

**Nevada City School of the Arts
Charter Governance Council
Meeting Agenda**

Thursday, January 25, 2024

13032 Bitney Springs Rd, Building 3 (Director's Office), Nevada City, California

Call Order: 5:00 p.m.

Roll Call:

Public Forum: *Members of the public who wish to comment during the Board meeting will be limited to three (3) minutes. If an interpreter is needed for comments, they will be translated to English and the time limit shall be six (6) minutes. The Board of Directors may limit the total time for public comment to a reasonable time.*

Plaudits:

Action Items

1. Approve Agenda

Consent Agenda

2. Approve December 14, 2023 Minutes - *See attached*

Reports

3. Director's FYI Report – Holly Pettitt – *See attached*
4. Board and Committee Reports
 - a. Nomination & Recruitment
 - b. Finance

Discussion Items

5. Discuss Differentiated Assistance - *See attached*
6. Discuss Governor's Budget Proposal
7. Discuss Ethics Training (Required every 2 years) - *See attached*
8. Discuss Revised Restorative Justice, Suspension & Expulsion Policy and Procedure - *See attached*

Action Items

9. Approve 2022-23 School Accountability Report Card (SARC) - *See attached*
10. Approve B6 Monitoring Report - Communication to the Board - *See attached*
11. Approve B7 Monitoring Report - Board Logistical Support - *See attached*
12. Approve B8 Monitoring Report - Emergency School Director Succession - *See attached*
13. Approve 2024-25 School Calendar - *See attached*
14. Approve Revised Policies - *See attached*
 - a. 316 Classroom and School Volunteer, Visitation, and Removal Policy
 - b. 323 School Sponsored Field Trips & Cultural Excursions Policy
 - c. 329. Promotion and Retention Policy
 - d. 337. Public Art on display at NCSA campus
 - e. 502. NCSA Employee Handbook
 - f. 616. Heartsine Samaritan and Zoll AED3 DA Policies & Procedures
15. Review and Accept 2022-23 Consolidated Audit - *Handout*

Adjournment 6:30 p.m.

Access to Board Materials: A copy of the written materials which will be submitted to the School Board may be reviewed by any interested persons on NCSA's website along with this agenda following the posting of the agenda at least 72 hours in advance of this meeting.

Disability Access: Requests for disability-related modifications or accommodations to participate in this public meeting should be made 24 hours prior to the meeting by calling (530) 273-7736. All efforts will be made for reasonable accommodations. The agenda and public documents can be modified upon request as required by Section 202 of the Americans with Disabilities Act.

**Nevada City School of the Arts
Charter Governance Council
Meeting Minutes**

Thursday, December 14, 2023

13032 Bitney Springs Rd, Building 8 (Staff Room), Nevada City, California

Call Order: 5:06 p.m.

Roll Call: LeeAnne Haglund, Lauren Hesterman, Meshawn Simmons, Jaylee McGregor, Trisha Zakon, Jon Lefeber, Abby Oas, and Qayyuma Didomenico (arrived at 5:11)

Absent: Andrew Todd

Guests: Holly Pettitt, and Melissa Brokenshire

Public Forum: *Members of the public were invited to address the Governance Council regarding issues for future agendas. Comments were limited to 3 minutes.*

Plaudits:

- Rachel for completing her Master of Science in Educational Psychology all while being an excellent teacher (present, supportive, offering joy in learning to her students) and she's also an incredible colleague who knows how to support her peers.
- Jenn G for supporting families with finding housing, obtaining food, and winter gifts.
- Carabeth for working without ever needing anything from anyone! She sometimes gets the difficult calls and she answers with such professionalism.
- Emma for fielding the attendance calls after letters are sent. Sometimes people aren't so nice and she meets them with grace.
- Kimberley and Kelley for adding such joy to RW. The program has much to offer. Check out their Raven's Den note.
- Qausu and Jai for supporting students of color giving them space, understanding, support and agency. They've been involved in some tough situations the past few weeks and they wouldn't have gone so well without them.
- Toni for supporting everyone administratively.
- Megan for undertaking all the independent studies (over 120) and supporting nurse Lisa with vaccinations.
- Erin for getting state reporting done with zero errors (that's a record)!
- Lisa (nurse) for being so amazing getting us vaccination compliant!
- Trisha and all the organizers and volunteers for their work on the 1st Winter Swap
- Scott Mertz, Gabriel Clark, Molly Harrison for all their support with the threat last week and intervention

Action Items

1. Approve Agenda
Motion: Lauren Hesterman 2nd: Meshawn Simmons
Unanimous Assent

Consent Agenda

2. Approve November 16, 2023 Minutes
Motion: Jaylee McGregor 2nd: Trisha Zakon
Unanimous Assent

Reports

3. Director's FYI Report – Holly Pettitt
4. Board and Committee Reports

- a. Nomination & Recruitment
- b. Finance

Discussion Items

- 5. Discuss 2024-25 Calendar, Fall Break

Action Items

- 6. Approved 2024-25 School Calendar Break Dates
Motion: Meshawn Simmons 2nd: Lauren Hesterman
Motion Carries
- 7. Approve Extension Request for 2022-23 Audited Actuals
Motion: Abby Oas 2nd: Qayyuma Didomenico
Unanimous Assent
- 8. Approved Revised Policies:
 - a. 201 Parent & Family Engagement Policy
 - b. 205 Student Success Team Policy
 - c. 301 Enrollment Policy
 - d. 304 Educational Records & Student Information Policy
 - e. 306 Free & Reduced-Priced Meals Policy
 - f. 308 Student Wellness Policy
 - g. 311 Suicide Prevention Policy
 - h. 313 Cell Phones & Other Electronic Signaling Devices Policy
 - i. 314 Section 504 - Policy, Procedures, & Parent Rights
 - j. 315 Special Education Policy
 - k. 331 Student Attendance Review Board Policy
 - l. 332 Income Eligibility Form Entry Policy
 - m. 340 Civil Rights Complaints Policy & Procedure
 - n. 341 Alternative Format
 - o. 608 Accounting Policies & Procedures
 - p. 609 Fixed Assets Policy & Procedure
 - q. 610 Purchasing PoliciesMotion: Trisha Zakon moved to approve the edits to all policies presented (Item 8a through 8q)
2nd: John Lefeber
Unanimous Assent

Adjournment 6:10 p.m.

Submitted by: Abby Oas, Board Secretary

12/14/23

Approved by the NCSA Charter Council

LeeAnne Haglund, Board Chair

Date

Abby Oas, Board Secretary

Date



Director FYI Report

January 25, 2024

This report details highlights of the month, operational achievements and items that the Board may like to know and helps to satisfy compliance with our B-6 Communication to the Board policy as well as indicates progress toward our Ends. It is organized by the following:

1. Relevant financial information.
2. School level issues that help the board see the big picture.
3. Public events (activities and gatherings both on and off premises) of a nature that may affect the perception of the School in the community.
4. Internal and external changes like significant modifications to the normal pattern of school business.
5. Progress towards Ends Policies and LCAP

Plaudits

- Ania Kapp - for running excellent IEPs and for always putting students first.
- Jenna Hale for her wonderful work as a paraprofessional supporting a student with an IEP.
- Erin Alonzo for her inspiring History curriculum.
- Kelly Dufour for offering a really good suggestion that will help reduce my workload and bring more community to the teaching staff.
- Jai Hanes for starting a student council at NCSA!
- To all the staff who attended the budget meeting and asked excellent questions.
- Devin Cormia for creating a cool privilege and probability game that I can use for my Race discussions.
- Julie Banwellund - Art Assistant and Electives Coordinator -She is doing an incredible job with everything. I love working with her!

Financial Information

- Melissa did a fabulous presentation about the budget to all interested staff (it was a good turn out) and let them know we need to cut \$350,000 from the budget this year. They asked great questions and we had a good discussion about what we spend money on. We are giving them this week to look at the numbers and email us with suggestions about where to cut funds. We did talk about increasing class sizes in TK-3rd grade, but that will not be enough.

Facilities Update

B2

- The blown speaker and soundboard have been taken to Foggy Mountain Music to have repaired.

