



# **AUTOMATED EXTERNAL DEFIBRILLATION (AED) PROGRAM**



UPDATED 1/22/2025

## **PROGRAM REQUIREMENTS**

The American Heart Association strongly encourages organizations to implement automated external defibrillation (AED) programs to increase the chances of survival for people who have heart-related emergencies. An AED is a device that analyzes a heart rhythm and prompts the user to deliver a shock when necessary. With an AED program, a person will be better prepared to save the life of a person with a heart-related emergency. Buckeye Union School District (BUSD) has developed this AED Program to allow us to be better prepared to treat heart-related emergencies, and to make sure that we follow all of the requirements associated with placing AED's at our school sites. It is crucial that all BUSD staff adhere to these requirements so that all applicable parties maintain liability protection in the event that an AED is used. Specifically, the requirements of this program include:

### **Designation of an AED Program Coordinator**

Buckeye Union School District AED Program Coordinator

Brian McCahon

916-581-9000

[bmccahon@buckeyeusd.org](mailto:bmccahon@buckeyeusd.org)

### **Notification to Local Emergency Medical Services Authority (EMSA)**

Immediately following the installation of an AED, the **AED Program Coordinator** will notify the El Dorado County EMSA of the location and quantity of AED's located at each of our school sites.

### **Comply with Regulations Governing the Placement of AED's**

Placement of AED's will be in accordance with all applicable recommendations and best practices, and will be monitored by the **AED Program Coordinator**. In general, the AED's will be placed in visible and accessible locations. The BUSD AED Program currently includes AED placement in the following locations:

- Nurse's Offices
- Multi-Purpose Rooms
- Gyms (Middle School Locations)
- Transportation
- District Office

### **Register AED's with Manufacturer or Retailer**

All AED's must be registered with the manufacturer to make sure warranties are in order, and that notification of any applicable recalls can be made. Notification to the manufacturer is the responsibility of the **AED Program Coordinator**. The **AED Program Coordinator** will then receive notification from the manufacturer of any updates, or recalls that impact our AED's.

### **Provide Information Regarding the AED Program to Staff**

It will be the responsibility of the **Site Principal** (School Sites), **Director of Facilities** (District Office), **Director of Food Services** (Central Kitchen), and the **Director of Transportation** (Transportation) to annually provide administrators and staff at their prospective locations information regarding the following:

- Sudden cardiac arrest (**Appendix I**).
- Buckeye Union School District AED Program.
- The location of AED's at their site (**Appendix II**).
- The proper use of an AED (**Appendix III**).
- The school's emergency response plan (**Appendix IV**).
- Information about who administrators and staff can contact if they would like to voluntarily take AED or CPR training (they would contact the **AED Coordinator**).
- Offer a demonstration to at least one person associated with their site so that the person can be walked through how to use an AED properly in case of an emergency.

These individuals are also responsible for making sure that instructions (in no less than 14-point font) are posted next to every AED. An annual checklist has been provided in **Appendix V** to allow for the proper documentation of these items.

### **Provide Information Regarding the AED Program to Middle School Students**

It will be the responsibility of the **Middle School Site Principals** to annually provide students at their prospective locations information regarding the the location of AED's at their site (**Appendix II**).

### **Maintenance and Testing of AED's**

All AED's must be maintained and tested in accordance with the maintenance guidelines set forth by the manufacturer. A copy of these guidelines, and manufacturers information regarding the AED parts have been included in **Appendix VI** along with a checklist to properly document that the AED's have been properly maintained. At a minimum, each AED must undergo the following:

- Tested per the manufactures guidelines biannually.
- Inspected at least every 90 days for potential issues related to the operation of the device, including a blinking light or other obvious defect that may suggest that tampering or that another problem has arisen with the functionality of the AED.
- Tested for readiness after each use.

The required maintenance and testing will be the responsibility of BUSD's **District Nurses**.

### **Record Keeping of Maintenance & Testing**

Checklists have been provided to allow for record keeping of the required maintenance and testing. It is the responsibility of BUSD's **District Nurse's** to ensure that these checklists are being filled out, and that the records remain with the AED Program at each site.

**APPENDIX I – INFORMATION REGARDING SUDDEN CARDIAC ARREST**

# CARDIAC ARREST VS. HEART ATTACK

People often use these terms interchangeably, but they are not the same.

## WHAT IS CARDIAC ARREST?

**CARDIAC ARREST** occurs when the heart malfunctions and stops beating unexpectedly.

Cardiac arrest is triggered by an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia). With its pumping action disrupted, the heart cannot pump blood to the brain, lungs and other organs.



Cardiac arrest is an **"ELECTRICAL"** problem.

### WHAT HAPPENS

Seconds later, a person becomes unresponsive, is not breathing or is only gasping. **Death occurs within minutes if the victim does not receive treatment.**

### WHAT TO DO

**CALL 9-1-1**



Cardiac arrest can be reversible in some victims if it's treated

within a few minutes. First, call 9-1-1 and start CPR right away. Then, if an Automated External Defibrillator (AED) is available, use it as soon as possible. If two people are available to help, one should begin CPR immediately while the other calls 9-1-1 and finds an AED.



**Fast action can save lives.**

Learn more about CPR or to find a course, go to [heart.org/cpr](http://heart.org/cpr)

## WHAT IS A HEART ATTACK?

A **HEART ATTACK** occurs when blood flow to the heart is blocked.

A blocked artery prevents oxygen-rich blood from reaching a section of the heart. If the blocked artery is not reopened quickly, the part of the heart normally nourished by that artery begins to die.



A heart attack is a **"CIRCULATION"** problem.

### WHAT HAPPENS

Symptoms of a heart attack may be immediate and may include intense discomfort in the chest or other areas of the upper body, shortness of breath, cold sweats, and/or nausea/vomiting. More often, though, symptoms start slowly and persist for hours, days or weeks before a heart attack. Unlike with cardiac arrest, the heart usually does not stop beating during a heart attack. **The longer the person goes without treatment, the greater the damage.**



The heart attack symptoms in women can be different than men (shortness of breath, nausea/vomiting, and back or jaw pain).

### WHAT TO DO

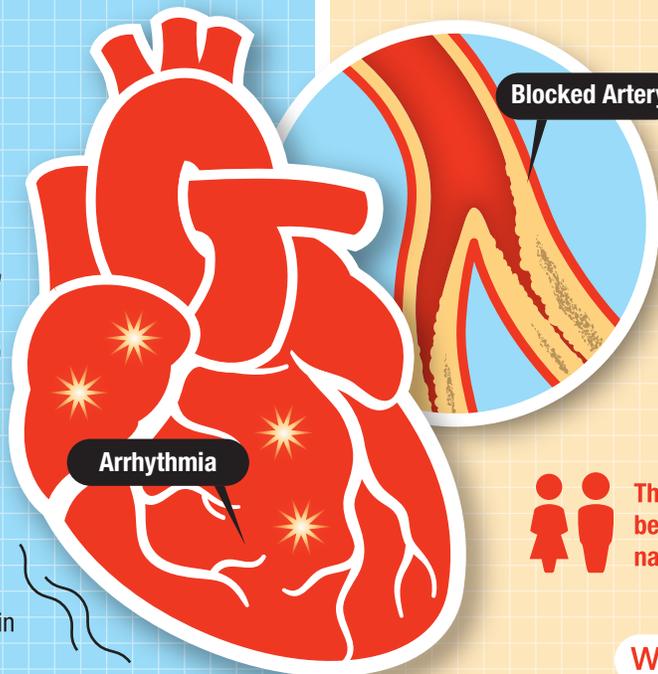
**CALL 9-1-1**

Even if you're not sure it's a heart attack, call 9-1-1 or your emergency response number. Every minute matters! It's best to call EMS to get to the emergency room right away. Emergency medical services staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too.

### WHAT IS THE LINK?



Most heart attacks do not lead to cardiac arrest. But when cardiac arrest occurs, heart attack is a common cause. Other conditions may also disrupt the heart's rhythm and lead to cardiac arrest.



