Date of Report: _____

Grant Grover School Monthly AED Report
Regarding use of the Automated External Defibrillator (AED) and Compliance with Section 1797.196(b) of the Health and Safety Code

With regard to the AED located Grant Grover School, this is to confirm that as of the date of this report:

1. MCOE is in compliance with all regulations governing training, use and placement of the AED.	X Yes ☐ No Confirmed by: TM
2. An agent of the local EMS (Randy Saxe, Department of Health and Human Services, Office of Emergency Medical Services) is aware of the existence, location, and type of AED at Walker Creek Ranch.	X Yes ☐ No Confirmed by: TM
3. That the following staff have been trained in CPR and AED in compliance with the regulations adopted by the EMS Authority and the standards of the American Heart Association.	X Yes ☐ No Confirmed by: TM
4. The AED is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any applicable state and federal authority.	X Yes ☐ No Confirmed by: TM
5. The AED has been checked for readiness as of the date of this report (and at least once every 30 days, if the AED has not been used in the proceeding 30 days).	X Yes ☐ No Confirmed by: TM
6. A copy of this report will be kept on file as a record of periodic checks, and a copy of this report will be submitted monthly and forwarded to the Marin County Office of Education.	X Yes ☐ No Confirmed by: TM
7. Any person who renders emergency care or treatment on a person in cardiac arrest by using an AED activates the EMS system as soon as possible, and reports any use of the AED to the licensed physician (Dr. Francisco Alonso MD) and the local EMS Agency (Randy Saxe)	X Yes ☐ No Confirmed by: TM
8. That Dr. Francisco Alonso MD (a licensed Physician) is acting Medical Director, overseeing the AED program at Walker Creek Ranch, and has authority over the program and its participants.	X Yes ☐ No Confirmed by: TM

Teri McLaughlin	Staff	Staff
Staff	Staff	Staff
Staff	Staff	Staff
Staff	Staff	Staff

Signature:_____ Date: :_____

DiPietro & Associates, Inc.
AED Set-Up Form

This information will be used to populate the database of our online tracking program and begin the Medical Direction process. Please review the following, make any corrections and provide the missing information. When completed, please return via email to Support@DiPietroAssociates.com or via fax to 530-820-1667.

Site Name: Grant Grover School

Site Address: 250 Stadium Way, Kentfield, CA 94904 (Behind Kent Middle School, Near College of Marin baseball field)

Corporate Name (if applicable): Marin County Office of Education

Corporate Address (if applicable): 1111 Las Gallinas Avenue, San Rafael, CA 94903

Corporate Contact (if applicable): Mike Grant

Primary Site Contact – ***please list the person responsible for the AED program at this site.***

Name: **Therese McLaughlin**
Phone Number: (415) 491-6629
Fax Number:
Email Address: tmclaghlin@marinschools.org

Secondary Site Contact ***(optional)*****:**

Name: Janelle Campbell, Director
Phone Number: (415) 491-6612
Fax Number:
Email Address: jcampbell@marinschoolsorg

Primary Contact for AED Pad & Battery Replacement – ***person to contact when AED components are about to expire.***

Name: **Therese McLaughlin**
Phone Number: (415) 491-6629
Fax Number:
Email Address: tmclaghlin@marinschools.org

Primary Contact to Schedule Training – ***person to contact to discuss & schedule training.***

Name: Janelle Campbell, Director
Phone Number: (415) 491-6612
Fax Number:
Email Address: jcampbell@marinschoolsorg

<u>For each AED at the site</u>, please provide the following information:

Location: 250 Stadium, Way, Kentfield, CA 94904 (Behind Kent Middle School, near College of Marin Baseball Field)

Date AED placed into service: Training tentatively scheduled for 3/14/2016 to be confirmed
AED Model:
Serial Number:
Adult Pad Expiration Date:
Spare Adult Pad Expiration Date:
Date Battery(ies) **Were Installed**:
Spare Battery Install By Date:
Pedi Pad Expiration Date:

Please contact us if you have any questions or concerns about the best location to place your AED(s).

STANDARD OPERATING PROCEDURES

Marin County Office of Education / Grant Grover School

Safety, Health and Environment

SOP NUMBER:	**GG– 001**	**TITLE:**	**AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM**
EFFECTIVE DATE:	**March 14, 2016**		
REPLACES:	**N/A**		**PAGE 1 of 11**

1. PURPOSE

To establish and implement a written policy for use by all (Marin County Office of Education / Grant Grover School) staff who may wish to voluntarily assist in responding to a cardiac emergency at the Grant Grover School Facilities.

The purpose of this SOP is to explain use and response as well as describe the basic operation of the AED unit located at the Grant Grover School facilities.

2. SCOPE

This policy defines the purpose, responsibility and methods by which the (Marin County Office of Education / Grant Grover School) personnel will comply with the AUTOMATED EXTERNAL DEFIBRILLATOR Safety Standard Operating Procedure under the following regulation:

(1) California SB911

(2) California Title 22, div 9 ch 1.8

All (Marin County Office of Education / Grant Grover School) personnel who voluntarily provide emergency care through the use of an Automated External Defibrillator (AED) or Cardio Pulmonary Respiration (CPR) will be protected under law as indicated below:

(1) California SB911

(2) California Title 22

For the purposes of this SOP, all Automated External Defibrillator (AED) equipment at (Marin County Office of Education / Grant Grover School) facilities shall be covered by the procedures in this SOP.

This SOP applies to all (Marin County Office of Education / Grant Grover School) employees working at the (Marin County Office of Education / Grant Grover School) facilities, who have been trained and are currently certified in CPR/AED.

3. DEFINITIONS

3.1 AED is the acronym used to describe the AUTOMATED EXTERNAL DEFIBRILLATOR. The AED in use at (Marin County Office of Education / Grant Grover School) is the ZOLL AED. Operating instructions and maintenance manuals are available at Location TBD, in the Cabinet marked "AED".