B3

- There are some problems with water coming into the Raven Wold room at the stairs. Until the drain pipes can be uncovered and a proper investigation can be made, Ian has made a temporary drain for the gutter to help move water away from the building.
- The leak in the irrigation system has been repaired
- 1/16/24 The heater in the West wing is not coming on. GVAC will come out on or before 1/18/24.

B4

- Fire alarm sounded 1/19/24. It turned out to be a water hammer triggering the flow sensor. I will have EverGuard out next week to address the issue.

B8

- The water pressure regulator for B8 has been replaced and is working. Water pressure in the building is holding where it should be.
- The boiler has been turning off randomly. Kendric Boiler Works has been called. Trane worked on the boiler 1.5.24. On our first day back, it needed to be restarted several times. Joseph has a call into them to come back. Trane came back out, and we discovered what the trouble was. A couple of controls were out of adjustment and potentially needed replacement. These parts have been installed and are working great.

B9

- The broken window at the TLC classroom was replaced on 1/9/24. The window film was replaced on
- 1/12/24, and the installer reported that two pieces of installation striping were not installed. Moules will be out to finish up soon.
- Dre reports that a massive amount of heat comes into the kitchen when the hood fan is on. We discovered that a heating loop was defaulted to always full-on. Because the pneumatic system in this building is non-functional, this loop has been shut down.
- The air handler for the cafeteria was not providing any heat. We found that the heat was being forced out of a vent in the air handler. This vent is now closed, and the air can enter the cafeteria. This should make the cooling work better in the summer as well.
- Joe the plumber, installed a pot filler in the kitchen. While doing that, he bumped the gas shutoff control, and the kitchen is without gas. Foothill Fire Protection will be out on 1/16/24 to turn on the gas and perform our six-month service.
- Door 28 came out to adjust automatic doors at buildings nine and eight. They are also providing a quote for a couple of options on the doors at the bottom of the main stairs in building eight. Several hurdles present themselves as this door is to remain

locked during business hours. Cody has every expectation that the door will be able to operate as requested.

Overall

- Ian had fire protection crews out working over the two-week break. We are well on our way to meeting the goals of the WFRAR (Wildland Fire Risk Assessment Report). Joseph will contact renters who have cleanup to do and document the completed work with photos so that we can show compliance.
- Two contractors have come out to look at the main holding pond. A quote is pending. Ian has been in touch with this contractor. Bobby Jones Concrete. Can do the work, but it looks like it would cost several hundred thousand dollars. He has a contact that does a “wetsuit” like spray-on liner that may be less expensive. He will get back to Joseph after he makes some calls.
- A budgetary quote from Carson MFG came in for a polypropylene liner fix.
- Ian has reported a leak in a two-inch water line between building 9 and the metal buildings at the East end of the property. Mr Rooter will come out 1/16/24.

Off-Campus

- Joseph spoke with Colten at Nevada County DOT. He knows we have a local microclimate that freezes when nearby areas do not. He will continue to make every effort to de-ice the roads or sand them where appropriate. But asked us to keep in mind that Nevada County is a large service area, and sometimes there are other priorities.

School Wide Issues

- The state has identified NCSA as a school that needs “Differentiated Assistance” based on the following categories from our [California Dashboard](#) results.
 - Chronic Absenteeism increased by 10.6% to 36.4% of students being chronically absent (8 or more absences).
 - Test scores of students with disabilities declined by 44 points in ELA and 35 points in math
 - Students with disabilities and white students suspension rates increased.
- I’ll explain in detail what differentiated assistance means at the meeting, but in a nutshell, folks from Placer county come in and ask what we are doing to improve in these areas.

Events

- Readathon has raised \$10,000 so far!

Arts Based Choice for Education

- Nothing new to report

Academic, Arts & Social Emotional Achievement

- Our new RBT, Quentin, is working miracles with the team at the TLC. Incidents of violence and elopement have decreased to almost none!

Safe, Respectful and Equitable Conditions for Learning and Working

- We begin our Lessons on Race on January 30th in 5th grade. I'm looking forward to it!
- Angie and I did our Mid Year check ins with the teaching staff and they all went really well! Staff seem happy and are feeling like all the changes we implemented this year have made a huge difference.

Contributor and Collaborator to the Greater Community

- This is from Liam Ellerby from the Curious Forge
 - o I am involved in the California Jobs First Initiative, also known as CERF. This is a statewide \$500M grant that will be awarded to various sub-regions based on project proposals. I am writing to see if the school would be open to selling building 9 as part of this proposal for a business incubator/igniter/workforce development center. I understand that the cafeteria is important to the school so arrangements can be written into a lease that would allow the schools to use the cafeteria at a discount rate to provide meals for their students.
 - o There are a few other projects that the Nevada County group is looking at but I wanted to get a "hell no" or "possible" reaction before I put this on the table as a possibility. We are meeting again on the 25th. If you could give me an indication by then, I would appreciate it.

I told him we would talk about it, but there would need to be a whole lot of discussion about this before anything could happen.

CASH FLOW REPORT

CHARTER: Nevada City School of the Arts
FISCAL YEAR: 2023/2024
REPORT PERIOD: 2023/24 1st Interim Budget

