracking system.

5.4 The <u>Site Contacts</u> are employees at the individual facilities equipped with an AED. If no site contact the <u>AED coordinator</u> will assume all site contact responsibilities. The primary responsibility of the Site Contacts is to ensure the readiness of the AED program for the local level. The Site Contacts are responsible for on-site coordination and to assist the AED Coordinator and Medical Director as necessary.

The Site Contacts are also responsible to ensure that all AED units are inspected, maintained and tested according to the manufacturer's guidelines.

The online monthly maintenance data should be entered by the Site Contact By the 5th of every month. Information can be submitted between the 25th of the previous month and the 5th of the current month. If the monthly maintenance form is not completed by the 5th of each month, the online tracking system software will auto-email the AED coordinator a reminder.

The Site Contact is also responsible for scheduling initial training and regular retraining programs, forwarding any incident data and holding post-incident debriefing sessions for any employees involved in the use of an AED. Another critical role of the Site Contacts is to forward any information to the AED Coordinator that could adversely affect the AED program.

The names of the Site Contact(s) and AED Coordinator(s) are listed in the AED Program Contact List and in the AED Navigator Database.

<u>Targeted Responders</u> are specific individuals who have volunteered to respond to a cardiac emergency and have been trained in accordance with these policies and procedures. A sufficient number of Targeted Responders may be designated to ensure that someone is available to use the AED in all areas during normal business hours. 10-15% of the total employee number, strategically located throughout the facility is a commonly accepted standard. This percentage is only a rule of thumb and is not regulatory driven or mandated. Targeted Responders are, in most cases, the same people that make up the voluntary Emergency Response Team.

6. **PROGRAM DESCRIPTION**

- 6.1 Responsibility
 - 6.1.1 Responsibility of AED Coordinator/Site Contact
 - 6.1.1.1 To establish an AED standard operating procedure.
 - 6.1.1.2 To disseminate information to and from program elements.
 - 6.1.1.3 To maintain the AED program to ensure compliance with these standards.
 - 6.1.1.4 To periodically evaluate facilities for any change in conditions that could adversely affect program effectiveness.
 - 6.1.1.5 To ensure there is an appropriate number of trained responders.

- 6.1.1.6 To provide necessary safety equipment including personal protective equipment for targeted responders.
- 6.1.1.7 To provide appropriate signage identified location of AED's.
- 6.1.1.8 To ensure information is entered into the online tracking system software in a timely manner.
- 6.1.1.9 To ensure that all participating personnel are identified and receive training on these policies and procedures.
- 6.1.2.0 To assure that proper safety procedures regarding AEDs, as outlined in this policy, are followed.
- 6.1.2.1 To ensure response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
- 6.1.3 Responsibilities of the Targeted Responder
 - 6.1.3.1 To conduct response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
 - 6.1.3.2 To report any AED use, indicators or alarms, or missing AEDs to their supervisor.
 - 6.1.3.3 They should maintain certification.
- 6.2 Equipment, Location, Inspection and Maintenance
 - 6.2.1 Equipment
 - 6.2.1.1 The following equipment shall be maintained as part of the AED Program and is to be used only for AED emergencies:
 - Heartsine Samaritan
 - Manufacturer's prep kit
 - Extra set of AED pads
 - Extra batteries
 - 6.2.1.2 For the exact location of the AED refer to the nearest evacuation map.
 - 6.2.1.3 AEDs are in an AED Cabinet and announced by appropriate signage.
 - 6.2.2 Inspections of AED Units
 - 6.2.2.1 The AED coordinator, or other staff member(s) as designated, shall inspect the AED at least monthly. At some facilities, this can be incorporated into the facility's fire extinguisher inspection checklist.
 - 6.2.2.2 Inspections will confirm that the AED is:
 - In place and accessible
 - Ready for use, with the electrodes attached to the unit (verify according to manufacturer's directions)
 - All related supplies are in place, within shelf life and in good condition
 - The monthly inspection will be entered into the monthly maintenance log in the online tracking system.
 - 6.2.3 Maintenance see the User's Guide for the complete maintenance schedule.

6.3 Procedures

6.3.1 Responding to an Emergency

In the event of an emergency potentially requiring the use of CPR or the AED unit, the first responder shall immediately call "911", or direct someone to call "911" and state:

- The nature of the emergency
- The location
- Caller's name
- Caller's call back number

The first responder will direct someone to get the AED and bring it to the location of the emergency. Turn on the HeartSine Samaritan and follow the CPR prompts.

Try to get the person to respond. Tap and shout. If they do not respond, roll the person on his or her back on a firm, flat surface.

Start chest compressions. Place the heel of one hand on the lower half of the breastbone, Put the heel of your other hand on top of the first hand,

Press straight down so you compress the chest **at least 2 – 2.5**" at a rate of at least 100 compressions a minute for adults.

For children, push the chest up to 2'' at the same rate of at least 100 compressions a minute.

After each compression, let the chest come back up to its normal position.

Compressions are very important and doing them correctly can be tiring. If other trainer responder(s) are available, take turns switching about every 2 minutes. Move quickly to keep the pause between compressions as short as possible.

Continue until the person moves or wakes, or until 911 arrives.

The first certified AED user on the scene would be responsible for directing its use. A more detailed response description and treatment algorithm should be placed with each AED unit.

6.3.2 Post Incident

Any cardiac event or use of the AED shall be reported to the Office Supervisor and AED Coordinator. If they are unable to reach, the incident shall be reported directly to DiPietro & Associates, Inc. Main Office at (530) 477-6818.

By the next business day after the event, the AED Coordinator must be notified and the AED Coordinator must acknowledge that they have received the notification. If the AED Coordinator does not acknowledge receipt within 4 hours, contact should be made directly with DiPietro & Associates, Inc. (530) 477-6818. Report information should include:

- Date/time of the incident
- Nature of the incident
- Location of the AED used
- Patient (name)

- Responders (names and contact information)
- Witnesses (names and contact information)
- Follow-up care (hospital, doctor, phone numbers)

The AED Coordinator will do the following after any AED use:

- Complete an event report (section 8).
- Complete the Event Summary Form in the online tracking system
- Notify DiPietro & Associates, Inc. (530) 477-6818, if not already contacted.
- Download data and Label with patient information and deliver to DiPietro & Associates, Inc. or designated Medical Director. See www.heartsine.com for instructions and free software or call DiPietro & Associates, Inc., Inc. for assistance (530) 477-6818.
- Conduct incident debriefing, as needed.
- Complete incident follow-up report as deemed necessary by the Medical Director.
- Clean the AED if needed. Review User's Guide for list of appropriate cleaning agents.
- Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or old expiration dates.
- Refer to user's manual; perform post use inspection before placing the unit back in service.
- 6.4 Program Evaluation
 - 6.4.1 The AED Coordinator and the designated AED Medical Director will evaluate the AED program annually or following each use of an AED.
- 6.5 Personnel, Training and Record Keeping.
 - 6.5.1 Training Program

All Targeted Responders shall receive training on the use of the AED, these policies and procedures, general safety procedures, and use of any necessary personal protection equipment.

Initial training shall consist minimally of a 3-4 hour CPR/AED class taught in accordance with American Heart Association guidelines, with mandatory periodic skills evaluations. A 5-7 hour CPR/AED/First Aid class will also meet this requirement. Skills evaluations, required in California, are necessary to maintain proficiency and may take a variety of forms.

Re-certification training will be conducted annually. Staff may be trained on alternate years. Although certification cards may be valid for up to two years, Medical Direction requires AED Targeted Responders to recertify annually. To schedule training, contact DiPietro & Associates, Inc. at (530) 477-6818 or via email to support@DiPietroAssociates.com.

7. REPORTING AND RECORDKEEPING REQUIREMENTS

7.1 Any cardiac event and the use of the AED will be reported to the Office Supervisor and AED Coordinator immediately.
- 7.2 Any use of the AED will be reported to the AED Coordinator by the next business day, who will notify DiPietro & Associates, Inc. (530) 477-6818. If the AED Coordinator does not acknowledge notification within (4 hours) contact DiPietro & Associates, Inc. directly at (530) 477-6818.
- 7.3 AED Use Records shall be maintained in accordance with the requirements stated in ABCDEF Safety and Risk Management Program manual and as required by law.

8. **REFERENCES**

- 8.1 American Heart Association Heartsaver AED Training Manual.
- 8.2 CA Code of Regulations, Title 22. Division 9. chapter 1.8
- 8.3 Senate Bill 911
- 8.4 Assembly Bill 2041

9. CONTINGENCIES

9.1 The sections to this policy may be updated at any time without revising the policy. Superseded sections will be archived with the original policy.

10. SIGNATURES

Approved by:

Name and Title

Date: _____

Approved by:

Name and Title

Date:

Rescue Union - Pleasant Grove Middle School

Treatment Algorithm

2015 (New): Universal elements of a system of care have been identified to provide stakeholders with a resuscitation system (Figure 3).

that are required before that convergence are very different for the 2 settings. Patients who have an OHCA depend on their community for support. Lay rescuers must recognize the arrest, call for help, and initiate CPR and provide common framework with which to assemble an integrate fibrillation (ie, public-access defibrillation [PAD]) until a team of professionally trained emergency medical service

Why: Healthcare delivery requires structure (eg, people, (EMS) providers assumes responsibility and then transports equipment, education) and process (eg, policies, protocols, patient to an emergency department and/or cardiac procedures) that, when integrated, produce a system (eg, a'critical care unit for continued care. In contrast, patients programs, organizations, cultures) that leads to optimal outcomes (eg, patient survival and safety, quality, satisfaction), who have an IHCA depend on a system of appropriate An effective system of care comprises all of these elements elements (eg, rapid response or early warning system) to prevent cardiac arrest. If cardiac arrest occurs, patients structure, process, system, and patient outcomes—in a depend on the smooth interaction of the institution's various framework of continuous quality improvement. departments and services and on a multidisciplinary team

Chains of Survival

of professional providers, including physicians, nurses, respiratory therapists, and others. 2015 (New): Separate Chains of Survival (Figure 4) have been recommended that identify the different pathways Use of Social Media to Summon Rescuers of care for patients who experience cardiac arrest in the hospital as distinct from out-of-hospital settings.

2015 (New): It may be reasonable for communities to incorporate social media technologies that summon rescuers Why: The care for all post-cardiac arrest patients, regardlessare in close proximity to a victim of suspected OHCA of where their arrests occur, converges in the hospital, and are willing and able to perform CPR.

generally in an intensive care unit where post-cardiac arrect. Why: There is limited evidence to support the use of social

media by dispatchers to notify potential rescuers of a possib



cardiac arrest nearby, and activation of social media has Regionalization of Care been shown to improve survival from OHCA. However, in a recent study in Sweden, there was a significant increase 2015 (Reaffirmation of 2010): A regionalized approach the rate of bystander-initiated CPR when a mobile-phone OHCA resuscitation that includes the use of cardiac resuscitation centers may be considered. dispatch system was used ven the low harm and the potential benefit, as well as the ubiquitous presence of CWhy: A cardiac resuscitation center is a hospital that devices, municipalities could consider incorporating these provides evidence-based care in resuscitation and posttechnologies into their OHCA systems of care.

is hoped that resuscitation systems of care will achieve the 2015 (Updated): For adult patients, rapid response team improved survival rates that followed establishment of oth (RRT) or medical emergency team (MET) systems can systems of care, such as trauma. be effective in reducing the incidence of cardiac arrest, particularly in the general care wards. Pediatric MET/RRT systems may be considered in facilities where children w high-risk illnesses are cared for in general in-patient unit The use of early warning sign systems may be considered for adults and children.

2010 (Old): Although conflicting evidence exists, expert

consensus recommended the systematic identification offey issues and major changes in the 2015 Guidelines patients at risk of cardiac arrest, an organized response Update recommendations for adult CPR by lay rescuers to such patients, and an evaluation of outcomes to fosteinclude the following: continuous quality improvement. The crucial links in the out-of-hospital adult Chain of Survival are

Why: RRTs or METs were established to provide early intervention for patients with clinical deterioration, with the goal of preventing IHCA. Teams can be composed of

The Adult BLS Algorithm has been modified to reflect the fact that varying combinations of physicians, nurses, and respiratory rescuers can activate an emergency response (ie, through use of a therapists. These teams are usually summoned to a patient mobile telephone) without leaving the victim's side. bedside when acute deterioration is identified by hospital

staff. The team typically brings emergency monitoring and resuscitation equipment and drugs. Although the evidence

is still evolving, there is face validity in the concept of having commendations have been strengthened to encourage teams trained in the complex choreography of resuscitation. In the recognition of unresponsiveness, activation of the

2015 (Reaffirmation of 2010): Resuscitation systems should establish ongoing assessment and improvement of systemsCPR instructions to the caller (ie, dispatch-guided CPR). of care.

Why: There is evidence of considerable regional variation in the reported incidence and outcome of cardiac arrest in the United States. This variation underscores the need for communities and systems to accurately identify each occurrence of treated cardiac arrest and to record outcomes. There are likely to be opportunities to improve survival rates in many communities.

Community- and hospital-based resuscitation programs should systematically monitor cardiac arrests, the level of resuscitation care provided, and outcome. Continuous quality improvement includes systematic evaluation and feedback, measurement or benchmarking, and analysis. Continuous efforts are needed to optimize resuscitation care so that the gaps between ideal and actual resuscitation fife-threatening opioid-associated emergencies. performance can be narrowed.

Adult Basic Life Support and CPR

Quality: Lay Rescuer CPR

cardiac arrest care, including 24-hour, 7-day percutaneous coronary intervention (PCI) capability, TTM with an adequa annual volume of cases, and commitment to ongoing performance improvement that includes measurement, benchmarking, and both feedback and process change. It

It is recommended that communities with people at risk for cardiac arrest implement PAD programs.

unchanged from 2010, with continued emphasis on the simplified

universal Adult Basic Life Support (BLS) Algorithm.

emergency response system, and initiation of CPR if the lay rescuer finds an unresponsive victim is not breathing or not breathing normally (eg, gasping).

Emphasis has been increased about the rapid identification of potential cardiac arrest by dispatchers, with immediate provision of

The recommended sequence for a single rescuer has been confirmed: the single rescuer is to initiate chest compressions before giving rescue breaths (C-A-B rather than A-B-C) to reduce delay to first compression. The single rescuer should begin CPR with 30 chest compressions followed by 2 breaths.

There is continued emphasis on the characteristics of high-quality. CPR: compressing the chest at an adequate rate and depth. allowing complete chest recoil after each compression, minimizing interruptions in compressions, and avoiding excessive ventilation.

The recommended chest compression rate is 100 to 120/min (updated from at least 100/min).

The clarified recommendation for chest compression depth for adults is at least 2 inches (5 cm) but not greater than 2.4 inches (6 cm).

Bystander-administered naloxone may be considered for suspected

These changes are designed to simplify lay rescuer training and to emphasize the need for early chest compressions for victims of sudden cardiac arrest. More Cardiac arrest victims sometimes present with seizure-like information about these changes appears below.

In the following topics, changes or points of emphasis presentations of cardiac arrest to enable prompt recognition that are similar for lay rescuers and HCPs are noted wiald immediate dispatcher-guided CPR. an asterisk (*).

Community Lay Rescuer AED Programs

2015 (Updated): It is recommended that PAD programs for patients with OHCA be implemented in public locationseathing, the rescuer and the dispatcher should assume arrest (eg, airports, casinos, sports facilities).

2010 (Old): CPR and the use of automated external descriptions. defibrillators (AEDs) by public safety first responders were recommended to increase survival rates for out-of-hospi 2010 (Old): To help bystanders recognize cardiac sudden cardiac arrest. The 2010 Guidelines recommender est, dispatchers should ask about an adult victim's the establishment of AED programs in public locations wire ponsiveness, if the victim is breathing, and if the breathin there is a relatively high likelihood of witnessed cardiac arrestmal, in an attempt to distinguish victims with agonal gasps (ie, in those who need CPR) from victims who are (eq, airports, casinos, sports facilities). breathing normally and do not need CPR.

Why: There is clear and consistent evidence of improved survival from cardiac arrest when a bystander performs Why: This change from the 2010 Guidelines emphasizes the CPR and rapidly uses an AED. Thus, immediate access toole that emergency dispatchers can play in helping the lay a defibrillator is a primary component of the system of corecuer recognize absent or abnormal breathing.

The implementation of a PAD program requires 4 essential patchers should be specifically educated to help components: (1) a planned and practiced response, which standers recognize that agonal gasps are a sign of ideally includes identification of locations and neighborhood arrest. Dispatchers should also be aware that where there is high risk of cardiac arrest, placement of AFPC generalized seizures may be the first manifestation in those areas and ensuring that bystanders are aware of the off ardiac arrest. In summary, in addition to activating location of the AEDs, and, typically, oversight by an HCP of calculate all rest. In Summary, the dispatcher should training of anticipated rescuers in CPR and use of the AED sk straightforward questions about whether the patient is (3) an integrated link with the local EMS system; and (4) thresponsive and if breathing is normal or abnormal in order program of ongoing quality improvement. to identify patients with possible cardiac arrest and enable

A system-of-care approach for OHCA might include public ispatcher-guided CPR. A system-of-care approach for one change approach for

service access point has replaced the less-precise EMS

2015 (Updated): Untrained lay rescuers should provide dispatch center). Such a policy would enable PSAPs to direct compression-only (Hands-Only) CPR, with or without bystanders to retrieve nearby AEDs and assist in their Use dispatcher guidance, for adult victims of cardiac arrest. The when OHCA occurs. Many municipalities as well as the federal government have enacted legislation to place AEDs and AED or rescuers with additional training. All lay in municipal buildings, large public venues, airports, casinos lescuers should, at a minimum, provide chest compressions and schools. For the 20% of OHCAs that occur in public for victims of cardiac arrest. In addition, if the trained lay areas, these community programs represent an important rescuer is able to perform rescue breaths, he or she should link in the Chain of Survival between recognition and add rescue breaths in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED activation of the PSAPs. This information is expanded in 4: Systems of Care and Continuous Quality Improvement arrives and is ready for use, EMS providers take over care of the 2015 Guidelines Update. the victim, or the victim starts to move.

There is insufficient evidence to recommend for or agair 2010 (Old): If a bystander is not trained in CPR, the the deployment of AEDs in homes. Victims of OHCAs that by stander should provide compression-only CPR for the occur in private residences are much less likely to receive dult victim who suddenly collapses, with an emphasis to chest compressions than are patients who experience 'push hard and fast" on the center of the chest, or follow cardiac arrest in public settings. Real-time instructions the directions of the EMS dispatcher. The rescuer should provided by emergency dispatchers may help potential in-home rescuers to initiate action. Robust community CPR and is ready for use or EMS providers take over care of training programs for cardiac arrest, along with effective the victim. All trained lay rescuers should, at a minimum, prearrival dispatch protocols, can improve outcomes.

activity or agonal gasps that can confuse potential rescuers. Dispatchers should be specifically trained to identify these

2015 (Updated): To help bystanders recognize cardiac arrest, dispatchers should inquire about a victim's absence of responsiveness and quality of breathing (normal versus not normal). If the victim is unresponsive with absent or abnorm

where there is a relatively high likelihood of witnessed carathe victim is in cardiac arrest. Dispatchers should be educated to identify unresponsiveness with abnormal and agonal gasps across a range of clinical presentations and

provide chest compressions for victims of cardiac arrest compressions (eg, to open the airway, deliver rescue breat addition, if the trained lay rescuer is able to perform resallew AED analysis). In most studies, more compressions a breaths, compressions and breaths should be provided inspociated with higher survival rates, and fewer compress ratio of 30 compressions to 2 breaths. The rescuer shoulare associated with lower survival rates. Provision of adequ continue CPR until an AED arrives and is ready for use ochest compressions requires an emphasis not only on an EMS providers take over care of the victim. adequate compression rate but also on minimizing interrup

Why: Compression-only CPR is easy for an untrained res to perform and can be more effectively guided by dispat over the telephone. Moreover, survival rates from adult arrests of cardiac etiology are similar with either compre only CPR or CPR with both compressions and rescue brea when provided before EMS arrival. However, for the train lay rescuer who is able, the recommendation remains for the upper limit of compression rate is based on 1 large registry rescuer to perform both compressions and breaths.

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions appressions delivered during resuscitation. rate of 100 to 120/min.

2010 (Old): It is reasonable for lay rescuers and HCPs to

Why: The number of chest compressions delivered per minute during CPR is an important determinant of return of pression depths (greater than 2.4 inches [6 cm]). spontaneous circulation (ROSC) and survival with good

to this critical component of CPR. An inadequate compress or frequent interruptions (or both) will reduce the tota The period of compressions delivered per minute. New to the Buidelines Update are upper limits of recommended pression rate and compression depth, based on liminary data suggesting that excessive compression ra depth adversely affect outcomes. The addition of an

study analysis associating extremely rapid compression ra-(greater than 140/min) with inadequate compression depth Box 1 uses the analogy of automobile travel to explain the effect of compression rate and interruptions on total numb

2015 (Updated): During manual CPR, rescuers should perform chest compressions at a rate of at least 100/min perform chest compressions to a depth of at least 2 inchest (5 cm) for an average adult, while avoiding excessive ches

neurologic function. The actual number of chest compressions (5 cm). 2010 (Old): The adult sternum should be depressed at least delivered per minute is determined by the rate of chest

compressions and the number and duration of interrupti Why: Compressions create blood flow primarily by increasi

Box 1

Number of Compressions Delivered Affected by Compression Rate and by Interruptions

The total number of compressions delivered during resuscitation is an important determinant of survival from cardiac arrest.

- The number of compressions delivered is affected by the compression rate (the frequency of chest compressions per minute) and by the compression fraction (the portion of total CPR time during which compressions are performed). Increases in compression rate and fraction increase the total number of compressions delivered. Compression fraction is improved by reducing the number and duration of any interruptions in compressions.
- An analogy can be found in automobile travel. When traveling in an automobile, the number of miles traveled in a day is affected not only by the speed (rate of travel) but also by the number and duration of any stops (interruptions in travel). Traveling 60 mph without interruptions translates to an actual travel distance of 60 miles in an hour. Traveling 60 mph except for a 10-minute stop translates to an actual travel of 50 miles in that hour. The more frequent and the more prolonged the stops, the lower the actual miles traveled.
- During CPR, rescuers should deliver effective compressions at an appropriate rate (100 to 120/min) and depth while minimizing the number and duration of interruptions in chest compressions. Additional components of high-quality CPR include allowing complete chest recoil after each compression and avoiding excessive ventilation.

intrathoracic pressure and directly compressing the heart, which in turn results in critical blood flow and oxygen deliv to the heart and brain. Rescuers often do not compress the chest deeply enough despite the recommendation to "pusl hard." While a compression depth of at least 2 inches (5 cr is recommended, the 2015 Guidelines Update incorporates new evidence about the potential for an upper threshold of compression depth (greater than 2.4 inches [6 cm]), beyor which complications may occur. Compression depth may be difficult to judge without use of feedback devices, and identification of upper limits of compression depth may be challenging. It is important for rescuers to know that the recommendation about the upper limit of compression dep is based on 1 very small study that reported an association between excessive compression depth and injuries that were not life-threatening. Most monitoring via CPR feedbac devices suggests that compressions are more often too shallow than they are too deep.

2015 (New): For patients with known or suspected opioid addiction who are unresponsive with no normal breathing but a pulse, it is reasonable for appropriately trained lay rescuers and BLS providers, in addition to providing standard BLS care, to administer intramuscular (IM) or intranasal (IN) naloxone. Opioid overdose response education with or without naloxone distribution to persons. at risk for opioid overdose in any setting may be considere This topic is also addressed in the Special Circumstances o Resuscitation section.

the large burden of disease from lethal opioid overdoses, as well as some documented success in targeted national Where EMS systems have adopted bundles of care involving strategies for bystander-administered naloxone for people continuous chest compressions, the use of passive ventilation at risk. In 2014, the naloxone autoinjector was approved by the US Food and Drug Administration for use by lay rescuers and HCPsThe resuscitation training network has requested information about the best way to incorporate such a device into the adult BLS guidelines and training. Thiger minute) is recommended.

Adult Basic Life Support and CPR Quality: HCP BLS

Summary of Key Issues and Major Changes

Key issues and major changes in the 2015 Guidelines Update recommendations for HCPs include the following Immediate Recognition and Activation of

- These recommendations allow flexibility for activation of the emergency response system to better match the HCP's clinical setting.
- Trained rescuers are encouraged to simultaneously perform some steps (ie, checking for breathing and pulse at the same time), in an effort to reduce the time to first chest compression.
- Integrated teams of highly trained rescuers may use a choreographed approach that accomplishes multiple steps and assessments simultaneously rather than the sequential manner used by individual rescuers (eg, one rescuer activates the emergency response system while another begins chest compressions, a third either provides ventilation or retrieves the bag-mask device for rescue breaths, and a fourth retrieves and sets up a defibrillator).
- Increased emphasis has been placed on high-quality CPR using performance targets (compressions of adequate rate and depth, allowing complete chest recoil between compressions, minimizing interruptions in compressions, and avoiding excessive ventilation). See Table 1.
- Compression rate is modified to a range of 100 to 120/min.
- Compression depth for adults is modified to at least 2 inches (5) cm) but should not exceed 2.4 inches (6 cm).
- To allow full chest wall recoil fter each compression, rescuers must avoid leaning on the chest between compressions.
- Criteria for minimizing interruptions ified with a goal of

Why: There is substantial epidemiologic data demonstrating chest compression fraction as high as possible, with a target of at east 60%.

> techniques may be considered as part of that bundle for victims of OHCA.

For patients with ongoing CPR and an advanced airway in place, a simplified ventilation rate of 1 breath every 6 seconds (10 breaths

recommendation incorporates the newly approved treatment. These changes are designed to simplify training for HCPs and to continue to emphasize the need to provide early and high-quality CPR for victims of cardiac arrest. More information about these changes follows.

> In the following topics for HCPs, an asterisk (*) marks those that are similar for HCPs and lay rescuers.

Emergency Response System

2015 (Updated): HCPs must call for nearby help upon finding the victim unresponsive, but it would be practical for an HCP to continue to assess the breathing and pulse simultaneously before fully activating the emergency response system (or calling for backup).

2010 (Old): The HCP should check for response while looking at the patient to determine if breathing is absent or not normal.

Why: The intent of the recommendation change is to minimize delay and to encourage fast, efficient simultaneous assessment and response, rather than a slow, methodical, step-by-step approach.

Emphasis on Chest Compressions*

2015 (Updated): It is reasonable for HCPs to provide chest compressions and ventilation for all adult patients in cardiac arrest, whether from a cardiac or noncardiac cause. Moreover, it is realistic for HCPs to tailor the sequence of rescue actions to the most likely cause of arrest.

2010 (Old): It is reasonable for both EMS and in-hospital professional rescuers to provide chest compressions and rescue breaths for cardiac arrest victims.

Table 1 **BLS Dos and Don'ts of Adult High-Quality CPR**

Rescuers Should	Rescuers Should Not			
Perform chest compressions at a rate of 100-120/min	Compress at a rate slower than 100/min or faster than 120/min			
Compress to a depth of at least 2 inches (5 cm)	Compress to a depth of less than 2 inches (5 cm) or greater than 2.4 inches (6 cm)			
Allow full recoil after each compression	Lean on the chest between compressions			
Minimize pauses in compressions	Interrupt compressions for greater than 10 seconds			
Ventilate adequately (2 breaths after 30 compressions, each breath delivered over 1 second, each causing chest rise)	Provide excessive ventilation (ie, too many breaths or breaths with excessive force)			

Why: Compression-only CPR is recommended for untrair Why: The minimum recommended compression rate rescuers because it is relatively easy for dispatchers to remains 100/min. The upper limit rate of 120/min has beer guide with telephone instructions. It is expected that added because 1 large registry series suggested that as th HCPs are trained in CPR and can effectively perform botkompression rate increases to more than 120/min, compre compressions and ventilation. However, the priority for t provider, especially if acting alone, should still be to active proportion of compressions of inadequate depth was the emergency response system and to provide chest about 35% for a compression rate of 100 to 119/min compressions. There may be circumstances that warranbat increased to inadequate depth in 50% of compressions change of sequence, such as the availability of an AED thaten the compression rate was 120 to 139/min and to inadequate depth in 70% of compressions when compressi the provider can quickly retrieve and use.

rate was more than 140/min.

2015 (Updated): For witnessed adult cardiac arrest when an AED is immediately available, it is reasonable that th 2015 (Updated): During manual CPR, rescuers should defibrillator be used as soon as possible. For adults with perform chest compressions to a depth of at least 2 inches unmonitored cardiac arrest or for whom an AED is not (5 cm) for an average adult while avoiding excessive chest immediately available, it is reasonable that CPR be initiated pression depths (greater than 2.4 inches [6 cm]).

while the defibrillator equipment is being retrieved and applied and that defibrillation, if indicated, be attempted and that defibrillation, if indicated, be attempted and that defibrillation. 2010 (Old): The adult sternum should be depressed at least soon as the device is ready for use.

Why: A compression depth of approximately 5 cm is 2010 (Old): When any rescuer witnesses an out-of-hospita sociated with greater likelihood of favorable outcomes should start CPR with chest compressions and use the AED arrest and an AED is immediately available on-site, the dence about whether there is an upper threshold beyon as soon as possible. HCPs who treat cardiac arrest in ho h compressions may be too deep, a recent very small and other facilities with on-site AEDs or defibrillators sho dy suggests potential injuries (none life-threatening) fro provide immediate CPR and should use the AED/defibrill sive chest compression depth (greater than 2.4 inche soon as it is available. These recommendations are desi [n]). Compression depth may be difficult to judge witho to support early CPR and early defibrillation, particularly of feedback devices, and identification of upper limits an AED or defibrillator is available within moments of the Compression depth may be challenging. It is important of sudden cardiac arrest. When an OHCA is not witnesse prescuers to know that chest compression depth is more by EMS personnel, EMS may initiate CPR while checking ften too shallow than too deep.

rhythm with the AED or on the electrocardiogram (ECG)

preparing for defibrillation. In such instances, $1\frac{1}{2}$ to 3 minutes **Recoil*** of CPR may be considered before attempted defibrillation.

Whenever 2 or more rescuers are present, CPR should b 2015 (Updated): It is reasonable for rescuers to avoid leaning provided while the defibrillator is retrieved. on the chest between compressions, to allow full chest wal With in-hospital sudden cardiac arrest, there is insufficient for adults in cardiac arrest.

evidence to support or refute CPR before defibrillation. 2010 (Old): Rescuers should allow complete recoil of the However, in monitored patients, the time from ventriculehest after each compression, to allow the heart to fill fibrillation (VF) to shock delivery should be under 3 minutempletely before the next compression.

and CPR should be performed while the defibrillator is readied. Why: Full chest wall recoil occurs when the sternum return Why: While numerous studies have addressed the questionts natural or neutral position during the decompression of whether a benefit is conferred by providing a specifiethase of CPR. Chest wall recoil creates a relative negative period (typically 1¹/₂ to 3 minutes) of chest compressionsntrathoracic pressure that promotes venous return and before shock delivery, as compared with delivering a cardiopulmonary blood flow. Leaning on the chest wall shock as soon as the AED can be readied, no difference between compressions precludes full chest wall recoil. outcome has been shown. CPR should be provided whileIncomplete recoil raises intrathoracic pressure and reduces the AED pads are applied and until the AED is ready to venous return, coronary perfusion pressure, and myocardia analyze the rhythm. blood flow and can influence resuscitation outcomes.

Chest Compression Rate: 100 to 120/min*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions (2015 (Reaffirmation of 2010): Rescuers should attempt to rate of 100 to 120/min.

Minimizing Interruptions in Chest

minimize the frequency and duration of interruptions in compressions to maximize the number of compressions

2010 (Old): It is reasonable for lay rescuers and HCPs to perform chest compressions at a rate of at least 100/mindelivered per minute. Table 2

Component	Adults and Adolescents	Children (Age 1 Year to Puberty)	Infants (Age Less Than 1 Year, Excluding Newborns)				
Scene safety	Make sure the environment is safe for rescuers and victim						
Recognition of cardiac arrest	Check for responsiveness No breathing or only gasping (ie, no normal breathing) No definite pulse felt within 10 seconds (Breathing and pulse check can be performed simultaneously in less than 10 seconds)						
Activation of emergency response system	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR Otherwise, send someone and begin CPR immediately; use the AED as soon as it is available	Witnessed collapse Follow steps for adults and adolescents on the left Unwitnessed collapse Give 2 minutes of CPR Leave the victim to activate the emergency response system and get the AED Return to the child or infant and resume CPR; use the AED as soon as it is available					
Compression- ventilation ratio without advanced airway	1 or 2 rescuers 30:2	<i>1 rescuer</i> 30:2 <i>2 or more rescuers</i> 15:2					
Compression- ventilation ratio with advanced airway	Continuous compressions at a rate of 100-120/min Give 1 breath every 6 seconds (10 breaths/min)						
Compression rate	100-120/min						
Compression depth	At least 2 inches (5 cm)*	At least one third AP diameter of chest About 2 inches (5 cm)	At least one third AP diameter of chest About 1½ inches (4 cm)				
Hand placement	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastbone (sternum)	1 rescuer 2 fingers in the center of the chest, just below the nipple line 2 or more rescuers 2 thumb–encircling hands in the center of the chest, just below the nipple line				
Chest recoil	Allow full recoil of chest afte	er each compression; do not lean on the che	est after each compression				
Minimizing interruptions	Limit interru	ptions in chest compressions to less than 1	0 seconds				

*Compression depth should be no more than 2.4 inches (6 cm).

Abbreviations: AED, automated external defibrillator; AP, anteroposterior; CPR, cardiopulmonary resuscitation.

2015 (New): For adults in cardiac arrest who receive CPR Why: Several EMS systems have tested a strategy of without an advanced airway, it may be reasonable to pepforviding initial continuous chest compressions with delay CPR with the goal of a chest compression fraction as highPas for adult victims of OHCA. In all of these EMS systems, possible, with a target of at least 60%. the providers received additional training with emphasis or

Why: Interruptions in chest compressions can be intended Why: Interruptions in chest compressions can be intended as part of required care (ie, rhythm analysis and ventilation) as part of required care (ie, rhythm analysis and ventilation) or unintended (ie, rescuer distraction). Chest compression package of care that includes up to 3 cycles of passive fraction is a measurement of the proportion of total minimizing pauses in chest compressions. The optimal goal victims with witnessed arrest or shockable rhythm. for chest compression fraction has not been defined. The

oxygen insufflation, airway adjunct insertion, and 200 increase in chest compression fraction can be achieved by modified to the pressions with interposed shocks, owed improved survival with favorable neurologic status

addition of a target compression fraction is intended to liventilation During CPR With an interruptions in compressions and to maximize coronary Advanced Airway perfusion and blood flow during CPR.

Table 2 lists the 2015 key elements of adult, child, and infant (ie, during CPR with an advanced airway). BLS (excluding CPR for newly born infants).

feedback devices during CPR for real-time optimization of CPR performance.

2010 (Old): New CPR prompt and feedback devices may be useful for training rescuers and as part of an

overall strategy to improve the quality of CPR in actual **Team Resuscitation: Basic Principles** resuscitations. Training for the complex combination of skills required to perform adequate chest compressions shoul 2015 (New): For HCPs, the 2015 Guidelines Update allows focus on demonstrating mastery. flexibility for activation of the emergency response and

Why: Technology allows for real-time monitoring, recording vider's clinical setting (Figure 5). and feedback about CPR quality, including both physiologic

patient parameters and rescuer performance metrics. TI Why: The steps in the BLS algorithms have traditionally important data can be used in real time during resuscitableen presented as a sequence in order to help a single for debriefing after resuscitation, and for system-wide questioner prioritize actions. However, there are several facto improvement programs. Maintaining focus during CPR om any resuscitation (eg, type of arrest, location, whether the characteristics of compression rate and depth and classified providers are nearby, whether the rescuer must lea recoil while minimizing interruptions is a complex challengectim to activate the emergency response system) that even for highly trained professionals. There is some evidence equire modifications in the BLS sequence. The update that the use of CPR feedback may be effective in modify BLGS HCP algorithms aim to communicate when and where chest compression rates that are too fast, and there is flexibility in sequence is appropriate.

separate evidence that CPR feedback decreases the leaning force during chest compressions. However, stud to date have not demonstrated a significant improveme in favorable neurologic outcome or survival to hospital discharge with the use of CPR feedback devices during actual cardiac arrest events.

Alternative Techniques and **Ancillary Devices for CPR**

Delayed Ventilation

2015 (New): For witnessed OHCA with a shockable rhythn it may be reasonable for EMS systems with prioritybased, multitiered response to delay positive-pressure and airway adjuncts.

2015 (Updated): It may be reasonable for the provider to deliver 1 breath every 6 seconds (10 breaths per minute) while continuous chest compressions are being performed

2010 (Old): When an advanced airway (ie, endotracheal tube, Combitube, or laryngeal mask airway) is in place dur 2-person CPR, give 1 breath every 6 to 8 seconds without attempting to synchronize breaths between compressions

Why: This simple single rate for adults, children, and infants—rather than a range of breaths per minute—should be easier to learn, remember, and perform.

Summary of Key Issues and Major Changes

Conventional CPR consisting of manual chest compressions interspersed with rescue breaths is inherently inefficient w respect to generating significant cardiac output. A variety of alternatives and adjuncts to conventional CPR have ventilation (PPV) by using a strategy of up to 3 cycles of 200 developed with the aim of enhancing cardiac output continuous compressions with passive oxygen insufflation resuscitation from cardiac arrest. Since the 2010 Guidelines were published, a number of clinical trials have provided new data on the effectiveness of these alternative **Event Report**

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CPR/AED INCIDENT INVESTIGATION REPORT

(To be completed within 24 hours of incident)

Name of Patient			Sex	Socia	Security Nun	nber	Depart	tment	Job Tit	le
		"								
Service Date	Time in]	Date of Incident:	Г		Report I	Date	Event Actio	ons:	
	Position		Time: a	m	pm				2	
						EMT Res	sponse			
								🔲 Hospitali	zation	
Location of Incide	ent	[Describe Job Ta	sk in Pı	Progress					
								Cause Rela	ted To	
Description of Inc	cident							Uehicle /	Accident	
								Equipme	ent Condit	ion/Design
									li Exposui Temperati	re Ire Exposure
								\square Slip, trip,	fall	
								Other		
								Names of V	Vitness	ses:
								1		
								2		
								3		
								Witnesses		Notes
								Interviewe	d?	Attached?
								1 yes ∐ no		yes □ no □
								$2 \text{ yes} \square \Pi$		
Patient Transport	ted To	By (EM	1T Firm)		Date/Time			Names of F	Respon	ders:
			,					1		
AED Serial No.		Data Ca	ard Serial No.	I				2		
								3		
Information from	AED Screen	ns: Numb	ber of Shocks		Time Defibril	lator in Us	se	Responder	S	Notes
		Delivere	ed					Interviewe	d?	Attached?
								1 yes ∐ no		yes ∐ no ∐
Data Coordina	tor Transf	fer Hist	ory: (each ha	andler	signs off be	elow)		2 yes ∐ no		yes ∐ no ∐
										yes 🗋 no 🗋
From					10					
Date/Time					Date/ Fime					
Date/Time					Date/Time					
From					To					
Date/Time					Date/Time					
From					То					
Date/Time					Date/Time					
								_		
wanager Signatu	ire:				l itle:			Da	ate:	
Safety Manager S	Signature:							Da	ate:	
COPY OF COMPLI	ETED FORM	TO MANA	AGER OF CORPO	RATE S	AFETY & WOR	KER'S FIL	.E			

D&A-017-00 Attachment 2 Page 2 of 2

GENERAL DIRECTIONS

- 1. Complete the report within 24 hours of the incident.
- 2. Write legibly and clearly or type.
- 3. Complete ALL items or mark "N/A" if not applicable.

DETAILED DIRECTIONS

These are all self-explanatory. Be specific and accurate in reporting this information.

Name of Patient - Sex - Social Security No. (SS No.)

Department - Job Title - Hire Date - Time on Job

Date/Time of Incident - Date Reported - Event Actions - "Related to"

DESCRIPTION OF THE INCIDENT

- 1. What was the injured person doing at the time of the incident?
- 2. What tools or equipment were involved, if any?
- 3. What was happening around the work area (external influences)?
- 4. Give description of contributing causes

INTERVIEWING WITNESSES AND RESPONDERS

Interview all persons involved with the incident.

- 1. Put each person at ease. Tell the person you are looking for the facts only and not trying to blame anyone.
- 2. Interview witnesses and responders separately so that what one person says will not influence what someone else says.
- 3. Ask open-ended questions that do not elicit one-word answers, such as "What did you see?"
- 4. During the interviews, inform each witness or responder of what is being done for the injured person.
- 5. Avoid talk that will mislead or confuse the witnesses or responders.
- 6. Do not accept, deny, or promise anything. The purpose of the investigation is to gather facts only.

AED INFORMATION: Complete the following.

- 1. AED Serial Number:
- 2. Data Card Serial Number (if applicable):___
- 3. Number of shocks delivered (from screen on AED):
- 4. Amount of time defibrillator was in use (from screen on AED):
- 5. Data Card Transfer History: Each person given possession of the data card must sign and date upon taking possession and relinquishing to another.

Print Name	Signature	Date/Time of Possession	Print Name	Signature	Date/Time of Relinquish

Online Monthly Log Instructions



DiPietro & Associates, Inc. Online Monthly Log Quick Reference Guide

LOG ON: www.dipietroassociates.com

Click on: Login (in upper right corner)

Enter your Username: (your full email address)

Enter your Password: dipietro (all lowercase). You may change this in the section called My Profile.

This brings you to your Home Page

The second second second second		V SI Go Lata *
Al/lock Biological Bio	Very and the sector	Complete your Monthly Maintenance Log Roll over Icons to get Program Status specifics. View the Details of your AED and Responders. Submit an Event (where to file a report is you use the AED).

Your Home Page shows your monthly logs that are due. You may click on file monthly report to the right of each AED or if all your AEDs are compliant you can do all the logs at once by clicking on complete all logs **Operators Manual**



amarit**&AD**

ni-Automatic Defibrillat ly Automatic Defibrillat n 450P Semi-Automatic Defibrillat



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Use of This Manual

It is important that you read this manual carefully before **@\$AD**.your samar ta This manual is presented in support of any training you may have receive If you have any questions, contact your Authorized Distributor or

Indications for Use

The HeartSine samaritan PAD SAM 350P (SAM 350P), HeartSine samaritan PAD SAM 360P (SAM 360P) and HeartSine samaritan PAD SAM 450P (SAM 450P) all have the identical indications for use. Each is indicated for use on victims of cardiac arrest who are exhibiting the the following signs:

- Unconscious
- Not breathing
- Without circulation (without a pulse)

The devices are intended for use by personnel who have been trained in their operation. Users should have received training in basic life support/AED. advanced life support or a physician-authorized emergency medical response training program.

The devices are indicated for use on patients greater than 8 years old or over 55 lbs/25 kg when used with the adult Pade Pade Pak-01 or Pad-Pak-07). They are indicated for use on children between 1 and 8 years of age or up to 55 lbs/25 kg when used with the Pediat(PedPaPlak-02).

Contraindications for Use

If the patient is responsive or conscious, do not use the samaritan PAD to provide treatment.

Caution

U.S. Federal law restricts this device to sale by or on the order of a physician.

Warnings and Precau

Patients Suitable for Treatment Ris

The samaritan PAD has been designed to he on unconscious, nonresponsive patients http://www.conscious.com/ patient is responsive or conscious, do notse samaritan PAD to provide treatment. one

The samaritan PAD uses an interchangeable and electrode pack called Pad-Pak. The pan PAD in combination with an adult Pad-Pathe suitable for use on patients of over 55 lb3o(2 weight or equivalent to a child of approxima eight years old or over. sho

For use on smaller children (from 1 to 8 the remove the adult Pad-Pak and install a Pacia Pak. If a Pediatric-Pak or an alternative suit defibrillator is not available, you may use a Pad-Pak. of a

If you treat a pediatric patient with an $a\theta\theta I$ Pad-Pak, ignore any voice prompts regarding rate of CPR. The SAM 450P CPR Rate $Ad\theta is \delta$ currently only intended to provide feedback adult patients. Tou of t

Do Not Delay Treatment

Do not delay treatment trying to find out the stient's exact age and weight whi patient's exact age and weight. The the

2

Warnings and Precautions

A PRECAUTIONS

Fully Automatic Defibrillator (SAM 3609) rect Placement of Electrode Pads **Ingress Protection** The SAM 360P is a fully automatic defibilition placement of the samaritan PAD electrophe samaritan PAD has an IP56 rating again When required, it will deliver a shock to be a spectation to a sprays of water. However, the Man WITHOUT user intervention. instructions shown on pages 19-22 and on thedoes not cover the immersion of any part of CPR Rate Advisor Function (SAM 450P) bit outries dreament or the presence of samaritan PAD in water or any type of fibig

CPR Rate Advisor Function (SAM 450P) hair surgical dressings or medicine patcheath fluids may seriously damage the device on adult patients only. If a Pediatric-Pak styseen the pads and the skin could reduce cause fire or a shock hazard. Aut CPR Rate Advisor function is disabled. In the fibrilization effectiveness. Slightly red skin after **Prolonging Battery Life** the rescuer is prompted to begin CPR in the rapy is normal. Do not turn on the device unnecessarily on si the metronome but receives no CPR Rate Not Use Electrode Pads if Pouch is Not Sealed uce the standby life of the device. feedback.

The Pad-Pak and Pediatric-Pak are single-use Standby storage outside the range of Che items which must be replaced after each use 35^UF to 122°F/0°C to 50°C may decreased the pouch that seals the electrode pads has been for the Pad-Pak. req broken or compromised in any way. If you suspect of a that the Pad-Pak or Pediatric-Pak is damaged, Operator Training

The samaritan PAD is intended for use by replace it immediately. personnel who have been trained in its ope **Susceptibility to Electromagnetic Interference**, operate the series should have received training in basic To safeguard against interference, operate the support/AED, advanced life support, or a samaritan PAD at least 6 feet/2 meters away from sician-authorized emergency medical all radio frequency devices. Alternatively, switch off the equipment causing the electromagnetic

Use of Accessories The samaritan PAD is a self-contained device

Reg

Temperature Range for Operation

interference.

Temperature Range for Operation not use any unauthorized accessories with The samaritan PAD, with its battery and electrodes as the samaritan PAD may malfunct is designed to operate in the temperature range of approved accessories are used. 32°F to 122°F/0°C to 50°C. Use of the device outside of this range may cause the device to malfunction.

Overview

sinus rhythm by means of an electric shock adrbessamaritan PAD uses the HeartSine sam **Sudden Cardiac Arrest** Sudden cardiac arrest (SCA) is a conditioneineedmichThis treatment is called defibrillatioECG arrhythmia analysis algorithm. This alc

Sudden cardiac arrest (SCA) is a conditioned in this treatment is control to be used down and the patient's ECG to ascertain the heart suddenly stops pumping blood effectively due to a malfunction of the heart's electrical ar **Tachycardia** Often victims of SCA have no prior warning signs or symptoms. SCA also can occur in people with previously diagnosed heart conditions. Survival activity of the heart. VT starts in previously diagnosed heart conditions. Survival activity of the heart, called the from SCA depends on immediate and effectivels. Although there are many different cardiopulmonary resuscitation (CPR). of VT, this arrhythmia can be potentially life-

The use of an external defibrillator within that in the patient presents with no pulkes important to note that cardiac defibrilla few minutes of a collapse can greatly in an every unresponsive. If not treated with immediate the HeartSine samaritan PAD, will not a patient's chance of survival. Heart attachignilation VT may lead to other arrhythmiaadminister a shock unless a lifesaving shoc SCA are not the same, though sometimes a heart required.

attack can lead to an SCA. If you are expressioned by AED symptoms of a heart attack (chest pain, bless optimis misconception that CPR alone shortness of breath, tight feeling in the chest along emergency services is enough. CPR elsewhere in the body), immediately seektened ary measure that maintains blood flow and oxygen to the brain. CPR alone will not ret attention.

heart to a normal rhythm during VF or VT. The Sinus Rhythm and Ventricular Fibrillation ryival is defibrillation - and the sooner The normal heart rhythm, known as sinus rhythm, creates electrical activity resulting in coordinated

contraction of the heart muscle. This genefities ation is a common treatment for lifethreatening arrhythmias, mainly ventricular normal blood flow around the body.

Ventricular fibrillation (V-fib or VF) is a condition of the body. in which there is uncoordinated contraction of the lator. This restores normal heart musc heart muscle, making it quiver rather than contractions and allows normal sinus rhythm to properly. Ventricular fibrillation is the most restored by the body's natural pacemaker in victims of SCA it is possible to re-establish normal



Introduction

This manual provides instructions for the fiel SAW hg50P is a semi-automatic defibrillatoo f tangood quality. If the quality of the CREAR models of the HeartSine samaritan PADSAM 360P is a fully automatic defibrillator, anistipeod, the chances of successfully resucce me

samaritan PAD 350P (SAM 350P) samaritan PAD 360P (SAM 360P) samaritan PAD 450P (SAM 450P)

About the samaritan PAD

The samaritan PAD family of AEDs is designed to quickly deliver a defibrillation shock to vor metronome

SAM 450P is a semi-automatic defibrillator withatient are greatly increased. integrated CPR Rate "Advisor

WARNING: The SAM 360P is a fully automatic defibrillator. When required, it will deliver a shock to the patient WITHOUT user

Research has demonstrated that non-profes responders regularly provide ineffective inexperience. The

The SAM 450P with CPR Rate Advisor pr盼的 feedback to the rescuers on the rate of the are providing to the victim. The SAM 450 P impedance cardiogram measurements tong

of sudden cardiac arrest (SCA). Each sa Warenathe samaritan PAD instructs you to perferenspeed of compressions and provide the PAD is designed to operate in accordance without will hear an audible beep and see the set for the structions to push faster or push the current joint American Heart Association (Alba) and icator flash at a rate compliant witentinue to provide compressions at a group European Resuscitation Council (ERC) g20125in AddA/ERC guidelines. This feature, referred tording to the AHA resuscitation guidelines on Cardiopulmonary Resuscitation (CPR) and e CPR metronome, will guide you to the rate at 50P uses both audible and visual fee Emergency Cardiovascular Care (ECC). which to compress a patient's chest during CPG ve the responder instruction on CPR rate

While all of the samaritan PAD models aCPRERate Advisor

similar in use, there are distinct different when providing CPR treatment to a victim of s en direction of s en directio similar in use, there are distinct differen was providing CPR treatment to a victim of s

Table 1. samaritan PAD AEDs

	SAM 350P	SAM 360P	SAM 450P
Shock delivery	Semi-Automatic	Fully Automatic	Semi-Automatio
Four-year electrode and battery life	4	4	4
Audible and visual indicators	4	4	4
CPR coaching with metronome	4	4	4
CPR Rate Advisor			4
Pediatric use-compatible (with Pediatri	c Pad-Pak4)	4	4

Technical Data in Appendix C on page C-7 Aut dire

is intended for use on adult patients only of Pediatric-Pak is used, the CPR function is di In this case, the rescuer is prompted to be in time with the metronome but receiveSat Plea CPR Rate Advisor feedback.

ass of S effe

Introduction

SAM 350P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable attach the electrode pads to the feed SAM 350P is ready for into this port to download patient's bare chest as indicated use when this indicator is event data from the AED, when the action arrows are flashing freen.

(See Figure 8, page 24.)

Shock Button Press this button to deliver

a therapeutic shock.

Adult and

Pediatric Symbols Indicates that the SAM 350P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 350P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

Green Tab Pull this tab to release the electrodes. Safe to Touch Icon/ Action Arrows You may touch the patient when the action

patient when the action arrows around this icon are flashing.

On/Off button

Press this button to turn on or turn off the device.

Speaker

Listen for the metronome and verbal prompts.

Pad-Pak

Contains the battery and electrode pads.

SAM 360P Layout

Attach Pads Ic

Plug the custom USB cablettach the electro into this port to downloadpatient's bare che event data from the AED, when the action a (See Figure 8, page 24.)

Shock Icon

Data Port

Flashes to indicate a shock will be delivered.

Adult and

Pediatric Symbols Indicates that the SAM 360P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 360P may be analyzing the patient's heart rhythm or about to charge, in preparat to deliver a shock. Green Tab the electrodes.



Introduction

SAM 450P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable ttach the electrode pads to the he SAM 450P is ready for into this port to download patient's bare chest as indicated se when this indicator is event data from the AED, when the action arrows are flashing ing green.

(See Figure 8, page 24.)

Shock Button

Press this button to deliv a therapeutic shock.

Adult and

Pediatric Symbol Indicates that the SAM 450P is compat with both the Pad-Pa and Pediatric-Pak.

CPR Rate Advisor Id

Provides visual feedback about the rate of chest compressions during CPR.

Safe to Touch Icon/ Action Arrows

You may touch the **Speaker** Con patient when the action step for the **Green Tab** and arrows around this icometronome and Pull this tab to release are flashing. verbal prompts. the electrodes.

12

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 450P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

On/Off button

Press this button to turn on or turn off the device.

Pad-Pak

Contains the battery and electrode pads.

Set-up

Unpacking

Verify that the contents include the samarit PAD, carry case, Pad-Pak, User Manual, War Statement and Warranty Card.

Pad-Pak

A Pad-Pak is a single-use removable cartrid includes the battery and electrode pads in a unit. The Pad-Pak is available in two version

- Pad-Pak (gray color shown in Figure 1) for on patients weighing over 55 lbs/25 kg, o equivalent to a child of approximately eig years of age or older.
- The optional Pediatric-Pak (pink color sho Figure 2) for use on smaller children (from years old and weighing under 55 lbs/25 k

WARNING: Do not delay treatment tryin determine the patient's exact age and weig

The Pad-Pak also is available in a TSO-certified version f use on aircraft.

Set-uptinued

Putting the samaritan PAD into Service

Follow these steps to place your samaritan PAD int service:

1. Check the expiration date (year-month-day) on the rear of the Pad-Pak (see Figure B) If expiration date has passed, do not use and immediately replace the expired Pad-Pak.

2. Unpack the Pad-Pak and retain the packaging





Figure 3. Expiration Date

Figure 4. Inserting a Pad-Pak

messages are played.

- Be sure to store the device according to t 4. Verify that the green Status indicator (see theenvironmental specifications (see Technig layout for your model on pages 10-12) is blinking in Appendix C on page C-1). to indicate the initial self-test routine has been performed and the device is ready PRECAUTION: HeartSine Technologies for use.
- 5. Press the On/Off But ton turn on the samaritan PAD. Listen for, but do not follow,

recommends that you store a spare Pad-Pa your samaritan PAD in the rear section of th

6. Press the On/Off Buttom turn off the **Pre**

samaritan PAD. Verify that the Status Ind

flashing green. If you have not heard and message and the Status Indicator conting

flash green, the device is ready for use.

7. Place the samaritan PAD in its supplied so

carry case. Store the samaritan PAD whe will be seen and heard in an unobstructe secure location in a clean, dry environme

- the voice prompts to ensure that no warnin $\boldsymbol{\beta}$. Register online, or complete the Warrang and return it to your Authorized Distribute HeartSine Technologies directly (see Track
- in case you need to return the Pad-Pa PRECAUTION: Do NOT pull the green tab or Requirements on page 26). HeartSine Technologies. the Pad-Pak at this time. If you have pulled the teleate a service schedule (see Service and
- 3. Place the samaritan PAD face up on a **aflat spefaee** the electrode drawer, you may need the place on page 27). and slide the Pad-Pak into the samaritam BAD your Pad-Pak. (see Figure 4) until you hear the "double click" to the samaritan PAD ONCE. If you turn it indicate that the tabs on the right and left sides on and off repeatedly, you will deplete the batteries

of the Pad-Pak are fully engaged. prematurely and may need to replace the Pad-Pak.

Using the samaritan PAD

 Using the samaritan PAD
 2. If the patient is non-responsive, shake the
 4. Call for medical assistance.
 7. P

 Follow these steps to use your AED, which patilient by the shoulders while speaking loudly provide you with step-by-step voice prompts the patient becomes responsive, do not use
 3. Retrieve the AED, asking others nearby to be the shoulders while speaking loudly.

 For a full list of voice prompts for your devide AED.
 6. While waiting for the AED, begin CPR, hard and fast at a rate of between 10

PRECAUTION: Once a non-shockabl is detected, the samaritan PAD will end to shock condition if it had previously de shock.

1. If necessary, move the patient to a sa or remove any source of danger.



PREC/UTION You must use the san PAD at least 6 feet/2 meters from all rac frequency devices, or switch off any equ causing electromagnetic interference.



CHECK FOR A RESPONSE While waiting for the AED, begin CPR, hard and fast at a rate of between 10 compressions per minute (cpm) and a 5 to 6 cm. If you feel able to give resc perform 30 compressions followed by rescue breaths.







W If Of Pa Pa



3. Check that the patient's airway is not block using a head-chin tilt if necessary.

CHECK FOR AIRWAY

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Using the samaritamuRAD

- 9. Remove clothing from patient's chest 12. Expansepen the pouch to remove the electroide particle the liner from each electrode part. apply each electrode pad firmly to the pa bare skin, removing any metal (bras or jewelry)
- where possible from the pad placeme



OPEN THE ELECTRODE POUCH

bare chest. For a patient over 8 years of a weighing over 55 lbs/25 kg, place one ele pad horizontally on the right chest, and the other vertically on the left rib cage. For a patient under 8 years of age or weighing than 55 lbs/25 kg, you can place one elec pad on the center of the chest and the ot on the center of the back. Refer to pages for detailed instructions for electrode pad placement.

15.

- 10. Dry the patient's chest if wet or clamm a lot of chest hair is present, shave the p chest where the electrodes will be place
- 11Pull the green tab to remove the electro pouch from the AED.





Using the samaritam PAD

- 16. When advised that a shockable rhytheric detected, stand clear of patient as d When advised to do so, press the oras shock button (SAM 350P/SAM 450P) to the a shock, or if using a SAM 360P, the AED will automatically deliver the shock after a verbal 3, 2, 1 countdown.
- 17. When advised that a shockable rhythm is not detected, begin CPR. To do so, place overlapping hands in the middle of the patient's chest and, with straight arms, press firmly and quickly in time with the metronome. Continue to perform CPR until the AED begins to analyze the patient's heart rhythm again.

When using the SAM 450P, follow Advisor voice prompts. Refer to C on page C-7 for more information

- 18. Repeat the process from step 1 services arrive.
- 19. When emergency services arriv On/Off button to turn off the AED the electrode pads.

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Pediatric-Pak

Treating Small Children and Infants ANT The Pediatric-Pak is intended to provide the pediatric (child) victims of SCA between the 1 and 8 years old or weighing less than BAR 55 lbs/25 kg who are: in the bac

- Unconscious
- Not breathing
- Without circulation (without a pulse)

WARNING: The Pediatric-Pak contains a magnetic component (surface strength 650 gauss). Avoid storage next to magnetically-sensitive storage media.

WARNING: Not for use on patients und year old. For use with children up to the age years or up to 55 lbs/25 kg. DO NOT DELAY IF YOU ARE UNSURE OF THE EXACT AGE OR

Electrode Placement

For pediatric patients there are two options electrode placement: anterior-posterior and anterior-lateral.

Figu

Pediatric-Poaked

ANTERIOR-LATERAL PLACEMENT

If a child's chest is large enough to permit a 1 in/2.5 cm gap between the electrode pads, OR if trauma does not allow for placement on the back, the pads can be placed according to the adult anteriorlateral placement. Place one electrode pa child's BARE upper right chest above nipp one electrode pad on child's BARE lower below nipple as shown in Figure 6.



Figure 6. Anterior-Lateral Placement

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WARNING: Electrode pads must be a 1 in/2.5 cm apart and should never touch one another.



After Using the sama

Cleaning the samaritan PAD

 Remove the electrode pads from the patie and stick the pads together face to faceus electrodes may be contaminated with hte bodily tissue, fluid or blood so dispose of electrodes separately as infectious waste material.

3.C

2. The Pad-Pak is a single-use item that lithium batteries. Replace the Pad-Pak at use. With the samaritan PAD placed faces a flat surface, squeeze the two tabs on the of the Pad-Pak and pull to remove it from samaritan PAD. The Pad-Pak will slide (see Figure 7).



After using the samaritan PAD

Downloading and Submitting Event Information

The optional HeartSine Saver EVO[™] software can be downloaded at no charge from:

http://heartsine.com/support/upload-saver-evo/

This software lets you manage the events in which your samaritan PAD was used. You can provide this data to a patient's doctor, and/or use it to obtain a Pad-Pak if you have a qualifying event. In addition to Saver EVO, the optional USB data cable is required to download event data. Contact your Authorized Distributor or HeartSine Technologies directly to obtain the data cable or with questio about downloading and using Saver EVO.

1. Connect the USB data cable to the Data/ the samaritan PAD (see Figure 8).

Figure 8. USB Data Port

- 2. Connect the USB connector on the data c to a PC.
- 3. Install and launch the HeartSine Saver EV software.
- 4. Follow the instructions provided in the Sa EVO manual to save or erase the event day your samaritan PAD.
- 5. Upload the Saver EVO file on the HeartSir Technologies site.

For further information on managing the ev data on your samaritan PAD, contact your Authorized Distributor or HeartSine Technol directly.

Disposal

The Pad-Pak and Pediatric-Pak contain lithiu batteries and cannot be disposed of in norm waste. Dispose of each at an appropriate re facility according to your local requirements Alternatively return the Pad-Pak or Pediatric to your Authorized Distributor for disposal or replacement.

Tracking

Tracking Requirements

Medical device regulations require HeartSine Technologies to track the location of each samaritan PAD AED, Pad-Pak, and Pediatric-Pak sold. Therefore, it is important that you register your device, either using our on-line registration tool at:

https://secure.heartsine.com/UserRegistration.html

Or by completing the samaritan PAD Warranty Card and returning it to your Authorized Distributor or HeartSine Technologies directly. As an alternative to the card and on-line registration tool, you may send an email to:

support@heartsine.com

The email should contain the following information:

- Name
- Address

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• Device Serial Number

If there is a change in the information you have provided to us, such as a change of address or ownership of your samaritan PAD, provide the updated information to us via email or the online registration tool.

When you register your AED, we will contact you with any important notifications about the samaritan PAD, such as software updates or field safety corrective actions.

Service and Maintena

HeartSine Technologies recommends us regular maintenance checks, which inclose following:

WEEKLY

Check the Status Indicator. The sama performs a self-test routine at midnig every Sunday. During this self-test th light blinks red but returns to green upon successful completion of the self-test If the Status Indicator is not flashing and every 5 to 10 seconds or if the status is flashing red or you hear continuous a problem has been detected. (See Fi and Troubleshooting in Appendix B on p



- □ If the device shows any signs of physical damage, contact your Authorized Dist HeartSine Technologies directly. narie
- Check the expiration date of the Pad-Set-up on page 14 for the location of the If the date has expired, or is near exp immediately replace the Pad-Pak or c Authorized Distributor for a replacem
- □ If you hear a warning message when you on your samaritan PAD or if, for any relates suspect that your samaritan PAD is not war properly, consult Troubleshooting in Append

to t mai Aut





Senate Bill No. 287

CHAPTER 449

An act to add Chapter 3 (commencing with Section 19300) to Part 3 of Division 13 of the Health and Safety Code, relating to automated external defibrillators.

[Approved by GovernoOctober 02, 2015; iled with Secretary of State October 02, 2015].

LEGISLATIVE COUNSEL'S DIGEST

SB 287, Hueso. Automated external defibrillators (AEDs).

Existing law requires any person or entity that supplies an AED, which means an automated or automatic external defibrillator (AED), to notify an agent of the local emergency medical services agency of the existence, location, and type of AED acquired and to provide the acquirer of the AED with all information governing the use, installation, operation, training, and maintenance of the AED. Existing law provides that any person or entity that acquires an AED is not liable for civil damages resulting from any acts or omissions in the rendering of emergency care, except as provided, if certain conditions are met, including, but not limited to, that the AED is checked for readiness after each use and at least every 30 days if the AED has not been used in the preceding 30 days. Existing law also provides that a person or entity that provides AED training to a person who renders emergency care is not liable for any civil damages, as specified.

This bill would require certain occupied structures that are not owned or operated by any local government entity and are constructed on or after January 1, 2017, to have an AED on the premises. The bill would require a person or entity that supplies an AED to comply with specified existing law regarding AEDs, and would exempt a person or entity that acquires an AED for emergency care from liability for civil damages resulting from any acts or omissions in the rendering of emergency care if certain requirements have been met. The bill would make these provisions operative on January 1, 2017.

DIGEST KEY

BILL TEXT THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Chapter 3 (commencing with Section 19300) is added to Part 3 of Division 13 of the Health and Safety Code, to read:

CHAPTER 3. Automated External Defibrillators 19300.

(a) This chapter applies to all of the following structures, as defined in Chapter 3 (commencing with Section 301.1) of Part 2, the California Building Code, of Title 24, the California Building Standards Code, of the California Code of Regulations, that are constructed on or after January 1, 2017:

- (1) Group A assembly buildings with an occupancy of greater than 300.
- (2) Group B business buildings with an occupancy of 200 or more.
- (3) Group E educational buildings with an occupancy of 200 or more.
- (4) Group F factory buildings with an occupancy of 200 or more.
- (5) Group I institutional buildings with an occupancy of 200 or more.
- (6) Group M mercantile buildings with an occupancy of 200 or more.

(7) Group R residential buildings with an occupancy of 200 or more, excluding single-family and multifamily dwelling units.

(b) A structure described in subdivision (a) that is an occupied structure shall have an automated external defibrillator (AED) on the premises subject to the requirements in Section 1797.196. A person or entity that acquires an AED for emergency care pursuant to this section shall not be liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care by use of an AED if that person or entity has complied with subdivision (b) of Section 1797.196.

(c) (1) This chapter shall not apply to a structure in subdivision (a) that is owned or operated by any local government entity.

(2) This chapter shall not apply to a health facility licensed under subdivision (a), (b), (c), or (f) of Section 1250 of the Health and Safety Code.

(d) This chapter shall not be construed to apply to a structure that is vacant or under construction or renovation.

(e) This chapter shall become operative on January 1, 2017.

Senate Bill No. 658

CHAPTER 264

An act to amend Section 1714.21 of the Civil Code, and to amend Section 1797.196 of the Health and Safety Code, relating to automated external defibrillators.

[Approved by Governor September 3, 2015. Filed with Secretary of State September 3, 2015.]

legislative counsel ,s digest

SB 658, Hill. Automated external defibrillators.

Existing law exempts from civil liability any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an automated external defibrillator (AED) at the scene of an emergency, except in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment. Existing law also exempts from civil liability a person or entity that acquires an AED for emergency use, a physician who is involved with the placement of the AED, and any person or entity responsible for the site where the AED is located if specified conditions are met, including maintenance and regular testing of the AED and having a written plan that describes the procedures to be followed in case of an emergency that may involve the use of the AED. Under existing law, those specified conditions also require, when an AED is placed in a public or private K-12 school, the school principal to, among other things, ensure that the school administrators and staff annually receive a brochure, approved as to content and style by the American Heart Association or the American Red Cross, that describes the proper use of an AED, to ensure that similar information is posted next to every AED, and to designate the trained employees who are available to respond to an emergency that may involve the use of an AED during normal operating hours.

This bill would provide an exemption from civil liability for a physician and surgeon or other health care professional that is involved in the selection, placement, or installation of an AED. The bill would require a person or entity, other than a health facility as defined, that acquires an AED to, among other things, comply with specified regulations for the placement of the device and ensure that the AED is maintained and tested as specified. The bill would require a building owner to annually notify the tenants as to the location of the AED units and provide information to tenants about who they can contact if they want to voluntarily take AED or CPR training, to offer a demonstration to at least one person associated with the building as to the use of an AED in an emergency, and post instructions for the use of the AED. The bill would also specify that a medical director or physician

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and surgeon is not required to be involved in the acquisition or placement of an AED. The bill would make related changes.

This bill would revise the public or private K–12 school provisions described above by instead requiring, when an AED is placed in a public or private K–12 school, the school principal to ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED, by instead requiring the school principal to ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED, and by deleting the requirement that the school principal designate the trained employees who are available to respond to an emergency that may involve the use of an AED during normal operating hours.

The people of the State of California do enact as follows:

SECTION 1. Section 1714.21 of the Civil Code is amended to read: 1714.21. (a) For purposes of this section, the following definitions shall apply:

(1) "AED" or "defibrillator" means an automated external defibrillator.

(2) "CPR" means cardiopulmonary resuscitation.

(b) Any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an AED at the scene of an emergency is not liable for any civil damages resulting from any acts or omissions in rendering the emergency care.

(c) A person or entity who provides CPR and AED training to a person who renders emergency care pursuant to subdivision (b) is not liable for any civil damages resulting from any acts or omissions of the person rendering the emergency care.

(d) (1) A person or entity that acquires an AED for emergency use pursuant to this section is not liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care by use of an AED if that person or entity has complied with subdivision (b) of Section 1797.196 of the Health and Safety Code.

(2) A physician and surgeon or other health care professional that is involved in the selection, placement, or installation of an AED pursuant to Section 1797.196 of the Health and Safety Code is not liable for civil damages resulting from acts or omissions in the rendering of emergency care by use of that AED.

(e) The protections specified in this section do not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.

(f) This section does not relieve a manufacturer, designer, developer, distributor, installer, or supplier of an AED or defibrillator of any liability under any applicable statute or rule of law.

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SEC. 2. Section 1797.196 of the Health and Safety Code is amended to read:

1797.196. (a) For purposes of this section, "AED" or "defibrillator" means an automated external defibrillator.

(b) (1) In order to ensure public safety, a person or entity that acquires an AED shall do all of the following:

(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 operation and maintenance guidelines set forth by the manufacturer.

(D) Ensure that the AED is tested at least biannually and after each use.

(E) Ensure that an inspection is made of all AEDs on the premises 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.

(F) Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.

(2) When an AED is placed in a building, the building owner shall do all of the following:

(A) At least once a year, notify the tenants as to the location of the AED units and provide information to tenants 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 the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.

(C) Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.

(3) A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED.

(c) (1) When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

(2) This section does not prohibit a school employee or other person from rendering aid with an AED.

(d) A manufacturer or retailer supplying an AED shall provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

(e) A violation of this section is not subject to penalties pursuant to Section 1798.206.

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(f) Nothing in this section or Section 1714.21 of the Civil Code may be construed to require a building owner or a building manager to acquire and have installed an AED in any building.

have installed an AED in any building. (g) For purposes of this section, "local EMS agency" means an agency established pursuant to Section 1797.200.

(h) This section does not apply to facilities licensed pursuant to subdivision (a), (b), (c), or (f) of Section 1250.

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Rescue Union - Rescue Elementary School

AED Policies & Procedures

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com



Rescue Union - Rescue Elementary School AED PROGRAM CONTACT LIST

AED Coordinator: Bree Harris

Location: 2390 Bass Lake Road Rescue, CA, 95672 Phone Number: (530)672-4300 Email: bharris@rescueusd.org

Site Contact: Bree Harris

Location: 3880 Green Valley Rd. Rescue, CA, 95672 Phone Number: (530)672-4300 Email: bharris@rescueusd.org

Medical Director: Michael Choy, MD

Phone Number: (530) 477-6818 Email: info@dipietroassociates.com

Local EMS: El Dorado County

Contact: Richard W. Todd Location: 2900 Fair Lane Court Placerville, CA 95667 Phone Number: (530)621-6500 Email: michelle.patterson@edcgov.us

AED Program Management: DiPietro & Associates, Inc.

Location: 101 W. McKnight Way Ste B #255 Grass Valley, CA, 95949 Phone Number: (530) 477-6818 Email: david@dipietroassociates.com



Rescue Union - Rescue Elementary School AED LOCATIONS

Location: Health Office Serial Number: 16D00947736

Location: Multipurpose room Serial Number: 19D00008565



DiPietro & Associates, Inc.

"Helping Companies Navigate Safety"

Medical Direction & Prescription Certificate

As a client of DiPietro & Associates Inc. the following location is under the medical direction of Michael Choy, MD. for a period of one year from:

Effective Date: July 15, 2019 Company Name: Rescue Union - Rescue Elementary School Location: 3880 Green Valley Rd. Rescue, CA, 95672

This prescription is renewable yearly through DiPietro & Associates Inc. In accordance with the recommendations of the American Heart Association, DiPietro & Associates agrees to provide all of the necessary tools and support for placement of an automated external defibrillator (AED) at your location. The following AED(s) are covered by this prescription:

AED Make / Model: HeartSine Samaritan 350P Serial Number(s): 16D00947736 19D00008565

By implementing DiPietro & Associates online tracking system you will meet or exceed all guidelines and recommendations for private ownership of an AED for the establishment of a public access defibrillation program. In order for this prescription and medical direction to be in effect, all steps of the implementation program must be completed.

Upon termination or expiration of the service agreement with DiPietro & Associates, Inc., the client assumes complete responsibility and liability for all AEDs purchased and AED programs implemented. These responsibilities include, but are not limited to: medical control and oversight, ongoing training, event review, policies and procedures updates, equipment maintenance, and ongoing AED program compliance.

Muchael Chog MD

Michael Choy, MD Medical Director

DiPietro & Associates, Inc. 530.477.6818 www.dipietroassociates.com

Rescue Union - Rescue Elementary School AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM **Standard Operating Procedures**

Effective Date: 7/15/2019

1. BACKGROUND

Sudden Cardiac Arrest is the nation's leading cause of death. 350,000 relatives, co-workers, and neighbors will suffer a Sudden Cardiac Arrest this year. Despite immediate CPR efforts and a rapid 911 response, tragically less than 5% will survive. In response to these chilling statistics the Food and Drug Administration, Federal and State Legislatures, as well as OSHA, have approved Automatic External Defibrillators (AEDs) and recommend their implementation in the workplace.

AEDs are devices designed to administer an electric shock to the heart of a Sudden Cardiac Arrest victim. This "electric medicine" stops a fatal rhythm called Ventricular Fibrillation and allows the patients heart to begin beating on its own. The shock can only be delivered after the device has verified the patient is in Cardiac Arrest, delivery of an inappropriate shock is not possible.

The American Heart Association as well as Federal guidelines recommend that AED treatment be given within the first 3 minutes of a Sudden Cardiac Arrest. To achieve this recommendation AEDs must be strategically placed and appropriate numbers of employees trained to use them. By doing so we may improve survivability of Cardiac Arrest by as much as 65%. Every minute that defibrillation is delayed; 7-10% of survivability is lost. After 10 minutes without defibrillation the patient's chances of survival drop to less than 5%. To effectively treat Sudden Cardiac Arrest, AEDs must be immediately available.

2. PROGRAM OBJECTIVE

To make available the most rapid response possible to a victim of a Sudden Cardiac Arrest.

To implement the American Heart Association recommended "Chain of Survival" including early defibrillation within 3 minutes of a reported event.

To make available to our clients, partners, employees, contractors and guests the best chances of surviving the nation's leading cause of death.



The 5 links in the adult Chain of Survival are

• Immediate **recognition** of cardiac arrest and **activation** of the emergency response system

- Early cardiopulmonary resuscitation (CPR) with an emphasis on chest compressions
- Rapid **defibrillation**
- Effective advanced life support
- Integrated **post-cardiac arrest care**

A strong Chain of Survival can improve chances of survival and recovery for victims of heart attack, stroke and other emergencies.

3. PURPOSE

These policies and procedures provide the necessary information to effectively implement, administer, and maintain the AED program. Access and training on these policies and procedures should be provided to any employee that may voluntarily render assistance at the scene of a cardiac arrest or who wishes to be involved with the administration of this program. All Targeted Responders, Site Contacts, and AED Coordinators are required to become familiar with these policies and procedures and will be provided formal training and American Heart Association certification.

4. SCOPE

These policies and procedures define responsibilities and methods by which personnel will comply with corporate and state regulatory requirements. All onsite Automated External Defibrillators (AEDs) shall be subject to these policies and procedures.

These policies and procedures apply to all employees who are members of the voluntary Emergency Response Team or who may voluntarily render First Aid, CPR or defibrillation.

These policies and procedures are a compilation of CA state standards for the use of an AED by non-licensed personnel or Public Access Defibrillation Programs (PAD). Additional action by the Site Contacts and/or AED Coordinator may be necessary to comply with these requirements.

5. **DEFINITIONS**

- 5.1 <u>AED</u> is the acronym used to describe the AUTOMATED EXTERNAL DEFIBRILLATOR. The AED in use at Rescue Union - Rescue Elementary School School is the HeartSine Samaritan 350P. Operating instructions and maintenance manuals are available in this document or by contacting the Site Coordinator.
- 5.2 The <u>Medical Director</u> is a licensed physician that has authority over the entire AED program and its participants. General responsibilities include establishing guidelines for administration, implementation and maintenance of the program. The Medical Director oversees quality assurance, compliance to protocols, proper training and provides positive reinforcement to individuals and the system, as well as corrective instruction. The Medical Director will provide post event review and make system improvement recommendations.
- 5.3 The <u>AED Coordinator</u> is an employee of Rescue Union Rescue Elementary School who is the primary liaison between the company's AED program and the Medical Director. This person will help the organization fulfill its responsibility for maintaining the

program from a corporate level. The AED Coordinator will disseminate program information to and from the Medical Director, DiPietro & Associates, Inc. and the Site Contacts. The AED Coordinator will play an active role in the development of policies and procedures, quality assurance and program evaluation. The AED Coordinator will be given instructions, a username and password to the online tracking system. He/She will ensure required information is entered into the online tracking system in a timely manner and are responsible for communication with the online tracking system.

5.4 The <u>Site Contacts</u> are employees at the individual facilities equipped with an AED. If no site contact the <u>AED coordinator</u> will assume all site contact responsibilities. The primary responsibility of the Site Contacts is to ensure the readiness of the AED program for the local level. The Site Contacts are responsible for on-site coordination and to assist the AED Coordinator and Medical Director as necessary.

The Site Contacts are also responsible to ensure that all AED units are inspected, maintained and tested according to the manufacturer's guidelines.