**American Heart Association**<sup>®</sup>

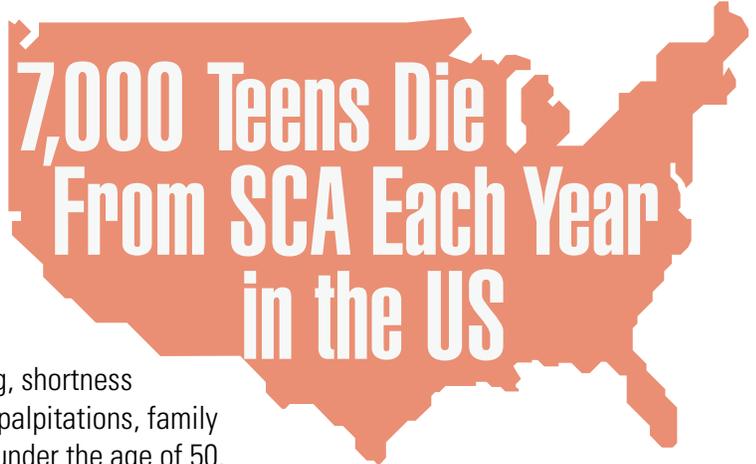
life is why™

# SCREEN YOUR TEEN SAVE A LIFE

The EP Save A Life Foundation is committed to preventing SCA in young people through awareness, education and action. Saving lives is paramount to our mission and prevention is our goal.

## What Is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is not a heart attack. It's an abnormality in the heart's electrical system that abruptly stops the heartbeat. It's caused by an undetected congenital or genetic heart condition.



## First Symptom May Be Death

Possible Warning Signs: Unexplained fainting, shortness of breath, lightheadedness, chest pain, heart palpitations, family history of SCA or unexplained sudden death under the age of 50.

## 1 in 100 Youth At Risk

SCA is the #2 killer of youth under 25. These youth could've been saved with a simple EKG, but EKGs are not a part of a well-child or pre-sports exam.



## 1 Athlete Dies Every 3 Days

SCA is 60% more likely to occur during exercise or sports activity, so athletes are at greater risk. SCA is also the leading cause of death on school campuses.



## Time Critical

If not properly treated within minutes, SCA is fatal in 92% of cases.



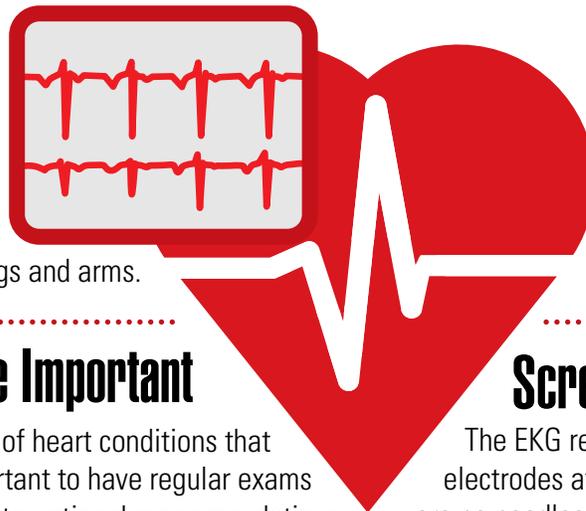
## An Automated External Defibrillator Can Save Lives



An automated external defibrillator (AED) used within the first five minutes is the only way to restore normal heart activity to an SCA victim. The average arrival time for EMTs is six to 12 minutes. We need more AEDs and training so anyone can react quickly.

## What Is An EKG?

An EKG measures your heart rate and electrical activity through electrodes attached via small patches with a mild adhesive to the chest, legs and arms.



## Screening Results

Always follow up with your family doctor and add this baseline EKG to your child's medical chart. If the EKG is abnormal, be sure to see your doctor within two weeks for follow-up testing and treatment.

## Regular Exams Are Important

An EKG can only detect 60% of heart conditions that put teens at risk, so it's important to have regular exams with your family physician. International recommendations are to repeat the EKG every other year through age 25.

## Screenings Are Painless

The EKG reads your heartbeat from electrodes attached to your body. There are no needles or x-ray exposure. It takes just a few minutes and is completely painless.



## **Preventing A Tragedy That Could Be A Heartbeat Away**

Thousands of kids die annually from undetected heart conditions that can cause Sudden Cardiac Arrest (SCA) – the number two cause of death among youth under 25, and the number one killer of student athletes.

A heart screening that includes an EKG can help identify these cardiac abnormalities that puts kids at risk, but EKGs are not a regular part of well-child or pre-participation sports physicals.

SCA is not a heart attack. It's an abnormality in the heart's electrical system or structure that abruptly stops the heartbeat. It's fatal in 92 percent of cases if not properly treated within minutes. Abnormalities can be genetic, or inherited conditions, or they could be congenital, meaning you're born with it. The defect could become more pronounced as young hearts grow. In general, SCA affects males four times more than females and occurs during exercise 60% of the time, putting athletes at a higher risk.

SCA often has no warning signs. In fact, the first symptom could be death. But According to a study published by the Journal of the American Board of Family Medicine (2012), 72% of students that suffered from SCA were reported by their parents to have at least one cardiovascular symptom before SCA. They just didn't recognize it as life threatening.

That's why it's important to understand potential warnings of SCA.

Educating youth and parents about the symptoms and risk factors of Sudden Cardiac Arrest is one way to help prevent it. Young people often don't tell adults if they experience symptoms, and parents often urge their kids to play hard. Kids may be frightened, embarrassed or simply unaware that what they are feeling indicates a potentially fatal condition.

Athletes (and often their parents) don't want to jeopardize their playing time, so they may also avoid telling parents or coaches in hopes that the symptoms will "just go away" on their own. Or, they may think they're just out of shape and need to train harder. We need to let student athletes know that if they experience any of the symptoms below, it is crucial to get follow-up care right away with a primary care physician. If the athlete has any of the risk factors, these should also be discussed with your doctor to determine if a heart screening is needed.

These symptoms are potential indicators that SCA is about to happen:

- racing heart, palpitations or irregular heartbeat
- dizziness or lightheadedness
- fainting or seizure, especially during or right after exercise
- fainting repeatedly or with excitement or startle
- chest pain or discomfort with exercise
- excessive, unexpected fatigue during or after exercise
- excessive shortness of breath during exercise

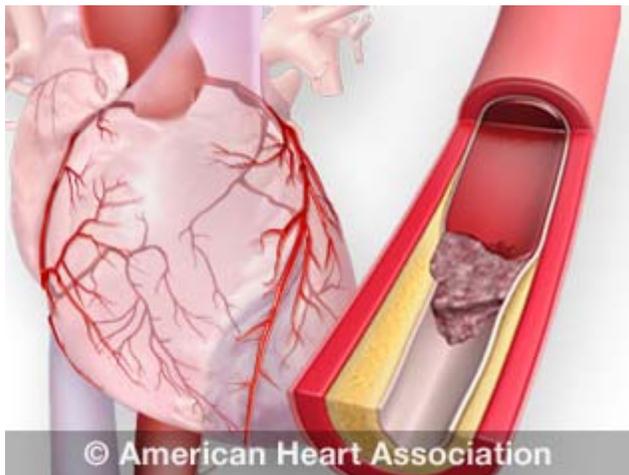
The following factors increase risk of SCA:

- family history of known heart abnormalities or sudden death before age 50
- specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- known structural heart abnormality, repaired or unrepaired
- use of drugs, such as cocaine, inhalants, “recreational” drugs or excessive energy drinks

# Heart Attack or Sudden Cardiac Arrest: How Are They Different?

People often use these terms interchangeably, but they are not synonyms. A [heart attack](#) is when blood flow to the heart is blocked, and sudden [cardiac arrest](#) is when the heart malfunctions and suddenly stops beating unexpectedly. A heart attack is a “circulation” problem and sudden cardiac arrest is an “electrical” problem.

## What is a heart attack?



A heart attack occurs when a blocked artery prevents oxygen-rich blood from reaching a section of the heart. If the blocked artery is not reopened quickly, the part of the heart normally nourished by that artery begins to die. The longer a person goes without treatment, the greater the damage.