Date actuals are posted through: 1/22/2024

		July	August	September	October	November	December	January	February	March	April	May	June	Total Cash	Current Year Accrual	STRS On- Behalf / Other Non- Cash	Total Activity	Current Budget
BEGINNING CASH BALANCE / BFB		667,900	638,592	999,010	655,694	591,283	443,568	341,758	522,951	371,056	446,328	621,046	563,788					667,900
RECEIPTS																		
Principal Apportionment	8011-8019	0	92,703	92,703	429,725	166,867	166,867	429,724	139,302	674,270	339,362	339,362	818,370	3,689,255	411,535	0	4,100,790	4,100,790
Property Taxes	8020-8099	0	0	0	222,474	0	149,424	0	156,225	0	320,000	0	0	848,123	120,142	0	968,265	968,265
Federal	8100-8299	0	830,276	39,856	23,825	53,010	101,051	35,441	32,061	25,909	29,160	57,500	23,400	1,251,488	66,053	0	1,317,541	1,317,541
State	8300-8599	447,133	38,338	88,190	96,300	88,423	97,522	164,715	301,293	86,186	185,009	277,437	61,188	1,931,734	205,270	0	2,137,003	2,137,003
Local	8600-8799	3,058	42,198	133,680	136,381	52,121	55,970	29,372	48,077	37,279	31,592	42,005	51,737	663,469	-41,755	0	621,714	611,181
Interfund Transfers In	8910-8929	0	0	0	0	0	0	0	0	0	0	0	0	0	200,000	0	200,000	200,000
All Other	8930-8979	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RECEIPTS		450,191	1,003,515	354,429	908,705	360,421	570,833	659,251	676,958	823,643	905,123	716,304	954,695	8,384,069	961,244	0	9,345,313	9,334,779
DISBURSEMENTS																		
Cert Salaries	1000-1999	5,556	108,798	216,203	213,919	220,943	207,476	214,283	214,283	214,283	214,283	214,283	214,283	2,258,594	-2,988	0	2,255,605	2,255,605
Classified Salaries	2000-2999	53,105	105,448	184,220	183,520	185,737	184,306	185,140	185,140	185,140	185,140	185,140	185,140	2,007,176	49,931	0	2,057,107	2,057,107
Employee Benefits	3000-3999	20,880	63,708	94,862	100,780	100,107	97,438	101,890	101,890	101,890	101,890	101,890	101,890	1,089,115	109,590	0	1,198,705	1,198,705
Books/Supplies	4000-4999	93,854	40,081	107,303	73,048	43,195	42,314	32,237	96,710	32,237	32,237	32,237	128,947	754,400	-109,666	0	644,734	644,734
Services	5000-5999	292,866	316,318	256,017	265,517	163,754	112,475	222,973	222,973	222,973	222,973	222,973	222,973	2,744,784	-68,035	0	2,676,749	2,676,749
Capital Outlay	6000-6599	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Outgo	7000-7499	334	0	0	0	0	0	0	0	0	0	0	0	334	-334	0	0	0
Interfund Transfers Out	7600-7629	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All Other Uses	7630-7699	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL DISBURSEMENTS		466,593	634,353	858,605	836,785	713,736	644,008	756,523	820,996	756,523	756,523	756,523	853,233	8,854,401	-21,501	0	8,832,901	8,832,901
NET SURPLUS/(DEFICIT)		-16,402	369,162	-504,176	71,919	-353,315	-73,175	-97,272	-144,038	67,120	148,600	-40,219	101,462					
ASSET/LIABILITY TRANSACTIONS																		
Accounts Receivable	9200	13,114	47	-36,263	-32,822	-15,772	1,673	3,553	133	7,898	2,472	10,310	0	-45,657	45,657	0	0	0
Accrued AR	9210	351,700	104,934	203,165	0	161,830	5,076	421,257	0	0	0	0	0	0	0	0	0	0
Prepays	9330	16,016	0	0	0	0	0	0	0	0	-1,870	-28,993	-77,293	-92,141	92,141	0	0	0
Other Current Assets	9340	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital Assets: Accum Dep Bldgs	9435	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accounts Payable	9500	175,528	-137,316	40,123	-99,495	121,318	-34,576	0	0	0	39,142	0	0	104,723	-104,723	0	0	0
Credit Card Payable	9620	12,981	-4,161	1,388	-2,140	-10,716	-1,644	-15,893	-9,599	-4,131	-5,219	-8,443	-5,576	-53,151	53,151	0	0	0
Accrued AP	9501	-173	-1,452	-44,392	0	0	0	0	0	0	0	0	52,873	6,855	-6,855	0	0	0
Health Insurance Liability	9520	-77,563	-2,389	-9,270	-312	8,807	-5,558	-53,836	-5,232	826	3,475	1,339	0	-139,714	139,714	0	0	0
Payroll SUI Liability	9546	-5,026	107	201	-147	203	196	-4,828	113	179	-4,655	167	153	-13,336	13,336	0	0	0
Payroll SDI Liability	9547	-8,599	1,754	3,302	-2,978	3,325	3,198	-8,152	2,933	2,920	-5,735	3,354	2,839	-1,841	1,841	0	0	0
STRS Retirement Liability	9555	-33,113	27,946	837	771	-65	2,273	-59,953	366	644	-1,351	1,639	4,611	-55,394	55,394	0	0	0
Sales Tax Liability	9565	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Workers Comp Liability	9575	-11,572	2,412	2,393	1,417	1,521	1,353	-3,058	4,056	442	484	4,214	0	3,663	-3,663	0	0	0
Custrction in Progress	9450	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unearned/Deferred Revenue	9650	-447,133	0	0	0	-64,225	0	0	0	0	0	0	0	-511,358	511,358	0	0	0
TOTAL ASSETS (Adjustments to Reconcile)		-13,841	-8,118	161,486	-135,705	206,226	-28,009	279,090	-7,231	8,778	26,743	-16,413	-22,394	-797,350	797,350	0	0	0
Lease Deposits	9670	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PG&E On-Bill Loan	9675	-626	-626	-626	-626	-626	-626	-626	-626	-626	-626	-626	-626	-7,511	15,022	0	7,511	7,511
TCBK Loan - Land	9671	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TCBK Loan - Construction	9672	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TCBK Line of Credit	9676	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Audit Adjustments	9793	1,561	0	0	0	0	0	0	0	0	0	0	0	1,561	-1,561	0	0	0
Opening Balance Equity			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL LIABILITIES		935	-626	-626	-626	-626	-626	-626	-626	-626	-626	-626	-626	-5,950	13,461	0	7,511	7,511
TOTAL INCREASE (DECREASE)		-29,308	360,418	-343,316	-64,411	-147,715	-101,810	181,193	-151,895	75,272	174,718	-57,257	78,442	-1,273,632	1,793,555	0		1,162,268
ENDING CASH BALANCE		638,592	999,010	655,694	591,283	443,568	341,758	522,951	371,056	446,328	621,046	563,788	642,231				2,435,786	

Nevada City School of the Arts

Budget vs. Actuals: 2023-24 - 1st Interim Budget - FY24 P&L Classes

July 2023 - June 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Income				
8000 Revenue - State	1,750,487.00	5,069,054.72	-3,318,567.72	34.53 %
8100 Federal Revenue	1,083,458.43	1,317,540.54	-234,082.11	82.23 %
8300 Other State Revenues	1,020,620.10	2,137,003.11	-1,116,383.01	47.76 %
8600 Other Local Revenue	370,063.37	611,181.08	-241,117.71	60.55 %
Unapplied Cash Payment Revenue	-457.25		-457.25	
Uncategorized Revenue		200,000.00	-200,000.00	
Total Income	\$4,224,171.65	\$9,334,779.45	\$ -5,110,607.80	45.25 %
GROSS PROFIT	\$4,224,171.65	\$9,334,779.45	\$ -5,110,607.80	45.25 %
Expenses				
1000 Certificated Salaries	972,895.66	2,255,605.30	-1,282,709.64	43.13 %
2000 Classified Salaries	896,335.86	2,057,105.95	-1,160,770.09	43.57 %
3000 Employee Benefits	477,652.46	1,198,705.01	-721,052.55	39.85 %
4000 Books & Supplies	402,349.19	644,734.35	-242,385.16	62.41 %
5000 Services & Other Operating Expenses	1,459,921.45	2,676,750.00	-1,216,828.55	54.54 %
7000 Other Outflows	333.76		333.76	
Unapplied Cash Bill Payment Expenditure	-22.97		-22.97	
Total Expenses	\$4,209,465.41	\$8,832,900.61	\$ -4,623,435.20	47.66 %
NET OPERATING INCOME	\$14,706.24	\$501,878.84	\$ -487,172.60	2.93 %
NET INCOME	\$14,706.24	\$501,878.84	\$ -487,172.60	2.93 %



California Department of Education

Tony Thurmond, *State Superintendent of Public Instruction*
1430 N Street, Sacramento, CA 95814-5901
916-319-0800

California State Board of Education

Linda Darling-Hammond, *State Board President*
1430 N Street, Room 5111, Sacramento, CA 95814
916-319-0827

December 19, 2023

Dear Holly Pettitt, Director Nevada City School of the Arts

Eligibility for Assistance Under California's Accountability System

On Friday, December 15, 2023, the California Department of Education (CDE) published the 2023 California School Dashboard (Dashboard). The Dashboard plays a key role in school and district accountability: As a data transparency tool, it is the first step in ensuring support for schools and districts in our system of continuous improvement.

Based on a review of student group and/or local indicator performance on the 2022 and 2023 Dashboard indicators, your school meets the criteria to receive differentiated assistance. We are contacting you to:

- Provide background on California's approach to assistance.
- Explain what you can expect from us in the coming weeks and months.

Under California's Local Control Funding Formula (LCFF), County Offices of Education, the California Collaborative for Educational Excellence, and the CDE have specific responsibilities for providing assistance and support to local educational agencies. Along with staff from the State Board of Education, we have been working to ensure that we have a consistent approach and that our efforts are responsive to locally identified needs.

The starting point will be talking with your leadership team and educational partners about the Dashboard data and other local data, identify strengths and challenges and what may be the cause of these challenges. County Offices of Education are prepared to facilitate these conversations.

The focus will be on helping your school build internal capacity to work within your own communities to develop and implement improvement strategies with guidance and support. Rather than “doing to,” as under previous accountability models, this approach is premised on “doing with” because it is more likely to lead to sustained improvement. For change to be sustainable, it must be developed and directed by the people within your districts who will be doing the hard work of continuous improvement.