The online monthly maintenance data should be entered by the Site Contact By the 5th of every month. Information can be submitted between the 25th of the previous month and the 5th of the current month. If the monthly maintenance form is not completed by the 5th of each month, the online tracking system software will auto-email the AED coordinator a reminder.

The Site Contact is also responsible for scheduling initial training and regular retraining programs, forwarding any incident data and holding post-incident debriefing sessions for any employees involved in the use of an AED. Another critical role of the Site Contacts is to forward any information to the AED Coordinator that could adversely affect the AED program.

The names of the Site Contact(s) and AED Coordinator(s) are listed in the AED Program Contact List and in the AED Navigator Database.

<u>Targeted Responders</u> are specific individuals who have volunteered to respond to a cardiac emergency and have been trained in accordance with these policies and procedures. A sufficient number of Targeted Responders may be designated to ensure that someone is available to use the AED in all areas during normal business hours. 10-15% of the total employee number, strategically located throughout the facility is a commonly accepted standard. This percentage is only a rule of thumb and is not regulatory driven or mandated. Targeted Responders are, in most cases, the same people that make up the voluntary Emergency Response Team.

6. **PROGRAM DESCRIPTION**

- 6.1 Responsibility
 - 6.1.1 Responsibility of AED Coordinator/Site Contact
 - 6.1.1.1 To establish an AED standard operating procedure.
 - 6.1.1.2 To disseminate information to and from program elements.
 - 6.1.1.3 To maintain the AED program to ensure compliance with these standards.
 - 6.1.1.4 To periodically evaluate facilities for any change in conditions that could adversely affect program effectiveness.
 - 6.1.1.5 To ensure there is an appropriate number of trained responders.

- 6.1.1.6 To provide necessary safety equipment including personal protective equipment for targeted responders.
- 6.1.1.7 To provide appropriate signage identified location of AED's.
- 6.1.1.8 To ensure information is entered into the online tracking system software in a timely manner.
- 6.1.1.9 To ensure that all participating personnel are identified and receive training on these policies and procedures.
- 6.1.2.0 To assure that proper safety procedures regarding AEDs, as outlined in this policy, are followed.
- 6.1.2.1 To ensure response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
- 6.1.3 Responsibilities of the Targeted Responder
 - 6.1.3.1 To conduct response, use and inspection procedures in accordance with instructions and training received as outlined in this policy.
 - 6.1.3.2 To report any AED use, indicators or alarms, or missing AEDs to their supervisor.
 - 6.1.3.3 They should maintain certification.
- 6.2 Equipment, Location, Inspection and Maintenance
 - 6.2.1 Equipment
 - 6.2.1.1 The following equipment shall be maintained as part of the AED Program and is to be used only for AED emergencies:
 - Heartsine Samaritan
 - Manufacturer's prep kit
 - Extra set of AED pads
 - Extra batteries
 - 6.2.1.2 For the exact location of the AED refer to the nearest evacuation map.
 - 6.2.1.3 AEDs are in an AED Cabinet and announced by appropriate signage.
 - 6.2.2 Inspections of AED Units
 - 6.2.2.1 The AED coordinator, or other staff member(s) as designated, shall inspect the AED at least monthly. At some facilities, this can be incorporated into the facility's fire extinguisher inspection checklist.
 - 6.2.2.2 Inspections will confirm that the AED is:
 - In place and accessible
 - Ready for use, with the electrodes attached to the unit (verify according to manufacturer's directions)
 - All related supplies are in place, within shelf life and in good condition
 - The monthly inspection will be entered into the monthly maintenance log in the online tracking system.
 - 6.2.3 Maintenance see the User's Guide for the complete maintenance schedule.

6.3 Procedures

6.3.1 Responding to an Emergency

In the event of an emergency potentially requiring the use of CPR or the AED unit, the first responder shall immediately call "911", or direct someone to call "911" and state:

- The nature of the emergency
- The location
- Caller's name
- Caller's call back number

The first responder will direct someone to get the AED and bring it to the location of the emergency. Turn on the HeartSine Samaritan and follow the CPR prompts.

Try to get the person to respond. Tap and shout. If they do not respond, roll the person on his or her back on a firm, flat surface.

Start chest compressions. Place the heel of one hand on the lower half of the breastbone, Put the heel of your other hand on top of the first hand,

Press straight down so you compress the chest **at least 2 – 2.4**" at a rate of at least 100-120 compressions a minute for adults.

For children, push the chest up to 2'' at the same rate of at least 100 compressions a minute.

After each compression, let the chest come back up to its normal position.

Compressions are very important and doing them correctly can be tiring. If other trainer responder(s) are available, take turns switching about every 2 minutes. Move quickly to keep the pause between compressions as short as possible.

Continue until the person moves or wakes, or until 911 arrives.

The first certified AED user on the scene would be responsible for directing its use. A more detailed response description and treatment algorithm should be placed with each AED unit.

6.3.2 Post Incident

Any cardiac event or use of the AED shall be reported to the Office Supervisor and AED Coordinator. If they are unable to reach, the incident shall be reported directly to DiPietro & Associates, Inc. Main Office at (530) 477-6818.

By the next business day after the event, the AED Coordinator must be notified and the AED Coordinator must acknowledge that they have received the notification. If the AED Coordinator does not acknowledge receipt within 4 hours, contact should be made directly with DiPietro & Associates, Inc. (530) 477-6818. Report information should include:

- Date/time of the incident
- Nature of the incident
- Location of the AED used
- Patient (name)

- Responders (names and contact information)
- Witnesses (names and contact information)
- Follow-up care (hospital, doctor, phone numbers)

The AED Coordinator will do the following after any AED use:

- Complete an event report (section 8).
- Complete the Event Summary Form in the online tracking system
- Notify DiPietro & Associates, Inc. (530) 477-6818, if not already contacted.
- Download data and Label with patient information and deliver to DiPietro & Associates, Inc. or designated Medical Director. See www.heartsine.com for instructions and free software or call DiPietro & Associates, Inc., Inc. for assistance (530) 477-6818.
- Conduct incident debriefing, as needed.
- Complete incident follow-up report as deemed necessary by the Medical Director.
- Clean the AED if needed. Review User's Guide for list of appropriate cleaning agents.
- Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or old expiration dates.
- Refer to user's manual; perform post use inspection before placing the unit back in service.
- 6.4 Program Evaluation
 - 6.4.1 The AED Coordinator and the designated AED Medical Director will evaluate the AED program annually or following each use of an AED.
- 6.5 Personnel, Training and Record Keeping.
 - 6.5.1 Training Program

All Targeted Responders shall receive training on the use of the AED, these policies and procedures, general safety procedures, and use of any necessary personal protection equipment.

Initial training shall consist minimally of a 3-4 hour CPR/AED class taught in accordance with American Heart Association guidelines, with mandatory periodic skills evaluations. A 5-7 hour CPR/AED/First Aid class will also meet this requirement. Skills evaluations, required in California, are necessary to maintain proficiency and may take a variety of forms.

Re-certification training will be conducted annually. Staff may be trained on alternate years. Although certification cards may be valid for up to two years, Medical Direction requires AED Targeted Responders to recertify annually. To schedule training, contact DiPietro & Associates, Inc. at (530) 477-6818 or via email to support@DiPietroAssociates.com.

7. REPORTING AND RECORDKEEPING REQUIREMENTS

7.1 Any cardiac event and the use of the AED will be reported to the Office Supervisor and AED Coordinator immediately.

- 7.2 Any use of the AED will be reported to the AED Coordinator by the next business day, who will notify DiPietro & Associates, Inc. (530) 477-6818. If the AED Coordinator does not acknowledge notification within (4 hours) contact DiPietro & Associates, Inc. directly at (530) 477-6818.
- 7.3 AED Use Records shall be maintained in accordance with the requirements stated in ABCDEF Safety and Risk Management Program manual and as required by law.

8. **REFERENCES**

- 8.1 American Heart Association Heartsaver AED Training Manual.
- 8.2 Senate Bill No. 287, Chapter 449
- 8.3 Senate Bill No. 658, Chapter 264

9. CONTINGENCIES

9.1 The sections to this policy may be updated at any time without revising the policy. Superseded sections will be archived with the original policy.

10. SIGNATURES

Approved	by:
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Date:

Approved by:

Name and Title

Name and Title

Date: _____

Rescue Union - Rescue Elementary School

Treatment Algorithm

2015 (New): Universal elements of a system of care have been identified to provide stakeholders with a resuscitation system (Figure 3).

that are required before that convergence are very different for the 2 settings. Patients who have an OHCA depend on their community for support. Lay rescuers must recognize the arrest, call for help, and initiate CPR and provide common framework with which to assemble an integrate fibrillation (ie, public-access defibrillation [PAD]) until a team of professionally trained emergency medical service

Why: Healthcare delivery requires structure (eg, people, (EMS) providers assumes responsibility and then transports equipment, education) and process (eg, policies, protocols, patient to an emergency department and/or cardiac procedures) that, when integrated, produce a system (eg, a'critical care unit for continued care. In contrast, patients programs, organizations, cultures) that leads to optimal outcomes (eg, patient survival and safety, quality, satisfaction), who have an IHCA depend on a system of appropriate An effective system of care comprises all of these elements elements (eg, rapid response or early warning system) to prevent cardiac arrest. If cardiac arrest occurs, patients structure, process, system, and patient outcomes—in a depend on the smooth interaction of the institution's various framework of continuous quality improvement. departments and services and on a multidisciplinary team

Chains of Survival

of professional providers, including physicians, nurses, respiratory therapists, and others. 2015 (New): Separate Chains of Survival (Figure 4) have been recommended that identify the different pathways Use of Social Media to Summon Rescuers of care for patients who experience cardiac arrest in the hospital as distinct from out-of-hospital settings.

2015 (New): It may be reasonable for communities to incorporate social media technologies that summon rescuers Why: The care for all post-cardiac arrest patients, regardlessare in close proximity to a victim of suspected OHCA of where their arrests occur, converges in the hospital, and are willing and able to perform CPR.

generally in an intensive care unit where post-cardiac arrect. Why: There is limited evidence to support the use of social

media by dispatchers to notify potential rescuers of a possib



cardiac arrest nearby, and activation of social media has Regionalization of Care been shown to improve survival from OHCA. However, in a recent study in Sweden, there was a significant increase 2015 (Reaffirmation of 2010): A regionalized approach the rate of bystander-initiated CPR when a mobile-phone OHCA resuscitation that includes the use of cardiac resuscitation centers may be considered. dispatch system was used ven the low harm and the potential benefit, as well as the ubiquitous presence of CWhy: A cardiac resuscitation center is a hospital that devices, municipalities could consider incorporating these provides evidence-based care in resuscitation and posttechnologies into their OHCA systems of care.

is hoped that resuscitation systems of care will achieve the 2015 (Updated): For adult patients, rapid response team improved survival rates that followed establishment of oth (RRT) or medical emergency team (MET) systems can systems of care, such as trauma. be effective in reducing the incidence of cardiac arrest, particularly in the general care wards. Pediatric MET/RRT systems may be considered in facilities where children w high-risk illnesses are cared for in general in-patient unit The use of early warning sign systems may be considered for adults and children.

2010 (Old): Although conflicting evidence exists, expert

consensus recommended the systematic identification offey issues and major changes in the 2015 Guidelines patients at risk of cardiac arrest, an organized response Update recommendations for adult CPR by lay rescuers to such patients, and an evaluation of outcomes to fosteinclude the following: continuous quality improvement. The crucial links in the out-of-hospital adult Chain of Survival are

Why: RRTs or METs were established to provide early intervention for patients with clinical deterioration, with the goal of preventing IHCA. Teams can be composed of

The Adult BLS Algorithm has been modified to reflect the fact that varying combinations of physicians, nurses, and respiratory rescuers can activate an emergency response (ie, through use of a therapists. These teams are usually summoned to a patient mobile telephone) without leaving the victim's side. bedside when acute deterioration is identified by hospital

staff. The team typically brings emergency monitoring and resuscitation equipment and drugs. Although the evidence

is still evolving, there is face validity in the concept of having commendations have been strengthened to encourage teams trained in the complex choreography of resuscitation. In the recognition of unresponsiveness, activation of the

2015 (Reaffirmation of 2010): Resuscitation systems should establish ongoing assessment and improvement of systemsCPR instructions to the caller (ie, dispatch-guided CPR). of care.

Why: There is evidence of considerable regional variation in the reported incidence and outcome of cardiac arrest in the United States. This variation underscores the need for communities and systems to accurately identify each occurrence of treated cardiac arrest and to record outcomes. There are likely to be opportunities to improve survival rates in many communities.

Community- and hospital-based resuscitation programs should systematically monitor cardiac arrests, the level of resuscitation care provided, and outcome. Continuous quality improvement includes systematic evaluation and feedback, measurement or benchmarking, and analysis. Continuous efforts are needed to optimize resuscitation care so that the gaps between ideal and actual resuscitation fife-threatening opioid-associated emergencies. performance can be narrowed.

Adult Basic Life Support and CPR

Quality: Lay Rescuer CPR

cardiac arrest care, including 24-hour, 7-day percutaneous coronary intervention (PCI) capability, TTM with an adequa annual volume of cases, and commitment to ongoing performance improvement that includes measurement, benchmarking, and both feedback and process change. It

It is recommended that communities with people at risk for cardiac arrest implement PAD programs.

unchanged from 2010, with continued emphasis on the simplified

universal Adult Basic Life Support (BLS) Algorithm.

emergency response system, and initiation of CPR if the lay rescuer finds an unresponsive victim is not breathing or not breathing normally (eg, gasping).

Emphasis has been increased about the rapid identification of potential cardiac arrest by dispatchers, with immediate provision of

The recommended sequence for a single rescuer has been confirmed: the single rescuer is to initiate chest compressions before giving rescue breaths (C-A-B rather than A-B-C) to reduce delay to first compression. The single rescuer should begin CPR with 30 chest compressions followed by 2 breaths.

There is continued emphasis on the characteristics of high-quality. CPR: compressing the chest at an adequate rate and depth. allowing complete chest recoil after each compression, minimizing interruptions in compressions, and avoiding excessive ventilation.

The recommended chest compression rate is 100 to 120/min (updated from at least 100/min).

The clarified recommendation for chest compression depth for adults is at least 2 inches (5 cm) but not greater than 2.4 inches (6 cm).

Bystander-administered naloxone may be considered for suspected

These changes are designed to simplify lay rescuer training and to emphasize the need for early chest compressions for victims of sudden cardiac arrest. More Cardiac arrest victims sometimes present with seizure-like information about these changes appears below.

In the following topics, changes or points of emphasis presentations of cardiac arrest to enable prompt recognition that are similar for lay rescuers and HCPs are noted wiald immediate dispatcher-guided CPR. an asterisk (*).

Community Lay Rescuer AED Programs

2015 (Updated): It is recommended that PAD programs for patients with OHCA be implemented in public locationseathing, the rescuer and the dispatcher should assume arrest (eg, airports, casinos, sports facilities).

2010 (Old): CPR and the use of automated external descriptions. defibrillators (AEDs) by public safety first responders were recommended to increase survival rates for out-of-hospi 2010 (Old): To help bystanders recognize cardiac sudden cardiac arrest. The 2010 Guidelines recommender est, dispatchers should ask about an adult victim's the establishment of AED programs in public locations wire ponsiveness, if the victim is breathing, and if the breathin there is a relatively high likelihood of witnessed cardiac arrestmal, in an attempt to distinguish victims with agonal gasps (ie, in those who need CPR) from victims who are (eq, airports, casinos, sports facilities). breathing normally and do not need CPR.

Why: There is clear and consistent evidence of improved survival from cardiac arrest when a bystander performs Why: This change from the 2010 Guidelines emphasizes the CPR and rapidly uses an AED. Thus, immediate access toole that emergency dispatchers can play in helping the lay a defibrillator is a primary component of the system of corecuer recognize absent or abnormal breathing.

The implementation of a PAD program requires 4 essential patchers should be specifically educated to help components: (1) a planned and practiced response, which standers recognize that agonal gasps are a sign of ideally includes identification of locations and neighborhood arrest. Dispatchers should also be aware that where there is high risk of cardiac arrest, placement of AFPC generalized seizures may be the first manifestation in those areas and ensuring that bystanders are aware of the off ardiac arrest. In summary, in addition to activating location of the AEDs, and, typically, oversight by an HCP of calculate all rest. In Summary, the dispatcher should training of anticipated rescuers in CPR and use of the AED sk straightforward questions about whether the patient is (3) an integrated link with the local EMS system; and (4) thresponsive and if breathing is normal or abnormal in order program of ongoing quality improvement. to identify patients with possible cardiac arrest and enable

A system-of-care approach for OHCA might include public ispatcher-guided CPR. A system-of-care approach for one change approach for

service access point has replaced the less-precise EMS

2015 (Updated): Untrained lay rescuers should provide dispatch center). Such a policy would enable PSAPs to direct ompression-only (Hands-Only) CPR, with or without bystanders to retrieve nearby AEDs and assist in their Use dispatcher guidance, for adult victims of cardiac arrest. The when OHCA occurs. Many municipalities as well as the federal government have enacted legislation to place AEDs and AED or rescuers with additional training. All lay in municipal buildings, large public venues, airports, casinos lescuers should, at a minimum, provide chest compressions and schools. For the 20% of OHCAs that occur in public for victims of cardiac arrest. In addition, if the trained lay areas, these community programs represent an important rescuer is able to perform rescue breaths, he or she should link in the Chain of Survival between recognition and add rescue breaths in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED activation of the PSAPs. This information is expanded in 4: Systems of Care and Continuous Quality Improvement arrives and is ready for use, EMS providers take over care of the 2015 Guidelines Update. the victim, or the victim starts to move.

There is insufficient evidence to recommend for or agair 2010 (Old): If a bystander is not trained in CPR, the the deployment of AEDs in homes. Victims of OHCAs that by stander should provide compression-only CPR for the occur in private residences are much less likely to receive dult victim who suddenly collapses, with an emphasis to chest compressions than are patients who experience 'push hard and fast" on the center of the chest, or follow cardiac arrest in public settings. Real-time instructions the directions of the EMS dispatcher. The rescuer should provided by emergency dispatchers may help potential in-home rescuers to initiate action. Robust community CPR and is ready for use or EMS providers take over care of training programs for cardiac arrest, along with effective the victim. All trained lay rescuers should, at a minimum, prearrival dispatch protocols, can improve outcomes.

activity or agonal gasps that can confuse potential rescuers. Dispatchers should be specifically trained to identify these

2015 (Updated): To help bystanders recognize cardiac arrest, dispatchers should inquire about a victim's absence of responsiveness and quality of breathing (normal versus not normal). If the victim is unresponsive with absent or abnorm

where there is a relatively high likelihood of witnessed carathe victim is in cardiac arrest. Dispatchers should be educated to identify unresponsiveness with abnormal and agonal gasps across a range of clinical presentations and

provide chest compressions for victims of cardiac arrest compressions (eg, to open the airway, deliver rescue breat addition, if the trained lay rescuer is able to perform resallew AED analysis). In most studies, more compressions a breaths, compressions and breaths should be provided inspociated with higher survival rates, and fewer compress ratio of 30 compressions to 2 breaths. The rescuer shoulare associated with lower survival rates. Provision of adequ continue CPR until an AED arrives and is ready for use ochest compressions requires an emphasis not only on an EMS providers take over care of the victim. adequate compression rate but also on minimizing interrup

Why: Compression-only CPR is easy for an untrained res to perform and can be more effectively guided by dispat over the telephone. Moreover, survival rates from adult arrests of cardiac etiology are similar with either compre only CPR or CPR with both compressions and rescue brea when provided before EMS arrival. However, for the train lay rescuer who is able, the recommendation remains for the upper limit of compression rate is based on 1 large registry rescuer to perform both compressions and breaths.

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions appressions delivered during resuscitation. rate of 100 to 120/min.

2010 (Old): It is reasonable for lay rescuers and HCPs to

Why: The number of chest compressions delivered per minute during CPR is an important determinant of return of pression depths (greater than 2.4 inches [6 cm]). spontaneous circulation (ROSC) and survival with good

to this critical component of CPR. An inadequate compress or frequent interruptions (or both) will reduce the tota The period of compressions delivered per minute. New to the Buidelines Update are upper limits of recommended pression rate and compression depth, based on liminary data suggesting that excessive compression ra depth adversely affect outcomes. The addition of an

study analysis associating extremely rapid compression ra-(greater than 140/min) with inadequate compression depth Box 1 uses the analogy of automobile travel to explain the effect of compression rate and interruptions on total numb

2015 (Updated): During manual CPR, rescuers should perform chest compressions at a rate of at least 100/min perform chest compressions to a depth of at least 2 inchest (5 cm) for an average adult, while avoiding excessive ches

neurologic function. The actual number of chest compressions (5 cm). 2010 (Old): The adult sternum should be depressed at least delivered per minute is determined by the rate of chest

compressions and the number and duration of interrupti Why: Compressions create blood flow primarily by increasi

Box 1

Number of Compressions Delivered Affected by Compression Rate and by Interruptions

The total number of compressions delivered during resuscitation is an important determinant of survival from cardiac arrest.

- The number of compressions delivered is affected by the compression rate (the frequency of chest compressions per minute) and by the compression fraction (the portion of total CPR time during which compressions are performed). Increases in compression rate and fraction increase the total number of compressions delivered. Compression fraction is improved by reducing the number and duration of any interruptions in compressions.
- An analogy can be found in automobile travel. When traveling in an automobile, the number of miles traveled in a day is affected not only by the speed (rate of travel) but also by the number and duration of any stops (interruptions in travel). Traveling 60 mph without interruptions translates to an actual travel distance of 60 miles in an hour. Traveling 60 mph except for a 10-minute stop translates to an actual travel of 50 miles in that hour. The more frequent and the more prolonged the stops, the lower the actual miles traveled.
- During CPR, rescuers should deliver effective compressions at an appropriate rate (100 to 120/min) and depth while minimizing the number and duration of interruptions in chest compressions. Additional components of high-quality CPR include allowing complete chest recoil after each compression and avoiding excessive ventilation.

intrathoracic pressure and directly compressing the heart, which in turn results in critical blood flow and oxygen deliv to the heart and brain. Rescuers often do not compress the chest deeply enough despite the recommendation to "pusl hard." While a compression depth of at least 2 inches (5 cr is recommended, the 2015 Guidelines Update incorporates new evidence about the potential for an upper threshold of compression depth (greater than 2.4 inches [6 cm]), beyor which complications may occur. Compression depth may be difficult to judge without use of feedback devices, and identification of upper limits of compression depth may be challenging. It is important for rescuers to know that the recommendation about the upper limit of compression dep is based on 1 very small study that reported an association between excessive compression depth and injuries that were not life-threatening. Most monitoring via CPR feedbac devices suggests that compressions are more often too shallow than they are too deep.

2015 (New): For patients with known or suspected opioid addiction who are unresponsive with no normal breathing but a pulse, it is reasonable for appropriately trained lay rescuers and BLS providers, in addition to providing standard BLS care, to administer intramuscular (IM) or intranasal (IN) naloxone. Opioid overdose response education with or without naloxone distribution to persons. at risk for opioid overdose in any setting may be considere This topic is also addressed in the Special Circumstances o Resuscitation section.

the large burden of disease from lethal opioid overdoses, as well as some documented success in targeted national Where EMS systems have adopted bundles of care involving strategies for bystander-administered naloxone for people continuous chest compressions, the use of passive ventilation at risk. In 2014, the naloxone autoinjector was approved by the US Food and Drug Administration for use by lay rescuers and HCPsThe resuscitation training network has requested information about the best way to incorporate such a device into the adult BLS guidelines and training. Thiger minute) is recommended.

Adult Basic Life Support and CPR Quality: HCP BLS

Summary of Key Issues and Major Changes

Key issues and major changes in the 2015 Guidelines Update recommendations for HCPs include the following Immediate Recognition and Activation of

- These recommendations allow flexibility for activation of the emergency response system to better match the HCP's clinical setting.
- Trained rescuers are encouraged to simultaneously perform some steps (ie, checking for breathing and pulse at the same time), in an effort to reduce the time to first chest compression.
- Integrated teams of highly trained rescuers may use a choreographed approach that accomplishes multiple steps and assessments simultaneously rather than the sequential manner used by individual rescuers (eg, one rescuer activates the emergency response system while another begins chest compressions, a third either provides ventilation or retrieves the bag-mask device for rescue breaths, and a fourth retrieves and sets up a defibrillator).
- Increased emphasis has been placed on high-quality CPR using performance targets (compressions of adequate rate and depth, allowing complete chest recoil between compressions, minimizing interruptions in compressions, and avoiding excessive ventilation). See Table 1.
- Compression rate is modified to a range of 100 to 120/min.
- Compression depth for adults is modified to at least 2 inches (5) cm) but should not exceed 2.4 inches (6 cm).
- To allow full chest wall recoil fter each compression, rescuers must avoid leaning on the chest between compressions.
- Criteria for minimizing interruptions ified with a goal of

Why: There is substantial epidemiologic data demonstrating chest compression fraction as high as possible, with a target of at east 60%.

> techniques may be considered as part of that bundle for victims of OHCA.

For patients with ongoing CPR and an advanced airway in place, a simplified ventilation rate of 1 breath every 6 seconds (10 breaths

recommendation incorporates the newly approved treatment. These changes are designed to simplify training for HCPs and to continue to emphasize the need to provide early and high-quality CPR for victims of cardiac arrest. More information about these changes follows.

> In the following topics for HCPs, an asterisk (*) marks those that are similar for HCPs and lay rescuers.

Emergency Response System

2015 (Updated): HCPs must call for nearby help upon finding the victim unresponsive, but it would be practical for an HCP to continue to assess the breathing and pulse simultaneously before fully activating the emergency response system (or calling for backup).

2010 (Old): The HCP should check for response while looking at the patient to determine if breathing is absent or not normal.

Why: The intent of the recommendation change is to minimize delay and to encourage fast, efficient simultaneous assessment and response, rather than a slow, methodical, step-by-step approach.

Emphasis on Chest Compressions*

2015 (Updated): It is reasonable for HCPs to provide chest compressions and ventilation for all adult patients in cardiac arrest, whether from a cardiac or noncardiac cause. Moreover, it is realistic for HCPs to tailor the sequence of rescue actions to the most likely cause of arrest.

2010 (Old): It is reasonable for both EMS and in-hospital professional rescuers to provide chest compressions and rescue breaths for cardiac arrest victims.

Table 1 **BLS Dos and Don'ts of Adult High-Quality CPR**

Rescuers Should	Rescuers Should Not
Perform chest compressions at a rate of 100-120/min	Compress at a rate slower than 100/min or faster than 120/min
Compress to a depth of at least 2 inches (5 cm)	Compress to a depth of less than 2 inches (5 cm) or greater than 2.4 inches (6 cm)
Allow full recoil after each compression	Lean on the chest between compressions
Minimize pauses in compressions	Interrupt compressions for greater than 10 seconds
Ventilate adequately (2 breaths after 30 compressions, each breath delivered over 1 second, each causing chest rise)	Provide excessive ventilation (ie, too many breaths or breaths with excessive force)

Why: Compression-only CPR is recommended for untrair Why: The minimum recommended compression rate rescuers because it is relatively easy for dispatchers to remains 100/min. The upper limit rate of 120/min has beer guide with telephone instructions. It is expected that added because 1 large registry series suggested that as th HCPs are trained in CPR and can effectively perform botkompression rate increases to more than 120/min, compre compressions and ventilation. However, the priority for t provider, especially if acting alone, should still be to active proportion of compressions of inadequate depth was the emergency response system and to provide chest about 35% for a compression rate of 100 to 119/min compressions. There may be circumstances that warranbat increased to inadequate depth in 50% of compressions change of sequence, such as the availability of an AED thaten the compression rate was 120 to 139/min and to inadequate depth in 70% of compressions when compressi the provider can quickly retrieve and use.

rate was more than 140/min.

2015 (Updated): For witnessed adult cardiac arrest when an AED is immediately available, it is reasonable that th 2015 (Updated): During manual CPR, rescuers should defibrillator be used as soon as possible. For adults with perform chest compressions to a depth of at least 2 inches unmonitored cardiac arrest or for whom an AED is not (5 cm) for an average adult while avoiding excessive chest immediately available, it is reasonable that CPR be initiated pression depths (greater than 2.4 inches [6 cm]).

while the defibrillator equipment is being retrieved and applied and that defibrillation, if indicated, be attempted and that defibrillation, if indicated, be attempted and that defibrillation. 2010 (Old): The adult sternum should be depressed at least soon as the device is ready for use.

Why: A compression depth of approximately 5 cm is 2010 (Old): When any rescuer witnesses an out-of-hospita sociated with greater likelihood of favorable outcomes should start CPR with chest compressions and use the AED arrest and an AED is immediately available on-site, the dence about whether there is an upper threshold beyon as soon as possible. HCPs who treat cardiac arrest in ho h compressions may be too deep, a recent very small and other facilities with on-site AEDs or defibrillators sho dy suggests potential injuries (none life-threatening) fro provide immediate CPR and should use the AED/defibrill sive chest compression depth (greater than 2.4 inche soon as it is available. These recommendations are desi [n]). Compression depth may be difficult to judge witho to support early CPR and early defibrillation, particularly of feedback devices, and identification of upper limits an AED or defibrillator is available within moments of the Compression depth may be challenging. It is important of sudden cardiac arrest. When an OHCA is not witnesse prescuers to know that chest compression depth is more by EMS personnel, EMS may initiate CPR while checking ften too shallow than too deep.

rhythm with the AED or on the electrocardiogram (ECG)

preparing for defibrillation. In such instances, $1\frac{1}{2}$ to 3 minutes **Recoil*** of CPR may be considered before attempted defibrillation.

Whenever 2 or more rescuers are present, CPR should b 2015 (Updated): It is reasonable for rescuers to avoid leaning provided while the defibrillator is retrieved. on the chest between compressions, to allow full chest wal With in-hospital sudden cardiac arrest, there is insufficient for adults in cardiac arrest.

evidence to support or refute CPR before defibrillation. 2010 (Old): Rescuers should allow complete recoil of the However, in monitored patients, the time from ventriculehest after each compression, to allow the heart to fill fibrillation (VF) to shock delivery should be under 3 minutempletely before the next compression.

and CPR should be performed while the defibrillator is readied. Why: Full chest wall recoil occurs when the sternum return Why: While numerous studies have addressed the questionts natural or neutral position during the decompression of whether a benefit is conferred by providing a specifiethase of CPR. Chest wall recoil creates a relative negative period (typically 1¹/₂ to 3 minutes) of chest compressionsntrathoracic pressure that promotes venous return and before shock delivery, as compared with delivering a cardiopulmonary blood flow. Leaning on the chest wall shock as soon as the AED can be readied, no difference between compressions precludes full chest wall recoil. outcome has been shown. CPR should be provided whileIncomplete recoil raises intrathoracic pressure and reduces the AED pads are applied and until the AED is ready to venous return, coronary perfusion pressure, and myocardia analyze the rhythm. blood flow and can influence resuscitation outcomes.

Chest Compression Rate: 100 to 120/min*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions (2015 (Reaffirmation of 2010): Rescuers should attempt to rate of 100 to 120/min.

Minimizing Interruptions in Chest

minimize the frequency and duration of interruptions in compressions to maximize the number of compressions

2010 (Old): It is reasonable for lay rescuers and HCPs to perform chest compressions at a rate of at least 100/mindelivered per minute. Table 2

Component	Adults and Adolescents	Children (Age 1 Year to Puberty)	Infants (Age Less Than 1 Year, Excluding Newborns)					
Scene safety	Make sure the environment is safe for rescuers and victim							
Recognition of cardiac arrest	Check for responsiveness No breathing or only gasping (ie, no normal breathing) No definite pulse felt within 10 seconds (Breathing and pulse check can be performed simultaneously in less than 10 seconds)							
Activation of emergency response system	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR Otherwise, send someone and begin CPR immediately; use the AED as soon as it is available	Witnessed collapse Follow steps for adults and adolescents on the left Unwitnessed collapse Give 2 minutes of CPR Leave the victim to activate the emergency response system and get the AED Return to the child or infant and resume CPR; use the AED as soon as it is available						
Compression- ventilation ratio without advanced airway	1 or 2 rescuers 30:2	1 rescuer 30:2 2 or more rescuers 15:2						
Compression- ventilation ratio with advanced airway	Continuous compressions at a rate of 100-120/min Give 1 breath every 6 seconds (10 breaths/min)							
Compression rate		100-120/min						
Compression depth	At least 2 inches (5 cm)*	At least one third AP diameter of chest About 2 inches (5 cm)	At least one third AP diameter of chest About 1½ inches (4 cm)					
Hand placement	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastbone (sternum)	1 rescuer 2 fingers in the center of the chest, just below the nipple line 2 or more rescuers 2 thumb–encircling hands in the center of the chest, just below the nipple line					
Chest recoil	Allow full recoil of chest afte	er each compression; do not lean on the che	est after each compression					
Minimizing interruptions	Limit interru	ptions in chest compressions to less than 1	0 seconds					

*Compression depth should be no more than 2.4 inches (6 cm).

Abbreviations: AED, automated external defibrillator; AP, anteroposterior; CPR, cardiopulmonary resuscitation.

2015 (New): For adults in cardiac arrest who receive CPR Why: Several EMS systems have tested a strategy of without an advanced airway, it may be reasonable to pepforviding initial continuous chest compressions with delay CPR with the goal of a chest compression fraction as highPas for adult victims of OHCA. In all of these EMS systems, possible, with a target of at least 60%. the providers received additional training with emphasis or

Why: Interruptions in chest compressions can be intended Why: Interruptions in chest compressions can be intended as part of required care (ie, rhythm analysis and ventilation) as part of required care (ie, rhythm analysis and ventilation) or unintended (ie, rescuer distraction). Chest compression package of care that includes up to 3 cycles of passive fraction is a measurement of the proportion of total minimizing pauses in chest compressions. The optimal goal victims with witnessed arrest or shockable rhythm. for chest compression fraction has not been defined. The

oxygen insufflation, airway adjunct insertion, and 200 increase in chest compression fraction can be achieved by modified to the pressions with interposed shocks, owed improved survival with favorable neurologic status

addition of a target compression fraction is intended to liventilation During CPR With an interruptions in compressions and to maximize coronary Advanced Airway perfusion and blood flow during CPR.

Table 2 lists the 2015 key elements of adult, child, and infant (ie, during CPR with an advanced airway). BLS (excluding CPR for newly born infants).

feedback devices during CPR for real-time optimization of CPR performance.

2010 (Old): New CPR prompt and feedback devices may be useful for training rescuers and as part of an

overall strategy to improve the quality of CPR in actual **Team Resuscitation: Basic Principles** resuscitations. Training for the complex combination of skills required to perform adequate chest compressions shoul 2015 (New): For HCPs, the 2015 Guidelines Update allows focus on demonstrating mastery. flexibility for activation of the emergency response and

Why: Technology allows for real-time monitoring, recording vider's clinical setting (Figure 5). and feedback about CPR quality, including both physiologic

patient parameters and rescuer performance metrics. TI Why: The steps in the BLS algorithms have traditionally important data can be used in real time during resuscitableen presented as a sequence in order to help a single for debriefing after resuscitation, and for system-wide questioner prioritize actions. However, there are several facto improvement programs. Maintaining focus during CPR om any resuscitation (eg, type of arrest, location, whether the characteristics of compression rate and depth and classified providers are nearby, whether the rescuer must lea recoil while minimizing interruptions is a complex challengectim to activate the emergency response system) that even for highly trained professionals. There is some evidence equire modifications in the BLS sequence. The update that the use of CPR feedback may be effective in modify BLGS HCP algorithms aim to communicate when and where chest compression rates that are too fast, and there is flexibility in sequence is appropriate.

separate evidence that CPR feedback decreases the leaning force during chest compressions. However, stud to date have not demonstrated a significant improveme in favorable neurologic outcome or survival to hospital discharge with the use of CPR feedback devices during actual cardiac arrest events.

Alternative Techniques and **Ancillary Devices for CPR**

Delayed Ventilation

2015 (New): For witnessed OHCA with a shockable rhythn it may be reasonable for EMS systems with prioritybased, multitiered response to delay positive-pressure and airway adjuncts.

2015 (Updated): It may be reasonable for the provider to deliver 1 breath every 6 seconds (10 breaths per minute) while continuous chest compressions are being performed

2010 (Old): When an advanced airway (ie, endotracheal tube, Combitube, or laryngeal mask airway) is in place dur 2-person CPR, give 1 breath every 6 to 8 seconds without attempting to synchronize breaths between compressions

Why: This simple single rate for adults, children, and infants—rather than a range of breaths per minute—should be easier to learn, remember, and perform.

Summary of Key Issues and Major Changes

Conventional CPR consisting of manual chest compressions interspersed with rescue breaths is inherently inefficient w respect to generating significant cardiac output. A variety of alternatives and adjuncts to conventional CPR have ventilation (PPV) by using a strategy of up to 3 cycles of 200 developed with the aim of enhancing cardiac output continuous compressions with passive oxygen insufflation resuscitation from cardiac arrest. Since the 2010 Guidelines were published, a number of clinical trials have provided new data on the effectiveness of these alternative **Event Report**

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CPR/AED INCIDENT INVESTIGATION REPORT

(To be completed within 24 hours of incident)

Name of Patient		S	Sex	Socia	I Security Nun	nber	Depart	tment	Job Tit	le
Service Date	Time in		Date of Incident:			Report I	Date	Event Actio	ons:	
	Position	T	Time: a	m [pm				2	
								EMT Res	sponse	
								🔲 Hospitali	zation	
Location of Incide	ent		Describe Job Ta	sk in P	Progress					
								Cause Rela	ted To	
Description of Inc	cident	I						Uehicle /	Accident	
								Equipme	ent Condit	ion/Design
									li Exposui Temperati	re Ire Exposure
								\square Slip, trip,	fall	
								Other		
								Names of V	Vitness	ses:
								1		
								2		
								3		
								Witnesses		Notes
								Interviewe	d?	Attached?
								1 yes ∐ no		yes □ no □
								$2 \text{ yes} \square \Pi$		
Patient Transport	ted To	By (EM	T Firm)		Date/Time			Names of F	Respon	ders:
			·					1		
AED Serial No.		Data Ca	ard Serial No.					2		
								3		
Information from	AED Screen	ns: Numb	er of Shocks		Time Defibril	lator in Us	se	Responder	S	Notes
		Delivered	d					Interviewe	d?	Attached?
								1 yes ∐ no		yes ∐ no ∐
Data Coordina	tor Transf	fer Histo	orv: (each ha	andler	signs off be	elow)		2 yes ∐ no		yes ∐ no ∐
										yes 🗋 no 🗋
From										
Date/Time					Date/ Time					
Date/Time					Date/Time					
From					To					
Date/Time					Date/Time					
From					То					
Date/Time					Date/Time					
								_		
Manager Signatu	ire:				l itle:			Da	ate:	
Safety Manager S	Signature:							Da	ate:	
COPY OF COMPLI	ETED FORM	TO MANA	GER OF CORPO	RATE S	AFETY & WOR	KER'S FIL	.E			

D&A-017-00 Attachment 2 Page 2 of 2

GENERAL DIRECTIONS

- 1. Complete the report within 24 hours of the incident.
- 2. Write legibly and clearly or type.
- 3. Complete ALL items or mark "N/A" if not applicable.

DETAILED DIRECTIONS

These are all self-explanatory. Be specific and accurate in reporting this information.

Name of Patient - Sex - Social Security No. (SS No.)

Department - Job Title - Hire Date - Time on Job

Date/Time of Incident - Date Reported - Event Actions - "Related to"

DESCRIPTION OF THE INCIDENT

- 1. What was the injured person doing at the time of the incident?
- 2. What tools or equipment were involved, if any?
- 3. What was happening around the work area (external influences)?
- 4. Give description of contributing causes

INTERVIEWING WITNESSES AND RESPONDERS

Interview all persons involved with the incident.

- 1. Put each person at ease. Tell the person you are looking for the facts only and not trying to blame anyone.
- 2. Interview witnesses and responders separately so that what one person says will not influence what someone else says.
- 3. Ask open-ended questions that do not elicit one-word answers, such as "What did you see?"
- 4. During the interviews, inform each witness or responder of what is being done for the injured person.
- 5. Avoid talk that will mislead or confuse the witnesses or responders.
- 6. Do not accept, deny, or promise anything. The purpose of the investigation is to gather facts only.

AED INFORMATION: Complete the following.

- 1. AED Serial Number:
- 2. Data Card Serial Number (if applicable):___
- 3. Number of shocks delivered (from screen on AED):
- 4. Amount of time defibrillator was in use (from screen on AED):
- 5. Data Card Transfer History: Each person given possession of the data card must sign and date upon taking possession and relinquishing to another.

Print Name	Signature	Date/Time of Possession	Print Name	Signature	Date/Time of Relinquish

Online Monthly Log Instructions



DiPietro & Associates, Inc. Online Monthly Log Quick Reference Guide

LOG ON: www.dipietroassociates.com

Click on: Login (in upper right corner)

Enter your Username: (your full email address)

Enter your Password: dipietro (all lowercase). You may change this in the section called My Profile.

This brings you to your Home Page

(🔄 http://demo.kolopids.com/		
Web Tracker With Tracker With Tracker With Tracker Statistics Statistics Tracker Statistics	Conclusion C	Complete your Monthly Maintenance Log Roll over Icons to get Program Status specifics. View the Details of your AED and Responders. Submit an Event (where to file a report is you use the AED).
	Resolution Sector Secto	

Your Home Page shows your monthly logs that are due. You may click on file monthly report to the right of each AED or if all your AEDs are compliant you can do all the logs at once by clicking on complete all logs **Operators Manual**



amarit**&AD**

ni-Automatic Defibrillat ly Automatic Defibrillat n 450P Semi-Automatic Defibrillat



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Use of This Manual

It is important that you read this manual carefully before **@\$AD**.your samar ta This manual is presented in support of any training you may have receive If you have any questions, contact your Authorized Distributor or

Indications for Use

The HeartSine samaritan PAD SAM 350P (SAM 350P), HeartSine samaritan PAD SAM 360P (SAM 360P) and HeartSine samaritan PAD SAM 450P (SAM 450P) all have the identical indications for use. Each is indicated for use on victims of cardiac arrest who are exhibiting the the following signs:

- Unconscious
- Not breathing
- Without circulation (without a pulse)

The devices are intended for use by personnel who have been trained in their operation. Users should have received training in basic life support/AED. advanced life support or a physician-authorized emergency medical response training program.

The devices are indicated for use on patients greater than 8 years old or over 55 lbs/25 kg when used with the adult Pade Pade Pak-01 or Pad-Pak-07). They are indicated for use on children between 1 and 8 years of age or up to 55 lbs/25 kg when used with the Pediat(PedPaPlak-02).

Contraindications for Use

If the patient is responsive or conscious, do not use the samaritan PAD to provide treatment.

Caution

U.S. Federal law restricts this device to sale by or on the order of a physician.

Warnings and Precau

Patients Suitable for Treatment Ris

The samaritan PAD has been designed to he on unconscious, nonresponsive patients http://www.conscious.com/ patient is responsive or conscious, do notse samaritan PAD to provide treatment. one

The samaritan PAD uses an interchangeable and electrode pack called Pad-Pak. The pan PAD in combination with an adult Pad-Pathe suitable for use on patients of over 55 lb3o(2 weight or equivalent to a child of approxima eight years old or over. sho

For use on smaller children (from 1 to 8 the remove the adult Pad-Pak and install a Pacia Pak. If a Pediatric-Pak or an alternative suit defibrillator is not available, you may use a Pad-Pak. of a

If you treat a pediatric patient with an $a\theta\theta I$ Pad-Pak, ignore any voice prompts regarding rate of CPR. The SAM 450P CPR Rate $Ad\theta is \delta$ currently only intended to provide feedback adult patients. Tou of t

Do Not Delay Treatment

Do not delay treatment trying to find out the stient's exact age and weight whi patient's exact age and weight. The the

2

Warnings and Precautions

A PRECAUTIONS

Fully Automatic Defibrillator (SAM 3609) rect Placement of Electrode Pads **Ingress Protection** The SAM 360P is a fully automatic defibilition placement of the samaritan PAD electrophe samaritan PAD has an IP56 rating again When required, it will deliver a shock to be a spectation to a sprays of water. However, the Man WITHOUT user intervention. instructions shown on pages 19-22 and on thedoes not cover the immersion of any part of CPR Rate Advisor Function (SAM 450P) bit outries dreament or the presence of samaritan PAD in water or any type of fibig

CPR Rate Advisor Function (SAM 450P) hair surgical dressings or medicine patcheath fluids may seriously damage the device on adult patients only. If a Pediatric-Pak styseen the pads and the skin could reduce cause fire or a shock hazard. Aut CPR Rate Advisor function is disabled. In the fibrilization effectiveness. Slightly red skin after **Prolonging Battery Life** the rescuer is prompted to begin CPR in the rapy is normal. Do not turn on the device unnecessarily on si the metronome but receives no CPR Rate Not Use Electrode Pads if Pouch is Not Sealed uce the standby life of the device. feedback.

The Pad-Pak and Pediatric-Pak are single-use Standby storage outside the range of Che items which must be replaced after each use 35^UF to 122°F/0°C to 50°C may decreased the pouch that seals the electrode pads has been for the Pad-Pak. req broken or compromised in any way. If you suspect of a that the Pad-Pak or Pediatric-Pak is damaged, Operator Training

The samaritan PAD is intended for use by replace it immediately. personnel who have been trained in its ope **Susceptibility to Electromagnetic Interference**, operate the series should have received training in basic To safeguard against interference, operate the support/AED, advanced life support, or a samaritan PAD at least 6 feet/2 meters away from sician-authorized emergency medical all radio frequency devices. Alternatively, switch off the equipment causing the electromagnetic

Use of Accessories The samaritan PAD is a self-contained device

Reg

Temperature Range for Operation

interference.

Temperature Range for Operation not use any unauthorized accessories with The samaritan PAD, with its battery and electrodes as the samaritan PAD may malfunct is designed to operate in the temperature range of 32°F to 122°F/0°C to 50°C. Use of the device outside of this range may cause the device to malfunction.

Overview

sinus rhythm by means of an electric shock adrbessamaritan PAD uses the HeartSine sam **Sudden Cardiac Arrest** Sudden cardiac arrest (SCA) is a conditioneineedmichThis treatment is called defibrillatioECG arrhythmia analysis algorithm. This alc

Sudden cardiac arrest (SCA) is a conditioned in this treatment is control to be used down and the patient's ECG to ascertain the heart suddenly stops pumping blood effectively due to a malfunction of the heart's electrical ar **Tachycardia** Often victims of SCA have no prior warning signs or symptoms. SCA also can occur in people with previously diagnosed heart conditions. Survival activity of the heart. VT starts in previously diagnosed heart conditions. Survival activity of the heart, called the from SCA depends on immediate and effectivels. Although there are many different cardiopulmonary resuscitation (CPR). of VT, this arrhythmia can be potentially life-

The use of an external defibrillator within that in the patient presents with no pulkes important to note that cardiac defibrilla few minutes of a collapse can greatly in an every unresponsive. If not treated with immediate the HeartSine samaritan PAD, will not a patient's chance of survival. Heart attachignilation VT may lead to other arrhythmiaadminister a shock unless a lifesaving shoc SCA are not the same, though sometimes a heart required.

attack can lead to an SCA. If you are expressioned by AED symptoms of a heart attack (chest pain, bless optimis misconception that CPR alone shortness of breath, tight feeling in the chest along emergency services is enough. CPR elsewhere in the body), immediately seektened ary measure that maintains blood flow and oxygen to the brain. CPR alone will not ret attention.

heart to a normal rhythm during VF or VT. The Sinus Rhythm and Ventricular Fibrillation ryival is defibrillation - and the sooner The normal heart rhythm, known as sinus rhythm, creates electrical activity resulting in coordinated

contraction of the heart muscle. This genefities ation is a common treatment for lifethreatening arrhythmias, mainly ventricular normal blood flow around the body.

Ventricular fibrillation (V-fib or VF) is a condition block to the heart with a device calle in which there is uncoordinated contraction of billator. This restores normal heart musc heart muscle, making it quiver rather than contractions and allows normal sinus rhythm to properly. Ventricular fibrillation is the most restored by the body's natural pacemaker in victims of SCA it is possible to re-establish normal





Introduction

This manual provides instructions for the fiel SAW hg50P is a semi-automatic defibrillatoo f tangood quality. If the quality of the CREAR models of the HeartSine samaritan PADSAM 360P is a fully automatic defibrillator, anistipeod, the chances of successfully resucce me

samaritan PAD 350P (SAM 350P) samaritan PAD 360P (SAM 360P) samaritan PAD 450P (SAM 450P)

About the samaritan PAD

The samaritan PAD family of AEDs is designed to quickly deliver a defibrillation shock to vor metronome

SAM 450P is a semi-automatic defibrillator withatient are greatly increased. integrated CPR Rate "Advisor

WARNING: The SAM 360P is a fully automatic defibrillator. When required, it will deliver a shock to the patient WITHOUT user

Research has demonstrated that non-profes responders regularly provide ineffective inexperience. The

The SAM 450P with CPR Rate Advisor pr盼的 feedback to the rescuers on the rate of the are providing to the victim. The SAM 450 P impedance cardiogram measurements tong

of sudden cardiac arrest (SCA). Each sa Warenathe samaritan PAD instructs you to perferenspeed of compressions and provide the PAD is designed to operate in accordance without will hear an audible beep and see the set for the structions to push faster or push the current joint American Heart Association (Alba) and icator flash at a rate compliant witentinue to provide compressions at a group European Resuscitation Council (ERC) g20125in AddA/ERC guidelines. This feature, referred tording to the AHA resuscitation guidelines on Cardiopulmonary Resuscitation (CPR) and e CPR metronome, will guide you to the rate at 50P uses both audible and visual fee Emergency Cardiovascular Care (ECC). which to compress a patient's chest during CPG ve the responder instruction on CPR rate

While all of the samaritan PAD models aCPRERate Advisor

similar in use, there are distinct different when providing CPR treatment to a victim of s en direction of s en directio similar in use, there are distinct differen was providing CPR treatment to a victim of s

Table 1. samaritan PAD AEDs

	SAM 350P	SAM 360P	SAM 450P
Shock delivery	Semi-Automatic	Fully Automatic	Semi-Automatio
Four-year electrode and battery life	4	4	4
Audible and visual indicators	4	4	4
CPR coaching with metronome	4	4	4
CPR Rate Advisor			4
Pediatric use-compatible (with Pediatri	c Pad-Pak4)	4	4

Technical Data in Appendix C on page C-7 Aut dire

is intended for use on adult patients only of Pediatric-Pak is used, the CPR function is di In this case, the rescuer is prompted to be in time with the metronome but receiveSat Plea CPR Rate Advisor feedback.

ass of S effe

Introduction

SAM 350P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable attach the electrode pads to the feed SAM 350P is ready for into this port to download patient's bare chest as indicated use when this indicator is event data from the AED, when the action arrows are flashing freen.

(See Figure 8, page 24.)

Shock Button

Press this button to defiver a therapeutic shock.

Adult and

Pediatric Symbols Indicates that the SAM 350P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 350P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

Green Tab Pull this tab to release the electrodes. Safe to Touch Icon/ Action Arrows You may touch the patient when the action

patient when the action arrows around this icon are flashing.

On/Off button

Press this button to turn on or turn off the device.

Speaker

Listen for the metronome and verbal prompts.

Pad-Pak

Contains the battery and electrode pads.

SAM 360P Layout

Attach Pads Ic

Plug the custom USB cablettach the electro into this port to downloadpatient's bare che event data from the AED, when the action a (See Figure 8, page 24.)

Shock Icon

Data Port

Flashes to indicate a shock will be delivered.

Adult and

Pediatric Symbols Indicates that the SAM 360P is compatible with both the Pad-Pak and Pediatric-Pak.

Do Not Touch Icon/ Action Arrows

Do not touch the patient when the action arrows above this icon are flashing. The SAM 360P may be analyzing the patient's heart rhythm or about to charge, in preparat to deliver a shock. Green Tab the electrodes.



Introduction

SAM 450P Layout

Data Port

Attach Pads Icon/Action A**Stavis**s Indicator

Plug the custom USB cable ttach the electrode pads to the he SAM 450P is ready for into this port to download patient's bare chest as indicated se when this indicator is event data from the AED, when the action arrows are flashing ing green.

(See Figure 8, page 24.)

Shock Button

Press this button to deliv a therapeutic shock.

Adult and

Pediatric Symbol Indicates that the SAM 450P is compat with both the Pad-Pa and Pediatric-Pak.

CPR Rate Advisor Id

Provides visual feedback about the rate of chest compressions during CPR.

Safe to Touch Icon/ Action Arrows

You may touch the **Speaker** Con patient when the action step for the **Green Tab** and arrows around this icometronome and Pull this tab to release are flashing. verbal prompts. the electrodes.

Set-up

Unpacking

Verify that the contents include the samarit PAD, carry case, Pad-Pak, User Manual, War Statement and Warranty Card.

Pad-Pak

A Pad-Pak is a single-use removable cartrid includes the battery and electrode pads in a unit. The Pad-Pak is available in two versior

- Pad-Pak (gray color shown in Figure 1) for on patients weighing over 55 lbs/25 kg, o equivalent to a child of approximately eig years of age or older.
- The optional Pediatric-Pak (pink color sho Figure 2) for use on smaller children (from years old and weighing under 55 lbs/25 k

WARNING: Do not delay treatment tryin determine the patient's exact age and weig

The Pad-Pak also is available in a TSO-certified version f use on aircraft.

Do Not Touch Icon/ Action Arrows Do not touch the

Do not touch the patient when the action arrows above this icon are flashing. The SAM 450P may be analyzing the patient's heart rhythm or about to charge, in preparation to deliver a shock.

On/Off button

Press this button to turn on or turn off the device.

Pad-Pak

Contains the battery and electrode pads.
Set-uptinued

Putting the samaritan PAD into Service

Follow these steps to place your samaritan PAD int service:

1. Check the expiration date (year-month-day) on the rear of the Pad-Pak (see Figure B) If expiration date has passed, do not use and immediately replace the expired Pad-Pak.

2. Unpack the Pad-Pak and retain the packaging





Figure 3. Expiration Date

Figure 4. Inserting a Pad-Pak

messages are played.

- Be sure to store the device according to t 4. Verify that the green Status indicator (see theenvironmental specifications (see Technig layout for your model on pages 10-12) is blinking in Appendix C on page C-1). to indicate the initial self-test routine has been performed and the device is ready PRECAUTION: HeartSine Technologies for use.
- 5. Press the On/Off But ton turn on the samaritan PAD. Listen for, but do not follow,

recommends that you store a spare Pad-Pa your samaritan PAD in the rear section of th

6. Press the On/Off Buttom turn off the **Pre**

samaritan PAD. Verify that the Status Ind

flashing green. If you have not heard and message and the Status Indicator conting

flash green, the device is ready for use.

7. Place the samaritan PAD in its supplied so

carry case. Store the samaritan PAD whe will be seen and heard in an unobstructe secure location in a clean, dry environme

- the voice prompts to ensure that no warnin $\boldsymbol{\beta}$. Register online, or complete the Warrang and return it to your Authorized Distribute HeartSine Technologies directly (see Track
- in case you need to return the Pad-Pa PRECAUTION: Do NOT pull the green tab or Requirements on page 26). HeartSine Technologies. the Pad-Pak at this time. If you have pulled the teleate a service schedule (see Service and
- 3. Place the samaritan PAD face up on a **aflat spefaee** the electrode drawer, you may need the place on page 27). and slide the Pad-Pak into the samaritam BAD your Pad-Pak. (see Figure 4) until you hear the "double click" to the samaritan PAD ONCE. If you turn it indicate that the tabs on the right and left sides on and off repeatedly, you will deplete the batteries

of the Pad-Pak are fully engaged. prematurely and may need to replace the Pad-Pak.

Using the samaritan PAD

 Using the samaritan PAD
 2. If the patient is non-responsive, shake the
 4. Call for medical assistance.
 7. P

 Follow these steps to use your AED, which patilient by the shoulders while speaking loudly provide you with step-by-step voice prompts the patient becomes responsive, do not use
 3. Retrieve the AED, asking others nearby to be the shoulders while speaking loudly.

 For a full list of voice prompts for your devide AED.
 6. While waiting for the AED, begin CPR, hard and fast at a rate of between 10

3. Check that the patient's airway is not block using a head-chin tilt if necessary.

PRECAUTION: Once a non-shockabl is detected, the samaritan PAD will end to shock condition if it had previously de shock.

1. If necessary, move the patient to a sa or remove any source of danger.



PREC/UTION You must use the san PAD at least 6 feet/2 meters from all rac frequency devices, or switch off any equ causing electromagnetic interference.



CHECK FOR A RESPONSE While waiting for the AED, begin CPR, hard and fast at a rate of between 10 compressions per minute (cpm) and a 5 to 6 cm. If you feel able to give resc perform 30 compressions followed by rescue breaths.







0.D W If Of Pa

CHECK FOR AIRWAY

Using the samaritamuRAD

- 9. Remove clothing from patient's chest 12. Expansepen the pouch to remove the electroide particle the liner from each electrode part. apply each electrode pad firmly to the pa bare skin, removing any metal (bras or jewelry)
- where possible from the pad placeme





ELECTRODE

bare chest. For a patient over 8 years of a weighing over 55 lbs/25 kg, place one ele pad horizontally on the right chest, and the other vertically on the left rib cage. For a patient under 8 years of age or weighing than 55 lbs/25 kg, you can place one elec pad on the center of the chest and the ot on the center of the back. Refer to pages for detailed instructions for electrode pad placement.

15.

- 10. Dry the patient's chest if wet or clamm a lot of chest hair is present, shave the p chest where the electrodes will be place
- 11Pull the green tab to remove the electro pouch from the AED.





Using the samaritam BAD

- 16. When advised that a shockable rhytheric detected, stand clear of patient as d When advised to do so, press the oras shock button (SAM 350P/SAM 450P) to the a shock, or if using a SAM 360P, the AED will automatically deliver the shock after a verbal 3, 2, 1 countdown.
- 17. When advised that a shockable rhythm is not detected, begin CPR. To do so, place overlapping hands in the middle of the patient's chest and, with straight arms, press firmly and quickly in time with the metronome. Continue to perform CPR until the AED begins to analyze the patient's heart rhythm again.

When using the SAM 450P, follow Advisor voice prompts. Refer to C on page C-7 for more information

- 18. Repeat the process from step 1 services arrive.
- 19. When emergency services arriv On/Off button to turn off the AED the electrode pads.

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Pediatric-Pak

Treating Small Children and Infants ANT The Pediatric-Pak is intended to provide the pediatric (child) victims of SCA between the 1 and 8 years old or weighing less than BAF 55 lbs/25 kg who are: in the bac

- Unconscious
- Not breathing
- Without circulation (without a pulse)

WARNING: The Pediatric-Pak contains a magnetic component (surface strength 650 gauss). Avoid storage next to magneticallysensitive storage media.

WARNING: Not for use on patients und year old. For use with children up to the age years or up to 55 lbs/25 kg. DO NOT DELAY IF YOU ARE UNSURE OF THE EXACT AGE OR

Electrode Placement

For pediatric patients there are two options electrode placement: anterior-posterior and anterior-lateral.

Figu

Pediatric-Poaked

ANTERIOR-LATERAL PLACEMENT

If a child's chest is large enough to permit a 1 in/2.5 cm gap between the electrode pads, OR if trauma does not allow for placement on the back, the pads can be placed according to the adult anteriorlateral placement. Place one electrode pa child's BARE upper right chest above nipp one electrode pad on child's BARE lower below nipple as shown in Figure 6.



Figure 6. Anterior-Lateral Placement

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WARNING: Electrode pads must be a 1 in/2.5 cm apart and should never touch one another.



After Using the sama

Cleaning the samaritan PAD

 Remove the electrode pads from the patie and stick the pads together face to faceus electrodes may be contaminated with hte bodily tissue, fluid or blood so dispose of electrodes separately as infectious waste material.

3.C

2. The Pad-Pak is a single-use item that lithium batteries. Replace the Pad-Pak at use. With the samaritan PAD placed faces a flat surface, squeeze the two tabs on the of the Pad-Pak and pull to remove it from samaritan PAD. The Pad-Pak will slide (see Figure 7).



After using the samaritan PAD

Downloading and Submitting Event Information

The optional HeartSine Saver EVO[™] software can be downloaded at no charge from:

http://heartsine.com/support/upload-saver-evo/

This software lets you manage the events in which your samaritan PAD was used. You can provide this data to a patient's doctor, and/or use it to obtain a Pad-Pak if you have a qualifying event. In addition to Saver EVO, the optional USB data cable is required to download event data. Contact your Authorized Distributor or HeartSine Technologies directly to obtain the data cable or with questio about downloading and using Saver EVO.

1. Connect the USB data cable to the Data/ the samaritan PAD (see Figure 8).

Figure 8. USB Data Port

- 2. Connect the USB connector on the data c to a PC.
- 3. Install and launch the HeartSine Saver EV software.
- 4. Follow the instructions provided in the Sa EVO manual to save or erase the event day your samaritan PAD.
- 5. Upload the Saver EVO file on the HeartSir Technologies site.

For further information on managing the ev data on your samaritan PAD, contact your Authorized Distributor or HeartSine Technol directly.

Disposal

The Pad-Pak and Pediatric-Pak contain lithiu batteries and cannot be disposed of in norm waste. Dispose of each at an appropriate re facility according to your local requirements Alternatively return the Pad-Pak or Pediatric to your Authorized Distributor for disposal or replacement.

Tracking

Tracking Requirements

Medical device regulations require HeartSine Technologies to track the location of each samaritan PAD AED, Pad-Pak, and Pediatric-Pak sold. Therefore, it is important that you register your device, either using our on-line registration tool at:

https://secure.heartsine.com/UserRegistration.html

Or by completing the samaritan PAD Warranty Card and returning it to your Authorized Distributor or HeartSine Technologies directly. As an alternative to the card and on-line registration tool, you may send an email to:

support@heartsine.com

The email should contain the following information:

- Name
- Address

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• Device Serial Number

If there is a change in the information you have provided to us, such as a change of address or ownership of your samaritan PAD, provide the updated information to us via email or the online registration tool.

When you register your AED, we will contact you with any important notifications about the samaritan PAD, such as software updates or field safety corrective actions.

Service and Maintena

HeartSine Technologies recommends us regular maintenance checks, which inclose following:

WEEKLY

Check the Status Indicator. The sama performs a self-test routine at midnig every Sunday. During this self-test th light blinks red but returns to green upon successful completion of the self-test If the Status Indicator is not flashing and every 5 to 10 seconds or if the status is flashing red or you hear continuous a problem has been detected. (See Fi and Troubleshooting in Appendix B on pa

MONTHLY

- □ If the device shows any signs of physical damage, contact your Authorized Dist HeartSine Technologies directly. marie
- Check the expiration date of the Pad-Set-up on page 14 for the location of the If the date has expired, or is near exp immediately replace the Pad-Pak or c Authorized Distributor for a replacem
- □ If you hear a warning message when you on your samaritan PAD or if, for any relates suspect that your samaritan PAD is not war properly, consult Troubleshooting in Append

to t mai Aut





HEALTH AND SAFETY CODE - HSC DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1799.207]

(Division 2.5 added by Stats. 1980, Ch. 1260.)

CHAPTER 3. State Administration [1797.100 - 1797.197a]

(Chapter 3 added by Stats. 1980, Ch. 1260.)

ARTICLE 5. Personnel [1797.160 - 1797.197a]

(Article 5 added by Stats. 1980, Ch. 1260.)

1797.196.

(a) For purposes of this section, "AED" or "defibrillator" means an automated external defibrillator.

(b) (1) In order to ensure public safety, a person or entity that acquires an AED shall do all of the following:

(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 operation and maintenance guidelines set forth by the manufacturer.

(D) Ensure that the AED is tested at least biannually and after each use.

(E) Ensure that an inspection is made of all AEDs on the premises 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.

(F) Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.

(2) When an AED is placed in a building, the building owner shall do all of the following:

(A) At least once a year, notify the tenants as to the location of the AED units and provide information to tenants 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 the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.

(C) Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.

(3) A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED. (c) (1) When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

(2) This section does not prohibit a school employee or other person from rendering aid with an AED.

(d) A manufacturer or retailer supplying an AED shall provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

(e) A violation of this section is not subject to penalties pursuant to Section 1798.206.

(f) Nothing in this section or Section 1714.21 of the Civil Code may be construed to require a building owner or a building manager to acquire and have installed an AED in any building.

(g) For purposes of this section, "local EMS agency" means an agency established pursuant to Section 1797.200.

(h) This section does not apply to facilities licensed pursuant to subdivision (a), (b), (c), or (f) of Section 1250.

(Amended by Stats. 2015, Ch. 264, Sec. 2. (SB 658) Effective January 1, 2016.)

HEALTH AND SAFETY CODE - HSC DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1799.207]

(Division 2.5 added by Stats. 1980, Ch. 1260.)

CHAPTER 9. Liability Limitation [1799.100 - 1799.112]

(Chapter 9 added by Stats. 1980, Ch. 1260.)

1799.102.

(a) No person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision applies only to the medical, law enforcement, and emergency personnel specified in this chapter.

(b) (1) It is the intent of the Legislature to encourage other individuals to volunteer, without compensation, to assist others in need during an emergency, while ensuring that those volunteers who provide care or assistance act responsibly.

(2) Except for those persons specified in subdivision (a), no person who in good faith, and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency shall be liable for civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision shall not be construed to alter existing protections from liability for licensed medical or other personnel specified in subdivision (a) or any other law.

(c) Nothing in this section shall be construed to change any existing legal duties or obligations, nor does anything in this section in any way affect the provisions in Section 1714.5 of the Civil Code, as proposed to be amended by Senate Bill 39 of the 2009–10 Regular Session of the Legislature.

(d) The amendments to this section made by the act adding subdivisions (b) and (c) shall apply exclusively to any legal action filed on or after the effective date of that act.

(Amended by Stats. 2009, Ch. 77, Sec. 1. Effective August 6, 2009. Note: As referenced in subd. (d), subds. (b) and (c) were added in the amendment by Stats. 2009, Ch. 77.)

ARSON PREVENTION TIPS

REDUCE FIRESETTING OPPORTUNITY

Remove garbage cans daily during non-school hours. Garbage has been used as an ignition source for arson fires or to keep an unwelcome visitor warm.

Cut back vegetation and clear away any debris around campus buildings to reduce fire risk and hiding places. Keep vegetation watered and green.

Keep dumpsters at least 10 feet away from buildings and roof overhangs. Make sure all discarded materials are placed inside the containers and padlock them after school hours.

Check lighting with a night walk through your campus. Replace all burned out bulbs. Install lighting, including motion sensor lights, in currently dark and secluded areas.

Securely store combustibles such as paint, gasoline and oil in proper flammable storage containers in a locked location to restrict access. Minimize the quantity of combustibles in storage and dispose of materials you don't need.

In outside hallways and quads, post all notices and paper signs in protective display cases.

Block access to narrow spaces or gaps between portable structures with fencing or other barriers.

Include fire safety education as part of your school's curriculum. Have your local fire department's public education officer talk to students about arson and the serious consequences of that crime.

A construction site can be an easy target for arsonists. Fence the area and secure it with alarms or by installing cameras for video surveillance. Limit the amount of debris and clear it away from the building.

PREVENT UNAUTHORIZED BUILDING ENTRY

Check all windows and doors to ensure that they close and lock securely. Keep them locked when school is out.

Remove ladders and equipment when not in use and store appropriately.

Check your site for structures around buildings that may provide unwanted access to roof areas. Prevent your school's roof from becoming a playground.

Roof vents and skylights should be protected with grills, bars or covers. Roof access latches should be locked.

Secure all vents and screens to crawl space areas under campus buildings and portables. A heavy-gauge screen with flanges that bolts to the outside of the building helps prevent access.

Skirting should be fitted at the base of portable classrooms to prevent access under the buildings.

REDUCE POTENTIAL FOR FIRE DAMAGE

Check that automatic sprinkler systems are fully operational. Inspect water supply sources regularly.

Inspect fire, heat, smoke and intrusion alarm systems monthly to be sure they are working properly and that the alarm signal is audible where needed. Repair all malfunctioning elements.

Train your staff on the use of the school's fire extinguishers, and ensure that the equipment is serviced regularly and in good working condition.

Report all suspicious fires, no matter how small, to the local fire department. Request that they come to investigate for possible arson. Early intervention with a firesetter may avert future arson fires.

Keep fire hydrants free of debris and vegetation for easy accessibility by the fire department.

SECURE YOUR SCHOOL SITE

Strongly consider installing surveillance cameras which deter all types of crime.

Add or increase nightly security patrols on campus.

Turn on your outside sprinklers during night hours, especially in the 11p.m. - 1 a.m. time period. Intruders don't like to get wet.

Keep window coverings closed after school hours to hide room contents. Fires are sometimes set to cover up breaking and entering and theft.

Manage access to your site. Consider how responsible community members using your school after hours may reduce your vulnerability to arson, simply by their presence.

Discourage loiterers and intruders at your school. Be aware of possible warning signs - for example, cigarette butts, matches, graffiti, discarded bottles and garbage - indicating someone on school grounds who shouldn't be there. Vandalism and arson go hand in hand.

Promote arson prevention at a school staff meeting. Show the video, *30 Ways To Prevent School Arson,* to increase awareness about the potential for arson at your site and the significance of a loss to your school community.

Include the video as part of your safety plan. Use the prevention tips checklist to evaluate your school's arson risk.

Present the video at a parent-teacher organization meeting. Empower them to be extra eyes on campus regarding arson prevention and suggest how they can help.

Invite your school's neighbors to be partners in your fire prevention plan. Ask them to keep an eye on your school after hours and report any suspicious activity.

Schools Insurance Authority P.O. Box 276710 Sacramento, Ca 95827-6710 (916) 364-1281

SCHOOL FIRE & LIFE SAFETY

Prepared by: Fire & Life Safety Sub-committee Summer 1995

Updated: August 31. 1995 Updated: November 19, 2007 Updated: February 3, 2009

INTRODUCTION

This packet contains important fire and life safety requirements for educational facilities. These requirements are dictated by the California Code of Regulations, Title 19, 2007 CBC, & CFC.

It is the intention of the Fire Authorities to inspect these facilities and keep them within the California Code of Regulation standards for fire and life safety. The school facilities are inspected once a year by Fire Prevention Officers or Fire Station Personnel.

We are providing this information to you and request your assistance in complying with all regulations for safety of the children and staff.

Please review this packet, if you have any questions or concerns feel free to contact the Fire Prevention Division of the Fire District having jurisdiction over your site.

ACKNOWEEDGMENTS

This booklet is a product of a collaborative effort between SIA member school districts and fire prevention agencies. SIA would like to extend its appreciation to the school districts and fire agencies that committed personnel to this issue and the members of this committee for their diligence and dedication to this important topic:

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REQUIREMENTS FOR SCHOOLS: ASSEMBLIES AND FUNCTIONS

According to the California Code of Regulations, school assemblies and related functions should comply with the following list:

- 1. In general, prior to conducting any special event or special seating arrangement event, contact the authority having jurisdiction in the planning stages so that they may direct those responsible as to the requirements of applicable laws, regulations, and permits.
- 2. USE OF CANDLES / OPEN FLAME are "prohibited". Contact the authority having jurisdiction for special uses. The authority having jurisdiction may approve on a case-by-case basis. (CCR Title 19, 3.25 & CFC 308)
- 3. THE CHIEF, or his/her designated representative upon findings any overcrowding condition or obstruction in aisles, passageways, or other means of egress; or upon finding any condition which constitutes a serious menace to life, shall cause the performance, presentation, spectacle, or entertainment to be stopped until such condition or obstruction is corrected. (CFC Appendix Chapter 1, 107.6).
- ACCESS ROADWAY A 20 foot, unobstructed fire access roadway shall be provided within 150' of the exterior of all buildings. (CCR Title 19, 3.05 & CFC 503.2.1)
- 5. POSTING OF OCCUPANCY All assembly rooms with an occupant load of 50 or more shall have a posted occupant load sign. (CCR Title 19 3.30 & CFC 1004.3)
- OVERCROWDED OCCUPANCIES No occupancy shall have more people in it than is allowed by its posted room capacity. (CCR Title 19, 3.27 & CFC Appendix Chapter 1, 107.5)

- 7. SMOKING OR OPEN FLAME There shall be no smoking or open flame during any public assembly. "No Smoking" signs shall be posted in a conspicuous place inside the building. (CCR Title 19, 3.32 & CFC 308.3, 310.2)
- 8. DECORATIVE MATERIAL (See page 10)
- 9. FIRE EXTINGUISHER Portable fire extinguishers shall be selected, installed and maintained in accordance with CCR Title 19 and NFPA 10

Each fire extinguisher shall be maintained according to CCR Title 19, 567.

- a. Mounting Each fire extinguisher shall be mounted depending on the weight of the extinguisher.
 - Less than 40 lbs. the fire extinguisher shall be mounted no higher than 5 feet from the ground.
 - More than 40 lbs. the fire extinguisher shall be mounted no higher than 3.5 feet from the ground.
- b. Each fire extinguisher shall be checked monthly.
- c. Each fire extinguisher shall be mounted on the wall within 75 feet travel distance to all portions of a building.
- d. Each fire extinguisher shall be recharged annually and after each use.
- 10. FIRE APPLIANCES Shall be maintained in working order, all extinguishers, fire hoses, and similar appliances shall be visible with a mark such as a red dot and accessible at all times. (CCR Title 19 3.24 & CFC 904.11.6)
- 11. PANIC HARDWARE AND EXIT DOORS Exit doors shall not be locked, bolted, fastened or otherwise obstructed, which would keep them from being opened from the inside without special use or knowledge. (CCR Title 19, 3.00, CFC 1008.1.9)

- 12. USE OF EXIT WAYS Exit ways shall not be blocked in any way at anytime. (CCR Title 19, 3.11 & CFC 1007)
- 13. EXIT LIGHTING Shall be illuminated any time the building is occupied. This includes emergency pathway lighting. (CFC 1006.1) Pathway lighting is required (Theaters Only): CFC 1006.2.
- 14. TABLE SPACING All tables shall be spaced at least 54 inches apart and 36 inches from any wall. (CCR Title 19 3.06 CFC 1025)
- BONDING OF CHAIRS When more than 299 chairs are used for seating, they shall be connected in groups of not less than 3 chairs. (CCR Title 19, 3.06 & CFC 1025).
- 16. AISLE WIDTH Aisles shall be at least 3' wide when served for only one side and not less than 3'6" when served from both sides. Aisle widths increase with increased distance. (CFC 1025)
- 17. AISLE SPACING With standard seating, the spacing of rows of seats between any seat and the nearest aisle shall not exceed 30 feet. (CFC 1025)
- 18. SEAT SPACING With standard seating, the spacing of rows of seats from back to back shall be not less than 33 inches. (CFC 1025)
- 19. PLAN OF EXIT WAY AND AISLES A plan indicating the seating arrangements, location and width of exit ways and aisles shall be submitted for approval and an approved copy of the plan shall be kept on display on the premises. (CFC 408.2.1)
- 20. Each school shall provide the appropriate fire district with a calendar of events, informing them of when the school will be putting on an event that may need to meet fire regulations.
- 21. All new construction & all remodeling work require the submittal of plans. See page 37 Addendum 2.

- 22. Installation of gates around the school shall be approved prior to installation. (CCR Title 19, 3.16)
- 23. All trash cans on school grounds must be flame retardant UL listed. (CCR Title19, 3.19 b)
- 24. Fire sprinkler areas shall meet all height requirements. (NFPA 13)
- 25. Structural changes or additions shall be reviewed with the fire district, law enforcement, and schools insurance authority. (refer to page 37)
- 26. Storage of flammable and combustible liquids shall follow the California Fire Code, Chapter 34.

DECORATIVE MATERTALS:

All decorative materials such as curtains, drapes, hangings, Christmas trees, or any other combustible decorative material shall be flame retardant, and no such material shall block or conceal any exit door, exit lights, fire alarm, hose cabinet or fire extinguisher. This also includes cardboard canvas, plastic partitions or walls sometimes used for haunted house or a similar event. (Title 19, 3.08 & CFC 807)

Classroom decorations or displays must conform to these regulations and follow these surface coverage guidelines. Up to 25% of the wall surface may be covered with non-treated materials within the following guidelines:



50 feet x 8 feet

400 square feet of wall space

400 divided by 25 percent = 100 square feet

Maximum of 100 square feet of display area is allowed on this sample wall. More than 100 square feet requires flame retardant/treated material.

Note:
No paper is allowed on the exit doors.
For functions such as grad nights contact the authority having jurisdiction.

All drapes, hangings, curtains, drops, and all other decorative material, including Christmas trees, that would tend to increase, the fire and panic hazard shall be made from a non-flammable material, or shall be treated and maintained in a flame-retardant condition by means of a flame-retardant solution or process approved by the State Fire Marshal, as set forth in CCR Title 19. Exits, exit lights, fire alarm sending stations, wet standpipe hose cabinets, electrical panels and fire extinguisher locations shall not be concealed, in whole or in part, by any decorative material.

FLAME RETARDANCY OF DECORATIVE MATERIALS CCR TITLE 19, 3.08

All flammable and combustible materials used on a daily basis as an integral accessory to a classroom shall be treated for fire retardancy and so certified according to the procedures set forth below.

Responsibilities of each individual:

The Head Custodian for the school where items requiring treatment are located shall have the responsibility to ensure compliance with the appropriate portions of the above references.

The Site Administrator shall not introduce any of the above into a school environment unless such items have been properly treated for fire retardancy.

The Teaching Staff when bringing items into the school environment will provide the Site Administrator with appropriate documentation of fire retardancy for such items.

Procedure for fire retardancy:

- 1. Use the attached form to record treated items.
- 2. Use chemicals approved for the type of material being treated.
- 3. The chemical used shall be approved by the California State Fire Marshal's Office.
- 4. After treatment, distribute the certification form to the following locations:
 - a. Original to the school office
 - b. Copy for your file
 - c. Copy to the authority having jurisdiction.