[Symptoms of a heart attack](#) may be immediate and intense. More often, though, symptoms start slowly and persist for hours, days or weeks before a heart attack. Unlike with sudden cardiac arrest, the heart usually does not stop beating during a heart attack. The [heart attack symptoms in women](#) can be different than men.

## What is cardiac arrest?

Sudden cardiac arrest occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat ([arrhythmia](#)). With its pumping action disrupted, the heart cannot pump blood to the brain, lungs and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

## What is the link?

These two distinct heart conditions are linked. Sudden cardiac arrest can occur after a heart attack, or during recovery. Heart attacks increase the [risk for sudden cardiac arrest](#). Most heart attacks do not lead to sudden cardiac arrest. But when sudden cardiac arrest occurs, heart attack is a common cause. Other heart conditions may also disrupt the heart's rhythm and lead to sudden cardiac arrest. These include a thickened heart muscle ([cardiomyopathy](#)), [heart failure](#), arrhythmias, particularly [ventricular fibrillation](#), and [long Q-T syndrome](#).

Fast action can save lives. Find out what to do if someone experiences a heart attack or cardiac arrest.

## What to do: Heart Attack

Even if you're not sure it's a heart attack, **call 9-1-1** or your emergency response number. Every minute matters! It's best to call EMS to get to the emergency room right away. Emergency medical services staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too.

## What to do: Sudden Cardiac Arrest

Cardiac arrest is reversible in most victims if it's treated within a few minutes. First, **call 9-1-1** for emergency medical services. Then get an automated external defibrillator if one is available and use it as soon as it arrives. Begin CPR immediately and continue until professional emergency medical services arrive. If two people are available to help, one should begin CPR immediately while the other calls 9-1-1 and finds an AED.

Sudden cardiac arrest is a leading cause of death – over 320,000 out-of-hospital cardiac arrests occur annually in the United States. By performing Hands-Only CPR to the beat of the classic disco song “Stayin’ Alive,” you can double or even triple a victim’s chance of survival. Learn the two easy steps to save a life at [heart.org/handsonlycpr](http://heart.org/handsonlycpr).

**APPENDIX II – LOCATION OF AED'S**

# Buckeye 2017-2018

**MAINTENANCE**  
1235

19 Wascher 1319	18 Carter 1318	17 Button 1317	16 Connolly 1316
12 Snyder 1312	13 Burns 1313	14 Forman 1314	15 Dierkes 1315

11 Hamilton 1311	10 Intervention 1310	9 Vossen 1309	8 Bath 1308
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7.5 1380 Kiln	7 1307	6 Ingram 1306	5 Intervention 1305	4 Friegang 1304
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K-1 Stein Full Day 1375	1 Valencia 1301	2 Preschool Sp Ed 1302	3 Preschool 1303
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K-2 Linda Osterling Full day 1376
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Rest Room

Rest Room

AED Locations

Rest Room

Office	Deedra 1210
	Anne 1200
	Robin 1201
	Rachel 1230
	Mike 1059

24 Music 1324	25 Graves 1325	26 McClure 1326	27 1327
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Library Kathy 1240 Carin-1061 Carolyn-1223 Noel-1224 Computer lab-1399
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23 Extended Day 1323
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Rest Room	Davalos 1280	Kim A.-1248 Imelda-1247 Kristy-1246 Catherine-1245 Devin-1245
Work 1242 STAFF 1250 Conf. 1243	G Y M	Kitchen

Principal	Deedra Devine	ext. 1210	Title 1	Noel Stedeford	ext. 1224
Secretary	Anne Maiello	ext. 1200	Health Clerk	Rachel Kelly	ext. 1230
Secretary	Robin Bila	ext. 1201	Counselor	Carin Chumbley	ext. 1061
Nurse	Sandy Chavez	ext. 1230	Psychologist	Mike Jones	ext. 1059

Grade	Ext.	TEACHER	ROOM
K	1376	Linda Osterling	K-2
	1375	Mary Stein	K-1
	1301	Rochelle Valencia	1
1 <sup>st</sup>	1304	Natasha Friegang	4
	1306	Taylor Ingram	6
2 <sup>nd</sup>	1314	Becky Forman	14
	1315	Tim Dierkes	15
2 <sup>nd</sup> /3 <sup>rd</sup>	1309	Connie Vossen	9
3 <sup>rd</sup>	1313	Heidi Burns	13
	1312	Shelley Snyder	12
4 <sup>th</sup>	1317	Cindy Button	17
	1318	Trina Carter	18
5 <sup>th</sup>	1326	Shauna McClure	26
5 <sup>th</sup>	1325	Korin Graves	25
RSP/SDC	1319	Lauren Wascher	19
RSP/SDC	1311	Jessica Hamilton	11
FI	1308	Janet Bath	8
Extended Day	1323		23

Support	Ext.	Teacher	ROOM
Library	1240	Kathy Miles	Library
P.E.	1280	Kaitlin Davalos	MP
Lunch	1245	Catherine Draher	Kitchen
Speech	1223	Carolyn Anderson	Library
Full Inclusion	1308	Janet Bath	8
Band	1324	Cory Cunningham	24

### Full Inclusion Aids

Zachary Qualls
Sally Inzerillo
Therese Koll
Linnea Randall
Pam Edwards
<b>Title 1 - - Noel Stedeford</b>
Rochelle Deleersnyder-5
Sally Moore-10
Jennifer Carr-10
Lui Gillaspay-5

### Kinder Teacher Associates

Michelle Anderson (K2) a.m.
Lui Gillaspay (K2) p.m.
Hoalli Gruenwald (K1)
Lori Torres-1

### Playground Monitors

Sally Moore
Melisa Miller
Kelly Placek
Susan Morrow

### Custodians 1235

Brian Pebbles
Susan Zabiegalski
Jamie Faw
Lori Guest

### Sp Ed Teacher Associates

Reggie Liddle
Adrienne McNamar Hinchman?
Michelle Anderson
Jalissa Michaelis

### Preschool - Room 3-1303

Brenda Valle (am) - Nicole Vilt
Meredith Hall (pm) - Kelie Kingsley
Christelle Baroud (pm)