What does this mean in practice? Although the approach will evolve and improve over time based on feedback from local educators and educational partners, this is what you can expect:

- We will not dictate a specific set of interventions or establish top-down directives for improvement strategies.
- County Office of Education staff will work with you to identify underlying causes, possible solutions, resources, or expertise that can help as well as ensuring all technical assistance is aligned and coherent to support the needs identified through this continuous improvement process. If you choose to work with a partner agency, such as the California Collaborative for Educational Excellence, your county will ask to be updated as that work continues within the differentiated assistance process.
- There is no requirement to create a new improvement plan. Instead, this work will leverage the Local Control and Accountability Plan to document the work underway as part of the differentiated assistance process.
- The assistance will not be limited only to the student group(s) and indicators that led to identification. Rather, assistance will focus on the actual needs identified working collaboratively with you and your local community.
- The assistance will focus on helping you identify your needs and to access expertise or resources to help you address them. While there is urgency to begin this work, there are no quick fixes for developing capacity; such efforts require long-term commitment so that improvement can be sustained over time.

We appreciate that you may have many more detailed questions about what to expect. For additional information on the System of Support and Dashboard, we encourage you to review the following CDE resources:

- Frequently Asked Questions about differentiated assistance on California’s System of Support web page at <https://www.cde.ca.gov/sp/sw/t1/csss.asp>.
- Frequently Asked Questions related to the Dashboard can be found on the Dashboard Resources web page at <https://www.cde.ca.gov/ta/ac/cm/dashboardresources.asp>

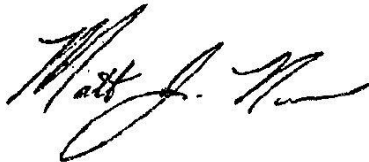
Sincerely,



Christine McCormick, Ed.D.
Associate Superintendent of Educational Services
Nevada County Superintendent of Schools



Tony Thurmond
State Superintendent of Public Instruction



Matt Navo
Executive Director, California Collaborative for Educational Excellence



Linda Darling-Hammond
President, California State Board of Education

OPEN, ETHICAL LEADERSHIP AB 1234 ETHICS COMPLIANCE TRAINING

County Counsel's Office and Nevada LAFCo announce a training session to assist local officials in complying with the requirements of Assembly Bill 1234.

Public officials are required to take an ethics training course to learn about the ethical standards required of any individual who works in government. City, County, and District board members and staff who receive compensation or expense reimbursement must complete two hours of ethics training every two years. Individuals not required to take this training are encouraged to attend to promote the highest standards of ethical practice in public service.

WHEN AND WHERE:

This session will be presented in person in the Board of Supervisors Chambers (950 Maidu Ave., Nevada City) and through Teams (link to be provided upon registration)

Wednesday, January 31, 2024

12:00 pm – 2:00 pm

PRESENTERS:

Kit Elliott, County Counsel, Nevada County.

David J. Ruderman, Senior Counsel for Colantuono, Highsmith & Whatley, PC.
City Attorney for Lakeport, Sonoma, and Weed. Yuba LAFCo Legal Counsel, and General Council for Tahoe Forest Hospital District.

PROGRAM COST: There is no charge for this session.

To reserve a spot at this session, and to ensure your certificate is mailed to the correct office, please complete the form below and forward it to Kelly McKinley at the County Counsel's office: Kelly.McKinley@NevadaCountyCA.gov (put AB 1234 in the subject line), or mail a **hard copy to:** County Counsel, County of Nevada, Attn: Kelly McKinley, 950 Maidu Ave., PO Box 599002, Nevada City CA 95959-7902

If you have any questions, please call 530-265-1319 or send an email to Kelly.McKinley@NevadaCountyCA.gov

_____ ✂ _____ ✂ _____ ✂ _____ ✂ _____ ✂ _____ ✂ _____ ✂ _____ ✂

Name: _____

Address: _____

Phone No.: _____

Agency Name & Phone: _____

E-mail address: _____

REGISTRATION DEADLINE: January 22, 2024

The curriculum for this workshop follows guidelines provided by the
Fair Political Practices Commission, as required by AB1234.



Alerts & Articles

AB 2158 Extends Mandatory Ethics Training to School Officials

10.06.2022

On September 13, 2022, Governor Newsom signed AB 2158 which requires officials at school districts, county offices of education, and charter schools to complete ethics training every two years. This is the same requirement that has been in effect since 2006 for officials at cities, counties, and special districts, commonly known as “AB 1234 Training.”

Which officials must complete ethics training under AB 2158?

ATTORNEYS



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RELATED INDUSTRIES

The following officials at school districts, county offices of education, and charter schools must complete ethics training every two years:

1. All members of Brown Act covered bodies if at least one member receives any type of compensation or expense reimbursement for their work, and elected officials who receive any type of compensation or expense reimbursement for their work.
2. Employees designated by a local agency governing body to receive ethics training.
3. All school district, county board of education, and charter school governing board members, regardless of whether they receive compensation or expense reimbursement for their work.

Which ethics courses satisfy AB 2158's training requirements?

An ethics course must meet the requirements in Government Code section 53235 to satisfy the ethics training requirement. Those requirements are:

1. The course must consist of at least two hours of training on general ethics principles and ethics laws relevant to the official's public service.
2. The course must cover the core content outlined in Government Code section 53234(d) and California Code of Regulations title 2, section 18371.

Educational Agencies

Public Entities

3. The course must be developed in consultation with the Fair Political Practices Commission and the Attorney General.
4. The course provider must provide participants with proof of participation.

The Fair Political Practices Commission has published online training for local agency officials that satisfy the ethics training requirements. Local agencies or an association of local agencies may also develop ethics courses and training materials.

Will ethics presentations at conferences satisfy AB 2158's training requirements?

It depends. To satisfy the biennial training requirement, the ethics training must meet all of the requirements outlined above. Some conference presentations are not two hours, do not cover the required core content, and were not developed in consultation with the Fair Political Practices Commission and the Attorney General.

Are there record keeping requirements for the ethics training?

Yes. Under Government Code section 53235.2, local agencies must maintain training records for five years that show the dates of the training, and the entity that provided the training.

When must officials at school districts, county offices of education, and charter schools complete the initial training?

AB 2158 takes effect January 1, 2023. Local officials who are governing board members of a school district, county board of education, or charter school as of January 1, 2025, must complete the training on or before January 1, 2026. Thereafter, the training must be completed every two years. If a member's term of office ends before January 1, 2026, they do not need to complete the training.

For everyone other than governing board members, the training should be completed within one year, although the deadline is not clearly specified. New officials must complete the training within one year of the first day of service with their agency. Thereafter, the training must be completed every two years.

What should school districts, county boards of education, and charter schools be doing to prepare for the ethics training requirement?

School districts, county boards of education, and charter schools should identify the positions that require ethics training, notify incumbents of the training requirement and deadlines, and provide information on available ethics training courses.

Some positions that require training are identified by statute (e.g., governing board members, and members of Brown Act covered bodies who receive any type of compensation or expense reimbursement), and others are designated by the agency's governing board.

Samie's Note:

1.1.23:
AB 2158 is effective

1.1.26:
Board Members of School Districts, County Boards of Education and Charters, must complete training.

RECOMMENDATION:

1.1.2024:
To align with election years, the Board may want to consider beginning their training in 2024, and then complete it every even numbered year thereafter.

At least once a year, agencies must provide information to their local officials on available ethics training programs.

Do AB 2158's training requirements apply to community college districts?

It is unclear.

The ethics training requirement applies to officials of "local agencies" as defined in Government Code section 53234. The current definition of "local agency" means "a city, county, city and county, charter city, charter county, charter city and county, or special district."

AB 2158 has amended the definition of "local agency," effective January 1, 2023, to include "school district, county office of education, and charter school." It also amended the definition of "local agency official" to include "[a] member of the governing board of a school district, a county board of education, or the governing body of a charter school"

AB 2158 did not add "community college district" to the definition of "local agency" and "local agency official." It is unclear whether this omission was intentional, or whether the legislature intended the term "school district" to include "community college district."

Community college districts with questions regarding the application of AB 2158 should consult with an AALRR attorney for advice and guidance.

AALRR is available to assist school districts, county boards of education, and charter schools with ethics training compliance, including identifying positions that require training, updating policies, and providing in-person or remote customized training programs.