3.2 The Medical Director, Francsico Alonso MD, has authority over the entire AED program and its participants. General responsibilities include the establishment and maintenance of the guidelines for care included in this protocol. In addition, the Medical Director also ensures quality assurance, compliance to protocols, proper training and provides positive reinforcement to individuals and the system, as well as corrective instruction. Medical Director contact information can be found in Attachment 1.

3.2 The AED Coordinator (Theresa McLaughlin, Instructor) is an employee of the Marin County Office of Education who is the primary liaison between the company's AED program and the

Medical Director (Francsico Alonso MD). This person has responsibility for maintaining all equipment and supplies, organizing training programs and regular re-training programs, forwarding any incident data to the Medical Director and holding post-incident debriefing sessions for any employees involved.

3.3 The Site Contact (Theresa McLaughlin) is an employee at the individual facility equipped with an AED, and is responsible for on-site coordination and to assist the AED Coordinator and Medical Director as necessary.

3.4 Targeted Responders are specific individuals who have volunteered and been trained to use an AED in a sudden cardiac arrest emergency. These individuals are trained and operate under the direction of the Medical Director. A list of trained, voluntary responders can be found in Attachment I.

4. PROGRAM DESCRIPTION

4.1 Responsibility

4.1.1 Responsibility of Theresa McLaughlin as AED Coordinator

4.1.1.1 To establish an AED standard operating procedure which includes procedures for:

a) Maintain an appropriate number of employees, trained and qualified to use the AED to ensure a timely response on all shifts at all (Marin County Office of Education / Grant Grover School) facilities.

b) Arrange for and coordinate annual retraining and periodic skills evaluations.

c) Ensure AEDs are maintain in accordance to manufacturers recommendations.

d) Communication with designated Medical Directors for the AED program

4.1.1.2 To provide and maintain the AED equipment suitable for the purpose intended.

4.1.1.3 To identify existing and new equipment, where AED devices should be installed, and for providing any necessary safety equipment.

4.1.1.4 To provide for appropriate signage and identification of equipment where AED are required or determined to be necessary.

4.1.2 Responsibility of AED Coordinator and/or Site Contact at (Marin County Office of Education / Grant Grover School) Facilities with AEDs

4.1.2.1 To insure that all participating personnel are identified and trained in the (Marin County Office of Education / Grant Grover School) AED SOP and AED procedures.

4.1.2.2 To assurance that proper safety procedures regarding AED procedures, as outlined in this SOP, are followed.

4.1.2.3 To bring to the attention of the AED Coordinator and Medical Director, any use of the AED (within 4 hours of use), or problems, violations, inconsistencies and improvements related to the AED procedures.

4.1.2.4 To conduct response, use and inspection procedures in accordance with instructions and training received as outlined in this SOP.

4.1.3 Responsibility of the Targeted Responder

4.1.3.1 To conduct response, use and inspection procedures in accordance with instructions and training received as outlined in this SOP.

4.1.3.2 To report any AED use, indicators or alarms, or missing AEDs to their supervisor.

4.2 Equipment, Location, Inspection and Maintenance

4.2.1 Equipment

4.2.1.1 The following equipment shall be maintained as part of the AED Program and is to be used only for AED emergencies:

- ZOLL AED, case, and inspection tag (if used)
- CPR pocket mask
- Scissors, disposable shaver, surgical gloves
- Extra set of AED pads
- Extra batteries
- 4x4 gauze pads
- AED Treatment Algorithm card (attachment 3)

4.2.2 Location of AED Units

4.2.2.1 (Marin County Office of Education / Grant Grover School) currently has one (1) AEDs located at the Grant Grover School facilities.

1) In the marked AED Cabinet in the location To Be Determined.

4.2.2.2 AEDs are in a non-locked case, and says “AED” on it.

4.2.3 Inspections of AED Units

4.2.3.1 The facility 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.

4.2.3.2 Inspections will confirm that the AED is:

- In place and accessible
- Ready for use (verify according to manufacturers directions)
- All related supplies are in place, within shelf life and in good condition
- The inspection date and initials of the inspector shall be recorded on the inspection tag attached to the AED or on the facility inspection log.

4.2.4 Maintenance – see the User’s Guide for the complete maintenance schedule.

4.3 Procedures

4.3.1 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

The normal response steps then continue starting with determination of breathing and signs of circulation. Begin CPR, if indicated. Prepare the AED for use while CPR is in progress. Once the AED is operating, follow directions provided by the AED unit.

Operation and use of the AEDs is only to be performed by staff trained and currently certified in the use of the AED.

A more detailed response description and treatment algorithm is found in Attachment III and copies are placed with each AED unit.

4.3.2 Post Incident (Document on (Marin County Office of Education / Grant Grover School) AED Use Report, Attachment II)

Immediate notification (within 4 hours) of the use of the AED must be made to the AED Coordinator (Theresa McLaughlin). Notification can be made by phone, e-mail, or other means. If contact is not acknowledged by the AED Coordinator within (4 hours), contact should be made directly with the AED Medical Director (Francsico Alonso MD) listed on Attachment 1. Report information should include:

- Date/time of the incident
- Nature of the incident
- Location of the AED used
- Patient (name)
- Responders (names)
- Follow-up care (hospital, doctor, phone numbers)

The AED Coordinator or Site Contact (Theresa McLaughlin) will do the following after any AED use:

- Notify Medical Director (Francsico Alonso MD) if not already contacted
- Download data and Label with patient information and deliver to appropriate personnel according to medical protocol or local guidelines.
- Conduct incident debriefing, as needed.
- Complete incident follow-up report as deemed necessary by the Medical Director (Francsico Alonso MD).
- Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or old expiration dates.
- Perform unit self test, prior to placing the unit back in service.
- Clean the AED if needed. Review User's Guide for list of appropriate cleaning agents.