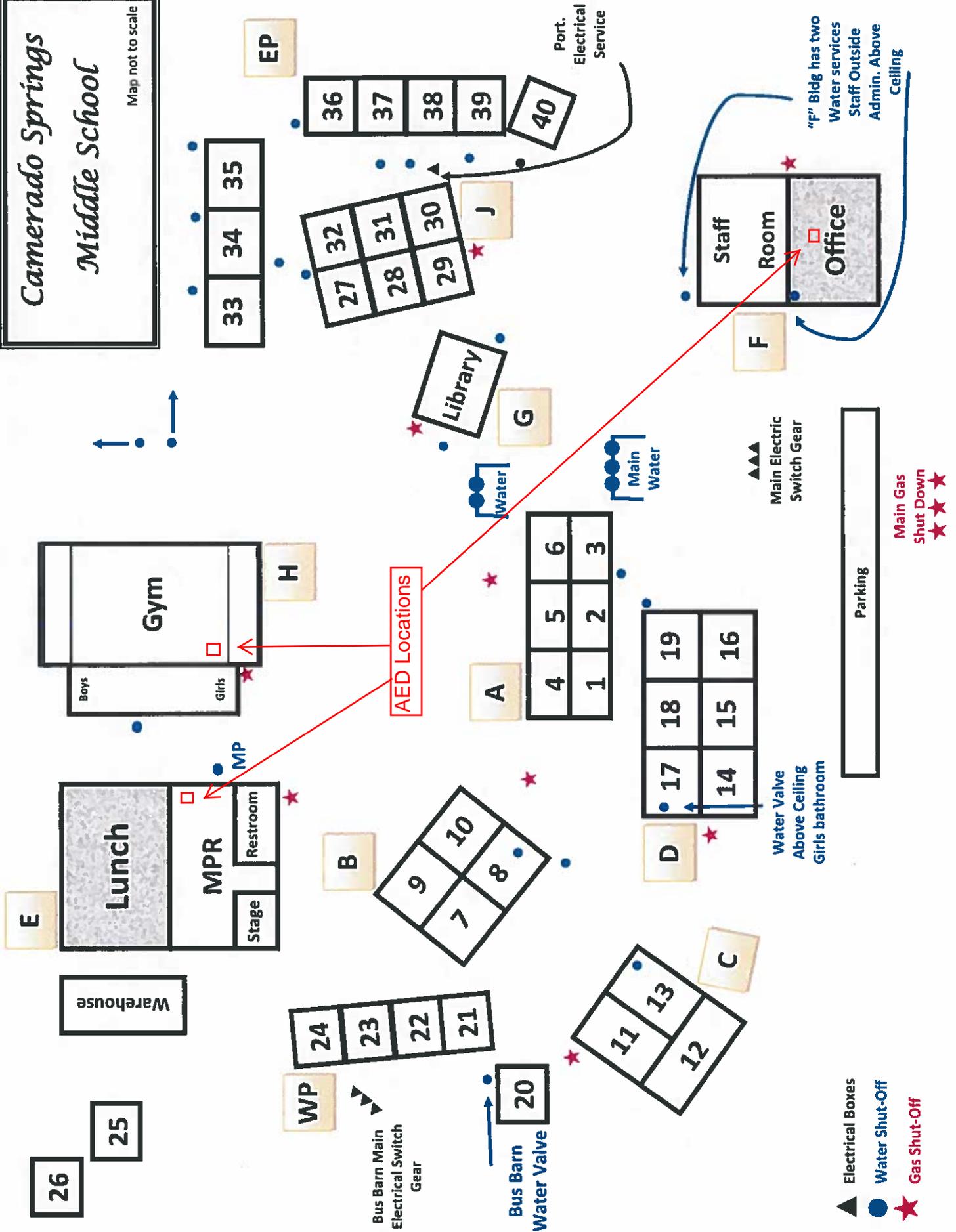
### Sp Ed Preschool - Room 2-1302

Linda Fullerton, Trish Flanagan, Speech-Brandy Lundgren
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# Camarado Springs Middle School

Map not to scale





2018-2019

Country Club Dr.