Exceptions to Procedure for fire retardancy :

- 1. Rugs and carpets affixed to the building such as wall-to-wall carpeting and major area rugs not usually moved are exempt from treatment. Carpeting shall not be applied to vertical surfaces.
- 2. Any of the above items previously treated and for which a certificate of treatment is on hand are exempt.
- 3. Christmas trees shall be treated by a person licensed to perform such treatment and an accompanying certificate shall be available upon request.
- 4. Artificial trees shall be marked UL flame retardant

[EXAMPLE]

FLAME RETARDANCY CERTIFICATION FORM

Date: _____

School Name:	
School Address:	
Principal's Name:	
Person completing this form:	
Location of treated materials	
(Rm.#)	
Type of Liquid used:	
State Fire Marshal # on the liquid	
Description of material:	
Applicator:	
Witness:	

* Copy of this certification form shall be forwarded to the Fire Prevention Bureau.

Certification of Flame Retardancy

The material(s) attached to this certification have been treated and/or tested to be flame retardant.

Tested by: _____ Date: _____

I, ______ certify that only these tested and approved materials shall be used in our display. I also understand that use of non-approved materials shall be cause for closure of my display.

FIRE DRILLS IN SCHOOLS CCR TITLE 19, 3.13

Listed below are the procedures, which should be followed in case of a fire or other emergency:

The number of fire drills to be conducted during the school year are:

- K 6th grade (elementary): monthly, while in session
- 7th 8th grade (intermediate): monthly, while in session
- 9th 12th grade: twice during the school year, while in session (CCR Title- 19, 3.13)
- 1. Upon notification of any fire or activation of the fire alarm system, the classroom teachers shall see that the evacuation of the children is done in an orderly fashion to the evacuation area(s).
- 2. The instructor shall remove the roll call book and make sure the classroom door(s) and if possible, windows are closed.
- 3. Once the evacuation area is reached, the instructor shall call the roll to ensure that everyone is accounted for.
- 4. The instructor should not leave the evacuation area until the ALL CLEAR bell is sounded.

It is the responsibility of each school principal to:

- 1. Post the telephone number of the fire department in the office and/or at the main switchboard.
- 2. Assign a responsible person to call the fire department upon notification of any fire or activation of the alarm system for any reason other then fire drills.

- 3. A plan showing paths of travel to evacuate the room in case of emergency and including an alternate route should be posted in a conspicuous place in each classroom or assembly area.
- 4. Assign a person the responsibility for removing student and staff emergency cards/records during a fire/drill.

[EXAMPLE]

GENERAL FIRE DRILL RECORD

NAME OF SCHOOL: _		
ADDRESS:		
CONTACT PERSON: _		
PHONE NUMBER:	YEAR:	

FIRE DRILLS

MONTH	DATE	TIME OF DAY	EVACUATION	NO.	PERSON
			TIME	STUDENTS	RESPONSIBLE
Jan					
Feb					
March					
April					
Ĩ					
May					
•					
June					

RECORDS SHALL BE MAINTAINED ONSITE FOR LICENSING PURPOSES.

[EXAMPLE]

YEAR ROUND FIRE DRILL RECORD

NAME OF SCHOOL:		
ADDRESS:		
CONTACT PERSON:		
PHONE NUMBER:	YEAR:	
FIRE DRILLS		

MONTH	DATE	TIME OF DAY	EVACUATION TIME	NO. STUDENTS	PERSON RESPONSIBLE
July					
Aug					
Sep					
Oct					
Nov					
Dec					
Jan					
Feb					
March					
April					
May					
June					

Fire drills are to be conducted and recorded at least once a month for elementary & intermediate and twice a year for, secondary. All students and staff are required to leave the facility during the drill.

RECORDS SHALL BE MAINTAINED ONSITE FOR LICENSING PURPOSES.

HOUSEKEEPING REQUIREMENTS & CLASSROOM STORAGE

(CCR TITLE 19, 3.19 In pertinent part)

Every building or portion of a building governed by these regulations shall be maintained in a neat orderly manner, free from any condition that would create a fire or life hazard or a condition, which would add to or contribute to the rapid spread of fire. Provisions shall be made for the proper storage and disposal of waste materials and rubbish consistent with the following:

- a. All basements, cellars, floors, closets, attics, and other similar places not open to continuous observation shall be kept free from combustible litter and rubbish at all times. (Note: such storage may be permitted in these areas only when protected by approved automatic extinguishing systems or fire-resistive separations).
- b. All combustible waste material and rubbish shall be stored in approved containers or shall be stored in a manner approved by the enforcing agency (in pertinent part).
- c. Approved self-closing metal containers shall be provided and maintained in all rooms or locations where oily rags, oil waste, paint rags, or similar materials subject to spontaneous ignition are used or are stored temporarily. Such containers shall be emptied daily
- d. No dry vegetation shall be permitted within 20 feet of any building or occupancy subject to these regulations.
- e. Except when permitted by the enforcing agency, boiler rooms, mechanical rooms, transformers, switch gear vaults and electrical panel rooms shall not be used for storage.
- f. Electric motors, filters on heating equipment, and grease hoods shall be checked periodically and kept clean and maintained in a safe operating condition.

USE OF EXTENSION CORDS IN SCHOOLS AND RELATED SCHOOL BUILDINGS TITLE 24, Chapter 605 CFC

If it is necessary to use extension cords*, they shall meet the following requirements:

<u>SINGLE OUTLETS</u> - an extension cord that only provides electricity for one appliance.

- 1. No longer than eight (8) feet.
- 2. No smaller then 16 gauge wire.
- 3. Shall serve only ONE appliance or fixture.
- 4. Must have a ground wire.

<u>MULTIPLE OUTLETS</u> - an extension cord that provides electricity for multiple appliances.

ALL MULTIPLE OUTLETS:

- 1. Must have a built-in circuit breaker or fuse at the receptacle end.
- 2. Must be Underwriter Laboratories Listed (UL)
- 3. Must be grounded
- 4. Maximum amperage that shall pass through extension cord wiring shall not exceed 7 amps for 16 gauge wire and 15 amps for 14 gauge wire. If higher amperages are required, circuit breaker may not be able to handle the load.
- 5. If the extension cord crosses a traffic area, a traffic pad shall be used.
- 6. No multi-plug adaptor will be used to change a single outlet to a multiple outlet, except as listed above.
- 7. Must be maintained in good condition without cuts, splices, deterioration or damage.
- 8. Shall be plugged directly into an approved receptacle.

* Extension cords are not to be used as a substitute for permanent wiring.

- 9. Shall not be affixed to structures, extended through walls, ceiling, floors, under doors, or under floor coverings, nor be subject to environmental damaging or physical impact.
- 10. Not run in series.
- 11. Unplugged at night.
- * Electrical panel requirements (CFC 605)

EXTENSION CORDS AND POWER TAPS

CFC Chapter 605.5 states that "Extension cords are permitted only with portable appliances or fixtures while in immediate use."

DEFINITIONS:

<u>Extension Cord</u> - A flexible cord with one male end and one female end and which does not provide over current protection.

<u>Portable Appliance</u> - A device operated by electricity which is capable of being hand-carried or is easily moved from one place to another during use.

<u>Power Tap</u> - A device which is UL listed and approved that has a male connector on one end of the cord and a housing containing built-in over current protection and one or more receptacles on the other. *There shall be no modifications of the manufactured devices.*

<u>Stationary appliance</u> - A device operated by electricity which is not affixed to a structure and which is not easily moved from one place to another.

• If you have any questions regarding portable appliances, please contact your fire district.

Before an extension cord can be used with a portable appliance all of the following must be met:

- 1. Each extension cord shall be plugged directly into an approved receptacle or an approved power tap.
- 2. The current capacity of the cord shall not be less than the rated capacity of the appliance or fixture.
- 3. The extension cord is maintained in good condition.
- 4. The extension cord must be grounded when servicing grounded appliances or fixtures.

SCHOOL CLASSROOM LOFTS AND PLAY HOUSES

Construction Requirements:

All school classroom lofts and play houses shall comply with the following requirements:

- 1. PLANS Plans to be submitted to The Fire Prevention Bureau and your local Building Department for approval prior to construction.
- 2. LOCATION Lofts and play houses are to be located so as not to interfere with exiting.
- 3. AREA The area shall not exceed 5 percent of the classroom and shall not exceed 65 square feet.
- 4. WIRING AND LIGHTINGa. No temporary wiring is permitted.b. Lighting is to conform to a CAC Title 24, Part 3.
- 5. OCCUPANT LOAD The permitted occupancy loads of the loft or play house to be computed on 20 square feet per occupant.

6. ACCESS

- a. Only steps will be acceptable for ingress and egress.
- b. Rise and run to the steps will be based upon the size of children to occupy the loft or play house.
- c. Width of stairs to be a minimum of 24 inches.
- 7. HEIGHT Height of loft or play house to be determined by ceiling height and shall not interfere with the sprinkler system. It is not to exceed 6 feet, from the floor of the loft to the floor of the classroom.
- 8. RAILS Rails to be provided on side of loft and stairs with maximum opening of 4 inches.

- 9. FLOOR COVERING AND CUSHIONS Carpeting, upholstered furniture and pillows are prohibited unless properly treated for fire retardancy. A copy of the certificate shall be forwarded to this office.
- 10. INSPECTION The Fire Prevention Bureau is to be notified when construction is completed. An inspection will be made prior to occupancy.

*****The Fire Chief has final authority.**

GATES

Joint Policy Statement School Exiting and Fencing

It is the desire of these fire districts to provide a uniform interpretation of applicable codes and methods of enforcement as it pertains to fences, gates and exiting at all schools within their jurisdictions.

The resulting uniformity should improve the ability of affected schools and school districts to understand and comply with the requirements within a reasonable length of time.

It is the intent that all non-conforming conditions are made to comply by January 1, 1989 and that approved methods are implemented immediately to reduce the hazard to an acceptable level.

Approved interim methods include locking in the open position all noncomplying gates that are required for the safe exiting of persons using the buildings or grounds. A log kept in the school office will record date, time, and event and gate identification. Gates found shut that otherwise should be locked in the open position will be treated as a violation of code and shall be immediately removed.

It is further understood that all changes in exiting and fencing be approved by the authority having jurisdiction. School Districts may contact the State Fire Marshal's Office for an interpretation of these requirements; however, any appeal must be made to the California State Building Standards Commission through their local Fire District.

Applicable Codes State code, Ch 10 CBC

The issue of exiting and fencing at schools is regulated by but not limited to the following sections:

California Building Code 2007 Section 1008

Fences and Gates. School grounds may be fenced in and gates therein equipped with locks, provided safe dispersal areas located not less than 50 feet from the buildings are available for persons between building and fence. Dispersal areas shall be based upon an area of not less than 3 square feet per occupant. Gates shall not be permitted across corridors or passageways leading to such dispersal areas unless they comply with exit requirements. See CBC 1007.6 for exits from dispersal areas.

California Building Code 2007 Section 1007

EXIT is a continuous and unobstructed means of egress to a public way and shall include intervening doors, doorways, corridors, exterior exit balconies, ramps, stairways, smoke proof enclosures, horizontal exits, exit passageways, exit courts and yards.

California Building Code 2007 Section 1001.1

General. This section shall apply to every corridor serving as a required exit for an occupant load of 10 or more except as provided in Subsection (b) for Group R, Divisions 1 and 3 Occupancies. For the purposes of the section, the term "corridor" shall include "exterior exit balconies" and any covered or enclosed exit passageway, including walkways, tunnels and malls. Partitions, rails, counters and similar space dividers not over 5 feet, 9 inches in height above the floor shall not be construed to form corridors. Exit corridors shall be continuous until egress is provided from the building and shall not be interrupted by intervening rooms.

California Building Code 2007 Section 1007

Access to Exits. Exits shall be so arranged that it is possible to go either direction from any point in a corridor to a separate exit, except for dead ends not exceeding 20 feet in length. This subsection shall apply to all occupancies regardless of occupant load.

California Building Code 2007 Section 1008.1.9

Panic Hardware. Exit doors from rooms having an occupant load more than 50 persons and from corridors shall not be provided with a latch or lock unless it is panic hardware.
California Building Code 2007 Section 1008.1.8.3

Type of Lock or Latch. Exit doors shall be able to be opened from the inside without the use of a key or any special knowledge or effort.

If any questions arise concerning the above, please contact the authority having jurisdiction.

REGULATIONS FOR HAUNTED HOUSES

It should be noted that due to the original make-up of each Haunted House maze, requirements may differ slightly for each.

- 1. Provide the Fire Prevention Office with two (2) sets of the complete floor plan showing the full maze, exiting, sprinkler system and alarm system.
- 2. Provide the dates and the hours of operation in which the "Haunted House" will be open to the public, who will be in charge overall and during each shift.
- 3. Provide emergency lighting on a separate or independent circuit above the maze. A responsible adult shall be stationed at the electrical panel whenever the public is present to activate overhead lighting should an emergency occur.

NOTE: Contact the Electrical Department for a permit.

- 4. The sprinkler, alarm, and exiting requirements are as follows:
 - a. **Amusement Buildings:** An automatic sprinkler system shall be installed in all amusement buildings. The main water flow switch shall be electrically monitored. The sprinkler main cutoff valve shall also be monitored. When the amusement building is temporary, the sprinkler water supply may be of an approved temporary type.
 - b. Automatic Sprinkler System: All of the walls used for the maze corridors shall be open at the top unless sprinkler heads are dropped down below the ceiling in the maze corridor. This detail is to be provided on the floor plans submitted. (CFC 907)
 - c. Amusement Building Alarm System: CBC Section 610.(a). General. An approved smoke detection system installed in accordance with California Fire Code, Section 907 shall be provided in amusement building.

EXCEPTION: Single station smoke detectors may be used for temporary haunted house setups.

Directional exit sign shall be placed wherever necessary to clearly indicate the direction of egress from any place within the maze.

- 5. All of the maze walls shall be secured in a safe manner to prevent them from falling and injuring patrons during the tours.
- 6. Tour guides shall be provided for all tours taken through the "Haunted House Maze." The tour guide shall be experienced and know all of the locations of the fire extinguishers and emergency exits. Tour guides shall also be trained in the use of fire extinguishers.
- 7. Provide a certificate stating all decorative materials have been treated and are flame retardant. The certificate shall be retained by the authority having jurisdiction. Decorative materials are materials such as curtains, draperies, streamers, cloth cotton batting, straw, vines, leaves, trees (including Christmas trees), moss netting, and surface coverings applied over the building interior finish for decorative, acoustical, or other effects. Decorative materials are not to obstruct or conceal exit doors, exit lights, sprinkler systems, or portable fire extinguishers, etc.
- 8. Maintain all exit-ways a minimum of 44" in width.
- 9. Provide illuminated exit signs at all exit doors.
- 10. Maintain all exit doors in an open position during the time the public is allowed on the premises, unless exit doors are equipped with approved Panic hardware. A minimum of two (2) exits are required.
- 11. Provide a minimum 2A:1OB:C rated fire extinguisher at all exit doors. Fire extinguishers shall also be located within 50 feet travel distance from any point within the building, and must be accessible. Fire extinguishers shall be mounted on the wall with their tops between 3' and 5' from floor level.
- 12. Provide approved extension cords and fused multi-plug extension cords.

- 13. All temporary wiring and receptacles in the building to be on a G.F.I, (Ground Fault Interrupter) circuit.
- 14. Temporary electrical wiring shall be securely fastened to the tops of the walls and shall terminate all splices within covered electrical junction boxes.
- 15. Provide a telephone (this may be a pay phone). Telephone must be readily available to the public.
- 16. Provide approved address numbers. Numbers shall be of adequate dimension, (6 inches minimum), and contrast to be clearly visible from the street fronting the property.
- 17. There shall be no smoking, candles, or open flame devices of any type. Post "NO SMOKING" signs.
- 18. Provide an Approved Fire Watch: The owner, agent or lessee shall employ one or more qualified persons, as required and approved by the chief, to be on duty at such place and remain on duty during the times such places are open to the public, or when such activity is being conducted. Before each performance or the start of such activity, such individuals shall inspect the required appliances provided to ensure that they are in proper place and in good working order. The individual shall keep diligent watch for fires during the time such place is open to the public or such activity is being conducted and take prompt measures for extinguishment of fires that may occur. Such individuals shall not be required or permitted, while on duty, to perform any other duties than those herein specified.

Final clearance is subject to field inspection and necessary tests and shall be obtained from the Fire Department prior to occupancy. After the final clearance and the establishment is open to the public, random inspections may be performed at any time during business hours.

Call the authority having jurisdiction for final inspection 48 hours prior to opening for the first time.

OUTDOOR CARNIVALS AND FAIRS

This Standard shall serve as a guideline to achieve acceptable levels of fire protection and life safety associated with fairs, carnivals, and like events. The local fire protection district will conduct an inspection to determine compliance with these requirements. In the event that fire and life safety violations are found, the responsible person will be given one opportunity for compliance. Failure to adhere to these requirements will result in closure of the respective operation. It shall be the responsibilities of the promoter to insure vendors are aware of these regulations.

All outdoor carnivals and fairs shall meet the requirements as set forth by the County Office of Planning and Community Development, the County Building Department, the County Department of Environmental Health and local fire authority having jurisdiction.

1. COMPRESSED GAS CYLINDERS

- a. Liquefied petroleum gases shall not exceed ten (10) gallons, water capacity per booth, unless otherwise approved by the local fire district. It shall be located outside the booth.
- b. Acetylene cylinders shall not exceed sixty (60) cubic feet in volume.
- c. Oxygen cylinders shall not exceed eighty (80) cubic feet in volume.
- d. No more than one cylinder of each compressed gas used shall be in any one booth.
- e. All cylinders shall be stored in an upright position and substantially secured (eg chained) to prevent accidental tip-over.
- f. Cylinders not in use shall be capped and secured to prevent tip-over.
- g. All compressed gas cylinders in use shall be equipped with individual regulators with approved hose and appliances.
- h. All propane gas cylinders shall be within current hydrostatic test date, as stamped on the top of the tank (no more than 12 years from date of manufacture or no more than five (5) years from last hydrostatic test).

2. OPEN FLAMES: TORCH, CANDLES, ETC.

- a. Persons having open flames of any kind shall do so in areas not accessible to general public.
- b. Displays having open flame devices must have an approved fire extinguisher.
 - 1. The fire extinguisher must be UL listed with a rating of not less than 2A:10B:C.
 - 2. All fire extinguishers shall bear a current California State Fire Marshals service tag and be fully charged.
 - 3. Fire extinguisher shall be placed in a visible location and easily accessible.

3. COMBUSTIBLE OR FLAMMABLE LIQUIDS

- a. No combustible or flammable liquids shall be heated directly on any heater or cooking appliance. Substances such as candle wax shall be melted in containers set in boiling water (double boiler) to keep the wax from reaching its ignition temperature.
- b. Any booth using combustible or flammable liquids must have a UL listed fire extinguisher with a rating classification of not less than 2A:20B:C.
- c. A "K" Classification fire extinguisher shall be provided where deepfat fryers are used.
- d. Stands (tents, trailers or similar structures) shall have a minimum of ten (10) feet clearance from the next closest structure and shall not be located within ten (10) feet of amusement rides.
- e. Bar-B-Que cooking shall be conducted only outside structures and placed a minimum often (10) feet from any structure, overhang or fabric.
- f. No open flame cooking devices shall be allowed inside combustible portable structures. (Example: plywood, tents, etc.)
- g. Open flame cooking devices allowed inside screen sided structures, maximum number of six (6) burners. Screen used in these structures shall be flame retardant or be of metal construction.
- h. All fire extinguishers shall bear a current California State Fire Marshal Service tag and be fully charged. Every booth which prepares or serves heated food shall be equipped with a minimum size

2A:10B:C fire extinguisher. It shall be currently serviced and tagged, and be placed near the exit of the booth.

i. Propane fired devices must be approved by Underwriters Laboratories (LTL), or by the American Gas Association (AA).

4. FLAMMABLE DECORATIONS/COVERINGS

- a. No person shall use or display any flammable decorations such as: Hay, straw (other dry vegetation).
- b. Large dimensions of fabric, or any other hazard, should not be used without first treating said material with a State Fire Marshal approved substance.
- c. All treated material shall have proof of treatment affixed to it in accordance with the State Fire Marshals regulations.
- d. A sample of fabric shall be submitted with flame retardant certificate.
- e. (Contact the authority having jurisdiction for sample size required).

5. ELECTRICAL - Electrical equipment and installations shall comply with the Electrical Code.

- a. Unless otherwise approved by the Local Fire District the maximum wattage light bulb allowed is the size recommended by the manufacturer for the appliance used.
- b. Portable (generators) shall be a minimum of fifty (50) feet from any booth.
- c. Before an extension cord can be used with a portable appliance ALL the following requirements must be met:
 - 1. Extension cords shall be plugged directly into an approved receptacle.
 - 2. Extension cords shall serve only one appliance or fixture.
 - 3. Extension cords shall not exceed 8 feet in length and no smaller than 16 gauge wire.
 - 4. The current capacity of the cord shall not be less than the rated capacity of the appliance of fixture.
 - 5. The extension cord is maintained in good repair, without splices, deterioration or damage.

- 6. The extension cord shall be grounded when serving grounded appliances or fixtures.
- 7. If an extension cord has to go across a traffic area, then an approved traffic pad shall be used.
- 8. Approved traffic pad shall be used.
- 9. Extension cords shall not be connected in series.

6. INTERNAL COMBUSTION POWER SOURCES

- a. Ride equipment fuel tanks shall be of adequate capacity to permit uninterrupted operation during normal business hours. Refueling shall be conducted only when the ride is not in use, with the engine off.
- b. Internal combustion power sources shall be isolated from contact with the public by either by physical guards, fencing or enclosure.
- c. A minimum of one fire extinguisher with a classification rating of not less than 2A:10B:C shall be provided.

7. SEATING

- a. Where chairs and/or tables are used, the arrangement shall be such to provide aisles not less than 36" where obstructions are placed on one side and 44" where obstructions are placed on both sides.
- b. With standard seating, the spacing of chairs shall provide a space of not less than 12" from the back of one chair immediately behind. The rows of chairs shall be spaced not less than 33" back-to-back.
- c. There shall be no more than 14 seats in any rows of seats.
- d. All loose seats, folding chairs or similar seating devices that are not fixed to the floor shall be bonded together in groups of 3 or more.
 Exception: When not more than 300 such seats, chairs or devices are provided, bonding is not required.

8. PARKING

- a. All roadways shall remain clear and unobstructed for emergency equipment at all times.
- b. Vehicles shall be parked in designated areas only.
- c. All fire lanes to be identified in a manner acceptable to the authority

having jurisdiction.

d. There shall be no parking within 15 feet of a fire hydrant.

9. TENT REQUIREMENTS

- a. Tent structures. Shall bear the California State Fire Marshals approval seal.
- b. Tented structures can be constructed of approved flame retardant fabric. See number four (4) for requirements.

10. FEE SCHEDULE

Many agencies must now charge a fee for their services. Check with each agency involved to determine if a fee is required and how to make payment.

Note: The accumulation of combustible trash in the form of papers, boxes, etc. when stored next to open flame or hot cooking devices present a tremendous fire hazard. Hot oil can ignite other items and can cause serious and/or lethal burns. Use common sense and pay attention! Do not block your exits - always leave a clear and open path to the exit when you are working in a portable structure.

FIRE APPARATUS ACCESS ROADS

Fire lanes shall be a minimum clear width of twenty (20) feet to provide emergency access to within, one hundred and fifty (150) feet of all portions of a building or facility.

Fire lanes shall have an unobstructed vertical clearance of not less than 13 feet 6 inches.

Fire lanes adjacent to a building shall have a minimum of ten (10) feet clear access from the building along their entire length.

Fire lanes provided for aerial ladder/truck rescue operations around building for (4) or more stories in height shall have their clear access portion from a distance of thirty (30) feet for the closet portion of the fire lane to a distance of fifty (50) feet for the most distant portion of the fire lane in respect to the building perimeter walls.

Turns in fire lanes shall have a minimum turning radius of fifty (50) feet outside and twenty-five (25) feet inside. Required turn radius may increase for fire lanes provided for aerial operations.

Fire access lanes in excess of one hundred and fifty (150) feet in length shall have an approved fire equipment turnaround within fifty (50) feet of any dead-end. The shape and dimensions of this required turnaround shall be at a minimum of those required by the authority having jurisdiction.

ACCESS ROADWAY WIDTH

Less than twenty (20) feet Twenty to twenty-eight feet Over twenty-eight feet

PARKING RESTRICTIONS ON ROADSIDE

- = No parking either side
- = Parallel parking one side only
- = Parking allowed both sides

Fire Lane Identification Requirements

The following methods of fire lane identification are taken from Section 22300.1 of the California Vehicle Code and one of the three methods presented below must be present when enforcing a fire lane violation:

- 1. Posting of a sign immediately adjacent to, and visible from the designated place clearly stating in letters not less than one inch in height that the place is a fire lane.
- 2. By outlining or painting the pavement with red paint and, in contrasting color, marking the pavement with the works "NO PARKING FIRE LANE" which are clearly visible from a vehicle.
- 3. By a red curb or red paint on the edge of the roadway upon which is clearly marked the words. "NO PARKING FIRE LANE".

Marking Requirements

- 1. All signs and curb markings are to be installed and maintained by the property owner.
- 2. "NO PARKING FIRE LANE" shall be the acceptable terminology on all red curbing and signs in restricted areas.
- 3. All raised curbs in "NO PARKING FIRE LANE' areas shall be painted RED with acceptable red curb paint and lettered with letters of 3" height and 3/4 stroke. Such markings shall be spaced 25 feet center to center or at least once on each short red curb.
- 4. Signs marking fire lanes are to be installed. Spacing of such signs shall be within three feet of each end of a curbed fire lane and space a maximum of 50' apart there after.
 - a. In addition, one sign is required for each island adjacent to a fire lane or access road if the road width is twenty feet or less.
 - b. Signs shall face oncoming vehicular traffic or both ways if traffic may come from two different driveways.

ADDENDUM 1 RIGHT TO APPEAL

(Title 19, 2.04, CFC Appendix Chapter 1, Section 108.1, CBC 108.8)

CBC Sec.108.8. For clarification purposes, the applicable subsection of the Health and Safety Code section is repeated.

Sec.18945. Any person adversely affected by any regulation, rules, omission, interpretation, decision or practice of any state agency, except for the State Historical Building Code Board, respecting the administration of a building standard may appeal the issue for resolution to the Building Standards Commission.

If any local agency having authority to enforce a state building standard and any person adversely affected by any regulation, rule omission, interpretation, decision or practice of such agency respecting such building standard both wish to appeal the issue for resolution to the commission, the both parties may appeal to the commission.

Violations:

- a. It shall be unlawful for any person, firm or corporation to erect, construct, enlarge, alter, repair, move, improve, remove, convert or demolish, equip, use, occupy or maintain any building or structure or cause or permit the same to be done in violation of the code.
- b. Pursuant to Health and Safety Code Section 13112, any person who violates any order, rule or regulation of the state fire marshal is guilty of a misdemeanor punishable by a fine of nor less that \$50.00 or more than \$200.00, or by imprisonment for nor less than 30 days or more than 180 days, or by both. A person is guilty of a separate offence each day during which he or she commits, continues or permits a

violation of any provision of, or any order, rule or regulation of the State Fire Marshal as contained in this code.

c. Any personnel of the authority having jurisdiction who exercises his or her authority as a Deputy State Fire Marshal and causes complaints or arrests shall notify the State Fire Marshal immediately following such action.

Fire Chief has Final Approval/Disapproval

ADDENDUM 2 CONSTRUCTION AND REMODEL GUIDELINES TITLE 19, § 3.28

General: Plans and specifications shall be reviewed and approved by the State Fire Marshal. These approved plans shall bear the stamp of the State Fire Marshall and shall be available at the site of construction for review by the enforcing agency.

Public Schools: Plans and specifications for the construction alteration or addition to any building owned, leased or rented by any public school district shall be submitted to the State Fire Marshal for review and approval.
Exception: Plans and specifications submitted to the Office of the State Architect with prior approval by the State Fire Marshal.

Please note that Title 19, 3.28 does not have any exceptions for small jobs. At the present time, the Area II Office (Sacramento Area Office) will generally let the local Fire/Building Department assume jurisdiction (including plan review) of projects that do not require Division of the State Architect (DSA) structural or access review. The local authority will send a letter requesting review of the project.

There are several areas that require both DSA & local fire approval including:

- ✤ Access & Gates: Original fire department signature required.
- Hydrant/Fire Flow: see Bulletin 93-2 (contact local authority for information), and memo dated 11-8-93 that further clarifies 2007 California Fire Code, Appendix BB[SFM].
- Alterations to any Protection System including automatic fire alarm systems in lieu of required manual system, in ground gas shutoff- valves, etc., shall submit plans to DSA and local authority.

NOTE: The regulations do not require that DSA get local approval of the above. DSA does this as a courtesy and feels that the local authority has a better perspective of the onsite project.





Preventing Child Sexual Abuse

Raising awareness of the unacceptability of child sexual abuse, and promoting the notion that stopping child sexual abuse is everyone's responsibility.

All adults and adolescents need to know that child sexual abuse is a crime that often causes severe damage to children, that help is available for those who seek it, and that children can never consent to sexual activity.¹ Further, a comprehensive prevention strategy should include increasing parents' and other caregivers' awareness and knowledge of protective measures they can take on behalf of their children. A powerful public education message must be transmitted to the general public, encouraging society to recognize that child sexual abuse is both everyone's problem and responsibility. The goal of such public education efforts is to eliminate any tolerance for sexual abuse or confusion over what society condones as appropriate interactions between adults and children.²

Educating the public, especially policymakers, about the true nature of child sexual abuse.

The wide dissemination of accurate information to the public, especially to policymakers, will help break the silence and taboo that surrounds child sexual abuse, and may facilitate the formulation of effective solutions to the problem.

Rigorously evaluating and strengthening existing child sexual abuse prevention programs.

Current child abuse prevention programs are focused primarily on educating preschool and elementary school children on how to recognize instances of abuse and teaching them personal safety skills. Programs may also focus on helping children who are victims of past or ongoing sexual abuse by encouraging them to disclose such incidents to parents or other responsible adults.³Research yields little evidence that such programs actually prevent the occurrence of child abuse. Although program evaluations demonstrate short-term knowledge gain, they fail to establish a link between such knowledge gain and the prevention of child sexual abuse. The lack of conclusive outcomes does not necessarily mean that such programs are





ineffective. Rather, demonstrating effectiveness is a challenging task, mainly because of the methodological shortcomings of existing evaluations. Such limitations include the absence of comparison groups, lack of pre-testing on measures of knowledge and skills, inadequate follow-up periods, and small sample size.⁴Future evaluations of existing child abuse prevention programs must correct such methodological shortcomings. Moreover, child sexual abuse prevention programs must be strengthened so that program strategies are more explicitly directed toward the goal of preventing child sexual abuse.

Shifting the prevention of child sexual abuse from children to adults.

Many experts are concerned that even when children retain the knowledge acquired through child sexual abuse prevention programs, such children are incapable of resisting abusive behavior directed at them by older and stronger offenders.⁵ Such concerns seem valid given that approximately 40 percent of child sexual abuse victims are aged 6 and younger, and thus may be especially impressionable and vulnerable to victimization.6Adults must exercise an affirmative obligation to safeguard children from sexual abuse. Therefore, while strengthening existing child sexual abuse prevention programs, efforts must be made to create programs that shift the responsibility of child sexual abuse prevention from children to adults and public institutions. One such approach includes widespread and intensive public education, such as the use of media campaigns, to increase adults' awareness and knowledge of child sexual abuse and to teach actions adults can take to protect children.⁷The signals of child sexual abuse are often subtle and frequently defy detection even by knowledgeable parents and seasoned professionals. Additional efforts are needed, including parent education in methods for reducing the risk of child sexual abuse and training for professionals and other caregivers who work with children to recognize and appropriately respond to sexually reactive behavior. In addition, training and education of parents, caregivers, and professionals must also focus on what to do when a child discloses sexual abuse, how to report sexual abuse, and how to respond to the child's needs when disclosure is made.





Exploring, evaluating, and strengthening new approaches to preventing child sexual abuse.

Child sexual abuse is primarily addressed by two systems – the child protective system and the criminal justice system. Both systems address child sexual abuse only after the abuse has already occurred. Moreover, both are concerned with dispensing justice rather than preventing child sexual abuse. As such, neither focuses on formulating solutions to reduce child sexual abuse or to heal the negative consequences of child sexual abuse. In addition, since the majority of child sexual abuse cases are not formally reported to either the criminal justice or child protective systems, neither the interests of justice or protection are adequately served by the current institutional response to child sexual abuse. New, cutting-edge approaches are being developed to prevent child sexual abuse. Such approaches complement the criminal justice and child protective systems, but focus more on accountability, rehabilitation, and restitution than on punishment. However, despite the great potential such approaches hold to preventing child sexual abuse, they are new and not yet fully tested. Such approaches, including fostering survivor leadership, circles of accountability and support, targeted public messages directed at perpetrators and would-be perpetrators of child sexual abuse, and child sexual offender treatment, should be further explored, rigorously evaluated, and strengthened.

For more information contact Prevent Child Abuse America at 312-663-3520 or at <u>mailbox@preventchildabuse.org</u>.

Administration of Epinephrine Auto-Injectors (Epi-Pen)

Training standards for the administration of epinephrine auto-injectors in accordance with Education Code Section 49414.

Training Standards for the Administration of Epinephrine Auto-Injectors

I. Introduction

Anaphylaxis is a potentially life-threatening hypersensitivity to a substance. The reaction can occur within seconds or minutes of encountering an allergic trigger, including but not limited to an insect sting, food allergy, drug reaction (e.g., antibiotics, aspirin and non-steroidal inflammatory drugs), and exercise. Other causes include latex and, less commonly, food-dependent, exercise-induced anaphylaxis and idiopathic anaphylaxis (unknown cause). Symptoms may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling (of the face, lips, tongue, or other parts of the body), shock, or asthma. Other symptoms may include narrowing of the airways, rashes, hoarseness, nausea or vomiting, weak pulse, and dizziness. Individuals may experience anaphylaxis and not show any skin symptoms. Many individuals may have previously had only a mild reaction to an allergen, but subsequent exposure can trigger anaphylaxis. Without immediate administration of epinephrine followed by activation of emergency medical services, death can occur.

According to Food Allergy Research and Education (FARE), anaphylaxis affects one in every 13 children (under eighteen years of age) or approximately two children in every classroom. It is estimated that 25 percent of students have their first anaphylactic reaction at school.

California Education Code (EC) Section 49414, as amended by Senate Bill 1266, effective January 1, 2015, requires school districts to provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered, and provides that school nurses or trained personnel who have volunteered may use epinephrine auto-injectors to provide emergency medical aid to persons suffering or reasonably believed to be suffering from an anaphylactic reaction. The legislative history of SB 1266 indicates the intent to protect not only children with previously diagnosed allergies, but also children who do not know they are allergic and who therefore may not have prescribed epinephrine. The law requires the State Superintendent of Public Instruction (SSPI) to review and update the minimum training standards for the administration of epinephrine auto-injectors at least every five years, and requires a school district, county office of education, or charter school to annually distribute a notice and description of volunteer training.

This document updates previous minimum training standards for the administration of epinephrine auto-injectors in accordance with EC Section 49414. These updated training standards were developed in consultation with organizations and providers with expertise in administering epinephrine auto-injectors and administering medication in a school environment, as required by EC Section 49414(e)(1).

Local educational agencies may also wish to consult their own attorneys.

II. Training Standards

Schools may designate one or more volunteers to receive initial and annual refresher training, based on the standards developed by the SSPI, regarding the storage and use of an epinephrine auto-injector from the school nurse or another qualified person designated by an authorizing physician. Training should include the following information:

- A. Techniques for Recognizing Symptoms of Anaphylaxis
- B. Standards and Procedures for Emergency Use and Storage of Epinephrine Auto-Injectors
- C. Emergency Follow-up Procedures
- D. Recommendations on Necessity of Instruction and Certification in Cardiopulmonary Resuscitation (CPR)
- E. Instruction on How to Determine Whether to Use an Adult Epinephrine or a Junior Epinephrine Auto-injector
- F. Written Materials Covering the Information Above

A. Techniques for Recognizing Symptoms of Anaphylaxis

The signs and symptoms of anaphylaxis usually appear rapidly, within seconds or minutes after allergen exposure, although in some cases the reaction can be delayed for up to several hours. Anaphylaxis is highly likely to be occurring when any ONE of the following happens within minutes to hours after exposure to an allergen:

- 1. A person has symptoms that involve the skin, nose, mouth, or gastrointestinal tract
 - a. Itching, wheezing, swelling, throat tightening, vomiting, or diarrhea AND either:
 - b. Difficulty breathing, or
 - c. Reduced blood pressure (e.g., pale, weak pulse, confusion, loss of consciousness)
- 2. A person was exposed to a suspected (known allergy) allergen, and TWO or more of the following occur:
 - a. Skin symptoms or swollen lips
 - b. Difficulty breathing
 - c. Reduced blood pressure
 - d. Gastrointestinal symptoms (e.g., vomiting, diarrhea, or cramping)

For some individuals who have had an anaphylactic reaction, the symptoms may go away but then return a few hours later. This is called a bi-phasic reaction. Often the symptoms of the bi-phasic reaction occur in the respiratory system and take the individual by surprise. Therefore, according to the American Academy of Allergy, Asthma and Immunology (AAAAI), after a serious reaction "observation in a hospital setting is necessary for at least four hours after initial symptoms subside because delayed and prolonged reactions may occur even after proper initial treatment." Individuals may require a longer observation stay in the emergency department and/or may be admitted to the hospital for additional treatment and evaluation.

B. Standards and Procedures for Emergency Use and Storage of Epinephrine Auto-Injectors

Storage and restocking. An epinephrine auto-injector is a disposable drug delivery system with a spring activated needle that is designed for emergency administration of epinephrine to provide rapid, convenient first aid for persons suffering a potentially fatal reaction to anaphylaxis. This ready-to-use and easily transported system is designed to treat a single anaphylactic episode. It must be properly discarded (in compliance with applicable state and federal laws) after its use, or provided to the emergency medical responders.

A qualified supervisor of health, which may include but is not limited to a school nurse (or, if there is no qualified supervisor of health, an administrator) shall obtain from an authorized physician a prescription for each school for epinephrine auto-injectors that, at a minimum, includes one regular (or adult) and one junior epinephrine auto-injector for an elementary school, and one regular or adult (if there are no pupils requiring a junior) epinephrine auto-injector for a junior high school, middle school or high school (it is generally recommended that two epinephrine auto-injectors be kept on-hand, as back-up).

The qualified supervisor of health (or administrator) shall be responsible for stocking the epinephrine auto-injector and restocking it if it is used. If the epinephrine auto-injector is used it shall be restocked as soon as reasonably possible, but no later than two weeks after it is used. Epinephrine auto-injectors shall be restocked before their expiration date.

According to the manufacturer, epinephrine auto-injectors should be stored in a secure but accessible, well-marked location, at room temperature until the marked expiration date, at which time the unit must be replaced. Epinephrine auto-injectors should be stored in an unlocked location. Auto-injectors should not be refrigerated as this could cause the device to malfunction. Epinephrine auto-injectors should not be exposed to extreme heat or direct sunlight. Heat and light shorten the life of the product and can cause the epinephrine to degrade. To be effective, the solution in the auto-injector should be clear and colorless. If the solution is brown, the unit should be replaced immediately.

Free sources of epinephrine auto-injectors may include a manufacturer or wholesaler. A pharmacy may furnish epinephrine auto-injectors to a school district, county office of education, or charter school for its exclusive use upon a physician's written order specifying the quantity to be furnished. The school district, county office of education, or charter school is responsible for monitoring the supply of epinephrine auto-injectors received from a pharmacy and ensuring that they are destroyed when expired.

Emergency use. A school nurse, or, if the school does not have a school nurse or the school nurse is not on-site or available, a trained volunteer may administer an epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis at school or a school activity when a physician is not immediately available. The following information on the emergency use of an epinephrine auto-injector is based on the manufacturer's instructions and represents the consensus recommendations of the organizations and providers consulted per EC Section 49414(e)(1). Once anaphylaxis symptoms are present, it is recommended that the first line of treatment of choice is an

immediate intramuscular injection of epinephrine (epinephrine auto-injector), which is effective for five minutes (according to the manufacturer of epinephrine auto-injectors).

Steps in the Emergency Use of an Epinephrine Auto-Injector:

- 1. Determine if anaphylaxis is suspected. Anaphylaxis usually, but not always, occurs right after exposure to an allergen. Frequently, anaphylaxis occurs in individuals who have a history of a previous reaction. If there is uncertainty about the diagnosis, but there is a reasonable probability that it is anaphylaxis, then treat as anaphylaxis.
- 2. If anaphylaxis symptoms occur, administer the epinephrine auto-injector then call 911 or activate the emergency medical system (EMS). Stay with the victim. Have others notify the paramedics, school nurse, parents and school administrator immediately.
- 3. Dosage:
 - a. For students in second grade or below, or if less than 55 lbs., administer 0.15 mg., epinephrine auto-injector (Junior) (when in doubt-give the higher dose)
 - b. For adults and students in third grade or above, or if more than 55 lbs., administer 0.30 mg., epinephrine auto-injector (Adult)
- 4. Stay with the individual and reassure them. Do not raise him/her to an upright position. Have the individual lie down if tolerated with lower extremities elevated. Roll the individual to their side if vomiting. Have him/her sit up if having difficulty breathing.
- 5. Epinephrine auto-injector administration procedure:
 - a. Read the manufacturer's instructions regarding administration of epinephrine autoinjector.
 - b. Remove safety cap or cover of epinephrine auto-injector and place 'tip' ("active side of device") on outside of thigh—midway between hip and knee (follow instructions—may require pressure while placing on thigh)
 - c. Position device perpendicular (90-degree angle) to the thigh
 - d. It can be administered through clothing
 - e. Wait for click or other sound indicating medication is being administered
 - f. Hold in place for approximately 10 seconds
 - g. Many have a shield that covers the exposed needle
 - h. Keep epinephrine auto-injector until emergency personnel arrive. Per their direction, either give to them or place expended injector in sharps container
- 6. If the anaphylactic reaction is due to an insect sting, remove the stinger as soon as possible after administering the epinephrine auto-injector. Remove stinger quickly by scraping with a fingernail, plastic card, or piece of cardboard. Apply an ice pack to sting area. DO NOT push, pinch, or squeeze, or further imbed the stinger into the skin because such action may cause more venom to be injected into the victim

- 7. Observe the victim for signs of shock. Cover the victim with a blanket, as necessary, to maintain body temperature and help to prevent shock
- 8. Monitor the victim's airway and breathing. If trained, begin CPR immediately if the victim stops breathing
 - a. If symptoms continue or worsen and paramedics have not arrived, use a second epinephrine auto-injector and re-inject 5–15 minutes after initial injection. Continue to monitor the victim's airway and breathing.
- 9. After epinephrine is given, the individual should be promptly taken to the nearest emergency department by ambulance for evaluation and monitoring by physicians and nurses. A second delayed reaction may occur after the initial anaphylaxis and this second set of symptoms can also be severe and life-threatening. After evaluation and treatment in the emergency department, parents/guardians should be advised to monitor student according to recommendations of the treating healthcare provider(s).
- 10. Document the incident, complete and submit any required reporting forms to the appropriate staff. Include in the documentation the date and time epinephrine auto-injector was administered, the victim's response, and additional pertinent information.

C. Emergency Follow-up Procedures

After administering the epinephrine auto-injector, immediately call 91132 and activate the EMS. Stay with the victim. Have others notify the paramedics, school nurse, and school administrator immediately. If possible, contact the pupil's parent and physician. Promptly transfer the individual to the nearest emergency department via ambulance for additional evaluation, monitoring, and treatment by physicians and nurses.

D. Recommendations on the Necessity of Instruction and Certification in Cardio-Pulmonary Resuscitation

Training in CPR is recommended. Any school personnel volunteering to be trained to administer epinephrine auto-injectors should be encouraged to receive CPR training.

E. Instruction in How to Determine Whether to Use an Adult or Junior Epinephrine Auto-injector.

According to the manufacturer, for students in second grade or below, or weighing less than 55 lbs., administer 0.15 mg., epinephrine auto-injector (Junior). (When in doubt, give the higher dose.)

For adults and students in third grade or above, or weighing more than 55 lbs., administer 0.30 mg., epinephrine auto-injector (Adult).

F. Written Materials

Training must include written materials that cover the information described in A through E above. The school must retain those materials.36

III. Guidelines for School Districts

School districts should consider developing policies and procedures that align with these Training Standards and address topics including, but not limited to: training protocols, emergency care plans, storage, and documentation. The Centers for Disease Control and Prevention recommends developing a school- or district-wide food allergy program; guidelines can be found at Food Allergies Publications and Resources External link opens in new window or tab.

School districts shall maintain documentation of the acquisition and disposition of epinephrine autoinjectors received from a pharmacy for three years. It is recommended that documentation of all training, including sign-in sheets, training materials, copies of notices describing the volunteer request and training, report of administration of epinephrine auto-injector, and any follow-up documentation be maintained according to the district's policies and procedures.

IV. Relevant Laws

Business and Professions Code Section 4119.2(a) allows pharmacies to furnish epinephrine autoinjectors to a local educational agency pursuant to EC Section 49414 if the epinephrine auto-injectors are furnished exclusively for use at a school district site or county office of education and a physician and surgeon provides a written order that specifies the quantity of epinephrine auto-injectors to be furnished. Business and Professions Code Section 4119.2(b) requires that records regarding the acquisition and disposition of so furnished epinephrine auto-injectors be maintained by the local educational agency for a period of three years from the date the records were created. Business and Professions Code Section 4119.2(b) also requires the local educational agency to be responsible for monitoring the supply of auto-injectors and assuring the destruction of expired auto-injectors.

EC Section 49414(a) requires a school district, county office of education, or charter school to provide emergency epinephrine auto-injectors to school nurses and trained personnel who have volunteered and authorizes school nurses and trained personnel to use epinephrine auto-injectors to provide emergency medical aid to person suffering, or reasonably believed to be suffering from an anaphylactic reaction.

EC Section 49414(c) allows each private elementary and secondary school to voluntarily determine whether or not to make emergency epinephrine auto-injectors and trained personnel available at the school. EC Section 49414(c) requires a school, in making this determination, to evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to epinephrine auto-injectors and trained personnel.

EC Section 49414(d) allows each public and private elementary and secondary school in the state to designate one or more school personnel on a voluntary basis to receive initial and annual refresher training, based on the minimum training standards developed by the SSPI, regarding the storage and emergency use of an epinephrine auto-injector from the school nurse or other qualified person designated by an authorizing physician and surgeon.

EC Section 49414(e)(1) requires the SSPI to establish minimum standards of training for the administration of epinephrine auto-injectors.

EC Section 49414(e)(2) states that the training standards shall include all of the following:

- A. Techniques for recognizing symptoms of anaphylaxis.
- B. Standards and procedures for the storage, restocking, and emergency use of epinephrine autoinjectors.
- C. Emergency follow-up procedures, including calling the emergency 911 phone number and contacting, if possible, the pupil's parent and physician.
- D. Recommendations on the necessity of instruction and certification in CPR.
- E. Instruction on how to determine whether to use an adult epinephrine auto-injector or a junior epinephrine auto-injector, which shall include consideration of a pupil's grade level or age as a guideline of equivalency for the appropriate pupil weight determination.
- F. Written materials covering the information required under this subdivision.

EC Section 49414(3) states that training established pursuant to this subdivision shall be consistent with the most recent Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs published by the federal Centers for Disease Control and Prevention and the most recent guidelines for medication administration issued by the department.

EC Section 49414(4) requires a school to retain for reference the written materials prepared in compliance with section 49414(e)(2)(F).

EC Section 49414(3)(f) states that a school district, county office of education, or charter school shall distribute a notice at least once per school year to all staff that contains the following information:

(1) A description of the volunteer request stating that the request is for volunteers to be trained to administer an epinephrine auto-injector to a person if the person is suffering, or reasonably believed to be suffering, from anaphylaxis, as specified in subdivision (b).

(2) A description of the training that the volunteer will receive pursuant to subdivision (d).

EC Section 49414(g)(1) requires a qualified supervisor of health at a school district, county office of education, or charter school shall obtain from an authorizing physician and surgeon a prescription for each school for epinephrine auto-injectors that, at a minimum, includes, for elementary schools, one regular epinephrine auto-injector and one junior epinephrine auto-injector, and for junior high schools, middle schools, and high schools, if there are no pupils who require a junior epinephrine auto-injector, one regular epinephrine auto-injector. A qualified supervisor of health at a school district, county office of education, or charter school shall be responsible for stocking the epinephrine auto-injector and restocking it if it is used.

EC Section 49414(g)(2) states that if a school district, county office of education, or charter school does not have a qualified supervisor of health, an administrator at the school district, county office of education, or charter school shall carry out the duties specified in paragraph (g)(1).

EC Section 49414(g)(3) states that a prescription pursuant to this subdivision may be filled by local or mail order pharmacies or epinephrine auto-injector manufacturers.38 39

EC Section 49414(h) allows a school nurse or, if the school does not have a school nurse or the school nurse is not on-site or available, a volunteer to administer an epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis at school or a school activity when a physician is not immediately available. If the epinephrine auto-injector is used it shall be restocked as soon as reasonably possible, but no later than two weeks after it is used. Epinephrine auto-injectors shall be restocked before their expiration date.

EC Section 49414(i) states that a volunteer shall initiate emergency medical services or other appropriate medical follow up in accordance with the training materials retained pursuant to paragraph (4) of subdivision (e).

EC Section 49414(j) requires a school district, county office of education, or charter school to ensure that each employee who volunteers under this section will be provided defense and indemnification by the school district, county office of education, or charter school for any and all civil liability, in accordance with, but not limited to, that provided in Division 3.6 (commencing with Section 810) of Title 1 of the Government Code. This information shall be reduced to writing, provided to the volunteer, and retained in the volunteer's personnel file.

Rescue Union School District nurses train all staff annually.

Child Abuse Identification & Reporting Guidelines

Information for school personnel and those who work in our children's schools to be able to identify signs of suspected cases of child abuse and/or child neglect and to have the tools to know how to make a report to the proper authorities.

These guidelines are issued by the California Department of Education (CDE), in conjunction with the California Department of Social Services, to help all persons, particularly those persons who work in our children's schools, to be able to identify signs of suspected cases of child abuse and/or child neglect and to have the tools to know how to make a report to the proper authorities. These guidelines are issued in conjunction with an extensive training module, specifically aimed at training school employees and educators on their obligations as mandated reporters of child abuse, which can be located online at California Child Abuse Mandated Reporter Training External link opens in new window or tab.

Identification of Child Abuse and Neglect

Child abuse is more than bruises or broken bones. While physical abuse often leaves visible scars, not all child abuse is as obvious, but can do just as much harm. It is important that individuals working with and around children be able to know what constitutes child abuse or child neglect and know how to identify potential signs.

Child Abuse and/or Child Neglect Can Be Any of the Following:

- A physical injury inflicted on a child by another person other than by accidental means.
- The sexual abuse, assault, or exploitation of a child.
- The negligent treatment or maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. This is whether the harm or threatened harm is from acts or omissions on the part of the responsible person.
- The willful harming or endangerment of the person or health of a child, any cruel or inhumane corporal punishment or any injury resulting in a traumatic condition.

One does not have to be physically present or witness the abuse to identify suspected cases of abuse, or even have definite proof that a child may be subject to child abuse or neglect. Rather, the law requires that a person have a "reasonable suspicion" that a child has been the subject of child abuse or neglect. Under the law, this means that it is reasonable for a person to entertain a suspicion of child abuse or neglect, based upon facts that could cause a reasonable person, in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect.

Red flags for abuse and neglect are often identified by observing a child's behavior at school, recognizing physical signs, and observations of dynamics during routine interactions with certain adults. While the following signs are not proof that a child is the subject of abuse or neglect, they should prompt one to look further.

Warning Signs of Emotional Abuse in Children

- Excessively withdrawn, fearful, or anxious about doing something wrong.
- Shows extremes in behavior (extremely compliant or extremely demanding; extremely passive or extremely aggressive).
- Doesn't seem to be attached to the parent or caregiver.
- Acts either inappropriately adult-like (taking care of other children) or inappropriately infantile (rocking, thumb-sucking, throwing tantrums).

Warning Signs of Physical Abuse in Children

- Frequent injuries or unexplained bruises, welts, or cuts.
- Is always watchful and "on alert" as if waiting for something bad to happen.
- Injuries appear to have a pattern such as marks from a hand or belt.
- Shies away from touch, flinches at sudden movements, or seems afraid to go home.
- Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days.

Warning Signs of Neglect in Children

- Clothes are ill-fitting, filthy, or inappropriate for the weather.
- Hygiene is consistently bad (unbathed, matted and unwashed hair, noticeable body odor).
- Untreated illnesses and physical injuries.
- Is frequently unsupervised or left alone or allowed to play in unsafe situations and environments.
- Is frequently late or missing from school.

Warning Signs of Sexual Abuse in Children

- Trouble walking or sitting.
- Displays knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behavior.
- Makes strong efforts to avoid a specific person, without an obvious reason.
- Doesn't want to change clothes in front of others or participate in physical activities.
- A sexually transmitted disease (STD) or pregnancy, especially under the age of fourteen.
- Runs away from home.

Reporting Child Abuse or Neglect

Community members have an important role in protecting children from abuse and neglect. While not mandated by law to do so, if child abuse or neglect is suspected, a report should be filed with qualified and experienced agencies that will investigate the situation. Examples of these agencies are listed below. Parents and guardians of pupils have the right to file a complaint against anyone they suspect has engaged in abuse or neglect of a child. Community members do not need to provide their name when making a report of child abuse or neglect. Telephone numbers for each county's emergency response for child abuse reporting are located at California Emergency Response Child Abuse Reporting Telephone Numbers External link opens in new window or tab. (PDF).

School volunteers, while not mandated reporters, should also be encouraged to report any suspected cases of abuse and neglect. Additionally, school volunteers are highly encouraged by the law to have training in the identification and reporting of child abuse and neglect. The training offered online to mandated reporters, is equally available to school volunteers.

Obligations of Mandated Reporters

A list of persons whose profession qualifies them as "mandated reporters" of child abuse or neglect is found in California Penal Code Section 11165.7. The list is extensive and continues to grow. It includes all school/district employees, administrators, and athletic coaches. All persons hired into positions included on the list of mandated reporters are required, upon employment, to be provided with a statement, informing them that they are a mandated reporter and their obligations to report suspected cases of abuse and neglect pursuant to California Penal Code Section 11166.5.

All persons who are mandated reporters are required, by law, to report all known or suspected cases of child abuse or neglect. It is not the job of the mandated reporter to determine whether the allegations are valid. If child abuse or neglect is reasonably suspected or if a pupil shares information with a mandated reporter leading him/her to believe abuse or neglect has taken place, the report must be made. No supervisor or administrator can impede or inhibit a report or subject the reporting person to any sanction.

To make a report, an employee must contact an appropriate local law enforcement or county child welfare agency, listed below. This legal obligation is not satisfied by making a report of the incident to a supervisor or to the school. An appropriate law enforcement agency may be one of the following:

- A Police or Sheriff's Department (not including a school district police department or school security department).
- A County Probation Department, if designated by the county to receive child abuse reports.
- A County Welfare Department/County Child Protective Services.

The report should be made immediately over the telephone and should be followed up in writing. The law enforcement agency has special forms for this purpose that they will ask you to complete. If a report cannot be made immediately over the telephone, then an initial report may be made via e-mail or fax. A report may also be filed at the same time with your school district or county office of education (COE). School districts and COEs, however, do not investigate child abuse allegations, nor do they attempt to contact the person suspected of child abuse or neglect.

School districts and COEs may have additional policies adopted at the local level relating to the duties of mandated reporters. School staff should consult with their district to determine if there are additional steps that must be taken.

These policies do not take the place of reporting to an appropriate local law enforcement or county child welfare agency.

New Required Training for School Employees

Effective January 1, 2015, Assembly Bill 1432 (D-Gatto) requires all local educational agencies (LEAs) to train all employees each year on what they need to know in order to identify and report suspected cases of child abuse and neglect. "All employees" includes anybody working on the LEA's behalf, such as

teachers, teacher's aides, classified employees, and any other employees whose duties bring them into direct contact and supervision of students. LEAs must also develop a process to provide proof that employees received training. An online training module has been developed specially for educators and is located at California Child Abuse Mandated Reporter Training External link opens in new window or tab. Alternative training methods may be used but, if an LEA uses training other than the online training module, the LEA must report that fact to the CDE and inform the CDE of the training that was used. A form for this purpose is available at Reporting Form for LEAs Who Use Alternative Training For Mandatory Reporting (PDF).

Rights to Confidentiality and Immunity

Mandated reporters are required to give their names when making a report. However, the reporter's identity is kept confidential. Reports of suspected child abuse are also confidential. Mandated reporters have immunity from state criminal or civil liability for reporting as required. This is true even if the mandated reporter acquired the knowledge, or suspicion of the abuse or neglect, outside his/her professional capacity or scope of employment.

Consequences of Failing to Report

A person who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail and/or up to a \$1,000 fine (California Penal Code Section 11166[c]).

After the Report is Made

The local law enforcement agency is required to investigate all reports. Cases may also be investigated by Child Welfare Services when allegations involve abuse or neglect within families.

Child Protective Services

The Child Protective Services (CPS) is the major organization to intervene in child abuse and neglect cases in California. Existing law provides for services to abused and neglected children and their families. More information can be found at Child Protective Services.

Rescue Union School District utilizes the Hour Zero online curriculum, training and testing to provide training to all employees annually.

Appendix

Α.	School Safety Program	BP/AR 0450
В.	Safe Entrance Exit of Students, Parents and Staff	BP 5142
C.	Disaster Procedures (SEMS) (NIMS)	
D.	Child Abuse Reporting Procedures	BP/AR 5141.4
E.	Rules and Procedures on School Discipline	BP/AR 5144
F.	Suspension and Expulsion Policies	BP/AR 5144.1
		AR/5144.2
G.	Firearms on School Grounds	BP 3515.7
Н.	Gang Affiliation and Activity	BP/AR 5136
١.	Sexual Harassment Policy	BP/AR 5145.7
J.	Notifying Teachers of Dangerous Pupils	BP/AR 4158
К.	Hate-Motivated Behavior	BP 5145.9
L.	Dress and Grooming	BP/AR 5132

Rescue Union ESD Board Policy

Comprehensive Safety Plan

BP 0450

Philosophy, Goals, Objectives and Comprehensive Plans

The Governing Board recognizes that students and staff have the right to a safe and secure campus where they are free from physical and psychological harm. The Board is fully committed to maximizing school safety and to creating a positive learning environment that includes strategies for violence prevention and high expectations for student conduct, responsible behavior, and respect for others.

(cf. 0410 - Nondiscrimination in District Programs and Activities) (cf. 1312.3 - Uniform Complaint Procedures) (cf. 3515 - Campus Security) (cf. 3515.2 - Disruptions) (cf. 3515.3 - District Police/Security Department) (cf. 3515.7 - Firearms on School Grounds) (cf. 5131 - Conduct) (cf. 5131.2 - Bullying) (cf. 5131.4 - Student Disturbances) (cf. 5131.7 - Weapons and Dangerous Instruments) (cf. 5136 - Gangs) (cf. 5137 - Positive School Climate) (cf. 5138 - Conflict Resolution/Peer Mediation) (cf. 5144 - Discipline) (cf. 5144.1 - Suspension and Expulsion/Due Process) (cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities)) (cf. 5145.3 - Nondiscrimination/Harassment) (cf. 5145.7 - Sexual Harassment) (cf. 5145.9 - Hate-Motivated Behavior)

The school site council at each district school shall develop a comprehensive school safety plan relevant to the needs and resources of that particular school. New school campuses shall develop a safety plan within one year of initiating operations. (Education Code 32281, 32286)

(cf. 0420 - School Plans/Site Councils) (cf. 1220 - Citizen Advisory Committees)

The school safety plan shall take into account the school's staffing, available resources, and building design, as well as other factors unique to the site.

The comprehensive safety plan(s) shall be reviewed and updated by March 1 of each year and forwarded to the Board for approval. (Education Code 32286, 32288)

The Board shall review the comprehensive safety plan(s) in order to ensure compliance with state law, Board policy, and administrative regulation and shall approve the plan(s) at a regularly scheduled meeting.

(cf. 0500 - Accountability) (cf. 9320 - Meetings and Notices)

By October 15 of each year, the Superintendent or designee shall notify the California Department of Education of any schools that have not complied with the requirements of Education Code 32281. (Education Code 32288)

Tactical Response Plan

Notwithstanding the process described above, any portion of a comprehensive safety plan that includes tactical responses to criminal incidents that may result in death or serious bodily injury at the school site, including steps to be taken to safeguard students and staff, secure the affected school premises, and apprehend the criminal perpetrator(s), shall be developed by district administrators in accordance with Education Code 32281. In developing such strategies, district administrators shall consult with law enforcement officials and with a representative of an employee bargaining unit, if he/she chooses to participate.

When reviewing the tactical response plan, the Board may meet in closed session to confer with law enforcement officials, provided that any vote to approve the tactical response plan is announced in open session following the closed session. (Education Code 32281)

(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information)
(cf. 9011 - Disclosure of Confidential/Privileged Information)
(cf. 9321 - Closed Session Purposes and Agendas)
(cf. 9321.1 - Closed Session Actions and Reports)

Public Access to Safety Plan(s)

The Superintendent or designee shall ensure that an updated file of all safety-related plans and materials is readily available for inspection by the public. (Education Code 32282)

(cf. 1340 - Access to District Records)

However, those portions of the comprehensive safety plan that include tactical responses to criminal incidents shall not be publicly disclosed.

Legal Reference:

EDUCATION CODE 200-262.4 Prohibition of discrimination 32260-32262 Interagency School Safety Demonstration Act of 1985 32270 School safety cadre 32280-32289 School safety plans 32290 Safety devices 35147 School site councils and advisory committees 35183 School dress code; uniforms 35291 Rules

35291.5 School-adopted discipline rules

35294.10-35294.15 School Safety and Violence Prevention Act

48900-48927 Suspension and expulsion

48950 Speech and other communication

49079 Notification to teacher; student act constituting grounds for suspension or expulsion

67381 Violent crime

<u>PENAL CODE</u>

 422.55 Definition of hate crime

 626.8 Disruptions

 11164-11174.3 Child Abuse and Neglect Reporting Act

 CALIFORNIA CONSTITUTION

 Article 1, Section 28(c) Right to Safe Schools

 CODE OF REGULATIONS, TITLE 5

 11987-11987.7 School Community Violence Prevention Program requirements

 11992-11993 Definition, persistently dangerous schools

 UNITED STATES CODE, TITLE 20

 7111-7122 Student Support and Academic Enrichment Grants

 7912 Transfers from persistently dangerous schools

 UNITED STATES CODE, TITLE 42

 12101-12213 Americans with Disabilities Act

Management Resources:

CSBA PUBLICATIONS

<u>Updated Legal Guidance: Protecting Transgender and Gender Nonconforming Students Against Sex</u> <u>Discrimination</u>, July 2016

Safe Schools: Strategies for Governing Boards to Ensure Student Success, October 2011

Community Schools: Partnerships Supporting Students, Families and Communities, Policy Brief, October 2010

Cyberbullying: Policy Considerations for Boards, Policy Brief, July 2010

<u>Providing a Safe, Nondiscriminatory School Environment for Transgender and Gender-Nonconforming</u> <u>Students</u>, Policy Brief, February 2014

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS

Safe Schools: A Planning Guide for Action, 2002

FEDERAL BUREAU OF INVESTIGATION PUBLICATIONS

Uniform Crime Reporting Handbook, 2004

U.S. DEPARTMENT OF EDUCATION PUBLICATIONS

Practical Information on Crisis Planning: A Guide for Schools and Communities, January 2007

U.S. SECRET SERVICE AND U.S. DEPARTMENT OF EDUCATION PUBLICATIONS

Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates, 2004

WEB SITES

CSBA: http://www.csba.org

California Department of Education, Safe Schools: http://www.cde.ca.gov/ls/ss

California Governor's Office of Emergency Services: http://www.caloes.ca.gov

California Healthy Kids Survey: http://chks.wested.org

Centers for Disease Control and Prevention: http://www.cdc.gov/ViolencePrevention

Federal Bureau of Investigation: http://www.fbi.gov

National Center for Crisis Management: http://www.schoolcrisisresponse.com

National School Safety Center: http://www.schoolsafety.us

U.S. Department of Education: http://www.ed.gov

U.S. Secret Service, National Threat Assessment Center: http://www.secretservice.gov/protection/ntac

Policy

adopted: September 2004 revised : January 24, 2017 RESCUE UNION SCHOOL DISTRICT Rescue, California

Rescue Union ESD Administrative Regulation

Comprehensive Safety Plan

AR 0450

Philosophy, Goals, Objectives and Comprehensive Plans

Development and Review of Comprehensive School Safety Plan

The school site council shall consult with local law enforcement in the writing and development of the comprehensive school safety plan. When practical, the school site council also shall consult with other school site councils and safety committees. (Education Code 32281, 32282)

(cf. 0420 - School Plans/Site Councils)

The school site council may delegate the responsibility for developing a comprehensive safety plan to a school safety planning committee composed of the following members: (Education Code 32281)

- 1. The principal or designee
- 2. One teacher who is a representative of the recognized certificated employee organization
- 3. One parent/guardian whose child attends the school
- 4. One classified employee who is a representative of the recognized classified employee organization
- 5. Other members, if desired

(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)

Before adopting the comprehensive safety plan, the school site council or school safety planning committee shall hold a public meeting at the school in order to allow members of the public the opportunity to express an opinion about the plan. (Education Code 32288)

The school site council or safety planning committee shall notify, in writing, the following persons and entities of the public meeting: (Education Code 32288)

- 1. The local mayor
- 2. A representative of the local school employee organization

⁽cf. 1220 - Citizen Advisory Committees)

- 3. A representative of each parent organization at the school, including the parent teacher association and parent teacher clubs
- (cf. 1230 School-Connected Organizations)
- 4. A representative of each teacher organization at the school

(cf. 4140/4240/4340 - Bargaining Units)

- 5. A representative of the school's student body government
- 6. All persons who have indicated that they want to be notified

In addition, the school site council or safety planning committee may notify, in writing, the following entities of the public meeting: (Education Code 32288)

- 1. Representatives of local religious organizations
- 2. Local civic leaders
- 3. Local business organizations
- (cf. 1700 Relations Between Private Industry and the Schools)

Content of the Safety Plan

Each comprehensive safety plan shall include an assessment of the current status of any crime committed on campus and at school-related functions. (Education Code 32282)

The assessment may include, but not be limited to, reports of crime, suspension and expulsion rates, and surveys of students, parents/guardians, and staff regarding their perceptions of school safety.

(cf. 0500 - Accountability) (cf. 0510 - School Accountability Report Card)

The plan also shall identify appropriate strategies and programs that will 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 all of the following: (Education Code 32282)

1. Child abuse reporting procedures consistent with Penal Code 11164

(cf. 5141.4 - Child Abuse Prevention and Reporting)

2. Routine and emergency disaster procedures including, but not limited to:

- a. Adaptations for students with disabilities in accordance with the Americans with Disabilities Act
- (cf. 6159 Individualized Education Program)
 - b. An earthquake emergency procedure system in accordance with Education Code 32282
- (cf. 3516 Emergencies and Disaster Preparedness Plan) (cf. 3516.3 - Earthquake Emergency Procedure System)
 - c. A procedure to allow public agencies, including the American Red Cross, to use school buildings, grounds, and equipment for mass care and welfare shelters during disasters or other emergencies affecting the public health and welfare
- (cf. 1330 Use of School Facilities)
- (cf. 3516.1 Fire Drills and Fires)
- (cf. 3516.2 Bomb Threats)
- (cf. 3516.5 Emergency Schedules)
- (cf. 3543 Transportation Safety and Emergencies)
- 3. Policies pursuant to Education Code 48915(d) for students who commit an act listed in Education Code 48915(c) and other school-designated serious acts which would lead to suspension, expulsion, or mandatory expulsion recommendations
- (cf. 5131.7 Weapons and Dangerous Instruments)
- (cf. 5144.1 Suspension and Expulsion/Due Process)
- (cf. 5144.2 Suspension and Expulsion/Due Process (Students with Disabilities))
- 4. Procedures to notify teachers of dangerous students pursuant to Education Code 49079
- (cf. 4158/4258/4358 Employee Security)
- 5. A policy consistent with the prohibition against discrimination, harassment, intimidation, and bullying pursuant to Education Code 200-262.4
- (cf. 0410 Nondiscrimination in District Programs and Activities)
- (cf. 1312.3 Uniform Complaint Procedures)
- (cf. 4119.11/4219.11/4319.11 Sexual Harassment)
- (cf. 5131.2 Bullying)
- (cf. 5145.3 Nondiscrimination/Harassment)
- (cf. 5145.7 Sexual Harassment)
- (cf. 5145.9 Hate-Motivated Behavior)
- 6. If the school has adopted a dress code prohibiting students from wearing "gang-related apparel" pursuant to Education Code 35183, the provisions of that dress code and the definition of "gang-related apparel"

(cf. 5132 - Dress and Grooming)
- 7. Procedures for safe ingress and egress of students, parents/guardians, and employees to and from school
- (cf. 5142 Safety)
- 8. A safe and orderly school environment conducive to learning
- (cf. 5137 Positive School Climate)
- 9. The rules and procedures on school discipline adopted pursuant to Education Code 35291 and 35291.5
- (cf. 5144 Discipline)

Among the strategies for providing a safe environment, the school safety plan may also include:

1. Development of a positive school climate that promotes respect for diversity, personal and social responsibility, effective interpersonal and communication skills, self-esteem, anger management, and conflict resolution

(cf. 5138 - Conflict Resolution/Peer Mediation) (cf. 6141.2 - Recognition of Religious Beliefs and Customs)

- 2. Disciplinary policies and procedures that contain prevention strategies, such as strategies to prevent bullying, hazing, and cyberbullying, as well as behavioral expectations and consequences for violations
- (cf. 5113 Absences and Excuses) (cf. 5113.1 - Chronic Absence and Truancy) (cf. 5131 - Conduct)
- 3. Curriculum that emphasizes prevention and alternatives to violence, such as multicultural education, character/values education, media analysis skills, conflict resolution, community service learning, and education related to the prevention of dating violence

(cf. 6142.3 - Civic Education) (cf. 6142.4 - Service Learning/Community Service Classes) (cf. 6142.8 - Comprehensive Health Education)

- 4. Parent involvement strategies, including strategies to help ensure parent/guardian support and reinforcement of the school's rules and increase the number of adults on campus
- (cf. 1240 Volunteer Assistance)
- (cf. 5020 Parent Rights and Responsibilities)
- (cf. 6020 Parent Involvement)

5. Prevention and intervention strategies related to the sale or use of drugs and alcohol which shall reflect expectations for drug-free schools and support for recovering students

(cf. 5131.6 - Alcohol and Other Drugs) (cf. 5131.61 - Drug Testing) (cf. 5131.62 - Tobacco) (cf. 5131.63 - Steroids)

- 6. Collaborative relationships among the city, county, community agencies, local law enforcement, the judicial system, and the schools that lead to the development of a set of common goals and community strategies for violence prevention instruction
- (cf. 1020 Youth Services)
- 7. District policy related to possession of firearms and ammunition on school grounds
- (cf. 3515.7 Firearms on School Grounds)
- 8. Measures to prevent or minimize the influence of gangs on campus
- (cf. 5136 Gangs)
- 9. Procedures for receiving verification from law enforcement when a violent crime has occurred on school grounds and for promptly notifying parents/guardians and employees of that crime
- (cf. 5116.1 Intradistrict Open Enrollment)
- 10. Assessment of the school's physical environment, including a risk management analysis and development of ground security measures such as procedures for closing campuses to outsiders, installing surveillance systems, securing the campus perimeter, protecting buildings against vandalism, and providing for a law enforcement presence on campus
- (cf. 1250 Visitors/Outsiders)
- (cf. 3515 Campus Security)
- (cf. 3515.3 District Police/Security Department)
- (cf. 3530 Risk Management/Insurance)
- (cf. 5112.5 Open/Closed Campus)
- (cf. 5131.5 Vandalism and Graffiti)
- 11. Guidelines for the roles and responsibilities of mental health professionals, community intervention professionals, school counselors, school resource officers, and police officers on school campuses. Guidelines may include, but are not limited to, the following:
 - a. Strategies to create and maintain a positive school climate, promote school safety, and increase student achievement
 - b. Strategies to prioritize mental health and intervention services, restorative and transformative justice programs, and positive behavior interventions and support

- c. Protocols to address the mental health care of students who have witnessed a violent act at any time, including, but not limited to, while on school grounds, while coming or going from school, during a lunch period whether on or off campus, or during or while going to or coming from a school-sponsored activity
- 12. Strategies for suicide prevention and intervention

(cf. 5141.52 - Suicide Prevention)

13. Procedures to implement when a person interferes with or disrupts a school activity, remains on campus after having been asked to leave, or creates a disruption with the intent to threaten the immediate physical safety of students or staff

(cf. 3515.2 - Disruptions)

- 14. Crisis prevention and intervention strategies, which may include the following:
 - a. Identification of possible crises that may occur, determination of necessary tasks that need to be addressed, and development of procedures relative to each crisis, including the involvement of law enforcement and other public safety agencies as appropriate

(cf. 3515.5 - Sex Offender Notification) (cf. 5131.4 - Student Disturbances)

- b. Threat assessment strategies to determine the credibility and seriousness of a threat and provide appropriate interventions for the potential offender(s)
- c. Assignment of staff members responsible for each identified task and procedure
- d. Development of an evacuation plan based on an assessment of buildings and grounds and opportunities for students and staff to practice the evacuation plan
- e. Coordination of communication to schools, Governing Board members, parents/guardians, and the media

(cf. 1112 - Media Relations)

(cf. 9010 - Public Statements)

- f. Development of a method for the reporting of violent incidents
- g. Development of follow-up procedures that may be required after a crisis has occurred, such as counseling

15. Staff development in violence prevention and intervention techniques, including preparation to implement the elements of the safety plan

(cf. 4131 - Staff Development) (cf. 4231 - Staff Development) (cf. 4331 - Staff Development)

- 16. Environmental safety strategies, including, but not limited to, procedures for preventing and mitigating exposure to toxic pesticides, lead, asbestos, vehicle emissions, and other hazardous substances and contaminants
- (cf. 3510 Green School Operations) (cf. 3513.3 - Tobacco-Free Schools) (cf. 3514 - Environmental Safety) (cf. 3514.1 - Hazardous Substances)
- (cf. 3514.2 Integrated Pest Management)

Regulation approved: September 2004 revised: January 24, 2017 RESCUE UNION SCHOOL DISTRICT Rescue, California

Rescue Union ESD Board Policy

Safety

BP 5142 Students

The Governing Board recognizes the importance of providing a safe school environment in order to help ensure student safety and the prevention of student injury. The Superintendent or designee shall implement appropriate practices to minimize the risk of harm to students, including practices relative to school facilities and equipment, outdoor environment, educational programs and school-sponsored activities.

- (cf. 0450 Comprehensive Safety Plan)
- (cf. 3320 Claims and Actions Against the District)
- (cf. 3514 Environmental Safety)
- (cf. 3514.1 Hazardous Substances)
- (cf. 3514.2 Integrated Pest Management)
- (cf. 3516 Emergencies and Disaster Preparedness Plan)
- (cf. 3530 Risk Management/Insurance)
- (cf. 3542 School Bus Drivers)
- (cf. 3543 Transportation Safety and Emergencies)
- (cf. 4119.42/4219.42/4319.42 Exposure Control Plan for Bloodborne Pathogens)
- (cf. 4119.43/4219.43/4319.43 Universal Precautions)
- (cf. 5131 Conduct)
- (cf. 5131.1 Bus Conduct)
- (cf. 5141 Health Care and Emergencies)
- (cf. 5141.1 Accidents)
- (cf. 5142.1 Identification and Reporting of Missing Children)
- (cf. 5142.2 Crossing Guards)
- (cf. 5143 Insurance)
- (cf. 5144 Discipline)
- (cf. 5144.1 Suspension and Expulsion/Due Process)
- (cf. 6145.2 Athletic Competition)
- (cf. 6161.3 Toxic Art Supplies)
- (cf. 7111- Evaluating Existing Buildings)

Staff shall be responsible for the proper supervision of students during school hours, while at school-sponsored activities and while students are using district transportation to and from school.

The principal or designee shall establish school rules for the safe and appropriate use of school equipment and materials and for student conduct consistent with law, Board policy and administrative regulation. Copies of the rules shall be sent to parents/guardians and be readily available at the school at all times.

The Superintendent or designee shall ensure that students receive appropriate instruction on topics related to safety, injury prevention and disease prevention.