4.4 Program Evaluation

4.4.1 The (Marin County Office of Education / Grant Grover School) AED program will be evaluated annually or following each use of an AED by the AED Coordinator and the designated AED Medical Director (Francsico Alonso MD).

4.4.2 The (Marin County Office of Education / Grant Grover School) AED Program Medical Director (Francsico Alonso MD) has medical control of prescribing and authorizing the use of the AED. This individual is also responsible for review of the AED post event data.

4.5 Personnel, Training and Record Keeping

4.5.1 Training Program

All (Marin County Office of Education / Grant Grover School) Targeted Responders shall receive training on the use of the AED, this SOP, general safety procedures, and use of any necessary personal protection equipment.

Prior to or concurrent to being trained in the use of the AED, the trainee must hold a valid and current American Heart Association, CPR certificate.

Initial AED training shall consist of a standard 4-6 hour American Heart Association training program, (with mandatory skills evaluations every 90 days). This skills evaluation (required in California and Marin County Office of Education / Grant Grover School policy) is required to maintain proficiency and certification, and may take a variety of forms.

Re-certification training will be conducted annually. Re-certification training consists of a 4-hour American Heart Association class.

5. REPORTING AND RECORDKEEPING REQUIREMENTS

5.1 Any use of the AED will be reported to the AED Coordinator within 2 hours of use. The AED Coordinator (Theresa McLaughlin) will notify the AED program Medical Director (Francsico Alonso MD). If the AED Coordinator does not acknowledge within (2 hours) immediately contact the AED Medical Director (Francsico Alonso MD)

5.2 AED Use Records shall be maintained in accordance with the requirements stated in the (Marin County Office of Education / Grant Grover School) Safety Program manual and as required by law.

5.3 Any use of the AED will be reported to the Marin County Emergency Services Program within 72 hours of event (SEE ATTACHMENT 4).

6. REFERENCES

6.1 American Heart Assn. AED Training Manual; 1999.

7. CONTINGENCIES

7.1 The attachments to this SOP may be updated at any time without revising the SOP. Superceded attachments will be archived with the original SOP.

8. SIGNATURES

Approved by: _____ Date: _____
Name and Title

Approved by: _____ Date: _____
Name and Title

Attachments:

(1) (Marin County Office of Education / Grant Grover School) AED Medical Director and EMS Contacts
(2) AED Use Report Form
(3) AED Treatment Algorithm
(4) County of Marin Emergency Medical Services Program CPR or AED Usage Report
(5) California AED Regulations

Marin County Office of Education / Grant Grover School
Standard Operating Procedures
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM

Attachment 1: AED Medical Director and EMS Contacts

Medical Director:

Francisco Alonso MD
(209) 826-1008

EMS Contact:

Randy Saxe
Division of Health Services
Emergency Medical Services
161 Mitchell Blvd., Suite 100
San Rafael, CA 94903
(415) 499-6871
(415) 499-3747 – Fax
RSaxe@marincounty.org

DePietro & Associates Contact

(Annual Medical Direction, On-line Monthly Reporting, and Supplies)

Linda Woolsey, RN Director of Operations
(925) 292-4645

Currently Trained Staff in CPR & AED (as of 3.14.2016)

Theresa McLaughlin 2 3	4 5 6	7 8 9

Marin County Office of Education / Grant Grover School
Standard Operating Procedures
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM

Attachment 2: CPR/AED INCIDENT INVESTIGATION REPORT

(To be completed within 24 hours of incident)

Name of Patient	Sex M ☐ F ☐	Social Security Number	Department	Job Title

Service Date	Time in Position	Date of Incident: Time: am ☐ pm ☐	Report Date

Location of Incident	Describe Job Task in Progress

Description of Incident

Event Actions:
- ☐ CPR
- ☐ AED Use
- ☐ EMT Response
- ☐ Hospitalization
- ☐ Fatality

Cause Related To:
- ☐ Medical
- ☐ Vehicle Accident
- ☐ Equipment Condition/Design
- ☐ Chemical Exposure
- ☐ Energy/Temperature Exposure
- ☐ Slip, trip, fall
- ☐ Other

Names of Witnesses:
1 _____
2 _____
3 _____

	Witnesses Interviewed?		Notes Attached?	
1	yes ☐	no ☐	yes ☐	no ☐
2	yes ☐	no ☐	yes ☐	no ☐
3	yes ☐	no ☐	yes ☐	no ☐

Patient Transported To	By (EMT Firm)	Date/Time

AED Serial No.	Data Card Serial No.

Information from AED Screens: Number of Shocks Delivered	Time Defibrillator in Use

Names of Responders:
1 _____
2 _____
3 _____

	Responders Interviewed?		Notes Attached?	
1	yes ☐	no ☐	yes ☐	no ☐
2	yes ☐	no ☐	yes ☐	no ☐
3	yes ☐	no ☐	yes ☐	no ☐

Data Coordinator Transfer History: (each handler signs off below)

From Date/Time	To Date/Time
From Date/Time	To Date/Time
From Date/Time	To Date/Time
From Date/Time	To Date/Time

Manager Signature: _____ Title: _____ Date: _____

Safety Manager Signature: _____ Date: _____

COPY OF COMPLETED FORM TO MANAGER OF Marin County Office of Education SAFETY & WORKER'S FILE

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 (while at a Marin County Office of Education site) must sign and date upon taking possession and relinquishing to another.

In Case of Emergency Initiate Chain of Survival – ATTACHMENT 3

Activate 9-1-1

- Assess scene safety.
- Assess responsiveness. Tap shoulder and shout, "Are you OK?"
- Activate emergency response plan. Call or ask someone to:
  - Call 9-1-1. Provide dispatcher with location, emergency details and notify them that an AED is being deployed within the company.
  - Contact targeted responders and indicate the location of the patient.
  - Have someone wait at the front entry and help lead the EMS personnel to the victim.
- Check ABCs:
  - Assess Airway. Perform head-tilt, chin lift to open airway.
  - Assess Breathing. Look, listen, feel. If breathing is absent, use barrier mask to deliver 2 rescue breaths.