Evacuation Routes

Field Area

Black Top

Lunch Tables

Multipurpose Rm

Administration Office

AED Locations

A BLDG

B BLDG C

B BLDG E

B BLDG G

B BLDG I

B BLDG J

B BLDG K

B BLDG L

B BLDG M

B BLDG N

B BLDG O

B BLDG P

B BLDG Q

B BLDG R

Garden of Learning

Nature Area

Cameron Park Library & Nature Area

Rm 31 empty

Rm 32 empty

Rm 29 empty

Rm 28 empty

Rm 27 empty

Rm 26 empty

Rm 30 Spill Room

Rm 25 Empty

Rm 24 Empty

Rm 23 Empty

Rm 22 Empty

Rm 21 Empty

Rm 20 Empty

Rm 19 Empty

Rm 18 Empty

Rm 17 Empty

Rm 16 Empty

Rm 15 Empty

Rm 14 Empty

Rm 13 Empty

Rm 12 Empty

Rm 11 Empty

Rm 10 Empty

Rm 9 Empty

Rm 8 Empty

Rm 7 Empty

Rm 6 Empty

Rm 5 Empty

Rm 4 Empty

Rm 3 Empty

Rm 2 Empty

Rm 1 Empty

Rm 0 Empty

Shop Guest, FAW

Rm Ext. Dry

BUSD Transportation

Rm 11 Ford

Rm 10 Chevrolet

Rm 9 Nissan

Rm 8 Honda

Rm 7 Toyota

Rm 6 Mazda

Rm 5 Kia

Rm 4 Dodge

Rm 3 Hyundai

Rm 2 Chevrolet

Rm 1 Toyota

Rm 0 Honda

Rm 31 Empty

Rm 30 Empty

Rm 29 Empty

Rm 28 Empty

Rm 27 Empty

Rm 26 Empty

Rm 25 Empty

Rm 24 Empty

Rm 23 Empty

Rm 22 Empty

Rm 21 Empty

Rm 20 Empty

Rm 19 Empty

Rm 18 Empty

Rm 17 Empty

Rm 16 Empty

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Rm 14 Empty

Rm 13 Empty

Rm 12 Empty

Rm 11 Empty

Rm 10 Empty

Rm 9 Empty

Rm 8 Empty

Rm 7 Empty

Rm 6 Empty

Rm 5 Empty

Rm 4 Empty

Rm 3 Empty

Rm 2 Empty

Rm 1 Empty

Rm 0 Empty

Rm 31 Empty

Rm 30 Empty

Rm 29 Empty

Rm 28 Empty

Rm 27 Empty

Rm 26 Empty

Rm 25 Empty

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Rm 23 Empty

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Rm 5 Empty

Rm 4 Empty

Rm 3 Empty

Rm 2 Empty

Rm 1 Empty

Rm 0 Empty

Rm 31 Empty

Rm 30 Empty

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Rm 25 Empty

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Rm 11 Empty

Rm 10 Empty

Rm 9 Empty

Rm 8 Empty

Rm 7 Empty

Rm 6 Empty

Rm 5 Empty

Rm 4 Empty

Rm 3 Empty

Rm 2 Empty

Rm 1 Empty

Rm 0 Empty

Rm 31 Empty

Rm 30 Empty

Rm 29 Empty

Rm 28 Empty

Rm 27 Empty

Rm 26 Empty

Rm 25 Empty

Rm 24 Empty

Rm 23 Empty

Rm 22 Empty

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Rm 14 Empty

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Rm 11 Empty

Rm 10 Empty

Rm 9 Empty

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Rm 7 Empty

Rm 6 Empty

Rm 5 Empty

Rm 4 Empty

Rm 3 Empty

Rm 2 Empty

Rm 1 Empty

Rm 0 Empty

Rm 31 Empty

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Rm 14 Empty

Rm 13 Empty

Rm 12 Empty

Rm 11 Empty

Rm 10 Empty

Rm 9 Empty

Rm 8 Empty

Rm 7 Empty

Rm 6 Empty

Rm 5 Empty

Rm 4 Empty

Rm 3 Empty

Rm 2 Empty

Rm 1 Empty

Rm 0 Empty

Rm 31 Empty

Rm 30 Empty

Rm 29 Empty

Rm 28 Empty

Rm 27 Empty

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Rm 25 Empty

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Rm 12 Empty

Rm 11 Empty

Rm 10 Empty

Rm 9 Empty

Rm 8 Empty

Rm 7 Empty

Rm 6 Empty

Rm 5 Empty

Rm 4 Empty

Rm 3 Empty

Rm 2 Empty

Rm 1 Empty

Rm 0 Empty

Rm 31 Empty

Rm 30 Empty

Rm 29 Empty

Rm 28 Empty

Rm 27 Empty

Rm 26 Empty

Rm 25 Empty

Rm 24 Empty

Rm 23 Empty

Rm 22 Empty

Rm 21 Empty

Rm 20 Empty

Rm 19 Empty

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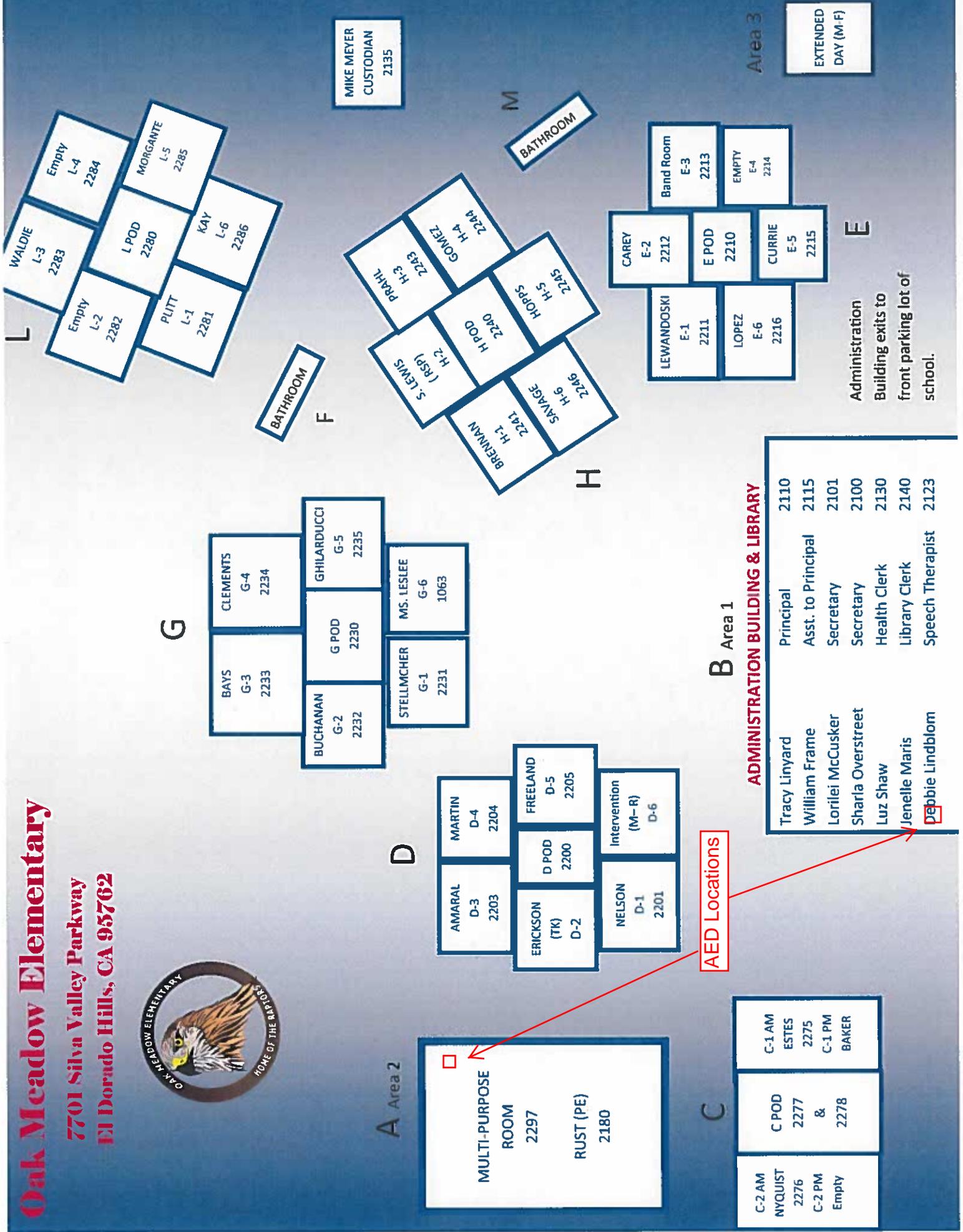
Rm 3 Empty

Rm 2 Empty

Rm 1 Empty

# Oak Meadow Elementary

7701 Silva Valley Parkway  
El Dorado Hills, CA 95762



MIKE MEYER  
CUSTODIAN  
2135

Area 3  
EXTENDED  
DAY (M-F)

WALDIE L-3 2283  
Empty L-2 2282  
MORGANTE L-5 2285  
L POD 2280  
KAY L-6 2286  
PLITT L-1 2281

BATHROOM  
S. LEWIS (RSP) H-2  
BRENNAN H-1 2241  
H POD 2240  
H-4 2244  
GOMEZ H-3 2243  
HOPPS H-5 2245  
Savage H-6 2246

CAREY E-2 2212  
LEWANDOSKI E-1 2211  
LOPEZ E-6 2216  
E POD 2210  
CURRIE E-5 2215  
Band Room E-3 2213  
EMPTY E-4 2214

Administration  
Building exits to  
front parking lot of  
school.

BAYS G-3 2233  
BUCHANAN G-2 2232  
CLEMENTS G-4 2234  
GHILARDUCCI G-5 2235  
G POD 2230  
STELLMCHER G-1 2231  
MS. LESLEE G-6 1063

AMARAL D-3 2203  
ERICKSON (TK) D-2  
NELSON D-1 2201  
MARTIN D-4 2204  
FREELAND D-5 2205  
Intervention (M-R) D-6

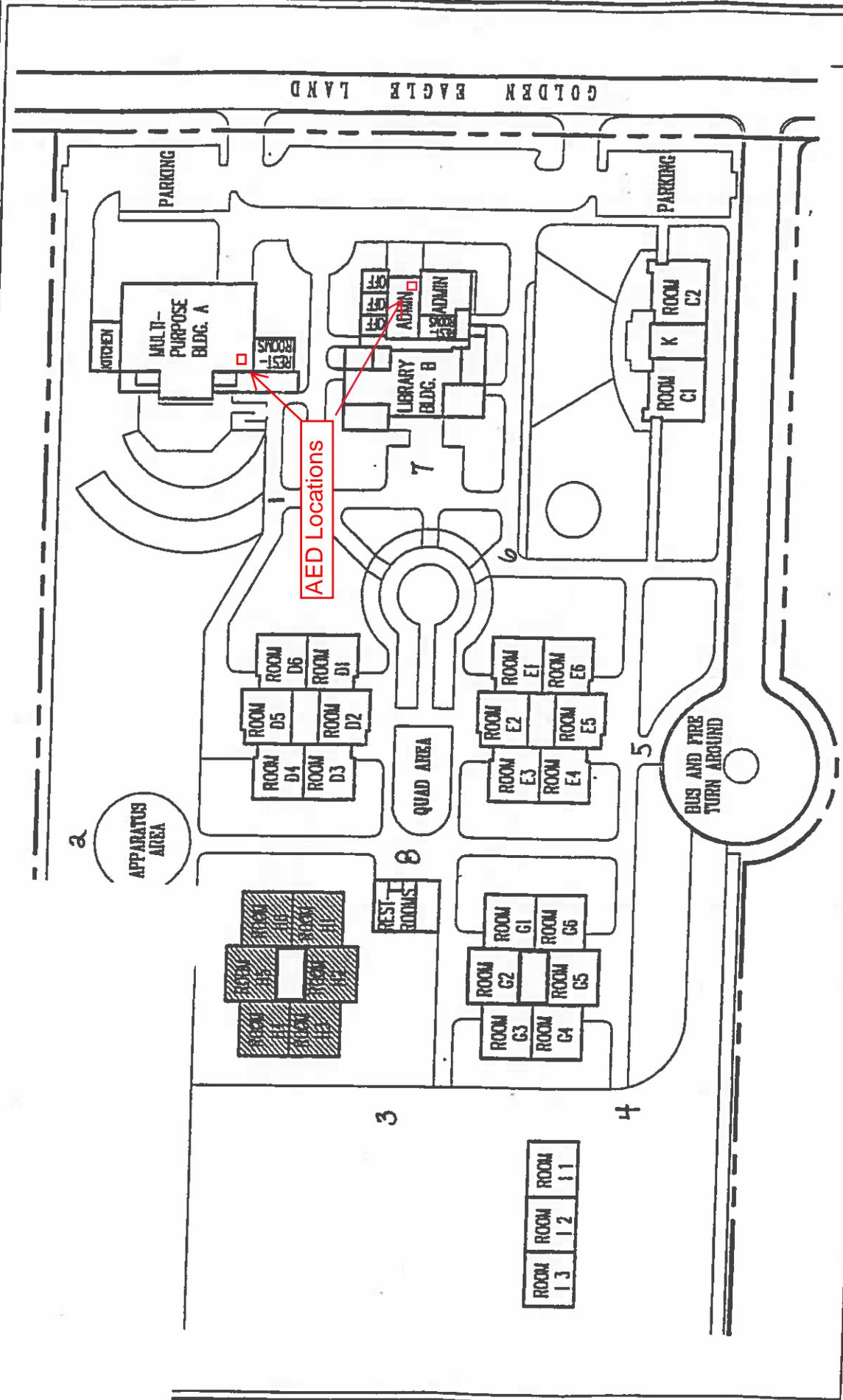
**B Area 1**  
**ADMINISTRATION BUILDING & LIBRARY**