Legal Reference: EDUCATION CODE 8482-8484.6 After School Education and Safety Program 17280-17317 Building approvals (Field Act) 17365-17374 Fitness of school facilities for occupancy 32001 Fire alarms and drills 32020 School gates; entrances for emergency vehicles 32030-32034 Eye safety 32040 First aid equipment 32225-32226 Two-way communication devices in classrooms 32240-32245 Lead-free schools 32250-32254 CDE school safety and security resources unit 32280-32289 Safety plans 44807 Duty of teachers concerning conduct of students 44808 Exemption from liability when students are not on school property 44808.5 Permission for students to leave school grounds; notice (high school) 45450-45451 Crossing guards 48900 Hazing 49300-49307 School safety patrol 49330-49335 Injurious objects 49341 Hazardous materials in school science laboratories 51202 Instruction in personal and public health and safety **GOVERNMENT CODE** 810-996.6 California Tort Claims Act HEALTH AND SAFETY CODE 115725-115735 Playground safety 115775-115800 Wooden playground equipment 115810-115816 Playground safety and recycling grants PENAL CODE 245.6 Hazing PUBLIC RESOURCES CODE 5411 Purchase of equipment usable by physically disabled persons **VEHICLE CODE** 21100 Rules and regulations; crossing guards 21212 Use of helmets 42200 Fines and forfeitures, disposition by cities 42201 Fines and forfeitures, disposition by counties CODE OF REGULATIONS, TITLE 5 202 Exclusion of students with a contagious disease 570-576 School safety patrols

5531 Supervision of social activities 5552 Playground supervision 5570 When school shall be open and teachers present 14103 Bus driver; authority over pupils COURT DECISIONS Wiener v. Southcoast Childcare Centers, (2004) 32 Cal.4th 1138 Kahn v. East Side Union High School District, (2003) 31 Cal.4th 990 Hoyem v. Manhattan Beach City School District, (1978) 22 Cal. 3d 508 Dailey v. Los Angeles Unified School District, (1970) 2 Cal 3d 741 Management Resources: AMERICAN SOCIETY FOR TESTING AND MATERIALS F 1487-05, Standard Consumer Safety Performance Specification for Playground Equipment for Public Use, 2005 U.S. CONSUMER PRODUCT SAFETY COMMISSION PUBLICATIONS Handbook for Public Playground Safety, Pub. No. 325, 1994, rev. 1997 WEB SITES American Society for Testing and Materials: http://www.astm.org California Department of Education, Safe Schools Office: http://www.cde.ca.gov/ls/ss California Department of Public Health: http://www.cdph.ca.gov Centers for Disease Control and Prevention: http://www.cdc.gov Environmental Protection Agency: http://www.epa.gov U.S. Consumer Product Safety Commission: http://www.cpsc.gov U.S. Department of Education, Safe Schools: http://www.ed.gov/about/offices/list/osers/osep/gtss.html

Policy RESCUE UNION SCHOOL DISTRICT adopted: September 2004 Rescue, California



RESCUE UNION SCHOOL DISTRICT

"Educating for the Future Together" 2390 Bass Lake Road • Rescue, CA 95672 (530) 677-4461 • FAX (530) 677-0719 www.rescueusd.org

Emergency Preparedness Plan and Procedures

Rescue Union School District has developed and regularly updates our plan and procedures in conjunction with El Dorado County Sheriff's Office of Emergency Services (OES) and local fire departments.

Our Emergency Preparedness Plan and procedures are reviewed regularly with staff and students. Our plan and procedures for Earthquake, Fire, Evacuation, Shelter in Place and Lockdown are practiced district wide on a regular basis throughout the school year.

In efforts to keep our students safe during an emergency, we do not publicize our emergency response or procedures to the general public.

Rescue Union ESD Board Policy

Child Abuse Prevention And Reporting

BP 5141.4 **Students**

Child Abuse Reporting Procedures

The Governing Board is committed to supporting the safety and well-being of district students and desires to facilitate the prevention of and response to child abuse and neglect. The Superintendent or designee shall develop and implement strategies for preventing, recognizing, and promptly reporting known or suspected child abuse and neglect.

The Superintendent or designee may provide a student who is a victim of abuse with schoolbased mental health services or other support services and/or may refer the student to resources available within the community as needed.

(cf. 1020 - Youth Services)(cf. 5141.6 - School Health Services)(cf. 6164.2 - Guidance/Counseling Services)

Child Abuse Prevention

The district's instructional program shall include age-appropriate and culturally sensitive child abuse prevention curriculum. This curriculum shall explain students' right to live free of abuse, include instruction in the skills and techniques needed to identify unsafe situations and react appropriately and promptly, inform students of available support resources, and teach students how to obtain help and disclose incidents of abuse.

(cf. 6142.8 - Comprehensive Health Education) (cf. 6143 - Courses of Study)

The district's program also may include age-appropriate curriculum in sexual abuse and sexual assault awareness and prevention. Upon written request of a student's parent/guardian, the student shall be excused from taking such instruction. (Education Code 51900.6)

The Superintendent or designee shall, to the extent feasible, seek to incorporate community resources into the district's child abuse prevention programs and may use these resources to provide parents/guardians with instruction in parenting skills and child abuse prevention.

Child Abuse Reporting

The Superintendent or designee shall establish procedures for the identification and reporting of

known and suspected child abuse and neglect in accordance with law.

(cf. 4119.21/4219.21/4319.21 - Professional Standards) (cf. 5145.7 - Sexual Harassment)

Procedures for reporting child abuse shall be included in the district and/or school comprehensive safety plan. (Education Code 32282)

(cf. 0450 - Comprehensive Safety Plan)

District employees who are mandated reporters, as defined by law and administrative regulation, are obligated to report all known or suspected incidents of child abuse and neglect.

The Superintendent or designee shall provide training regarding the duties of mandated reporters.

Legal Reference: EDUCATION CODE 32280-32288 Comprehensive school safety plans 33195 Heritage schools, mandated reporters 33308.1 Guidelines on procedure for filing child abuse complaints 44252 Teacher credentialing 44691 Staff development in the detection of child abuse and neglect 44807 Duty concerning conduct of students 48906 Notification when student released to peace officer 48987 Dissemination of reporting guidelines to parents 49001 Prohibition of corporal punishment 51220.5 Parenting skills education 51900.6 Sexual abuse and sexual assault awareness and prevention PENAL CODE 152.3 Duty to report murder, rape, or lewd or lascivious act 273a Willful cruelty or unjustifiable punishment of child; endangering life or health 288 Definition of lewd or lascivious act requiring reporting 11164-11174.3 Child Abuse and Neglect Reporting Act WELFARE AND INSTITUTIONS CODE 15630-15637 Dependent adult abuse reporting CODE OF REGULATIONS, TITLE 5 4650 Filing complaints with CDE, special education students **UNITED STATES CODE, TITLE 42** 11434a McKinney-Vento Homeless Assistance Act; definitions COURT DECISIONS Camreta v. Greene (2011) 131 S.Ct. 2020

Management Resources: CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve

Health Framework for California Public Schools, Kindergarten Through Grade Twelve WEB SITES

California Attorney General's Office, Suspected Child Abuse Report Form: http://www.ag.ca.gov/childabuse/pdf/ss_8572.pdf

California Department of Education, Safe Schools: http://www.cde.ca.gov/ls/ss/ap California Department of Social Services, Children and Family Services Division: http://www.childsworld.ca.gov

U.S. Department of Health and Human Services, Child Welfare Information Gateway: https://www.childwelfare.gov/can

Policy RESCUE UNION SCHOOL DISTRICT adopted: March 2003 Rescue, California revised: October 10, 2017

Rescue Union ESD Administrative Regulation

Child Abuse Prevention And Reporting

AR 5141.4 Students

Definitions

Child abuse or neglect includes the following: (Penal Code 11165.5, 11165.6)

1. A physical injury or death inflicted by other than accidental means on a child by another person

2. Sexual abuse of a child, including sexual assault or sexual exploitation, as defined in Penal Code 11165.1

3. Neglect of a child as defined in Penal Code 11165.2

4. Willful harming or injuring of a child or the endangering of the person or health of a child as defined in Penal Code 11165.3

5. Unlawful corporal punishment or injury as defined in Penal Code 11165.4

(cf. 4119.21/4219.21/4319.21 - Professional Standards) (cf. 5145.7 - Sexual Harassment)

Child abuse or neglect does not include:

1. A mutual affray between minors (Penal Code 11165.6)

2. An injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his/her employment (Penal Code 11165.6)

(cf. 3515.3 - District Police/Security Department)

3. An injury resulting from the exercise by a teacher, vice principal, principal, or other certificated employee of the same degree of physical control over a student that a parent/guardian would be privileged to exercise, not exceeding the amount of physical control reasonably necessary to maintain order, protect property, protect the health and safety of students, or maintain proper and appropriate conditions conducive to learning (Education Code 44807)

4. An injury caused by a school employee's use of force that is reasonable and necessary to quell a disturbance threatening physical injury to persons or damage to property, to protect

himself/herself, or to obtain weapons or other dangerous objects within the control of a student (Education Code 49001)

(cf. 5131.7 - Weapons and Dangerous Instruments)
(cf. 5144 - Discipline)
(cf. 6159.4 - Behavioral Interventions for Special Education Students)

5. Physical pain or discomfort caused by athletic competition or other such recreational activity voluntarily engaged in by a student (Education Code 49001)

(cf. 6142.7 - Physical Education and Activity) (cf. 6145.2 - Athletic Competition)

6. Homelessness or classification as an unaccompanied minor (Penal Code 11165.15)

Mandated reporters include, but are not limited to, teachers; instructional aides; teacher's aides or assistants; classified employees; certificated pupil personnel employees; administrative officers or supervisors of child attendance; athletic coaches, administrators, and directors; administrators and employees of a licensed child day care facility; Head Start teachers; district police or security officers; licensed nurses or health care providers; and administrators, presenters, and counselors of a child abuse prevention program. (Penal Code 11165.7)

Reasonable suspicion means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his/her training and experience, to suspect child abuse or neglect. However, reasonable suspicion does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect. (Penal Code 11166)

Reportable Offenses

A mandated reporter shall make a report using the procedures provided below whenever, in his/her professional capacity or within the scope of his/her employment, he/she has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. (Penal Code 11166)

Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, based on evidence of severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, may make a report to the appropriate agency. (Penal Code 11166.05, 11167)

Any district employee who reasonably believes that he/she has observed the commission of a murder, rape, or lewd or lascivious act by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury against a victim who is a child under age 14 shall notify a peace officer. (Penal Code 152.3, 288)

Responsibility for Reporting

The reporting duties of mandated reporters are individual and cannot be delegated to another person. (Penal Code 11166)

When two or more mandated reporters jointly have knowledge of a known or suspected instance of child abuse or neglect, the report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report. (Penal Code 11166)

No supervisor or administrator shall impede or inhibit a mandated reporter from making a report. (Penal Code 11166)

Any person not identified as a mandated reporter who has knowledge of or observes a child whom he/she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to the appropriate agency. (Penal Code 11166)

(cf. 1240 - Volunteer Assistance)

Reporting Procedures

1. Initial Telephone Report

Immediately or as soon as practicable after knowing or observing suspected child abuse or neglect, a mandated reporter shall make an initial report by telephone to any police department (excluding a school district police/security department), sheriff's department, county probation department if designated by the county to receive such reports, or county welfare department. (Penal Code 11165.9, 11166)

El Dorado County Child Protective Services Department of Human Services - Social Services Division 3057 Briw Road, Suite A Placerville, CA 95667 Hotline (24 Hour) 530-642-7100

When the initial telephone report is made, the mandated reporter shall note the name of the official contacted, the date and time contacted, and any instructions or advice received.

2. Written Report

Within 36 hours of knowing or observing the information concerning the incident, the mandated reporter shall then prepare and either send, fax, or electronically submit to the appropriate agency a written follow-up report, which includes a completed Department of Justice form (SS 8572). (Penal Code 11166, 11168)

The Department of Justice form may be obtained from the district office or other appropriate agencies, such as the county probation or welfare department or the police or sheriff's department.

Reports of suspected child abuse or neglect shall include, if known: (Penal Code 11167)

a. The name, business address, and telephone number of the person making the report and the capacity that makes the person a mandated reporter

b. The child's name and address, present location, and, where applicable, school, grade, and class

c. The names, addresses, and telephone numbers of the child's parents/guardians

d. The name, address, telephone number, and other relevant personal information about the person who might have abused or neglected the child

e. The information that gave rise to the reasonable suspicion of child abuse or neglect and the source(s) of that information

The mandated reporter shall make a report even if some of this information is not known or is uncertain to him/her. (Penal Code 11167)

The mandated reporter may give to an investigator from an agency investigating the case, including a licensing agency, any information relevant to an incident of child abuse or neglect or to a report made for serious emotional damage pursuant to Penal Code 11166.05. (Penal Code 11167)

3. Internal Reporting

The mandated reporter shall not be required to disclose his/her identity to his/her supervisor, the principal, or the Superintendent or designee. (Penal Code 11166)

However, employees reporting child abuse or neglect to an appropriate agency are encouraged, but not required, to notify the principal as soon as possible after the initial telephone report to the appropriate agency. When so notified, the principal shall inform the Superintendent or designee.

The principal so notified shall provide the mandated reporter with any assistance necessary to ensure that reporting procedures are carried out in accordance with law, Board policy, and administrative regulation. At the mandated reporter's request, the principal may assist in completing and filing the necessary forms.

Reporting the information to an employer, supervisor, principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to the appropriate agency. (Penal Code 11166)

Training

Within the first six weeks of each school year, the Superintendent or designee shall provide training on mandated reporting requirements to district employees and persons working on their behalf who are mandated reporters. Any school personnel hired during the school year shall receive such training within the first six weeks of employment. (Education Code 44691; Penal Code 11165.7)

In addition, at least once every three years, school personnel may receive training in the prevention of child abuse, including sexual abuse, on school grounds by school personnel, or in school-sponsored programs. (Education Code 44691)

(cf. 4131 - Staff Development) (cf. 4231 - Staff Development) (cf. 4331 - Staff Development)

The Superintendent or designee shall use the online training module provided by the California Department of Social Services. (Education Code 44691)

The training shall include, but not necessarily be limited to, training in identification and reporting of child abuse and neglect. In addition, the training shall include information that failure to report an incident of known or reasonably suspected child abuse or neglect as required by law is a misdemeanor punishable by imprisonment and/or a fine as specified. (Education Code 44691; Penal Code 11165.7)

The Superintendent or designee shall obtain and retain proof of each mandated reporter's completion of the training. (Education Code 44691)

Victim Interviews by Social Services

Whenever the Department of Social Services or another government agency is investigating suspected child abuse or neglect that occurred within the child's home or out-of-home care facility, the student may be interviewed by an agency representative during school hours, on school premises. The Superintendent or designee shall give the student the choice of being interviewed in private or in the presence of any adult school employee or volunteer aide selected by the student. (Penal Code 11174.3)

A staff member or volunteer aide selected by a child may decline to be present at the interview. If the selected person accepts, the principal or designee shall inform him/her of the following requirements: (Penal Code 11174.3)

1. The purpose of the selected person's presence at the interview is to lend support to the child and enable him/her to be as comfortable as possible.

- 2. The selected person shall not participate in the interview.
- 3. The selected person shall not discuss the facts or circumstances of the case with the child.

4. The selected person is subject to the confidentiality requirements of the Child Abuse and Neglect Reporting Act, a violation of which is punishable as specified in Penal Code 11167.5.

If a staff member agrees to be present, the interview shall be held at a time during school hours when it does not involve an expense to the school. (Penal Code 11174.3)

Release of Child to Peace Officer

When a child is released to a peace officer and taken into custody as a victim of suspected child abuse or neglect, the Superintendent or designee and/or principal shall not notify the parent/guardian, but rather shall provide the peace officer with the address and telephone number of the child's parent/guardian. (Education Code 48906)

(cf. 5145.11 - Questioning and Apprehension by Law Enforcement)

Parent/Guardian Complaints

Upon request, the Superintendent or designee shall provide parents/guardians with procedures for reporting suspected child abuse occurring at a school site to appropriate agencies. For parents/guardians whose primary language is not English, such procedures shall be in their primary language and, when communicating orally regarding those procedures, an interpreter shall be provided.

To file a complaint against a district employee or other person suspected of child abuse or neglect at a school site, parents/guardians may file a report by telephone, in person, or in writing with any appropriate agency identified above under "Reporting Procedures." If a parent/guardian makes a complaint about an employee to any other employee, the employee receiving the information shall notify the parent/guardian of procedures for filing a complaint with the appropriate agency. The employee also is obligated pursuant to Penal Code 11166 to file a report himself/herself using the procedures described above for mandated reporters.

(cf. 1312.1 - Complaints Concerning District Employees)

In addition, if the child is enrolled in special education, a separate complaint may be filed with the California Department of Education pursuant to 5 CCR 4650.

(cf. 1312.3 - Uniform Complaint Procedures)

Notifications

The Superintendent or designee shall provide to all new employees who are mandated reporters a statement that informs them of their status as mandated reporters, their reporting obligations

under Penal Code 11166, and their confidentiality rights under Penal Code 11167. The district also shall provide these new employees with a copy of Penal Code 11165.7, 11166, and 11167. (Penal Code 11165.7, 11166.5)

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

Before beginning employment, any person who will be a mandated reporter by virtue of his/her position shall sign a statement indicating that he/she has knowledge of the reporting obligations under Penal Code 11166 and will comply with those provisions. The signed statement shall be retained by the Superintendent or designee. (Penal Code 11166.5)

Employees who work with dependent adults shall be notified of legal responsibilities and reporting procedures pursuant to Welfare and Institutions Code 15630-15637.

The Superintendent or designee also shall notify all employees that:

1. A mandated reporter who reports a known or suspected instance of child abuse or neglect shall not be held civilly or criminally liable for making a report and this immunity shall apply even if the mandated reporter acquired the knowledge or reasonable suspicion of child abuse or neglect outside of his/her professional capacity or outside the scope of his/her employment. Any other person making a report shall not incur civil or criminal liability unless it can be proven that he/she knowingly made a false report or made a report with reckless disregard of the truth or falsity of the report. (Penal Code 11172)

2. If a mandated reporter fails to timely report an incident of known or reasonably suspected child abuse or neglect, he/she may be guilty of a crime punishable by a fine and/or imprisonment. (Penal Code 11166)

3. No employee shall be subject to any sanction by the district for making a report unless it can be shown that he/she knowingly made a false report or made a report with reckless disregard of the truth or falsity of the report. (Penal Code 11166)

Regulation RESCUE UNION SCHOOL DISTRICT approved: September2004 Rescue, California revised: August 2011 revised: October 10, 2017

Rescue Union ESD Board Policy

Discipline

BP 5144 Students

In addition, the U.S. Department of Justice's Civil Rights Division and the U.S. Department of Education's Office for Civil Rights (OCR), in their joint January 2014 Dear Colleague Letter on the Nondiscriminatory Administration of School Discipline, state that studies have suggested a correlation between exclusionary discipline policies and practices (such as suspension and expulsion) and an array of serious educational, economic, and social problems, including school avoidance, diminished educational engagement, decreased academic achievement, increased behavior problems, and increased likelihood of dropping out, substance abuse, and involvement with the juvenile justice system. Consequently, they recommend that districts adopt alternative disciplinary measures that provide students with appropriate interventions and supports as a means for preventing and addressing student misbehavior.

The Governing Board is committed to providing a safe, supportive, and positive school environment which is conducive to student learning and to preparing students for responsible citizenship by fostering self-discipline and personal responsibility. The Board believes that high expectations for student behavior, use of effective school and classroom management strategies, provision of appropriate intervention and support, and parent involvement can minimize the need for disciplinary measures that exclude students from instruction as a means for correcting student misbehavior.

- (cf. 5113.1 Chronic Absence and Truancy)
- (cf. 5131 Conduct)
- (cf. 5131.1 Bus Conduct)
- (cf. 5131.2 Bullying)
- (cf. 5137 Positive School Climate)
- (cf. 5145.9 Hate-Motivated Behavior)
- (cf. 6020 Parent Involvement)

The Superintendent or designee shall develop effective, age-appropriate strategies for maintaining a positive school climate and correcting student misbehavior at district schools. The strategies shall focus on providing students with needed supports; communicating clear, appropriate, and consistent expectations and consequences for student conduct; and ensuring equity and continuous improvement in the implementation of district discipline policies and practices.

(cf. 5138 - Conflict Resolution/Peer Mediation) (cf. 6164.2 - Guidance/Counseling Services) In addition, the Superintendent or designee's strategies for correcting student misconduct shall reflect the Board's preference for the use of positive interventions and alternative disciplinary measures over exclusionary discipline measures.

Disciplinary measures that may result in loss of instructional time or cause students to be disengaged from school, such as detention, suspension, and expulsion, shall be imposed only when required or permitted by law or when other means of correction have been documented to have failed. (Education Code 48900.5)

(cf. 5020 - Parent Rights and Responsibilities)
(cf. 5144.1 - Suspension and Expulsion/Due Process)
(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))
(cf. 6159.4 - Behavioral Interventions for Special Education Students)
(cf. 6164.5 - Student Success Teams)

School personnel and volunteers shall not allow any disciplinary action taken against a student to result in the denial or delay of a school meal. (Education Code 49557.5)

(cf. 3550 - Food Service/Child Nutrition Program)
(cf. 3551 - Food Service Operations/Cafeteria Fund)
(cf. 3553 - Free and Reduced Price Meals)

The Superintendent or designee shall create a model discipline matrix that lists violations and the consequences for each as allowed by law.

The administrative staff at each school may develop disciplinary rules to meet the school's particular needs consistent with law, Board policy, and district regulations. The Board, at an open meeting, shall review the approved school discipline rules for consistency with Board policy and state law. Site-level disciplinary rules shall be included in the district's comprehensive safety plan. (Education Code 32282, 35291.5)

(cf. 0450 - Comprehensive Safety Plan) (cf. 9320 - Meetings and Notices)

At all times, the safety of students and staff and the maintenance of an orderly school environment shall be priorities in determining appropriate discipline. When misconduct occurs, staff shall attempt to identify the causes of the student's behavior and implement appropriate discipline. When choosing between different disciplinary strategies, staff shall consider the effect of each option on the student's health, well-being, and opportunity to learn.

Staff shall enforce disciplinary rules fairly, consistently, and in accordance with the district's nondiscrimination policies.

(cf. 0410 - Nondiscrimination in District Programs and Activities) (cf. 5145.3 - Nondiscrimination/Harassment) (cf. 5145.7 - Sexual Harassment) The Superintendent or designee shall provide professional development as necessary to assist staff in developing the skills needed to effectively implement the disciplinary strategies adopted for district schools, including, but not limited to, consistent school and classroom management skills, effective accountability and positive intervention techniques, and development of strong, cooperative relationships with parents/guardians.

(cf. 4131 - Staff Development) (cf. 4231 - Staff Development) (cf. 4331 - Staff Development)

District goals for improving school climate, based on suspension and expulsion rates, surveys of students, staff, and parents/guardians regarding their sense of school safety, and other local measures, shall be included in the district's local control and accountability plan, as required by law.

(cf. 0460 - Local Control and Accountability Plan) (cf. 3100 - Budget)

At the beginning of each school year, the Superintendent or designee shall report to the Board regarding disciplinary strategies used in district schools in the immediately preceding school year and their effect on student learning.

Legal Reference: EDUCATION CODE 32280-32288 School safety plans 35146 Closed sessions 35291 Rules 35291.5-35291.7 School-adopted discipline rules 37223 Weekend classes 44807.5 Restriction from recess 48900-48926 Suspension and expulsion 48980-48985 Notification of parent/guardian 49330-49335 Injurious objects 49550-49562 Meals for needy students 52060-52077 Local control and accountability plan CIVIL CODE 1714.1 Parental liability for child's misconduct CODE OF REGULATIONS, TITLE 5 307 Participation in school activities until departure of bus 353 Detention after school **UNITED STATES CODE, TITLE 42** 1751-1769j School Lunch Program 1773 School Breakfast Program

Management Resources: **CSBA PUBLICATIONS** Providing a Safe, Nondiscriminatory School Environment for Transgender and Gender-Nonconforming Students, Policy Brief, February 2014 Safe Schools: Strategies for Governing Boards to Ensure Student Success, 2011 Maximizing Opportunities for Physical Activity during the School Day, Fact Sheet, 2009 CALIFORNIA DEPARTMENT OF EDUCATION PROGRAM ADVISORIES Classroom Management: A California Resource Guide for Teachers and Administrators of Elementary and Secondary Schools, 2000 STATE BOARD OF EDUCATION POLICIES 01-02 School Safety, Discipline, and Attendance, March 2001 U.S. DEPARTMENT OF EDUCATION, OFFICE FOR CIVIL RIGHTS PUBLICATIONS Dear Colleague Letter on the Nondiscriminatory Administration of School Discipline, January 2014 WEB SITES CSBA: http://www.csba.org California Department of Education: http://www.cde.ca.gov Public Counsel: http://www.fixschooldiscipline.org

U.S. Department of Education, Office for Civil Rights: http://www.ed.gov/about/offices/list/ocr

Policy RESCUE UNION SCHOOL DISTRICT adopted: February 26, 2013 Rescue, California revised: October 7, 2014 revised: April 10, 2018

Rescue Union ESD Administrative Regulation

Discipline

AR 5144 **Students**

Site-Level Rules

Site-level rules shall be consistent with district policies and administrative regulations. In developing site-level disciplinary rules, the principal or designee shall solicit the participation, views, and advice of one representative selected by each of the following groups: (Education Code 35291.5)

- 1. Parents/guardians
- 2. Teachers
- 3. School administrators
- 4. School security personnel, if any

(cf. 3515.3 - District Police/Security Department)

Annually, site-level discipline rules shall be reviewed and, if necessary, updated to align with any changes in district discipline policies or goals for school safety and climate as specified in the district's local control and accountability plan. A copy of the rules shall be filed with the Superintendent or designee for inclusion in the comprehensive safety plan.

(cf. 0450 - Comprehensive Safety Plan) (cf. 0460 - Local Control and Accountability Plan)

School rules shall be communicated to students clearly and in an age-appropriate manner.

It shall be the duty of each employee of the school to enforce the school rules on student discipline. (Education Code 35291)

Disciplinary Strategies

To the extent possible, staff shall use disciplinary strategies that keep students in school and participating in the instructional program. Except when a student's presence causes a danger to himself/herself or others or he/she commits a single act of a grave nature or an offense for which suspension or expulsion is required by law, suspension or expulsion shall be used only when other means of correction have failed to bring about proper conduct. Disciplinary strategies may include, but are not limited to:

1. Discussion or conference between school staff and the student and his/her parents/guardians

(cf. 5020 - Parent Rights and Responsibilities) (cf. 6020 - Parent Involvement)

2. Referral of the student to the school counselor or other school support service personnel for case management and counseling

(cf. 5138 - Conflict Resolution/Peer Mediation) (cf. 6164.2 - Guidance/Counseling Services)

3. Convening of a study team, guidance team, resource panel, or other intervention-related team to assess the behavior and develop and implement an individual plan to address the behavior in partnership with the student and his/her parents/guardians

(cf. 6164.5 - Student Success Teams)

4. When applicable, referral for a comprehensive psychosocial or psychoeducational assessment, including for purposes of creating an individualized education program or a Section 504 plan

(cf. 6159 - Individualized Education Program)(cf. 6164.6 - Identification and Education under Section 504)

5. Enrollment in a program for teaching prosocial behavior or anger management

6. Participation in a restorative justice program

7. A positive behavior support approach with tiered interventions that occur during the school day on campus

8. Participation in a social and emotional learning program that teaches students the ability to understand and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations capably

9. Participation in a program that is sensitive to the traumas experienced by students, focuses on students' behavioral health needs, and addresses those needs in a proactive manner

10. After-school programs that address specific behavioral issues or expose students to positive activities and behaviors, including, but not limited to, those operated in collaboration with local parent and community groups

(cf. 5148.2 - Before/After School Programs)

11. Recess restriction as provided in the section below entitled "Recess Restriction"

12. Detention after school hours as provided in the section below entitled "Detention After School"

13. Community service as provided in the section below entitled "Community Service"

14. In accordance with Board policy and administrative regulation, restriction or disqualification from participation in extracurricular activities

(cf. 6145 - Extracurricular/Cocurricular Activities)

15. Reassignment to an alternative educational environment

(cf. 6158 - Independent Study)
(cf. 6181 - Alternative Schools/Programs of Choice)
(cf. 6184 - Continuation Education)
(cf. 6185 - Community Day School)

16. Suspension and expulsion in accordance with law, Board policy, and administrative regulation

(cf. 5144.1 - Suspension and Expulsion/Due Process)

(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))

When, by law or district policy, other means of correction are required to be implemented before a student could be suspended or expelled, any other means of correction implemented shall be documented and retained in the student's records. (Education Code 48900.5)

(cf. 5125 - Student Records)

Recess Restriction

A teacher may restrict a student's recess time only when he/she believes that this action is the most effective way to bring about improved behavior. When recess restriction may involve the withholding of physical activity from a student, the teacher shall try other disciplinary measures before imposing the restriction. Recess restriction shall be subject to the following conditions:

1. The student shall be given adequate time to use the restroom and get a drink or eat lunch, as appropriate.

2. The student shall remain under a certificated employee's supervision during the period of restriction.

3. Teachers shall inform the principal of any recess restrictions they impose.

(cf. 5030 - Student Wellness)(cf. 6142.7 - Physical Education and Activity)

Detention After School

Students may be detained for disciplinary reasons up to one hour after the close of the maximum school day. (5 CCR 353)

If a student will miss his/her school bus on account of being detained after school, or if the student is not transported by school bus, the principal or designee shall notify parents/guardians of the detention at least one day in advance so that alternative transportation arrangements may be made. The student shall not be detained unless the principal or designee notifies the parent/guardian.

In cases where the school bus departs more than one hour after the end of the school day, students may be detained until the bus departs. (5 CCR 307, 353)

Students shall remain under the supervision of a certificated employee during the period of detention.

Students may be offered the choice of serving their detention on Saturday rather than after school.

(cf. 6176 - Weekend/Saturday Classes)

Community Service

As part of or instead of disciplinary action, the Board, Superintendent, principal, or principal's designee may, at his/her discretion, require a student to perform community service during nonschool hours on school grounds or, with written permission of the student's parent/guardian, off school grounds. Such service may include, but is not limited to, community or school outdoor beautification, campus betterment, and teacher, peer, or youth assistance programs. (Education Code 48900.6)

This community service option is not available for a student who has been suspended, pending expulsion, pursuant to Education Code 48915. However, if the recommended expulsion is not implemented or the expulsion itself is suspended, then the student may be required to perform community service for the resulting suspension. (Education Code 48900.6)

Notice to Parents/Guardians and Students

At the beginning of the school year, the Superintendent or designee shall notify parents/guardians, in writing, about the availability of district rules related to discipline. (Education Code 35291, 48980)

(cf. 5145.6 - Parental Notifications)

The Superintendent or designee shall also provide written notice of disciplinary rules to transfer

students at the time of their enrollment in the district.

Regulation RESCUE UNION SCHOOL DISTRICT approved: September 2004 Rescue, California revised: February 26, 2013 revised: October 7, 2014

Rescue Union ESD Board Policy

Suspension And Expulsion/Due Process

BP 5144.1 **Students**

Pursuant to Education Code 48900.5, a district is not authorized to suspend a student for certain specified violations unless the student has been subjected to other means of correction which have failed to bring about proper conduct. Such other means of correction include, but are not limited to, conferences between school personnel and the student and his/her parents/guardians; use of study, guidance, or other intervention teams to develop a plan to address the behavior in partnership with the student; and participation in a restorative justice program. For further information about specific disciplinary strategies, including alternatives to class or school removals, see BP/AR 5144 - Discipline. Education Code 48900.5 authorizes a district to document in a student's records the alternative means of correction used to address the student's behavior. Furthermore, when a student is being suspended by the Superintendent, principal, or designee, Education Code 48911, as amended by AB 667 (Ch. 445, Statutes of 2017), requires that the student be informed, during the informal conference that precedes the suspension, of the other means of correction that were attempted before the suspension.

The Governing Board desires to provide district students access to educational opportunities in an orderly school environment that protects their safety and security, ensures their welfare and well-being, and promotes their learning and development. The Board shall develop rules and regulations setting the standards of behavior expected of district students and the disciplinary processes and procedures for addressing violations of those standards, including suspension and/or expulsion.

(cf. 5131 - Conduct) (cf. 5131.1 - Bus Conduct) (cf. 5131.2 - Bullying)

The grounds for suspension and expulsion and the procedures for considering, recommending, and/or implementing suspension and expulsion shall be only those specified in law, in this policy, and in the accompanying administrative regulation.

Except when otherwise permitted by law, a student may be suspended or expelled only when his/her behavior is related to a school activity or school attendance occurring within any district school or another school district, regardless of when it occurs, including, but not limited to, the following: (Education Code 48900(s))

- 1. While on school grounds
- 2. While going to or coming from school

3. During the lunch period, whether on or off the school campus

(cf. 5112.5 - Open/Closed Campus)

4. During, going to, or coming from a school-sponsored activity

District staff shall enforce the rules concerning suspension and expulsion of students fairly, consistently, equally, and in accordance with the district's nondiscrimination policies.

(cf. 0410 - Nondiscrimination in District Programs and Activities)

Appropriate Use of Suspension Authority

Except when a student's act violates Education Code 48900(a)-(e), as listed in items #1-5 under "Grounds for Suspension and Expulsion: Grades K-8" of the accompanying administrative regulation, or when his/her presence causes a danger to others, suspension shall be used only when other means of correction have failed to bring about proper conduct. (Education Code 48900.5, 48900.6)

(cf. 1020 - Youth Services)

- (cf. 5138 Conflict Resolution/Peer Mediation)
- (cf. 5144 Discipline)
- (cf. 6142.4 Service Learning/Community Service Classes)
- (cf. 6164.2 Guidance/Counseling Services)
- (cf. 6164.5 Student Success Teams)

A student's parents/guardians shall be notified as soon as possible when there is an escalating pattern of misbehavior that could lead to on-campus or off-campus suspension.

No student in grades K-3 may be suspended for disruption or willful defiance, except by a teacher pursuant to Education Code 48910. (Education Code 48900)

Students shall not be suspended or expelled for truancy, tardiness, or absenteeism from assigned school activities.

(cf. 5113 - Absences and Excuses) (cf. 5113.1 - Chronic Absence and Truancy)

Authority to Expel

A student may be expelled only by the Board. (Education Code 48918(j))

As required by law, the Superintendent or principal shall recommend expulsion and the Board shall expel any student found to have committed any of the following "mandatory recommendation and mandatory expulsion" acts at school or at a school activity off school

grounds: (Education Code 48915)

1. Possessing a firearm which is not an imitation firearm, as verified by a certificated employee, unless the student had obtained prior written permission to possess the item from a certificated school employee, with the principal or designee's concurrence

(cf. 5131.7 - Weapons and Dangerous Instruments)

2. Selling or otherwise furnishing a firearm

3. Brandishing a knife at another person

4. Unlawfully selling a controlled substance listed in Health and Safety Code 11053-11058

5. Committing or attempting to commit a sexual assault as defined in Penal Code 261, 266c, 286, 288, 288a, or 289, or committing a sexual battery as defined in Penal Code 243.4

6. Possessing an explosive as defined in 18 USC 921

For all other violations listed in the accompanying administrative regulation under "Grounds for Suspension and Expulsion: Grades K-8" and "Additional Grounds for Suspension and Expulsion: Grades 4-8," the Superintendent or principal shall have the discretion to recommend expulsion of a student. If expulsion is recommended, the Board shall order the student expelled only if it makes a finding of either or both of the following: (Education Code 48915(b) and (e))

1. That other means of correction are not feasible or have repeatedly failed to bring about proper conduct

2. That due to the nature of the violation, the presence of the student causes a continuing danger to the physical safety of the student or others

A vote to expel a student shall be taken in an open session of a Board meeting.

The Board may vote to suspend the enforcement of the expulsion order pursuant to the requirements of law and the accompanying administrative regulation. (Education Code 48917)

No student shall be expelled for disruption or willful defiance. (Education Code 48900)

Due Process

The Board shall provide for the fair and equitable treatment of students facing suspension and/or expulsion by affording them their due process rights under the law. The Superintendent or designee shall comply with procedures for notices, hearings, and appeals as specified in law and administrative regulation. (Education Code 48911, 48915, 48915.5, 48918)

(cf. 5119 - Students Expelled from Other Districts)

(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))

Maintenance and Monitoring of Outcome Data

The Superintendent or designee shall annually present to the Board a report of the outcome data which the district is required to collect pursuant to Education Code 48900.8 and 48916.1, including the number of students recommended for expulsion, the grounds for each recommended expulsion, the actions taken by the Board, the types of referral made after each expulsion, and the disposition of the students after the expulsion period.

In presenting the report to the Board, the Superintendent or designee shall disaggregate data on suspensions and expulsions by school and by numerically significant student subgroups, including, but not limited to, ethnic subgroups, socioeconomically disadvantaged students, English learners, students with disabilities, foster youth, and homeless students. Based on the data, the Board shall address any identified disparities in the imposition of student discipline and shall determine whether and how the district is meeting its goals for improving school climate as specified in its local control and accountability plan.

(cf. 0460 - Local Control and Accountability Plan)

Legal Reference: EDUCATION CODE 212.5 Sexual harassment 233 Hate violence 1981-1981.5 Enrollment of students in community school 17292.5 Program for expelled students 32261 Interagency School Safety Demonstration Act of 1985 35145 Open board meetings 35146 Closed sessions (regarding suspensions) 35291 Rules (for government and discipline of schools) 35291.5 Rules and procedures on school discipline 48645.5 Readmission; contact with juvenile justice system 48660-48666 Community day schools 48853.5 Foster youth 48900-48927 Suspension and expulsion 48950 Speech and other communication 48980 Parental notifications 49073-49079 Privacy of student records 52052 Numerically significant student subgroups 52060-52077 Local control and accountability plan CIVIL CODE 47 Privileged communication 48.8 Defamation liability CODE OF CIVIL PROCEDURE

1985-1997 Subpoenas; means of production

GOVERNMENT CODE

11455.20 Contempt

54950-54963 Ralph M. Brown Act

HEALTH AND SAFETY CODE

11014.5 Drug paraphernalia

11053-11058 Standards and schedules

LABOR CODE

230.7 Discharge or discrimination against employee for taking time off to appear in school on behalf of a child

PENAL CODE

- 31 Principal of a crime, defined
- 240 Assault defined
- 241.2 Assault fines
- 242 Battery defined
- 243.2 Battery on school property
- 243.4 Sexual battery
- 245 Assault with deadly weapon
- 245.6 Hazing
- 261 Rape defined
- 266c Unlawful sexual intercourse
- 286 Sodomy defined
- 288 Lewd or lascivious acts with child under age 14
- 288a Oral copulation
- 289 Penetration of genital or anal openings
- 422.55 Hate crime defined
- 422.6 Interference with exercise of civil rights
- 422.7 Aggravating factors for punishment
- 422.75 Enhanced penalties for hate crimes
- 626.2 Entry upon campus after written notice of suspension or dismissal without permission
- 626.9 Gun-Free School Zone Act of 1995
- 626.10 Dirks, daggers, knives, razors, or stun guns
- 868.5 Supporting person; attendance during testimony of witness
- WELFARE AND INSTITUTIONS CODE
- 729.6 Counseling
- UNITED STATES CODE, TITLE 18
- 921 Definitions, firearm
- UNITED STATES CODE, TITLE 20
- 1415(K) Placement in alternative educational setting
- 7961 Gun-free schools
- UNITED STATES CODE, TITLE 42
- 11432-11435 Education of homeless children and youths
- COURT DECISIONS
- T.H. v. San Diego Unified School District (2004) 122 Cal. App. 4th 1267
- Woodbury v. Dempsey (2003) 108 Cal. App. 4th 421
- Board of Education of Sacramento City Unified School District v. Sacramento County Board of

Education and Kenneth H. (2001) 85 Cal.App.4th 1321 Fremont Union High School District v. Santa Clara County Board (1991) 235 Cal. App. 3d 118 Garcia v. Los Angeles Board of Education (1991) 123 Cal. App. 3d 807 John A. v. San Bernardino School District (1982) 33 Cal. 3d 301 ATTORNEY GENERAL OPINIONS 84 Ops.Cal.Atty.Gen. 146 (2001) 80 Ops.Cal.Atty.Gen. 348 (1997) 80 Ops.Cal.Atty.Gen. 91 (1997) 80 Ops.Cal.Atty.Gen. 85 (1997) Management Resources: U.S. DEPARTMENT OF EDUCATION, OFFICE FOR CIVIL RIGHTS PUBLICATIONS Dear Colleague Letter on the Nondiscriminatory Administration of School Discipline, January 2014 WEB SITES

CSBA: http://www.csba.org

California Attorney General's Office: http://www.oag.ca.gov

California Department of Education: http://www.cde.ca.gov

U.S. Department of Education, Office for Civil Rights:

http://www.ed.gov/about/offices/list/ocr/docs/crdc-2012-data-summary.pdf

U.S. Department of Education, Office of Safe and Healthy Students:

https://www2.ed.gov/about/offices/list/oese/oshs

Policy RESCUE UNION SCHOOL DISTRICT

adopted:December 11, 2012Rescue, Californiarevised:March 12, 2013revised:revised:June 23, 2015revised:April 10, 2018April 10, 2018

Rescue Union ESD Administrative Regulation

Suspension And Expulsion/Due Process

AR 5144.1 **Students**

The acts for which students may be suspended or expelled are specified in law and in the sections below titled "Grounds for Suspension and Expulsion: Grades K-12" and "Additional Grounds for Suspension and Expulsion: Grades 4-12." The Board does not have authority to add to those enumerated acts. However, the Board has authority to prohibit suspension or expulsion for certain acts for which suspension or expulsion is permissible rather than mandatory. The Board may consider limiting the use of suspension and expulsion for such offenses as part of the district plan to address school climate within the local control and accountability plan required pursuant to Education Code 52060. In addition, pursuant to Education Code 48900.5, a district is not authorized to suspend a student for certain specified violations unless other means of correction have failed to bring about proper conduct.

Definitions

Suspension means removal of a student from ongoing instruction for adjustment purposes. However, suspension does not mean any of the following: (Education Code 48925)

1. Reassignment to another education program or class at the same school where the student will receive continuing instruction for the length of day prescribed by the Governing Board for students of the same grade level

2. Referral to a certificated employee designated by the principal to advise students

3. Removal from the class, but without reassignment to another class or program, for the remainder of the class period without sending the student to the principal or designee as provided in Education Code 48910

Expulsion means removal of a student from the immediate supervision and control or the general supervision of school personnel. (Education Code 48925)

Notice of Regulations

At the beginning of each school year, the principal of each school shall ensure that all students and parents/guardians are notified in writing of all school rules related to discipline, including suspension and expulsion. (Education Code 35291, 48900.1, 48980)

(cf. 5144 - Discipline) (cf. 5145.6 - Parental Notifications) Grounds for Suspension and Expulsion: Grades K-8

Acts for which a student, including a student with disabilities, may be suspended or expelled shall be only those specified as follows:

(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))

1. Caused, attempted to cause, or threatened to cause physical injury to another person; willfully used force or violence upon another person, except in self-defense; or committed as an aider or abettor, as adjudged by a juvenile court, a crime of physical violence in which the victim suffered great or serious bodily injury (Education Code 48900(a) and (t))

2. Possessed, sold, or otherwise furnished any firearm, knife, explosive, or other dangerous object, unless, in the case of possession of any object of this type, the student had obtained written permission to possess the item from a certificated school employee, with the principal or designee's concurrence (Education Code 48900(b))

(cf. 5131 - Conduct) (cf. 5131.7 - Weapons and Dangerous Instruments)

3. Unlawfully possessed, used, sold, otherwise furnished, or was under the influence of any controlled substance as defined in Health and Safety Code 11053-11058, alcoholic beverage, or intoxicant of any kind (Education Code 48900(c))

(cf. 3513.4 - Drug and Alcohol Free Schools) (cf. 5131.6 - Alcohol and Other Drugs)

4. Unlawfully offered, arranged, or negotiated to sell any controlled substance as defined in Health and Safety Code 11053-11058, alcoholic beverage, or intoxicant of any kind, and then sold, delivered, or otherwise furnished to any person another liquid, substance, or material and represented same as such controlled substance, alcoholic beverage, or intoxicant (Education Code 48900(d))

5. Committed or attempted to commit robbery or extortion (Education Code 48900(e))

6. Caused or attempted to cause damage to school property or private property (Education Code 48900(f))

7. Stole or attempted to steal school property or private property (Education Code 48900(g))

8. Possessed or used tobacco or products containing tobacco or nicotine products, including, but not limited to, cigars, cigarettes, miniature cigars, clove cigarettes, smokeless tobacco, snuff, chew packets, and betel, except that this restriction shall not prohibit a student from using or possessing his/her own prescription products (Education Code 48900(h))

(cf. 5131.62 - Tobacco)

9. Committed an obscene act or engaged in habitual profanity or vulgarity (Education Code 48900(i))

10. Unlawfully possessed, offered, arranged, or negotiated to sell any drug paraphernalia, as defined in Health and Safety Code 11014.5 (Education Code 48900(j))

11. Knowingly received stolen school property or private property (Education Code 48900(l))

12. Possessed an imitation firearm (Education Code 48900(m))

Imitation firearm means a replica of a firearm that is so substantially similar in physical properties to an existing firearm as to lead a reasonable person to conclude that the replica is a firearm. (Education Code 48900(m))

13. Committed or attempted to commit a sexual assault as defined in Penal Code 261, 266c, 286, 288, 288a, or 289, or committed a sexual battery as defined in Penal Code 243.4 (Education Code 48900(n))

14. Harassed, threatened, or intimidated a student who is a complaining witness or witness in a school disciplinary proceeding for the purpose of preventing that student from being a witness and/or retaliating against that student for being a witness (Education Code 48900(o))

15. Unlawfully offered, arranged to sell, negotiated to sell, or sold the prescription drug Soma (Education Code 48900(p))

16. Engaged in, or attempted to engage in, hazing (Education Code 48900(q))

Hazing means a method of initiation or pre-initiation into a student organization or body, whether or not the organization or body is officially recognized by an educational institution, which is likely to cause serious bodily injury or personal degradation or disgrace resulting in physical or mental harm to a former, current, or prospective student. Hazing does not include athletic events or school-sanctioned events. (Education Code 48900(q))

17. Engaged in an act of bullying (Education Code 48900(r))

Bullying means any severe or pervasive physical or verbal act or conduct, including communications made in writing or by means of an electronic act, directed toward one or more students that has or can reasonably be predicted to have the effect of placing a reasonable student in fear of harm to himself/herself or his/her property; cause the student to experience a substantially detrimental effect on his/her physical or mental health; or cause the student to experience substantial interferences with his/her academic performance or ability to participate in or benefit from the services, activities, or privileges provided by a school. (Education Code 48900(r))
Bullying includes any act of sexual harassment, hate violence, or harassment, threat, or intimidation, as defined in Education Code 48900.2, 48900.3, or 48900.4 and below in items #1-3 of "Additional Grounds for Suspension and Expulsion: Grades 4-8," that has any of the effects described above on a reasonable student.

Bullying also includes an act of cyber sexual bullying by a student through the dissemination of, or the solicitation or incitement to disseminate, a photograph or other visual recording that depicts a nude, semi-nude, or sexually explicit photograph or other visual recording of an identifiable minor, when such dissemination is to another student or to school personnel by means of an electronic act and has or can be reasonably predicted to have one or more of the effects of bullying described above. Cyber sexual bullying does not include a depiction, portrayal, or image that has any serious literary, artistic, educational, political, or scientific value or that involves athletic events or school-sanctioned activities.

Electronic act means the creation or transmission originated on or off the school site by means of an electronic device, including, but not limited to, a telephone, wireless telephone, or other wireless communication device, computer, or pager, of a communication including, but not limited to: (Education Code 48900(r))

a. A message, text, sound, video, or image

b. A post on a social network Internet web site, including, but not limited to, posting to or creating a burn page or creating a credible impersonation or false profile for the purpose of causing a reasonable student any of the effects of bullying described above.

Reasonable student means a student, including, but not limited to, a student who has been identified as a student with a disability, who exercises average care, skill, and judgment in conduct for a person of his/her age, or for a person of his/her age with his/her disability. (Education Code 48900(r))

(cf. 1114 - District-Sponsored Social Media)

- (cf. 5131.2 Bullying)
- (cf. 6163.4 Student Use of Technology)
- (cf. 6164.4 Identification and Evaluation of Individuals for Special Education)
- (cf. 6164.6 Identification and Education under Section 504)

18. Aided or abetted the infliction or attempted infliction of physical injury on another person, as defined in Penal Code 31 (Education Code 48900(t))

19. Made terrorist threats against school officials and/or school property (Education Code 48900.7)

A terrorist threat includes any written or oral statement by a person who willfully threatens to commit a crime which will result in death or great bodily injury to another person or property damage in excess of \$1,000, with the specific intent that the statement is to be taken as a threat,

even if there is no intent of actually carrying it out. (Education Code 48900.7)

Additional Grounds for Suspension and Expulsion: Grades 4-8

Any student in grades 4-8 may be suspended, but not expelled, for disrupting school activities or otherwise willfully defying the valid authority of supervisors, teachers, administrators, other school officials, or other school personnel engaged in the performance of their duties. (Education Code 48900(k))

(cf. 5131.4 - Student Disturbances)

A student in grades 4-8 shall be subject to suspension or recommendation for expulsion when it is determined that he/she:

1. Committed sexual harassment as defined in Education Code 212.5 (Education Code 48900.2)

Sexual harassment means conduct which, when considered from the perspective of a reasonable person of the same gender as the victim, is sufficiently severe or pervasive as to have a negative impact upon the victim's academic performance or to create an intimidating, hostile, or offensive educational environment. (Education Code 212.5, 48900.2)

(cf. 5145.7 - Sexual Harassment)

2. Caused, attempted to cause, threatened to cause, or participated in an act of hate violence as defined in Education Code 233 (Education Code 48900.3)

Hate violence means any act punishable under Penal Code 422.6, 422.7, or 422.75. Such acts include injuring or intimidating a victim, interfering with the exercise of a victim's civil rights, or damaging a victim's property because of the victim's race, ethnicity, religion, nationality, disability, gender, gender identity, gender expression, or sexual orientation; a perception of the presence of any of those characteristics in the victim; or the victim's association with a person or group with one or more of those actual or perceived characteristics. (Education Code 233; Penal Code 422.55)

(cf. 5145.9 - Hate-Motivated Behavior)

3. Intentionally engaged in harassment, threats, or intimidation against district personnel or students that is sufficiently severe or pervasive to have the actual and reasonably expected effect of materially disrupting classwork, creating substantial disorder, and invading the rights of school personnel or students by creating an intimidating or hostile educational environment (Education Code 48900.4)

(cf. 5145.3 - Nondiscrimination/Harassment)

Suspension from Class by a Teacher

A teacher may suspend a student, including a grade K-3 student, from class for the remainder of the day and the following day for disruption, willful defiance, or any of the other acts specified in Education Code 48900 and listed as items #1-18 under "Grounds for Suspension and Expulsion: Grades K-8" above. (Education Code 48910)

When suspending a student from class, the teacher shall immediately report this action to the principal or designee and send the student to the principal or designee for appropriate action. If that action requires the continuing presence of the student at school, he/she shall be appropriately supervised during the class periods from which he/she has been suspended. (Education Code 48910)

As soon as possible after the teacher decides to suspend the student, he/she shall ask the student's parent/guardian to attend a parent-teacher conference regarding the suspension. A counselor or psychologist may attend the conference if it is practicable, and a school administrator shall attend if either the parent/guardian or teacher so requests. (Education Code 48910)

A student suspended from class shall not be returned to class during the period of the suspension without the approval of the teacher of the class and the principal or designee. (Education Code 48910)

A student suspended from class shall not be placed in another regular class during the period of suspension. However, a student assigned to more than one class per day may continue to attend other regular classes except those held at the same time as the class from which he/she was suspended. (Education Code 48910)

The teacher of any class from which a student is suspended may require the student to complete any assignments and tests missed during the removal. (Education Code 48913)

Suspension by Superintendent, Principal or Principal's Designee

To implement disciplinary procedures at a school site, the principal may, in writing, designate as the principal's designee another administrator or, if the principal is the only administrator at the school site, a certificated employee. As necessary, the principal may, in writing, also designate another administrator or certificated employee as the secondary designee to assist with disciplinary procedures when the principal and the principal's primary designee are absent from the school site.

The Superintendent, principal, or designee shall immediately suspend any student found at school or at a school activity to have committed any of the acts listed in the Board policy under "Authority to Expel" and for which he/she is required to recommend expulsion. (Education Code 48915(c))

The Superintendent, principal, or designee may impose a suspension for a first offense if he/she determines that the student violated any of items #1-5 listed under "Grounds for Suspension and Expulsion: Grades K-8" above or if the student's presence causes a danger to persons.

(Education Code 48900.5)

For all other offenses, a student may be suspended only when the Superintendent or principal has determined that other means of correction have failed to bring about proper conduct. (Education Code 48900.5)

When other means of correction are implemented prior to imposing suspension or supervised suspension upon a student, the Superintendent, principal, or designee shall document the other means of correction used and retain the documentation in the student's record. (Education Code 48900.5)

(cf. 5125 - Student Records)

Length of Suspension

The Superintendent, principal, or designee may suspend a student from school for not more than five consecutive school days. (Education Code 48911)

A student may be suspended from school for not more than 20 school days in any school year. However, if a student enrolls in or is transferred to another regular school, an opportunity school, or continuation school or class for the purpose of adjustment, he/she may be suspended for not more than 30 school days in a school year. The district may count suspensions that occur while a student is enrolled in another school district toward the maximum number of days for which the student may be suspended in any school year. (Education Code 48903, 48911, 48912)

(cf. 6184 - Continuation Education)

These restrictions on the number of days of suspension shall not apply when the suspension is extended pending an expulsion. (Education Code 48911)

Due Process Procedures for Suspension

Suspensions shall be imposed in accordance with the following procedures:

1. Informal Conference: Suspension shall be preceded by an informal conference conducted by the Superintendent, principal, or designee with the student and, whenever practicable, the teacher, supervisor, or school employee who referred the student to the principal. At the conference, the student shall be informed of the reason for the disciplinary action, including the other means of correction that were attempted before the suspension as required pursuant to Education Code 48900.5, and the evidence against him/her, and shall be given the opportunity to present his/her version and evidence in support of his/her defense. (Education Code 48911)

This conference may be omitted if the Superintendent, principal, or designee determines that an emergency situation exists involving a clear and present danger to the lives, safety, or health of students or school personnel. If a student is suspended without this conference, both the

parent/guardian and student shall be notified of the student's right to return to school for the purpose of the conference and the conference shall be held within two school days, unless the student waives his/her right to it or is physically unable to attend for any reason. In such a case, the conference shall be held as soon as the student is physically able to return to school. (Education Code 48911)

2. Administrative Actions: All requests for student suspension are to be processed by the principal or designee. A school employee shall report the suspension, including the name of the student and the cause for the suspension, to the Superintendent or designee. (Education Code 48911)

3. Notice to Parents/Guardians: At the time of the suspension, a school employee shall make a reasonable effort to contact the parent/guardian by telephone or in person. Whenever a student is suspended, the parent/guardian shall also be notified in writing of the suspension. (Education Code 48911)

This notice shall state the specific offense committed by the student. (Education Code 48900.8)

In addition, the notice may state the date and time when the student may return to school.

4. Parent/Guardian Conference: Whenever a student is suspended, school officials may request a meeting with the parent/guardian to discuss the cause(s) and duration of the suspension, the school policy involved, and any other pertinent matter. (Education Code 48914)

If school officials request to meet with the parent/guardian, the notice may state that the law requires the parent/guardian to respond to such requests without delay. However, no penalties may be imposed on the student for the failure of the parent/guardian to attend such a conference. The student may not be denied reinstatement solely because the parent/guardian failed to attend the conference. (Education Code 48911)

5. Extension of Suspension: If the Board is considering the expulsion of a suspended student from any school or the suspension of a student for the balance of the semester from continuation school, the Superintendent or designee may, in writing, extend the suspension until such time as the Board has made a decision, provided the following requirements are followed: (Education Code 48911)

a. The extension of the original period of suspension is preceded by notice of such extension with an offer to hold a conference concerning the extension, giving the student an opportunity to be heard. This conference may be held in conjunction with a meeting requested by the student or parent/guardian to challenge the original suspension.

b. The Superintendent or designee determines, following a meeting in which the student and the student's parent/guardian were invited to participate, that the student's presence at the school or at an alternative school would endanger persons or property or threaten to disrupt the instructional process. (Education Code 48911)

c. If the student involved is a foster youth, the Superintendent or designee shall notify the district liaison for foster youth of the need to invite the student's attorney and a representative of the appropriate county child welfare agency to attend the meeting. (Education Code 48853.5, 48911, 48918.1)

(cf. 6173.1 - Education for Foster Youth)

d. If the student involved is a homeless child or youth, the Superintendent or designee shall notify the district liaison for homeless students. (Education Code 48918.1)

(cf. 6173 - Education for Homeless Children)

In lieu of or in addition to suspending a student, the Superintendent, principal, or designee may provide services or require the student to participate in an alternative disciplinary program designed to correct his/her behavior and keep him/her in school.

Superintendent or Principal's Authority to Recommend Expulsion

Unless the Superintendent or principal determines that expulsion should not be recommended under the circumstances or that an alternative means of correction would address the conduct, he/she shall recommend a student's expulsion for any of the following acts: (Education Code 48915)

1. Causing serious physical injury to another person, except in self-defense

2. Possession of any knife or other dangerous object of no reasonable use to the student

3. Unlawful possession of any controlled substance as listed in Health and Safety Code 11053-11058, except for (a) the first offense for the possession of not more than one ounce of marijuana, other than concentrated cannabis, or (b) the student's possession of over-the-counter medication for his/her use or other medication prescribed for him/her by a physician

4. Robbery or extortion

5. Assault or battery, as defined in Penal Code 240 and 242, upon any school employee

In determining whether or not to recommend the expulsion of a student, the Superintendent, principal, or designee shall act as quickly as possible to ensure that the student does not lose instructional time. (Education Code 48915)

Student's Right to Expulsion Hearing

Any student recommended for expulsion shall be entitled to a hearing to determine whether he/she should be expelled. The hearing shall be held within 30 school days after the Superintendent, principal, or designee determines that the student has committed the act(s) that

form the basis for the expulsion recommendation. (Education Code 48918(a))

The student is entitled to at least one postponement of an expulsion hearing for a period of not more than 30 calendar days. The request for postponement shall be in writing. Any subsequent postponement may be granted at the Board's discretion. (Education Code 48918(a))

If the Board finds it impractical during the regular school year to comply with these time requirements for conducting an expulsion hearing, the Superintendent or designee may, for good cause, extend the time period by an additional five school days. Reasons for the extension shall be included as a part of the record when the expulsion hearing is held. (Education Code 48918(a))

If the Board finds it impractical to comply with the time requirements of the expulsion hearing due to a summer recess of Board meetings of more than two weeks, the days during the recess shall not be counted as school days. The days not counted during the recess may not exceed 20 school days, as defined in Education Code 48925. Unless the student requests in writing that the expulsion hearing be postponed, the hearing shall be held not later than 20 calendar days prior to the first day of the next school year. (Education Code 48918(a))

Once the hearing starts, all matters shall be pursued with reasonable diligence and concluded without unnecessary delay. (Education Code 48918(a))

Stipulated Expulsion

After a determination that a student has committed an expellable offense, the Superintendent, principal, or designee shall offer the student and his/her parent/guardian the option to waive a hearing and stipulate to the expulsion or to a suspension of the expulsion under certain conditions. The offer shall be made only after the student or his/her parent/guardian has been given written notice of the expulsion hearing pursuant to Education Code 48918.

The stipulation agreement shall be in writing and shall be signed by the student and his/her parent/guardian. The stipulation agreement shall include notice of all the rights that the student is waiving, including the waiving of his/her right to have a full hearing, to appeal the expulsion to the County Board of Education, and to consult legal counsel.

A stipulated expulsion agreed to by the student and his/her parent/guardian shall be effective upon approval by the Board.

Rights of Complaining Witness

An expulsion hearing involving allegations of sexual assault or sexual battery may be postponed for one school day in order to accommodate the special physical, mental, or emotional needs of a student who is the complaining witness. (Education Code 48918.5)

Whenever the Superintendent or designee recommends an expulsion hearing that addresses allegations of sexual assault or sexual battery, he/she shall give the complaining witness a copy

of the district's suspension and expulsion policy and regulation and shall advise the witness of his/her right to: (Education Code 48918.5)

1. Receive five days' notice of his/her scheduled testimony at the hearing

2. Have up to two adult support persons of his/her choosing present at the hearing at the time he/she testifies

3. Have a closed hearing during the time he/she testifies

Whenever any allegation of sexual assault or sexual battery is made, the Superintendent or designee shall immediately advise complaining witnesses and accused students to refrain from personal or telephone contact with each other during the time when an expulsion process is pending. (Education Code 48918.5)

Written Notice of the Expulsion Hearing

Written notice of the expulsion hearing shall be forwarded to the student and the student's parent/guardian at least 10 calendar days before the date of the hearing. The notice shall include: (Education Code 48900.8, 48918(b))

1. The date and place of the hearing

2. A statement of the specific facts, charges, and offense upon which the proposed expulsion is based

3. A copy of district disciplinary rules which relate to the alleged violation

4. Notification of the student's or parent/guardian's obligation, pursuant to Education Code 48915.1, to provide information about the student's status in the district to any other district in which the student seeks enrollment

This obligation applies when a student is expelled for acts other than those described in Education Code 48915(a) or (c).

(cf. 5119 - Students Expelled from Other Districts)

5. The opportunity for the student or the student's parent/guardian to appear in person or be represented by legal counsel or by a nonattorney adviser

Legal counsel means an attorney or lawyer who is admitted to the practice of law in California and is an active member of the State Bar of California.

Nonattorney adviser means an individual who is not an attorney or lawyer, but who is familiar with the facts of the case and has been selected by the student or student's parent/guardian to provide assistance at the hearing.

6. The right to inspect and obtain copies of all documents to be used at the hearing

7. The opportunity to confront and question all witnesses who testify at the hearing

8. The opportunity to question all evidence presented and to present oral and documentary evidence on the student's behalf, including witnesses

Additional Notice of Expulsion Hearing for Foster Youth and Homeless Students

If the student facing expulsion is a foster student, the Superintendent or designee shall also send notice of the hearing to the student's attorney and a representative of an appropriate child welfare agency at least 10 days prior to the hearing. (Education Code 48918.1)

If the student facing expulsion is a homeless student, the Superintendent or designee shall also send notice of the hearing to the district liaison for homeless students at least 10 days prior to the hearing. (Education Code 48918.1)

Any notice for these purposes may be provided by the most cost-effective method possible, including by email or a telephone call. (Education Code 48918.1)

Conduct of Expulsion Hearing

1. Closed Session: Notwithstanding Education Code 35145, the Board shall conduct a hearing to consider the expulsion of the student in a session closed to the public unless the student requests in writing at least five days prior to the hearing that the hearing be a public meeting. If such a request is made, the meeting shall be public to the extent that privacy rights of other students are not violated. (Education Code 48918)

Whether the expulsion hearing is held in closed or public session, the Board may meet in closed session to deliberate and determine whether or not the student should be expelled. If the Board admits any other person to this closed session, the parent/guardian, the student, and the counsel of the student also shall be allowed to attend the closed session. (Education Code 48918(c))

If a hearing that involves a charge of sexual assault or sexual battery is to be conducted in public, a complaining witness shall have the right to have his/her testimony heard in closed session when testifying in public would threaten serious psychological harm to the witness and when there are no alternative procedures to avoid the threatened harm, including, but not limited to, a videotaped deposition or contemporaneous examination in another place communicated to the hearing room by closed-circuit television. (Education Code 48918(c))

2. Record of Hearing: A record of the hearing shall be made and may be maintained by any means, including electronic recording, as long as a reasonably accurate and complete written transcription of the proceedings can be made. (Education Code 48918(g))

3. Subpoenas: Before commencing a student expulsion hearing, the Board may issue subpoenas, at the request of either the student or the Superintendent or designee, for the personal appearance at the hearing of any person who actually witnessed the action that gave rise to the recommendation for expulsion. After the hearing has commenced, the Board or the hearing officer or administrative panel may issue such subpoenas at the request of the student or the County Superintendent of Schools or designee. All subpoenas shall be issued in accordance with Code of Civil Procedure 1985-1985.2 and enforced in accordance with Government Code 11455.20. (Education Code 48918(i))

Any objection raised by the student or the Superintendent or designee to the issuance of subpoenas may be considered by the Board in closed session, or in open session if so requested by the student, before the meeting. The Board's decision in response to such an objection shall be final and binding. (Education Code 48918(i))

If the Board determines, or if the hearing officer or administrative panel finds and submits to the Board, that a witness would be subject to unreasonable risk of harm by testifying at the hearing, a subpoena shall not be issued to compel the personal attendance of that witness at the hearing. However, that witness may be compelled to testify by means of a sworn declaration as described in item #4 below. (Education Code 48918(i))

4. Presentation of Evidence: Technical rules of evidence shall not apply to the expulsion hearing, but relevant evidence may be admitted and used as proof only if it is the kind of evidence on which reasonable persons can rely in the conduct of serious affairs. The decision of the Board to expel shall be supported by substantial evidence that the student committed any of the acts pursuant to Education Code 48900 and listed in "Grounds for Suspension and Expulsion: Grades K-8" and "Additional Grounds for Suspension and Expulsion: Grades 4-8" above. (Education Code 48918(h))

Findings of fact shall be based solely on the evidence at the hearing. Although no finding shall be based solely on hearsay, sworn declarations may be admitted as testimony from witnesses whose disclosure of their identity or testimony at the hearing may subject them to an unreasonable risk of physical or psychological harm. (Education Code 48918(f))

In cases where a search of a student's person or property has occurred, evidence describing the reasonableness of the search shall be included in the hearing record.

5. Testimony by Complaining Witnesses: The following procedures shall be observed when a hearing involves allegations of sexual assault or sexual battery by a student: (Education Code 48918, 48918.5)

a. Any complaining witness shall be given five days' notice before being called to testify.

b. Any complaining witness shall be entitled to have up to two adult support persons, including, but not limited to, a parent/guardian or legal counsel, present during his/her testimony.

c. Before a complaining witness testifies, support persons shall be admonished that the

hearing is confidential.

d. The person presiding over the hearing may remove a support person whom he/she finds is disrupting the hearing.

e. If one or both support persons are also witnesses, the hearing shall be conducted in accordance with Penal Code 868.5.

f. Evidence of specific instances of prior sexual conduct of a complaining witness shall be presumed inadmissible and shall not be heard unless the person conducting the hearing determines that extraordinary circumstances require the evidence to be heard. Before such a determination is made, the complaining witness shall be given notice and an opportunity to oppose the introduction of this evidence. In the hearing on the admissibility of this evidence, the complaining witness shall be represented by a parent/guardian, legal counsel, or other support person. Reputation or opinion evidence regarding the sexual behavior of a complaining witness shall not be admissible for any purpose.

g. In order to facilitate a free and accurate statement of the experiences of the complaining witness and to prevent discouragement of complaints, the district shall provide a nonthreatening environment.

(1) The district shall provide a room separate from the hearing room for the use of the complaining witness before and during breaks in testimony.

(2) At the discretion of the person conducting the hearing, the complaining witness shall be allowed reasonable periods of relief from examination and cross-examination during which he/she may leave the hearing room.

(3) The person conducting the hearing may:

(a) Arrange the seating within the hearing room so as to facilitate a less intimidating environment for the complaining witness

(b) Limit the time for taking the testimony of a complaining witness to the hours he/she is normally in school, if there is no good cause to take the testimony during other hours

(c) Permit one of the support persons to accompany the complaining witness to the witness stand

6. Decision: The Board's decision as to whether to expel a student shall be made within 40 school days after the student is removed from his/her school of attendance, unless the student requests in writing that the decision be postponed. (Education Code 48918(a))

Alternative Expulsion Hearing: Hearing Officer or Administrative Panel

Instead of conducting an expulsion hearing itself, the Board may contract with the county

hearing officer or with the Office of Administrative Hearings of the State of California for a hearing officer. The Board may also appoint an impartial administrative panel composed of three or more certificated personnel, none of whom shall be members of the Board or on the staff of the school in which the student is enrolled. (Education Code 48918)

A hearing conducted by the hearing officer or administrative panel shall conform to the same procedures applicable to a hearing conducted by the Board as specified above in "Conduct of Expulsion Hearing," including the requirement to issue a decision within 40 school days of the student's removal from school, unless the student requests that the decision be postponed. (Education Code 48918(a) and (d))

The hearing officer or administrative panel shall, within three school days after the hearing, determine whether to recommend expulsion of the student to the Board. If expulsion is not recommended, the expulsion proceeding shall be terminated and the student shall be immediately reinstated and permitted to return to the classroom instructional program from which the referral was made, unless another placement is requested in writing by the student's parent/guardian. Before the student's placement decision is made by his/her parent/guardian, the Superintendent or designee shall consult with the parent/guardian and district staff, including the student's teachers, regarding other placement options for the student in addition to the option to return to the classroom instructional program from which the student's expulsion referral was made. The decision to not recommend expulsion shall be final. (Education Code 48918(e))

If expulsion is recommended, findings of fact in support of the recommendation shall be prepared and submitted to the Board. All findings of fact and recommendations shall be based solely on the evidence presented at the hearing. The Board may accept the recommendation based either upon a review of the findings of fact and recommendations submitted or upon the results of any supplementary hearing the Board may order. (Education Code 48918(f))

In accordance with Board policy, the hearing officer or administrative panel may recommend that the Board suspend the enforcement of the expulsion. If the hearing officer or administrative panel recommends that the Board expel a student but suspend the enforcement of the expulsion, the student shall not be reinstated and permitted to return to the classroom instructional program from which the referral was made until the Board has ruled on the recommendation. (Education Code 48917, 48918)

Final Action by the Board

Whether the expulsion hearing is conducted in closed or open session by the Board, a hearing officer, or an administrative panel or is waived through the signing of a stipulated expulsion agreement, the final action to expel shall be taken by the Board in public. (Education Code 48918(j))

(cf. 9321.1 - Closed Session Actions and Reports)

The Board's decision is final. If the decision is to not expel, the student shall be reinstated immediately. If the decision is to suspend the enforcement of the expulsion, the student shall be

reinstated under the conditions of the suspended expulsion.

Upon ordering an expulsion, the Board shall set a date when the student shall be reviewed for readmission to a school within the district. For a student expelled for any act listed under "Mandatory Recommendation and Mandatory Expulsion" above, this date shall be one year from the date the expulsion occurred, except that the Board may set an earlier date on a case-by-case basis. For a student expelled for other acts, this date shall be no later than the last day of the semester following the semester in which the expulsion occurred. If an expulsion is ordered during summer session or the intersession period of a year-round program, the Board shall set a date when the student shall be reviewed for readmission not later than the last day of the semester following the summer session or intersession period in which the expulsion occurred. (Education Code 48916)

At the time of the expulsion order, the Board shall recommend a plan for the student's rehabilitation, which may include: (Education Code 48916)

1. Periodic review, as well as assessment at the time of review, for readmission

2. Recommendations for improved academic performance, tutoring, special education assessments, job training, counseling, employment, community service, or other rehabilitative programs

With parent/guardian consent, students who have been expelled for reasons relating to controlled substances or alcohol may be required to enroll in a county-sponsored drug rehabilitation program before returning to school. (Education Code 48916.5)

Written Notice to Expel

The Superintendent or designee shall send written notice of the decision to expel to the student or parent/guardian. This notice shall include the following:

1. The specific offense committed by the student for any of the causes for suspension or expulsion listed above under "Grounds for Suspension and Expulsion: Grades K-8" or "Additional Grounds for Suspension and Expulsion: Grades 4-8" (Education Code 48900.8)

2. The fact that a description of readmission procedures will be made available to the student and his/her parent/guardian (Education Code 48916)

3. Notice of the right to appeal the expulsion to the County Board (Education Code 48918)

4. Notice of the alternative educational placement to be provided to the student during the time of expulsion (Education Code 48918)

5. Notice of the student's or parent/guardian's obligation to inform any new district in which the student seeks to enroll of the student's status with the expelling district, pursuant to Education Code 48915.1 (Education Code 48918)

Decision to Suspend Expulsion Order

In accordance with Board policy, when deciding whether to suspend the enforcement of an expulsion order, the Board shall take into account the following criteria:

1. The student's pattern of behavior

2. The seriousness of the misconduct

3. The student's attitude toward the misconduct and his/her willingness to follow a rehabilitation program

The suspension of the enforcement of an expulsion shall be governed by the following:

1. The Board may, as a condition of the suspension of enforcement, assign the student to a school, class, or program appropriate for the student's rehabilitation. This rehabilitation program may provide for the involvement of the student's parent/guardian in the student's education. However, a parent/guardian's refusal to participate in the rehabilitation program shall not be considered in the Board's determination as to whether the student has satisfactorily completed the rehabilitation program. (Education Code 48917)

2. During the period when enforcement of the expulsion order is suspended, the student shall be on probationary status. (Education Code 48917)

3. The suspension of the enforcement of an expulsion order may be revoked by the Board if the student commits any of the acts listed under "Grounds for Suspension and Expulsion: Grades K-12" or "Additional Grounds for Suspension and Expulsion: Grades 4-8" above or violates any of the district's rules and regulations governing student conduct. (Education Code 48917)

4. When the suspension of enforcement of an expulsion order is revoked, a student may be expelled under the terms of the original expulsion order. (Education Code 48917)

5. Upon satisfactory completion of the rehabilitation assignment, the Board shall reinstate the student in a district school. Upon reinstatement, the Board may order the expunging of any or all records of the expulsion proceedings. (Education Code 48917)

6. The Superintendent or designee shall send written notice of any decision to suspend the enforcement of an expulsion order during a period of probation to the student or parent/guardian. The notice shall inform the parent/guardian of the right to appeal the expulsion to the County Board, the alternative educational placement to be provided to the student during the period of expulsion, and the student's or parent/guardian's obligation to inform any new district in which the student seeks to enroll of his/her status with the expelling district, pursuant to Education Code 48915.1(b). (Education Code 48918(j))

7. Suspension of the enforcement of an expulsion order shall not affect the time period and requirements for the filing of an appeal of the expulsion order with the County Board. (Education Code 48917)

Appeal

The student or parent/guardian is entitled to file an appeal of the Board's decision with the County Board. The appeal must be filed within 30 days of the Board's decision to expel, even if the expulsion order is suspended and the student is placed on probation. (Education Code 48919)

If the student submits a written request for a copy of the written transcripts and supporting documents from the district simultaneously with the filing of the notice of appeal with the County Board, the district shall provide the student with these documents within 10 school days following the student's written request. (Education Code 48919)

Notification to Law Enforcement Authorities

Prior to the suspension or expulsion of any student, the principal or designee shall notify appropriate city or county law enforcement authorities of any student acts of assault which may have violated Penal Code 245. (Education Code 48902)

The principal or designee also shall notify appropriate city or county law enforcement authorities of any student acts which may involve the possession or sale of narcotics or of a controlled substance. In addition, law enforcement authorities shall be notified regarding any acts by students regarding the possession, sale, or furnishing of firearms, explosives, or other dangerous weapons in violation of Education Code 48915(c)(1) or (5) or Penal Code 626.9 and 626.10. (Education Code 48902)

Within one school day after a student's suspension or expulsion, the principal or designee shall notify appropriate city or county law enforcement authorities, by telephone or other appropriate means, of any student acts which may violate Education Code 48900(c) or (d), relating to the possession, use, offering, or sale of controlled substances, alcohol, or intoxicants of any kind. (Education Code 48902)

Placement During Expulsion

The Board shall refer expelled students to a program of study that is: (Education Code 48915, 48915.01)

1. Appropriately prepared to accommodate students who exhibit discipline problems

2. Not provided at a comprehensive middle, junior, or senior high school or at any elementary school, unless the program is offered at a community day school established at any of these

3. Not housed at the school site attended by the student at the time of suspension

(cf. 6158 - Independent Study) (cf. 6185 - Community Day School)

When the placement described above is not available and when the County Superintendent so certifies, students expelled for only acts described in items #6-12 under "Grounds for Suspension and Expulsion: Grades K-8" and items #1-3 under "Additional Grounds for Suspension and Expulsion: Grades 4-8" above may be referred to a program of study that is provided at another comprehensive middle, junior, or senior high school or at an elementary school. (Education Code 48915)

The program for a student expelled from any of grades K-6 shall not be combined or merged with programs offered to students in any of grades 7-12. (Education Code 48916.1)

Readmission After Expulsion

Prior to the date set by the Board for the student's readmission:

1. The Superintendent or designee shall hold a conference with the parent/guardian and the student. At the conference, the student's rehabilitation plan shall be reviewed and the Superintendent or designee shall verify that the provisions of this plan have been met. School regulations shall be reviewed and the student and parent/guardian shall be asked to indicate in writing their willingness to comply with these regulations.

2. The Superintendent or designee shall transmit to the Board his/her recommendation regarding readmission. The Board shall consider this recommendation in closed session. If a written request for open session is received from the parent/guardian or adult student, it shall be honored to the extent that privacy rights of other students are not violated.

3. If the readmission is granted, the Superintendent or designee shall notify the student and parent/guardian, by registered mail, of the Board's decision regarding readmission.

4. The Board may deny readmission only if it finds that the student has not satisfied the conditions of the rehabilitation plan or that the student continues to pose a danger to campus safety or to other district students or employees. (Education Code 48916)

5. If the Board denies the readmission of a student, the Board shall determine either to continue the student's placement in the alternative educational program initially selected or to place the student in another program that serves expelled students, including placement in a county community school.

6. The Board shall provide written notice to the expelled student and parent/guardian describing the reasons for denying readmittance into the regular program. This notice shall indicate the Board's determination of the educational program which the Board has chosen. The student shall enroll in that program unless the parent/guardian chooses to enroll the student in

another school district. (Education Code 48916)

No student shall be denied readmission into the district based solely on the student's arrest, adjudication by a juvenile court, formal or informal supervision by a probation officer, detention in a juvenile facility, enrollment in a juvenile court school, or other such contact with the juvenile justice system. (Education Code 48645.5)

Maintenance of Records

The district shall maintain a record of each suspension and expulsion, including its specific cause(s). (Education Code 48900.8)

Expulsion records of any student shall be maintained in the student's mandatory interim record and sent to any school in which the student subsequently enrolls upon written request by that school. (Education Code 48918(k))

The Superintendent or designee shall, within five working days, honor any other district's request for information about an expulsion from this district. (Education Code 48915.1)

(cf. 5119 - Students Expelled from Other Districts)

Regulation RESCUE UNION SCHOOL DISTRICT approved: April 14, 2009 Rescue, California revised: December 11, 2012 revised: March 12, 2013 revised: June 23, 2015 revised: April 10, 2018

Rescue Union ESD Administrative Regulation

Suspension And Expulsion/Due Process (Students With Disabilities)

AR 5144.2 Students

A student identified as an individual with a disability pursuant to the Individuals with Disabilities Education Act (IDEA), 20 USC 1400-1482, is subject to the same grounds and procedures for suspension and expulsion which apply to students without disabilities, except as otherwise specified in this administrative regulation.