6.1 Early CPR

- Perform CPR until the AED arrives:
  - Compress and release chest 30 times (Rate: 100 compressions/minute)
  - Ventilate. Give 2 rescue breaths.
  - Continue CPR. 30 compressions/2 rescue breaths.

6.2 Early Defibrillation

Instructions for one-rescuer approach:

- When defibrillator arrives:
  - Place the AED near head of patient on same side as the rescuer.
  - Turn on the AED.
  - Bare and prepare chest (cut or tear away clothing, if excessive chest hair, shave or clip; dry the chest if wet).
  - Follow the AED's verbal and visual prompts.
  - Apply electrodes (follow drawings on pads).
  - Allow the AED to analyze.
  - If indicated, deliver shock by pressing the shock button.
- Continue care per AED Treatment algorithm (see next page).

Early Advanced Care Life Support

- Have a designated person wait for EMS providers at front entry of main building and help guide them through building and security doors to the patient.
- Responders working on the victim should communicate any important information to the EMS providers such as:
  - Victim's name.
  - Any known medical problems, allergies or medical history.
  - Time the victim was found.
  - Initial and current condition of victim.
  - Information from the AED screen:
    - Number of shocks delivered.
    - Length of time defibrillator has been used.
- Help EMS personnel as requested.

1.2.1.1 Automated External Defibrillation (AED) Treatment Algorithm for Sudden Cardiac Arrest (SCA)

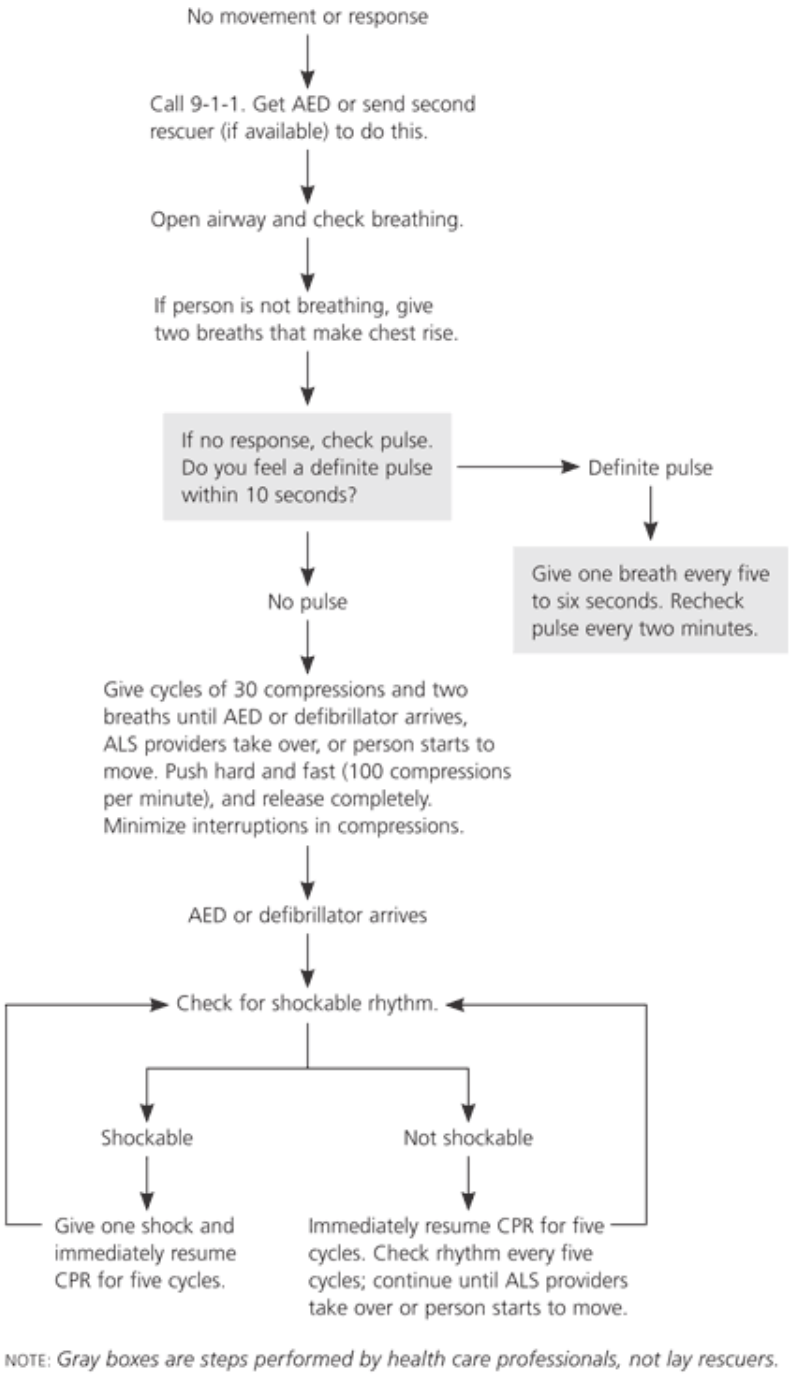

Figure 1. Algorithm for basic life support for adults. (AED = automated external defibrillator; ALS = advanced life support; CPR = cardiopulmonary resuscitation.)

Adapted from American Heart Association. 2005 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. Circulation 2005;112(24 suppl):IV19.