Tracy Linyard	Principal	2110
William Frame	Asst. to Principal	2115
Lorlei McCusker	Secretary	2101
Sharla Overstreet	Secretary	2100
Luz Shaw	Health Clerk	2130
Jenelle Maris	Library Clerk	2140
Debbie Lindblom	Speech Therapist	2123

**AED Locations**

**A Area 2**  
MULTI-PURPOSE ROOM 2297  
RUST (PE) 2180

**C**  
C-2 AM NYQUIST 2276  
C-2 PM Empty  
C-1 AM ESTES 2275  
C-1 PM BAKER



GOLDEN EAGLE LAND

PARKING

PARKING

KITCHEN  
MULTI-PURPOSE BLDG. A  
SPOON

LIBRARY BLDG. B  
ADMIN  
L'S ADMIN

ROOM K  
ROOM C1  
ROOM C2

AED Locations

7

6

ROOM D5  
ROOM D4  
ROOM D3  
ROOM D6  
ROOM D1  
ROOM D2

QUAD AREA

ROOM E2  
ROOM E3  
ROOM E4  
ROOM E1  
ROOM E5  
ROOM E6

BUS AND FIRE TURN AROUND

5

2

APPARATUS AREA

8

ROOM I1  
ROOM I2  
ROOM I3  
ROOM I4  
ROOM I5  
ROOM I6  
ROOM I7  
ROOM I8  
ROOM I9  
ROOM I10  
ROOM I11

REST ROOMS

ROOM G1  
ROOM G2  
ROOM G3  
ROOM G4  
ROOM G5  
ROOM G6

3

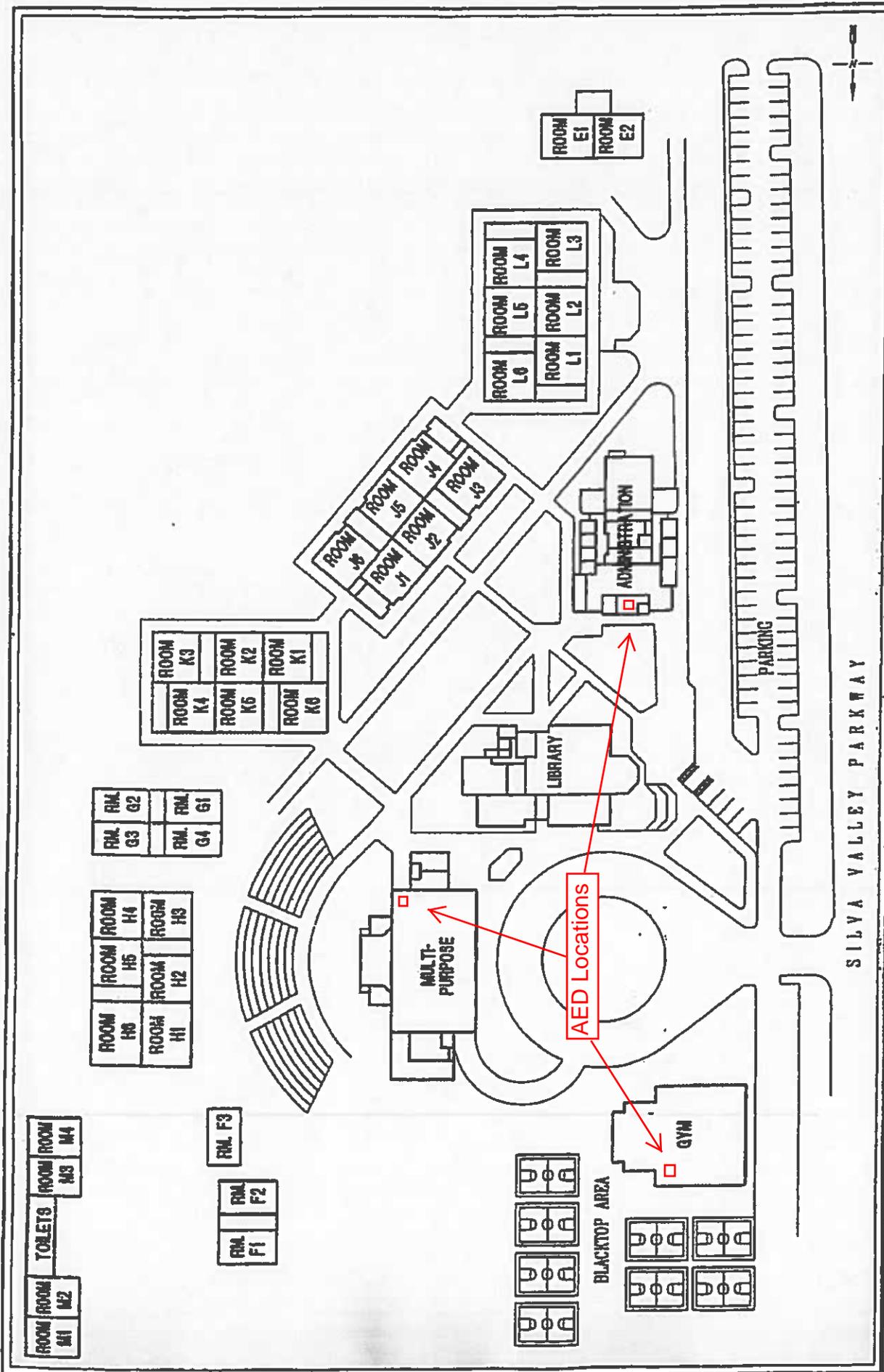
4

ROOM 1.3  
ROOM 1.2  
ROOM 1.1

**BUCKEYE UNION SCHOOL DISTRICT**  
 Preparation Date: January 29, 1999  
 Scale: None

**SILVA VALLEY YEAR-ROUND SCHOOL (K-9)**  
 301 GOLDEN EAGLE LANE  
 EL DORADO HILLS, CA 95762

**LEGEND**  
 [Hatched Box] CSR Portables



BUCKEYB UNION SCHOOL DISTRICT

SILVA VALLEY PARKWAY

ROLLING HILLS MIDDLE SCHOOL  
 741 SILVA VALLEY PARKWAY  
 EL DORADO HILLS, CA 95762



# WILLIAM BROOKS ELEMENTARY SCHOOL

## Facilities Map 2017-2018

EXTENDED DAY

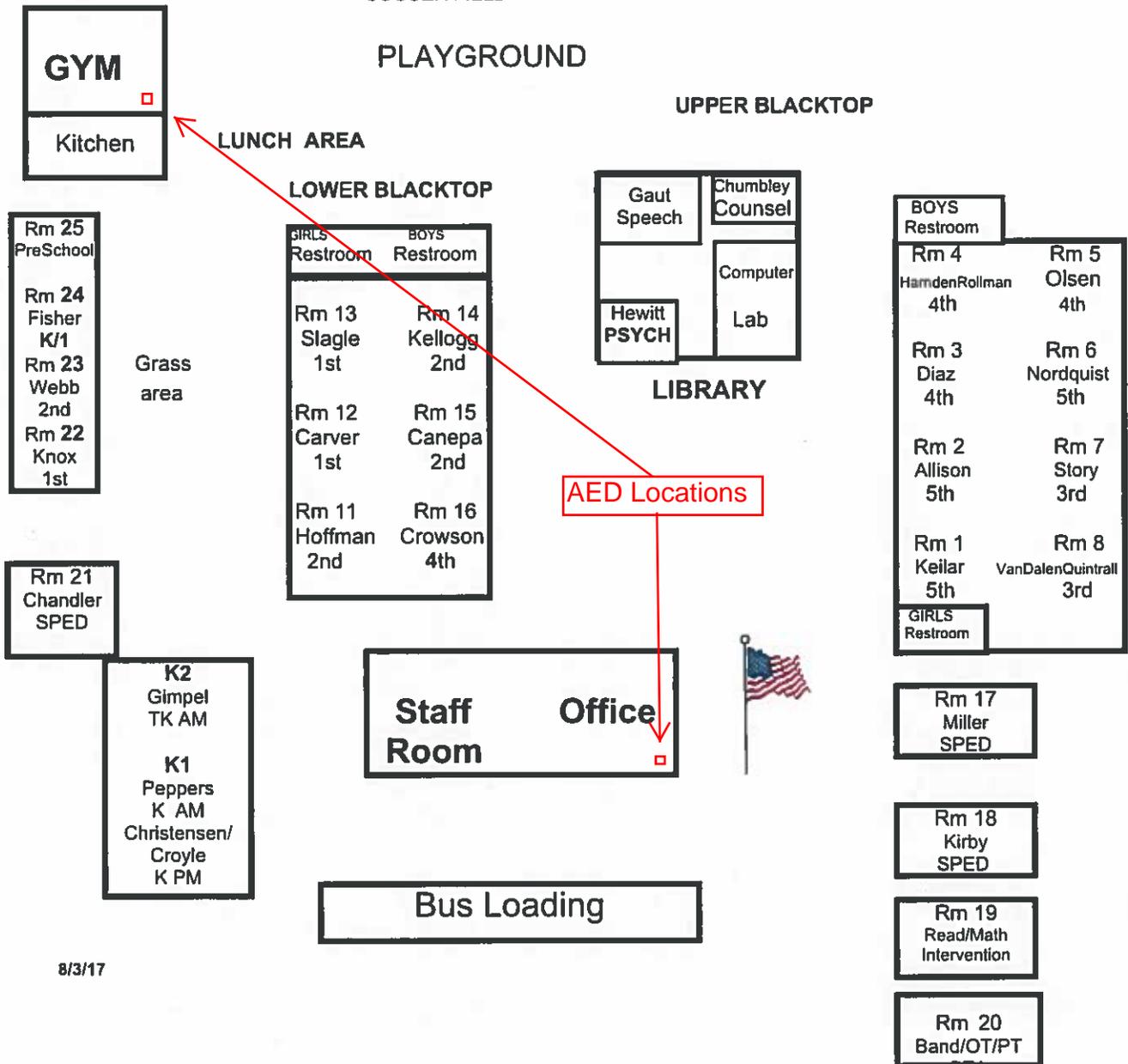
SOCCER FIELD

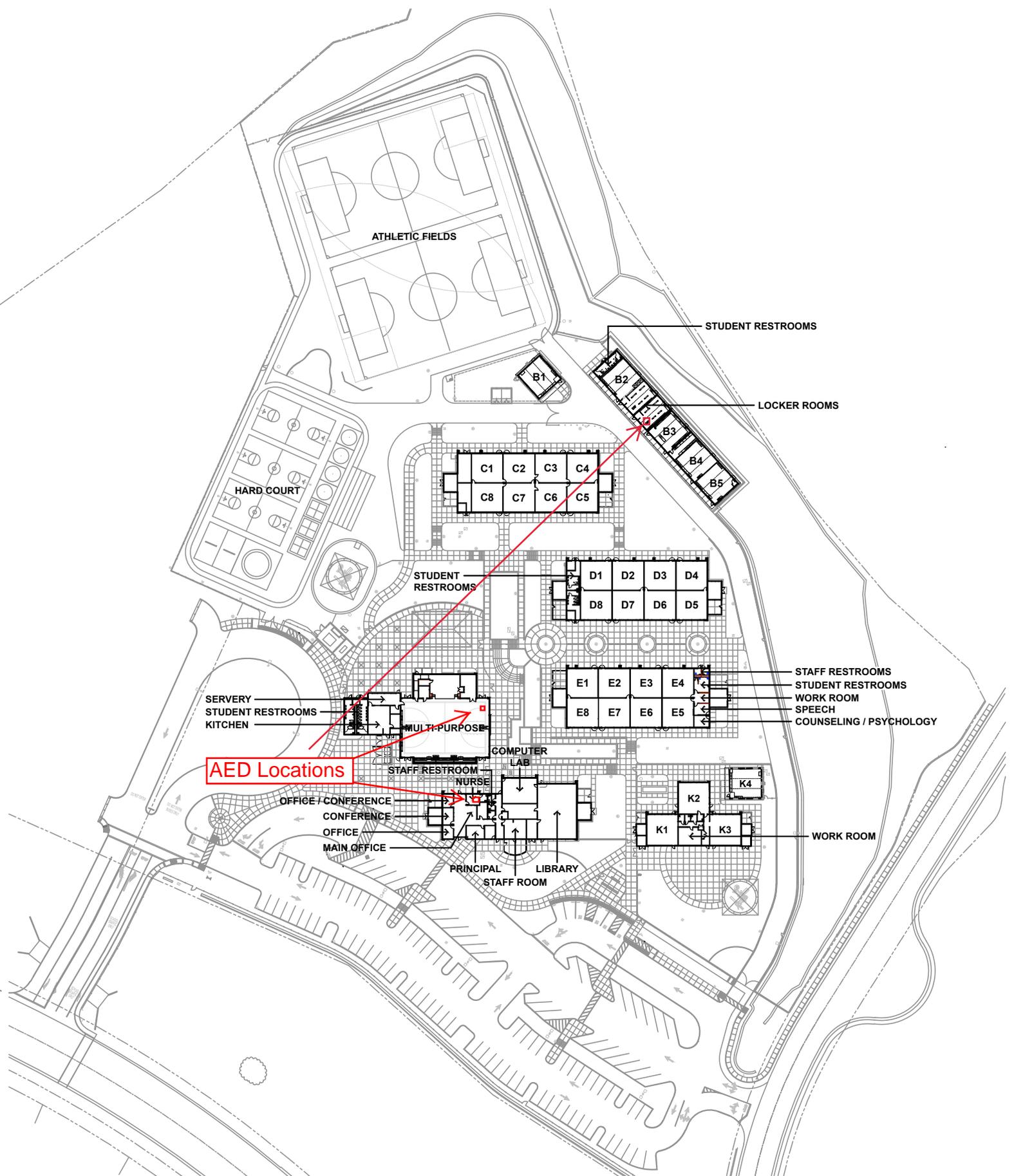
PLAYGROUND

UPPER BLACKTOP

LUNCH AREA

LOWER BLACKTOP





**BUCKEYE UNION SCHOOL DISTRICT  
VALLEY VIEW CHARTER MONTESSORI SCHOOL  
SITE MAP**





Transportation  
Office Bldg.

AED Location

Transportation  
Shop

Blue Oak Elementary  
Playground

Google