(cf. 5144.1 - Suspension and Expulsion/Due Process)

Suspension

The Superintendent or designee may suspend a student with a disability for up to 10 consecutive school days for a single incident of misconduct, and for up to 20 school days in a school year, as long as the suspension(s) does not constitute a change in placement pursuant to 34 CFR 300.536. (Education Code 48903; 34 CFR 300.530)

The principal or designee shall monitor the number of days, including portions of days, in which a student with a valid individualized education program (IEP) has been suspended during the school year.

(cf. 6159 - Individualized Education Program)

The Superintendent or designee shall determine, on a case-by-case basis, whether a pattern of removals of a student from his/her current educational placement for disciplinary reasons constitutes a change of placement. A *change of placement* shall be deemed to have occurred under either of the following circumstances: (34 CFR 300.536)

- 1. The removal is for more than 10 consecutive school days.
- 2. The student has been subjected to a series of removals that constitute a pattern because of all of the following:
 - a. The series of removals total more than 10 school days in a school year.
 - b. The student's behavior is substantially similar to his/her behavior in previous incidents that resulted in the series of removals.

c. Additional factors, such as the length of each removal, the total amount of time the student has been removed, and the proximity of the removals to one another, indicate a change of placement.

If a student's removal is determined to be a change of placement as specified in items #1-2 above, or the student is suspended for more than 10 school days in the same school year, the student's IEP team shall determine the appropriate educational services. Such services shall be designed to enable the student to continue to participate in the general education curriculum in another setting, to progress toward meeting the goals set out in his/her IEP, and to address the student's behavior violation so that it does not recur. (20 USC 1412(a)(1)(A); 34 CFR 300.530)

If the IEP of a student with a disability requires the district to provide the student with transportation, the district shall provide the student with an alternative form of transportation at no cost to him/her or to his/her parent/guardian when he/she is to be excluded from school bus transportation. (Education Code 48915.5)

(cf. 3541.2 - Transportation for Students with Disabilities)

Interim Alternative Educational Placement Due to Dangerous Behavior

The district may unilaterally place a student with a disability in an appropriate interim alternative educational setting for up to 45 school days, without regard to whether the behavior is a manifestation of the student's disability, when the student commits one of the following acts while at school, going to or from school, or at a school-related function: (20 USC 1415(k)(1)(G); 34 CFR 300.530)

- 1. Carries or possesses a weapon, as defined in 18 USC 930
- 2. Knowingly possesses or uses illegal drugs
- 3. Sells or solicits the sale of a controlled substance as identified in 21 USC 812(c), Schedules I-V
- 4. Inflicts serious bodily injury upon another person as defined in 18 USC 1365

The student's interim alternative educational setting shall be determined by his/her IEP team. (20 USC 1415(k)(1)(G); 34 CFR 300.531)

On the date the decision to take disciplinary action is made, the student's parent/guardian shall be notified of the decision and provided the procedural safeguards notice pursuant to 34 CFR 300.504. (20 USC 1415(k)(1)(H); 34 CFR 300.530)

A student who has been removed from his/her current placement because of dangerous behavior shall receive services, although in another setting, to the extent necessary to allow him/her to participate in the general education curriculum and to progress toward meeting the goals set out in

his/her IEP. As appropriate, the student shall also receive a functional behavioral assessment and behavioral intervention services and modifications that are designed to address the behavior violation so that it does not recur. (20 USC 1415(k)(1)(D); 34 CFR 300.530)

Manifestation Determination

The following procedural safeguards shall apply when a student with a disability is suspended for more than 10 consecutive school days, when a series of removals of a student constitutes a pattern, or when a change of placement of a student is contemplated due to a violation of the district's code of conduct:

1. **Notice:** On the date the decision to take disciplinary action is made, the student's parent/guardian shall be notified of the decision and provided the procedural safeguards notice pursuant to 34 CFR 300.504. (20 USC 1415(k)(1)(H); 34 CFR 300.530)

(cf. 5145.6 - Parental Notifications)

(cf. 6159.1 - Procedural Safeguards and Complaints for Special Education)

2. **Manifestation Determination Review:** Immediately if possible, but in no case later than 10 school days after the date the decision to take disciplinary action is made, a manifestation determination review shall be made of the relationship between the student's disability and the behavior subject to the disciplinary action. (20 USC 1415(k)(1)(E); 34 CFR 300.530)

At the manifestation determination review, the district, the student's parent/guardian, and relevant members of the IEP team (as determined by the district and parent/guardian) shall review all relevant information in the student's file, including the student's IEP, any teacher observations, and any relevant information provided by the parents/guardians, to determine whether the conduct in question was either of the following: (20 USC 1415(k)(1)(E); 34 CFR 300.530)

- a. Caused by or had a direct and substantial relationship to the student's disability
- b. A direct result of the district's failure to implement the student's IEP, in which case the district shall take immediate steps to remedy those deficiencies

If the manifestation review team determines that either of the above conditions applies, the student's conduct shall then be determined to be a manifestation of his/her disability. (20 USC 1415(k)(1)(E); 34 CFR 300.530)

3. **Determination that Behavior is a Manifestation of the Student's Disability:** When the student's conduct has been determined to be a manifestation of his/her disability, the IEP team shall conduct a functional behavioral assessment, unless one had been conducted before the occurrence of the behavior that resulted in the change of placement, and shall implement a behavioral intervention plan for the student. If a behavioral intervention plan

has already been developed, the IEP team shall review the behavioral intervention plan and modify it as necessary to address the behavior. (20 USC 1415(k)(1)(F); 34 CFR 300.530)

The student shall be returned to the placement from which he/she was removed, unless the parent/guardian and Superintendent or designee agree to a change of placement as part of the modification of the behavioral intervention plan. (20 USC 1415(k)(1)(F); 34 CFR 300.530)

(cf. 6159.4 - Behavioral Interventions for Special Education Students)

4. **Determination that Behavior is Not a Manifestation of the Student's Disability:** When it has been determined that the student's conduct was not a manifestation of his/her disability, the student may be disciplined in accordance with the procedures for students without disabilities. However, the student's IEP team shall determine services necessary to enable him/her to participate in the general education curriculum in another setting and to allow him/her to progress toward meeting the goals set out in his/her IEP. (20 USC 1415(k)(1)(D); 34 CFR 300.530)

As appropriate, the student also shall receive a functional behavioral assessment and behavioral intervention services and modifications that are designed to address the behavior violation so that it does not recur. (20 USC 1415(k)(1)(D); 34 CFR 300.530)

(cf. 6158 - Independent Study) (cf. 6185 - Community Day School)

Due Process Appeals

If the parent/guardian disagrees with any district decision regarding placement under 34 CFR 300.530 (suspension and removal for dangerous circumstances) or 34 CFR 300.531 (interim alternative placement), or the manifestation determination under 34 CFR 300.530(e), he/she may appeal the decision by requesting a hearing. The district may request a hearing if the district believes that maintaining the student's current placement is substantially likely to result in injury to the student or others. In order to request a due process hearing, the requesting party shall file a complaint pursuant to 34 CFR 300.507 and 300.508(a) and (b). (20 USC 1415(k)(3); 34 CFR 300.532)

Whenever a hearing is requested as specified above, the parent/guardian or the district shall have an opportunity for an expedited due process hearing consistent with requirements specified in 34 CFR 300.507, 300.508 (a)-(c), and 300.510-300.514.

If the student's parent/guardian or the district has initiated a due process hearing under 34 CFR 300.532 as detailed above, the student shall remain in the interim alternative educational setting pending the decision of the hearing officer or until the expiration of the 45-day time period, whichever occurs first, unless the parent/guardian and district agree otherwise. (20 USC 1415(k)(4); 34 CFR 300.533) **Readmission**

Readmission procedures for students with disabilities shall be the same as those adopted for students without disabilities. Upon readmission of a student with disabilities, an IEP team meeting shall be convened to review and, as necessary, modify the student's IEP.

Decision Not to Enforce Expulsion Order

The Governing Board's criteria for suspending the enforcement of an expulsion order shall be applied to students with disabilities in the same manner as they are applied to all other students. (Education Code 48917)

Notification to Law Enforcement Authorities

Law enforcement notification requirements involving students with disabilities shall be the same as those specified for all students in AR 5144.1 - Suspension and Expulsion/Due Process.

When giving any required notification concerning a student with disabilities to any law enforcement official, the principal or designee shall require the law enforcement official to certify in writing that he/she will not disclose the student's information or records to any other person without the prior written consent of the student's parent/guardian. (Education Code 49076)

(cf. 5131.7 - Weapons and Dangerous Instruments)

Report to County Superintendent of Schools

The Superintendent or designee shall report to the County Superintendent of Schools when any special education student has been expelled or suspended for more than 10 school days. The report shall include the student's name, last known address, and the reason for the action. (Education Code 48203)

Procedures for Students Not Yet Eligible for Special Education Services

A student who has not been determined to be eligible for special education and related services and who has violated the district's code of student conduct may nevertheless assert any of the protections under IDEA, if the district had *knowledge* of the student's disability. (20 USC 1415(k)(5); 34 CFR 300.534)

Knowledge means that, before the occurrence of the behavior that precipitated the disciplinary action, one of the following occurred: (20 USC 1415(k)(5); 34 CFR 300.534)

- 1. The parent/guardian, in writing, has expressed concern to district supervisory or administrative personnel, or to a teacher of the student, that the student is in need of special education or related services.
- 2. The parent/guardian has requested an evaluation of the student for special education pursuant to 20 USC 1414(a)(1)(B) or 34 CFR 300.300-300.311.

(cf. 6164.4 - Identification and Evaluation of Individuals for Special Education)

3. The teacher of the student or other district personnel has expressed specific concerns directly to the district's director of special education or other supervisory district personnel about a pattern of behavior demonstrated by the student.

However, the district shall not be deemed to have knowledge of a student's disability if the student's parent/guardian has not allowed him/her to be evaluated for special education services or has refused services or, after evaluating the student pursuant to 34 CFR 300.300-300.311, the district determined that he/she was not an individual with a disability.

When the district is deemed to not have knowledge of a student's disability, the student shall be disciplined in accordance with procedures established for students without disabilities who engage in comparable behavior. (20 USC 1415(k)(5); 34 CFR 300.534)

If a request is made for an evaluation of a student during the time period in which the student is subject to disciplinary measures pursuant to 34 CFR 300.530, the evaluation shall be conducted in an expedited manner. Until the evaluation is completed, the student shall remain in the educational placement determined by school authorities. (20 USC 1415(k)(5); 34 CFR 300.534)

Legal Reference:

EDUCATION CODE 35146 Closed sessions re: suspensions 35291 Rules of governing board 48203 Reports of severance of attendance of disabled students 48900-48925 Suspension and expulsion 49076 Access to student records 56000 Special education; legislative findings and declarations 56320 Educational needs; requirements 56321 Development or revision of individualized education program 56329 Independent educational assessment 56340-56347 Individualized education program teams 56505 State hearing PENAL CODE 245 Assault with deadly weapon 626.2 Entry upon campus after written notice of suspension or dismissal without permission 626.9 Gun-Free School Zone Act 626.10 Dirks, daggers, knives, razors, or stun guns UNITED STATES CODE, TITLE 18 930 Weapons 1365 Serious bodily injury UNITED STATES CODE, TITLE 20 1412 State eligibility 1415 Procedural safeguards UNITED STATES CODE, TITLE 21 812 Controlled substances UNITED STATES CODE, TITLE 29 706 Definitions

794 Rehabilitation Act of 1973, Section 504
<u>CODE OF FEDERAL REGULATIONS, TITLE 34</u>
104.35 Evaluation and placement
104.36 Procedural safeguards
300.1-300.818 Assistance to states for the education of students with disabilities, especially:
300.530-300.537 Discipline procedures
<u>COURT DECISIONS</u>
<u>Schaffer v. Weast</u>, (2005) 546 U.S. 549
<u>Parents of Student W. v. Puyallup School District</u>, (1994 9th Cir.) 31 F.3d 1489
<u>M.P. v. Governing Board of Grossmont Union High School District</u>, (1994) 858 F.Supp. 1044
<u>Honig v. Doe</u>, (1988) 484 U.S. 305

Management Resources:

FEDERAL REGISTERRules and Regulations, August 14, 2006, Vol. 71, Number 156, pages 46539-46845WEB SITESCalifornia Department of Education, Special Education: http://www.cde.ca.gov/sp/seU.S. Department of Education, Office of Special Education Programs:http://www.ed.gov/about/offices/list/osers/osep

Regulation approved: March 2004 revised: December 11, 2012 RESCUE UNION SCHOOL DISTRICT Rescue, California

Rescue Union ESD Board Policy

Firearms on School Grounds

BP 3515.7

Business and Noninstructional Operations

The Governing Board is committed to providing a safe environment for students, staff, and visitors on campus. The Superintendent or designee shall consult with local law enforcement, insurance carriers, and other appropriate individuals and agencies to address the security of school campuses.

(cf. 3515 - Campus Security)
(cf. 3515.2 - Disruptions)
(cf. 3515.3 - District Police/Security Department)
(cf. 4158/4258/4358 - Employee Security)
(cf. 5131.4 - Student Disturbances)
(cf. 5131.7 - Weapons and Dangerous Instruments)

District policy regarding the possession of firearms and/or ammunition on school grounds shall be included in the district's comprehensive safety plan and shall be communicated to district staff, parents/guardians, and the community.

- (cf. 0450 Comprehensive Safety Plan)
- (cf. 1112 Media Relations)
- (cf. 1113 District and School Web Sites)
- (cf. 1114 District-Sponsored Social Media)

Any person specified in Penal Code 626.9(l)-(o) and 30310 is authorized to possess a firearm and/or ammunition on school grounds. School grounds include, but are not limited to, school buildings, fields, storage areas, and parking lots.

The Superintendent or designee shall not grant permission to any other individual to carry a firearm or ammunition on school grounds.

Legal Reference: EDUCATION CODE 32281 Comprehensive safety plan 35160 Powers and duties of the board 35161 Powers and duties of the board; authority to delegate 38001.5 District security officers; requirements if carry firearm PENAL CODE 626.9 Gun Free School Zone Act

- 830.32 District police department; district decision to authorize carrying of firearm
- 16150 Definition of ammunition
- 16520 Definition of firearm
- 26150-26225 Concealed weapons permit
- 30310 Prohibition against ammunition on school grounds
- UNITED STATES CODE, TITLE 18
- 921 Definitions, firearms and ammunition
- 922 Firearms, unlawful acts
- 923 Firearm licensing
- UNITED STATES CODE, TITLE 20
- 7151 Gun-Free Schools Act; student expulsions for possession of firearm

Management Resources: WEB SITES Office of the Attorney General: https://oag.ca.gov/firearms

Policy RESCUE UNION SCHOOL DISTRICT adopted: April 12, 2016 Rescue, California

Rescue Union ESD Board Policy

Gangs

BP 5136 Students

The Governing Board desires to keep district schools free from the threats or harmful influence of any groups or gangs which exhibit drug use, violence or disruptive behavior. The Superintendent or designee shall take steps to deter gang intimidation of students and staff and confrontations between members of different gangs. He/she shall exchange information and establish mutually supportive efforts with local law enforcement authorities.

(cf. 5131.4 - Campus Disturbances) (cf. 5131.7 - Weapons and Dangerous Instruments)

The Superintendent or designee shall provide inservice training which helps staff to identify gangs and gang symbols, recognize early manifestations of disruptive activities, and respond appropriately to gang behavior. Staff shall be informed about conflict management techniques and alerted to intervention measures and community resources.

The Board realizes that students become involved in gangs for many reasons, such as peer pressure, the need for a sense of belonging, and lack of refusal skills. Age-appropriate gang violence prevention education shall start with students in the early elementary grades and may start in kindergarten.

To further discourage the influence of gangs, the Superintendent or designee shall ensure that school rules of conduct and any school dress code prohibiting gang-related apparel are enforced consistently. If a student exhibits signs of gang affiliation, staff shall so inform the parent/guardian.

(cf. 0450 - Comprehensive Safety Plan)(cf. 5132 - Dress and Grooming)(cf. 6164.2 - Guidance/Counseling Services)

Legal Reference: EDUCATION CODE 32281 School safety plans 35183 Gang-related apparel 41510-41514 School Safety Consolidated Competitive Grant 48907 Student exercise of free expression 51264 Educational inservice training; CDE guidelines 51265 Gang violence and drug and alcohol abuse prevention inservice training 51266-51266.5 Model gang and substance abuse prevention curriculum
PENAL CODE
186.22 Participation in criminal street gang
13826-13826.7 Gang violence suppression
UNITED STATES CODE, TITLE 20
7101-7184 Safe and Drug-Free Schools and Communities Act

Management Resources: CDE PUBLICATIONS On Alert: Gang Prevention in School and Inservice Guidelines, January 1994 CSBA PUBLICATIONS Protecting Our Schools: Governing Board Strategies to Combat School Violence, 1995

Policy RESCUE UNION SCHOOL DISTRICT adopted: September 2004 Rescue, California

Rescue Union ESD Administrative Regulation

Gangs

AR 5136 Students

Prevention and Intervention Measures

In order to discourage the influence of gangs, school staff shall take the following measures:

1. Any student displaying behavior, gestures, apparel or paraphernalia indicative of gang affiliation shall be referred to the principal or designee.

a. The student's parent/guardian shall be contacted and may be asked to meet with school staff.

b. The student may be sent home to change clothes if necessary.

(cf. 5132 - Dress and Grooming)

2. Staff members shall be provided with the names of known gang members.

3. Students who seek help in rejecting gang associations may be referred to community-based gang suppression and prevention organizations.

(cf. 1020 - Youth Services)

4. Any gang graffiti on school premises shall be removed, washed down or painted over as soon as discovered.

a. Daily checks for graffiti shall be made throughout the campus.

b. Graffiti shall be photographed before it is removed. These photographs shall be shared with local law enforcement authorities and used in future disciplinary or criminal action against the offenders.

(cf. 3515 - Campus Security) (cf. 5131.5 - Vandalism, Theft and Graffiti)

5. Classroom and after-school programs at each school shall be designed to enhance individual self-esteem, provide positive reinforcement for acceptable behavior, and foster interest in a variety of constructive activities. These programs shall also:

- a. Explain the dangers of gang membership
- b. Provide counseling for targeted at-risk students

c. Include lessons or role-playing workshops in gang avoidance skills and nonviolent conflict resolution, including communication skills, anger management, ethnic/cultural tolerance, and mediation skills

d. Assign individual gang members to cooperative learning groups in which they may work toward common goals with students who are not members of their gang

e. Provide school-to-career instruction

(cf. 6030 - Integrated Academic and Vocational Instruction)

f. Provide positive interaction with local law enforcement staff

(cf. 5137 - Positive School Climate)

Gang prevention lessons may be taught jointly by teachers and law enforcement staff.

6. Staff shall actively promote membership in authorized student organizations which can provide students companionship, safety, and a sense of purpose and belonging, including:

a. Positive sports and cultural activities and affiliations with the local community

(cf. 6145 - Extracurricular and Cocurricular Activities) (cf. 6145.2 - Athletic Competition)

b. Structured, goal-oriented community service projects

(cf. 6142.4 - Learning through Community Service)

Community Outreach

Gang prevention classes or counseling offered for parents/guardians shall address the following topics:

1. The dangers of gang membership

2. Warning signs which may indicate that children are at risk of becoming involved with gangs

- 3. The nature of local gang apparel and graffiti
- 4. Effective parenting techniques

5. Conflict resolution techniques

Community programs shall address:

- 1. The scope and nature of local gang problems
- 2. Strategies by which each segment of the community may alleviate gang problems

RegulationRESCUE UNION SCHOOL DISTRICTapproved:September 2004Rescue, California

Rescue Union ESD Board Policy

Sexual Harassment

BP 5145.7 **Students**

The Governing Board is committed to maintaining a safe school environment that is free from harassment and discrimination. The Board prohibits sexual harassment of students at school or at school-sponsored or school-related activities. The Board also prohibits retaliatory behavior or action against any person who files a complaint, testifies, or otherwise participates in district complaint processes.

- (cf. 0410 Nondiscrimination in District Programs and Activities)
- (cf. 1312.3 Uniform Complaint Procedures)
- (cf. 4119.11/4219.11/4319.11 Sexual Harassment)
- (cf. 5131 Conduct)
- (cf. 5131.2 Bullying)
- (cf. 5137 Positive School Climate)
- (cf. 5145.3 Nondiscrimination/Harassment)
- (cf. 6142.1 Sexual Health and HIV/AIDS Prevention Instruction)

Instruction/Information

The Superintendent or designee shall ensure that all district students receive age-appropriate instruction and information on sexual harassment. Such instruction and information shall include:

1. What acts and behavior constitute sexual harassment, including the fact that sexual harassment could occur between people of the same sex and could involve sexual violence

2. A clear message that students do not have to endure sexual harassment

3. Encouragement to report observed instances of sexual harassment, even where the victim of the harassment has not complained

4. Information about the district's procedure for investigating complaints and the person(s) to whom a report of sexual harassment should be made

5. Information about the rights of students and parents/guardians to file a criminal complaint, as applicable

Complaint Process

Any student who feels that he/she is being or has been sexually harassed on school grounds or at a

school-sponsored or school-related activity (e.g., by a visiting athlete or coach) shall immediately contact his/her teacher or any other employee. An employee who receives such a complaint shall report it in accordance with administrative regulation.

(cf. 1312.1 - Complaints Concerning District Employees) (cf. 5141.4 - Child Abuse Prevention and Reporting)

The Superintendent or designee shall ensure that any complaints regarding sexual harassment are immediately investigated in accordance with administrative regulation. When the Superintendent or designee has determined that harassment has occurred, he/she shall take prompt, appropriate action to end the harassment and to address its effects on the victim.

Disciplinary Actions

Any student who engages in sexual harassment or sexual violence at school or at a school-sponsored or school-related activity is in violation of this policy and shall be subject to disciplinary action. For students in grades 4-12, disciplinary action may include suspension and/or expulsion, provided that, in imposing such discipline, the entire circumstances of the incident(s) shall be taken into account.

(cf. 5144.1 - Suspension and Expulsion/Due Process) (cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))

Confidentiality and Record-Keeping

All complaints and allegations of sexual harassment shall be kept confidential except as necessary to carry out the investigation or take other subsequent necessary action. (5 CCR 4964)

(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information) (cf. 5125 - Student Records)

The Superintendent or designee shall maintain a record of all reported cases of sexual harassment to enable the district to monitor, address, and prevent repetitive harassing behavior in the schools.

Legal Reference: EDUCATION CODE 200-262.4 Prohibition of discrimination on the basis of sex 48900 Grounds for suspension or expulsion 48900.2 Additional grounds for suspension or expulsion; sexual harassment 48904 Liability of parent/guardian for willful student misconduct 48980 Notice at beginning of term CIVIL CODE 51.9 Liability for sexual harassment; business, service and professional relationships 1714.1 Liability of parents/guardians for willful misconduct of minor GOVERNMENT CODE 12950.1 Sexual harassment training CODE OF REGULATIONS, TITLE 5 4600-4687 Uniform complaint procedures 4900-4965 Nondiscrimination in elementary and secondary education programs UNITED STATES CODE, TITLE 20 1681-1688 Title IX, discrimination **UNITED STATES CODE, TITLE 42** 1983 Civil action for deprivation of rights 2000d-2000d-7 Title VI, Civil Rights Act of 1964 2000e-2000e-17 Title VII, Civil Rights Act of 1964 as amended CODE OF FEDERAL REGULATIONS, TITLE 34 106.1-106.71 Nondiscrimination on the basis of sex in education programs COURT DECISIONS Donovan v. Poway Unified School District, (2008) 167 Cal.App.4th 567 Flores v. Morgan Hill Unified School District, (2003, 9th Cir.) 324 F.3d 1130 Reese v. Jefferson School District, (2001, 9th Cir.) 208 F.3d 736 Davis v. Monroe County Board of Education, (1999) 526 U.S. 629 Gebser v. Lago Vista Independent School District, (1998) 524 U.S. 274 Oona by Kate S. v. McCaffrey, (1998, 9th Cir.) 143 F.3d 473 Doe v. Petaluma City School District, (1995, 9th Cir.) 54 F.3d 1447

Management Resources:

CSBA PUBLICATIONS

Safe Schools: Strategies for Governing Boards to Ensure Student Success, 2011

Providing a Safe, Nondiscriminatory School Environment for All Students, Policy Brief, April 2010

OFFICE FOR CIVIL RIGHTS PUBLICATIONS

Dear Colleague Letter: Sexual Violence, April 4, 2011

Sexual Harassment: It's Not Academic, September 2008

Revised Sexual Harassment Guidance, January 2001

WEB SITES

CSBA: http://www.csba.org

California Department of Education: http://www.cde.ca.gov

U.S. Department of Education, Office for Civil Rights: http://www.ed.gov/about/offices/list/ocr

Policy RESCUE UNION SCHOOL DISTRICT adopted: August 11, 2009 Rescue, California revised: June 25, 2013

Rescue Union ESD Administrative Regulation

Sexual Harassment

AR 5145.7 **Students**

Prohibited sexual harassment includes, but is not limited to, unwelcome sexual advances, unwanted requests for sexual favors, or other unwanted verbal, visual, or physical conduct of a sexual nature made against another person of the same or opposite sex in the educational setting, when made on the basis of sex and under any of the following conditions: (Education Code 212.5; 5 CCR 4916)

1. Submission to the conduct is explicitly or implicitly made a term or condition of a student's academic status or progress.

2. Submission to or rejection of the conduct by a student is used as the basis for academic decisions affecting the student.

3. The conduct has the purpose or effect of having a negative impact on the student's academic performance or of creating an intimidating, hostile, or offensive educational environment.

4. Submission to or rejection of the conduct by the student is used as the basis for any decision affecting the student regarding benefits and services, honors, programs, or activities available at or through any district program or activity.

(cf. 5131 - Conduct)
(cf. 5131.2 - Bullying)
(cf. 5137 - Positive School Climate)
(cf. 5145.3 - Nondiscrimination/Harassment)
(cf. 6142.1 - Sexual Health and HIV/AIDS Prevention Instruction)

Examples of types of conduct which are prohibited in the district and which may constitute sexual harassment include, but are not limited to:

1. Unwelcome leering, sexual flirtations, or propositions

2. Unwelcome sexual slurs, epithets, threats, verbal abuse, derogatory comments, or sexually degrading descriptions

3. Graphic verbal comments about an individual's body or overly personal conversation

4. Sexual jokes, derogatory posters, notes, stories, cartoons, drawings, pictures, obscene

gestures, or computer-generated images of a sexual nature

- 5. Spreading sexual rumors
- 6. Teasing or sexual remarks about students enrolled in a predominantly single-sex class
- 7. Massaging, grabbing, fondling, stroking, or brushing the body
- 8. Touching an individual's body or clothes in a sexual way

9. Impeding or blocking movements or any physical interference with school activities when directed at an individual on the basis of sex

- 10. Displaying sexually suggestive objects
- 11. Sexual assault, sexual battery, or sexual coercion

School-Level Complaint Process/Grievance Procedure

Complaints of sexual harassment, or any behavior prohibited by the district's Nondiscrimination/Harassment policy - BP 5145.3, shall be handled in accordance with the following procedure:

1. Notice and Receipt of Complaint: Any student who believes he/she has been subjected to sexual harassment or who has witnessed sexual harassment may file a complaint with any school employee. Within 24 hours of receiving a complaint, the school employee shall report it to the district Coordinator for Nondiscrimination/Principal. In addition, any school employee who observes any incident of sexual harassment involving a student shall, within 24 hours, report this observation to the Coordinator/Principal, whether or not the victim files a complaint.

In any case of sexual harassment involving the Coordinator/Principal to whom the complaint would ordinarily be made, the employee who receives the student's report or who observes the incident shall instead report to the Superintendent or designee.

2. Initiation of Investigation: The Coordinator/Principal shall initiate an impartial investigation of an allegation of sexual harassment within five school days of receiving notice of the harassing behavior, regardless of whether a formal complaint has been filed. The district shall be considered to have "notice" of the need for an investigation upon receipt of information from a student who believes he/she has been subjected to harassment, the student's parent/guardian, an employee who received a complaint from a student, or any employee or student who witnessed the behavior.

If the Coordinator/Principal receives an anonymous complaint or media report about alleged sexual harassment, he/she shall determine whether it is reasonable to pursue an investigation considering the specificity and reliability of the information, the seriousness of the alleged incident, and whether any individuals can be identified who were subjected to the alleged
harassment.

3. Initial Interview with Student: When a student or parent/guardian has complained or provided information about sexual harassment, the Coordinator/Principal shall describe the district's grievance procedure and discuss what actions are being sought by the student in response to the complaint. The student who is complaining shall have an opportunity to describe the incident, identify witnesses who may have relevant information, provide other evidence of the harassment, and put his/her complaint in writing. If the student requests confidentiality, he/she shall be informed that such a request may limit the district's ability to investigate.

4. Investigation Process: The Coordinator/Principal shall keep the complaint and allegation confidential, except as necessary to carry out the investigation or take other subsequent necessary action. (5 CCR 4964)

The Coordinator/Principal shall interview individuals who are relevant to the investigation, including, but not limited to, the student who is complaining, the person accused of harassment, anyone who witnessed the reported harassment, and anyone mentioned as having relevant information. The Coordinator/Principal may take other steps such as reviewing any records, notes, or statements related to the harassment or visiting the location where the harassment is alleged to have taken place.

When necessary to carry out his/her investigation or to protect student safety, the Coordinator/Principal also may discuss the complaint with the Superintendent or designee, the parent/guardian of the student who complained, the parent/guardian of the alleged harasser if the alleged harasser is a student, a teacher or staff member whose knowledge of the students involved may help in determining who is telling the truth, law enforcement and/or child protective services, and district legal counsel or the district's risk manager.

(cf. 5141.4 - Child Abuse Prevention and Reporting)

5. Interim Measures: The Coordinator/Principal shall determine whether interim measures are necessary during and pending the results of the investigation, such as placing students in separate classes or transferring a student to a class taught by a different teacher.

6. Optional Mediation: In cases of student-on-student harassment, when the student who complained and the alleged harasser so agree, the Coordinator/Principal may arrange for them to resolve the complaint informally with the help of a counselor, teacher, administrator, or trained mediator. The student who complained shall never be asked to work out the problem directly with the accused person unless such help is provided and both parties agree, and he/she shall be advised of the right to end the informal process at any time.

(cf. 5138 - Conflict Resolution)

7. Factors in Reaching a Determination: In reaching a decision about the complaint, the Coordinator/Principal may take into account:

- a. Statements made by the persons identified above
- b. The details and consistency of each person's account
- c. Evidence of how the complaining student reacted to the incident
- d. Evidence of any past instances of harassment by the alleged harasser
- e. Evidence of any past harassment complaints that were found to be untrue

To judge the severity of the harassment, the Coordinator/Principal may take into consideration:

a. How the misconduct affected one or more students' education

b. The type, frequency, and duration of the misconduct

c. The identity, age, and sex of the harasser and the student who complained, and the relationship between them

d. The number of persons engaged in the harassing conduct and at whom the harassment was directed

e. The size of the school, location of the incidents, and context in which they occurred

f. Other incidents at the school involving different students

8. Written Report on Findings and Follow-Up: No more than 30 days after receiving the complaint, the Coordinator/Principal shall conclude the investigation and prepare a written a report of his/her findings. This timeline may be extended for good cause. If an extension is needed, the Coordinator/Principal shall notify the student who complained and explain the reasons for the extension.

The report shall include the decision and the reasons for the decision and shall summarize the steps taken during the investigation. If it is determined that harassment occurred, the report shall also include any corrective actions that have or will be taken to address the harassment and prevent any retaliation or further harassment. This report shall be presented to the student who complained, the person accused, the parents/guardians of the student who complained and the student who was accused, and the Superintendent or designee.

In addition, the Coordinator/Principal shall ensure that the harassed student and his/her parent/guardian are informed of the procedures for reporting any subsequent problems. The Coordinator/Principal shall make follow-up inquiries to see if there have been any new incidents or retaliation and shall keep a record of this information.

Enforcement of District Policy

The Superintendent or designee shall take appropriate actions to reinforce the district's sexual harassment policy. As needed, these actions may include any of the following:

1. Removing vulgar or offending graffiti

(cf. 5131.5 - Vandalism and Graffiti)

2. Providing training to students, staff, and parents/guardians about how to recognize harassment and how to respond

(cf. 4131 - Staff Development) (cf. 4231 - Staff Development) (cf. 4331 - Staff Development)

3. Disseminating and/or summarizing the district's policy and regulation regarding sexual harassment

4. Consistent with the laws regarding the confidentiality of student and personnel records, communicating the school's response to parents/guardians and the community

(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information) (cf. 5125 - Student Records)

5. Taking appropriate disciplinary action

In addition, disciplinary measures may be taken against any person who is found to have made a complaint of sexual harassment which he/she knew was not true.

(cf. 4118 - Suspension/Disciplinary Action)
(cf. 4218 - Dismissal/Suspension/Disciplinary Action)
(cf. 5144.1 - Suspension and Expulsion/Due Process)
(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))

Notifications

A copy of the district's sexual harassment policy and regulation shall:

1. Be included in the notifications that are sent to parents/guardians at the beginning of each school year (Education Code 48980; 5 CCR 4917)

(cf. 5145.6 - Parental Notifications)

2. Be displayed in a prominent location in the main administrative building or other area where notices of district rules, regulations, procedures, and standards of conduct are posted, including school web sites (Education Code 231.5)

3. Be provided as part of any orientation program conducted for new students at the beginning of each quarter, semester, or summer session (Education Code 231.5)

4. Appear in any school or district publication that sets forth the school's or district's comprehensive rules, regulations, procedures, and standards of conduct (Education Code 231.5)

- 5. Be included in the student handbook
- 6. Be provided to employees and employee organizations

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Rescue Union ESD Board Policy

Employee Security

BP 4158 **Personnel**

The Governing Board desires to provide a safe, orderly working environment for all employees. As part of the district's comprehensive school safety plan, the Superintendent or designee shall develop strategies for protecting employees from potentially dangerous persons and situations and for assisting them in the event of an emergency situation.

(cf. 0450 - Comprehensive Safety Plan)(cf. 3515 - Campus Security)(cf. 5131.4 - Campus Disturbances)

The Superintendent or designee shall ensure that employees are informed, in accordance with law, regarding crimes and offenses by students who may pose a danger in the classroom.

When violence is directed against an employee by any individual and the employee so notifies the Superintendent or designee, the Superintendent or designee shall take steps to ensure that appropriate legal measures are instituted. When the employee notifies the Superintendent or designee of a threat of bodily harm, the district shall take appropriate measures to enable the employee to request assistance if a threat occurs on school grounds.

The Superintendent or designee shall ensure that employees are trained in crisis prevention and intervention techniques in order to protect themselves and students. Staff development may include training in classroom management, effective communication techniques and crisis resolution.

(cf. 4131 - Staff Development) (cf. 4231 - Staff Development) (cf. 4331 - Staff Development)

The Board recognizes that access to two-way communications devices allows employees to call for assistance from their supervisor or law enforcement in the event of a threat of violence or medical emergency. The district shall provide such communications devices in classrooms to the extent possible.

(cf. 5141 - Health Care and Emergencies)

Employees may not carry or possess pepper spray on school property or at school activities. On a case-by-case basis, however, the Superintendent or designee may allow the possession of a pepper spray weapon that meets the requirements of Penal Code 12403.7 when justified by unusual

dangerous circumstances. Any employee who is negligent or careless in the possession or handling of pepper spray shall be subject to appropriate disciplinary measures.

(cf. 4118 - Suspension/Disciplinary Action) (cf. 4218 - Dismissal/Suspension/Disciplinary Action)

Reporting of Injurious Objects

The Board requires school employees to take immediate action upon being made aware that any person is in possession of an injurious object on school grounds or at a school-related or school-sponsored activity. The employee shall use his/her own judgment as to the dangerousness of the situation and, based upon this analysis, shall do one of the following:

1. Confiscate the object and deliver it to the principal immediately

- 2. Immediately notify the principal, who shall take appropriate action
- 3. Immediately notify the local law enforcement agency and the principal

(cf. 5131.7 - Weapons and Dangerous Instruments)

(cf. 5144. - Discipline)

(cf. 5144.1 - Suspension and Expulsion/Due Process)

(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))

When informing the principal about the possession or seizure of a weapon or dangerous device, the employee shall report the name(s) of persons involved, witnesses, location, and the circumstances of any seizure.

Legal Reference:

EDUCATION CODE

32210-32212 Willful disturbance, public schools or meetings

- 32225-32226 Communication devices
- 35204 Contract with attorney in private practice or use of administrative advisor
- 35205 Contract for legal services
- 35208 Liability insurance
- 35213 Reimbursement for loss, destruction or damage of school property
- 44014 Report of assault by pupil against school employee
- 44807 Duty concerning conduct of students
- 48201 Transfer of student records

48900-48926 Suspension or expulsion Grounds for suspension or expulsion

49079 Notification to teacher; student who has engaged in acts constituting grounds for suspension or expulsion

49330-49335 Injurious objects

49330-49335 Injurious obje

CIVIL CODE

- 51.7 Freedom from violence or intimidation
- CODE OF CIVIL PROCEDURE
- 527.8 Workplace violence safety act
- GOVERNMENT CODE
- 995-996.4 Defense of public employees
- 3543.2 Scope of representation

PENAL CODE

- 71 Threatening public officers and employees and school officials
- 240 Definition of assault
- 241.2 Assault on school or park property against any person
- 241.3 Assault against school bus drivers
- 241.6 Assault on school employee includes board member
- 242 Definition of battery
- 243 Battery; definition of "injury" and "serious bodily injury"
- 243.2 Battery on school or park property against any person
- 243.3 Battery against school bus drivers
- 243.6 Battery against school employee includes board member
- 245.5 Assault with deadly weapon; school employee includes board member
- 290 Registration of sex offenders
- 601 Trespass by person making credible threat
- 626.9 Gun-Free School Zone Act of 1995
- 626.10 Exceptions to bringing weapons on school grounds

646.9 Stalking

12403.7 Weapons approved for self defense

WELFARE AND INSTITUTIONS CODE

827 Juvenile court proceedings; reports; confidentiality

828.1 District police or security department, disclosure of juvenile records

Management Resources:

CDE CORRESPONDENCE

0401.01 Protecting Student Identification in Reporting Injurious Objects

WEB SITES

CSBA: http://www.csba.org

California Department of Education, Safe Schools and Violence Prevention Office:

http://www.cde.ca.gov/ls/ss/

Policy RESCUE UNION SCHOOL DISTRICT adopted: September 2004 Rescue, California

Rescue Union ESD Administrative Regulation

Employee Security

AR 4158 **Personnel**

An employee may use reasonable and necessary force when necessary for self-defense, to protect another person or property, to quell a disturbance threatening physical injury to others, or to obtain possession of weapons or other dangerous objects on or within the control of a student. (Education Code 44807, 49001)

(cf. 5131.7 - Weapons and Dangerous Instruments) (cf. 5144 - Discipline)

Employees shall promptly report to their principal or other immediate supervisor any attack, assault or physical threat made against them by a student.

Both the employee and the principal or other immediate supervisor shall promptly report such instances to the appropriate local law enforcement agency. (Education Code 44014)

In addition, employees shall promptly report to their principal or supervisor, and may report to law enforcement, any attack, assault or threat made against them on school grounds by any other individual.

(cf. 3515.2 - Disruptions)

Reports of attack, assault or threat also shall be forwarded immediately to the Superintendent or designee.

An employee whose person or property is injured or damaged by willful misconduct of a student may ask the district to pursue legal action against the student or the student's parent/guardian. (Education Code 48905)

(cf. 3515.4 - Recovery for Property Loss or Damage)

Notice Regarding Student Offenses Committed While Under School Jurisdiction

The Superintendent or designee shall inform the teacher of each student who has engaged in, or is reasonably suspected of, any act during the previous three school years which could constitute grounds for suspension or expulsion under Education Code 48900, with the exception of the possession or use of tobacco products, or Education Code 48900.2, 48900.3, 48900.4, or 48900.7. This information shall be based upon district records maintained in the ordinary course of business or records received from a law enforcement agency. (Education Code 49079)

(cf. 5125 - Student Records) (cf. 5144.1 - Suspension and Expulsion/Due Process)

Upon receiving a transfer student's record regarding acts committed by the student that resulted in his/her suspension or expulsion, the Superintendent or designee shall inform any of the student's teacher(s) that the student was suspended from his/her former district and of the act that resulted in the suspension or expulsion. (Education Code 48201)

Information received by teacher(s) shall be received in confidence for the limited purpose for which it was provided and shall not be further disseminated by the teacher. (Education Code 49079)

Notice Regarding Student Offenses Committed While Outside School Jurisdiction

When a minor student has been found by a court of competent jurisdiction to have illegally used, sold or possessed a controlled substance or committed specified crimes involving serious acts of violence, the district police or security department may provide written notification to the Superintendent. (Welfare and Institutions Code 828.1)

(cf. 3515.3 - District Police/Security Department)

When informed by the court that a minor student has been found by a court to have committed any felony or any misdemeanor involving curfew, gambling, alcohol, drugs, tobacco products, carrying of weapons, a sex offense listed in Penal Code 290, assault or battery, larceny, vandalism or graffiti, the Superintendent or designee shall so inform the school principal. (Welfare and Institution Code 827)

The principal shall disseminate this information to the counselor(s) who directly supervises or reports on the student's behavior or progress. The principal also may inform any teacher or administrator he/she thinks may need the information so as to work with the student appropriately, avoid being needlessly vulnerable, or protect others from vulnerability. (Welfare and Institutions Code 827)

Any court-initiated information that a teacher, counselor or administrator receives shall be kept confidential and used only to rehabilitate the student and protect other students and staff. The information shall be further disseminated only when communication with the student, parent/guardian, law enforcement staff and probation officer is necessary to rehabilitate the student or to protect students and staff. (Welfare and Institutions Code 827)

When a student is removed from school as a result of his/her offense, the Superintendent shall hold the court's information in a separate confidential file until the student is returned to public school. If the student is returned to a different district, the Superintendent shall transmit the information provided by the student's parole or probation officer to the Superintendent of the new district of attendance. (Welfare and Institutions Code 827)

Any confidential file of court-initiated information shall be kept until the student becomes 18, graduates from high school, or is released from juvenile court jurisdiction, whichever occurs first; it shall then be destroyed. (Welfare and Institutions Code 827)

Procedures to Maintain Confidentiality of Student Offenses

In order to maintain confidentiality when providing information about student offenses to counselors and teachers of classes/programs to which a student is assigned, the principal or designee shall send the staff member a written notification requesting him/her to review a student's file in the school office as soon as practicable. This notification shall not name or otherwise identify the student. The staff member shall be asked to initial the notification and return it to the principal or designee.

The staff member shall also initial the student's file when reviewing it in the school office. Once the district has made a good faith effort to comply with the notification requirement of Education Code 49079 and Welfare and Institutions Code 827, an employee's failure to review the file constitutes district compliance with the requirement to provide notice to the teacher.

RegulationRESCUE UNION SCHOOL DISTRICTapproved:September 2004Rescue, California

Rescue Union ESD Board Policy

Hate-Motivated Behavior

BP 5145.9 **Students**

In order to create a safe learning environment for all students, the Governing Board desires to protect the right of every student to be free from hate-motivated behavior and will promote harmonious relationships among students so as to enable them to gain a true understanding of the civil rights and social responsibilities of people in society. The district prohibits discriminatory behavior or statements that degrade an individual on the basis of his/her actual or perceived race, ethnicity, culture, heritage, gender, sex, sexual orientation, physical/mental attributes, or religious beliefs or practices.

- (cf. 0410 Nondiscrimination in District Programs and Activities)
- (cf. 0450 Comprehensive Safety Plan)
- (cf. 3515.4 Recovery for Property Loss or Damage)
- (cf. 5131.5 Vandalism and Graffiti)
- (cf. 5136 Gangs)
- (cf. 5137 Positive School Climate)
- (cf. 5141.52 Suicide Prevention)
- (cf. 5145.3 Nondiscrimination/Harassment)
- (cf. 5147 Dropout Prevention)
- (cf. 5149 At-Risk Students)

The Superintendent or designee shall collaborate with regional programs and community organizations to promote safe environments for youth. These efforts shall be focused on providing an efficient use of district and community resources.

- (cf. 1020 Youth Services)
- (cf. 1400 Relations Between Other Governmental Agencies and the Schools)
- (cf. 1700 Relations Between Private Industry and the Schools)
- (cf. 5148.2 Before/After School Programs)
- (cf. 5148.3 Preschool/Early Childhood Education)
- (cf. 6020 Parent Involvement)

The district shall provide age-appropriate instruction to help promote an understanding of and respect for human rights, diversity, and tolerance in a multicultural society and to provide strategies to manage conflicts constructively.

(cf. 5138 - Conflict Resolution/Peer Mediation)

- (cf. 6142.3 Civic Education)
- (cf. 6142.4 Service Learning/Community Service Classes)

(cf. 6141.94 - History-Social Science Instruction)

The Superintendent or designee shall ensure that staff receive training on recognizing hate-motivated behavior and on strategies to help respond appropriately to such behavior.

(cf. 4131 - Staff Development) (cf. 4231 - Staff Development) (cf. 4331 - Staff Development)

Grievance Procedures

Any student who believes he/she is a victim of hate-motivated behavior shall immediately contact the Coordinator for Nondiscrimination/Principal. Upon receiving such a complaint, the Coordinator/Principal shall immediately investigate the complaint in accordance with school-level complaint process/grievance procedures as described in AR 5145.7 - Sexual Harassment. A student who has been found to have demonstrated hate-motivated behavior shall be subject to discipline in accordance with law, Board policy, and administrative regulation. If the student believes that the situation has not been remedied by the principal or designee, he/she may file a complaint in accordance with district complaint procedures

(cf. 1312.1 - Complaints Concerning District Employees)

(cf. 1312.3 - Uniform Complaint Procedures)

Staff who receive notice of hate-motivated behavior or personally observe such behavior shall notify the principal, Superintendent or designee, and law enforcement, as appropriate. Students demonstrating hate-motivated behavior shall be subject to discipline in accordance with Board policy and administrative regulation.

(cf. 5131- Conduct)
(cf. 5144 - Discipline)
(cf. 5144.1 - Suspension and Expulsion/Due Process)
(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))
(cf. 5145.7 - Sexual Harassment)
(cf. 3515.3 - District Police/Security Department)
(cf. 4158/4258/4358 - Employee Security)

As necessary, the district shall provide counseling and appropriate sensitivity training and diversity education for students exhibiting hate-motivated behavior. The district shall also provide counseling, guidance, and support to students who are victims of hate-motivated behavior and to students who exhibit such behavior.

(cf. 6164.2 - Guidance/Counseling Services)

The Superintendent or designee shall ensure that staff receive appropriate training to recognize hate-motivated behavior and methods for handling such behavior in appropriate ways.

(cf. 4131 - Staff Development) (cf. 4231 - Staff Development) (cf. 4331 - Staff Development)

The district shall provide age-appropriate instruction to help promote understanding of and respect for human rights.

At the beginning of each school year, students and staff shall receive a copy of the district's policy on hate-motivated behavior.

Legal Reference: EDUCATION CODE 200-262.4 Prohibition of discrimination 32282 School safety plans 48900.3 Suspension for hate violence 48900.4 Suspension or expulsion for threats or harassment PENAL CODE 422.55 Definition of hate crime 422.6 Crimes, harassment CODE OF REGULATIONS, TITLE 5 4600-4687 Uniform Complaint Procedures 4900-4965 Nondiscrimination in elementary and secondary education programs Management Resources:

CALIFORNIA DEPARTMENT OF EDUCATION LEGAL ADVISORIES California Student Safety and Violence Prevention - Laws and Regulations, April 2004 U.S. DEPARTMENT OF EDUCATION, OFFICE FOR CIVIL RIGHTS & NATIONAL ASSOCIATION OF ATTORNEYS GENERAL PUBLICATIONS Protecting Students from Harassment and Hate Crime: A Guide for Schools, 1999 U.S. DEPARTMENT OF JUSTICE PUBLICATIONS Preventing Youth Hate Crimes: A Guide for Schools and Communities, 1997 WEB SITES CSBA: http://www.csba.org California Association of Human Relations Organizations: http://www.cahro.org California Department of Education: http://www.cde.ca.gov National Youth Violence Prevention Resource Center: http://www.safeyouth.org

U.S. Department of Education, Office for Civil Rights: http://www.ed.gov/about/offices/list/ocr

U.S. Department of Justice, Community Relations Service: http://www.usdoj.gov/crs

Policy RESCUE UNION SCHOOL DISTRICT adopted: September 2004 Rescue, California revised: October 13, 2009

Rescue Union ESD Board Policy

Dress And Grooming

BP 5132 Students

The Governing Board believes that appropriate dress and grooming contribute to a productive learning environment. The Board expects students to give proper attention to personal cleanliness and to wear clothes that are suitable for the school activities in which they participate. Students' clothing must not present a health or safety hazard or a distraction which would interfere with the educational process.

(cf. 4119.22 - Dress and Grooming)(cf. 5145.2 - Freedom of Speech/Expression)

Students and parents/guardians shall be informed about dress and grooming standards at the beginning of the school year and whenever these standards are revised. A student who violates these standards shall be subject to appropriate disciplinary action.

(cf. 5144 - Discipline)

Gang-Related Apparel

The principal, staff and parents/guardians at a school may establish a reasonable dress code that prohibits students from wearing gang-related apparel when there is evidence of a gang presence that disrupts or threatens to disrupt the school's activities. Such a dress code may be included as part of the school safety plan and must be presented to the Board for approval. The Board shall approve the plan upon determining that it is necessary to protect the health and safety of the school's students.

(cf. 0450 - Comprehensive Safety Plan) (cf. 5136 - Gangs)

Legal Reference: EDUCATION CODE 32281 School safety plans 35183 School dress codes; uniforms 35183.5 Sun-protective clothing 48907 Student exercise of free expression 49066 Grades; effect of physical education class apparel CODE OF REGULATIONS, TITLE 5 302 Pupils to be neat and clean on entering school COURT DECISIONS Marvin H. Jeglin et al v. San Jacinto Unified School District et al, (C.D. Cal. 1993) 827 F.Supp. 1459 Arcadia Unified School District v. California Department of Education, (1992) 2 Cal. 4th 251 Hartzell v. Connell, (1984) 35 Cal. 3d 899

Policy RESCUE UNION SCHOOL DISTRICT adopted: April 2002 Rescue, California

Rescue Union ESD Administrative Regulation

Dress And Grooming

AR 5132 Students

In cooperation with teachers, students and parents/guardians, the principal or designee shall establish and regularly review school rules which reflect Board policy governing student dress and grooming. Each school shall allow students to wear sun-protective clothing, including but not limited to hats, for outdoor use during the school day. (Education Code 35183.5)

The following guidelines shall apply to all regular school activities:

1. Hair shall be clean and neatly groomed. Aerosol cans of hair color are not permitted at school. No spray-on-color that would drip when wet is allowed at school.

2. Shoes must be worn at all times. For safety purposes sandals should be held in place with heel straps.

3. Clothing, jewelry shall be free of writing, pictures or any other insignia which are crude, vulgar, profane or sexually suggestive, or which advocate racial, ethnic or religious prejudice or the use of drugs, alcohol, or tobacco.

4. Hats, caps and other head coverings shall not be worn indoors. Exceptions may be provided for religious practice or during special event activities as designated by the school site principal.

5. All clothing shall be within the bounds of decency and good taste as appropriate for school. Garments shall be sufficient to conceal undergarments at all times.

a. Dress length shall be within the bounds of decency and god taste and no shorter than mid-thigh.

b. No bare midriffs. No low-cut or revealing tops. No "off the shoulder" blouses.

c. No garment may be worn that is cut-off, ragged or torn.

d. No "see through" or "fish net" type blouses or shirt may be worn. All students must wear shirts at all times.

Coaches and teachers may impose more stringent dress requirements to accommodate the special needs of certain sports and/or classes.

Wearing of Shorts

Students will be allowed to wear Bermuda shorts, walking shorts or shorts within the following guidelines:

1. Shorts must be hemmed and appropriate for school activities

2. The length of the shorts must be within the bounds of decency and in good taste as appropriate for school. Short shorts are absolutely not to be worn at school.

Shorts that do not meet these criteria are not allowed. Tops worn with shorts must adhere to the guidelines above.

(cf. 5145.2 - Freedom of Speech Expression)

No grade of a student participating in a physical education class shall be adversely affected if the student does not wear standardized physical education apparel because of circumstances beyond the student's control. (Education Code 49066)

(cf. 5121 - grades/Evaluation of Student Achievement)

The principal, staff students and parent/guardians at each school may establish reasonable dress and grooming regulations for times when students are engaged in extracurricular or other special school activities.

Gang-Related Apparel

At individual schools that have a dress code prohibiting gang-related apparel at school or school activities, the principal, staff and parents/guardians participating in the development of the school safety plan shall define "gang-related apparel" and shall limit this definition to apparel that reasonably could be determined to threaten the health and safety of the school environment if it were worn or displayed on a school campus. (Education Code 35294.1)

Because gang-related symbols are constantly changing, definition of gang-related apparel shall be reviewed at least once each semester and updated whenever related information is received.

Regulation RESCUE UNION SCHOOL DISTRICT approved: April 2002 Rescue, California revised: April 12, 2016



Planning Committee Members

Michelle Winberg, Principal Colin Scowcroft, Teacher Maryrose McCoy, Parent Lynsie Paulukaitis, Parent





Plan Approvals

Principal: Michelle Winberg

Signature: Mehell ____ Date: 126/23

Superintendent: Jim Shoemake

Date: _______ Signature:

Site Council Representative: Maryrose McCoy

Signature: Mayner Melay Date: 1/26/23





Green Valley Elementary School's Mission Statement

The Green Valley Staff, working in partnership with parents and our community, will strive to provide excellence in academics and the thinking and interpersonal skills necessary for all students to reach their maximum potential.

We are dedicated to providing our students an excellent education within a caring and nurturing environment where all students are valued and respected.

Rescue Union School District Vision Statement

Rescue Union School District is known and respected for quality education programs and prepares students for the ever- changing challenges of society. Rescue students succeed with the active support of families, staff, and community members. Students are literate, self-reliant, respectful citizens who are prepared for the future.





School Climate

Green Valley School has a beautiful campus with a great staff and supportive parents who work together to create a positive atmosphere for students. Our goal is to provide a school environment that supports the social and emotional development of our students through positive recognition and instructional programs. We are proud of the positive atmosphere that has been created at Green Valley. There is a need for continued focus on problem solving/resolution skills and to continue to provide more structured activities/games during recess. Existing opportunities include:

- School-wide implementation of PBIS aka- The Gator Way
- Gator Way Tickets
- Dedicated, well-trained and nurturing staff
- Monthly Citizenship Assemblies
- Gator Manners
- Guided Language Acquisition Development (GLAD)
- Daily Gator Gatherings on blacktop announcements, Pledge of Allegiance, Gator Chant
- Student Leadership team
- A motivated Parent Teacher Organization
- Modeling and teaching of GV Monthly Character Traits
- Bullying prevention program (through stories and guidance lessons)
- Second Step Curriculum used for weekly guidance lessons
- Group and individual counseling sessions
- Red Ribbon Week program which focuses on students learning refusal skills
- Digital Citizenship Lessons
- School Spirit Activities
- School Garden
- Extracurricular activities (Cross Country, Basketball, Volleyball)
- Choir for grades 2-5
- Music Instruction 4th grade
- Band 5th grade
- Yearbook Club





School Climate Objectives

Our goal is to create a positive school climate where students are valued and respected

Objective #1: During the 2022-2023 school year staff will focus on Social Emotional Learning and Trauma Informed Practices which will help students develop and display positive character traits.

1. Related activities:

- a. Staff Development on Trauma Informed Practices and Social Emotional Learning
- b. Small group and individual guidance counseling
- c. Continued implementation of Calm Zones in all classrooms which provides a place for students to reset/regulate
- d. Implementation of Tier 2 PBIS strategies such as Check in Check Out (CICO)
- e. Monthly character assemblies
- f. Use of Gator Way Tickets
- g. PBIS Facilitator will proactively monitor students and help provided students with needed breaks and front load for activities to set students up for success.

2. Resources needed:

- a. Funds for PBIS Facilitator position
- b. Cost of CICO reward items and Gator Way Ticket Rewards
- c. Cost for Calm Zones items/materials
- d. Time for professional development and collaboration
- 3. Person(s) responsible for implementation:
 - a. Green Valley staff including principal, teachers and classified staff.
- 4. Timeline: 2022-2023 school year

Objective #2: To curb bullying behaviors and to teach students how to respond to a bully.

1. Related Activities:

- a. Teachers will show PBIS videos for expectations in zones on campus.
- b. Teachers will enforce the red ticket trait of the month.
- c. School counselors will facilitate classroom presentations using the Second Step curriculum supplemented with other books/lessons.
- d. Principal will lead class discussions on bullying (Spring)

2. Resources Needed:

- a. Second Step Curriculum (already purchased)
- b. Red Ticket rewards
- 3. Persons Responsible: Principal, teachers, counselors
- 4. Timeline: Ongoing during the 2022-2023 school year





Objective #3: To help students develop conflict resolution skills.

- 1. **Related Activities**: Weekly classroom presentations in all classes by the school counselors.
- 2. Resources Needed: Second Step Curriculum and other story books (already purchased)
- 3. Persons Responsible: Counselors/Teachers
- 4. Timeline: Ongoing during the 2022-2023 school year

Objective #4: Positive Behavior Intervention and Supports- Behavior Standards will be clearly defined and taught to create a positive environment for staff and students

1. Related Activities:

- a. Use of PBIS videos to teach expectations of each school location (classroom, blacktop, restrooms, etc)
- b. Reteaching expectations as needed with the PBIS Facilitator
- c. Reviewing Behavior Awareness Ticket data to determine areas of need and to refine practices as needed
- d. Students will be recognized by staff members for showing "The Gator Way" of being respectful, responsible and safe.
- e. Students will be able to redeem their Gator Way tickets to purchase items from their class ticket list (ie; lunch with teacher, game with the principal, read to another class, etc.)
- e. Guidance lessons will be provided to classes every week
- f. Grade level assemblies will be held each trimester to review behavior expectations.
- g. Student recognition assemblies will be held each month
- h. Clear and positive academic and behavior expectations will be communicated to students and parents via assemblies, classroom visits, school handbook, website, and newsletters
- i. Additional training on continued implementation of PBIS- Tier 2

2. Resources Needed:

- a. Time for assemblies
- b. Funds for additional training
- c. Funds for PBIS incentives
- d. Funds for PBIS Facilitator position (new position in the 2022-2023 school year)

3. Persons Responsible for Implementation

- a. All staff (Principal, Teachers, Yard Supervisors, Para Educators)
- 4. Timeline- 2022-2023 school year





Physical Environment

Our goal is to foster a safe, positive learning environment for our students and staff. We continually strive to enhance the safety of the students, staff and visitors by providing clear communication, improved supervision of students and safe facilities and infrastructure. Current areas of pride include:

- New cameras installed on campus (2022)
- School Garden

Physical Environment Objectives

Objective #1: All visitors will follow the visitor log-in procedures. Staff will wear school badges. Our school will engage in monthly emergency drills. We will provide supervision for before school drop off and after school pick up as well as supervision for those students having breakfast at school.

1. Related activities:

- a. Signs will be posted to remind visitors to check in at the office.
- b. All staff (classified and certificated) will wear badges
- c. Guest teachers will wear EDCOE identification badges
- d. School will conduct monthly emergency procedure drills
- e. Staff will be assigned to monitor student drop off and pick up
- f. Staff will be assigned to supervise students on the black top beginning at 8:40 am
- g. A yard supervisor will be assigned to monitor students who ride the bus
- h. A yard supervisor will be assigned to safely cross students at the front of the school

2. Resources Needed:

- a. Signs
- b. Visitor badges and Login binder

3. Persons Responsible for Implementation:

- a. Administration and staff
- 4. Timeline for Implementation: 2022-2023 school year





Objective #2: All students will be taught and have an understanding of playground rules and will appropriately and safely use equipment.

1. Related Activities:

- a. Administrator, teachers and yard supervisors will review rules for safe equipment use and playground expectations.
- b. PBIS Videos will be shown to students during the first week of school and then revisited as needed.
- c. Training will be held for yard supervisors
- d. Monthly meetings will be held with yard supervisors to discuss concerns and make any needed adjustments for student safety and concerns
- e. Inclement weather schedule will be created for days when weather is a factor
- f. Gator Way Tickets will be given to students who follow behavior expectations (aka The Gator Way)

2. Resources Needed:

- a. Playground equipment
- b. Funds for monthly meetings
- c. PBIS materials (videos, Gator Way Tickets, incentives...)
- d. Person to help teach and implement recess activities

3. Persons responsible for Implementation

- a. Administration, Teachers, Yard Supervisors
- 4. Timeline for Implementation: 2022-2023 school year

Objective #3: Provide a safe learning environment for all students and staff.

1. Related activities:

- a. All classrooms and buildings will remain safe and secure. Principal will work with staff to practice outdoor emergency/crisis procedures using the catapult system.
- b. Work orders written to Maintenance and Operations for any needed repairs
- c. Handwashing station provided to promote frequent hand washing in accordance with Health and Safety Guidelines

2. Resources needed:

- a. District and Site Funds
- b. Device (phone/ipad) to access catapult system





3. Persons Responsible

- a. Principal and all staff
- b. Facilities Director
- 4. Timeline for implementation: 2022-2023

Objective #4: Replace the current field with a new field and a new sprinkler system.

- 1. Related Activities: Work with Director of Maintenance & Operations
- 2. **Resources Needed:** Potentially secure bond funding
- 3. Person Responsible: Superintendent/Principal

Objective #5: New shade cover for the Kindergarten playstructure.

- 1. Related Activities: Work with Director of Maintenance & Operations
- 2. **Resources Needed:** Secure funding with EDCOE
- 3. **Persons Responsible:** Principal/Director of Maintenance & Operations

Objective #6: Remove the E Wing Portables

- 1. **Related Activities:** Work with Director of Maintenance & Operations
- 2. **Resources Needed:** Potentially secure bond funding
- 3. **Person Responsible**: Superintendent/Principal

Objective #7: Fix all the Uneven pavement on the walkways and fill in the empty planters by the tables as both are tripping hazards.

- 1. Related Activities: Work with Director of Maintenance & Operations
- 2. **Resources Needed:** Funding Source
- 3. **Person Responsible:** Director of M & O and Principal
- 4. **Timeline**: As soon as funding can be secured





APPENDICES







RESCUE UNION SCHOOL DISTRICT JACKSON ELEMENTARY SCHOOL 2022-2023 SAFE SCHOOL PLAN

Planning Committee Members

Michele Williamson, Principal Ana Mountain, Teacher Coco Ladd, School Secretary Daniel Royer, Lead Custodian Cyndi Duran, Yard Supervisor Yoncha Watson, Yard Supervisor Jenelle Nilluka, Yard Supervisor



Plan Approvals

Principal: Michele Williamson

Signature:	Date:	
<u> </u>		

Superintendent: Jim Shoemake

	Signature:	Date:	
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Jackson School's Mission Statement

The Jackson School Staff, working in partnership with parents and our community, will strive to provide excellence in academics and the thinking and interpersonal skills necessary for all students to reach their maximum potential.

We are committed to providing a safe learning environment where all students are valued and respected.

Rescue Union School District Vision Statement

Rescue Union School District is known and respected for quality education programs and prepares students for the ever- changing challenges of society. Rescue students succeed with the active support of families, staff, and community members. Students are literate, self-reliant, respectful citizens who are prepared for the future.





School Climate

Jackson School has a beautiful campus with a great staff and supportive parents who work together to create a positive atmosphere for students. There are many opportunities in place for positive student interactions. Additional steps are taken to enhance the atmosphere and develop campus pride. Existing opportunities include:

- Character Counts monthly celebrations
- Patriotic Assemblies
- Student Talent Shows
- Stories From the Yard conflict resolution program
- Student Leadership Team
- School Spirit contests and events
- Garden Lessons focusing on respect for others and the environment
- Community service projects through classrooms and leadership elective
- Lunch Bunch Activities (mentors for Multiple Abilities class)
- Character Counts Performance Assemblies (Folsom Lake College)
- JAG-Y GEM videos
- Lunch with the Principal
- Counselor classroom presentations biweekly
- Lunch activities in the counselor's office
- Friendship groups weekly with the counselor





School Climate Objectives

Our goal is to create a positive school climate where students are valued and respected.

Objective #1: To curb bullying behaviors and to teach students how to respond to a bully.

- 1. Related activities:
 - a. Principal will show the video "Gum in My Hair" in fourth and fifth grade classrooms and lead a class discussion following the video (Spring 2023).
 - b. Teachers will show PBIS videos for expectations in zones on campus (Fall, 2022).
 - c. Teachers will reinforce the JAG-Y GEM Character trait of the month through classroom discussions.
 - d. Principal will host Monthly JAG-Y GEM Character Assemblies (awards will be presented in classrooms 22-23 school year due to COVID) acknowledging individual students for exemplifying the traits.
 - e. The school counselor will facilitate classroom presentations using the Second Step Anti-Bully curriculum and friendship groups at lunch (2022-2023).
 - f. Use invisible mentoring with the yard supervisor team and PBIS Check-in/Check-out Advisors (CICO) to connect with students at risk.
- 2. Resources needed: Videos have been made by staff/students.
- 3. Person(s) responsible for implementation: Principal/teachers.
- 4. Timeline for implementation: Ongoing during the school year 2022-2023.

Objective #2: To help students develop conflict resolution skills.

- 1. Related activities: Classroom presentations bimonthly in all classes by the school counselor.
- 2. Resources needed: Second Step Curriculum (has been purchased).
- 3. Person(s) responsible for implementation: Counselor/teachers.
- 4. Timeline for implementation: Ongoing during the school year 2022-2023.

Objective #3: To empower students to help one another with conflicts and to help students recognize each other's positive behavior.

- 1. Related activities: JAG-Y GEM Character lessons, assemblies, and monthly classroom presentations, lunchtime friendship Groups (2022-23).
- 2. Resources needed: Materials (already purchased).
- 3. Person(s) responsible for implementation: Counselor/principal/teachers.
- 4. Timeline for implementation: Ongoing during the school year 2022-2023.

Evaluation criteria and timeline: In the Fall of 2022 students will take the Healthy Kids Survey and we will review discipline records.





Physical Environment

Our goal is to continue to work with the Rescue District, developers, local, state, and federal agencies to make the campus facilities and grounds safe for students, staff, and visitors.

Jackson School has a beautiful campus with a great staff and supportive parents who work together to create a positive atmosphere for students. We would like to enhance the safety of the students, staff, visitors and facilities by providing better campus communication, safe facilities and infrastructure, and improved supervision of students. Current areas of pride include:

- New School Field (Spring 2023)
- New lighting on campus (2022)
- Cameras on campus (2022)
- New planter boxes, walls, and landscaping in front of our school (2021)
- School garden and outdoor science classroom
- Video Production Lab
- Outdoor reading area designed by upper grade classes (2021-2023)
- Water bottle filling stations (indoor station and outdoor station (21-22)





Physical Environment Objectives

Objective #1: To be observant of our surroundings by watching for safety concerns and responding quickly to those concerns by alerting the administration and filling out work orders.

- 1. Related activities: Make sure that all staff alert administration to safety concerns and that work orders are filled out and completed in a timely manner.
- 2. Resources needed: None.
- 3. Person(s) responsible for implementation: Principal and staff members.
- 4. Timeline for implementation: Ongoing discussions throughout the year at staff meetings and yard supervisor meetings.

Objective #2: To continue to focus on adequate lighting at night on the school campus and parking lot.

- 1. Related activities: Have custodial staff walk the campus weekly at night and do a "lighting" check to ensure that all lights are functioning. Additional lighting completed 2022.
- 2. Resources needed: Monitor new outdoor lighting fixtures on campus.
- 3. Person(s) responsible for implementation: M & O Coordinator and the Lead custodian.
- 4. Timeline for implementation: All year. Budget: Unknown.

Objective #3: Continue to monitor the flow of traffic in the school parking lot and on surrounding streets.

- 1. Related activities: Continue to get feedback from adult crossing guards regarding any safety issues that arise, continue Safety Corner in school newsletter.
- 2. Resources needed: Recommended list of safety items/signs and equipment from adult crossing guards- eventually a new parking lot design will be needed..
- 3. Person(s) responsible for implementation: Principal.
- 4. Timeline for implementation: All year.

Objective #4: Replace the retaining wall around the black top area and add a fence between the field and black top area.

- 1. Related Activities: Work order to replace the wall and missing cap stones (fall 2021).
- 2. Resources needed: Bids from construction companies.
- 3. Person responsible: Principal/Facilities Director





4. Timeline for implementation: 2023-24 school year.

Objective #5: Replace the current field with a new field and a new sprinkler system.

- 1. Related Activities: New field is being installed with completion of March 2023.
- 2. Resources Needed: Saenz Landscaping will complete the project.
- 3. Person Responsible: Principal/ PTO/Facilities Director

Objective #6: New electric gate at the back of the campus.

- 1. Related Activities: Work with Brandon Page and General Contractor to secure bids.
- 2. Resources Needed: Work to secure funding once we have pricing.
- 3. Person Responsible: Principal/Asst. Superintendent of Business Services.

Objective #7: New overhang on classroom D-5.

- 1. Related Activities: Track work order and progress on this project.
- 2. Resources Needed: The Maintenance and Operations Department will perform the work.
- 3. Person Responsible: Principal/Director of Maintenance & Operations.

Objective #8: Replace portable classrooms on the F-wing.

- 1. Related Activities: Architect/pricing/plans
- 2. Resources Needed: Potentially secure bond funding.
- 3. Person Responsible: Superintendent/Principal

Evaluation criteria and timeline: Once timeline is established we will follow plans to ensure all projects are seen through to completion.





APPENDICES


Recommendations and Assurances

The School Site Council (SSC) recommends this school plan and proposed expenditures to the district governing board for approval and assures the board of the following:

The SSC is correctly constituted and was formed in accordance with district governing board policy and state law.

The SSC reviewed its responsibilities under state law and district governing board policies, including those board policies relating to material changes in the School Plan for Student Achievement (SPSA) requiring board approval.

The SSC sought and considered all recommendations from the following groups or committees before adopting this plan:

Signature

Committee or Advisory Group Name

The SSC reviewed the content requirements for school plans of programs included in this SPSA and believes all such content requirements have been met, including those found in district governing board policies and in the local educational agency plan.

This SPSA is based on a thorough analysis of student academic performance. The actions proposed herein form a sound, comprehensive, coordinated plan to reach stated school goals to improve student academic performance.

This SPSA was adopted by the SSC at a public meeting on 2/17/21.

Attested:

Principal, Michele Williamson on 1/19/23 Hulle Williamson on 1/19/23 Hulle Williamson, Susan Heffinfton on 1/19/23

Jackson Elementary School 2561 Francisco Drive, El Dorado Hills, CA 95762

SITE COUNCIL

MEETING AGENDA

Thursday, January 19, 2023 – 3:20 p.m. Staff Room

Safety Plan Approval

Michele Williamson	Jan
Susan Heffington	Jusin Hillingen
Sara Dull	Engener O
Michele Driscoll	mill Driver.
Kortine Anderson	Vahu Anderson
Liz Harvey	TR Hamer
James Guinn	Jano J
Jamie Shaieb	Sume Thanks

Jackson Elementary School 2561 Francisco Drive, El Dorado Hills, CA 95762

SITE COUNCIL MEETING AGENDA

Thursday, January 19, 2023 – 3:20 p.m. Staff Room

School Site Plan Approval

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RESCUE UNION SCHOOL DISTRICT



LAKE FOREST ELEMENTARY SCHOOL 2022-2023 SAFE SCHOOL PLAN

Planning Committee Members

Jana Vermette, Principal Kristi Blondino, Teacher Stacy Gallman, School Secretary Andy Heath, Lead Custodian Kathy DeCurtis, Yard Supervisor Heidi Danner, Yard Supervisor Sabrene Neider, Yard Supervisor

Plan Approvals

Principal: Jana Vermette

Signature: <u>Jana Mutta</u> Date: <u>2/1/23</u>

Superintendent: Jim Shoemake

Signature:

_____ Date: 2/3 3-

School Site Council Approval:

Date: <u>2/1/23</u>

School Site Council Member: Katie Mola

Signature: e____





Lake Forest Elementary School's Mission Statement

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Lake Forest Elementary School, with the strong support and involvement of our parents and community, is committed to providing all our students with the academic, social and technological tools they need to excel both now and in their future endeavors.

Our staff is dedicated to providing a standards-based program, which emphasizes achievement, both academic and social, at the highest levels of excellence to meet the unique needs of all students.

We will provide our students with a broad range of educational experiences, study skills and organizational tools needed to become adaptable, flexible thinkers, who are proud of themselves and their accomplishments, take responsibility for their actions, and are ready to contribute to our school and community.

Rescue Union School District Vision Statement

Rescue Union School District is known and respected for quality education programs and prepares students for the ever- changing challenges of society. Rescue students succeed with the active support of families, staff, and community members. Students are literate, self-reliant, respectful citizens who are prepared for the future.





School Climate

Lake Forest Elementary School has a beautiful campus with a great staff and supportive parents who work together to create a positive atmosphere for students. There are many opportunities in place for positive student interactions. Additional steps are taken to enhance the atmosphere and develop campus pride. Existing opportunities include:

- Patriotic Assemblies
- Student Talent Shows
- Student Safety Team
- Student Peace Patrol
- Weekly School Spirit contests and events
- Garden Lessons focusing on respect for others and the environment
- Community service projects through classrooms and leadership elective
- Lunch Bunch Activities
- Counselor classroom presentations weekly
- Lunch activities in the counselor's office
- Friendship groups weekly with the counselor





School Climate Objectives

Our goal is to create a positive school climate where students are valued and respected.

Objective #1: To curb bullying behaviors and to teach students how to respond to a bully.

1. Related activities:

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- a. Principal will show the video "Gum in My Hair" in fourth and fifth grade classrooms and lead a class discussion following the video (Spring 2024).
- b. Teachers teach expectations in zones on campus (Fall, 2023).
- c. Teachers will reinforce the SWIM Character trait of the month through classroom discussions.
- d. The school counselor will facilitate classroom presentations using the Character Strong curriculum and friendship groups at lunch (2023-2024).
- 2. Resources needed: Character Strong will be made available to all staff.
- 3. Person(s) responsible for implementation: Principal/teachers.
- 4. Timeline for implementation: Ongoing during the school year 2023-2024.

Objective #2: To help students develop conflict resolution skills.

- 1. Related activities: Peace Patrol program for recess conflict resolution implemented by our school counselor.
- 2. Resources needed: Character Strong (trial currently in place).
- 3. Person(s) responsible for implementation: Counselor/teachers.
- 4. Timeline for implementation: Ongoing during the school year 2023-2024.

Objective #3: To empower students to help one another with conflicts and to help students recognize each other's positive behavior.

- 1. Related activities: SWIM Character lessons, Golden Lunch Box winners, and monthly classroom presentations, lunchtime friendship Groups (2022-23).
- 2. Resources needed: Materials (already purchased).
- 3. Person(s) responsible for implementation: Counselor/principal/teachers.
- 4. Timeline for implementation: Ongoing during the school year 2023-2024.

Evaluation criteria and timeline: In the Fall of 2023 students will take the Healthy Kids Survey and we will review discipline records

Physical Environment

Our goal is to continue to work with the Rescue District, developers, local, state, and federal agencies to make the campus facilities and grounds safe for students, staff, and visitors.





Lake Forest School has a beautiful campus with a great staff and supportive parents who work together to create a positive atmosphere for students. We would like to enhance the safety of the students, staff, visitors and facilities by providing better campus communication, safe facilities and infrastructure, and improved supervision of students. Current areas of pride include:

- Cameras on campus (2023)
- Additional outdoor space for lessons next to the B wing
- Video Production Lab (2023-2024 school year)
- Water bottle filling stations (two outdoor stations, 22-23)





Physical Environment Objectives

Objective #1: To be observant of our surroundings by watching for safety concerns and responding quickly to those concerns by alerting the administration and filling out work orders.

- 1. Related activities: Make sure that all staff alert administration to safety concerns and that work orders are filled out and completed in a timely manner.
- 2. Resources needed: None.

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- 3. Person(s) responsible for implementation: Principal and staff members.
- 4. Timeline for implementation: Ongoing discussions throughout the year at staff meetings and yard supervisor meetings.

Objective #2: To continue to focus on adequate lighting at night on the school campus and parking lot.

- 1. Related activities: Have custodial staff walk the campus weekly at night and do a "lighting" check to ensure that all lights are functioning.
- 2. Resources needed: Monitor new outdoor lighting fixtures on campus.
- 3. Person(s) responsible for implementation: M & O Coordinator and the Lead custodian.
- 4. Timeline for implementation: All year. Budget: Unknown.

Objective #3: Continue to monitor the flow of traffic in the school parking lot and on surrounding streets.

- 1. Related activities: Continue to get feedback from adult crossing guards regarding any safety issues that arise, continue communication in the weekly newsletter.
- 2. Resources needed: Recommended list of safety items/signs and equipment from adult crossing guards- eventually a new parking lot design will be needed.
- 3. Person(s) responsible for implementation: Principal.
- 4. Timeline for implementation: All year.

Objective #4: Restructure the kindergarten play yard to provide more hard surface area for the play during the wet months.

- 1. Related Activities: Decide on a plan of action (spring 2023).
- 2. Resources needed: Bids from construction companies.
- 3. Person responsible: Principal/Facilities Director/Assistant Superintendent, Business
- 4. Timeline for implementation: 2023-24 school year.