ATTACHMENT 4: County of Marin
Emergency Medical Services Program
CPR or AED Usage Report

Please mail or fax completed form to Marin EMSP within 72 hours

Data Elements	Insert Information Here
Name of AED Program (What is the name of the Program?)	
Name of AED Provider (Who was the authorized individual treating the patient?)	
Place of Occurrence (Address and specific site)	
Date	
Time of incident	
Patient's Name (If known)	
Patient's Age (If known)	
Patient's Sex (If able to determine)	
Times (Indicate best known or approximate time)	
• Witnessed arrest to first CPR	
• Witnessed arrest to 9-1-1 Called	
• 9-1-1 called to arrival on scene	
• Witnessed arrest to 9-1-1 CPR	
• Patient contact to first shock/Witnessed arrest to first shock	
• 9-1-1 to first shock	
Total number of defibrillation shocks	
Patient prehospital outcome?	
Patient discharged from hospital? (If known)	
Was there any return of spontaneous circulation?	
Was there any return of spontaneous respiration?	
Circumstances of Cardiac Arrest	
Was cause of arrest determined?	
Any patient history?	
Patient allergies?	
Patient medications?	

Prescribing Physician Submitting Report	

Date report received by EMSP	

WINTER PLANNING RESOURCES

Strong storms that move across the San Francisco region can be anticipated every winter. They typically bring heavy rain, strong winds, sporadic power outages and flooding.

Here are some steps to prepare for heavy rain and floods:

- Clean out leaves that are clogging storm drains.
- Clean drains around the buildings, including gutters, downspouts, ditches and culverts.
- Acquire sandbags, if needed (see locations below).
- Inspect the school property for erosion.
- Check valves in sewer traps to prevent flood waters from backing up into sewer drains.
- Stockpile emergency building materials like plywood, plastic sheeting, pry bars and shovels.
- Check all battery-operated radio equipment and flashlights.

During the Winter Recess in December, we recommend the following steps:

- Update your offsite emergency contact lists
- Make a periodic check of the school facilities
- Shut down all computers, monitors, printers and copiers.
- Use a surge protector for any electronic equipment that must remain turned on.

EMERGENCY PHONE NUMBERS

- To report flooding on roads in Marin County, call (415) 473-7388
- To report flooding after 5:00 pm or on weekends, call (415) 473-7237
- To report a power outage or downed line: Call 911 then notify PGE: 1-800-743-5002

ONLINE RESOURCES

- **Office of Emergency Services - Current Emergency Information**
  https://www.marinsheriff.org/services/emergency-services/current-emergency-info

- **PGE Storms and Outages**
  https://m.pge.com/#outages

- **National Weather Service Forecast Office for the San Francisco Region**
  https://www.weather.gov/mtr/

- **Sand and Sandbag Locations in Marin County**

  Shamrock Materials (415) 455-1575
  Martin Bros (415) 388-2025
  Pini Hardware (415) 892-1577
  Water Components (415) 451-1780
  Goodman (415) 388-6233

  For emergency use https://www.marinsheriff.org/assets/downloads/Supplemental-Sand-Bag-Info.pdf

- **Marin County Flood Control and Water Conservation District - Real-Time Rainfall, Creek Stage and Weather Data**
  https://marin.onerain.com/home.php

MARIN COUNTY OFFICE OF EDUCATION

1111 LAS GALLINAS AVENUE/P.O. BOX 4925
SAN RAFAEL, CA 94913-4925
marincoe@marinschools.org

MARY JANE BURKE
MARIN COUNTY
SUPERINTENDENT OF SCHOOLS

(415) 472-4110
FAX (415) 491-6625

April, 2015

Dear Parents/Guardians of Marin County Students:

Gun injuries occur all too frequently in our society. Hardly a week goes by when we do not learn of a gun-related tragic death or injury. Every 30 minutes a child or teen dies or is injured from a gun. 53 people commit suicide using guns every day. Americans are 20 times more likely to be killed by guns than citizens of any other developed nation. Unfortunately, American gun violence has become a national health crisis.

Very often child-related gun incidents occur when the child has obtained the weapon from his/her home. The schools and law-enforcement agencies of our community are committed to creating a safe environment for our students. We are pleased to share this information originally provided by the San Francisco Unified School District and to join our Bay Area neighbor in educating our families about gun safety. We want to raise awareness and **stop these tragedies before they happen** by following the below guidelines:

- **Store guns safely** (locked in a safe and not loaded);
- **Ask** about the presence of unsecured guns in other homes (play dates, neighbors);
- Recognize signs of **suicide and depression** and speak up.

RISKS ASSOCIATED WITH HAVING A GUN IN THE HOME

Risks to your Family: Studies have shown that a gun in your home is 22 times more likely to be used in a homicide, suicide, or accidental death than in a justified self-defense.
Increased Risk of a Suicide: Having an unlocked firearm in your home makes it 3-4 times more likely that a person in your home will die from a suicide attempt.
Increased Risk of Domestic Violence: A domestic dispute is 5 times more likely to result in a death if there is a gun in the home.
Increased Risk of Accidental Gun Death: It is 4 times more likely that someone will die from an accidental gun death in your home when a gun is present.
Community Safety: An estimated 500,000 guns are stolen from homes in America each year, which poses a significant public safety risk.

YOUR LEGAL RESPONSIBILITIES AS A GUN OWNER

Parents and legal guardians are legally responsible for protecting children by adhering to the safe storage of firearms' guidelines under California Law AB 231, which makes someone criminally liable if they store a loaded firearm where a child is likely to gain access to it. Additional information and guidelines for gun safety can be found at the Marin County Office of Education Safe Schools website.

Together we can make sure our schools and communities are violence-free. If you have a firearm, thank you for ensuring that it is safely and securely stored.