This AALRR publication is intended for informational purposes only and should not be relied upon in reaching a conclusion in a particular area of law. Applicability of the legal principles discussed may differ substantially in individual situations. Receipt of this or any other AALRR publication does not create an attorney-client relationship. The Firm is not responsible for inadvertent errors that may occur in the publishing process.

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RESTORATIVE JUSTICE, SUSPENSION AND EXPULSION POLICY AND PROCEDURES

The Nevada City School of the Arts ("NCSA" or "Charter School") Board of Directors ("Board") and the community at NCSA believes that it is important to treat each person with respect. We try to make sure we are considerate of each other so that everyone can fulfill their roles. Students can learn, teachers can teach, and staff can work in a safe and enjoyable environment. We believe that Restorative Practices are a much better approach to "discipline" than the traditional model.

In terms of discipline, restorative practices take incidents that might otherwise result in punishment and find opportunities for students to recognize the impact of their behavior, understand their obligation to take responsibility for their actions and take steps toward making things right. In this process, students learn how to interact and manage their relationships with adults and peers; they become better equipped to understand how their behavior impacts others. In doing so, restorative practices encourage accountability, improve school safety, teach empathy, and help develop skills so students and the school community can all succeed.





Restorative Justice

What Is Restorative Justice?

Restorative Justice is a set of principles and practices employed in the school to respond to student misconduct, repair harm, and restore relationships between those impacted. It is used as an alternative to traditional school discipline and suspension. Both the theory and practice of restorative justice emphasize the importance of:

- **identifying the harm,**
- **involving all stakeholders to their desired comfort level**
- **true accountability**
- **taking steps to repair the harm and address its causes to the degree possible.**

Restorative justice in its basic form is incredibly intuitive and a common sense concept for most people. Restorative justice presents opportunities to those impacted by an event to collectively define the impact and determine steps to make things as right as possible for everyone involved: the person(s) harmed, the person(s) who harmed others, and the broader community that was affected both directly as well as indirectly. Because of the ways most current systems operate, often contrary to restorative principles, it is common for the implementation of restorative practices to be misunderstood and face resistance.

The way wrongdoing is typically responded to:

- *What rules or laws were broken?*
- *Who broke them?*
- *What do they deserve?*

Restorative justice asks:

- **Who has been hurt?**
- **What are their needs?**
- **Who has the obligation to address the needs and put right the harm?**

The restorative questions cannot be adequately answered without the involvement of those most affected. Involving those affected is a cornerstone of restorative justice. The foundation of restorative justice rests on common values: respect, inclusion, responsibility, empathy, honesty, openness, and accountability.

What is School-based Restorative Justice?



School-based restorative justice includes prevention, intervention, and reintegration. Restorative practices are used in a variety of ways in schools: to build community, celebrate accomplishments, intervene in offending behavior, to transform conflict that may occur between adults or young people, and to rebuild relationships that have been damaged. They can also be used to re-integrate students who have been excluded. Restorative practices help schools create and maintain a positive school culture and climate.

Restorative practices are used in conjunction with the other programs/support NCSA uses, such as. [Responsive Classroom](#), [Talk-it-Outs](#), classroom meetings, and support from our Youth Advocates, School Mental Health Counselor, and Administration. Our teachers manage their classrooms in restorative ways without labeling their methods as restorative. These approaches complement restorative practices and can strengthen the school together. Using them helps us build a caring culture in the classroom, school, and community.

Restorative Circles through Restorative Justice League

Student Led Restorative Circles will be held to strengthen students' problem-solving skills. When conflicts arise, Justice League students will be prepared to have an honest dialogue with the student(s) who caused harm. Students learn to hold each other accountable, acknowledge each other's feelings, and accept each individual's needs. Justice League students will be trained and supervised by the administration or their designee.

If a student is continually referred to the Administration or Restorative Justice Group and/or Class Meetings aren't effective, and the student does not appear to be willing to change their behavior, they may be suspended in compliance with the suspension policy below and a **Behavior Contract** will be created.

SUSPENSION/EXPULSION AND BOTTOM-LINE BEHAVIORS

Bottom Line Behaviors -

- causing/attempting to cause physical harm - intentional/unprovoked (depends on circumstances)
- vicious gossip/bullying/cyber-bullying
- drug use/possession
- weapon on campus
- harassment/sexual harassment

Consequences - Approved by Administration Only



Depending on the circumstances, these behaviors may result in an immediate suspension/removal from the classroom or expulsion from school in compliance with the suspension and expulsion policy set forth below. Depending upon the circumstances, there may be times when the School Director or designee determines that a suspension is warranted without first going through the Restorative Practices. This is usually when a student represents a threat or danger to students or staff. Parents may meet with the School Director if they disagree with the consequences, but they must also understand the ultimate decision lies with the School Director. Parents may wish to submit a formal complaint. If so, please refer to our “Complaint Policy”.

Insert Updates Suspension Policy

Nevada City School of the Arts

2022-2023 School Accountability Report Card (Published During the 2023-2024 School Year)

General Information about the School Accountability Report Card (SARC)

SARC Overview



By February 1 of each year, every school in California is required by state law to publish a School Accountability Report Card (SARC). The SARC contains information about the condition and performance of each California public school. Under the Local Control Funding Formula (LCFF) all local educational agencies (LEAs) are required to prepare a Local Control and Accountability Plan (LCAP), which describes how they intend to meet annual school-specific goals for all pupils, with specific activities to address state and local priorities. Additionally, data reported in an LCAP is to be consistent with data reported in the SARC.

- For more information about SARC requirements and access to prior year reports, see the California Department of Education (CDE) SARC web page at <https://www.cde.ca.gov/ta/ac/sa/>.
- For more information about the LCFF or the LCAP, see the CDE LCFF web page at <https://www.cde.ca.gov/fg/aa/lc/>.
- For additional information about the school, parents/guardians and community members should contact the school principal or the district office.

DataQuest



DataQuest is an online data tool located on the CDE DataQuest web page at <https://dq.cde.ca.gov/dataquest/> that contains additional information about this school and comparisons of the school to the district and the county. Specifically, DataQuest is a dynamic system that provides reports for accountability (e.g., test data, enrollment, high school graduates, dropouts, course enrollments, staffing, and data regarding English learners).

California School Dashboard



The California School Dashboard (Dashboard) <https://www.caschooldashboard.org/> reflects California's new accountability and continuous improvement system and provides information about how LEAs and schools are meeting the needs of California's diverse student population. The Dashboard contains reports that display the performance of LEAs, schools, and student groups on a set of state and local measures to assist in identifying strengths, challenges, and areas in need of improvement.

Internet Access

Internet access is available at public libraries and other locations that are publicly accessible (e.g., the California State Library). Access to the Internet at libraries and public locations is generally provided on a first-come, first-served basis. Other use restrictions may include the hours of operation, the length of time that a workstation may be used (depending on availability), the types of software programs available on a workstation, and the ability to print documents.

2023-24 School Contact Information

School Name	Nevada City School of the Arts
Street	13032 Bitney Springs Rd.

City, State, Zip	Nevada City, CA 95959-9017
Phone Number	(530) 273-7736
Principal	Holly Ann Pettitt
Email Address	director@ncsota.org
School Website	www.ncsota.org
County-District-School (CDS) Code	29 10298 0114330

2023-24 District Contact Information

District Name	Nevada City School of the Arts
Phone Number	(530) 273-7736
Superintendent	Holly Ann Pettitt
Email Address	director@ncsota.org
District Website	www.ncsota.org

2023-24 School Description and Mission Statement

Nevada City School of the Arts (NCSA), charter #869, is a public charter school serving students in Transitional Kindergarten through eighth grade. The school is located in a forested setting approximately ten miles from Grass Valley. NCSA was first sponsored by the Nevada City School district in 1994, then sponsored by Twin Ridges Elementary District from 1996 through 2005, and is currently sponsored by the Nevada County Superintendent of Schools. The Shared vision of NCSA is to provide a rigorous academic environment, using art and equity as a lens to shape curriculum. The strong emphasis on learning through the arts means art, dance and music are woven into the curriculum to support and enhance studies and the emphasis on anti-bias and equity education helps ensure students are being exposed to historically relevant curriculum and purposeful social-emotional learning. Nevada City School of the Arts has been four times honored: as a California Distinguished School, as a California Award Recipient, as the first charter school to be awarded the National Blue Ribbon School Award, and most recently voted as Best Charter School by readers of the Parent Resource Guide, a Sierra Foothills Magazine four years in a row.