Objective #5: Replace portable classrooms on the F-wing.

- 1. Related Activities: Architect/pricing/plans
- 2. Resources Needed: Potentially secure bond funding.
- 3. Person Responsible: Superintendent/Principal





Evaluation criteria and timeline: Once timeline is established we will follow plans to ensure all projects are seen through to completion.





APPENDICES





Planning Committee

Katie Allred Breanna Funk Laura Haislip Ben Howard Erin Koht Kathy Miracle Erin Sargent





Plan Approvals

Principal: Kathy Miracle

Signature: Kathy Muracle Date: 1-27-23

School Site Council Chair: Katie Allred Signature: 1/27/2023

Superintendent: Jim Shoemake

Signature: <u>H</u>₃ Date: <u>H</u>₃ <u>N</u>





Lakeview Elementary School's Mission Statement

The mission of Lakeview Elementary is to inspire all students to be passionate, continuous learners and to prepare them with the skills to achieve their goals and flourish as responsible, caring citizens in a global community.

Lakeview Elementary School's Vision Statement

Lakeview Elementary will provide a learning environment in which students acquire high levels of knowledge, skills, and understanding that will open doors of opportunity and prepare them for thought and action in the wider world. Each student will be known as a person and a learner who will experience the joy and challenge education brings as individuals in a community. Each student will develop the skills, attitudes, and behaviors to become principled, ethical citizens who give and receive support in the process of learning.

Rescue Union School District Vision Statement

Rescue Union School District is known and respected for quality education programs and prepares students for the ever- changing challenges of society. Rescue students succeed with the active support of families, staff, and community members. Students are literate, self-reliant, respectful citizens who are prepared for the future.





School Climate

Our goal is to provide a warm, welcoming, and positive learning environment where all students feel socially and emotionally safe to reach their academic potential and thrive as individuals. We want all students to feel appreciated and supported. We want to provide opportunities for all students to develop strong character traits, leadership skills, and social-emotional resiliency.

Existing opportunities are:

- Lakeview Elementary earned the respected title of California Distinguished School (2018/2019).
- Our students continue to earn high academic achievement on California's SBAC/CAASPP assessments.
- Our PTO is an incredible group of dedicated parents who serve a crucial role in raising funds for our school programs and supplies, while also providing amazing family events and activities.
- Our hard working staff are skilled and excited to offer optimal, rigorous learning opportunities for all students. The majority of our teachers are trained and certified in GLAD (Guided Language Assessment and Development).
- Our K-3 teachers are trained in and have implemented SIPPS (Systematic Instruction in Phonological Awareness, Phonics, and Sight Words) for all K-3 students. This implementation will further improve our students' strong foundational reading skills.
- We continue to implement Positive Behavioral Interventions and Supports (SOAR).
- Our 1st 5th grade students receive PE instruction through pull-out sessions from our PE Teachers.
- VAPA (Visual and Performing Arts) instruction is offered to all students. Programs may vary each year (ex. Dance, K-2nd grade Music, and Pottery).
- Our 4th and 5th grade IMPACT Leadership group typically maintains over 100 members who learn leadership while serving on school service teams and supporting our community.





School Climate Objectives

School Climate Objective #1: Continue to refine consistency and clarity of school-wide procedures and expectations through the Positive Interventions and Supports (PBIS) process. Improved school culture and higher level of learning will result from Lakeview's PBIS (SOAR) implementation.

- 1. Related activities:
 - a. Continue to implement and update our PBIS (SOAR) staff team. Three teachers, one yard supervisor and the principal will serve on this team. We will attend District sponsored training (summer 2022) where we will collaborate and plan. Input will continue to be gathered from Lakeview staff and parents.
 - b. Early Release Collaboration professional development time has been/will be used to gather feedback, inform and train staff on the PBIS process and SOAR.
 - c. Lakeview staff and students will review and update SOAR (Solve Problems, Own Good Decisions, Achieve Leadership and Radiate Respect) to represent the expected personal standards at Lakeview.
 - d. A school wide quiet signal has been taught and practiced regularly by all staff.
 - e. Grade level SOAR assemblies will be held to revisit and train students for SOAR.
 - f. Posters and flip books explaining positive expectations for common areas have been created. These areas are *Entering School, Morning Gathering, Quiet Zone and Lines, Lunch Room, Blacktop, Playground, Field, Bathrooms* and *Dismissal.*
 - g. Teachers use the SOAR flip book to teach and review expectations for all eight common areas.
 - h. Add large banners (displaying SOAR expectations for common areas) to upper walls of the MP Room.
 - i. SOAR tickets have been created for staff to use when a student is exhibiting SOAR personal standards.
 - j. Our SOAR store will be opened weekly (bi-weekly for grade levels) offering incentives/prizes in order to reward students for positive behavior, once they earn SOAR tickets.
 - k. Yard supervisors will meet regularly to refine procedures and report on necessary improvement of common areas. Yard supervisors and support staff will continue to be an important part of the SOAR process.
 - 1. SOAR postcards have been created and will be used by staff to send home positive messages to students. These postcards will be mailed home from the office.
 - m. Sandwich signs with playground game rules will continue to be posted on the playground (at the beginning of the year and as needed) to offer clear instructions for games.
 - n. A Communication Log will be used for yard supervisor daily communication.





- 2. Resources needed: SOAR Incentives
- 3. Person(s) responsible for implementation: Principal, PBIS Team, LV Staff, IMPACT
- 4. Timeline for implementation: 2022-2023
- 5. Budget: Site/Donations

School Climate Objective #2: Provide social emotional learning and support for all Lakeview students.

- 1. Related activities:
 - a. Activities described in Objective #1
 - b. We are so pleased to now have a full time school counselor at Lakeview.
 - c. Provide professional development for staff in Social Emotional Learning strategies, when possible.
 - d. Support staff will be trained in the Zones of Regulation.
 - e. Our MTSS (Multi-Tiered Systems of Support) team will meet regularly to discuss student needs and supports.
 - f. Our site will use CARE Solace and promote its use for families and staff.
 - g. SEL Checklists and teacher input (initiated by our counselors) will be considered when identifying student SEL/counseling needs.
 - h. A site counseling plan, including individual and group support, along with class presentations, will be implemented by our school counselor throughout the school year.
 - i. Teachers may choose to deliver SEL lessons with Mind + Heart, Teachers Pay Teachers
 - j. SEL books will be housed in the library for staff resources/use.
 - 2. Resources Needed: SEL tools and resources.
 - 3. Person(s) responsible for implementation: Staff
 - 4. Timeline for implementation: 2022-2023
 - 5. Budget: Site, Donations, and PTO

School Climate Objective #3: Provide opportunities for students to learn strong citizenship and leadership skills.

- 1. Related activities:
 - a. Activities described in Objectives 1 & 2
 - b. Continue IMPACT (leadership) where all 4th and 5th grade students can join the group to learn leadership skills through providing school, community service. School service teams include Safety Patrol, Kindness Crew, SOAR Squad, Leadership Developers, Librarian Aides, Teacher Aides, Friendship Group (for EDCOE Autism Program), PTO Support.



- c. Resources needed: IMPACT T-Shirts, poster supplies, SOAR incentives, stipends for advisors
- 2. Person(s) responsible for implementation: IMPACT Advisors, Staff
- 3. Timeline for implementation: Ongoing
- 4. Budget: Student Government Budget, Site, Donations

Evaluation criteria and timeline (Objective 1, 2 & 3): SOAR data shall serve as evaluation criteria for Objectives 1 & 2. Academic gains are projected and will be analyzed in summer of 2023 (as demonstrated in RUSD assessments, CAASPP results). We aim for positive, informal student and staff feedback, increased attendance rates and decreased number of referrals to principal for conflicts. CHKS results will indicate an increase in students who feel safe and successful at school. **Evaluation (Objective 3):** Positive feedback from parents, LV staff, students and community organizations will result.





Physical Environment

Our goal is to enhance the physical environment on campus, and provide a safe, clean, secure environment for learning.

Lakeview is a stunning school site. The view of the lake and beauty of the campus make it an awesome environment to learn. Lakeview opened our doors for students in August of 2005. It is the youngest school site in the Rescue Union School District. It features a hillside architecture with two story buildings, a large amphitheater, breezeways, multipurpose room, outdoor/covered dining area, a large field/playground area and multiple parking lots. Providing a physically safe environment for our 570 students is our very first priority.

Existing areas of pride include:

- Beautiful, well-kept facilities with breathtaking views of Folsom Reservoir.
- An amazing mural has been added to our amphitheater, emphasizing our school motto, "SOAR."
- School signs directing all visitors to the office are clearly visible from all three entrances into the school site. Note: Signs are in need of updating.
- All parent volunteers undergo strict screening procedures through RUSD's Human Resources Department.
- All doors lock from inside (Columbine Locks), and windows can be covered from inside with blinds and black-out material, when needed in lockdown.
- Lock-assist
- Staff and students undergo regular emergency drills for fire evacuations, lockdown and duck/cover emergencies.
- Staff continually monitor our school environment for safety.
- The Lakeview garden and orchard continues to be an area of pride and active learning for our students.
- Our Lakeview logo and the California Distinguished School emblem are painted on the exterior walls at the school's entrance, adding to the lovely exterior.
- Eagles SOAR with motivational phrases (Solve Problems, Own Good Decisions, Achieve Leadership, and Radiate Respect) on the large beams in our entrance breezeway. In addition, our office and library doors have been labeled with attractive vinyl.
- Decorative banners were added to our MP Room, to enhance our learning environment.





Physical Environment Objectives

Physical Environment Objective #1: Utilize outdoor areas of the campus as alternative learning areas, whenever possible.

- 1. Related activities:
 - a. Continue using the garden area for increasing student engagement at school. Add small murals to the garden for beautification. Provide opportunities for students to visit the garden during recess.
 - b. Resources needed: Lesson plans and materials for teaching various curriculums in the garden. Garden maintenance supplies and tools.
 - c. Purchased outdoor learning supplies and resources (bleacher foam seats, dry erase clipboards, classroom outdoor blankets, camping tables and chairs, etc.)
 - d. Work to beautify the amphitheater for outdoor learning. Mural project now completed.
- 2. Person(s) responsible for implementation: Garden Coordinator, Staff
- 3. Timeline for implementation: Ongoing
- 4. Budget: PTO, Donations

Evaluation criteria and timeline: Increased number of classes engaging in outdoor learning.

Physical Environment Objective #2: Maintain vigilant supervision at arrival and dismissal times. Review with volunteers and parents the process for "visitors on campus" through newsletters and emails. Increase the safety of students when high traffic is occuring.

Related activities:

- a. Maintain staff supervision during morning drop-off and at parent pick up in the afternoon.
- b. All staff will redirect classroom volunteers to the office if no visitor badge is visible.
- c. Parents who have obtained a clearance through HR will wear large, easy-to-see visitor badges.
- d. Continuously improve drop-off and pick-up procedures. Model and encourage students to follow procedures (through use of SOAR lessons, videos, flip books, and posters).
- 1. Resources needed: Staffing, radios, megaphones, cones
- 2. Person(s) responsible for implementation: Staff
- 3. Timeline for implementation: 2022-2023





4. Budget: Donations

Physical Environment Objective #3: To provide optimal safety of students and staff through ongoing analysis of safety.

Related activities:

- a. Discuss safety and solicit input from our parent community through SSC, PTO, etc.
- b. Continue use of substitute teacher folders to be provided to substitutes at check-in.
- c. Continue use of emergency backpacks in every room on site. Backpacks have been restocked this year. They will include basic first aid supplies, student lists with parent contact information, small bottles of water, etc.
- d. Place "lock-assist" magnets on all doors.
- e. Discuss and analyze drop-off/pick-up procedures (with the goal of continuous improvement).
- f. Update signage at school entry points.
- 1. Resources needed: Emergency supplies for backpacks; new signage
- 2. Person(s) responsible for implementation: Staff
- 3. Timeline for implementation: 2022-2023
- 4. Budget: Site, Donations

Evaluation criteria and timeline: 2022-2023; ongoing





APPENDICES





Planning Committee Members

Levi Cambridge, Principal Samantha Schlesinger, Assistant Principal Jessica Swartz, Teacher Kate Gezi, Teacher Christina Drever, Teacher Shea Smith, Teacher Lisa Evans, Parent Kris Teshima, Parent Melissa Lange, Parent Ella Anderson, Student Cooper Smith, Student





Marina Village Middle School's Mission Statement

Marina Village Middle School will provide a comprehensive and academically challenging education for all students. We will maintain a safe and positive environment that promotes respect and responsibility. Marina Village Middle School is committed to cooperation, support, and involvement among school, parents, and community.

Marina Village Middle School's Vision

Motivation helps you achieve your personal best.

Academic challenges promote success and life-long learning.

Responsibility and respect for all create a safe environment.

Involvement of students, staff, and parents leads to effective teamwork.

Nurturing and developing creativity make school more enjoyable.

Awareness of individual differences promotes acceptance.

Rescue Union School District Vision Statement

Rescue Union School District is known and respected for quality education programs and prepares students for the ever- changing challenges of society. Rescue students succeed with the active support of families, staff, and community members. Students are literate, self-reliant, respectful citizens who are prepared for the future.





School Climate

Our goal is to increase a sense of community on and around the Marina Village campus and improve school pride and ownership among staff, students, families, and community partners.

Marina Village staff, students, and parents work in partnership to create a positive atmosphere for students in both academic and social contexts at school. There are myriad resources, programs, and activities in place, which are directed towards supporting students and families in learning to interact in a positive and respectful manner. Existing opportunities are:

- After School Enrichment Programs
- After school Library Study Hall/Tutorials
- Athletic Award Recognition
- Athletic Teams
- Back to School Night
- Band Concerts
- Battle of the Books
- Book Fairs
- Conflict managers
- End of the year Reward/Celebration Activities
- Hands 4 Hope
- Honor Roll & Principal's Honor Roll
- Leadership Elective
- Math and Science Clubs
- Merit Reward Assemblies
- Merit Recovery Program
- Music Boosters
- Mustang of the Week
- New version Mustang Pride Award
- Positive Jupiter comments
- New Student/Family Orientation
- Ohana Climate Committee (OCC)
- Parent Education Night Vaping & electronic "Screenagers"
- Positive Behavioral Interventions & Supports (PBIS)
- Project Green Outdoor Education (Garden Club)
- PTC School Activities
- Rallies
- School Counseling Program
- School Site Council
- Staff Recognition (By Student Council, PTC & OCC)
- Student Council
- Student Recognition Assemblies
- Trauma Informed Practice
- Where Everybody Belongs (WEB)
- Yard Supervisor Student Recognition Efforts





School Climate Objectives

School Climate Objective #1: Behavior standards will be defined to improve school spirit and develop positive peer pressure.

- 1.-- Related-activities:
 - a. Clear and positive academic and behavior expectations will be communicated to students and parents via meetings, assemblies, classroom visits, handbooks, website, newsletters, and posters
 - b. Teachers will revise and implement consistent classroom and academic expectation policies across grade levels to provide students with a sense of comfort and understanding about their role in areas such as classroom behavior, make-up work, test retakes, late assignments, etc.
 - c. A school-wide behavior assembly and/or classroom visitation at each grade level will be held for all students during each trimester.
 - d. Teachers will continue to provide classroom support for managing interpersonal issues
 - e. Students will be recognized by staff members for displaying positive citizenship (Student of the Trimester, Mustang of the Week)
 - f. Parents will receive Jupiter alert emails recognizing their child for being positive contributors to the school community
 - g. Student Recognition Assemblies will be held by grade level three times per year and will include all students so that honorees are recognized in front of their peers
 - h. Academic achievement will be recognized each trimester through the Honor Roll program
 - i. A clear and consistent schoolwide late work policy will be considered.
 - j. Academic Intervention will be held after school on Tuesdays and Thursdays
 - k. Administration to take two 8th grade students, each with two friends, to pizza lunch one Friday per month and talk about their Marina experience
- 2. Resources needed:
 - a. Funds for recognition materials: Certificates, pins, pennants, ribbons and decals
 - b. Funds for incentives (School spirit items, assemblies, etc.)
- 3. Person(s) responsible for implementation: Administration, Counselors, staff, Student Council
- 4. Evaluation: Jupiter referrals, Healthy Kids Survey, Trimester report card grades, Jupiter alerts both positive and discipline
- 5. Timeline for implementation: 2022-2023 (ongoing)
- 6. Budget: Homework Club \$200 week, Mustang of the Week \$500, 8th grade recognition \$500

School Climate Objective #2: Improve on-campus supervision of students.

- 1. Related activities:
 - a. Teachers play PBIS video and do lesson for assigned matrix section on first week





- b. Reinforce assembly behavior expectations and work with staff to improve supervision of students during assemblies and other special programs
- c. Provide expansion of library accessibility for students during lunch
- d. Provide intermural supplies (board games, balls, field equipment) for lunchtime activities
- e. Expand and distribute a list of substitutes for lunch supervisors
- f. Provide ongoing training for lunch supervisors
- g. Provide a professional duties handbook for lunch supervisors
- h. Monitor lunchtime service number program to reduce lunch line length and wait time
- i. Make ongoing use of 2 points of sale in kitchen to improve efficiency of service
- j. Develop an intramural program for lunchtime activities. (OCC, Leadership, Friendship Coordinators, Project Green)
- k. Publish school rules for lunch activities
- 1. Hold assembly to review lunch behavior expectations with each grade level
- m. Conflict manager program will provide training and support
- n. Staff will wear identification badges for identification
- o. Visitor/Volunteer will wear identification badges for identification
- p. Posters hung around campus for PBIS matrix sections
- 2. Resources needed:
 - a. Advertisements/job postings for substitutes
 - b. Launch Supervisors handbook and materials
 - c. Whistles, clipboards, Discipline referrals,
 - d. Refill fanny packs with first aid supplies for Yard Supervisors
- 3. Personnel responsible for implementation: Administration; Lunch Supervisors; District Food Service
- 4. Evaluation: Health office log, Jupiter referrals, Healthy Kids Survey
- 5. Timeline for implementation: 2022-2023 (ongoing)
- 6. Budget: Intermural supplies \$400, Planners \$2500 (PTC)

School Climate Objective #3: Marina Village will focus on Social Emotional Learning and Trauma Informed Practice.

- 1. Related activities:
 - a. Dropbox for kids. 3 forms. Can we talk, peer conflict resolution, Say something
 - b. Counselor to create presentation on being kind to peers --interns/others facilitate
 - c. Teacher's compete SEL inventory
 - d. All staff reviews and participates in Trauma Informed Practice
 - e. Principal and Assistant Principal attend additional professional development
 - f. Teacher collaboration
 - g. Groups counseling
 - h. Kickoff assembly that challenges students to change their behavior
 - i. Where Everyone Belongs (WEB) program for incoming 6th graders/new students
 - j. School counseling support
 - k. Spirit Fridays (coordinated by Student Leadership)
 - 1. Leadership elective class





- m. Student Council
- 2. Resources needed: Volunteer support, funds for W.E.B. training.
- 3. Person(s) responsible for implementation: Principal, Assistant Principal, Counselor, and Leadership Teacher
- 4. Evaluation:
 - a. Student participation
 - b. Student surveys
 - c. Staff surveys
 - d. Pre/Post project surveys
- 5. Timeline for implementation: 2022-2023 (ongoing)
- 6. Budget:
 - a. W.E.B. \$2000
 - b. Kickoff assembly treats \$250

Evaluation criteria and timeline: There will be a continued reduction in discipline incidents as measured by fewer referrals to the office, fewer teacher assigned detentions, and fewer suspensions. The number of children recognized for positive behavior will increase. Data will continue to be evaluated each trimester and annually.





Physical Environment

Our goal is to maintain a safe physical environment for students and staff of Marina Village Middle School and enhance the available facilities.

Marina Village School has in place a number of programs and activities, which are directed towards the physical safety, and improvement of facilities. Existing areas of pride include:

- Eagle/Girl Scout and community projects for campus beautification
- Office Bulletin Boards
- Parent Teacher Council (PTC)
- PTC fund raising achievements
- School counseling program
- School Safety committee
- Staff/visitor ID badges worn
- Student Council
- Visitor/Volunteer registration and ID badge program
- Wheelchair ramps
- Yard Duty program handbook, staff shirts, radios, training
- Digital Sign at the entrance of the school
- Additional seating Outdoor education environment
- Bright lighting in main office quad and hallways
- Maintain metal rivets to stop skateboard destruction of cement
- Additional hand sanitizer in the office, kitchen and every classroom
- Smaller class size
- Install security cameras (26)
- Install license plate reader (pilot program)
- Magnet strips
- Walkie talkies district wide





Physical Environment Objectives

Physical Environment Objective #1: Campus modernization.

- 1. Related activities
 - a. Conduct emergency drill trainings (Catapult silent and student participation)
 - b. Safety day evacuation drill, earthquake drill, intruder drill
 - c. Hire two crossing guards
 - d. Maintain metal skateboard deterrents on bottom step in office quad
 - e. Install security cameras and license plate reader
- 2. Resources needed
 - a. Staff education of Catapult system
 - b. Schedule safety day drills
 - c. Utilize outdoor education furniture
- 3. Personnel responsible for implementation:
 - a. Administration
 - b. District Maintenance
 - c. District Human Resources
- 4. Evaluation
 - a. Evaluate & establish a list of recommended changes to ensure they are functional and meeting the needs of the school
 - b. Report on any new traffic and/or pedestrian issues encountered
 - c. Catapult log ins for staff and students
- 5. Timeline for implementation: 2022-2023 (ongoing)
- 6. Budget: District earmarked funds, Marina donation account

Physical Environment Objective #2: To increase the understanding of substance abuse and internet safety, and its consequences.

- 1. Related activities:
 - a. Internet Safety assembly
 - b. Present videos on vaping and substance abuse
 - c. Presentations on bullying by counselor
 - d. Engage in classroom activities with teachers and counselor
 - e. Peer to Peer in class lessons
 - f. Prevention Awareness Campaigns emphasis on promoting healthy choices regarding substance abuse
 - i. Red Ribbon Week weeklong substance abuse awareness program
 - ii. Start with Hello Week weeklong kindness promotion program
 - iii. World Kindness Day
 - iv. Say Something Week
 - v. Take down Tobacco Week
 - vi. Be Kind Online Day





- vii. No One Eats Alone Day
- g. Lunchtime activities to promote healthy choices
- 2. Resources needed:
 - a. Videos
 - b. Lesson Plans
 - c. Red Ribbon Week giveaways and prizes
- 3. Person(s) responsible for implementation:
 - a. Counselor & OCC Advisor
 - b. Assistant Principal
- 4. Evaluate:
 - a. Data collected at the end of the school year
 - b. Participation of students in anti-substance abuse program
 - c. Healthy Kids survey
 - d. Discipline records
- 5. Timeline for implementation: 2022-2023 (ongoing/Emphasis in October)
- 6. Budget: \$3000 (from Fright Fest by OCC)





APPENDICES

BUDGET

School Climate		
Objective #1 – Behavior Standards	Hwk Club - \$200 wk	\$5600.00
	Mustang of the Week	\$500.00
	8 th grade recognition	\$500.00
Objective #2 – On- Campus Supervision	Intermural Supplies	\$ 400.00
	Planners	\$2500.00 PTC
Objective #3 – SEL & Trauma Informed	W.E.B.	\$2000.00
Practice	Kickoff assembly	\$ 250.00

Physical Environment		
Objective #1 – Campus Modernization	Security cameras License plate reader	District funded Pilot program
Objective #2 – Healthy choices (internet/substance abuse)	OCC activities	\$3000.00 OCC

TOTAL BUDGET		
School Climate	6600.00	
Physical Environment	400.00	
Total	7000.00	

Name of School Principal (

en al Signature of School Principal

10/10/22 Date

ROBERT SHER SMITH

Signature of SSC Chairperson

10/22

Name of SSC Chairperson

2/3 23





RESCUE UNION SCHOOL DISTRICT PLEASANT GROVE MIDDLE SCHOOL 2022-2023 SAFE SCHOOL PLAN

Planning Committee Members

Vera Rue Morris, Principal Molly Griffin, Assistant Principal Kelly Ashurst, School Secretary Rachel Ford, Student Service Secretary Lauren Todoroff, Counselor Steven McGready, Lead Custodian Natalie Hadden, Librarian Matt Hardt, Teacher





RESCUE UNION SCHOOL DISTRICT PLEASANT GROVE MIDDLE SCHOOL SAFE SCHOOL PLAN

Plan Approvals

Principal: Vera Morris

Anel Date: 2.3.23 Signature:

Superintendent: Jim Shoemake

- Date: 3 3 23 Signature:

Site Council Representative:

Mila Stander Date: -Signature:





RESCUE UNION SCHOOL DISTRICT PLEASANT GROVE MIDDLE SCHOOL SAFE SCHOOL PLAN

Pleasant Grove Middle School's Mission Statement

Pleasant Grove Middle School, a California Distinguished School, will provide every student with a high standard of academic learning combined with personal and social development in a collaborative, healthy, inclusive, and positive environment. As an AVID (Advancement via Individual Determination) school, Pleasant Grove supports AVID's mission "to close the achievement gap by preparing all students for college and career readiness and success in a global society."

A Pleasant Grove PUMA is:

Positive Responsible Inquisitive Diligent Enthusiastic

Pleasant Grove Middle School's Vision Statement

Pleasant Grove has established a reputation for academic excellence and community pride. The staff maintains high expectations for quality work from students. Parents are seen as an integral part in the education of their students. Each student can expect to be treated fairly, to work and play in a safe environment, to be challenged, and to be properly instructed and evaluated by caring teachers. Pleasant Grove staff recognizes that positive behavior and appropriate activities will stimulate a healthy, productive school climate. Regular attendance is expected, which enables students to develop positive and responsible lifelong work habits. Pleasant Grove has several programs to promote a positive climate and help students feel more connected to the school and their community.

Rescue Union School District Vision Statement

Rescue Union School District is known and respected for quality education programs and prepares students for the ever- changing challenges of society. Rescue students succeed with the active support of families, staff, and community members. Students are literate, self-reliant, respectful citizens who are prepared for the future.




School Climate

Our goal is to increase the students' sense of belonging at Pleasant Grove and improve campus connectedness.

Pleasant Grove Middle School has a beautiful campus with great staff and supportive parents who work together to create a positive atmosphere for students. There are many opportunities in place for positive student interactions. Additional steps should be taken to enhance the atmosphere and develop campus pride.

Existing opportunities are:

- School Site Council
- Student of the Trimester Recognition Program
- Student of the Month Awards
- Honor Roll
- Parent/Student Handbook (in planners and online)
- WEB (Where Everybody Belongs)
- Back to School Night
- Operation School Bell
- Morning Bulletin Message
- Student of the Month
- Puma Pride Awards
- Athletics
- Merit Recovery Program
- Merit Awards
- Cyber Safety Presentations for Parents and Students
- Lunch Tutorial Offerings
- Big Ideas Online Tutorial
- Intervention Aides in classrooms for student support
- Student Assemblies
- Jazz Band
- 1st Grade Buddy Class at Green Valley School (Temporarily Postponed due to COVID)
- Lunch time access to Wellness Center
- Positive School Culture and Climate Committee
- AVID Electives
- AVID Committee
- Learning Support Team
- AVID School Wide Organization System & Binder Check Support
- Student Facilitated and driven lunch clubs
- Red Ribbon Week Activities
- Teaching Family Life program
- Spirit weeks





- Study Halls/Curriculum Support for both General Education & SPED Students
- Free Daily lunch and breakfast delivery for ALL students
- Leadership created news updates
- Leadership led spirit participation incentives
- Monthly parent newsletter
- Text message communications for parents with emails

• Access to a Mental Health Clinician 3 days per week in partnership with Summit View

School Climate Objectives

School Climate Objective #1: Staff will participate in activities regarding student achievement and social development.

- 1. Related activities:
 - 1. Professional development/collaboration days will be offered to provide time for District and Site articulation and training in areas of AVID strategies, academics, social emotional learning, PBIS.
 - 2. Professional development days will focus on staff choosing areas of desired PD growth and collaborating in groups around a central topic. Staff will select a related topic and research the topic with the focus to improve student growth either academically or socially emotionally.
 - 3. The school counselor will run meetings with individual students, groups, and whole class presentations.
 - 4. Continue work with the Positive School Culture and Climate Committee meeting once per month to develop ongoing culture building events and activities for both students and staff.
- 2. Resources needed:
 - 1. Staff Development meeting time
 - 2. Classroom space to run counseling groups
 - 3. Funds for professional development opportunities
- 3. Person(s) responsible for implementation:
 - 1. Administration
 - 2. Counselor





- 3. All Staff: Implementation
- 4. Timeline for implementation:2022-2023: Ongoing
- 5. Budget: Budget will vary depending on the district level approval of professional growth for teacher'

Evaluation criteria and timeline: Administration to evaluate the effectiveness and impact on student safety, success, positive behavior intervention programs and staff training throughout the 2022-2023 school year.

School Climate Objective #2: Reduce the number of discipline issues

- 1. Related activities:
 - 1. Pursue effective positive school climate programs and initiatives.
 - 2. Research Positive School Climate Professional Development opportunities for staff to attend. Professional development may focus on things such as positive student behavior and strategies for increasing positive behavior.
- 2. Resources Needed: Training for staff by SRO on safety, training for staff by PBIS Team, PBIS Team trainings, Staff meeting time dedicated to developing and expanding PBIS resources, professional growth workshops
- 3. Person(s) responsible for implementation:
 - 1. Administration/School Counselor: All components
 - 2. School Safety Committee: Policy development and training of staff
 - 3. All Staff: Implementation
 - 4. PBIS Team: Training Staff
 - 5. SRO to support in training surrounding anti-tobacco use
- 4. Timeline for implementation: 2022-2023: Ongoing
- 5. Budget: \$1000 of site funds and Funds utilized from the Proposition 64 Grant. See School Site Plan for specifics on budgeting.

Evaluation criteria and timeline: The school administration meets weekly to review discipline issues and create plans for intervention and support. Implementation will be on-going through the year and reviewed in June. Additionally, the Learning Support Team meets bimonthly to review high risk student data, assign case managers, and offer onsite and offsite support to students, teachers, and families. See below for more details.

School Climate Objective #3: Continue to strengthen the development and effectiveness of the Learning Support Team (LST) to assist with the growing needs of Tier 1, 2, & 3 supports. This team has two out of four new members. Therefore, this is still an area of needed focus.





- 1. Related activities:
 - 1. Have a full time counselor and a psychologist sit as members of the Learning Support Team.
 - 2. Bi-monthly meetings to discuss Tiered supports and programs for targeted students
 - 3. Create effective intervention groups for both academics and social emotional needs of students using data to drive group formation & evaluate effectiveness of each group.
 - 4. Incorporate Mental Health Clinician from SummitView into LST meetings & students referral support system.
- 2. Resources needed: Funding for student incentives.
- 3. Person(s) responsible for implementation:
 - 1. Timeline for beginning Bimonthly meetings- second week of August.
 - 2. September 2022 Remind staff of the referral process
 - 3. Schedule bi-monthly meetings for the remainder of the school year
- 4. Budget: \$1500 for student incentives for check in/outs, Puma Pride Tickets, the Student Store, and academic rewards.

Evaluation criteria and timeline: LST will evaluate the success and effectiveness of all supports per individual student. Criteria may vary from Check in/out data, decrease in referrals, teacher anecdotal data, etc.

Physical Environment

Our goal is to enhance the physical environment on campus, and provide a safe, clean, and secure environment for learning.

Pleasant Grove Middle School has in place a number of programs and activities, which are directed towards the physical safety and improvement of facilities. Existing areas of pride include:

- Marquee Announcements
- Eagle Scout and community projects for campus beautification
- Office Bulletin Boards
- Parent Teacher Organization (PTO)





- School Counseling Program
- Wellness Center
- Champions Club with Proposition 64
- School Safety Committee
- Student Council/Leadership
- On site yard supervisors
- School Website
- Daily Bulletin
- Parent Link Correspondence
- Greenhouse/garden coordinator
- Repainting parking lot
- Communications to parents with parking lot safety procedures

Physical Environment Objectives

Physical Environment Objective #1: Improve on-campus supervision of students.

- 1. Related activities:
 - 1. Expand the substitute list for yard supervisors
 - 2. Provide training for yard supervisors
 - 3. Provide monthly PD meetings with yard supervisors
 - 4. Review and update the handbook for yard supervisors
 - 5. Educate students and staff on expected behaviors through Best Practice PBIS Lessons
 - 6. Virtual and oral PBIS lessons on procedures and rules campus wide
 - 7. School dances & events to support inclusivity
- 2. Resources needed: Training schedule, yard duty supervisor meetings, and assembly agendas/ and virtual videos sent out, Lunch area policy, and lesson plans for classroom and assemblies.
- 3. Person(s) responsible for implementation:
 - 1. Administration: All components





- 2. Counselor: Classroom Guidance Lessons
- 3. Teachers: Behavior mini-lesson delivery on consistent classroom expectations and adherence to school rules.
- 4. Yard Duty Supervisors: Lunchtime Supervision
- 5. Leadership, AVID Classes, and Champions Club support to create PBIS lessons & virtual lessons
- 4. Timeline for implementation: 2022-2023: Ongoing
- 5. Budget: \$0 all done during working hours

Evaluation criteria and timeline: The school Safety Committee will assess the progress of this program throughout the year and make recommendations for improvement (February meeting). At that time, it will be determined if the team should meet again in May to assess and begin to plan for the coming year. Additionally, both beginning of the year and end of the year school-wide student surveys will be administered to gather input and feedback.





Planning Committee Members

Todd McGinnis, Principal Janice Araujo, Lead Custodian Kelli Huettenhain, Teacher Jenny Riley, Parent



Plan Approvals

Principal: Todd McGinnis

Signature: Todd Million Date: 2/3/23

Superintendent: Jim Shoemake

Signature: _ _____ Date: 2/3/23

Site Council Representative:

____ Date: <u>2/3/23</u> Signature: Jenny





Rescue Elementary School's Mission Statement

At Rescue School we are committed to respecting the similarities and differences of others on our playgrounds, in our classrooms and community. We are dedicated to providing our students an excellent education in a safe, clean, and nurturing environment. We hold high expectations for all students and provide them with the support to meet their full potential.

Rescue Elementary School's Vision Statement

Our vision is to provide a safe environment in which all people learn and receive respect, value, and support. Every student will receive a quality education in partnership with families and the community to be successful meeting challenging and comprehensive standards.

Rescue Elementary School's Safety Mission Statement

In a spirit of teamwork, cooperation and mutual respect, Rescue School will strive to provide a safe, friendly school environment.

Rescue Union School District Vision Statement

Rescue Union School District is known and respected for quality education programs and prepares students for the ever- changing challenges of society. Rescue students succeed with the active support of families, staff, and community members. Students are literate, self-reliant, respectful citizens who are prepared for the future.





School Climate

Our goal is to support the emotional and social development of our students through positive recognition and instruction programs.

We are proud of the warm, welcoming, and positive atmosphere the Rescue community has worked to create and has come to expect. Our desire is to continue to provide non-competitive activities and games at recess. In addition, there is an ongoing need to continue to develop problem solving/problem resolution skills with activities designed to teach and model character. The list below consists of existing opportunities that are a big part of the Rescue Elementary School Climate.

- Weekly Student Council meetings
- Weekly Principal morning announcements
- Implementation of the School-wide Positive Behavior Intervention Support (PBIS) program.
- Weekly Greatness Groups with the school counselor focusing on social emotional learning
- Check-in, Check-out program with Yard Supervisors
- Spirit activities
- After school sports activities
- Assemblies that focus on anti-bullying techniques and health
- Monthly assemblies that recognize students for academic and social achievement
- Monthly Character Counts instruction and recognition
- Red Ribbon Week program focusing on students learning refusal skills
- Issuance of "Raider Awards" to students to celebrate good choices
- Teaching Digital Citizenship to students
- Implementation of Love and Logic strategies within classrooms and other settings
- Providing professional development on social emotional learning for staff
- Teaching of Family Life program for 4th grade girls, and 5th grade students





School Climate Objectives

School Climate Objective #1: During the 2022-2023 school year, staff will participate in activities regarding student achievement and social development.

1. Related activities:

- a. Professional Development/Collaboration days will be offered to provide time for District and Site articulation and training in areas of student achievement and social emotional learning and restorative practices including PBIS strategies.
- b. School will continue to develop their website that will include webpages for all teachers and other department info for the community.
- c. Yard Supervisors are participating in "Check-in, Check-out" relationships with students during recesses. Monthly meetings will be held to discuss how this process is going.
- d. School Counselor will run meetings with students individually, in groups, and do whole class presentations.
- e. Teachers will utilize Love and Logic strategies within their classrooms to promote student responsibility and good choices.
- f. GLAD planning time will be offered to all teachers grades K-5.
- g. "Comfort Corners" or "Reset Stations" will be implemented in all classrooms (K-5) providing a place for students to reset or regulate their behavior and focus.
- h. Staff will have opportunities to participate in social events sponsored by the site and PTC.

2. Resources needed:

- a. Staff Development meeting time
- b. Staff volunteers for social events
- c. Funds for professional development opportunities

3. Persons responsible:

- a. Principal
- b. Counselor
- c. Staff
- d. Yard Supervisors
- e. PTC Volunteers
- 4. Timeline: 2022-2023 School Year

- a. Log of team meeting dates
- b. Collection of team meeting minutes
- c. Event attendance records
- d. Discipline records
- e. PTC minutes/Treasurer reports
- f. Surveys





School Climate Objective #2: 100% of teachers will collaborate over assessments, teaching units and other student data.

1. Related activities:

- a. Meetings with teachers to make sure standards and curriculum are being taught.
- b. Teachers will meet and collaborate as a grade level across the District and together as a site.
- c. Focus on developing enrichment for students that need to be challenged.
- d. Teachers will meet to create and evaluate Distance Learning instruction and activities/assignments.
- e. Teachers will be given planning time to focus on their GLAD units and lessons.
- f. Teachers will analyze their formative and summative assessment data and apply the analysis to the planning of their instruction and pacing.
- g. Teachers will identify students that would benefit in participating in a "Greatness Group" to providing social emotional skills.

2. Resources needed:

- a. Collaboration Days
- b. Assessment Days
- 3. Persons responsible: Principal and teachers
- 4. Timeline: 2022-2023 School Year

- a. Staff calendars
- b. Staff bulletins
- c. Minutes from staff collaboration sessions
- d. Team Meeting agendas
- e. School Culture and Climate Committee minutes





School Climate Objective #3: 100% of the students performing below standards on progress reports and/or report cards will be offered the opportunity to attend school tutoring and/or receive intervention during the school day.

1. Related activities:

- a. Title I Paraeducators will be available to work with students on Language Arts and Math skills.
- b. Title I Paraeducators will be hired to work with leveled reading groups in $1^{st} 3^{rd}$ grade during the school day on Monday, Tuesday, Thursdays.
- c. Title I Paraeducators will be hired to work with Kindergarten students and support them in Reading and Math interventions.
- d. Student Study Team meetings will be held as needed to develop a plan of intervention that addresses student achievement concerns.
- e. The Learning Center will work with students supporting them in reading, writing, and mathematics interventions.
- f. Individual Learning Plans will be created for students who are performing below grade level providing a plan of assistance to support them.

2. Resources needed

- a. Money to pay for staff
- b. Facilities to hold SST meetings

3. Persons responsible

- a. Principal
- b. Counselor
- c. Teachers
- d. Secretary
- e. Paraeducators (Tutors)
- 4. Timeline: 2022-2023 School Year

- a. Data collected at the end of each progress report and report card period to see if intervention support improved at risk student's grades.
- b. Teacher's observations about quality of student's work assignments turned in, test scores and the overall success of the tutoring program, grade level coordination and intervention.
- c. SST documentation and monitoring of intervention strategies.





Physical Environment

Our goal is to foster our safe, positive learning environment by increasing connections between/among/within students, staff, and community and the physical facility. Below is a list of existing areas of pride for our school:

- School policies provided in the Parent-Student Handbook
- Reminders of school policies are presented in monthly newsletters and emails blasts
- Office staff trained to assist visitors with volunteer procedures
- Visual stickers and badges make it easy for staff to identify volunteers on campus
- Annual training in safety procedures is provided to staff
- Emergency clipboards and backpacks for classrooms
- Yard Supervisors meetings and trainings regarding facilities use and status
- Provide Chromebooks for students in grades 1-5.
- Makerspace STEM lab
- Various PTC physical improvement projects





Physical Environment Objectives

Physical Environment Objective #1: All visitors would follow the visitor log-in procedure. Staff will wear school badges. School will engage in emergency drills for preparation. School will provide supervision for before and after school drop off/pick up.

1. Related activities:

- a. Student-Parent Handbook and parent bulletins will address the visitor sign-in and visitor badge procedure.
- b. Signs will be designed and posted to remind visitors to sign-in at the office.
- c. Yard duty and substitutes will wear badges to identify themselves.
- d. All staff will be trained to direct non-identified visitors off campus and contact the office.
- e. All staff will have similar Rescue badges. School will conduct monthly emergency drills to practice emergency situational protocols.
- f. Staff members will be assigned to monitor student drop off/pick up in the car line parking lot.
- g. Staff members will be assigned to supervise students on the playground before school beginning at 8:40am.
- h. Staff members will be assigned to monitor students that ride the bus.

2. Resources needed:

- a. Maintained signs
- b. Parent bulletin notices
- c. Log-in binders and visitors badges
- d. Emergency materials (Backpacks) for each classroom/building

3. Persons responsible:

- a. Principal
- b. Staff
- c. Lead Custodian
- d. Secretary
- 4. Timeline: 2022-2023 School Year

5. Evaluation criteria:

a. Number of visitor log-ins and number of times yard duty staff called office with "stranger on campus" alert.



- b. Monitor drill efficiency and staff debrief.
- c. Community survey data.
- d. Parent bulletin and Parent-Student Handbook is provided in August. Reminders dispersed after each break or when needed.

Physical Environment Objective #2: All students will have an understanding of playground rules and will use equipment and facilities safely.

1. Related Activities:

- a. Teachers and staff will review the rules for facility and playground/equipment use. Lessons will be taught throughout the year on proper behavior and use as defined in the School Behavior Expectations Matrix.
- b. Specific areas will be designated on the playground for playing games.
- c. Training will be provided for yard supervisors and monthly meetings will be held to discuss concerns and updates regarding student safety.
- d. Inclement weather schedule will be created to provide alternate activities and locations for students.
- e. Supervision will be provided before, during, and after school to ensure student safety.
- f. Positive Behavior Intervention Support (PBIS) training will be provided to staff and procedures implemented to insure students are following behavior expectations.
- g. The Rescue PBIS Handbook will be created to provide materials that illustrate behavior expectations in all Rescue learning environments, lessons to teach proper behavior, awards and incentives, and the behavior flow chart to assist in correcting student behavior.
- h. Raider Awards will be presented to students that follow behavior expectations.
- i. Student Cohorts will be separated to ensure proper social distancing during activities.
- j. Proper sanitation of playground equipment will be done daily in accordance with Health and Safety protocols.

2. Resources Needed:

- a. Playground equipment
- b. Funds for monthly meetings
- c. PBIS Materials (i.e. Clipboards, Raider Awards, Incentives, PBIS Video, etc.)

3. Persons Responsible:

a. Principal





- b. Teachers
- c. Yard Supervisors
- d. Office Staff
- e. Health Office Nurse
- 4. Timeline: 2022-2023 School Year

5. Evaluation Criteria:

- a. PBIS logs (Awards, Stop and Think Slips, Missed Recess Tickets, Referrals)
- b. Health Office data
- c. Monthly meeting data
- d. Staff survey data

Physical Environment Objective #3: The entire school population will be informed of any theft, school damage, graffiti and/or vandalism.

1. Related activities:

- a. Communication will occur after each graffiti incident.
- b. Law enforcement will be notified and pictures will be taken when graffiti occurs.
- c. Graffiti will be removed immediately.

2. Resources needed:

- a. School and parent bulletins
- b. Graffiti removers: sand blaster, graffiti cleaner, and paint.
- c. Budgetary resources to offer rewards for information relating to the graffiti incidents (We Tip).

3. Persons responsible:

- a. Principal
- b. Lead Custodian
- c. Assistant Superintendent of Business Services
- d. Secretary
- 4. Timeline: 2022-2023 School Year

5. Evaluation criteria and timeline:

a. Logs of graffiti incidents accompanied by records of removals.





Physical Environment Objective #4: Provide a safe learning environment for all students and staff.

- 1. Related activities:
 - a. Playground structure repaired.
 - b. E-wing restroom floorings repaired.
 - c. Class numbers painted to designated line up areas for classes.
 - d. Replace classroom blinds as needed.
 - e. Reside the backs of portable classrooms as needed.
 - f. Work orders written to Facilities if repairs need to be made.
- 2. Resources needed: District and Site Funds

3. Persons Responsible:

- a. Principal
- b. Assistant Superintendent of Business Services
- c. Facilities Director
- d. Lead Custodian
- 4. Timeline: 2022-2023 School Year

- a. Work order completion.
- b. Assessment of the workmanship over the course of the 2022-2023 school year.





APPENDICES



Green Valley Elementary School 2021-2022 School Accountability Report Card (Published During the 2022-2023 School Year)

General Information about the School Accountability Report Card (SARC)



2022-23 School Contact Information

School Name	Green Valley Elementary School
Street	2380 Bass Lake Rd.
City, State, Zip	Rescue, CA 95672
Phone Number	530.677.3686
Principal	Michelle Winberg
Email Address	Mwinberg@rescueusd.org
School Website	
County-District-School (CDS) Code	09619786098693

2022-23 District Contact Information				
District Name	Rescue Union Elementary School District			
Phone Number	530.677.4461			
Superintendent	Jim Shoemake			
Email Address	jshoemake@rescueusd.org			
District Website Address	www.rescueusd.org			

2022-23 School Overview

Green Valley School, home of the Gators, is a TK-5 school which serves a student body of approximately 350 students. We are located in the beautiful foothills on the western slope of the Sierra Nevada Mountains in Rescue, CA. We opened our doors in 1978 and continue to provide a safe, clean and well-maintained facility for our students. We offer a balanced, rigorous instructional program which includes academic challenge as well as intervention and includes a full day kindergarten program. Due to the number of socioeconomically disadvantaged students, Green Valley is a Title I School. We are a high performing Title I school and were recognized as a Gold Ribbon School in 2016. Our teachers are highly qualified and dedicated to holding both our students and themselves to high standards. Green Valley School also houses a Charter Extended Day program and a State Pre-School from the El Dorado County Office of Education.

The educational program is supported by a staff of 16 classroom teachers, a resource specialist, PE teacher, part-time music teacher and two full time counselors. All 1st-5th grade students receive weekly PE instruction from the PE teacher. Students in grades 4 and 5 receive weekly music instruction and 3rd grade receives weekly music instruction beginning in the Spring. 5th grade students also have the opportunity for instrumental instruction.Our district-adopted curricular materials include Benchmark Reading, GO Math, Step-Up to Writing, Scott Foresman Science and Social Studies, Handwriting Without Tears (K-2), and D'Nealian Handwriting (3-5). ELA instruction is supplemented with SIPPS, Read Live (Naturally), Accelerated Reader, core literature, guided reading and Sonday. Math instruction is supplemented with ST Math, Reflex Math and IXL. Science instruction is supplemented with Stemscopes and Mystery Science. Academic differentiation is provided through a variety of methods. Strategic and intensive intervention and leveled grouping is provided during our results-driven Intervention Program, which runs 32 weeks out of the school year. During Intervention time, the Learning Center is also used to support students with intervention needs. Students are grouped according to need. Students who are not in need of intervention receive accelerated instruction during this time. Teachers continue to receive staff development and collaboration time to work on Content Standards. Most of our teachers have been certified in Guided Language Acquisition Development (GLAD) instructional strategies.

Our students are offered many enrichment opportunities which are supported by fundraisers, school donations and our PTO. We offer competitive sports teams for cross country (3-5), volleyball (4-5) and basketball (4-5). Choir is available before school for students (2-5). Dance (TK-5) is offered in the spring, and the Arts Attack program is provided for every class at Green Valley School. Students have the opportunity to audition and perform in a school-wide talent show. Students can also participate in Student Council/IMPACT (4-5). We also participate in the County wide Spelling Bee. Students in grades 4 and 5

2022-23 School Overview

also have the opportunity to participate in Oral Interpretation or be part of our school yearbook club. All grade levels attend field trips, which offer rich opportunities for hands-on, standards-based learning.

All classrooms have projectors and document cameras. Nine classrooms have Smart Boards and our library is equipped with a big screen TV. Internet based instructional programs, such as Read Live, ST Math, Reflex Math, IXL and Star Fall More, provide a balance for supplemental instructional support.

Social Emotional Learning continues to be a priority at Green Valley where we model a positive, proactive philosophy. We have two full time counselors. Our school counselors teach weekly guidance lessons to all classes using the Second Step curriculum. Lessons are grade level specific and focus on body language, social skills and cues, communication skills, building friendships and self-esteem. Our counselors also work with groups of students on specific strategies or areas of need (ie: friendship groups, divorce groups, grief etc. Care-Solace is offered to families and staff to support the process of matching families with mental health providers and additional resources.

We continue to implement PBIS (Positive Behavior Interventions and Supports) at Green Valley. PBIS is an evidence-based approach for developing positive behavior in students and a positive climate for learning. Students are taught and practice "The Gator Way" which is to Be Respectful, Be Responsible and Be Safe. We have student videos that demonstrate "The Gator Way" in all areas of our school (ie: lunchroom, library, office, field etc.) Students are explicitly taught the expectations for all areas of the school. Students earn Gator Way Tickets for positive behavior. Teaching behavior expectations and rewarding students for following them is a more positive approach than waiting for misbehavior to occur before responding. PBIS establishes a climate in which appropriate behavior is the norm. Character traits are featured each month and students from each grade level are honored during awards assemblies for demonstrating strong citizenship.

About this School

2021-22 Student Enrollment by Grade Level				
Grade Level	Number of Students			
Kindergarten	71			
Grade 1	55			
Grade 2	56			
Grade 3	46			
Grade 4	62			
Grade 5	59			
Total Enrollment	349			

2021-22 Student Enrollment by Student Group

Student Group	Percent of Total Enrollment
Female	52.4
Male	47.6
American Indian or Alaska Native	0.0
Asian	1.1
Black or African American	0.6
Filipino	1.4
Hispanic or Latino	29.8
Native Hawaiian or Pacific Islander	0.6
Two or More Races	6.3
White	60.2
English Learners	13.5
Foster Youth	1.1
Homeless	0.9
Migrant	0.0
Socioeconomically Disadvantaged	39.3
Students with Disabilities	13.2

A. Conditions of Learning State Priority: Basic

The SARC provides the following information relevant to the State priority: Basic (Priority 1):

- Degree to which teachers are appropriately assigned and fully credentialed in the subject area and for the pupils they are teaching;
- Pupils have access to standards-aligned instructional materials; and
- School facilities are maintained in good repair

2020-21 Teacher Preparation and Placement							
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent	
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)	25.10	99.02	159.00	95.95	228366.10	83.12	
Intern Credential Holders Properly Assigned	0.00	0.00	0.00	0.00	4205.90	1.53	
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)	0.00	0.00	2.20	1.38	11216.70	4.08	
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)	0.20	0.98	1.80	1.09	12115.80	4.41	
Unknown	0.00	0.00	2.60	1.57	18854.30	6.86	
Total Teaching Positions	25.40	100.00	165.70	100.00	274759.10	100.00	

Note: The data in this table is based on Full Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

2021-22 Teacher Preparation and Placement						
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)						
Intern Credential Holders Properly Assigned						
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)						
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)						
Unknown						
Total Teaching Positions						

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: The data in this table is based on Full-Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

Teachers Without Credentials and Misassignments (considered "ineffective" under ESSA)

Authorization/Assignment	2020-21	2021-22
Permits and Waivers	0.00	
Misassignments	0.00	
Vacant Positions	0.00	
Total Teachers Without Credentials and Misassignments	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Credentialed Teachers Assigned Out-of-Field (considered "out-of-field" under ESSA)

Indicator	2020-21	2021-22
Credentialed Teachers Authorized on a Permit or Waiver	0.00	
Local Assignment Options	0.20	
Total Out-of-Field Teachers	0.20	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

2021-22 Class Assignments

Indicator	2020-21	2021-22
Misassignments for English Learners (a percentage of all the classes with English learners taught by teachers that are misassigned)	0.00	
No credential, permit or authorization to teach (a percentage of all the classes taught by teachers with no record of an authorization to teach)	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: For more information refer to the Updated Teacher Equity Definitions web page at <u>https://www.cde.ca.gov/pd/ee/teacherequitydefinitions.asp</u>.

2022-23 Quality, Currency, Availability of Textbooks and Other Instructional Materials

All materials are current, high quality and available to all students.

Year and month in which the data were collected

	Subject	Textbooks and Other Instructional Materials/year of Adoption	From Most Recent	Percent Students Lacking Own
--	---------	---	------------------------	------------------------------------

		Adoption ?	Assigned Copy
Reading/Language Arts	Benchmark Grades K-5	Yes	0
Mathematics	K-5 Houghton Mifflin Harcourt: Go Math	Yes	0
Science	Scott Foresman Science Grades K-5	Yes	0
History-Social Science	Scott Foresman History-Social Science for California Grades K-5	Yes	0
Health		Yes	0

School Facility Conditions and Planned Improvements

School buildings and grounds at Green Valley provide a clean, positive environment that is conducive to teaching, instruction and learning. Staff and student restrooms are clean but in need of new flooring. Floors, walls, roofs, and plumbing are maintained on a regular schedule. All efforts to ensure building safety, cleanliness, and adequacy have been successful.

At Green Valley Elementary School we are continually committed to the improvement of the school's facilities. We strive to make the facility as great as it can be. Over the last few years we have improved our facility in many different and important ways. The covering over the large play structured has been repaired. Our parent teacher organization has completed a seating area around our outdoor stage area. We have an ADA handicapped accessible outdoor lunch table. We were recently able to update our sound system in the Plumb Center. We are currently reviving our school garden. We are proud of our school facilities at Green Valley, and it is our desire to continue to improve the campus for our students. We look forward to our upper field being resurfaced and replanted sometime in the near future. The lower campus E wing portables are in very poor condition and need to be replaced or removed including the E wing restroom.

Year and month of the most recent FIT report

Rate Rate Rate System Inspected **Repair Needed and Action Taken or Planned** Good Fair Poor Systems: Х Gas Leaks, Mechanical/HVAC, Sewer Interior: Х Interior Surfaces **Cleanliness:** Х **Overall Cleanliness, Pest/Vermin Infestation** Electrical Х Х **Restrooms/Fountains:** Restrooms, Sinks/ Fountains Safety: Х Fire Safety, Hazardous Materials Х Structural: Structural Damage, Roofs Х External: Playground/School Grounds, Windows/ Doors/Gates/Fences

12/27/2022

Overall Facility Rate			
Exemplary	Good	Fair	Poor
		Х	

B. Pupil Outcomes

State Priority: Pupil Achievement

The SARC provides the following information relevant to the State priority: Pupil Achievement (Priority 4):

Statewide Assessments

(i.e., California Assessment of Student Performance and Progress [CAASPP] System includes the Smarter Balanced Summative Assessments for students in the general education population and the California Alternate Assessments [CAAs] for English language arts/literacy [ELA] and mathematics given in grades three through eight and grade eleven. Only eligible students may participate in the administration of the CAAs. CAAs items are aligned with alternate achievement standards, which are linked with the Common Core State Standards [CCSS] for students with the most significant cognitive disabilities).

The CAASPP System encompasses the following assessments and student participation requirements:

- 1. Smarter Balanced Summative Assessments and CAAs for ELA in grades three through eight and grade eleven.
- 2. Smarter Balanced Summative Assessments and CAAs for mathematics in grades three through eight and grade eleven.
- 3. California Science Test (CAST) and CAAs for Science in grades five, eight, and once in high school (i.e., grade ten, eleven, or twelve).
- 4. College and Career Ready

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

SARC Reporting in the 2020-2021 School Year Only

Where the most viable option, LEAs were required to administer the statewide summative assessment in ELA and mathematics. Where a statewide summative assessment was not the most viable option for the LEA (or for one or more grade-level[s] within the LEA) due to the pandemic, LEAs were allowed to report results from a different assessment that met the criteria established by the State Board of Education (SBE) on March 16, 2021. The assessments were required to be:

- Aligned with CA CCSS for ELA and mathematics;
- Available to students in grades 3 through 8, and grade 11; and
- Uniformly administered across a grade, grade span, school, or district to all eligible students.

Options

Note that the CAAs could only be administered in-person following health and safety requirements. If it was not viable for the LEA to administer the CAAs in person with health and safety guidelines in place, the LEA was directed to not administer the tests. There were no other assessment options available for the CAAs. Schools administered the Smarter Balanced Summative Assessments for ELA and mathematics, other assessments that meet the SBE criteria, or a combination of both, and they could only choose one of the following:

- Smarter Balanced ELA and mathematics summative assessments;
- Other assessments meeting the SBE criteria; or
- Combination of Smarter Balanced ELA and mathematics summative assessments and other assessments.

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

Percentage of Students Meeting or Exceeding the State Standard on CAASPP

This table displays CAASPP test results in ELA and mathematics for all students grades three through eight and grade eleven taking and completing a state-administered assessment.

The 2020-21 data cells have N/A values because these data are not comparable to other year data due to the COVID-19 pandemic during the 2020-21 school year. Where the CAASPP assessments in ELA and/or mathematics is not the most viable option, the LEAs were allowed to administer local assessments. Therefore, the 2020-21 data between school years for the school, district, state are not an accurate comparison. As such, it is inappropriate to compare results of the 2020-21 school year to other school years.

Percentages are not calculated when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

ELA and mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
English Language Arts/Literacy (grades 3-8 and 11)	N/A	62	N/A	70	N/A	47
Mathematics (grades 3-8 and 11)	N/A	49	N/A	60	N/A	33

2021-22 CAASPP Test Results in ELA by Student Group

This table displays CAASPP test results in ELA by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

ELA test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	166	164	98.80	1.20	62.20
Female	88	86	97.73	2.27	62.79
Male	78	78	100.00	0.00	61.54
American Indian or Alaska Native	0	0	0.00	0.00	0.00
Asian					
Black or African American					
Filipino					
Hispanic or Latino	52	52	100.00	0.00	53.85
Native Hawaiian or Pacific Islander	0	0	0.00	0.00	0.00
Two or More Races					
White	100	98	98.00	2.00	68.37
English Learners	20	20	100.00	0.00	25.00
Foster Youth	0	0	0.00	0.00	0.00
Homeless					
Military					
Socioeconomically Disadvantaged	54	54	100.00	0.00	44.44
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	28	27	96.43	3.57	40.74

2021-22 CAASPP Test Results in Math by Student Group

This table displays CAASPP test results in Math by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

Mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	166	164	98.80	1.20	49.39
Female	88	86	97.73	2.27	44.19
Male	78	78	100.00	0.00	55.13
American Indian or Alaska Native	0	0	0.00	0.00	0.00
Asian					
Black or African American					
Filipino					
Hispanic or Latino	52	52	100.00	0.00	40.38
Native Hawaiian or Pacific Islander	0	0	0.00	0.00	0.00
Two or More Races					
White	100	98	98.00	2.00	55.10
English Learners	20	20	100.00	0.00	20.00
Foster Youth	0	0	0.00	0.00	0.00
Homeless					
Military					
Socioeconomically Disadvantaged	54	54	100.00	0.00	27.78
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	28	27	96.43	3.57	18.52

CAASPP Test Results in Science for All Students

This table displays the percentage of all students grades five, eight, and High School meeting or exceeding the State Standard.

For any 2020–21 data cells with N/T values indicate that this school did not test students using the CAASPP for Science.

Subject	School	School	District	District	State	State
	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
Science (grades 5, 8 and high school)	NT	45.61		51.52	28.5	29.47

2021-22 CAASPP Test Results in Science by Student Group

This table displays CAASPP test results in Science by student group for students grades five, eight, and High School. Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Student Group	Total Enrollment	Number Tested	Percent Tested	Percent Not Tested	Percent Met or Exceeded
All Students	59	57	96.61	3.39	45.61
Female	35	33	94.29	5.71	39.39
Male	24	24	100	0	54.17
American Indian or Alaska Native	0	0	0	0	0
Asian	0	0	0	0	0
Black or African American	0	0	0	0	0
Filipino	0	0	0	0	0
Hispanic or Latino	18	18	100	0	22.22
Native Hawaiian or Pacific Islander	0	0	0	0	0
Two or More Races					
White	39	37	94.87	5.13	56.76
English Learners					
Foster Youth	0	0	0	0	0
Homeless	0	0	0	0	0
Military					
Socioeconomically Disadvantaged	21	21	100	0	23.81
Students Receiving Migrant Education Services	0	0	0	0	0
Students with Disabilities					

B. Pupil Outcomes

State Priority: Other Pupil Outcomes

The SARC provides the following information relevant to the State priority: Other Pupil Outcomes (Priority 8): Pupil outcomes in the subject area of physical education.

2021-22 California Physical Fitness Test Results

This table displays the percentage of students participating in each of the five fitness components of the California Physical Fitness Test Results. Due to changes to the 2021-22 PFT administration, only participation results are required for these five fitness areas. Percentages are not calculated and double dashes (--) appear in the table when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Grade Level	Component 1: Aerobic Capacity	Component 2: Abdominal Strength and Endurance	Component 3: Trunk Extensor and Strength and Flexibility	Component 4: Upper Body Strength and Endurance	Component 5: Flexibility
Grade 5	96.6	96.6	96.6	96.6	96.6

C. Engagement

State Priority: Parental Involvement

The SARC provides the following information relevant to the State priority: Parental Involvement (Priority 3): Efforts the school district makes to seek parent input in making decisions regarding the school district and at each school site.

2022-23 Opportunities for Parental Involvement

Green Valley Elementary School has an active parent community. We utilize parent volunteers in the classroom on a regular basis. They help with group rotations or classroom events. Parents are actively involved and interested in every aspect of their children's education. Our staff is very grateful for the support we receive from our volunteers.

Parents are an integral part of School Site Council, English Language Advisory Committee and Safety Committee. The members of these committees are committed to making informed decisions that affect student learning. Green Valley Elementary School's Parent Teacher Organization sponsors a variety of activities throughout the school year. These events are well attended. PTO is an integral part of our school, sponsoring a variety of activities throughout the year. The PTO organizes parent and community volunteers to plan events for our community such as Gators on the Green, the Harvest Festival, Fun Runs, and the Penguin Patch as well as family activity nights. Membership is open to all who are interested in Green Valley School.

Contact Person: Michelle Winberg

Contact Phone No. 530-677-3686

2021-22 Chronic Absenteeism by Student Group

Student Group	Cumulative Enrollment	Chronic Absenteeism Eligible Enrollment	Chronic Absenteeism Count	Chronic Absenteeism Rate
All Students	378	372	64	17.2
Female	198	194	36	18.6
Male	180	178	28	15.7
American Indian or Alaska Native	0	0	0	0.0
Asian	4	4	1	25.0
Black or African American	2	2	0	0.0
Filipino	5	5	0	0.0
Hispanic or Latino	116	111	28	25.2
Native Hawaiian or Pacific Islander	2	2	0	0.0
Two or More Races	24	24	5	20.8
White	225	224	30	13.4
English Learners	47	47	9	19.1
Foster Youth	6	6	0	0.0
Homeless	4	4	3	75.0
Socioeconomically Disadvantaged	165	163	41	25.2
Students Receiving Migrant Education Services	0	0	0	0.0
Students with Disabilities	70	69	17	24.6

C. Engagement

State Priority: School Climate

The SARC provides the following information relevant to the State priority: School Climate (Priority 6):

- Pupil suspension rates;
- Pupil expulsion rates; and
- Other local measures on the sense of safety

Suspensions and Expulsions

This table displays suspensions and expulsions data collected between July through February, partial school year due to the COVID-19 pandemic. The 2019-20 suspensions and expulsions rate data are not comparable to other year data because the 2019-20 school year is a partial school year due to the COVID-19 crisis. As such, it would be inappropriate to make any comparisons in rates of suspensions and expulsions in the 2019-20 school year compared to other school years.

Subject	School 2019-20	District 2019-20	State 2019-20
Suspensions	0.49	1.30	2.45
Expulsions	0.00	0.11	0.05

This table displays suspensions and expulsions data collected between July through June, each full school year respectively. Data collected during the 2020-21 school year may not be comparable to earlier years of this collection due to differences in learning mode instruction in response to the COVID-19 pandemic.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
Suspensions	0.16	1.06	0.57	1.73	0.20	3.17
Expulsions	0.00	0.00	0.00	0.00	0.00	0.07

2021-22 Suspensions and Expulsions by Student Group

Student Group	Suspensions Rate	Expulsions Rate
All Students	1.06	0.00
Female	0.00	0.00
Male	2.22	0.00
American Indian or Alaska Native	0.00	0.00
Asian	0.00	0.00
Black or African American	0.00	0.00
Filipino	0.00	0.00
Hispanic or Latino	0.86	0.00
Native Hawaiian or Pacific Islander	0.00	0.00
Two or More Races	4.17	0.00
White	0.89	0.00
English Learners	2.13	0.00
Foster Youth	0.00	0.00
Homeless	0.00	0.00
Socioeconomically Disadvantaged	1.21	0.00
Students Receiving Migrant Education Services	0.00	0.00
Students with Disabilities	1.43	0.00

2022-23 School Safety Plan

A positive learning environment is fundamental to an effective school. All students are encouraged to be respectful, be responsible and to be safe. Gator Manners are modeled and promoted by all staff. Staff members work to teach our students how to "fill buckets," by treating others with kindness. Measures to deal with discipline, tardiness and truancy are an important part of our program. There are many encouraging and motivating activities taking place in the school. School-wide positive incentives include awards assemblies and honor roll. Gator Way Tickets are given to students who demonstrate the Gator Way (Respectful, Responsible, Safe) both in and out of the classroom. Gator Way Tickets are used by students to "purchase" rewards of their choice such as reading a story to another class, games with the principal etc. Recess activities are provided (ex. Drawing Club, Game Day, Music Mania, Intermural Games and School Community Service) to allow our students more choices for free time and peer interaction. IMPACT, our student leadership organization, offers leadership skill building and opportunities to provide service.

Green Valley School's awards assemblies are used throughout the school to recognize children for a variety of achievements, including academic achievement and citizenship.

We currently have two full-time custodians. Policies are in place regarding campus safety so that during recess and lunch periods adequate supervision is provided to protect the students. Fire drills are conducted monthly as part of our disaster preparedness plan; lockdown and duck and cover drills are also held at least twice each year. All efforts to ensure building safety, cleanliness, and adequacy have been successful. Green Valley School Site Council has implemented a Site Safety Plan whose two major goals this year are to provide a positive school climate modeled by staff and students and provide a physically safe environment. The plan is reviewed annually and updated as needed.

D. Other SARC Information Information Required in the SARC

The information in this section is required to be in the SARC but is not included in the state priorities for LCFF.

2019-20 Elementary Average Class Size and Class Size Distribution

This table displays the 2019-20 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	22	2	2	
1	24	2		1
2	20	2	1	
3	26		2	
4	22		3	
5	25		3	
2020-21 Elementary Average Class Size and Class Size Distribution

This table displays the 2020-21 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes withNumber of Classes with1-20 Students21-32 Students		Number of Classes with 33+ Students	
К	20	3	4		
1	27		4	1	
2	22	2 4			
3	24		2		
4	30		1		
5	29		1		
Other	27		1		

2021-22 Elementary Average Class Size and Class Size Distribution

This table displays the 2021-22 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	18	4		
1	24	2		1
2	18	3		
3	23		2	
4	25		2	
5	25		2	
Other	12	1	1	

2021-22 Ratio of Pupils to Academic Counselor

This table displays the ratio of pupils to Academic Counselor. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Ratio
Pupils to Academic Counselor	349

2021-22 Student Support Services Staff

This table displays the number of FTE support staff assigned to this school. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Number of FTE Assigned to School
Counselor (Academic, Social/Behavioral or Career Development)	1.0
Library Media Teacher (Librarian)	
Library Media Services Staff (Paraprofessional)	
Psychologist	0.6
Social Worker	
Nurse	0.2
Speech/Language/Hearing Specialist	
Resource Specialist (non-teaching)	
Other	

2020-21 Expenditures Per Pupil and School Site Teacher Salaries

This table displays the 2020-21 expenditures per pupil and average teacher salary for this school. Cells with N/A values do not require data.

Level	Total Expenditures Per Pupil	Expenditures Per Pupil (Restricted)	Expenditures Per Pupil (Unrestricted)	Average Teacher Salary	
School Site	\$11,872	\$3,357	\$8,515	\$84,237	
District	N/A	N/A	\$7,423	\$79,683	
Percent Difference - School Site and District	N/A	N/A	13.7	5.6	
State	N/A	N/A	\$6,594	\$84,612	
Percent Difference - School Site and State	N/A	N/A	25.4	-0.4	

2021-22 Types of Services Funded

All Rescue schools receive equal allocations, per student, of LCFF Base Funding. This funding helps support students by providing supplemental instructional materials, supplies, and other needs. Funding for support services, such as maintenance of buildings and grounds, utilities, and student transportation, is budgeted for at the district level and provided to each school site based on the varying needs of the individual school.

In addition to the Base Funding described above, schools in the Rescue Union School District receive Supplemental funding roughly proportional to the number of unduplicated pupils (English Learners, Socioeconomically Disadvantaged, and Foster/Homeless Youth) they serve. Furthermore, school sites receive allocations from other state and federal categorical programs, including Title I and Title II. The purpose of these categorical programs range from improving the quality of the total instructional program for all students to addressing the unique needs of special groups of students. Title III funds are budgeted for at the district level, but provide direct support to the school sites. Title III funds are used to employ bilingual instructional assistants and an EL Coordinator who provides professional development and instructional support as well as monitors the progress of our English learners.

2020-21 Teacher and Administrative Salaries

This table displays the 2020-21 Teacher and Administrative salaries. For detailed information on salaries, see the CDE Certification Salaries & Benefits web page at http://www.cde.ca.gov/ds/fd/cs/.

Category	District Amount	State Average for Districts in Same Category
Beginning Teacher Salary	\$52,067	\$51,591
Mid-Range Teacher Salary	\$74,475	\$79,620
Highest Teacher Salary	\$97,082	\$104,866
Average Principal Salary (Elementary)	\$122,234	\$131,473
Average Principal Salary (Middle)	\$123,861	\$135,064
Average Principal Salary (High)		\$137,679
Superintendent Salary	\$187,309	\$205,661
Percent of Budget for Teacher Salaries	38%	33%
Percent of Budget for Administrative Salaries	7%	6%

Professional Development

Early Release days and District Days are used for professional development and teacher collaboration. Early Release Professional Development/Teacher Collaboration days are scheduled every Wednesday throughout the school year. During these meetings, teachers work to analyze assessment data and target key standards. In addition, they plan, develop and improve effective instructional strategies. Staff development related to instructional practices, adopted curriculum, technology, Social Emotional Learning, and other educationally related matters are provided for all teachers. In addition, five minimum days are scheduled for parent conferences and three days for report card preparation.

This table displays the number of school days dedicated to staff development and continuous improvement.

Subject		2021-22	2022-23
Number of school days dedicated to Staff Development and Continuous Improvement	2	2	2

Jackson Elementary School 2021-2022 School Accountability Report Card (Published During the 2022-2023 School Year)

General Information about the School Accountability Report Card (SARC)



2022-23 School Contact Information

School Name	Jackson Elementary School		
Street	2561 Francisco Dr.		
City, State, Zip	El Dorado Hills, CA 95762-8201		
Phone Number	916-933-1828		
Principal	Michele Williamson		
Email Address	mwilliamson@my.rescueusd.org		
School Website			
County-District-School (CDS) Code	09619786005706		

2022-23 District Contact Information			
District Name	Rescue Union Elementary District		
Phone Number	530.677.4461		
Superintendent	Jim Shoemake		
Email Address	jshoemake@rescueusd.org		
District Website Address	www.rescueusd.org		

2022-23 School Overview

"The Jackson Elementary School staff, working in partnership with parents and our community will strive to provide excellence in academics and the thinking and interpersonal skills necessary for all students to reach their maximum potential. We are committed to providing a safe learning environment where all students are valued and respected."

Jackson School is located in the beautiful oak-studded foothills, twenty-five miles northeast of Sacramento. The campus serves a student body of 461 students in grades kindergarten through fifth. The educational program is supported by a staff of 21 classroom teachers, one music teacher, and one PE teacher.

- Jackson School was recognized as a 2002 California Distinguished School.
- California Distinguished School Honorable Mention 2006

The core educational program provided to the Jackson students is based on the California State Standards, and the California Curriculum Framework Standards. Beyond the core curriculum, Jackson's educational program provides a wide range of reinforcement and enrichment programs. Outstanding examples include: iXL math, coding, robotics, and 3-D Printing electives, one to one Chromebooks in 3rd-5th grade, Junior/Senior Choir, Jackson Actors Guild, classroom music instruction weekly, Instrumental Band, and much more.

Our Learning Center includes paraprofessionals and Independence facilitators who support the individual needs of our students. Jackson School has a physical education specialist providing a solid foundation for physical and social development based on our state standards for Physical Education. In addition, Jackson School has a an outdoor Science Classroom and an award winning school garden. Jackson has a variety of enrichment programs after school including a garden club, cross country team, volleyball team, and basketball team.

Students with special needs are provided additional support through our Speech and Language Services, Health Services, and the Resource Specialist Program. In addition to the support programs listed above, Jackson School has an active Student Success Team. The team, composed of parent(s), teacher(s), specialist(s), and the principal, collaboratively reviews and suggests program modifications to help students succeed and learn.

About this School

2021-22 Student Enrollment by Grade Level				
Grade Level	Number of Students			
Kindergarten	92			
Grade 1	79			
Grade 2	66			
Grade 3	80			
Grade 4	77			
Grade 5	88			
Total Enrollment	482			

2021-22 Student Enrollment by Student Group

Student Group	Percent of Total Enrollment
Female	52.5
Male	47.5
American Indian or Alaska Native	0.0
Asian	7.7
Black or African American	1.7
Filipino	1.9
Hispanic or Latino	12.7
Native Hawaiian or Pacific Islander	0.4
Two or More Races	1.5
White	74.3
English Learners	1.5
Foster Youth	0.0
Homeless	0.2
Migrant	0.0
Socioeconomically Disadvantaged	7.5
Students with Disabilities	11.2

A. Conditions of Learning State Priority: Basic

The SARC provides the following information relevant to the State priority: Basic (Priority 1):

- Degree to which teachers are appropriately assigned and fully credentialed in the subject area and for the pupils they are teaching;
- Pupils have access to standards-aligned instructional materials; and
- School facilities are maintained in good repair

2020-21 Teacher Preparation and Placement								
Authorization/Assignment School School District District State State Number Percent Number Percent Number Percent								
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)	17.70	100.00	159.00	95.95	228366.10	83.12		
Intern Credential Holders Properly Assigned	0.00	0.00	0.00	0.00	4205.90	1.53		
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)	0.00	0.00	2.20	1.38	11216.70	4.08		
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)	0.00	0.00	1.80	1.09	12115.80	4.41		
Unknown	0.00	0.00	2.60	1.57	18854.30	6.86		
Total Teaching Positions	17.70	100.00	165.70	100.00	274759.10	100.00		

Note: The data in this table is based on Full Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

2021-22 Teacher Preparation and Placement						
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)						
Intern Credential Holders Properly Assigned						
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)						
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)						
Unknown						
Total Teaching Positions						

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: The data in this table is based on Full-Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

Teachers Without Credentials and Misassignments (considered "ineffective" under ESSA)

Authorization/Assignment	2020-21	2021-22
Permits and Waivers	0.00	
Misassignments	0.00	
Vacant Positions	0.00	
Total Teachers Without Credentials and Misassignments	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Credentialed Teachers Assigned Out-of-Field (considered "out-of-field" under ESSA)

Indicator	2020-21	2021-22
Credentialed Teachers Authorized on a Permit or Waiver	0.00	
Local Assignment Options	0.00	
Total Out-of-Field Teachers	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

2021-22 Class Assignments

Indicator	2020-21	2021-22
Misassignments for English Learners (a percentage of all the classes with English learners taught by teachers that are misassigned)	0.00	
No credential, permit or authorization to teach (a percentage of all the classes taught by teachers with no record of an authorization to teach)	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: For more information refer to the Updated Teacher Equity Definitions web page at <u>https://www.cde.ca.gov/pd/ee/teacherequitydefinitions.asp</u>.

2022-23 Quality, Currency, Availability of Textbooks and Other Instructional Materials

Year and month in which the data were collected

Subject Textbooks and Other Instructional Materials/year of Adoption	From Most Recent Adoption ?	Percent Students Lacking Own Assigned Copy
--	---	--

Reading/Language Arts	Benchmark Grades K-5	Yes	0
Mathematics	K-5 Houghton Mifflin Harcourt: Go Math - 2014	Yes	0
Science	Scott Foresman Science Grades K-5	Yes	0
History-Social Science	Scott Foresman: History-Social Science for California Grades K-5	Yes	0
Health		Yes	0

School Facility Conditions and Planned Improvements

School buildings and grounds at Jackson School provide a clean, positive environment that is conducive to teaching, instruction, and learning. Staff and student rest rooms are clean and well maintained. Floors, wall, roof, and plumbing are maintained on a regular schedule. We currently have no new facility improvements planned but will be replacing the roof on our library and on our classroom buildings due to age.