**APPENDIX III – PROPER USE OF AN AED**

## 2 Steps to a Rescue

These are the general steps in performing a rescue:



**1: Assess the patient (page 2-2)**



**2: Prepare the patient (page 2-2)**



**3: Place the defibrillation pads (page 2-2)**



**4: Analyze the patient's ECG (page 2-3)**



**5: Deliver a defibrillation shock (page 2-3)**



**6: Give CPR (page 2-4)**



**7: Prepare the AED for the next rescue (page 2-4)**

## 1: Assess the patient

Determine that the patient is more than 8 years of age or weighs more than 25 kg (55 lbs) and is both:

- ◆ Unresponsive
- ◆ Not breathing or not breathing normally



DO NOT delay therapy to determine the patient's exact age or weight.

### CALL EMERGENCY MEDICAL SERVICES!

Note: When the patient is 8 years of age or younger or weighs 25 kg (55 lbs) or less, use the AED with pediatric defibrillation pads, if available. See the directions for use accompanying pediatric pads to replace preinstalled pads with pediatric pads.

## 2: Prepare the patient

1. Place the AED next to the patient.

Note: The normal use for the AED is with it lying horizontally.

2. Open the AED lid.
3. Remove clothing from the patient's chest.
4. Ensure that the patient's skin is clean and dry.
5. Dry the patient's chest and shave excessive hair if necessary.



## 3: Place pads

### When the AED prompts...

"Tear open white package across dotted line and remove pads."

### Do this...

1. Keeping the pads connected to the AED, tear open the package.
2. Remove the pads from the package.  
You can leave the package attached to the pad wires.

"Peel one of the white pads completely from blue plastic."

3. With a firm, steady pull, peel one pad away from the blue plastic liner.  
You can use either pad.

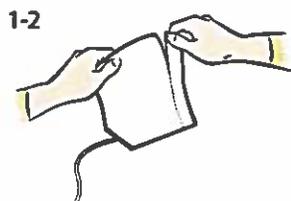
"Firmly place the pad without the blue plastic on patient's bare chest, exactly as shown on pads."