About this School

2022-23 Student Enrollment by Grade Level

Grade Level	Number of Students
Kindergarten	62
Grade 1	40
Grade 2	40
Grade 3	40
Grade 4	44
Grade 5	52
Grade 6	57
Grade 7	56
Grade 8	40
Total Enrollment	431

2022-23 Student Enrollment by Student Group

Student Group	Percent of Total Enrollment
Female	49.2%
Male	50.3%
Asian	0.2%
Hispanic or Latino	13%
Two or More Races	11.8%
White	74.7%
Homeless	0.2%
Socioeconomically Disadvantaged	48.5%
Students with Disabilities	10%

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)	21.00	82.19	103.20	60.34	228366.10	83.12
Intern Credential Holders Properly Assigned	1.00	3.91	1.90	1.16	4205.90	1.53
Teachers Without Credentials and Misassignments ("ineffective" under ESSA)	2.00	7.83	11.40	6.67	11216.70	4.08
Credentialed Teachers Assigned Out-of-Field ("out-of-field" under ESSA)	0.50	2.11	48.70	28.47	12115.80	4.41
Unknown	1.00	3.91	5.70	3.34	18854.30	6.86
Total Teaching Positions	25.50	100.00	171.10	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	School	District	District	State	State
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	Number	Percent	Number	Percent	Number	Percent
Fully (Preliminary or Clear) Credentialed for Subject and Student Placement (properly assigned)	23.50	77.09	113.40	61.34	234405.20	84.00
Intern Credential Holders Properly Assigned	0.00	0.00	0.00	0.00	4853.00	1.74
Teachers Without Credentials and Misassignments (“ineffective” under ESSA)	4.00	13.19	13.00	7.08	12001.50	4.30
Credentialed Teachers Assigned Out-of-Field (“out-of-field” under ESSA)	1.50	4.91	51.80	28.03	11953.10	4.28
Unknown	1.40	4.78	6.50	3.54	15831.90	5.67
Total Teaching Positions	30.50	100.00	184.90	100.00	279044.80	100.00

The CDE published the first year of available teacher data for the 2020-21 SARC in June 2022, and the CDE published the second year of data for the 2021-22 SARC in June 2023. The EC Section 33126(b)(5) requires the most recent three years of teacher data to be requested in the SARC, as data is available. The teacher data for the 2022-23 SARC will not be available prior to February 1, 2024, and therefore is not included in the template.

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	1.00
Misassignments	2.00	3.00
Vacant Positions	0.00	0.00
Total Teachers Without Credentials and Misassignments	2.00	4.00

The teacher data for the 2022-23 SARC will not be available prior to February 1, 2024, and therefore is not included in the template.

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	0.00
Local Assignment Options	0.50	1.50
Total Out-of-Field Teachers	0.50	1.50

The teacher data for the 2022-23 SARC will not be available prior to February 1, 2024, and therefore is not included in the template.

Class Assignments

Indicator	2020-21	2021-22
Misassignments for English Learners	50	25

(a percentage of all the classes with English learners taught by teachers that are misassigned)

No credential, permit or authorization to teach

(a percentage of all the classes taught by teachers with no record of an authorization to teach)

15.4

29.1

The teacher data for the 2022-23 SARC will not be available prior to February 1, 2024, and therefore is not included in the template.

Note: For more information refer to the Updated Teacher Equity Definitions web page at

<https://www.cde.ca.gov/pd/ee/teacherequitydefinitions.asp>.

2023-24 Quality, Currency, Availability of Textbooks and Other Instructional Materials

Year and month in which the data were collected

December 2023

Subject	Textbooks and Other Instructional Materials/year of Adoption	From Most Recent Adoption ?	Percent Students Lacking Own Assigned Copy
Reading/Language Arts	Orton-Gillingham (Phonemic Awareness) iReady (Intervention & Assessments) Authentic Voices Literature	Yes	0%
Mathematics	iReady (Intervention & Assessments) SF Unified Math Curriculum (Pilot) 6th-8th Maneuvering the Middle	Yes	0%
Science	Teacher Created Curriculum using the NGSS Standards as a guide	Yes	0%
History-Social Science	Teacher Created Curriculum using the History and Social Science Standards as a guide	Yes	0%
Foreign Language	N/A	No	
Health	Teacher Created Curriculum following the state standards as a guide	Yes	0%
Visual and Performing Arts	Teacher Created Curriculum based on the Visual and Performing Arts Standards	Yes	0%

School Facility Conditions and Planned Improvements

Like most charter schools, our school facility is not provided by the state. We currently own our facility and the 150 acres of land on which it rests. We are continually looking for grants and additional funding from the state to renovate and upgrade our facilities when we can. We utilized the Clean Energy Proposition 39 funding to upgrade our current HVAC to be energy-efficient and installed LED lighting. We installed a natural playground area at our main building, upgraded the courtyard at our middle school campus, and we are starting the process of renovating all occupied buildings for accessibility for compliance with Americans with Disabilities Act (ADA). NCSA has a full-time Property Manager, one full-time facility maintenance coordinator crew, and two full-time custodians, who ensure our buildings are clean and who perform all needed maintenance and repair that is required on-site.

Year and month of the most recent FIT report

December 2023

System Inspected	Rate Good	Rate Fair	Rate Poor	Repair Needed and Action Taken or Planned
Systems: Gas Leaks, Mechanical/HVAC, Sewer		X		HVAC units are old and outdated. We are researching grants or loan opportunities to renovate
Interior:	X			

School Facility Conditions and Planned Improvements

Interior Surfaces				
Cleanliness: Overall Cleanliness, Pest/Vermin Infestation	X			
Electrical	X			
Restrooms/Fountains: Restrooms, Sinks/ Fountains		X		Renovation is needed to comply with Americans with Disabilities Act (ADA). We are in the process of starting construction plans to upgrade our bathrooms in occupied buildings.
Safety: Fire Safety, Hazardous Materials	X			
Structural: Structural Damage, Roofs		X		There are small leaks in building 9 that are in the process of repair.
External: Playground/School Grounds, Windows/ Doors/Gates/Fences	X			

Overall Facility Rate

Exemplary	Good	Fair	Poor
	X		

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).

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.

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.

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 2021-22	School 2022-23	District 2021-22	District 2022-23	State 2021-22	State 2022-23
English Language Arts/Literacy (grades 3-8 and 11)	67	61	51	48	47	46
Mathematics (grades 3-8 and 11)	44	43	36	33	33	34

2022-23 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	289	278	96.19	3.81	60.79
Female	146	135	92.47	7.53	60.74
Male	141	141	100.00	0.00	60.28
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	38	34	89.47	10.53	47.06
Native Hawaiian or Pacific Islander	0	0	0	0	0
Two or More Races	36	35	97.22	2.78	60.00
White	215	209	97.21	2.79	63.16
English Learners	0	0	0	0	0

Foster Youth	0	0	0	0	0
Homeless	--	--	--	--	--
Military	0	0	0	0	0
Socioeconomically Disadvantaged	148	143	96.62	3.38	54.55
Students Receiving Migrant Education Services	0	0	0	0	0
Students with Disabilities	41	36	87.80	12.20	22.22

2022-23 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	289	277	95.85	4.15	42.96
Female	146	134	91.78	8.22	35.07
Male	141	141	100.00	0.00	49.65
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	38	34	89.47	10.53	38.24
Native Hawaiian or Pacific Islander	0	0	0	0	0
Two or More Races	36	35	97.22	2.78	37.14
White	215	208	96.74	3.26	44.71
English Learners	0	0	0	0	0
Foster Youth	0	0	0	0	0
Homeless	--	--	--	--	--
Military	0	0	0	0	0
Socioeconomically Disadvantaged	148	143	96.62	3.38	41.96
Students Receiving Migrant Education Services	0	0	0	0	0
Students with Disabilities	41	36	87.80	12.20	16.67

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.