Year and month of the most recent FIT report

Rate Rate Rate **System Inspected Repair Needed and Action Taken or Planned** Good Fair Poor Х Systems: Gas Leaks, Mechanical/HVAC, Sewer Interior: Х CARPETS NEEDS REPLACEMENT/CEILING TILES Interior Surfaces NEED REPLACEMENT Cleanliness: Х **Overall Cleanliness, Pest/Vermin Infestation** Electrical Х **Restrooms/Fountains:** Х Restrooms, Sinks/ Fountains Х Safety: Fire Safety, Hazardous Materials Structural: Х **ROOF LEAKS** Structural Damage, Roofs

X FIELD IS SCHEDULED FOR REPAIRS SPRING 2023

12/27/2022

Ovorall Facility Pato

Doors/Gates/Fences

Playground/School Grounds, Windows/

External:

Exemplary	Good	Fair	Poor
	Х		

B. Pupil Outcomes

State Priority: Pupil Achievement

The SARC provides the following information relevant to the State priority: Pupil Achievement (Priority 4):

Statewide Assessments

(i.e., California Assessment of Student Performance and Progress [CAASPP] System includes the Smarter Balanced Summative Assessments for students in the general education population and the California Alternate Assessments [CAAs] for English language arts/literacy [ELA] and mathematics given in grades three through eight and grade eleven. Only eligible students may participate in the administration of the CAAs. CAAs items are aligned with alternate achievement standards, which are linked with the Common Core State Standards [CCSS] for students with the most significant cognitive disabilities).

The CAASPP System encompasses the following assessments and student participation requirements:

- 1. Smarter Balanced Summative Assessments and CAAs for ELA in grades three through eight and grade eleven.
- 2. Smarter Balanced Summative Assessments and CAAs for mathematics in grades three through eight and grade eleven.
- 3. California Science Test (CAST) and CAAs for Science in grades five, eight, and once in high school (i.e., grade ten, eleven, or twelve).
- 4. College and Career Ready

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

SARC Reporting in the 2020-2021 School Year Only

Where the most viable option, LEAs were required to administer the statewide summative assessment in ELA and mathematics. Where a statewide summative assessment was not the most viable option for the LEA (or for one or more grade-level[s] within the LEA) due to the pandemic, LEAs were allowed to report results from a different assessment that met the criteria established by the State Board of Education (SBE) on March 16, 2021. The assessments were required to be:

- Aligned with CA CCSS for ELA and mathematics;
- Available to students in grades 3 through 8, and grade 11; and
- Uniformly administered across a grade, grade span, school, or district to all eligible students.

Options

Note that the CAAs could only be administered in-person following health and safety requirements. If it was not viable for the LEA to administer the CAAs in person with health and safety guidelines in place, the LEA was directed to not administer the tests. There were no other assessment options available for the CAAs. Schools administered the Smarter Balanced Summative Assessments for ELA and mathematics, other assessments that meet the SBE criteria, or a combination of both, and they could only choose one of the following:

- Smarter Balanced ELA and mathematics summative assessments;
- Other assessments meeting the SBE criteria; or
- Combination of Smarter Balanced ELA and mathematics summative assessments and other assessments.

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

Percentage of Students Meeting or Exceeding the State Standard on CAASPP

This table displays CAASPP test results in ELA and mathematics for all students grades three through eight and grade eleven taking and completing a state-administered assessment.

The 2020-21 data cells have N/A values because these data are not comparable to other year data due to the COVID-19 pandemic during the 2020-21 school year. Where the CAASPP assessments in ELA and/or mathematics is not the most viable option, the LEAs were allowed to administer local assessments. Therefore, the 2020-21 data between school years for the school, district, state are not an accurate comparison. As such, it is inappropriate to compare results of the 2020-21 school year to other school years.

Percentages are not calculated when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

ELA and mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
English Language Arts/Literacy (grades 3-8 and 11)	N/A	77	N/A	70	N/A	47
Mathematics (grades 3-8 and 11)	N/A	74	N/A	60	N/A	33

2021-22 CAASPP Test Results in ELA by Student Group

This table displays CAASPP test results in ELA by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

ELA test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	242	234	96.69	3.31	76.92
Female	124	122	98.39	1.61	81.97
Male	118	112	94.92	5.08	71.43
American Indian or Alaska Native	0	0	0.00	0.00	0.00
Asian	13	12	92.31	7.69	100.00
Black or African American					
Filipino					
Hispanic or Latino	28	27	96.43	3.57	62.96
Native Hawaiian or Pacific Islander					
Two or More Races					
White	186	181	97.31	2.69	76.80
English Learners					
Foster Youth	0	0	0.00	0.00	0.00
Homeless					
Military	11	11	100.00	0.00	90.91
Socioeconomically Disadvantaged	15	13	86.67	13.33	61.54
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	36	32	88.89	11.11	62.50

2021-22 CAASPP Test Results in Math by Student Group

This table displays CAASPP test results in Math by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

Mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	242	234	96.69	3.31	74.36
Female	124	122	98.39	1.61	70.49
Male	118	112	94.92	5.08	78.57
American Indian or Alaska Native	0	0	0.00	0.00	0.00
Asian	13	12	92.31	7.69	91.67
Black or African American					
Filipino					
Hispanic or Latino	28	27	96.43	3.57	51.85
Native Hawaiian or Pacific Islander					
Two or More Races					
White	186	181	97.31	2.69	76.24
English Learners					
Foster Youth	0	0	0.00	0.00	0.00
Homeless					
Military	11	11	100.00	0.00	100.00
Socioeconomically Disadvantaged	15	13	86.67	13.33	69.23
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	36	32	88.89	11.11	75.00

CAASPP Test Results in Science for All Students

This table displays the percentage of all students grades five, eight, and High School meeting or exceeding the State Standard.

For any 2020–21 data cells with N/T values indicate that this school did not test students using the CAASPP for Science.

Subject	School	School	District	District	State	State
	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
Science (grades 5, 8 and high school)	NT	54.22		51.52	28.5	29.47

2021-22 CAASPP Test Results in Science by Student Group

This table displays CAASPP test results in Science by student group for students grades five, eight, and High School. Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Student Group	Total Enrollment	Number Tested	Percent Tested	Percent Not Tested	Percent Met or Exceeded
All Students	86	83	96.51	3.49	54.22
Female	43	43	100	0	62.79
Male	43	40	93.02	6.98	45
American Indian or Alaska Native	0	0	0	0	0
Asian					
Black or African American					
Filipino					
Hispanic or Latino	12	12	100	0	58.33
Native Hawaiian or Pacific Islander					
Two or More Races	0	0	0	0	0
White	65	62	95.38	4.62	53.23
English Learners	0	0	0	0	0
Foster Youth	0	0	0	0	0
Homeless	0	0	0	0	0
Military					
Socioeconomically Disadvantaged					
Students Receiving Migrant Education Services	0	0	0	0	0
Students with Disabilities					

B. Pupil Outcomes

State Priority: Other Pupil Outcomes

The SARC provides the following information relevant to the State priority: Other Pupil Outcomes (Priority 8): Pupil outcomes in the subject area of physical education.

2021-22 California Physical Fitness Test Results

This table displays the percentage of students participating in each of the five fitness components of the California Physical Fitness Test Results. Due to changes to the 2021-22 PFT administration, only participation results are required for these five fitness areas. Percentages are not calculated and double dashes (--) appear in the table when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Grade Level	Component 1: Aerobic Capacity	Component 2: Abdominal Strength and Endurance	Component 3: Trunk Extensor and Strength and Flexibility	Component 4: Upper Body Strength and Endurance	Component 5: Flexibility
Grade 5	100	100	98.8	100	100

C. Engagement

State Priority: Parental Involvement

The SARC provides the following information relevant to the State priority: Parental Involvement (Priority 3): Efforts the school district makes to seek parent input in making decisions regarding the school district and at each school site.

2022-23 Opportunities for Parental Involvement

Our school staff enjoys a high level of community support and involvement in all aspects of our educational programs. Parents participate in collaborative planning of our school-based program through School Site Council meetings. Additionally, our PTO works with school staff to identify school-wide needs that can be supported through parent volunteers and community fund raising events. Outstanding examples of these some of the PTO sponsored events and fundfaisers are: the PTO Fall Festival, Doughnuts with Grownups, Santa Run, and the Giving Gala. Proceeds from these events have provided our students with a new school field, outdoor school garden, water bottle filling stations, school-wide educational resources, school marquee, art murals, a new sound system in our gym, and many outstanding special events including our annual Science Fair and Family Science Night.

Parents have an opportunity to participate on a variety of levels. Parents assist in classrooms during the Language Arts block and during math lessons. Parents help in the school garden with classes and help with upkeep of the garden over the summer months. The library coordinator utilizes parent help in our library. The PTO board also offers a wide variety of opportunities to help support classrooms and school events.

Contact Person: Michele Williamson Contact Phone: 916-933-1828

2021-22 Chronic Absenteeism by Student Group

Student Group	Cumulative Enrollment	Chronic Absenteeism Eligible Enrollment	Chronic Absenteeism Count	Chronic Absenteeism Rate
All Students	509	502	70	13.9
Female	267	265	32	12.1
Male	242	237	38	16.0
American Indian or Alaska Native	0	0	0	0.0
Asian	38	38	7	18.4
Black or African American	8	8	0	0.0
Filipino	11	10	0	0.0
Hispanic or Latino	67	65	8	12.3
Native Hawaiian or Pacific Islander	2	2	0	0.0
Two or More Races	7	7	2	28.6
White	376	372	53	14.2
English Learners	7	7	0	0.0
Foster Youth	1	0	0	0.0
Homeless	1	1	0	0.0
Socioeconomically Disadvantaged	54	52	18	34.6
Students Receiving Migrant Education Services	0	0	0	0.0
Students with Disabilities	77	76	6	7.9

C. Engagement

State Priority: School Climate

The SARC provides the following information relevant to the State priority: School Climate (Priority 6):

- Pupil suspension rates;
- Pupil expulsion rates; and
- Other local measures on the sense of safety

Suspensions and Expulsions

This table displays suspensions and expulsions data collected between July through February, partial school year due to the COVID-19 pandemic. The 2019-20 suspensions and expulsions rate data are not comparable to other year data because the 2019-20 school year is a partial school year due to the COVID-19 crisis. As such, it would be inappropriate to make any comparisons in rates of suspensions and expulsions in the 2019-20 school year compared to other school years.

Subject	School 2019-20	District 2019-20	State 2019-20
Suspensions	0.22	1.30	2.45
Expulsions	0.00	0.11	0.05

This table displays suspensions and expulsions data collected between July through June, each full school year respectively. Data collected during the 2020-21 school year may not be comparable to earlier years of this collection due to differences in learning mode instruction in response to the COVID-19 pandemic.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
Suspensions	0.00	0.20	0.57	1.73	0.20	3.17
Expulsions	0.00	0.00	0.00	0.00	0.00	0.07

2021-22 Suspensions and Expulsions by Student Group

Student Group	Suspensions Rate	Expulsions Rate
All Students	0.20	0.00
Female	0.00	0.00
Male	0.41	0.00
American Indian or Alaska Native	0.00	0.00
Asian	0.00	0.00
Black or African American	0.00	0.00
Filipino	0.00	0.00
Hispanic or Latino	1.49	0.00
Native Hawaiian or Pacific Islander	0.00	0.00
Two or More Races	0.00	0.00
White	0.00	0.00
English Learners	0.00	0.00
Foster Youth	0.00	0.00
Homeless	0.00	0.00
Socioeconomically Disadvantaged	0.00	0.00
Students Receiving Migrant Education Services	0.00	0.00
Students with Disabilities	0.00	0.00

2022-23 School Safety Plan

Jackson School currently has a new field being installed which will be ready for use in March 2023. The Ruppel Center, amphitheater, lunch facility, stage, and computer lab were completed in December 1999. Jackson School is on a traditional schedule. Policies and procedures are in place regarding campus safety, fire drill exercises, earthquake preparedness and playground supervision. The PBIS team evaluates and implements rules and procedures for staff and students. The Safe School Plan sets goals each year for campus improvements and campus safety goals. The custodial staff maintains our campus to ensure cleanliness and maintenance.

D. Other SARC Information Information Required in the SARC

The information in this section is required to be in the SARC but is not included in the state priorities for LCFF.

2019-20 Elementary Average Class Size and Class Size Distribution

This table displays the 2019-20 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	19	3	1	
1	26		3	
2	23		3	
3	27		3	
4	22		3	
5	26		3	

2020-21 Elementary Average Class Size and Class Size Distribution

This table displays the 2020-21 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	17	3		
1	19	2		
2	24		2	
3	24		2	
4	24		3	
5	27		2	
Other	20	1	1	

2021-22 Elementary Average Class Size and Class Size Distribution

This table displays the 2021-22 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multigrade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	23	1	3	
1	20	4		
2	22		3	
3	19	3	1	
4	26		3	
5	18	1	4	
Other	5	1		

2021-22 Ratio of Pupils to Academic Counselor

This table displays the ratio of pupils to Academic Counselor. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Ratio
Pupils to Academic Counselor	803.33

2021-22 Student Support Services Staff

This table displays the number of FTE support staff assigned to this school. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Number of FTE Assigned to School
Counselor (Academic, Social/Behavioral or Career Development)	0.6
Library Media Teacher (Librarian)	
Library Media Services Staff (Paraprofessional)	
Psychologist	0.5
Social Worker	
Nurse	0.3
Speech/Language/Hearing Specialist	
Resource Specialist (non-teaching)	
Other	

2020-21 Expenditures Per Pupil and School Site Teacher Salaries

This table displays the 2020-21 expenditures per pupil and average teacher salary for this school. Cells with N/A values do not require data.

Level	Total Expenditures Per Pupil	Expenditures Per Pupil (Restricted)	Expenditures Per Pupil (Unrestricted)	Average Teacher Salary
School Site	\$10,716	\$3,165	\$7,551	\$71,509
District	N/A	N/A	\$7,423	\$79,683
Percent Difference - School Site and District	N/A	N/A	1.7	-10.8
State	N/A	N/A	\$6,594	\$84,612
Percent Difference - School Site and State	N/A	N/A	13.5	-16.8

2021-22 Types of Services Funded

All Rescue schools receive equal allocations, per student, of LCFF Base Funding. This funding helps support students by providing instructional materials, supplies and other needs. Funding for support services, such as maintenance of buildings and grounds, utilities, and student transportation, is budgeted for at the district level and provided to each school site based on the varying needs of the individual school.

In addition to the Base Funding described above, schools in the Rescue Union School District receive Supplemental funding roughly proportional to the number of unduplicated pupils (English Learners, Socioeconomically Disadvantaged, and Foster/Homeless Youth) they serve. Furthermore, school sites receive allocations from other state and federal categorical programs, including Title I and Title II. The purpose of these categorical programs range from improving the quality of the total instructional program for all students to addressing the unique needs of special groups of students.

2020-21 Teacher and Administrative Salaries

This table displays the 2020-21 Teacher and Administrative salaries. For detailed information on salaries, see the CDE Certification Salaries & Benefits web page at http://www.cde.ca.gov/ds/fd/cs/.

Category	District Amount	State Average for Districts in Same Category
Beginning Teacher Salary	\$52,067	\$51,591
Mid-Range Teacher Salary	\$74,475	\$79,620
Highest Teacher Salary	\$97,082	\$104,866
Average Principal Salary (Elementary)	\$122,234	\$131,473
Average Principal Salary (Middle)	\$123,861	\$135,064
Average Principal Salary (High)		\$137,679
Superintendent Salary	\$187,309	\$205,661
Percent of Budget for Teacher Salaries	38%	33%
Percent of Budget for Administrative Salaries	7%	6%

Professional Development

Professional Development is returning this school year beginning with our District Day workshop format at the beginning of the school year. Kindergarten teachers across the district also attended the Kindergarten Conference and teachers have been encouraged to pursue opprtunities for professional development at the El Dorado County Office of Education. Previous year's topics include: Benchmark Advance, Growth Mindset, Step Up to Writing, PBIS, Trauma Informed Teaching Practices, and GLAD training. Teachers also have grade level meetings to analyze assessment data and target key standards. In addition, teachers meet to plan, develop and improve effective instructional strategies. Staff development related to instructional practices, curriculum, technology, State Standards, and other educationally related matters are provided for all teachers.

There are five minimum days for parent conferences and three days for report card preparation.

This table displays the number of school days dedicated to staff development and continuous improvement.

Subject		2021-22	2022-23
Number of school days dedicated to Staff Development and Continuous Improvement		2	2

Lake Forest Elementary School 2021-2022 School Accountability Report Card (Published During the 2022-2023 School Year)

General Information about the School Accountability Report Card (SARC)



2022-23 School Contact Information

School Name	Lake Forest Elementary School
Street	2240 Sailsbury Dr.
City, State, Zip	El Dorado Hills, CA 95762-6984
Phone Number	(916) 933-0652
Principal	Jana Vermette
Email Address	jvermette@my.rescueusd.org
School Website	lakeforestlakers.com
County-District-School (CDS) Code	09619786109441

2022-23 District Contact Information				
District Name	Rescue Union School District			
Phone Number	530.677.4461			
Superintendent	Jim Shoemake			
Email Address	jshoemake@rescueusd.org			
District Website Address	rescueusd.org			

2022-23 School Overview

Lake Forest Elementary School, with the strong support and involvement of our parents and community, is committed to providing all students with the skills they need to become successful learners. Our staff is dedicated to providing a standardsbased program which emphasizes achievement at the highest levels, both academically and socially, to meet the unique needs of our students. At Lake Forest, we as a staff and community truly believe that our "future is limitless" as we nurture and challenge our students to fulfill their potential now and in the coming years. We will provide our students with a broad range of educational experiences and skills needed to become adaptable, flexible thinkers, who are proud of themselves and their accomplishments, who take responsibility for their actions, and who are ready to contribute to our school and community. By offering multiple opportunities in several curricular areas, students are exposed to many exciting experiences that can inspire them to look beyond the basic materials and discover their personal strengths.

Lake Forest Elementary was founded in 1990 with six classrooms and 130 students. At one point in the late 90's our enrollment grew to 35 classes and nearly 840 students, which resulted in our school moving to a multiple-track year round calendar. In 2003-2004, Lake Forest Elementary School returned to a traditional calendar after functioning on multiple tracks for nine years. Currently, Lake Forest Elementary is a Transitional K-5 school serving approximately 455 students in 22 classrooms. In addition, we have a Learning Center to support students with Special Education needs and three Special Day Classes (SDC): one class serves students in K-1st grades, one serves 2-3rd grade students, and the other supports students in 4th/5th grades. Currently, Lake Forest SDC enrollment is 28 children in those three classes. Each of those 28 students also mainstreams into general education classes with aide support, in accordance with their IEPs.

Lake Forest Elementary School prides itself on its positive school climate and its commitment to ensuring success for all students. All teachers are credentialed and have high expectations for every student. The curriculum is challenging and encompasses varied teaching and learning approaches. Our staff collaborates regularly to discuss student success, planning, intervention strategies for struggling learners and to improve overall practice. Currently, Lake Forest teachers and support staff are working together to address students' social and emotional needs through reviews of on-going research, and collaborative discussions to better identify students who need sensitive interventions to encourage academic success and to better develop an encouraging, caring atmosphere in the classroom for the benefit of all students. A school counselor works directly with staff and families to create groups and administer age-appropriate lessons. In addition to services provided by our counselor, we also support Social and Emotion Learning through our I SWIM program, which promotes positive traits and offers opportunities for students to participate in school and community service.

Rescue Union School District strictly adheres to the state curricular frameworks and content standards. California Standards are taught in math and language arts in all grades. The core curriculum is enhanced through special learning activities such as our Science Prep Class, an hour and a half weekly program dedicated solely to Science instruction for 4th and 5th grade students; outdoor education; life lab garden science; drama, art and health, dramatic and musical productions by guest artists and student performers; and participation in events such as Nature Bowl, Festival of Oral Interpretation, and Spelling Bees. Field trips include Coloma, Sutter's Fort, Apple Hill, Discovery Museum, Sacramento Zoo, Challenger Space Camp, The Roseville Maidu Center, and various theater productions. Additionally, learning opportunities are brought to the campus through the support of the fundraising efforts of our Parent Teacher Council. Activities include beginning dance, classroom music instruction, visual and performing arts assemblies, living history presentations such as Pioneer Day and America Days, guest speakers in areas of health and fitness, visiting authors, and other curriculum-based presentations within the classroom setting.

A high value is placed on the family, and parental involvement is welcomed and encouraged. Many parents volunteer in classrooms on a regular basis and others support the school in a variety of ways. The Lake Forest School Site Council (SSC) and Parent Teacher Council (PTC) are two organizations that encourage family input and involvement. The SSC is comprised of school staff and parents who work to develop a Single Plan for Student Achievement to enhance the educational program. The PTC organizes parent and community volunteers, plans family-oriented socials, and facilitates school fundraisers to support and enhance the instructional programs. The Lake Forest PTC has been instrumental in purchasing new technology, learning programs, supporting the arts, and providing intervention for struggling students.

The curriculum focus is based on California Standards. Standards are taught at every grade level, and ongoing staff development in Language Arts, Writing, etc. supports dynamic, data-driven classroom instruction. Current district adopted curriculum includes Benchmark Advance for Language Arts instruction, Houghton Mifflin GoMath program, and Step up to Writing. Next Generation Science Standards are taught using Stem Scopes and Mystery Science. All instruction is aligned to current standards, and more district adopted programs will be added in 2021. Students participate in science-related field trips and various outreach programs through the American River Conservancy, The Sacramento Zoo, the Discovery Museum, and other sources. All students, from second to fifth grade have one-to-one access to Chromebooks in their classrooms. Kindergarten and first-grade students use Ipads in small groups when needed. Chromebook use is integrated into Math, Reading, Writing, Social Studies, and Science lessons on a daily basis and students also receive instruction at every grade level to meet CA state technology standards. The Single Plan for Student Achievement will continue to support and enhance student achievement as directed by the Rescue Union School District Local Control and Accountability Plan. Lake Forest Elementary School is a great place for students to learn, and our goal is to become even better. Welcome!

About this School

2021-22 Student Enrollment by Grade Level				
Grade Level	Number of Students			
Kindergarten	81			
Grade 1	53			
Grade 2	84			
Grade 3	71			
Grade 4	72			
Grade 5	91			
Total Enrollment	452			

2021-22 Student Enrollment by Student Group

Student Group	Percent of Total Enrollment
Female	46.5
Male	53.5
American Indian or Alaska Native	0.2
Asian	2.2
Black or African American	0.2
Filipino	1.1
Hispanic or Latino	16.4
Native Hawaiian or Pacific Islander	0.4
Two or More Races	5.5
White	73.9
English Learners	4.0
Foster Youth	0.2
Homeless	0.0
Migrant	0.0
Socioeconomically Disadvantaged	11.5
Students with Disabilities	17.7

A. Conditions of Learning State Priority: Basic

The SARC provides the following information relevant to the State priority: Basic (Priority 1):

- Degree to which teachers are appropriately assigned and fully credentialed in the subject area and for the pupils they are teaching;
- Pupils have access to standards-aligned instructional materials; and
- School facilities are maintained in good repair

2020-21 Teacher Preparation and Placement							
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent	
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)	26.90	97.61	159.00	95.95	228366.10	83.12	
Intern Credential Holders Properly Assigned	0.00	0.00	0.00	0.00	4205.90	1.53	
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)	0.00	0.00	2.20	1.38	11216.70	4.08	
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)	0.20	0.94	1.80	1.09	12115.80	4.41	
Unknown	0.40	1.45	2.60	1.57	18854.30	6.86	
Total Teaching Positions	27.60	100.00	165.70	100.00	274759.10	100.00	

Note: The data in this table is based on Full Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

2021-22 Teacher Preparation and Placement						
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)						
Intern Credential Holders Properly Assigned						
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)						
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)						
Unknown						
Total Teaching Positions						

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: The data in this table is based on Full-Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

Teachers Without Credentials and Misassignments (considered "ineffective" under ESSA)

Authorization/Assignment	2020-21	2021-22
Permits and Waivers	0.00	
Misassignments	0.00	
Vacant Positions	0.00	
Total Teachers Without Credentials and Misassignments	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Credentialed Teachers Assigned Out-of-Field (considered "out-of-field" under ESSA)

Indicator	2020-21	2021-22
Credentialed Teachers Authorized on a Permit or Waiver	0.00	
Local Assignment Options	0.20	
Total Out-of-Field Teachers	0.20	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

2021-22 Class Assignments

Indicator	2020-21	2021-22
Misassignments for English Learners (a percentage of all the classes with English learners taught by teachers that are misassigned)	0.00	
No credential, permit or authorization to teach (a percentage of all the classes taught by teachers with no record of an authorization to teach)	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: For more information refer to the Updated Teacher Equity Definitions web page at <u>https://www.cde.ca.gov/pd/ee/teacherequitydefinitions.asp</u>.

2022-23 Quality, Currency, Availability of Textbooks and Other Instructional Materials

Year and month in which the data were collected		Jan	January 2021		
Subject	Textbooks and Other Instruction Adoption	al Materials/year of	From Most Recent Adoption ?	Percent Students Lacking Own Assigned Copy	

Reading/Language Arts	Benchmark Grades K-5	Yes	0
Mathematics	K-5 Houghton Mifflin Harcourt: Go Math - 2014	Yes	0
Science	Scott Foresman Science Grades K-5	Yes	0
History-Social Science	Scott Foresman, History-Social Science for California Grade K-5	Yes	0
Health		Yes	0

School Facility Conditions and Planned Improvements

School buildings and grounds at Lake Forest School provide a clean, positive environment that is conducive to teaching, instruction, and learning. Staff and student restrooms are clean and well maintained. Floors, wall, roof, and plumbing are maintained on a regular schedule.

In recent years, we have made improvements to the site through the efforts of the school, district and connections to the community. We have resurfaced the blacktop on the playground and the parking lot and also repainted lines accordingly. Wood signs have been refinished by staff and students. Our garden, through a partnership with staff and volunteers, has become a wonderful learning environment and a source of great pride on campus. Landscaping improvements at various locations have also been completed in recent months by district personnel, church organizations, community outreach, Parent Teacher Council and Scout troops. These include repairs to our garden boxes and irrigation, bark replacements in multiple areas of the school, and long term garden plans are made possible through our Beautification Committee (connected with our PTC). Local partnerships with Project Green and Intel in addition to coordinating educational efforts with the Boy Scouts of America have greatly increased our success in school beautification. This coordination of resources has many in the Lake Forest excited about our future plans for improving both our scenery and our health and environment education programs. All of these projects are much appreciated and have kept Lake Forest's learning environment beautiful.

Year and month of the most recent FIT report

12/27/2022

System Inspected	Rate Good	Rate Fair	Rate Poor	Repair Needed and Action Taken or Planned
Systems: Gas Leaks, Mechanical/HVAC, Sewer	Х			
Interior: Interior Surfaces		х		
Cleanliness: Overall Cleanliness, Pest/Vermin Infestation	Х			
Electrical	Х			
Restrooms/Fountains: Restrooms, Sinks/ Fountains	Х			
Safety: Fire Safety, Hazardous Materials	Х			
Structural: Structural Damage, Roofs		х		
External: Playground/School Grounds, Windows/ Doors/Gates/Fences		Х		

Overall Facility Rate								
Exemplary	Good	Fair	Poor					
	Х							

B. Pupil Outcomes

State Priority: Pupil Achievement

The SARC provides the following information relevant to the State priority: Pupil Achievement (Priority 4):

Statewide Assessments

(i.e., California Assessment of Student Performance and Progress [CAASPP] System includes the Smarter Balanced Summative Assessments for students in the general education population and the California Alternate Assessments [CAAs] for English language arts/literacy [ELA] and mathematics given in grades three through eight and grade eleven. Only eligible students may participate in the administration of the CAAs. CAAs items are aligned with alternate achievement standards, which are linked with the Common Core State Standards [CCSS] for students with the most significant cognitive disabilities).

The CAASPP System encompasses the following assessments and student participation requirements:

- 1. Smarter Balanced Summative Assessments and CAAs for ELA in grades three through eight and grade eleven.
- 2. Smarter Balanced Summative Assessments and CAAs for mathematics in grades three through eight and grade eleven.
- 3. California Science Test (CAST) and CAAs for Science in grades five, eight, and once in high school (i.e., grade ten, eleven, or twelve).
- 4. College and Career Ready

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

SARC Reporting in the 2020-2021 School Year Only

Where the most viable option, LEAs were required to administer the statewide summative assessment in ELA and mathematics. Where a statewide summative assessment was not the most viable option for the LEA (or for one or more grade-level[s] within the LEA) due to the pandemic, LEAs were allowed to report results from a different assessment that met the criteria established by the State Board of Education (SBE) on March 16, 2021. The assessments were required to be:

- Aligned with CA CCSS for ELA and mathematics;
- Available to students in grades 3 through 8, and grade 11; and
- Uniformly administered across a grade, grade span, school, or district to all eligible students.

Options

Note that the CAAs could only be administered in-person following health and safety requirements. If it was not viable for the LEA to administer the CAAs in person with health and safety guidelines in place, the LEA was directed to not administer the tests. There were no other assessment options available for the CAAs. Schools administered the Smarter Balanced Summative Assessments for ELA and mathematics, other assessments that meet the SBE criteria, or a combination of both, and they could only choose one of the following:

- Smarter Balanced ELA and mathematics summative assessments;
- Other assessments meeting the SBE criteria; or
- Combination of Smarter Balanced ELA and mathematics summative assessments and other assessments.

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

Percentage of Students Meeting or Exceeding the State Standard on CAASPP

This table displays CAASPP test results in ELA and mathematics for all students grades three through eight and grade eleven taking and completing a state-administered assessment.

The 2020-21 data cells have N/A values because these data are not comparable to other year data due to the COVID-19 pandemic during the 2020-21 school year. Where the CAASPP assessments in ELA and/or mathematics is not the most viable option, the LEAs were allowed to administer local assessments. Therefore, the 2020-21 data between school years for the school, district, state are not an accurate comparison. As such, it is inappropriate to compare results of the 2020-21 school year to other school years.

Percentages are not calculated when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

ELA and mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
English Language Arts/Literacy (grades 3-8 and 11)	N/A	61	N/A	70	N/A	47
Mathematics (grades 3-8 and 11)	N/A	60	N/A	60	N/A	33

2021-22 CAASPP Test Results in ELA by Student Group

This table displays CAASPP test results in ELA by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

ELA test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	234	225	96.15	3.85	61.33
Female	95	92	96.84	3.16	63.04
Male	139	133	95.68	4.32	60.15
American Indian or Alaska Native					
Asian					
Black or African American					
Filipino					
Hispanic or Latino	38	36	94.74	5.26	41.67
Native Hawaiian or Pacific Islander					
Two or More Races	16	16	100.00	0.00	87.50
White	165	158	95.76	4.24	64.56
English Learners	11	11	100.00	0.00	27.27
Foster Youth	0	0	0.00	0.00	0.00
Homeless	0	0	0.00	0.00	0.00
Military					
Socioeconomically Disadvantaged	28	28	100.00	0.00	57.14
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	52	47	90.38	9.62	34.04

2021-22 CAASPP Test Results in Math by Student Group

This table displays CAASPP test results in Math by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

Mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	234	225	96.15	3.85	59.56
Female	95	92	96.84	3.16	61.96
Male	139	133	95.68	4.32	57.89
American Indian or Alaska Native					
Asian					
Black or African American					
Filipino					
Hispanic or Latino	38	36	94.74	5.26	41.67
Native Hawaiian or Pacific Islander					
Two or More Races	16	16	100.00	0.00	62.50
White	165	158	95.76	4.24	63.92
English Learners	11	11	100.00	0.00	18.18
Foster Youth	0	0	0.00	0.00	0.00
Homeless	0	0	0.00	0.00	0.00
Military					
Socioeconomically Disadvantaged	28	28	100.00	0.00	46.43
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	52	46	88.46	11.54	26.09

CAASPP Test Results in Science for All Students

This table displays the percentage of all students grades five, eight, and High School meeting or exceeding the State Standard.

For any 2020–21 data cells with N/T values indicate that this school did not test students using the CAASPP for Science.

Subject	School	School	District	District	State	State
	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
Science (grades 5, 8 and high school)		51.16		51.52	28.5	29.47

2021-22 CAASPP Test Results in Science by Student Group

This table displays CAASPP test results in Science by student group for students grades five, eight, and High School. Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Student Group	Total Enrollment	Number Tested	Percent Tested	Percent Not Tested	Percent Met or Exceeded
All Students	89	86	96.63	3.37	51.16
Female	32	31	96.88	3.12	48.39
Male	57	55	96.49	3.51	52.73
American Indian or Alaska Native					
Asian					
Black or African American					
Filipino					
Hispanic or Latino	14	13	92.86	7.14	46.15
Native Hawaiian or Pacific Islander					
Two or More Races					
White	62	60	96.77	3.23	53.33
English Learners					
Foster Youth	0	0	0	0	0
Homeless	0	0	0	0	0
Military					
Socioeconomically Disadvantaged	16	16	100	0	25
Students Receiving Migrant Education Services	0	0	0	0	0
Students with Disabilities	20	18	90	10	16.67

B. Pupil Outcomes

State Priority: Other Pupil Outcomes

The SARC provides the following information relevant to the State priority: Other Pupil Outcomes (Priority 8): Pupil outcomes in the subject area of physical education.

2021-22 California Physical Fitness Test Results

This table displays the percentage of students participating in each of the five fitness components of the California Physical Fitness Test Results. Due to changes to the 2021-22 PFT administration, only participation results are required for these five fitness areas. Percentages are not calculated and double dashes (--) appear in the table when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Grade Level	Component 1: Aerobic Capacity	Component 2: Abdominal Strength and Endurance	Component 3: Trunk Extensor and Strength and Flexibility	Component 4: Upper Body Strength and Endurance	Component 5: Flexibility
Grade 5	82	84	84	86	84
Grade 7					
Grade 9					

C. Engagement

State Priority: Parental Involvement

The SARC provides the following information relevant to the State priority: Parental Involvement (Priority 3): Efforts the school district makes to seek parent input in making decisions regarding the school district and at each school site.

2022-23 Opportunities for Parental Involvement

A high value is placed on families at Lake Forest School and parent involvement is strongly advocated. Many parents volunteer in classrooms on a very regular basis, and parent input is welcome and sought out in all areas. The Lake Forest School Site Council (SSC) and Parent Teacher Council (PTC) are two organizations that encourage community input and involvement. The PTC organizes parent and community volunteers, plans family oriented social functions, and organizes fundraisers. The PTC Scrip Program purchases enrichment supplies and equipment for the Technology Center as well as technology in classrooms, and funds science education materials. The SSC helps develop a Single Plan for Student Achievement and works with the school staff, PTC, and community to set yearly goals and objectives in reading/language arts, math/science and health, wellness, citizenship, visual and performing arts, and fitness. Technology improvements, art docent programs and visual and performing arts activities/assemblies are offered annually to our students and supported through the fundraising efforts of the PTC and our Single Plan for Student Achievement.

Contact Person: Jana Vermette Contact Phone No. (916) 933-0652

2021-22 Chronic Absenteeism by Student Group

Student Group	Cumulative Enrollment	Chronic Absenteeism Eligible Enrollment	Chronic Absenteeism Count	Chronic Absenteeism Rate
All Students	489	483	125	25.9
Female	227	224	52	23.2
Male	262	259	73	28.2
American Indian or Alaska Native	1	1	0	0.0
Asian	16	13	1	7.7
Black or African American	5	5	4	80.0
Filipino	5	5	2	40.0
Hispanic or Latino	78	77	29	37.7
Native Hawaiian or Pacific Islander	2	2	0	0.0
Two or More Races	26	26	4	15.4
White	356	354	85	24.0
English Learners	20	19	4	21.1
Foster Youth	1	1	0	0.0
Homeless	1	0	0	0.0
Socioeconomically Disadvantaged	78	76	25	32.9
Students Receiving Migrant Education Services	0	0	0	0.0
Students with Disabilities	93	92	30	32.6

C. Engagement

State Priority: School Climate

The SARC provides the following information relevant to the State priority: School Climate (Priority 6):

- Pupil suspension rates;
- Pupil expulsion rates; and
- Other local measures on the sense of safety
Suspensions and Expulsions

This table displays suspensions and expulsions data collected between July through February, partial school year due to the COVID-19 pandemic. The 2019-20 suspensions and expulsions rate data are not comparable to other year data because the 2019-20 school year is a partial school year due to the COVID-19 crisis. As such, it would be inappropriate to make any comparisons in rates of suspensions and expulsions in the 2019-20 school year compared to other school years.

Subject	School 2019-20	District 2019-20	State 2019-20
Suspensions	0.00	1.30	2.45
Expulsions	0.00	0.11	0.05

This table displays suspensions and expulsions data collected between July through June, each full school year respectively. Data collected during the 2020-21 school year may not be comparable to earlier years of this collection due to differences in learning mode instruction in response to the COVID-19 pandemic.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
Suspensions	0.15	0.61	0.57	1.73	0.20	3.17
Expulsions	0.00	0.00	0.00	0.00	0.00	0.07

2021-22 Suspensions and Expulsions by Student Group

Student Group	Suspensions Rate	Expulsions Rate
All Students	0.61	0.00
Female	0.44	0.00
Male	0.76	0.00
American Indian or Alaska Native	0.00	0.00
Asian	0.00	0.00
Black or African American	0.00	0.00
Filipino	0.00	0.00
Hispanic or Latino	0.00	0.00
Native Hawaiian or Pacific Islander	0.00	0.00
Two or More Races	0.00	0.00
White	0.56	0.00
English Learners	0.00	0.00
Foster Youth	0.00	0.00
Homeless	0.00	0.00
Socioeconomically Disadvantaged	0.00	0.00
Students Receiving Migrant Education Services	0.00	0.00
Students with Disabilities	2.15	0.00

2022-23 School Safety Plan

A positive school climate is the goal of each staff member at Lake Forest School. It is our belief that the best things will happen for children as we endeavor to help them make good judgments and choices. We look for the good in all children and try to help them discover their own self-worth. A positive discipline program is in place, and students are regularly recognized for their contributions to the positive school climate. The learning environment component reviews discipline procedures on an annual basis. The suspension and expulsion rates over the past five years have been very low when compared to district and state averages.

The school climate has been discussed by both staff and parents through our "SWIM" Team, which examines school issues such as safety, procedures, yard supervision and self esteem improvement methods. We will continue our SWIM Leadership program as part of our School Safety Plan. The image of a "Lake Forest Laker" is being taught to students in order to define a behavior standard, improve school spirit, and develop positive peer pressure. SWIM is an acronym for Safe, Work Hard, Integrity and Mindfulness. In addition, the school has added social programs which support students who have playground issues, and the adults who help them on campus. Our student leadership team assists in mediating minor playground problems and modeling caring and productive attitudes. They also perform skits and lessons on character traits throughout the year and illustrate to all the say to "SWIM". These expectations provide a good example for all students to follow and give the Leadership team a sense of responsibility and contribution their school.

Our School Safety Plan is updated yearly and includes goals and objectives for improving the physical environment and the school climate. This includes promoting our SWIM Program, anti-bullying lessons and assemblies, encouraging student participation in community service activities, creating a safe, nurturing environment, and celebrating our increasing cultural diversity. Students contribute to the community through service learning projects, which extend classroom learning time and increase students' personal involvement in academics and active citizenry. In addition, the school special education staff (teacher and psychologist) have conducted lessons in social development in order to increase "emotional intelligence" on the playground. In 2017, Lake Forest added a school counselor to assist at risk students in dealing with playground and other social issues. The counselor runs groups and provides classroom social lessons four days a week.

Lake Forest, though work with PBIS (Positive Behavior Interventions and Supports) originally developed the "SWIM" idea. Academic achievement is recognized through our school Honor Roll program. Fourth and fifth grade students receive certificates of recognition for earning a grade point average of 3.5 (B+) or above.

We have a fully equipped library, full-sized gymnasium with indoor and outdoor stages, and an office with a staff lounge and workroom. In addition, we have a learning center, occupational therapy room, a technology center, Chrome book carts in all classes 2nd-5th (i Pads in TK-1st), a meeting room, and science room. We currently have 2 custodians and district utility technicians working diligently to keep the school in excellent condition.

For the safety of our students, fire, lock down, and "duck and cover" drills are conducted with students and staff, and an emergency preparedness plan is in effect. Campus supervision is provided according to policies established by the District Board of Trustees. All efforts to ensure building safety, cleanliness, and adequacy have been successful. Students in fifth grade serve as Safety Patrol Officers. They assist in keeping the campus safe before and after school.

D. Other SARC Information Information Required in the SARC

The information in this section is required to be in the SARC but is not included in the state priorities for LCFF.

2019-20 Elementary Average Class Size and Class Size Distribution

This table displays the 2019-20 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	26		3	1
1	25		2	
2	25		2	
3	25		3	
4	23		3	
5	25		3	
Other	15	2	1	

2020-21 Elementary Average Class Size and Class Size Distribution

This table displays the 2020-21 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	21	2	1	
1	28		2	
2	24		2	
3	32		4	1
4	25		6	
5	28		5	
Other	8	2		

2021-22 Elementary Average Class Size and Class Size Distribution

This table displays the 2021-22 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	23		4	
1	17	3		
2	16	5		
3	30		2	1
4	22		3	
5	21	1	3	
Other	13	2		

2021-22 Ratio of Pupils to Academic Counselor

This table displays the ratio of pupils to Academic Counselor. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Ratio
Pupils to Academic Counselor	753.33

2021-22 Student Support Services Staff

This table displays the number of FTE support staff assigned to this school. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Number of FTE Assigned to School
Counselor (Academic, Social/Behavioral or Career Development)	0.6
Library Media Teacher (Librarian)	
Library Media Services Staff (Paraprofessional)	
Psychologist	0.4
Social Worker	
Nurse	0.3
Speech/Language/Hearing Specialist	
Resource Specialist (non-teaching)	
Other	

2020-21 Expenditures Per Pupil and School Site Teacher Salaries

This table displays the 2020-21 expenditures per pupil and average teacher salary for this school. Cells with N/A values do not require data.

Level	Total Expenditures Per Pupil	Expenditures Per Pupil (Restricted)	Expenditures Per Pupil (Unrestricted)	Average Teacher Salary
School Site	\$11,133	\$3,973	\$7,160	\$75,881.59
District	N/A	N/A	\$7,423	\$79,683
Percent Difference - School Site and District	N/A	N/A	-3.6	-4.9
State	N/A	N/A	\$6,594	\$84,612
Percent Difference - School Site and State	N/A	N/A	8.2	-10.9

2021-22 Types of Services Funded

All Rescue schools receive equal allocations, per student, of LCFF Base Funding. This funding helps support students by providing instructional materials, supplies and other needs. Funding for support services, such as maintenance of buildings and grounds, utilities, and student transportation, is budgeted for at the district level and provided to each school site based on the varying needs of the individual school.

In addition to the Base Funding described above, schools in the Rescue Union School District receive Supplemental funding roughly proportional to the number of unduplicated pupils (English Learners, Socioeconomically Disadvantaged, and Foster/Homeless Youth) they serve. Furthermore, school sites receive allocations from other state and federal categorical programs, including Title I and Title II. The purpose of these categorical programs range from improving the quality of the total instructional program for all students to addressing the unique needs of special groups of students.

2020-21 Teacher and Administrative Salaries

This table displays the 2020-21 Teacher and Administrative salaries. For detailed information on salaries, see the CDE Certification Salaries & Benefits web page at http://www.cde.ca.gov/ds/fd/cs/.

Category	District Amount	State Average for Districts in Same Category
Beginning Teacher Salary	\$52,067	\$51,591
Mid-Range Teacher Salary	\$74,475	\$79,620
Highest Teacher Salary	\$97,082	\$104,866
Average Principal Salary (Elementary)	\$122,234	\$131,473
Average Principal Salary (Middle)	\$123,861	\$135,064
Average Principal Salary (High)		\$137,679
Superintendent Salary	\$187,309	\$205,661
Percent of Budget for Teacher Salaries	38%	33%
Percent of Budget for Administrative Salaries	7%	6%

Professional Development

Early Release Professional Development/Teacher Collaboration days are scheduled every Wednesday throughout the school year. During these meetings, teachers work to analyze assessment data and target key standards. In addition, they plan, develop and improve effective instructional strategies. Staff development related to instructional practices, adopted curriculum, technology, Social Emotional Learning, and other educationally related matters are provided for all teachers. Our entire staff was trained this school year (2022-2023) to use the Heggerty Phonemic Awareness program and 6 of our teachers are being Guided Language Acquisition Design (GLAD) trained.

This table displays the number of school days dedicated to staff development and continuous improvement.

Subject	2020-21	2021-22	2022-23
Number of school days dedicated to Staff Development and Continuous Improvement	2	2	2

Lakeview Elementary School 2021-2022 School Accountability Report Card (Published During the 2022-2023 School Year)

General Information about the School Accountability Report Card (SARC)



2022-23 School Contact Information

School Name	Lakeview Elementary School
Street	3371 Brittany Way
City, State, Zip	El Dorado HIIIs, CA 95762
Phone Number	916-941-2600
Principal	Kathy Miracle
Email Address	kmiracle@rescueusd.org
School Website	
County-District-School (CDS) Code	09619780108258

2022-23 District Contact Information					
District Name	Rescue Union Elementary School District				
Phone Number	530.677.4461				
Superintendent	Jim Shoemake				
Email Address	jshoemake@rescueusd.org				
District Website Address	rescueusd.org				

2022-23 School Overview

The mission of Lakeview Elementary is to inspire all students to be passionate, continuous learners and to prepare them with the skills to achieve their goals and flourish as responsible, caring citizens in a global community.

Lakeview Elementary School received the California Distinguished School Award in 2018. Our beautiful school sits atop a hill in the midst of a newly developed subdivision overlooking views of the surrounding hills, attractive neighborhoods, and Folsom Reservoir. The campus was opened in August 2005 and is one of seven schools in Rescue Union School District. Located 28 miles east of Sacramento in the foothills of the Sierra Mountains, Lakeview serves a student body of approximately 575 students in TK through fifth grade. The enrollment continues to grow as our reputation for offering excellence in education travels throughout the community, prompting new families to relocate to our neighborhoods. Lakeview's school motto, "Soaring to Success," is a true reflection of what is taking place each and every day.

Lakeview Elementary School prides itself on a positive school climate and a commitment to ensuring success for all students. In order to meet the needs of all learners, our teachers work to offer targeted, strategic, and creative instruction. Our curriculum and instructional strategies are differentiated to meet the needs of all student skill levels. Under the guidance of dedicated staff members, students acquire high levels of knowledge, skills, and understanding which will open doors of opportunity and prepare them for thought and action in the wider world. Social Emotional Learning is a priority for our school and for our District. Further, we strive to ensure all children develop the skills, attitudes, and behaviors necessary to become principled, ethical citizens who are contributing members of society.

Student safety is the number one priority to all Lakeview staff. Crisis procedures and drills reviewed are practiced regularly. Safety protocols are in place.

Lakeview is extremely fortunate to employ an amazing team of teachers and staff whom are skilled, caring, energetic, and passionate educators. Twenty-six teachers work to support our wonderful Lakeview student body, alongside two secretaries, one librarian, three custodians, two nurses, one full-time counselor, one school psychologist, one Special Education teacher, 13 instructional aides, one speech/language pathologist and one principal. Two PE teachers offer specialized instruction to 1st through 5th grade students. Our Band Teacher offers instrumental instruction for 4th and 5th grade students, as well as "recorder" instruction for our 3rd grade students. Our librarian is available eight hours, each school day. A District nurse is on campus one day each week, while our site nurse assists with medical and health related needs daily. Our psychologist is on

2022-23 School Overview

site two days each week. Our counselor provides guidance lessons in classrooms and supports students in need. Our speech/language pathologist offers services to students five days per week. Our Special Education teacher is on site daily and oversees five full-time aides who serve students with identified learning disabilities. Our special education team works to serve students, using both the pull-out and push-in models to meet their individual needs in the least restrictive environment. Our all-day kindergarten program offers a two hour aide for each class. Our Learning Intervention Program provides three specialized instructional aides to support those in need of intervention. Our MTSS (Multi-Tiered Systems of Support) team meets weekly to collaborate and plan support/success strategies for our students. We are fortunate to include two El Dorado County Office of Education autism classes in our student body, who are an integral part of our community.

Technology is a priority at Lakeview. Promethean Boards, projectors, and document cameras are provided in all classrooms. Chromebooks are provided for all 1st - 5th grade students. iPads are provided for TK and kindergarten classes. Effective, research-based online programs are provided as supplemental instructional support for all students.

Leadership opportunities are provided to all 4th and 5th grade students through our IMPACT student government program. Typically, 115 IMPACT students learn and practice leadership skills while working on interest-based service teams. Lakeview has worked to successfully implement Positive Behavior Support Intervention (PBIS) training and planning. This process of refining procedures and expectations has further enhanced our positive learning environment. We emphasize the acronym, SOAR, which stands for Solving Problems, Owning Good Decisions, Achieving Leadership, and Radiating Respect! The Student Success Team (SST) approach is utilized to evaluate assistance to children needing additional support. Student Success Team meetings are held, as needed, to develop educational assistance plans for children who have been referred by their teacher or parents.

Differentiated opportunities for gifted students are provided as an integrated part of the school day. Enrichment classes are offered to provide for all students before/after school. 90% of Lakeview teachers are certified in GLAD (Guided Language Assessment & Development) to allow students access to even more research based, language-rich instructional strategies. All K-3 teachers have been trained in SIPPS (Systematic Intervention, Phonemic Awareness, Phonics, and Sight Words) research-based instruction. Through SIPPS, all K-3 students receive strong, leveled instruction in the foundation skills for reading. 4th and 5th grade students may be assessed through REWARDS, a foundational reading program, to ensure their foundational reading skills are in tact. Grade levels meet each trimester to analyze grade level data. Every student's data is analyzed and compared within the students' needs of the grade level. Teachers meet regularly to plan and analyze data for targeted instruction, intervention needs, and continuous improvement.

Lakeview offers opportunities for 3rd-5th grade students to participate in Cross Country, as well as 5th grade girls' and boy's volleyball and basketball.

Our Lakeview Elementary School community is proud of our outstanding students, staff, and families who continue to "Soar to Success!"

About this School

2021-22 Student Enrollment by Grade Level					
Grade Level	Number of Students				
Kindergarten	91				
Grade 1	92				
Grade 2	92				
Grade 3	86				
Grade 4	82				
Grade 5	103				
Total Enrollment	546				

2021-22 Student Enrollment by Student Group

Student Group	Percent of Total Enrollment
Female	48.0
Male	52.0
American Indian or Alaska Native	0.4
Asian	15.0
Black or African American	1.1
Filipino	3.1
Hispanic or Latino	7.5
Native Hawaiian or Pacific Islander	0.0
Two or More Races	5.9
White	67.0
English Learners	3.7
Foster Youth	0.0
Homeless	0.0
Migrant	0.0
Socioeconomically Disadvantaged	8.4
Students with Disabilities	10.6

A. Conditions of Learning State Priority: Basic

The SARC provides the following information relevant to the State priority: Basic (Priority 1):

- Degree to which teachers are appropriately assigned and fully credentialed in the subject area and for the pupils they are teaching;
- Pupils have access to standards-aligned instructional materials; and
- School facilities are maintained in good repair

2020-21 Teacher Preparation and Placement							
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent	
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)	19.90	100.00	159.00	95.95	228366.10	83.12	
Intern Credential Holders Properly Assigned	0.00	0.00	0.00	0.00	4205.90	1.53	
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)	0.00	0.00	2.20	1.38	11216.70	4.08	
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)	0.00	0.00	1.80	1.09	12115.80	4.41	
Unknown	0.00	0.00	2.60	1.57	18854.30	6.86	
Total Teaching Positions	19.90	100.00	165.70	100.00	274759.10	100.00	

Note: The data in this table is based on Full Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

2021-22 Teacher Preparation and Placement						
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)						
Intern Credential Holders Properly Assigned						
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)						
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)						
Unknown						
Total Teaching Positions						

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: The data in this table is based on Full-Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

Teachers Without Credentials and Misassignments (considered "ineffective" under ESSA)

Authorization/Assignment	2020-21	2021-22
Permits and Waivers	0.00	
Misassignments	0.00	
Vacant Positions	0.00	
Total Teachers Without Credentials and Misassignments	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Credentialed Teachers Assigned Out-of-Field (considered "out-of-field" under ESSA)

Indicator	2020-21	2021-22
Credentialed Teachers Authorized on a Permit or Waiver	0.00	
Local Assignment Options	0.00	
Total Out-of-Field Teachers	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

2021-22 Class Assignments

Indicator	2020-21	2021-22
Misassignments for English Learners (a percentage of all the classes with English learners taught by teachers that are misassigned)	0.00	
No credential, permit or authorization to teach (a percentage of all the classes taught by teachers with no record of an authorization to teach)	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: For more information refer to the Updated Teacher Equity Definitions web page at <u>https://www.cde.ca.gov/pd/ee/teacherequitydefinitions.asp</u>.

2022-23 Quality, Currency, Availability of Textbooks and Other Instructional Materials

Year and month in which the data were collected

Subject	Textbooks and Other Instructional Materials/year of Adoption	From Most Recent Adoption ?	Percent Students Lacking Own Assigned Copy
---------	---	---	--

Reading/Language Arts	Benchmark Grades K-5	Yes	0
Mathematics	K-5 Houghton Mifflin Harcourt: Go Math - 2014	Yes	0
Science	Scott Foresman Science Grades K-5	Yes	0
History-Social Science	Scott Foresman History-Social Science for California K-5	Yes	0
Foreign Language			
Health		Yes	0

School Facility Conditions and Planned Improvements

School building and grounds at Lakeview provide a clean, positive environment that is conducive to teaching and learning. All facilities are clean and well maintained. Floors, walls, roofs, and plumbing are maintained on a regular schedule. The Lead Custodian and Principal work to inspect concerns, request support from the District when needed, and ensure the facility is in excellent working order.

Year and month of the most recent FIT report

12/27/2022

System Inspected	Rate Good	Rate Fair	Rate Poor	Repair Needed and Action Taken or Planned
Systems: Gas Leaks, Mechanical/HVAC, Sewer	Х			
Interior: Interior Surfaces		Х		
Cleanliness: Overall Cleanliness, Pest/Vermin Infestation	Х			
Electrical	Х			
Restrooms/Fountains: Restrooms, Sinks/ Fountains	Х			
Safety: Fire Safety, Hazardous Materials	Х			
Structural: Structural Damage, Roofs	Х			
External: Playground/School Grounds, Windows/ Doors/Gates/Fences	Х			

Overall Facility Rate						
Exemplary	Good	Fair	Poor			
	Х					

B. Pupil Outcomes

State Priority: Pupil Achievement

The SARC provides the following information relevant to the State priority: Pupil Achievement (Priority 4):

Statewide Assessments

(i.e., California Assessment of Student Performance and Progress [CAASPP] System includes the Smarter Balanced Summative Assessments for students in the general education population and the California Alternate Assessments [CAAs] for English language arts/literacy [ELA] and mathematics given in grades three through eight and grade eleven. Only eligible students may participate in the administration of the CAAs. CAAs items are aligned with alternate achievement standards, which are linked with the Common Core State Standards [CCSS] for students with the most significant cognitive disabilities).

The CAASPP System encompasses the following assessments and student participation requirements:

- 1. Smarter Balanced Summative Assessments and CAAs for ELA in grades three through eight and grade eleven.
- 2. Smarter Balanced Summative Assessments and CAAs for mathematics in grades three through eight and grade eleven.
- 3. California Science Test (CAST) and CAAs for Science in grades five, eight, and once in high school (i.e., grade ten, eleven, or twelve).
- 4. College and Career Ready

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

SARC Reporting in the 2020-2021 School Year Only

Where the most viable option, LEAs were required to administer the statewide summative assessment in ELA and mathematics. Where a statewide summative assessment was not the most viable option for the LEA (or for one or more grade-level[s] within the LEA) due to the pandemic, LEAs were allowed to report results from a different assessment that met the criteria established by the State Board of Education (SBE) on March 16, 2021. The assessments were required to be:

- Aligned with CA CCSS for ELA and mathematics;
- Available to students in grades 3 through 8, and grade 11; and
- Uniformly administered across a grade, grade span, school, or district to all eligible students.

Options

Note that the CAAs could only be administered in-person following health and safety requirements. If it was not viable for the LEA to administer the CAAs in person with health and safety guidelines in place, the LEA was directed to not administer the tests. There were no other assessment options available for the CAAs. Schools administered the Smarter Balanced Summative Assessments for ELA and mathematics, other assessments that meet the SBE criteria, or a combination of both, and they could only choose one of the following:

- Smarter Balanced ELA and mathematics summative assessments;
- Other assessments meeting the SBE criteria; or
- Combination of Smarter Balanced ELA and mathematics summative assessments and other assessments.

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

Percentage of Students Meeting or Exceeding the State Standard on CAASPP

This table displays CAASPP test results in ELA and mathematics for all students grades three through eight and grade eleven taking and completing a state-administered assessment.

The 2020-21 data cells have N/A values because these data are not comparable to other year data due to the COVID-19 pandemic during the 2020-21 school year. Where the CAASPP assessments in ELA and/or mathematics is not the most viable option, the LEAs were allowed to administer local assessments. Therefore, the 2020-21 data between school years for the school, district, state are not an accurate comparison. As such, it is inappropriate to compare results of the 2020-21 school year to other school years.

Percentages are not calculated when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

ELA and mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
English Language Arts/Literacy (grades 3-8 and 11)	N/A	78	N/A	70	N/A	47
Mathematics (grades 3-8 and 11)	N/A	71	N/A	60	N/A	33

2021-22 CAASPP Test Results in ELA by Student Group

This table displays CAASPP test results in ELA by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

ELA test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	273	272	99.63	0.37	77.57
Female	139	138	99.28	0.72	78.26
Male	134	134	100.00	0.00	76.87
American Indian or Alaska Native					
Asian	36	36	100.00	0.00	80.56
Black or African American					
Filipino					
Hispanic or Latino	32	32	100.00	0.00	62.50
Native Hawaiian or Pacific Islander	0	0	0.00	0.00	0.00
Two or More Races	24	24	100.00	0.00	79.17
White	169	168	99.41	0.59	80.36
English Learners					
Foster Youth	0	0	0.00	0.00	0.00
Homeless	0	0	0.00	0.00	0.00
Military					
Socioeconomically Disadvantaged	22	22	100.00	0.00	59.09
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	37	37	100.00	0.00	40.54

2021-22 CAASPP Test Results in Math by Student Group

This table displays CAASPP test results in Math by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

Mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	273	272	99.63	0.37	70.85
Female	139	138	99.28	0.72	64.96
Male	134	134	100.00	0.00	76.87
American Indian or Alaska Native					
Asian	36	36	100.00	0.00	75.00
Black or African American					
Filipino					
Hispanic or Latino	32	32	100.00	0.00	46.88
Native Hawaiian or Pacific Islander	0	0	0.00	0.00	0.00
Two or More Races	24	24	100.00	0.00	79.17
White	169	168	99.41	0.59	73.05
English Learners					
Foster Youth	0	0	0.00	0.00	0.00
Homeless	0	0	0.00	0.00	0.00
Military					
Socioeconomically Disadvantaged	22	22	100.00	0.00	59.09
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	37	37	100.00	0.00	54.05

CAASPP Test Results in Science for All Students

This table displays the percentage of all students grades five, eight, and High School meeting or exceeding the State Standard.

For any 2020–21 data cells with N/T values indicate that this school did not test students using the CAASPP for Science.

Subject	School	School	District	District	State	State
	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
Science (grades 5, 8 and high school)	NT	61.39		51.52	28.5	29.47

2021-22 CAASPP Test Results in Science by Student Group

This table displays CAASPP test results in Science by student group for students grades five, eight, and High School. Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Student Group	Total Enrollment	Number Tested	Percent Tested	Percent Not Tested	Percent Met or Exceeded
All Students	101	101	100	0	61.39
Female	52	52	100	0	53.85
Male	49	49	100	0	69.39
American Indian or Alaska Native	0	0	0	0	0
Asian	12	12	100	0	58.33
Black or African American					
Filipino					
Hispanic or Latino	14	14	100	0	28.57
Native Hawaiian or Pacific Islander	0	0	0	0	0
Two or More Races	13	13	100	0	84.62
White	56	56	100	0	66.07
English Learners					
Foster Youth	0	0	0	0	0
Homeless	0	0	0	0	0
Military					
Socioeconomically Disadvantaged					
Students Receiving Migrant Education Services	0	0	0	0	0
Students with Disabilities					

B. Pupil Outcomes

State Priority: Other Pupil Outcomes

The SARC provides the following information relevant to the State priority: Other Pupil Outcomes (Priority 8): Pupil outcomes in the subject area of physical education.

2021-22 California Physical Fitness Test Results

This table displays the percentage of students participating in each of the five fitness components of the California Physical Fitness Test Results. Due to changes to the 2021-22 PFT administration, only participation results are required for these five fitness areas. Percentages are not calculated and double dashes (--) appear in the table when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Grade Level	Component 1: Aerobic Capacity	Component 2: Abdominal Strength and Endurance	Component 3: Trunk Extensor and Strength and Flexibility	Component 4: Upper Body Strength and Endurance	Component 5: Flexibility
Grade 5	98%	99%	99%	99%	99%

C. Engagement

State Priority: Parental Involvement

The SARC provides the following information relevant to the State priority: Parental Involvement (Priority 3): Efforts the school district makes to seek parent input in making decisions regarding the school district and at each school site.

2022-23 Opportunities for Parental Involvement

Parents are viewed as valued partners in their children's education. At Lakeview, this partnership is strongly advocated! Parent volunteers are both encouraged and welcomed! Parent input and contributions to our learning community are an integral part of our decision-making process. Our amazing PTO consists of a dedicated group of parents and teachers who generously give their time and effort to planning wonderful activities (ex. Fall Festival, Movie Night, Pancake Breakfast, Elf Emporium Holiday Shop, Santa Gathering with EDH Fire Dept., Valentine Dance, Paint Night, etc.). Their donations have recently made it possible for Lakeview to hold dance and pottery instruction, fund a beautiful mural project, provide supplemental online technology for students, and offer necessary supplies for our school site. The Lakeview School Site Council (SSC) and Parent Teacher Organization (PTO) are two groups that encourage community involvement. Typically, our PTO organizes wonderful events and fundraisers, designed to offer financial support and bring families together in a positive, child-centered, social setting. The SSC develops Lakeview's Single Plan for Student Achievement and works with the school staff, PTO, and community to set yearly goals and objectives in reading/language arts, math/science, health and wellness, citizenship, and fitness. The PTO supports our annual goals by donating funds to help supplement the cost of programs and resources.

Contact Person: Kathy Miracle Contact Phone No. 916-941-2600

2021-22 Chronic Absenteeism by Student Group

Student Group	Cumulative Enrollment	Chronic Absenteeism Eligible Enrollment	Chronic Absenteeism Count	Chronic Absenteeism Rate
All Students	576	559	102	18.2
Female	274	266	44	16.5
Male	302	293	58	19.8
American Indian or Alaska Native	2	2	2	100.0
Asian	86	85	13	15.3
Black or African American	6	6	1	16.7
Filipino	18	17	3	17.6
Hispanic or Latino	47	42	9	21.4
Native Hawaiian or Pacific Islander	0	0	0	0.0
Two or More Races	32	32	6	18.8
White	385	375	68	18.1
English Learners	22	20	1	5.0
Foster Youth	0	0	0	0.0
Homeless	0	0	0	0.0
Socioeconomically Disadvantaged	65	62	27	43.5
Students Receiving Migrant Education Services	0	0	0	0.0
Students with Disabilities	69	64	10	15.6

C. Engagement

State Priority: School Climate

The SARC provides the following information relevant to the State priority: School Climate (Priority 6):

- Pupil suspension rates;
- Pupil expulsion rates; and
- Other local measures on the sense of safety

Suspensions and Expulsions

This table displays suspensions and expulsions data collected between July through February, partial school year due to the COVID-19 pandemic. The 2019-20 suspensions and expulsions rate data are not comparable to other year data because the 2019-20 school year is a partial school year due to the COVID-19 crisis. As such, it would be inappropriate to make any comparisons in rates of suspensions and expulsions in the 2019-20 school year compared to other school years.

Subject	School 2019-20	District 2019-20	State 2019-20
Suspensions	0.69	1.30	2.45
Expulsions	0.00	0.11	0.05

This table displays suspensions and expulsions data collected between July through June, each full school year respectively. Data collected during the 2020-21 school year may not be comparable to earlier years of this collection due to differences in learning mode instruction in response to the COVID-19 pandemic.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
Suspensions	0.36	0.35	0.57	1.73	0.20	3.17
Expulsions	0.00	0.00	0.00	0.00	0.00	0.07

2021-22 Suspensions and Expulsions by Student Group

Student Group	Suspensions Rate	Expulsions Rate
All Students	0.35	0.00
Female	0.36	0.00
Male	0.33	0.00
American Indian or Alaska Native	0.00	0.00
Asian	0.00	0.00
Black or African American	0.00	0.00
Filipino	0.00	0.00
Hispanic or Latino	0.00	0.00
Native Hawaiian or Pacific Islander	0.00	0.00
Two or More Races	0.00	0.00
White	0.52	0.00
English Learners	0.00	0.00
Foster Youth	0.00	0.00
Homeless	0.00	0.00
Socioeconomically Disadvantaged	1.54	0.00
Students Receiving Migrant Education Services	0.00	0.00
Students with Disabilities	0.00	0.00

2022-23 School Safety Plan

Lakeview's dedicated and caring staff work to provide a positive, warm, fair, and consistent climate.

Lakeview's Safe School Plan includes goals and objectives relative to school climate and the safety of the physical environment. Our Safety Committee meets to offer input for our annual Safe School Plan updates. Safety information is shared and input is requested from our parent community, SSC and PTO.

Student and staff safety are our number one priority! Safety and crisis procedures are in place and practiced regularly.

For the safety of our students, monthly drills are conducted to practice safe evacuations, duck and cover procedures, and lockdown procedures. An emergency preparedness plan is in effect. Campus supervision is provided according to policies established by the District Board of Trustees. All efforts to ensure building safety, cleanliness, and adequacy have been successful.

Staff serve to supervise students before and after school. Students in 5th grade serve as Safety Patrol Officers. They accompany staff members in monitoring drop-off, dismissal, and campus safety.

Our custodial team, consisting of two full-time and one part-time custodian, work diligently to maintain the sanitation, cleanliness, and beauty of our classrooms, facilities, and grounds. Our District maintenance and grounds team work to keep our school site in working order.

Our school counselor and MTSS (Multi-Tiered Systems of Support) team work to lead staff and guide students in Social-Emotional Learning. Positive character lessons, resources, and modeling are provided. Our school counselor provides guidance lessons (anti-bullying, stress management, emotional regulation, friendship, etc.) regularly in all classrooms.

Lakeview has worked to successfully implement Positive Behavior Support Intervention (PBIS) training and planning. This process of refining procedures and expectations has further enhanced our positive learning environment. We emphasize the acronym, SOAR, which stands for Solving Problems, Owning Good Decisions, Achieving Leadership, and Radiating Respect!

Eagle Manners are taught and encouraged, as well. A school-wide quiet signal is practiced daily and used for safety and procedures. Grade level expectations assemblies (SOAR assemblies) are held throughout the year, where students are also recognized for positive behavior.

Our 4th and 5th grade student leadership group, IMPACT, works to provide school service and community service, while learning and practicing leadership skills. Over 100 students belong to IMPACT!

Lakeview staff are dedicated and determined to maintain a safe, positive school climate!

D. Other SARC Information Information Required in the SARC

The information in this section is required to be in the SARC but is not included in the state priorities for LCFF.

2019-20 Elementary Average Class Size and Class Size Distribution

This table displays the 2019-20 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	24		4	
1	24		3	
2	24		3	
3	23	1	3	1
4	27		3	
5	26		3	
Other	24		2	

2020-21 Elementary Average Class Size and Class Size Distribution

This table displays the 2020-21 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	21	1	3	
1	20	1	2	
2	27		2	
3	35		1	1
4	22		3	
5	25		3	
Other	24		1	

2021-22 Elementary Average Class Size and Class Size Distribution

This table displays the 2021-22 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	15	6		
1	22	1	3	
2	23		4	
3	21	1	3	
4	20	2	2	
5	25		4	
Other	5	2		

2021-22 Ratio of Pupils to Academic Counselor

This table displays the ratio of pupils to Academic Counselor. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Ratio
Pupils to Academic Counselor	682.5

2021-22 Student Support Services Staff

This table displays the number of FTE support staff assigned to this school. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Number of FTE Assigned to School
Counselor (Academic, Social/Behavioral or Career Development)	0.8
Library Media Teacher (Librarian)	
Library Media Services Staff (Paraprofessional)	
Psychologist	0.3
Social Worker	
Nurse	0.2
Speech/Language/Hearing Specialist	
Resource Specialist (non-teaching)	
Other	

2020-21 Expenditures Per Pupil and School Site Teacher Salaries

This table displays the 2020-21 expenditures per pupil and average teacher salary for this school. Cells with N/A values do not require data.

Level	Total Expenditur Expenditures Per Pupi Per Pupil (Restricter		Expenditures Per Pupil (Unrestricted)	Average Teacher Salary	
School Site	\$10,409	\$3,509	\$6,900	\$84,167.71	
District	N/A	N/A	\$7,423	\$79,683	
Percent Difference - School Site and District	N/A	N/A	-7.3	5.5	
State	N/A	N/A	\$6,594	\$84,612	
Percent Difference - School Site and State	N/A	N/A	4.5	-0.5	

2021-22 Types of Services Funded

All Rescue schools receive equal allocations, per student, of LCFF Base Funding. This funding helps support students by providing instructional materials, supplies and other needs. Funding for support services, such as maintenance of buildings and grounds, utilities, and student transportation, is budgeted for at the district level and provided to each school site based on the varying needs of the individual school.

In addition to the Base Funding described above, schools in the Rescue Union School District receive Supplemental funding roughly proportional to the number of unduplicated pupils (English Learners, Socioeconomically Disadvantaged, and Foster/Homeless Youth) they serve. Furthermore, school sites receive allocations from other state and federal categorical programs, including Title I and Title II. The purpose of these categorical programs range from improving the quality of the total instructional program for all students to addressing the unique needs of special groups of students.

2020-21 Teacher and Administrative Salaries

This table displays the 2020-21 Teacher and Administrative salaries. For detailed information on salaries, see the CDE Certification Salaries & Benefits web page at http://www.cde.ca.gov/ds/fd/cs/.

Category	District Amount	State Average for Districts in Same Category	
Beginning Teacher Salary	\$52,067	\$51,591	
Mid-Range Teacher Salary	\$74,475	\$79,620	
Highest Teacher Salary	\$97,082	\$104,866	
Average Principal Salary (Elementary)	\$122,234	\$131,473	
Average Principal Salary (Middle)	\$123,861	\$135,064	
Average Principal Salary (High)		\$137,679	
Superintendent Salary	\$187,309	\$205,661	
Percent of Budget for Teacher Salaries	38%	33%	
Percent of Budget for Administrative Salaries	7%	6%	

Professional Development

Early Release Professional Development/Teacher Collaboration days are scheduled every Wednesday throughout the school year. During these meetings, teachers work to analyze assessment data and target key standards. In addition, they plan, develop and improve effective instructional strategies. Staff development related to instructional practices, adopted curriculum, technology, Social Emotional Learning, and other educationally related matters are provided for all teachers." (Include any site specific PD that you wish to share)

Teachers receive professional development and will work collaboratively on a regular, ongoing basis to target key standards, analyze formative assessment data, and develop effective instructional practices.

A majority of Lakeview teachers are certified in GLAD (Guided Language Assessment and Development) and have received thorough follow-up coaching. Primary teachers are skilled and trained in SIPPS (Systematic Instruction in Phonological Awareness, Phonics, and Sight Words). 85% of Lakeview Teachers will be certified in Love and Logic by the spring of 2023. Lakeview certificated support staff are trained and certified in The Zones of Regulation.

This table displays the number of school days dedicated to staff development and continuous improvement.

Professional Development					
Subject	2020-21	2021-22	2022-23		
Number of school days dedicated to Staff Development and Continuous Improvement	2	2	2		

Marina Village Middle School 2021-2022 School Accountability Report Card (Published During the 2022-2023 School Year)

General Information about the School Accountability Report Card (SARC)



2022-23 School Contact Information

School Name	Marina Village Middle School
Street	1901 Francisco Dr
City, State, Zip	El Dorado Hills, CA 95762
Phone Number	916-933-3993
Principal	Levi Cambridge
Email Address	Icambridge@rescueusd.org
School Website	http://www.marinamustangs.com
County-District-School (CDS) Code	09619786103527

2022-23 District Contact Information				
District Name	Rescue Union Elementary School District			
Phone Number	530.677.4461			
Superintendent	Jim Shoemake			
Email Address	jshoemake@rescueusd.org			
District Website Address	www.rescueusd.org			

2022-23 School Overview

"The Rescue Union School District, working cooperatively with parents and community, will educate all students to their highest potential, preparing them to understand and appreciate the past, adapt to the ever-changing present, and make responsible decisions for the future."

Marina Village Middle School is located north of Highway 50 in El Dorado Hills. The school is 40 years old. It is a sixth/seventh/eighth-grade school with an enrollment of 736 students on campus. Marina Village is one of seven schools in the District. Marina Village has a trimester schedule that provides students with more enrichment choices than on a semester schedule. Progress reports are posted online shortly after the middle of each trimester. Grades are posted online at the end of each trimester and hard copies are available upon request.

Marina Village has established a reputation for academic excellence. There are grade requirements for participating in extracurricular activities. The staff has high expectations for quality work from students. Each student can expect to be treated fairly, to work and play in a safe environment, to be challenged, and to be properly instructed and evaluated by competent, caring teachers.

Students with special needs are provided special help through several support programs. The Resource Specialist Program provides help for students in the areas of mathematics, reading, and language arts. This support is provided by direct instruction, collaboration with the classroom teacher, and team teaching. Class sizes are small to allow for individual attention. Additional support is provided by a school counselor, a health office nurse, a district nurse (1 day per week), a district psychologist (4 days per week), and a county speech/language specialist (2 days per week). Services include academic counseling, crisis intervention, and referrals to outside agencies. Tutorial instruction is available before school, during lunch periods when school is in session for a full day, and after school through the Homework Club program for those students in need of extra help. A mandatory assignment to Homework Club is provided for students who are academically failing. Marina Village teachers work closely with the support staff.

About this School

2021-22 Student Enrollment by Grade Level					
Grade Level	Number of Students				
Grade 6	232				
Grade 7	241				
Grade 8	272				
Total Enrollment	745				

2021-22 Student Enrollment by Student Group

Student Group	Percent of Total Enrollment
Female	48.5
Male	51.5
American Indian or Alaska Native	0.5
Asian	8.5
Black or African American	0.9
Filipino	3.4
Hispanic or Latino	14.1
Native Hawaiian or Pacific Islander	0.3
Two or More Races	4.3
White	68.1
English Learners	1.3
Foster Youth	0.0
Homeless	0.0
Migrant	0.0
Socioeconomically Disadvantaged	7.5
Students with Disabilities	12.1

A. Conditions of Learning State Priority: Basic

The SARC provides the following information relevant to the State priority: Basic (Priority 1):

- Degree to which teachers are appropriately assigned and fully credentialed in the subject area and for the pupils they are teaching;
- · Pupils have access to standards-aligned instructional materials; and
- School facilities are maintained in good repair

2020-21 Teacher Preparation and Placement								
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent		
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)	26.40	92.01	159.00	95.95	228366.10	83.12		
Intern Credential Holders Properly Assigned	0.00	0.00	0.00	0.00	4205.90	1.53		
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)	0.80	2.78	2.20	1.38	11216.70	4.08		
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)	0.50	1.74	1.80	1.09	12115.80	4.41		
Unknown	1.00	3.47	2.60	1.57	18854.30	6.86		
Total Teaching Positions	28.70	100.00	165.70	100.00	274759.10	100.00		

Note: The data in this table is based on Full Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

2021-22 Teacher Preparation and Placement							
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent	
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)							
Intern Credential Holders Properly Assigned							
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)							
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)							
Unknown							
Total Teaching Positions							

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: The data in this table is based on Full-Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

Teachers Without Credentials and Misassignments (considered "ineffective" under ESSA)

Authorization/Assignment	2020-21	2021-22
Permits and Waivers	0.00	
Misassignments	0.80	
Vacant Positions	0.00	
Total Teachers Without Credentials and Misassignments	0.80	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Credentialed Teachers Assigned Out-of-Field (considered "out-of-field" under ESSA)

Indicator	2020-21	2021-22
Credentialed Teachers Authorized on a Permit or Waiver	0.00	
Local Assignment Options	0.50	
Total Out-of-Field Teachers	0.50	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

2021-22 Class Assignments

Indicator	2020-21	2021-22
Misassignments for English Learners (a percentage of all the classes with English learners taught by teachers that are misassigned)	0.00	
No credential, permit or authorization to teach (a percentage of all the classes taught by teachers with no record of an authorization to teach)	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: For more information refer to the Updated Teacher Equity Definitions web page at <u>https://www.cde.ca.gov/pd/ee/teacherequitydefinitions.asp</u>.

2022-23 Quality, Currency, Availability of Textbooks and Other Instructional Materials

Year and month in which the data were collected

Subject	Textbooks and Other Instructional Materials/year of Adoption	From Most Recent Adoption ?	Percent Students Lacking Own Assigned Copy
---------	---	---	--

Reading/Language Arts	McGraw Hill: ConnectED StudySync	Yes	
Mathematics	6-8 Houghton Mifflin Harcourt: Big Ideas Math - 2014	Yes	
Science	AMPLIFY Grade 6 STEMSCOPES Grades 7-8	Yes	
History-Social Science	Grades 6-8: TCI	Yes	

School Facility Conditions and Planned Improvements

School buildings and grounds at Marina Village provide a clean, positive environment that is conducive to teaching, instruction, and learning. Staff and student restrooms are clean and well maintained. Floors, wall, roof, and plumbing are maintained on a regular schedule.

The Rescue School District custodial and maintenance personnel work hard to keep the campus clean, safe, and in good working order. A district deferred maintenance program is in place to repair or replace major areas of the campus, such as roofs, blacktops, carpets, and heating/air conditioning units. All efforts are made to ensure building safety, cleanliness, and adequacy. The school has built an outdoor science classroom that is maintained by students through elective classes and community service opportunities. Improvements to the landscaping and parking lot have been completed and continue to be improved by our garden/campus beautification coordinator.