Edward Berberian
Marin County District Attorney

Robert Doyle
Marin County Sheriff

Mary Jane Burke
Marin County Superintendent of Schools

MARIN COUNTY
OFFICE OF EDUCATION

1111 LAS GALLINAS AVENUE/P.O. BOX 4925
SAN RAFAEL, CA 94913-4925
marincoe@marin.k12.ca.us

MARY JANE BURKE
MARIN COUNTY
SUPERINTENDENT OF SCHOOLS

(415) 472-4110
FAX (415) 491-6625

Abril, 2015

Queridos Padres/Tutores de los Estudiantes del Condado de Marin:

Las heridas de arma ocurren con demasiada frecuencia en nuestra sociedad. Prácticamente no pasa una semana sin que nos enteremos de una muerte trágica o accidente relacionada con un arma. Cada 30 minutos un niño o adolescente muere o es herido con un arma. 53 personas cometen suicidio usando armas cada dia. Los Americanos tienen 20 veces más probabilidades de ser asesinados por las armas que ciudadanos de cualquier otro país desarrollado. Lamentablemente, la violencia Americana se ha hecho una crisis de la salud pública nacional.

Muy a menudo los incidentes del arma relacionados con los niños ocurren cuando el niño ha obtenido el arma en su casa. Las escuelas y las agencias de policía de nuestra comunidad se han comprometido para crear un ambiente seguro para nuestros estudiantes. Tenemos el agrado de compartir esta información proporcionada originalmente por el Distrito Escolar de San Francisco y a unirse a nuestro vecino del área de la bahía en educar a nuestras familias sobre la seguridad de la pistola. Queremos crear conciencia y **poner fin a esas tragedias antes de que ocurran**, siguiendo las siguientes pautas:

- **Guarde las armas con seguridad** (asegurada en una caja fuerte y no cargada);
- **Pregunte** acerca de la presencia de armas no aseguradas en otras casas (citas para jugar, vecinos);
- Reconozca las señas de **suicidio y depresión** y hable.

LOS RIESGOS ASOCIADOS CON EL HECHO DE TENER UN ARMA EN EL HOGAR

Riesgos para su Familia: Los estudios han demostrado que una pistola en su casa es 22 veces más probable que se utilice en un homicidio, suicidio, que de una muerte accidental por defensa propia.
Aumento del riesgo de suicidio: El hecho de tener un arma de fuego en su casa hay 3 ó 4 veces más de probabilidad que una persona en su casa, muera de un intento de suicidio.
Aumento de riesgo de la violencia en el hogar: Una disputa doméstica es de 5 veces más de probabilidad de ser causa de su muerte si hay un arma en el hogar.
Aumento de Riesgo de Muerte Accidental con Arma: Es 4 veces más probable que alguien muera de una muerte accidental cuando el arma esta presente en su hogar.
Seguridad de la Comunidad: Se estima que alrededor de 500.000 pistolas son robados de hogares Americanos cada año, lo que se supone que hay un importante riesgo para la seguridad pública.

SU RESPONSABILIDAD LEGAL COMO DUEÑO DE UN ARMA

Los padres y tutores son legalmente responsables de proteger a niños asegurandose de un lugar seguro de las pautas de armas de fuego bajo la Ley de California AB 231, Los padres y los guardas legítimos son legalmente responsables de proteger a niños adhiriéndose al almacenaje seguro de las pautas de las armas de fuego bajo la Ley de California AB 231, lo que hace que alguien sea responsible penalmente si tuviera una arma cargada donde el niño tenga acceso a ella. Información adicional y pautas para la seguridad de armas se pueden encontrar en el sitio de: Marin County Office of Education Safe Schools.

Juntos podemos estar seguros que nuestras escuelas y comunidades esten libres de violencia. Si usted tiene un arma de fuego, gracias for asegurarse de tenerla guardada en un lugar seguro.

Edward Berberian
Fiscal del Distrito del Condado de Marin

Robert Doyle
Sheriff del Condado de Marin

Mary Jane Burke
Superintendente de la Escuelas del Condado de Marin

association of california
school administrators

tips for confronting campus violence

From Rick Fitzpatrick, Superintendent of Corning Union Elementary School District

1. **It could happen to you.** Beware the rationalizing of how your district is different. A school shooting can happen anywhere. Have a plan template with all communications for a generic disaster prepared. These need to include e-mails, press releases, texts, social media messages, robocall message scripts, etc. Time to prepare these during an actual shooting will be non-existent.

2. **Lock-downs work.** Prepare students regularly using the same language/process all the time. When a lock-down happens have students run, don't walk to safe areas. In a real crisis they will behave as they practice. In the Rancho Tehama shooting, we had a window of 10 seconds of lock-down completion before the shooter appeared in the quad and fired over 100 rounds into classrooms and offices.

3. **Empower any adult employee on your campus to call a lock-down.** Seconds save lives.

4. **Media management matters.** Designate one spokesperson to speak with media. Be human, be calm, be candid. Press releases daily or twice daily work. Press conferences are key, no more than one per day or you will not be able to take care of communication and care of staff, community, and victims. Protect your employees. National media wishes to put a face on a tragedy, employees can be harmed additionally through intense media scrutiny. If employees designate you as their spokesperson, you can save them much pain and stress. Do not release school camera videos. We objected successfully. Show your district and your community that you care. Love matters.

5. **A shooting has three phases, the before (preparation for disaster) the during, and the after.** The after is far more complex than anyone can imagine. Dr. David Schonfeld from the National Center for School Crisis and Bereavement **https://www.schoolcrisiscenter.org/** was crucial in post-shooting strategies and counseling for victims, staff members, and crucially, family members of staff. Beware free services that seek to capitalize on your tragedy. Dr. Schonfeld is a free resource and can be crucial to identifying appropriate therapies and resources.

6. **Advocate for measures to reduce gun violence in schools.** We owe it to our children.

Assembly Bill No. 2800

CHAPTER 21

An act to amend Section 35179.1 of the Education Code, relating to high school athletics.

[Approved by Governor June 1, 2018. Filed with Secretary of State June 1, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2800, Chu. High school athletics: California High School Coaching Education and Training Program: heat illness.