Science test results include the CAST 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 CAST 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.

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.

Subject	School 2021-22	School 2022-23	District 2021-22	District 2022-23	State 2021-22	State 2022-23
Science (grades 5, 8 and high school)	69.89	54.44	--	--	29.47	30.29

2022-23 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	93	90	96.77	3.23	54.44
Female	49	46	93.88	6.12	47.83
Male	44	44	100.00	0.00	61.36
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	11	11	100.00	0.00	27.27
Native Hawaiian or Pacific Islander	0	0	0	0	0
Two or More Races	12	11	91.67	8.33	63.64
White	70	68	97.14	2.86	57.35
English Learners	0	0	0	0	0
Foster Youth	0	0	0	0	0
Homeless	--	--	--	--	--
Military	0	0	0	0	0
Socioeconomically Disadvantaged	48	47	97.92	2.08	51.06
Students Receiving Migrant Education Services	0	0	0	0	0
Students with Disabilities	16	14	87.50	12.50	21.43

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.

2022-23 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. The administration of the PFT during 2021-22 and 2022-23 school years, 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	95%	92.2%	100%	92.2%	92.2%
Grade 7	94.6%	94.6	94.6%	94.6%	94.6%
Grade 9	N/A	N/A	N/A	N/A	N/A

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.

2023-24 Opportunities for Parental Involvement

Parent volunteers are the core of NCSA, from classroom volunteering and driving on Field Studies to serving on the Charter Governing Council as well as assisting with the two annual fundraisers that NCSA uses to support the arts program. Parents are also welcome to attend our Parent Advisory Group (PAG) meetings, held once a month, when our School Director listens to community concerns, asks for input, and updates parents on funding and new happenings at the school. The Advisory Committee also provides a mentor contact for families new to NCSA. Additional support to new families is provided through enrollment meetings, at which point families learn about all that NCSA has to offer and gain more information about their critical support and how it helps us. NCSA appreciates any and all help received from parents.

2022-23 Chronic Absenteeism by Student Group

Student Group	Cumulative Enrollment	Chronic Absenteeism Eligible Enrollment	Chronic Absenteeism Count	Chronic Absenteeism Rate
All Students	440	437	151	34.6
Female	218	218	73	33.5
Male	220	217	77	35.5
Non-Binary	2	2	1	50.0
American Indian or Alaska Native	0	0	0	0.0

Asian	1	1	0	0.0
Black or African American	1	1	1	100.0
Filipino	0	0	0	0.0
Hispanic or Latino	56	56	20	35.7
Native Hawaiian or Pacific Islander	0	0	0	0.0
Two or More Races	51	51	15	29.4
White	331	328	115	35.1
English Learners	0	0	0	0.0
Foster Youth	0	0	0	0.0
Homeless	8	8	6	75.0
Socioeconomically Disadvantaged	222	221	96	43.4
Students Receiving Migrant Education Services	0	0	0	0.0
Students with Disabilities	58	58	22	37.9

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.

Rate	School 2020-21	School 2021-22	School 2022-23	District 2020-21	District 2021-22	District 2022-23	State 2020-21	State 2021-22	State 2022-23
Suspensions	0.00	4.12	4.77	0.02	0.81	1.16	0.20	3.17	3.60
Expulsions	0.00	0.23	0.00	0.00	0.05	0.00	0.00	0.07	0.08

2022-23 Suspensions and Expulsions by Student Group

Student Group	Suspensions Rate	Expulsions Rate
All Students	4.77	0
Female	2.75	0
Male	6.82	0
Non-Binary		
American Indian or Alaska Native	0	0
Asian	0	0
Black or African American	0	0

Filipino	0	0
Hispanic or Latino	5.36	0
Native Hawaiian or Pacific Islander	0	0
Two or More Races	1.96	0
White	5.14	0
English Learners	0	0
Foster Youth	0	0
Homeless	0	0
Socioeconomically Disadvantaged	5.86	0
Students Receiving Migrant Education Services	0	0
Students with Disabilities	10.34	0

2023-24 School Safety Plan

Nevada City School of the Arts has developed a comprehensive school-wide safety and reunification plan that identifies major safety concerns as well as specific prevention and action strategies involving community and local law enforcement agencies. Working with school goals and priorities, our school maintains a safe and secure campus by fostering a positive learning environment that uses prevention strategies and emphasizes high expectations for student conduct. Members of our staff and students are also trained as part of the Federal Emergency Response Agency's (FEMA) Community Emergency Response Team (CERT) to provide critical support in an emergency.

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.

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
K	17	6		
1	19	2	2	
2	20	4		
3	20	4		
4	23		4	
5	24		4	
6	22		10	
Other	25		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
K	16	16		
1	23	6		1
2	20	8		
3	20	8		
4	16	10		
5	20	4	6	
6	16	26		
Other	38			1

2022-23 Elementary Average Class Size and Class Size Distribution

This table displays the 2022-23 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
K	16	16	0	0
1	20	8	0	0
2	20	9	0	0
3	20	8	0	0
4	18	4	6	0
5	21	3	7	0
6	16	21	0	0
Other	0	0	0	0

2022-23 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	431

2022-23 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
Library Media Teacher (Librarian)	0.1
Library Media Services Staff (Paraprofessional)	
Psychologist	1.8
Social Worker	
Nurse	0.4
Speech/Language/Hearing Specialist	0.7
Resource Specialist (non-teaching)	
Other	

Fiscal Year 2021-22 Expenditures Per Pupil and School Site Teacher Salaries

This table displays the 2021-22 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	\$16,196	\$6,026	\$10,170	\$59,193
District	N/A	N/A		
Percent Difference - School Site and District	N/A	N/A		
State	N/A	N/A	\$7,607	
Percent Difference - School Site and State	N/A	N/A	28.8	

Fiscal Year 2022-23 Types of Services Funded

Funding from the state and federal government provides for most educational services, including instructional materials, professional development, salaries, facility costs, maintenance, health services, including special education and other operational expenses. Funds are provided through the Local Control Funding Formula, Lottery, local, state and federally funded programs and grants. NCSA receives Federal Title funding to support reading and math intervention programs for struggling students, in addition to providing funds to train teachers and support the need for additional paraprofessionals for in class support to students. We are also providing a school nutrition program and received funding for reimbursement to provide students with fresh made breakfast and lunches, including afterschool snack. In 2021-22 & 2022-23 NCSA received ESSER funding (in response to COVID) to mitigate learning loss, provide mental health support and purchase additional technology for one to one devices and in class learning supports.

Fiscal Year 2021-22 Teacher and Administrative Salaries

This table displays the 2021-22 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		
Mid-Range Teacher Salary		
Highest Teacher Salary		
Average Principal Salary (Elementary)		
Average Principal Salary (Middle)		
Average Principal Salary (High)		
Superintendent Salary		
Percent of Budget for Teacher Salaries		
Percent of Budget for Administrative Salaries		

Professional Development

NCSA's Professional Development centers on Social Emotional Learning and Academic Instruction. NCSA is working on implementing Restorative Circles as an alternative to suspension and continues to train staff in Positive Discipline and Mindfulness for the classroom. Academically, we train all new elementary grade teachers in the Orton-Gillingham curriculum for teaching phonics and spelling. Almost all K-5 grades adopted the SFUSD open source math curriculum in 2022-2023 and the rest will do so next year. Science teachers utilize the Next Generation Science Standards for science and the Common Core History standards for history to guide their instruction in those subjects. We include in our budget professional development money that can be spent on workshops and training geared toward Project Based Learning, classroom management, anti-bias education, and the visual and performing arts. NCSA has begun to train teachers in the Universal Design of Learning teaching methods to help broaden teachers' ability to meet all students' needs and learning styles within the classroom so that every child may access their education. By the end of the 2023/24 school year all currently employed classroom teachers will have taken Curriculum Representation Design courses. Each year we send a two or more teachers to the Courageous Conversations Summit for anti-bias training. We have on-site training and allow for travel to conferences and workshops as necessary. Our teachers are supported by completing peer evaluations twice a year and have goal-setting meetings with admin that encourages internal reflection and growth, a formative process, rather than a focus on external evaluation. Resources, collaboration sessions, training, and workshops are recommended or provided based on these goals. We allow release time for teachers to collaborate in team meetings to integrate arts into the curriculum, in addition to connecting the curriculum throughout the grades.