The latest improvements include storage units for our student leadership program and Marina Ohana Committee programs. They also include a full remodel of the school gym, adding a new wood floor, two new scoreboards, new record boards, and painting the gym interior. The District has also completed the remodel of the main office in order to provide a private health office space, an additional security exit, and a larger conference room. The latest completed improvement in 2018 was a new two-story building that facilitates two new science classrooms, a new Project Lead the Way classroom, and approximately 9 general education classrooms.

Year and	month of	^t the most	recent FIT	report
I VAI AIIA				

12/27/2022

System Inspected	Rate Good	Rate Fair	Rate Poor	Repair Needed and Action Taken or Planned
Systems: Gas Leaks, Mechanical/HVAC, Sewer	Х			
Interior: Interior Surfaces			Х	CARPETS/GYM FLOORING/CAFETERIA FLOORING
Cleanliness: Overall Cleanliness, Pest/Vermin Infestation	Х			
Electrical	Х			
Restrooms/Fountains: Restrooms, Sinks/ Fountains		х		TILES NEED REPLACEMENT
Safety: Fire Safety, Hazardous Materials	Х			
Structural: Structural Damage, Roofs		Х		LEAKING ROOFS/MPR WALL PEELING
External:		Х		

School Facility Conditions and Planned Improvements						
Playground/School Grounds, Windows/ Doors/Gates/Fences						

Overall Facility Rate							
Exemplary	Good	Fair	Poor				
		Х					

B. Pupil Outcomes

State Priority: Pupil Achievement

The SARC provides the following information relevant to the State priority: Pupil Achievement (Priority 4):

Statewide Assessments

(i.e., California Assessment of Student Performance and Progress [CAASPP] System includes the Smarter Balanced Summative Assessments for students in the general education population and the California Alternate Assessments [CAAs] for English language arts/literacy [ELA] and mathematics given in grades three through eight and grade eleven. Only eligible students may participate in the administration of the CAAs. CAAs items are aligned with alternate achievement standards, which are linked with the Common Core State Standards [CCSS] for students with the most significant cognitive disabilities).

The CAASPP System encompasses the following assessments and student participation requirements:

- 1. Smarter Balanced Summative Assessments and CAAs for ELA in grades three through eight and grade eleven.
- 2. Smarter Balanced Summative Assessments and CAAs for mathematics in grades three through eight and grade eleven.
- 3. California Science Test (CAST) and CAAs for Science in grades five, eight, and once in high school (i.e., grade ten, eleven, or twelve).
- 4. College and Career Ready

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

SARC Reporting in the 2020-2021 School Year Only

Where the most viable option, LEAs were required to administer the statewide summative assessment in ELA and mathematics. Where a statewide summative assessment was not the most viable option for the LEA (or for one or more grade-level[s] within the LEA) due to the pandemic, LEAs were allowed to report results from a different assessment that met the criteria established by the State Board of Education (SBE) on March 16, 2021. The assessments were required to be:

- Aligned with CA CCSS for ELA and mathematics;
- Available to students in grades 3 through 8, and grade 11; and
- Uniformly administered across a grade, grade span, school, or district to all eligible students.

Options

Note that the CAAs could only be administered in-person following health and safety requirements. If it was not viable for the LEA to administer the CAAs in person with health and safety guidelines in place, the LEA was directed to not administer the tests. There were no other assessment options available for the CAAs. Schools administered the Smarter Balanced Summative Assessments for ELA and mathematics, other assessments that meet the SBE criteria, or a combination of both, and they could only choose one of the following:

- Smarter Balanced ELA and mathematics summative assessments;
- Other assessments meeting the SBE criteria; or
- Combination of Smarter Balanced ELA and mathematics summative assessments and other assessments.

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

Percentage of Students Meeting or Exceeding the State Standard on CAASPP

This table displays CAASPP test results in ELA and mathematics for all students grades three through eight and grade eleven taking and completing a state-administered assessment.

The 2020-21 data cells have N/A values because these data are not comparable to other year data due to the COVID-19 pandemic during the 2020-21 school year. Where the CAASPP assessments in ELA and/or mathematics is not the most viable option, the LEAs were allowed to administer local assessments. Therefore, the 2020-21 data between school years for the school, district, state are not an accurate comparison. As such, it is inappropriate to compare results of the 2020-21 school year to other school years.

Percentages are not calculated when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

ELA and mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
English Language Arts/Literacy (grades 3-8 and 11)	N/A	73	N/A	70	N/A	47
Mathematics (grades 3-8 and 11)	N/A	60	N/A	60	N/A	33

2021-22 CAASPP Test Results in ELA by Student Group

This table displays CAASPP test results in ELA by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

ELA test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	743	724	97.44	2.56	73.48
Female	359	347	96.66	3.34	79.25
Male	384	377	98.18	1.82	68.17
American Indian or Alaska Native					
Asian	64	63	98.44	1.56	84.13
Black or African American					
Filipino	25	25	100.00	0.00	72.00
Hispanic or Latino	105	103	98.10	1.90	58.25
Native Hawaiian or Pacific Islander					
Two or More Races	35	35	100.00	0.00	91.43
White	501	485	96.81	3.19	73.81
English Learners					
Foster Youth	0	0	0.00	0.00	0.00
Homeless	0	0	0.00	0.00	0.00
Military	13	13	100.00	0.00	69.23
Socioeconomically Disadvantaged	60	60	100.00	0.00	63.33
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	91	84	92.31	7.69	30.95

2021-22 CAASPP Test Results in Math by Student Group

This table displays CAASPP test results in Math by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

Mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	743	723	97.31	2.69	59.75
Female	359	347	96.66	3.34	59.37
Male	384	376	97.92	2.08	60.11
American Indian or Alaska Native					
Asian	64	63	98.44	1.56	76.19
Black or African American					
Filipino	25	25	100.00	0.00	56.00
Hispanic or Latino	105	103	98.10	1.90	48.54
Native Hawaiian or Pacific Islander					
Two or More Races	35	35	100.00	0.00	68.57
White	501	484	96.61	3.39	59.50
English Learners					
Foster Youth	0	0	0.00	0.00	0.00
Homeless	0	0	0.00	0.00	0.00
Military	13	13	100.00	0.00	46.15
Socioeconomically Disadvantaged	60	60	100.00	0.00	48.33
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	91	84	92.31	7.69	26.19
CAASPP Test Results in Science for All Students

This table displays the percentage of all students grades five, eight, and High School meeting or exceeding the State Standard.

For any 2020–21 data cells with N/T values indicate that this school did not test students using the CAASPP for Science.

Subject	School	School	District	District	State	State
	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
Science (grades 5, 8 and high school)	NT	50		51.52	28.5	29.47

2021-22 CAASPP Test Results in Science by Student Group

This table displays CAASPP test results in Science by student group for students grades five, eight, and High School. Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Student Group	Total Enrollment	Number Tested	Percent Tested	Percent Not Tested	Percent Met or Exceeded
All Students	274	266	97.08	2.92	50
Female	133	128	96.24	3.76	50.78
Male	141	138	97.87	2.13	49.28
American Indian or Alaska Native					
Asian	20	20	100	0	65
Black or African American					
Filipino	11	11	100	0	36.36
Hispanic or Latino	45	43	95.56	4.44	37.21
Native Hawaiian or Pacific Islander	0	0	0	0	0
Two or More Races	12	12	100	0	66.67
White	182	176	96.7	3.3	51.7
English Learners					
Foster Youth	0	0	0	0	0
Homeless	0	0	0	0	0
Military					
Socioeconomically Disadvantaged	21	21	100	0	47.62
Students Receiving Migrant Education Services	0	0	0	0	0
Students with Disabilities	30	26	86.67	13.33	19.23

B. Pupil Outcomes

State Priority: Other Pupil Outcomes

The SARC provides the following information relevant to the State priority: Other Pupil Outcomes (Priority 8): Pupil outcomes in the subject area of physical education.

2021-22 California Physical Fitness Test Results

This table displays the percentage of students participating in each of the five fitness components of the California Physical Fitness Test Results. Due to changes to the 2021-22 PFT administration, only participation results are required for these five fitness areas. Percentages are not calculated and double dashes (--) appear in the table when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Grade Level	Component 1: Aerobic Capacity	Component 2: Abdominal Strength and Endurance	Component 3: Trunk Extensor and Strength and Flexibility	Component 4: Upper Body Strength and Endurance	Component 5: Flexibility
Grade 7	93.8%	99.2%	100%	97.9%	99.6%

C. Engagement

State Priority: Parental Involvement

The SARC provides the following information relevant to the State priority: Parental Involvement (Priority 3): Efforts the school district makes to seek parent input in making decisions regarding the school district and at each school site.

2022-23 Opportunities for Parental Involvement

Parent support of the school is very strong. Parent involvement includes, but is not limited to, Parent Teacher Club (PTC), School Site Council, Music Boosters, chaperoning dances and field trips, volunteering with the office and in classrooms, and assisting with promotion activities. Weekly updates from the principal are sent to parents by email and posted on the school website with announcements and reminders about school programs, activities, and events. Additional communication with parents regarding the school and individual students is maintained through an online grade reporting program (Jupitergrades), telephone calls, progress reports, letters, social media, conferences, press releases, special flyers, e-mail, and school website (www.marinamustangs.com).

Contact Person: Levi Cambridge, Principal Contact Phone No. (916) 933-3993

2021-22 Chronic Absenteeism by Student Group

Student Group	Cumulative Enrollment	Chronic Absenteeism Eligible Enrollment	Chronic Absenteeism Count	Chronic Absenteeism Rate
All Students	771	762	123	16.1
Female	378	372	63	16.9
Male	393	390	60	15.4
American Indian or Alaska Native	4	4	2	50.0
Asian	64	63	4	6.3
Black or African American	8	8	4	50.0
Filipino	25	25	1	4.0
Hispanic or Latino	108	108	17	15.7
Native Hawaiian or Pacific Islander	2	2	0	0.0
Two or More Races	34	34	4	11.8
White	524	517	91	17.6
English Learners	11	10	0	0.0
Foster Youth	1	1	1	100.0
Homeless	1	0	0	0.0
Socioeconomically Disadvantaged	87	86	20	23.3
Students Receiving Migrant Education Services	0	0	0	0.0
Students with Disabilities	102	102	21	20.6

C. Engagement

State Priority: School Climate

The SARC provides the following information relevant to the State priority: School Climate (Priority 6):

- Pupil suspension rates;
- Pupil expulsion rates; and
- Other local measures on the sense of safety

Suspensions and Expulsions

This table displays suspensions and expulsions data collected between July through February, partial school year due to the COVID-19 pandemic. The 2019-20 suspensions and expulsions rate data are not comparable to other year data because the 2019-20 school year is a partial school year due to the COVID-19 crisis. As such, it would be inappropriate to make any comparisons in rates of suspensions and expulsions in the 2019-20 school year compared to other school years.

Subject	School 2019-20	District 2019-20	State 2019-20
Suspensions	2.93	1.30	2.45
Expulsions	0.47	0.11	0.05

This table displays suspensions and expulsions data collected between July through June, each full school year respectively. Data collected during the 2020-21 school year may not be comparable to earlier years of this collection due to differences in learning mode instruction in response to the COVID-19 pandemic.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
Suspensions	1.31	3.76	0.57	1.73	0.20	3.17
Expulsions	0.00	0.00	0.00	0.00	0.00	0.07

2021-22 Suspensions and Expulsions by Student Group

Student Group	Suspensions Rate	Expulsions Rate
All Students	3.76	0.00
Female	2.38	0.00
Male	5.09	0.00
American Indian or Alaska Native	0.00	0.00
Asian	6.25	0.00
Black or African American	0.00	0.00
Filipino	4.00	0.00
Hispanic or Latino	2.78	0.00
Native Hawaiian or Pacific Islander	0.00	0.00
Two or More Races	2.94	0.00
White	3.44	0.00
English Learners	18.18	0.00
Foster Youth	0.00	0.00
Homeless	0.00	0.00
Socioeconomically Disadvantaged	4.60	0.00
Students Receiving Migrant Education Services	0.00	0.00
Students with Disabilities	8.82	0.00

2022-23 School Safety Plan

Parents and students consistently provide feedback indicating that Marina Village promotes a positive learning environment and that students are challenged in all academic areas. Positive behavior and achievement are recognized in numerous ways. Staff members nominate students for "Student Recognition" at the end of every trimester. These students are acknowledged for their special achievements. Teachers provide online messaging for outstanding behavior through our parent messaging system and those students are entered into drawings for reward. Academic achievement is recognized through Honor Roll and Principal's Honor Roll awards each trimester; and the school's chapter of Honor Society. 8th-grade students are eligible for the Mustang Pride Award for academic excellence over 3 years and are awarded at 8th-grade promotion.

High expectations for student citizenship are an important part of the Marina Village climate. All students participate in a merit system that encourages appropriate behavior and results in merit deductions and disciplinary action as a consequence of poor behavioral choices. Students who complete each trimester with a full complement of merits are rewarded with an educational assembly. Students who do not qualify for the assembly may participate in alternative activities to help them to learn about personal responsibility and positive choices. The school counselor also provides presentations to all students in behavioral areas that are a concern and school-wide assemblies provide additional instruction in behavior areas such as bullying, cyber safety, substance abuse, and student interactions.

Each year the school's safety plan and discipline policy are reviewed. The policy revisions have positively influenced student behavior. This year's committee will review the existing policy and may recommend additional revisions. Marina Village has implemented several programs to improve the climate and help students feel more connected to the school and their community.

The WEB program (Where Everybody Belongs) is made up of 8th graders who plan activities with 6th graders to help them with their transition to middle school. Marina has implemented a PBIS (Positive Behavior Intervention and Supports) program to teach student behavior expectations, recognize positive choices, and provide support services for students. A variety of clubs meet after school, offering opportunities for positive social interaction, and students can create their own clubs in their areas of interest. Marina students are involved in anti-drug, anti-tobacco, environmental, and community service activities. Marina staff have also been training SEL practices and conflict resolution. Marina Village students function in a safe, positive environment. Marina Village recognizes that positive behavior and appropriate activities will stimulate a healthy, productive school climate.

A Site Safety Committee meets as part of the School Site Council to update the School Safety Plan and identify areas of need. Eagle Scout projects and community outdoor workdays are scheduled to improve facilities.

2019-20 Secondary Average Class Size and Class Size Distribution

This table displays the 2019-20 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per classroom). At the secondary school level, this information is reported by subject area rather than grade level.

Subject	Average Class Size	Number of Classes with 1-22 Students	Number of Classes with 23-32 Students	Number of Classes with 33+ Students
English Language Arts	36	1	14	5
Mathematics	26	2	20	
Science	30		19	
Social Science	36	1	14	5

2020-21 Secondary Average Class Size and Class Size Distribution

This table displays the 2020-21 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per classroom). At the secondary school level, this information is reported by subject area rather than grade level.

Subject	Average Class Size	Number of Classes with 1-22 Students	Number of Classes with 23-32 Students	Number of Classes with 33+ Students
English Language Arts	18	22	9	
Mathematics	10	42		
Science	14	30		
Social Science	19	20	10	

2021-22 Secondary Average Class Size and Class Size Distribution

This table displays the 2021-22 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per classroom). At the secondary school level, this information is reported by subject area rather than grade level.

Subject	Average Class Size	Number of Classes with 1-22 Students	Number of Classes with 23-32 Students	Number of Classes with 33+ Students
English Language Arts	24	3	18	
Mathematics	24	4	16	1
Science	27		19	
Social Science	31	1	14	5

2021-22 Ratio of Pupils to Academic Counselor

This table displays the ratio of pupils to Academic Counselor. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Ratio
Pupils to Academic Counselor	745

2021-22 Student Support Services Staff

This table displays the number of FTE support staff assigned to this school. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Number of FTE Assigned to School
Counselor (Academic, Social/Behavioral or Career Development)	1.0
Library Media Teacher (Librarian)	
Library Media Services Staff (Paraprofessional)	
Psychologist	0.9
Social Worker	
Nurse	0.6
Speech/Language/Hearing Specialist	
Resource Specialist (non-teaching)	
Other	

2020-21 Expenditures Per Pupil and School Site Teacher Salaries

This table displays the 2020-21 expenditures per pupil and average teacher salary for this school. Cells with N/A values do not require data.

Level	Total Expenditures Per Pupil	Expenditures Per Pupil (Restricted)	Expenditures Per Pupil (Unrestricted)	Average Teacher Salary
School Site	\$8,970	\$2,609	\$6,361	\$75,107.41
District	N/A	N/A	\$7,423	\$79,683
Percent Difference - School Site and District	N/A	N/A	-15.4	-5.9
State	N/A	N/A	\$6,594	\$84,612
Percent Difference - School Site and State	N/A	N/A	-3.6	-11.9

2021-22 Types of Services Funded

All Rescue schools receive equal allocations, per student, of LCFF Base Funding. This funding helps support students by providing instructional materials, supplies and other needs. Funding for support services, such as maintenance of buildings and grounds, utilities, and student transportation, is budgeted for at the district level and provided to each school site based on the varying needs of the individual school.

In addition to the Base Funding described above, schools in the Rescue Union School District receive Supplemental funding roughly proportional to the number of unduplicated pupils (English Learners, Socioeconomically Disadvantaged, and Foster/Homeless Youth) they serve. Furthermore, school sites receive allocations from other state and federal categorical programs, including Title I and Title II. The purpose of these categorical programs range from improving the quality of the total instructional program for all students to addressing the unique needs of special groups of students.

2020-21 Teacher and Administrative Salaries

This table displays the 2020-21 Teacher and Administrative salaries. For detailed information on salaries, see the CDE Certification Salaries & Benefits web page at http://www.cde.ca.gov/ds/fd/cs/.

Category	District Amount	State Average for Districts in Same Category
Beginning Teacher Salary	\$52,067	\$51,591
Mid-Range Teacher Salary	\$74,475	\$79,620
Highest Teacher Salary	\$97,082	\$104,866
Average Principal Salary (Elementary)	\$122,234	\$131,473
Average Principal Salary (Middle)	\$123,861	\$135,064
Average Principal Salary (High)		\$137,679
Superintendent Salary	\$187,309	\$205,661
Percent of Budget for Teacher Salaries	38%	33%
Percent of Budget for Administrative Salaries	7%	6%

Professional Development

Early Release Professional Development/Teacher Collaboration days are scheduled each Wednesday throughout the school year. During these meetings, teachers work to analyze assessment data and target key standards. In addition, they plan, develop and improve effective instructional strategies. Staff development related to instructional practices, curriculum, technology, Common Core State Standards, and other educationally related matters are provided for all teachers.

Teachers receive professional development and will work collaboratively on a regular, ongoing basis to target key standards, analyze formative assessment data and develop appropriate instructional practices.

At the middle schools, minimum days are provided for departmental collaboration, parent conferences, report card preparation, and middle school/high school departmental articulation.

This table displays the number of school days dedicated to staff development and continuous improvement.

Subject	2020-21	2021-22	2022-23
Number of school days dedicated to Staff Development and Continuous Improvement	2	2	2

Pleasant Grove Middle School 2021-2022 School Accountability Report Card (Published During the 2022-2023 School Year)

General Information about the School Accountability Report Card (SARC)



2022-23 School Contact Information

School Name	Pleasant Grove Middle School				
Street	2540 Green Valley Road				
City, State, Zip	Rescue, CA 95672				
Phone Number	530-672-4400				
Principal	Vera Rue Morris				
Email Address	vmorris@rescueusd.org				
School Website					
County-District-School (CDS) Code	09619780101519				

2022-23 District Contact Information				
District Name	Rescue Union Elementary School District			
Phone Number	530.677.4461			
Superintendent	Jim Shoemake			
Email Address	jshoemake@rescueusd.org			
District Website Address	www.rescueusd.org			

2022-23 School Overview

Since opening on August 18, 2003, Pleasant Grove has established a reputation for academic excellence and is a source of community pride. Pleasant Grove is located thirty miles east of Sacramento, California in the beautiful foothills of El Dorado County and is currently enrolled with 487 sixth, seventh, and eighth grade students.

At Pleasant Grove, our primary goal is to help all of our students be successful. All programs and policies are established to accomplish this goal. In order to support this, Pleasant Grove couples our certified school-wide AVID (Advancement Via Individual Determination) program and practices with Positive Behavior Incentives and Supports (PBIS). To support students on a path of career and college readiness, AVID brings research-based strategies and curriculum to educational institutions in elementary, secondary, and higher education. As a result, policymakers and educators now consider AVID's mission to be an essential strategy for closing the achievement gap and for making college access and success available to all students. By implementing school-wide AVID strategies, we provide all students with methodologies that develop their critical thinking, literacy, and math skills across all content areas. Our AVID program focuses on skills and behaviors that promote academic success and provides intensive support with tutorials and strong student/teacher relationships, while also supporting peer collaboration, and a rigorous education. Our PBIS program helps to foster and develop student's social emotional skills and successes. For example, students are recognized and rewarded for their positive choices, taught or re-taught social skills as needed, and provided with various types of behavior supports. The school-wide AVID and PBIS programs work together to develop as a whole child both academically and socially.

In order to support the transition into sixth grade from elementary, we core our students together. Core scheduling allows sixth graders to have the same teacher for history and language arts, the same teacher for math and science, and an additional teacher for PE. This reduces the amount of transitions and teachers from six different teachers down to three or four depending on each sixth graders' schedule.

The school day is broken up into seven 50 minute periods of Math, Science, English, History, Physical Education, an elective and a lunch period. Elective options include: Band, Guitar Spanish, Leadership, Speech/Drama, Movie Analysis, Game Design, Art Exploration, Intervention, Study Hall, English Language Development, and Advancement via Individual Determination (AVID). The staff has high expectations for the quality of work from students. Each student can expect to be treated fairly, to work and socialize in a safe environment, to be challenged, and to be properly instructed and evaluated by highly qualified, caring teachers. Middle school students rely heavily upon social affiliation during a period of rapid physical and socio-emotional

2022-23 School Overview

development as they establish a sense of self, while still needing adult guidance and connection. We believe that middle school students are highly malleable, so they need adults with whom they can connect and who lead them in a positive direction by tapping into their interests to motivate positive relationships and strong educational habits.

Students with special needs are provided specialized academic instruction through several support programs. The Resource Specialist Program provides help for students in the areas of mathematics, reading and language arts, history, science, and electives. This support is provided through multiple pedagogical practices: direct instruction, collaboration with the classroom teacher, team teaching, and paraprofessional support integrated throughout the school day and disciplines. Special Day Classes (SDC) also serve our students who meet certain special education criteria. The class size in our SDC program is small to allow for individual attention; however, students can be fully integrated into mainstream PE and some elective classes with their general education peers.

Additional support is provided by a full-time counselor, a nurse, a health office clerk, a full-time psychologist, a district EL Coordinator, a mental health clinician, and a county speech/language specialist (2 days/week). A Learning Support Team is in place to support students who may be struggling academically or socially. Tutorial instruction is available during lunch periods and intervention aide supports are integrated into the classroom setting to provide support for students within the general education classroom setting. Additionally, the school receives extra funds and support thanks to the Proposition 64 Grant. This Grant helps fund a School Resource Officer, lunch time club and activities director for anti-marijuana and substance abuse, and whole school anti-drug and marijuana events.

In addition to the English Language Development class, we meet with each English Language Learner one-on-one, each trimester, to establish and reflect on goals and discuss needs, areas of improvement and growth. In addition, aide support is available within the general classroom setting, as our English Learner students are fully integrated into general education classes.

Communication with parents is a key component to student academic success. It is critical to provide a format where students, teachers, and parents can communicate to support the development of student-centered learning and student self-advocacy. Pleasant Grove uses an online grading program, Jupiter Grades, and a classroom informational system, Google Classroom, to provide a format for more effective communication between all stakeholders. Through these interactive and engaged practices, parents have access to up-to-date information on student grades and upcoming assignments to support their student's academic success. Additionally, progress reports are available three times a year through the Aeries Portal mid-trimester and report card grades are available through the Aeries Portal at the end of each trimester. Lastly, regular communication is sent home to parents via a digital newsletter, emails, and text messages.

Pleasant Grove promotes a positive learning environment where all students are held to high academic standards and are recognized for positive behavior and hard work. Positive behavior and achievement are recognized through honor roll, student recognition assemblies (Student of the Trimester), positive behavior referrals, PUMA Pride Awards, and Student of the Month Awards. There are also opportunities for all students to participate in W.E.B. team (Where Everyone Belongs) to facilitate student leadership and to help to maintain a positive school climate, lunch time clubs, after school clubs, and our anti-marijuana club and intramurals.

About this School

2021-22 Student Enrollment by Grade Level

Grade Level	Number of Students
Grade 6	146
Grade 7	167
Grade 8	167
Total Enrollment	480

2021-22 Student Enrollment by Student Group

Student Group	Percent of Total Enrollment
Female	48.3
Male	51.5
American Indian or Alaska Native	0.2
Asian	1.5
Black or African American	0.8
Filipino	1.3
Hispanic or Latino	21.5
Native Hawaiian or Pacific Islander	0.6
Two or More Races	2.9
White	71.3
English Learners	7.1
Foster Youth	0.0
Homeless	0.6
Migrant	0.0
Socioeconomically Disadvantaged	26.3
Students with Disabilities	16.5

A. Conditions of Learning State Priority: Basic

The SARC provides the following information relevant to the State priority: Basic (Priority 1):

- Degree to which teachers are appropriately assigned and fully credentialed in the subject area and for the pupils they are teaching;
- Pupils have access to standards-aligned instructional materials; and
- School facilities are maintained in good repair

2020-21 Teacher Preparation and Placement							
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent	
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)	27.10	91.57	159.00	95.95	228366.10	83.12	
Intern Credential Holders Properly Assigned	0.00	0.00	0.00	0.00	4205.90	1.53	
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)	0.50	1.69	2.20	1.38	11216.70	4.08	
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)	0.80	2.70	1.80	1.09	12115.80	4.41	
Unknown	1.10	4.01	2.60	1.57	18854.30	6.86	
Total Teaching Positions	29.60	100.00	165.70	100.00	274759.10	100.00	

Note: The data in this table is based on Full Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

2021-22 Teacher Preparation and Placement						
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)						
Intern Credential Holders Properly Assigned						
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)						
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)						
Unknown						
Total Teaching Positions						

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: The data in this table is based on Full-Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

Teachers Without Credentials and Misassignments (considered "ineffective" under ESSA)

Authorization/Assignment	2020-21	2021-22
Permits and Waivers	0.00	
Misassignments	0.50	
Vacant Positions	0.00	
Total Teachers Without Credentials and Misassignments	0.50	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Credentialed Teachers Assigned Out-of-Field (considered "out-of-field" under ESSA)

Indicator	2020-21	2021-22
Credentialed Teachers Authorized on a Permit or Waiver	0.60	
Local Assignment Options	0.20	
Total Out-of-Field Teachers	0.80	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

2021-22 Class Assignments

Indicator	2020-21	2021-22
Misassignments for English Learners (a percentage of all the classes with English learners taught by teachers that are misassigned)	3.10	
No credential, permit or authorization to teach (a percentage of all the classes taught by teachers with no record of an authorization to teach)	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: For more information refer to the Updated Teacher Equity Definitions web page at <u>https://www.cde.ca.gov/pd/ee/teacherequitydefinitions.asp</u>.

2022-23 Quality, Currency, Availability of Textbooks and Other Instructional Materials

Year and month in which the data	1/15/2018			
Subject	Textbooks and Other Instruction Adoption	al Materials/year of	From Most Recent Adoption ?	Percent Students Lacking Own Assigned Copy

Reading/Language Arts	McGraw Hill: ConnectED StudySync	Yes	0
Mathematics	6-8 Houghton Mifflin Harcourt: Big Ideas Math - 2014	Yes	0
Science	AMPLIFY Grade 6 STEMSCOPES Grades 7-8	Yes	0
History-Social Science	Grades 6-8: TCI	Yes	0
Health		Yes	0

School Facility Conditions and Planned Improvements

School buildings and grounds at Pleasant Grove provide a clean, positive environment that is conducive to teaching, instruction, and learning. Staff and student restrooms are clean and well maintained. Floors, walls, roofs, and plumbing are maintained on a regular schedule. All efforts to ensure building safety, cleanliness, and adequacy have been successful. Rescue School District custodial and maintenance personnel work hard to keep the campus clean, safe, and in good working order.

While our facility is still fairly new and in good working order, a district deferred maintenance program is in place to repair or replace major areas of the campus, such as roofs, black top, carpet, stucco, and heating/air conditioning units when eventually needed.

The facilities at Pleasant Grove Middle School are in very good condition.

Year and month of the most recent FIT report				12/28/2022
System Inspected	Rate Good	Rate Fair	Rate Poor	Repair Needed and Action Taken or Planned
Systems: Gas Leaks, Mechanical/HVAC, Sewer	Х			
Interior: Interior Surfaces		Х		
Cleanliness: Overall Cleanliness, Pest/Vermin Infestation	Х			
Electrical	Х			
Restrooms/Fountains: Restrooms, Sinks/ Fountains	Х			
Safety: Fire Safety, Hazardous Materials	Х			
Structural: Structural Damage, Roofs		Х		LEAKING ROOFS / CRACKED STUCCO
External: Playground/School Grounds, Windows/ Doors/Gates/Fences		Х		

Overall Facility Rate							
Exemplary	Good	Fair	Poor				
	Х						

B. Pupil Outcomes

State Priority: Pupil Achievement

The SARC provides the following information relevant to the State priority: Pupil Achievement (Priority 4):

Statewide Assessments

(i.e., California Assessment of Student Performance and Progress [CAASPP] System includes the Smarter Balanced Summative Assessments for students in the general education population and the California Alternate Assessments [CAAs] for English language arts/literacy [ELA] and mathematics given in grades three through eight and grade eleven. Only eligible students may participate in the administration of the CAAs. CAAs items are aligned with alternate achievement standards, which are linked with the Common Core State Standards [CCSS] for students with the most significant cognitive disabilities).

The CAASPP System encompasses the following assessments and student participation requirements:

- 1. Smarter Balanced Summative Assessments and CAAs for ELA in grades three through eight and grade eleven.
- 2. Smarter Balanced Summative Assessments and CAAs for mathematics in grades three through eight and grade eleven.
- 3. California Science Test (CAST) and CAAs for Science in grades five, eight, and once in high school (i.e., grade ten, eleven, or twelve).
- 4. College and Career Ready

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

SARC Reporting in the 2020-2021 School Year Only

Where the most viable option, LEAs were required to administer the statewide summative assessment in ELA and mathematics. Where a statewide summative assessment was not the most viable option for the LEA (or for one or more grade-level[s] within the LEA) due to the pandemic, LEAs were allowed to report results from a different assessment that met the criteria established by the State Board of Education (SBE) on March 16, 2021. The assessments were required to be:

- Aligned with CA CCSS for ELA and mathematics;
- Available to students in grades 3 through 8, and grade 11; and
- Uniformly administered across a grade, grade span, school, or district to all eligible students.

Options

Note that the CAAs could only be administered in-person following health and safety requirements. If it was not viable for the LEA to administer the CAAs in person with health and safety guidelines in place, the LEA was directed to not administer the tests. There were no other assessment options available for the CAAs. Schools administered the Smarter Balanced Summative Assessments for ELA and mathematics, other assessments that meet the SBE criteria, or a combination of both, and they could only choose one of the following:

- Smarter Balanced ELA and mathematics summative assessments;
- Other assessments meeting the SBE criteria; or
- Combination of Smarter Balanced ELA and mathematics summative assessments and other assessments.

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

Percentage of Students Meeting or Exceeding the State Standard on CAASPP

This table displays CAASPP test results in ELA and mathematics for all students grades three through eight and grade eleven taking and completing a state-administered assessment.

The 2020-21 data cells have N/A values because these data are not comparable to other year data due to the COVID-19 pandemic during the 2020-21 school year. Where the CAASPP assessments in ELA and/or mathematics is not the most viable option, the LEAs were allowed to administer local assessments. Therefore, the 2020-21 data between school years for the school, district, state are not an accurate comparison. As such, it is inappropriate to compare results of the 2020-21 school year to other school years.

Percentages are not calculated when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

ELA and mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
English Language Arts/Literacy (grades 3-8 and 11)	N/A	63	N/A	70	N/A	47
Mathematics (grades 3-8 and 11)	N/A	44	N/A	60	N/A	33

2021-22 CAASPP Test Results in ELA by Student Group

This table displays CAASPP test results in ELA by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

ELA test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	478	467	97.70	2.30	63.17
Female	231	225	97.40	2.60	66.22
Male	245	240	97.96	2.04	60.00
American Indian or Alaska Native					
Asian					
Black or African American					
Filipino					
Hispanic or Latino	105	102	97.14	2.86	49.02
Native Hawaiian or Pacific Islander					
Two or More Races	15	15	100.00	0.00	80.00
White	338	330	97.63	2.37	68.18
English Learners	31	30	96.77	3.23	23.33
Foster Youth	0	0	0.00	0.00	0.00
Homeless					
Military					
Socioeconomically Disadvantaged	101	100	99.01	0.99	40.00
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	86	79	91.86	8.14	17.72

2021-22 CAASPP Test Results in Math by Student Group

This table displays CAASPP test results in Math by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

Mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	478	466	97.49	2.51	43.78
Female	231	225	97.40	2.60	37.78
Male	245	239	97.55	2.45	48.95
American Indian or Alaska Native					
Asian					
Black or African American					
Filipino					
Hispanic or Latino	105	102	97.14	2.86	31.37
Native Hawaiian or Pacific Islander					
Two or More Races	15	15	100.00	0.00	46.67
White	338	329	97.34	2.66	48.33
English Learners	31	30	96.77	3.23	13.33
Foster Youth	0	0	0.00	0.00	0.00
Homeless					
Military					
Socioeconomically Disadvantaged	101	100	99.01	0.99	24.00
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	86	79	91.86	8.14	12.66

CAASPP Test Results in Science for All Students

This table displays the percentage of all students grades five, eight, and High School meeting or exceeding the State Standard.

For any 2020–21 data cells with N/T values indicate that this school did not test students using the CAASPP for Science.

Subject	School	School	District	District	State	State
	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
Science (grades 5, 8 and high school)		43.48		51.52	28.5	29.47

2021-22 CAASPP Test Results in Science by Student Group

This table displays CAASPP test results in Science by student group for students grades five, eight, and High School. Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Student Group	Total Enrollment	Number Tested	Percent Tested	Percent Not Tested	Percent Met or Exceeded
All Students	167	161	96.41	3.59	43.48
Female	85	82	96.47	3.53	36.59
Male	82	79	96.34	3.66	50.63
American Indian or Alaska Native	0	0	0	0	0
Asian					
Black or African American	0	0	0	0	0
Filipino					
Hispanic or Latino	31	31	100	0	32.26
Native Hawaiian or Pacific Islander	0	0	0	0	0
Two or More Races					
White	125	119	95.2	4.8	46.22
English Learners					
Foster Youth	0	0	0	0	0
Homeless					
Military					
Socioeconomically Disadvantaged	36	35	97.22	2.78	25.71
Students Receiving Migrant Education Services	0	0	0	0	0
Students with Disabilities	30	28	93.33	6.67	17.86

B. Pupil Outcomes

State Priority: Other Pupil Outcomes

The SARC provides the following information relevant to the State priority: Other Pupil Outcomes (Priority 8): Pupil outcomes in the subject area of physical education.

2021-22 California Physical Fitness Test Results

This table displays the percentage of students participating in each of the five fitness components of the California Physical Fitness Test Results. Due to changes to the 2021-22 PFT administration, only participation results are required for these five fitness areas. Percentages are not calculated and double dashes (--) appear in the table when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Grade Level	Component 1: Aerobic Capacity	Component 2: Abdominal Strength and Endurance	Component 3: Trunk Extensor and Strength and Flexibility	Component 4: Upper Body Strength and Endurance	Component 5: Flexibility
Grade 7	98.8%	99.4%	99.4%	99.4%	99.4%

C. Engagement

State Priority: Parental Involvement

The SARC provides the following information relevant to the State priority: Parental Involvement (Priority 3): Efforts the school district makes to seek parent input in making decisions regarding the school district and at each school site.

2022-23 Opportunities for Parental Involvement

Pleasant Grove consulted with all stakeholders in the development of this site plan. Surveys are sent out at the beginning an end of each school year to gather data on school climate, inclusion practices, academic rigor, areas of strength, and areas needing improvement. The data of the surveys is reviewed by staff via professional discussions at staff and collaboration meetings to elicit feedback about any conclusions and possible responses to the data. The school Site Council meets six times a year to review data collected in their survey and compares it to both the results of the Healthy Kids Survey data and the comments and ideas offered by staff. Additional data is collected through our participation on our District English Learner Advisory Committee (DELAC), Site English Learner Advisory Committee (ELAC), and monthly meetings with our Parent Teacher Organization (PTO), all of which are reviewed by school staff at collaboration meetings.

SBAC assessment data, accelerated reading data, IXL math data, bi-trimester grade analysis data, and SRI metrics are also reviewed by school staff throughout the year, considered in conjunction with the indirect data gathered in the above data and used in the development of this plan.

Contact Person: Vera Rue Morris, Principal Contact Phone No. 530-672-4400

2021-22 Chronic Absenteeism by Student Group

Student Group	Cumulative Enrollment	Chronic Absenteeism Eligible Enrollment	Chronic Absenteeism Count	Chronic Absenteeism Rate
All Students	498	496	118	23.8
Female	242	242	59	24.4
Male	254	252	59	23.4
American Indian or Alaska Native	2	2	0	0.0
Asian	7	7	1	14.3
Black or African American	4	4	0	0.0
Filipino	6	6	0	0.0
Hispanic or Latino	109	109	33	30.3
Native Hawaiian or Pacific Islander	3	3	0	0.0
Two or More Races	14	14	2	14.3
White	351	349	82	23.5
English Learners	37	37	8	21.6
Foster Youth	0	0	0	0.0
Homeless	4	3	1	33.3
Socioeconomically Disadvantaged	150	149	47	31.5
Students Receiving Migrant Education Services	0	0	0	0.0
Students with Disabilities	94	94	30	31.9

C. Engagement

State Priority: School Climate

The SARC provides the following information relevant to the State priority: School Climate (Priority 6):

- Pupil suspension rates;
- Pupil expulsion rates; and
- Other local measures on the sense of safety

Suspensions and Expulsions

This table displays suspensions and expulsions data collected between July through February, partial school year due to the COVID-19 pandemic. The 2019-20 suspensions and expulsions rate data are not comparable to other year data because the 2019-20 school year is a partial school year due to the COVID-19 crisis. As such, it would be inappropriate to make any comparisons in rates of suspensions and expulsions in the 2019-20 school year compared to other school years.

Subject	School 2019-20	District 2019-20	State 2019-20
Suspensions	3.37	1.30	2.45
Expulsions	0.00	0.11	0.05

This table displays suspensions and expulsions data collected between July through June, each full school year respectively. Data collected during the 2020-21 school year may not be comparable to earlier years of this collection due to differences in learning mode instruction in response to the COVID-19 pandemic.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
Suspensions	1.16	5.02	0.57	1.73	0.20	3.17
Expulsions	0.00	0.00	0.00	0.00	0.00	0.07

2021-22 Suspensions and Expulsions by Student Group

Student Group	Suspensions Rate	Expulsions Rate
All Students	5.02	0.00
Female	4.13	0.00
Male	5.51	0.00
American Indian or Alaska Native	0.00	0.00
Asian	0.00	0.00
Black or African American	0.00	0.00
Filipino	0.00	0.00
Hispanic or Latino	6.42	0.00
Native Hawaiian or Pacific Islander	0.00	0.00
Two or More Races	0.00	0.00
White	4.56	0.00
English Learners	8.11	0.00
Foster Youth	0.00	0.00
Homeless	0.00	0.00
Socioeconomically Disadvantaged	8.67	0.00
Students Receiving Migrant Education Services	0.00	0.00
Students with Disabilities	12.77	0.00

2022-23 School Safety Plan

Parents and students believe that Pleasant Grove provides a positive learning environment and the students are challenged in all academic areas. Positive behavior and achievement are recognized by Puma Pride awards, student of the month awards, positive telephone calls, e-mails, and messages sent home by the teacher, vice principal, and principal. Staff members nominate Student of the Month recipients each month along with students earning Honor Roll, High Honor Roll, and Principal's Honor Roll. Students are allowed to pick various "award" items from our student cart. These students are acknowledged for any special achievement not just academic. Academic achievement is recognized through the Honor Roll. Eighth grade students are eligible for various academic and leadership recognition awards presented during promotion. A committee of parents, teachers, students and administrators reviewed other middle school discipline policies and created a parent/student handbook for Pleasant Grove. This is reviewed each year for any needed adjustments.

In addition to academic recognitions, students are recognized for positive behavior with our Puma Pride Awards. This is part of our Positive Behavior Intervention Supports program also known as PBIS. Through PBIS, students with qualifying merit counts are recognized at various times throughout the year. Through the PBIS program rules and procedures are highlighted and reviewed weekly.

Each year, Pleasant Grove's Safety Committee reviews policies, assesses needs, and explores ways to make our school a safer place and improve the physical and cultural climates. The Pleasant Grove Safety Committee consists of 10 members: Both classified and certificated staff. The school Safety committee meets tri-annually throughout the school year and the plan was last reviewed and updated in November 2022. Our school Safety Plan is also reviewed by our school's Site Council. Physical improvements, leading to a safer school environment, have been made to our parking lot, asphalt courts, and play fields and we have evaluated, revised, and improved policies related to campus supervision, anti-bullying programs, and positive recognition events. Instructional staff participates in monthly staff meetings with a safety focus and yard duties participate in monthly meetings as well.

Pleasant Grove has several programs to further promote a positive climate and help students feel more connected to the school and their community. A WEB (Where Everybody Belongs) program is in place to assist all new students in a positive transition to our school. Pleasant Grove students function in a safe, positive environment. Pleasant Grove recognizes that positive behavior and appropriate activities will stimulate a healthy, productive school climate.

2019-20 Secondary Average Class Size and Class Size Distribution

This table displays the 2019-20 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per classroom). At the secondary school level, this information is reported by subject area rather than grade level.

Subject	Average Class Size	Number of Classes with 1-22 Students	Number of Classes with 23-32 Students	Number of Classes with 33+ Students
English Language Arts	22	8	8	
Mathematics	19	10	8	
Science	25	3	10	
Social Science	26	3	11	

2020-21 Secondary Average Class Size and Class Size Distribution

This table displays the 2020-21 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per classroom). At the secondary school level, this information is reported by subject area rather than grade level.

Subject	Average Class Size	Number of Classes with 1-22 Students	Number of Classes with 23-32 Students	Number of Classes with 33+ Students
English Language Arts	13	27	5	
Mathematics	11	35	3	
Science	17	18	5	1
Social Science	15	22	6	

2021-22 Secondary Average Class Size and Class Size Distribution

This table displays the 2021-22 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per classroom). At the secondary school level, this information is reported by subject area rather than grade level.

Subject	Average Class Size	Number of Classes with 1-22 Students	Number of Classes with 23-32 Students	Number of Classes with 33+ Students
English Language Arts	20	7	10	
Mathematics	20	7	9	
Science	27		12	
Social Science	26	1	12	

2021-22 Ratio of Pupils to Academic Counselor

This table displays the ratio of pupils to Academic Counselor. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Ratio
Pupils to Academic Counselor	480

2021-22 Student Support Services Staff

This table displays the number of FTE support staff assigned to this school. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Number of FTE Assigned to School
Counselor (Academic, Social/Behavioral or Career Development)	1.0
Library Media Teacher (Librarian)	
Library Media Services Staff (Paraprofessional)	
Psychologist	1.0
Social Worker	
Nurse	0.2
Speech/Language/Hearing Specialist	
Resource Specialist (non-teaching)	
Other	

2020-21 Expenditures Per Pupil and School Site Teacher Salaries

This table displays the 2020-21 expenditures per pupil and average teacher salary for this school. Cells with N/A values do not require data.

Level	Total Expenditures Per Pupil	Expenditures Per Pupil (Restricted)	Expenditures Per Pupil (Unrestricted)	Average Teacher Salary
School Site	\$12,015	\$3,314	\$8,701	\$78,966.30
District	N/A	N/A	\$7,423	\$79,683
Percent Difference - School Site and District	N/A	N/A	15.9	-0.9
State	N/A	N/A	\$6,594	\$84,612
Percent Difference - School Site and State	N/A	N/A	27.6	-6.9

2021-22 Types of Services Funded

All Rescue schools receive equal allocations, per student, of LCFF Base Funding. This funding helps support students by providing instructional materials, supplies and other needs. Funding for support services, such as maintenance of buildings and grounds, utilities, and student transportation, is budgeted for at the district level and provided to each school site based on the varying needs of the individual school.

In addition to the Base Funding described above, schools in the Rescue Union School District receive Supplemental funding roughly proportional to the number of unduplicated pupils (English Learners, Socioeconomically Disadvantaged, and Foster/Homeless Youth) they serve. Furthermore, school sites receive allocations from other state and federal categorical programs, including Title I and Title II. The purpose of these categorical programs range from improving the quality of the total instructional program for all students to addressing the unique needs of special groups of students.

2020-21 Teacher and Administrative Salaries

This table displays the 2020-21 Teacher and Administrative salaries. For detailed information on salaries, see the CDE Certification Salaries & Benefits web page at http://www.cde.ca.gov/ds/fd/cs/.

Category	District Amount	State Average for Districts in Same Category
Beginning Teacher Salary	\$52,067	\$51,591
Mid-Range Teacher Salary	\$74,475	\$79,620
Highest Teacher Salary	\$97,082	\$104,866
Average Principal Salary (Elementary)	\$122,234	\$131,473
Average Principal Salary (Middle)	\$123,861	\$135,064
Average Principal Salary (High)		\$137,679
Superintendent Salary	\$187,309	\$205,661
Percent of Budget for Teacher Salaries	38%	33%
Percent of Budget for Administrative Salaries	7%	6%

Professional Development

Pleasant Grove Teachers participate in roughly thirty eight Early Release Professional Development/Teacher Collaboration Wednesdays are scheduled throughout the school year. During these meetings, teachers work to analyze assessment data and target key standards. In addition, they plan, develop and improve effective instructional strategies. Staff development related to instructional practices, curriculum, technology, Common Core State Standards, and other educationally related matters are provided for all teachers.

Teachers receive professional development and will work collaboratively on a regular, ongoing basis to target key standards, analyze formative assessment data and develop effective instructional practices. Teachers and administrators regularly attend conferences and workshops to learn about and implement the most effective instructional practices.

Additionally, we provide two days for parent conferences, one and a half days for report card preparation and collaboration, and IEP/504 transition and collaboration days between the middle school and high school.

This table displays the number of school days dedicated to staff development and continuous improvement.

Subject	2020-21	2021-22	2022-23
Number of school days dedicated to Staff Development and Continuous Improvement	2	2	2

Rescue Elementary School 2021-2022 School Accountability Report Card (Published During the 2022-2023 School Year)

General Information about the School Accountability Report Card (SARC)



2022-23 School Contact Information

School Name	Rescue Elementary School
Street	3880 Green Valley Road
City, State, Zip	Rescue, CA 95672
Phone Number	530-677-2720
Principal	Todd McGinnis
Email Address	tmcginnis@rescueusd.org
School Website	www.rescueelementary.org
County-District-School (CDS) Code	09619786005714

2022-23 District Contact Information		
District Name	Rescue Union Elementary School District	
Phone Number	530-677- 4461	
Superintendent	Jim Shoemake	
Email Address	jshoemake@rescueusd.org	
District Website Address	www.rescueusd.org	

2022-23 School Overview

Rescue School, which serves students in grades TK-5, is a quiet oasis in a rapidly growing and changing Sierra Nevada foothill community. School buses pass the school on a road where cows are grazing with deer and wild turkeys appearing from time to time. Approaching on Green Valley Road from the west, you will see the Sierra Nevada Mountains in the background, covered with snow in winter. Farms, fields, and houses are scattered along the hillside. Rescue is a friendly place where people know each other and take the time to stop and talk. The bus drivers, principal, teachers, and secretaries are your neighbors. You meet them at the game, at the store, or at the Rescue Post Office. The school itself is part of the neighborhood, serving as a gathering place for meetings, soccer and Little League, Boy/Girl Scouts, carnivals, and recreational activities. Although Rescue School was built in 1958, it has been well maintained and remodeled to improve the buildings for safety and comfort. Twenty percent of Rescue School's population are socio-economically disadvantaged; therefore we are identified as a Title I school, we receive additional funding from the Federal Government. Our cultural demographics include 1% American Indian or Alaska Native, 2% Asian, 1% Filipino, 1% African American, 13% Hispanic or Latino, and 83% White.

This year, Rescue Elementary is back to traditional activities and school procedures that were previously changed during the COVID pandemic. Rescue Elementary has brought back parent volunteers, in person school events, assemblies, sports and field trips without restrictions. We are proud to be thriving and continuing to offer a rich academic experience with a community based school plan that invites our families on campus.

Rescue Elementary has 21 general education classrooms in grades TK-5. We offer weekly physical education class for grades 1-5 and one Resource Specialist class for grades TK-5. We also have band classes for students in grades 4-5. With the support of the Rescue Elementary Parent Teach Council, we are able to offer monthly garden lessons and art instruction. Our teachers are a highly qualified collection of nurturing and devoted professionals with consistently high standards for themselves and their students. We offer a balanced instructional program with the goal of meeting the needs of the whole child. Our district adopted curricular materials include Benchmark (English Language Arts, GO Math, Step-Up to Writing, Scott Foresman Social Studies, and Handwriting without Tears (TK-2). ELA instruction is supplemented with Accelerated Reader and core literature. Math instruction is supplemented with Reflex Math and Math IXL. Mystery Science is used to supplement Science instruction. Rescue Elementary will also be participating in testing new NGSS CA approved science curriculum for 2022/2023. Academic differentiation is provided through a variety of methods including, but not limited to, small group, leveled group, and challenge group instruction. Our Learning Center is also used to support students. Teachers continue to receive staff development and collaboration time to work on California State Standards and with curriculum. Rescue teachers are in the

process of becoming certified in Guided Language Acquisition Development (GLAD) instructional strategies.

All grades are equipped with a class set of Chromebooks for their classroom to use. All classrooms have projectors and ELMOs to support student learning. Most have SMART Board Technology as well. Rescue Elementary has a Maker Space lab for all students to utilize that promotes STEAM inquiry and discovery. There are at least a dozen stations for students to utilize in the Maker Space. Rescue Elementary also offers a quality art program (Meet the Masters) for students in grades K-5. Students receive art instruction learning about various historical artists and their techniques and get to apply them to various art projects.

All students at Rescue School receive a differentiated curriculum in the regular classroom. Appropriate learning experiences are provided during the school day, usually in the regular classroom. Enrichment activities, challenge groups, and intervention groups are designed to support students and meet their individual needs. Before and after school enrichment and tutoring are available for students who need extra support or desire to participate in extra activities.

Rescue School is supported by the services of a nurse, psychologist, counselor, behaviorist, librarian, and a speech and language specialist. Our nurse is available 5 days a week to meet the health needs of students including vision and health screenings. The district psychologist performs evaluations and also meets with students when appropriate. The Librarian is a full time employee who is on campus 5 days a week. The Library is open before and after school. Each class rotates into the Library each week for stories read by our Librarian and to check out books. The Speech and Language Specialist works with students five days a week. A Learning Center exists to support those children with identified learning disabilities. Rescue School also participates in Academic Assessment/Program Modification, and the Individual Education Program (IEP) planning process. During leveled reading, students are grouped by their reading level so that all students receive appropriate instruction. Reading aides also work with groups of students during leveled reading in order to achieve the lowest possible teacher student ratio. The overall goal is to bring all students to benchmark and challenge advanced learners.

The Student Success Team (SST) approach is utilized to provide assistance to children experiencing difficulties. The SST, consisting of a teacher, parents, and the principal, meets regularly to develop an educational assistance plan for children referred by their teacher or parents. Rescue School is an excellent example of what can be achieved when parents, staff, and teachers work together to provide a strong educational foundation and create a meaningful and memorable school experience for their children.C

Our students are offered many enrichment opportunities which are supported by fundraisers, school donations and our PTC. We offer competitive sports teams for Cross Country (3rd-5th), Volleyball (5th), and Basketball (4th-5th). Other enrichment activities are offered through the school year including, but not limited to art, music, yoga, STEM, games, garden, and dance programs. Students can participate in our Student Council (4th-5th) and organize many events that foster community in our school and supports our community as a whole.

Our goal for our students and our staff is to exhibit behaviors in conjunction with Rescue's Big Three: Show Respect, Make Good Decisions, and Solve Problems. We offer successful social/emotional programs through character building and antibullying instruction. Positive Behavior Intervention Support is currently being implemented at Rescue School. Instruction is provided to demonstrate Rescue Elementary's behavior expectations and an incentive program is available at the classroom and school-wide level to recognize students who make good choices. Character traits are featured each month and monthly assemblies are scheduled to celebrate the academic and social achievements of our students. We employ a full time counselor to offer individual counseling to students in need, facilitate social skills groups, and deliver classroom lessons, such as Building Friendships, Respect, College, and Career Readiness and Self-Esteem. Our school theme this year is "Onward." Despite operating within the COVID-19 Pandemic, our focus and commitment to students and quality instruction has not wavered. We continue to plan for the future and gather data to develop in-depth intervention plans that address any social emotional or academic deficits resulting from this pandemic.

Rescue Elementary School was recognized as a California Distinguished School in 2010 and 2014.

The Mission Statement at Rescue School is as follows: At Rescue School we are committed to respecting the similarities and differences of others on our playgrounds, in our classrooms and community. We are dedicated to providing our students an excellent education in a safe, clean, and nurturing environment. We hold high expectations for all students and provide them with the support to meet their full potential.

Our Vision Statement is to provide a safe environment in which all people learn and receive respect, value, and support. Every student will receive a quality education in partnership with families and the community to be successful meeting challenging and comprehensive standards.

About this School

2021-22 Student Enrollment by Grade Level					
Grade Level	Number of Students				
Kindergarten	107				
Grade 1	77				
Grade 2	73				
Grade 3	90				
Grade 4	88				
Grade 5	74				
Total Enrollment	509				

2021-22 Student Enrollment by Student Group

Student Group	Percent of Total Enrollment
Female	45.4
Male	54.6
American Indian or Alaska Native	1.4
Asian	1.0
Black or African American	1.0
Filipino	0.8
Hispanic or Latino	13.6
Native Hawaiian or Pacific Islander	0.0
Two or More Races	0.4
White	81.9
English Learners	2.8
Foster Youth	0.2
Homeless	0.4
Migrant	0.0
Socioeconomically Disadvantaged	19.4
Students with Disabilities	9.8

A. Conditions of Learning State Priority: Basic

The SARC provides the following information relevant to the State priority: Basic (Priority 1):

- Degree to which teachers are appropriately assigned and fully credentialed in the subject area and for the pupils they are teaching;
- Pupils have access to standards-aligned instructional materials; and
- School facilities are maintained in good repair

2020-21 Teacher Preparation and Placement							
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent	
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)	15.50	94.02	159.00	95.95	228366.10	83.12	
Intern Credential Holders Properly Assigned	0.00	0.00	0.00	0.00	4205.90	1.53	
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)	1.00	6.04	2.20	1.38	11216.70	4.08	
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)	0.00	0.00	1.80	1.09	12115.80	4.41	
Unknown	0.00	0.00	2.60	1.57	18854.30	6.86	
Total Teaching Positions	16.50	100.00	165.70	100.00	274759.10	100.00	

Note: The data in this table is based on Full Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

2021-22 Teacher Preparation and Placement						
Authorization/Assignment	School Number	School Percent	District Number	District Percent	State Number	State Percent
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)						
Intern Credential Holders Properly Assigned						
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)						
Credentialed Teachers Assigned Out-of- Field ("out-of-field" under ESSA)						
Unknown						
Total Teaching Positions						

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: The data in this table is based on Full-Time Equivalent (FTE) status. One FTE equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time. Additionally, an assignment is defined as a position that an educator is assigned based on setting, subject, and grade level. An authorization is defined as the services that an educator is authorized to provide to students.

Teachers Without Credentials and Misassignments (considered "ineffective" under ESSA)

Authorization/Assignment	2020-21	2021-22
Permits and Waivers	0.00	
Misassignments	0.00	
Vacant Positions	1.00	
Total Teachers Without Credentials and Misassignments	1.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Credentialed Teachers Assigned Out-of-Field (considered "out-of-field" under ESSA)

Indicator	2020-21	2021-22
Credentialed Teachers Authorized on a Permit or Waiver	0.00	
Local Assignment Options	0.00	
Total Out-of-Field Teachers	0.00	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

2021-22 Class Assignments

Indicator	2020-21	2021-22
Misassignments for English Learners (a percentage of all the classes with English learners taught by teachers that are misassigned)	0.00	
No credential, permit or authorization to teach (a percentage of all the classes taught by teachers with no record of an authorization to teach)	5.50	

2021-22 data was not included as part of the initial release of data on 1/13/23. The CDE has indicated that the data will be available after the 2/1/23 SARC deadline. The data will be populated when it is published by the CDE.

Note: For more information refer to the Updated Teacher Equity Definitions web page at <u>https://www.cde.ca.gov/pd/ee/teacherequitydefinitions.asp</u>.

2022-23 Quality, Currency, Availability of Textbooks and Other Instructional Materials

All materials are current, high quality and available to all students.

Year and month in which the data were collected

December 2022

Subject Textbooks and Other Instructional Materials/year of Adoption	onal Materials/year of From Most Recent	Percent Students Lacking Own
--	---	------------------------------------

		Adoption ?	Assigned Copy
Reading/Language Arts	Benchmark Grades K-5 - 2016	Yes	0
Mathematics	K-5 Houghton Mifflin Harcourt: Go Math - 2014	Yes	0
Science	Scott Foresman Science Grades K-5	Yes	0
History-Social Science	Scott Foresman History-Social Science for California Grades K-5	Yes	0
Health		Yes	0

School Facility Conditions and Planned Improvements

School buildings and grounds at Rescue School provide a clean, positive environment that is conducive to teaching, instruction, and learning. Staff and student rest rooms are clean and well maintained. Floors, wall, roof, and plumbing are maintained on a regular schedule.

During 2019, new roofs were installed on our C-wing buildings and new ramps were installed in our D-wing and E-wing portables. The upper blacktop was scraped, replaced, and restriped providing a brand new, level, and safe play area.

During 2022, a new roof was installed on the multipurpose room.

Monthly playground equipment inspections and report and written monitoring the condition of our play area.

Year and month of the most recent FIT report				12/27/2022				
System Inspected	Rate Good	Rate Fair	Rate Poor	Repair Needed and Action Taken or Planned				
Systems: Gas Leaks, Mechanical/HVAC, Sewer	Х							
Interior: Interior Surfaces		Х						
Cleanliness: Overall Cleanliness, Pest/Vermin Infestation	Х							
Electrical	Х							
Restrooms/Fountains: Restrooms, Sinks/ Fountains		Х						
Safety: Fire Safety, Hazardous Materials	Х							
Structural: Structural Damage, Roofs	Х							
External: Playground/School Grounds, Windows/ Doors/Gates/Fences		Х						
Overall Facility Rate								
-----------------------	------	------	------	--	--	--	--	--
Exemplary	Good	Fair	Poor					
	Х							

B. Pupil Outcomes

State Priority: Pupil Achievement

The SARC provides the following information relevant to the State priority: Pupil Achievement (Priority 4):

Statewide Assessments

(i.e., California Assessment of Student Performance and Progress [CAASPP] System includes the Smarter Balanced Summative Assessments for students in the general education population and the California Alternate Assessments [CAAs] for English language arts/literacy [ELA] and mathematics given in grades three through eight and grade eleven. Only eligible students may participate in the administration of the CAAs. CAAs items are aligned with alternate achievement standards, which are linked with the Common Core State Standards [CCSS] for students with the most significant cognitive disabilities).

The CAASPP System encompasses the following assessments and student participation requirements:

- 1. Smarter Balanced Summative Assessments and CAAs for ELA in grades three through eight and grade eleven.
- 2. Smarter Balanced Summative Assessments and CAAs for mathematics in grades three through eight and grade eleven.
- 3. California Science Test (CAST) and CAAs for Science in grades five, eight, and once in high school (i.e., grade ten, eleven, or twelve).
- 4. College and Career Ready

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

SARC Reporting in the 2020-2021 School Year Only

Where the most viable option, LEAs were required to administer the statewide summative assessment in ELA and mathematics. Where a statewide summative assessment was not the most viable option for the LEA (or for one or more grade-level[s] within the LEA) due to the pandemic, LEAs were allowed to report results from a different assessment that met the criteria established by the State Board of Education (SBE) on March 16, 2021. The assessments were required to be:

- Aligned with CA CCSS for ELA and mathematics;
- Available to students in grades 3 through 8, and grade 11; and
- Uniformly administered across a grade, grade span, school, or district to all eligible students.

Options

Note that the CAAs could only be administered in-person following health and safety requirements. If it was not viable for the LEA to administer the CAAs in person with health and safety guidelines in place, the LEA was directed to not administer the tests. There were no other assessment options available for the CAAs. Schools administered the Smarter Balanced Summative Assessments for ELA and mathematics, other assessments that meet the SBE criteria, or a combination of both, and they could only choose one of the following:

- Smarter Balanced ELA and mathematics summative assessments;
- Other assessments meeting the SBE criteria; or
- Combination of Smarter Balanced ELA and mathematics summative assessments and other assessments.

The percentage of students who have successfully completed courses that satisfy the requirements for entrance to the University of California and the California State University, or career technical education sequences or programs of study.

Percentage of Students Meeting or Exceeding the State Standard on CAASPP

This table displays CAASPP test results in ELA and mathematics for all students grades three through eight and grade eleven taking and completing a state-administered assessment.

The 2020-21 data cells have N/A values because these data are not comparable to other year data due to the COVID-19 pandemic during the 2020-21 school year. Where the CAASPP assessments in ELA and/or mathematics is not the most viable option, the LEAs were allowed to administer local assessments. Therefore, the 2020-21 data between school years for the school, district, state are not an accurate comparison. As such, it is inappropriate to compare results of the 2020-21 school year to other school years.

Percentages are not calculated when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

ELA and mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
English Language Arts/Literacy (grades 3-8 and 11)	N/A	74	N/A	70	N/A	47
Mathematics (grades 3-8 and 11)	N/A	73	N/A	60	N/A	33

2021-22 CAASPP Test Results in ELA by Student Group

This table displays CAASPP test results in ELA by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

ELA test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	241	237	98.34	1.66	74.26
Female	111	110	99.10	0.90	75.45
Male	130	127	97.69	2.31	73.23
American Indian or Alaska Native					
Asian					
Black or African American					
Filipino					
Hispanic or Latino	34	32	94.12	5.88	81.25
Native Hawaiian or Pacific Islander	0	0	0.00	0.00	0.00
Two or More Races	0	0	0.00	0.00	0.00
White	198	196	98.99	1.01	72.45
English Learners					
Foster Youth	0	0	0.00	0.00	0.00
Homeless					
Military					
Socioeconomically Disadvantaged	49	49	100.00	0.00	63.27
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	26	25	96.15	3.85	48.00

2021-22 CAASPP Test Results in Math by Student Group

This table displays CAASPP test results in Math by student group for students grades three through eight and grade eleven taking and completing a state-administered assessment.

Mathematics test results include the Smarter Balanced Summative Assessment and the CAA. The "Percent Met or Exceeded" is calculated by taking the total number of students who met or exceeded the standard on the Smarter Balanced Summative Assessment plus the total number of students who met the standard (i.e., achieved Level 3-Alternate) on the CAAs divided by the total number of students who participated in both assessments.

Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

The number of students tested includes all students who participated in the test whether they received a score or not; however, the number of students tested is not the number that was used to calculate the achievement level percentages. The achievement level percentages are calculated using only students who received scores.

CAASPP Student Groups	CAASPP Total Enrollment	CAASPP Number Tested	CAASPP Percent Tested	CAASPP Percent Not Tested	CAASPP Percent Met or Exceeded
All Students	241	237	98.34	1.66	72.57
Female	111	110	99.10	0.90	67.27
Male	130	127	97.69	2.31	77.17
American Indian or Alaska Native					
Asian					
Black or African American					
Filipino					
Hispanic or Latino	34	32	94.12	5.88	62.50
Native Hawaiian or Pacific Islander	0	0	0.00	0.00	0.00
Two or More Races	0	0	0.00	0.00	0.00
White	198	196	98.99	1.01	73.98
English Learners					
Foster Youth	0	0	0.00	0.00	0.00
Homeless					
Military					
Socioeconomically Disadvantaged	49	49	100.00	0.00	55.10
Students Receiving Migrant Education Services	0	0	0.00	0.00	0.00
Students with Disabilities	26	25	96.15	3.85	40.00

CAASPP Test Results in Science for All Students

This table displays the percentage of all students grades five, eight, and High School meeting or exceeding the State Standard.

For any 2020–21 data cells with N/T values indicate that this school did not test students using the CAASPP for Science.

Subject	School	School	District	District	State	State
	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
Science (grades 5, 8 and high school)	NT	63.77		51.52	28.5	29.47

2021-22 CAASPP Test Results in Science by Student Group

This table displays CAASPP test results in Science by student group for students grades five, eight, and High School. Double dashes (--) appear in the table when the number of students is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Student Group	Total Enrollment	Number Tested	Percent Tested	Percent Not Tested	Percent Met or Exceeded
All Students	71	69	97.18	2.82	63.77
Female	24	23	95.83	4.17	65.22
Male	47	46	97.87	2.13	63.04
American Indian or Alaska Native					
Asian					
Black or African American	0	0	0	0	0
Filipino	0	0	0	0	0
Hispanic or Latino	14	13	92.86	7.14	53.85
Native Hawaiian or Pacific Islander	0	0	0	0	0
Two or More Races	0	0	0	0	0
White	55	54	98.18	1.82	64.81
English Learners					
Foster Youth	0	0	0	0	0
Homeless	0	0	0	0	0
Military					
Socioeconomically Disadvantaged	14	14	100	0	42.86
Students Receiving Migrant Education Services	0	0	0	0	0
Students with Disabilities					

B. Pupil Outcomes

State Priority: Other Pupil Outcomes

The SARC provides the following information relevant to the State priority: Other Pupil Outcomes (Priority 8): Pupil outcomes in the subject area of physical education.

2021-22 California Physical Fitness Test Results

This table displays the percentage of students participating in each of the five fitness components of the California Physical Fitness Test Results. Due to changes to the 2021-22 PFT administration, only participation results are required for these five fitness areas. Percentages are not calculated and double dashes (--) appear in the table when the number of students tested is ten or less, either because the number of students in this category is too small for statistical accuracy or to protect student privacy.

Grade Level	Component 1: Aerobic Capacity	Component 2: Abdominal Strength and Endurance	Component 3: Trunk Extensor and Strength and Flexibility	Component 4: Upper Body Strength and Endurance	Component 5: Flexibility
Grade 5	97.1%	94.3%	98.6%	92.9%	100%

C. Engagement

State Priority: Parental Involvement

The SARC provides the following information relevant to the State priority: Parental Involvement (Priority 3): Efforts the school district makes to seek parent input in making decisions regarding the school district and at each school site.

2022-23 Opportunities for Parental Involvement

Rescue Elementary utilizes parent volunteers in the classroom on a regular basis. Many of our parent participate in this program ans help support the classrooms with group rotations or classroom events. Our staff is very grateful for the support we receive from our volunteers.

Rescue enjoys support for school programs on many levels. Parents are actively involved and interested in every aspect of their children's education from classroom assistance to participation in the Parent-Teacher Council (PTC) and School Site Council. The PTC organizes parent and community volunteers to plan social events for the Rescue Community such as the Harvest Festival, Daughter and Son events, and our spring Chomp and Stomp. They also organize a variety of fundraisers such as the "Fun Run," The "Read-a-Thon," and See's Candy sales to raise money to provide enrichment to our school.

The School Site Council (SSC) helps develop the Single School Plan for Student Achievement to set yearly goals and objectives in Language Arts, Math, Science/Social Studies, Health and Wellness, Citizenship, Visual and Performing Arts, and fitness. Technology improvements, our Art program, Makerspace, after school enrichment and activities/assemblies are offered annually to our students and supported through the fundraising efforts of the PTC and our Single Plan for Student Achievement.

Our student council provides many opportunities for parents to participate in their child's educational experience. Muffins for Mom and Donuts for Dad are the morning reading event that brings our parents to school to share good literature with their children. Our student council raises funds to support their goals, school-wide activities, and many causes to support those in need in the community. The council also sponsors school spirit days and special events. Families are encouraged to participate in our Grandparents' Day in September and our Veterans' Day event in November. We encourage our families to volunteer in their student's classrooms, attend field trips, and participate in various school extracurricular activities.

Contact Person: Todd McGinnis, Principal Contact Phone No. 530-677-2720

2021-22 Chronic Absenteeism by Student Group

Student Group	Cumulative Enrollment	Chronic Absenteeism Eligible Enrollment	Chronic Absenteeism Count	Chronic Absenteeism Rate
All Students	529	527	124	23.5
Female	242	240	62	25.8
Male	287	287	62	21.6
American Indian or Alaska Native	8	7	5	71.4
Asian	5	5	1	20.0
Black or African American	6	6	3	50.0
Filipino	4	4	1	25.0
Hispanic or Latino	74	73	17	23.3
Native Hawaiian or Pacific Islander	1	1	0	0.0
Two or More Races	2	2	0	0.0
White	429	429	97	22.6
English Learners	15	15	1	6.7
Foster Youth	2	2	1	50.0
Homeless	6	5	3	60.0
Socioeconomically Disadvantaged	144	142	46	32.4
Students Receiving Migrant Education Services	0	0	0	0.0
Students with Disabilities	66	65	18	27.7

C. Engagement

State Priority: School Climate

The SARC provides the following information relevant to the State priority: School Climate (Priority 6):

- Pupil suspension rates;
- Pupil expulsion rates; and
- Other local measures on the sense of safety

Suspensions and Expulsions

This table displays suspensions and expulsions data collected between July through February, partial school year due to the COVID-19 pandemic. The 2019-20 suspensions and expulsions rate data are not comparable to other year data because the 2019-20 school year is a partial school year due to the COVID-19 crisis. As such, it would be inappropriate to make any comparisons in rates of suspensions and expulsions in the 2019-20 school year compared to other school years.

Subject	School 2019-20	District 2019-20	State 2019-20
Suspensions	0.00	1.30	2.45
Expulsions	0.00	0.11	0.05

This table displays suspensions and expulsions data collected between July through June, each full school year respectively. Data collected during the 2020-21 school year may not be comparable to earlier years of this collection due to differences in learning mode instruction in response to the COVID-19 pandemic.

Subject	School 2020-21	School 2021-22	District 2020-21	District 2021-22	State 2020-21	State 2021-22
Suspensions	0.00	0.19	0.57	1.73	0.20	3.17
Expulsions	0.00	0.00	0.00	0.00	0.00	0.07

2021-22 Suspensions and Expulsions by Student Group

Student Group	Suspensions Rate	Expulsions Rate
All Students	0.19	0.00
Female	0.00	0.00
Male	0.35	0.00
American Indian or Alaska Native	0.00	0.00
Asian	0.00	0.00
Black or African American	0.00	0.00
Filipino	0.00	0.00
Hispanic or Latino	0.00	0.00
Native Hawaiian or Pacific Islander	0.00	0.00
Two or More Races	0.00	0.00
White	0.23	0.00
English Learners	0.00	0.00
Foster Youth	0.00	0.00
Homeless	0.00	0.00
Socioeconomically Disadvantaged	0.69	0.00
Students Receiving Migrant Education Services	0.00	0.00
Students with Disabilities	0.00	0.00

2022-23 School Safety Plan

Rescue School was the first school built in the district (1958). Currently the campus contains 21 regular education classrooms, a library, a Learning Center, a gymnasium, a STEM room, an extended day room, and an administrative office. Students in grades K-5 have access to a swing set, climbing apparatus and bars, asphalt play area, and an open grass field. The custodial staff maintains campus cleanliness. The Safety Plan is an annual document designed to highlight areas of pride within our school while detailing ongoing goals and projects that are scheduled to continue improving our campus and the educational experience for our community. The Safety Plan is organized into three main categories: Physical Environment, Social Environment, and Cultural Environment. Each category offers objectives and goals meant to improve in these areas. Several committees including the Positive Behavior Intervention Support Committee (PBIS), the School Culture and Climate Committee and the School Site Council meet regularly to discuss school rules and procedures and address any school safety plan (Reviewed 1/9/23) can be found on our school website at www.rescueelementary.org under the "Our School" tab and the "School Site Council" drop down menu.

Rescue School is on a traditional schedule to maximize the use of facilities. Fire department and insurance officials inspect the campus on a regular basis. Emergency backpacks with items needed during a crisis are in every classroom. Staff members receive annual training re: child protective services. Teachers and aides supervise the playground with a ratio of approximately 1 adult to 75 students. Safety is a top priority at Rescue School!

D. Other SARC Information Information Required in the SARC

The information in this section is required to be in the SARC but is not included in the state priorities for LCFF.

2019-20 Elementary Average Class Size and Class Size Distribution

This table displays the 2019-20 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	22	1	3	
1	24		4	
2	23		3	
3	25		2	
4	28		2	
5	28		2	
Other	26		2	

2020-21 Elementary Average Class Size and Class Size Distribution

This table displays the 2020-21 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	17	4		
1	25		2	
2	26		2	
3	22		2	
4	26		2	
5	29		2	
Other	22		1	

2021-22 Elementary Average Class Size and Class Size Distribution

This table displays the 2021-22 average class size and class size distribution. The columns titled "Number of Classes" indicates how many classes fall into each size category (a range of total students per class). The "Other" category is for multi-grade level classes.

Grade Level	Average Class Size	Number of Classes with 1-20 Students	Number of Classes with 21-32 Students	Number of Classes with 33+ Students
К	21	1	4	
1	19	3	1	
2	24		3	
3	22		4	
4	29		3	
5	24		3	
Other	3	2		

2021-22 Ratio of Pupils to Academic Counselor

This table displays the ratio of pupils to Academic Counselor. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Ratio
Pupils to Academic Counselor	848.33

2021-22 Student Support Services Staff

This table displays the number of FTE support staff assigned to this school. One full time equivalent (FTE) equals one staff member working full time; one FTE could also represent two staff members who each work 50 percent of full time.

Title	Number of FTE Assigned to School
Counselor (Academic, Social/Behavioral or Career Development)	0.6
Library Media Teacher (Librarian)	
Library Media Services Staff (Paraprofessional)	
Psychologist	0.2
Social Worker	
Nurse	0.2
Speech/Language/Hearing Specialist	
Resource Specialist (non-teaching)	
Other	

2020-21 Expenditures Per Pupil and School Site Teacher Salaries

This table displays the 2020-21 expenditures per pupil and average teacher salary for this school. Cells with N/A values do not require data.

Level	Total Expenditures Per Pupil	Expenditures Per Pupil (Restricted)	Expenditures Per Pupil (Unrestricted)	Average Teacher Salary
School Site	\$11,196	\$3,352	\$7,844	\$82,444.75
District	N/A	N/A	\$7,423	\$79,683
Percent Difference - School Site and District	N/A	N/A	5.5	3.4
State	N/A	N/A	\$6,594	\$84,612
Percent Difference - School Site and State	N/A	N/A	17.3	-2.6

2021-22 Types of Services Funded

All Rescue schools receive equal allocations, per student, of LCFF Base Funding. This funding helps support students by providing instructional materials, supplies and other needs. Funding for support services, such as maintenance of buildings and grounds, utilities, and student transportation, is budgeted for at the district level and provided to each school site based on the varying needs of the individual school.

In addition to the Base Funding described above, schools in the Rescue Union School District receive Supplemental funding roughly proportional to the number of unduplicated pupils (English Learners, Socioeconomically Disadvantaged, and Foster/Homeless Youth) they serve. Furthermore, school sites receive allocations from other state and federal categorical programs, including Title I and Title II. The purpose of these categorical programs range from improving the quality of the total instructional program for all students to addressing the unique needs of special groups of students.

2020-21 Teacher and Administrative Salaries

This table displays the 2020-21 Teacher and Administrative salaries. For detailed information on salaries, see the CDE Certification Salaries & Benefits web page at http://www.cde.ca.gov/ds/fd/cs/.

Category	District Amount	State Average for Districts in Same Category
Beginning Teacher Salary	\$52,067	\$51,591
Mid-Range Teacher Salary	\$74,475	\$79,620
Highest Teacher Salary	\$97,082	\$104,866
Average Principal Salary (Elementary)	\$122,234	\$131,473
Average Principal Salary (Middle)	\$123,861	\$135,064
Average Principal Salary (High)		\$137,679
Superintendent Salary	\$187,309	\$205,661
Percent of Budget for Teacher Salaries	38%	33%
Percent of Budget for Administrative Salaries	7%	6%

Professional Development

Early Release Professional Development/Teacher Collaboration days are scheduled on various days throughout the school year. During these meetings, teachers work to analyze assessment data and target key standards. In addition, they plan, develop and improve effective instructional strategies. Staff development related to instructional practices, curriculum, technology, California State Standards, and other educationally related matters are provided for all teachers.

Teachers receive professional development and will work collaboratively on a regular, ongoing basis to target key standards, analyze formative assessment data, and develop effective instructional practices.

At the elementary sites, three days are scheduled for grade level collaboration (reviewing formative assessment data and planning intervention), five minimum days for parent conferences and three days for report card preparation.

Teachers collaborate with grade level teams or school-wide. Teachers discuss grade level standards, common core standards, best practices, students needing to be challenged, students needing support, analyze data and develop/revise pacing guides.

Teachers in grades K-5 have received Step Up to Writing training to support writing instruction for students. Teachers have received the Guided Language Acquisition Development (GLAD) training where they receive professional development and have opportunities to observed GLAD trained teachers implement strategies with students. Teachers in grades K-5 are continuing to implement GLAD units into their instruction. All grades have participated in Love and Logic training to use behavior strategies to support struggling learners. Teachers are also receiving professional development in the implementation of Social Emotional Learning strategies and restorative practices with their students.

This table displays the number of school days dedicated to staff development and continuous improvement.

Subject	2020-21	2021-22	2022-23
Number of school days dedicated to Staff Development and Continuous Improvement	2	2	2