Existing law states the intent of the Legislature to establish a California High School Coaching Education and Training Program, administered by school districts, that emphasizes specified components, including, among other things, training, which is described as certification in cardiopulmonary resuscitation and first aid, including, but not limited to, a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions. Existing law authorizes concussion training to be fulfilled through entities offering free, online, or other types of training courses.

This bill would also include a basic understanding of the signs and symptoms of heat illness, as defined, and the appropriate response to heat illness within that description of training. The bill would also authorize heat illness training to be fulfilled through entities offering free, online, or other types of training courses.

The people of the State of California do enact as follows:

SECTION 1. Section 35179.1 of the Education Code is amended to read:

35179.1. (a) This section shall be known, and may be cited, as the 1998 California High School Coaching Education and Training Program.

(b) The Legislature finds and declares all of the following:

(1) The exploding demand in girls athletics, and an increase in the number of pupils participating in both boys and girls athletics, are causing an increase in the number of coaches needed statewide.

(2) Well-trained coaches are vital to the success of the experience of a pupil in sports and interscholastic athletic activities.

(3) Improvement in coaching is a primary need identified by hundreds of principals, superintendents, and school board members who participated in the development of a strategic plan for the California Interscholastic Federation (CIF) in 1993 and 1994.

(4) There are many concerns about safety, training, organization, philosophy, communications, and general management in coaching that need to be addressed.

(5) It is a conservative estimate that at least 25,000 coaches annually need training and an orientation just to meet current coaching regulations contained in Title 5 of the California Code of Regulations, including basic safety and CPR requirements.

(6) School districts, in conjunction with the California Interscholastic Federation, have taken the initial first steps toward building a statewide coaching education program by assembling a faculty of statewide trainers composed of school district administrators, coaches, and athletic directors using a national program being used in several states.

(c) It is, therefore, the intent of the Legislature to establish a California High School Coaching Education and Training Program. It is the intent of the Legislature that the program be administered by school districts and emphasize the following components:

(1) Development of coaching philosophies consistent with school, school district, and governing board of a school district goals.

(2) Sport psychology: emphasizing communication, reinforcement of the efforts of pupils, effective delivery of coaching regarding technique and motivation of the pupil athlete.

(3) Sport pedagogy: how pupil athletes learn, and how to teach sport skills.

(4) Sport physiology: principles of training, fitness for sport, development of a training program, nutrition for athletes, and the harmful effects associated with the use of steroids and performance-enhancing dietary supplements by adolescents.

(5) Sport management: team management, risk management, and working within the context of an entire school program.

(6) Training: certification in CPR and first aid, including, but not limited to, a basic understanding of the signs and symptoms of concussions and heat illness and the appropriate response to concussions and heat illness. Concussion or heat illness training may be fulfilled through entities offering free, online, or other types of training courses. For purposes of this section, “heat illness” includes heat cramps, heat syncope, heat exhaustion, and exertional heat stroke.

(7) Knowledge of, and adherence to, statewide rules and regulations, as well as school regulations including, but not necessarily limited to, eligibility, gender equity and discrimination.

(8) Sound planning and goal setting.

(d) This section does not endorse a particular coaching education or training program.

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csba

July 2018

Governance Brief

Preventing Catastrophic Heat Illness

A joint publication of CSBA and the California Interscholastic Federation (CIF)

Introduction

According to the Centers for Disease Control, heat illness during sports practice or competition is the leading cause of death or disability among U.S. high school athletes.[1] Today, over 90 percent of California high schools begin their fall semester in August, and athletic practices occur throughout the summer and fall—seasons that have produced extremely hot temperatures in California recently.

While heat illness is preventable, there are still tragic occurrences each year of "near-misses" that include emergency room visits and hospitalizations. With nearly 800,000 student athletes competing in school-based athletic programs in California, it is imperative that schools, districts, and county offices of education invest in education and training for administrators, coaches, teachers, parents, and students in order to keep students safe.

In this brief you will find:

- **Information about what heat illness is and the potential danger it poses to students athletes.**
- **Preventative steps that schools, districts, and county offices of education can take to prevent heat illness.**
- **Questions for boards to consider in order to keep students safe from heat illness.**

What is Heat Illness?

Exercise produces heat within the body and can increase an athlete's body temperature. While the body normally cools itself by sweating, under some conditions, sweating just isn't enough. Several factors affect the body's ability to cool itself during extremely hot weather. For example, when humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat. Add to this other barriers to heat loss such as padding and equipment, and the temperature of the individual can rise rapidly and become dangerously high.

There are progressive steps in heat illness, leading to heat stroke:

- **Heat stress**: Occurs when a strain is placed on the body as a result of hot weather.
- **Heat cramps:** Painful muscle spasms in the abdomen, arms, and/or legs following strenuous activity.
- **Heat syncope:** Sudden dizziness or fainting experienced after exercising in the heat.
- **Heat exhaustion**: A warning that the body is getting too hot. The person may be thirsty, giddy, weak, uncoordinated, nauseated, and may sweat profusely. The body temperature is usually normal, the pulse is normal or raised, and the skin is cold and clammy.
- **Heat stroke:** Occurs when the body becomes unable to control its temperature and it rises above 104°F. The body's temperature elevates rapidly, the sweating mechanism fails, and the body is unable to cool down. Within 10–15 minutes, body temperature may rise to 106°F or higher. Other symptoms may include confusion; combativeness; bizarre behavior; faintness;

staggering; strong, rapid pulse; dry, flushed skin; lack of sweating; possible delirium; or coma. Heat stroke is a serious medical condition that can cause death or permanent disability, so immediate medical attention is essential when symptoms are first detected.