4. Place the pad in either location on the chest.

"Next, peel second white pad from the blue plastic. Firmly place the second pad on the other location exactly as shown on pads."

5. Pull the blue plastic from the second pad.
6. Place the pad on the other location on the chest.

Note: Cardiac Science's standard defibrillation pads are non-polarized and can be placed in either position as shown on the pad package. The package itself can be left attached to the defibrillation pads wires.



## 4: Analyze the ECG

When the AED prompts...	Do this...
<p>"Do not touch the patient! Analyzing heart rhythm. Please wait."</p> <p>The AED begins analyzing the cardiac rhythm of the patient.</p>	<ol style="list-style-type: none"> <li>1. Do not touch the patient.</li> <li>2. Wait for the next prompt.</li> </ol>



During the analysis phase, you may hear one or more of these prompts:

If the AED prompts...	This is the problem...	Do this...
"Open lid to continue rescue"	The lid of the AED is closed.	Ensure that the lid is fully open.
"Press pads firmly to patient's bare chest"	The pads are not properly placed or are loose.	Ensure that pads are firmly placed on clean, dry skin.
"Make sure pad connector is plugged into AED"	The pads are disconnected from the AED.	Ensure that the connector is plugged properly into the AED.
"Analysis interrupted. Stop patient motion." The AED restarts the analysis.	The patient is excessively jostled or there is strong electromagnetic emitting equipment nearby (within 2 meters).	Remove the electronic device or stop the excessive motion.

## 5: Deliver a shock

When the AED prompts...	Do this...
"Shock advised. Do not touch the patient"	Ensure that no one is touching the patient.
<p><b>Automatic model:</b> "Shock will be delivered in 3, 2, 1." The AED delivers the defibrillation shock automatically.</p> <p><b>Semi-automatic model:</b> When the AED is ready to deliver a defibrillation shock, the Shock button flashes. "Press red flashing button to deliver shock."</p>	<p><b>Automatic model:</b> Ensure that no one is touching the patient.</p> <p><b>Semi-automatic model:</b> Press the Shock button. If you do not press the Shock button within 30 seconds of hearing the prompt, the AED disarms the charge and prompts you to start CPR.</p>
After the AED delivers the defibrillation shock: "Shock delivered."	Wait for the next prompt.
"It is now safe to touch the patient. Give CPR as instructed"	Begin CPR.



When the AED is charged, it continues to analyze the patient's heart rhythm. If the rhythm changes and a shock is no longer needed, the AED prompts, "Rhythm Changed. Shock Cancelled."

## 6: Give CPR

After the AED delivers a shock or detects a non-shockable rhythm, it enters CPR mode.

When the AED prompts...	Do this...
"If needed, perform CPR as instructed."	Perform CPR according to the prompts. Follow the countdown timer on the text display.



**Important:** If the AED is not operating as expected, it is preferable to perform CPR without the aid of the AED than to delay providing CPR.

After the CPR time expires, the AED returns to the ECG analysis mode (see 4: *Analyze the ECG* on page 2-3).

If the patient is conscious and breathing normally, leave the pads on the patient's chest and connected to the AED. Make the patient as comfortable as possible and wait for emergency medical services (EMS) personnel to arrive.

**Note:** If the AED does not provide expected CPR coaching, the rescuer must conduct CPR as appropriate.

After transferring the patient to emergency medical personnel, close the lid of the AED to end the rescue session. Prepare the AED for the next rescue.

## 7: Prepare the AED for the next rescue

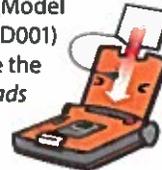
1. Open the lid.



2. Optional: Retrieve the rescue data stored in the internal memory of the AED. See the *AED Manager User's Guide* for details.



3. Connect a new preinstalled pads package (Model number XELAED001) to the AED. See the *Defibrillation Pads Instructions for Use* for details.



4. Verify that the pad connection indicator is off. If the indicator is on, make sure that the pad connector is properly attached to the AED.



5. Verify that there is adequate charge (1) remaining in the battery. If the battery charge is low (2), replace the battery.



6. Verify that the service indicator is off.



7. Close the lid.



8. Verify that the Rescue Ready indicator is green.



**APPENDIX IV – EMERGENCY RESPONSE PLAN**

Attach a copy of your sites  
Emergency Response Plan

**APPENDIX V – ANNUAL INSPECTION CHECKLIST**



# BUCKEYE UNION SCHOOL DISTRICT

## ANNUAL AED PROGRAM REQUIREMENTS CHECKLIST

Requirement Description	Responsible Party	Completed (Yes / No)	Date Completed	Initials
Provide information to administrators and staff on your site about sudden cardiac arrest annually.	Site Principal	Circle One ( Yes / No )		
Provide a copy of the Buckeye Union School District Automatic External Defibrillation (AED) Program to administrators and staff at your site annually.	Site Principal	Circle One ( Yes / No )		
Provide a copy of the Emergency Response Plan for your site to administrators and staff at your site.	Site Principal	Circle One ( Yes / No )		
Provide information regarding the proper use of an AED to administrators and staff at your site annually.	Site Principal	Circle One ( Yes / No )		
Provide information regarding the locations of AED's at your site to administrators, and staff at your site annually. For Middle School locations, also provide information regarding the locations of AED's at your site to students annually.	Site Principal	Circle One ( Yes / No )		
Make sure that instructions (in no less than 14 point font) are posted next to every AED annually.	Site Principal	Circle One ( Yes / No )		
Provide information to administrators and staff regarding who they can contact if they would like to voluntarily take AED or CPR training annually.	Site Principal	Circle One ( Yes / No )		
Offer a demonstration to at least one person associated with your site so that person can be walked through how to use an AED properly in an emergency annually.	Site Principal	Circle One ( Yes / No )		

**\*\* Please contact the AED Program Coordinator (916-581-9000), or [bmccahon@buckeyusd.org](mailto:bmccahon@buckeyusd.org) if you need any of the information listed above\*\***

**APPENDIX VI – 90 DAY & BIENNIAL INSPECTION CHECKLIST, MANUFACTURERS REQUIRED  
MAINTENANCE & AED PARTS**



# BUCKEYE UNION SCHOOL DISTRICT

## AED PROGRAM MAINTENANCE REQUIREMENTS CHECKLIST

Requirement Description	Responsible Party	Completed (Yes / No)	Date Completed	Initials
Inspect the entire unit every 90 days for signs of stress or any potential issues related to the operation of the device, including a blinking light, beeping noise, etc.	District Nurse	Circle One ( Yes / No ) ( Yes / No ) ( Yes / No ) ( Yes / No )		
Check for green rescue ready light biannually.	District Nurse	Circle One ( Yes / No ) ( Yes / No )		
Check that the battery has adequate charge to perform a rescue biannually.	District Nurse	Circle One ( Yes / No ) ( Yes / No )		
Check that the voice prompts work and the display is readable biannually.	District Nurse	Circle One ( Yes / No ) ( Yes / No )		
Check that the defibrillation pads are ready for use and that the service beep sounds biannually.	District Nurse	Circle One ( Yes / No ) ( Yes / No )		
Check that the LED's work biannually.	District Nurse	Circle One ( Yes / No ) ( Yes / No )		
Check that the buttons work biannually.	District Nurse	Circle One ( Yes / No ) ( Yes / No )		
Check to make sure the accessory pouch is attached and contains the following: 1 pair of nitrile gloves (m), 1 pair of nitrile gloves (lg), 1 disposable razor, 1 pair of shears, 2 paper towels, and 1 pocket mask biannually.	District Nurse	Circle One ( Yes / No ) ( Yes / No )		
Check the expiration date on the battery and pads, order replacements if necessary biannually.	District Nurse	Circle One ( Yes / No ) ( Yes / No )		

**\*\* Please contact the AED Program Coordinator (916-581-9000, or [bmccahon@buckeyeusd.org](mailto:bmccahon@buckeyeusd.org)) if you need any of the information listed above\*\***