Preventative Steps

Minimizing risk and reducing injuries of California's student athletes is a critical issue for board members, the CIF, and the 70,000 high school coaches in California. In 1996, the CIF founded a Sports Medicine Advisory Committee (CIF SMAC) of 20 of the most preeminent sports medicine physicians, certified athletic trainers, and health care providers in the state to enhance and promote policy decisions designed to minimize risks and reduce injuries, including the risk of heat illness.

Based on the recommendations of the CIF SMAC, the CIF has continued to adapt its safety protocols to reflect the most recent advances in sports medical science. Reducing risks and minimizing injuries of California's student-athletes has been and remains CIF's top priority. Boards can help prevent heat illness by ensuring that school staff, including coaches, have access to training on heat illness, and that emergency action plans are updated and include before- and after-school activities.

Heat Illness Prevention Training

School districts and county offices of education can work with partners, such as the CIF, to ensure that all coaches and other school staff have access to training on heat illness. Fortunately, offering such training is primarily about information and coordination, and does not have to place an undue burden on available resources.

Through the National Federation of State High Schools (NFHS), the CIF offers a free online course for coaches and other school staff designed to give the information needed to minimize the risk of heat stroke among athletes. The course presents seven fundamentals, which, when followed, will minimize heat-related illnesses of students.

1. Start Slow, Then Progress
2. Allow for Individual Conditioning
3. Adjust Intensity and Rest
4. Start Sessions Adequately Hydrated
5. Recognize Signs Early
6. Recognize More Serious Signs
7. Have an Emergency Action Plan

Upon successfully passing the class, the coaches are issued a certificate and added to a statewide database that eases school, district, and county office of education verification of completion. This free online class (along with others such as the CIF NFHS Concussion program) can be found on the NFHS website at https://bit.ly/2FfhZeD.

Assembly Bill 2800, California High School Coaching Education and Training Program: Heat Illness (Chu) *requires high school coaches to be trained with a basic understanding of heat illness, and authorizes such training to be fulfilled through entities offering free, online, or other types of training courses. The free CIF NFHS class can fulfill this new requirement. The bill was signed into law by the Governor on June 1, 2018, and the requirements will take effect on January 1, 2019.*

Emergency Action Plans

Education Code requires schools to update and forward a comprehensive safety plan to their district or county office of education for approval each year by March 1. The comprehensive safety plans must include procedures for dealing with emergencies, which are often referred to as Emergency Action Plans (EAP). Having districts and county offices of education verify that EAPs remain in place during before- and after-school activities can help to ensure student safety.

According to the CIF, 68 percent of California's 1.9 million 9th- through 12th-grade students participate in after-school activities on school campuses. Of the coaches who work with student athletes, almost three quarters—72 percent—are "walk-ons," meaning they are not members of the school faculty. It is essential that schools ensure that these coaches, as well as those who are on the faculty, are aware of the EAP and know what to do when the campus may be empty and they are facing a situation where seconds can make the difference between life and death, such as when heat illness occurs.

To assist schools in bridging the planning gap, in 2015 the CIF mailed a nationally recognized EAP guide for athletics and other activities to all highs schools, which should be a critical component of a school's comprehensive safety plan. This guide helps schools establish their after-school emergency procedures regardless of the venue: the gymnasium, theater, football stadium, or the softball field. More information about EAPs, including the guide, can be found on the CIF website at https://bit.ly/2HOMc9G.

Questions for Boards to Consider

1. Who in the district is ensuring that all coaches have met the minimum Education Code requirements?
2. Does each of our schools have an Emergency Action Plan that includes before- and after-school events?
3. How do our athletic directors make sure that all coaches, including walk-ons, know and understand the district expectations, including those under the Emergency Action Plan?
4. Do our schools have a Certified Athletic Trainer available at practice and competitions? If not, who is responsible for dealing with student injuries, emergencies, and treatment (both on and off campus)?
5. Do our schools have quick and easy access to ice tubs that can help in case of a heat illness emergency (these tubs can be as simple and inexpensive as a kiddie swimming pool with ice)?
6. Do our schools have adequate safe water available at all practice locations?

Additional Resources

» CSBA Policies, available to GAMUT subscribers at gamutonline.net

  › BP/AR 0450 — Comprehensive Safety Plan

  › AR 3514 — Environmental Safety

  › BP/AR 3516 — Emergencies and Disaster Preparedness Plan

  › AR 3517 — Facilities Inspection

  › BP/AR 4127, 4227, 4327 — Temporary Athletic Team Coaches

  › BP 5141.3 — Health Examinations

  › BP 5141.7 — Sun Safety

  › BP/AR 6145.2 — Athletic Competition

» CSBA Fact Sheet, "Drinking Water Access in Schools": https://bit.ly/2smHypy

» NFHS Heat Illness Prevention Free Online Class: https://bit.ly/2FfhZeD

» CIF Heat Illness Prevention Information and Material: https://bit.ly/2hgY7ki

  › Prevention of Heat Illness: https://bit.ly/2HuAQnM

  › CIF Position Statement & Recommendations: https://bit.ly/2I0RVa7

  › NFHS Position on Heat Illness: https://bit.ly/2Fgk3Db

  › ID and Treatment of Heat Illness: https://bit.ly/2vLrpPz

  › Facts About Heat Stress and Athletic Participation: https://bit.ly/2vN6fjN

  › 108°: Critical Response. Addresses the dangers of heat illness in high school sports through personal testimonies from families who have been affected and interviews with coaches, certified athletic trainers, kinesiologists, and other medical professionals: https://bit.ly/2HOWzKG

» Centers for Disease Control and Prevention (CDC) Information on Heat-Related Illness: https://bit.ly/2Fg3rLC

» TEDEd Video, "What Happens When You Get Heat Stroke?": https://bit.ly/2L5B06t

1 Centers for Disease Control and Prevention. (2010). Heat illness among high school athletes—United States, 2005-2009. *Morbidity and Mortality Weekly* Report, 59(32). Retrieved from https://bit.ly/2ITwP0V