This table displays the number of school days dedicated to staff development and continuous improvement.

Subject	2021-22	2022-23	2023-24
Number of school days dedicated to Staff Development and Continuous Improvement	9	11	11



Nevada City School of the Arts
School Director's Monitoring Report

Executive Limitations Policy: **B6 – Communication to the Board**

Charter Governance Council Meeting: **December 14, 2023**

I report compliance with all parts of this policy.

Unless indicated otherwise all data in this report is for the 12-month period ending December 14, 2023 and is accurate as of that date.

I certify that the information contained in this report and attachments is true.

Signed , School Director

B6 - The School Director shall not cause or allow the Board to be uninformed or unsupported in its work.

Interpretation:

In the context of this policy, the School Director is responsible for ensuring that the Board has sufficient information to make Board decisions; logistical and administrative support is dealt with in policy B7 – Board Logistical Support.

Operational Definitions:

- a. The Board has fully defined this policy in the sub-policies below. Please look there for further definitions.

Data:

- a. See data for each sub-policy.

B6.1 The School Director will not submit monitoring reports that are untimely, inaccurate, or hard to understand.

Interpretation:

The School Director will submit monitoring reports to the Board according to the schedule defined in the Board Annual Calendar. These reports will be written in such a way that the Board can easily determine whether or not the School Director/School is following the policy. Board acceptance of these reports will indicate that the Board agrees the reports are **accurate and understandable**.

Operational Definitions:

- a. Compliance will be determined using the Monitoring Summary Table maintained by the Board Secretary for the D4 – Monitoring School Director Performance policy.

Data:

- a. See Monitoring Summary Table below.

Policy	Date
A - Ends Report/Strategic Plan	8/9/23
B-1 – Financial Condition and Activities (1 st Interim)	11/16/23
B-1 – Financial Condition and Activities (2 nd Interim)	3/23/23
B-2 – Planning and Financial Budgeting	10/26/23
B-3 – Asset Protection	11/16/23
B-4 – Treatment of Parents and Students	2/23/23
B-5 – Staff Treatment and Compensation	6/1/23
B-6 – Communication to the Board	1/5/23
B-7 – Board Logistical Support	1/5/23
B-8 – Emergency School Director Succession	1/5/23

B6.2 The School Director shall not report any actual or anticipated noncompliance with any policy of the Board in an untimely manner.

Interpretation:

The School Director is responsible for ensuring compliance with Board policies, as defined by School Director operational interpretations, at all times. The Board will be informed of any actual or anticipated noncompliance items in writing at the first Board meeting following the School Director's awareness of noncompliance.

Operational Definitions:

- a. The monthly update report will include notices of anticipated and actual non-compliance as needed.
- b. Regular monitoring reports will include notice of actual non-compliance as needed.
- c. In the case of a serious actual or anticipated non-compliant issue, the School Director will inform the Board President immediately.

Data:

- a. Non-compliance issues noted in monthly updates: None so far
- b. Non-compliance issues noted in regular monitoring reports

Date	Report/Section	Reason
3/23/23	B-4(e)	Non-Compliant - Students reported that vaping (14 comments) and bullying (11 comments) are among their biggest concerns. Our counselor Scott Mertz suggested we hold a "World Cafe" with all of the students to work on strategies to solve these problems. By giving them responsibility in solving the issues, they tend to have more buy-in in making it work. Scott would lead this activity which would take a whole Friday and would involve all the UC staff which is really important.
6/1/23	B-5(f)	Only 96% of staff have taken the mandatory trainings. We are allowing staff to use work time to complete their training.
6/1/23	B-5.4 (c)	Staff Survey Q52 below compliance benchmark. Non-compliant: Q 52 is still below the benchmark of 3.50 even though we adjusted the benefit cap for employees

		covering children and families. However, the score for prep time has increased from last year and is now compliant.
10/26/23	B-2.1(a)	We are projecting to be out of compliance for B1. NCSA's surplus is projected at a deficit of \$43,363 to be able to support a 4% COLA increase to salary schedules and to spend revenue that was received in 22/23, but will be spent in the 2023-24 school year.
11/16/23	B-3.a	All cash accounts (except petty cash) owned by Nevada City School of the Arts and Raven Springs LLC are held in financial institutions which are insured by the FDIC. No bank account will carry a balance over the FDIC insured amount. However, we did have over a million dollars in the bank for a period of time this year. We are asking for approval to open a savings account.

c. Serious non-compliance issues noted immediately to Board President:

- **None**

B6.3 The School Director shall not allow the Board to be unaware of relevant trends, public events of the school, or internal and external changes which may affect Board policy.

Interpretation:

The School Director is responsible for ensuring that the Board has all the information it needs in order to make good decisions. This information is primarily about long-term, big-picture or high-impact information rather than the day-to-day details. Examples of significant operational changes might include major shifts in enrollment, changes which materially affect staff/students, and community members' perception of the School. The School Director is responsible for providing enough notice of such possible operational changes both to ensure that the Board is informed and so that the Board has time to consider whether to weigh in with changes to Board policy.

Because the typical annual reporting schedule of an executive limitations policy does not always adequately meet the needs of the Board in receiving timely information, the School Director shall provide monthly communications to the Board in the form of an update report.

Operational Definitions:

- a. Regular monitoring reports will include historical and/or trend information when that information is available and possibly useful to the board.
- b. The School's annual plan (LCAP) or School Director monthly update report will include information about possible significant operational changes in advance of those changes.
- c. The School Director will provide a monthly written update report (FYI Report) in support of this B6 policy including:
 1. Relevant financial information.
 2. School level issues that help the board see the big picture.
 3. Public events (activities and gatherings both on and off premises) of a nature that may affect the perception of the School in the community.
 4. Internal and external changes like significant modifications to the normal pattern of school business.
 5. In the case of confidential matters, the School Director will report/counsel on these in Closed Session rather than in the written monthly report.
 6. In those cases when the Board needs to be informed about matters of a more urgent nature, the School Director will contact the Board President or the entire board directly.

Data:

- a. Monitoring reports containing historical and/or trend information:

B1—Financial Conditions	November 2023
B3—Asset Protection	November 2023

B4—Parents and Students	March 2023
B5— Staff Treatment	April 2023

- b. Submitted a new LCAP for the 21-24 school years in June of 2023.
- c. During the reporting period, the School Director submitted to the Board every month a written communication in support of the B6 policy. These reports included:
 - Financial performance
 - Actual performance compared to the budget.
 - Significant financial trends
 - School level issues (e.g., *legal updates, community concerns*) were reported.
 - Significant changes to the normal pattern of business (e.g., enrollment drop, attendance)
 - Progress toward meeting the Ends Policies
 - Closed Session (confidential) reports:

Meeting Date	Closed Session Topic
	None in the 22/23 school year

B6.4 The School Director will not withhold her opinion if she believes the Board is not in compliance with its own policies on Governance Process and Procedures, particularly in the case of Board behavior that is detrimental to the work relationship between the Board and the School Director.

Interpretation:

The School Director is obligated to inform the board if, in his or her opinion, the board is not acting in accordance with its board policies.

Operational Definitions:

- a. The School Director FYI report included in the monthly Board meeting packet will include, as needed, notes about the School Director's opinion concerning Board behavior.

Data:

- a. I have not seen any inappropriate or noteworthy action on the part of the board or individuals, but I do want to remind the board that you operate as a whole, not as separate individuals and as such, cannot speak for the school or guarantee parents that you alone can change something.

B6.5 The School Director shall not deal with the Board in a way that favors or privileges certain Board members over others except when responding to officers or committees duly charged by the Board.

Interpretation:

The School Director is responsible for helping the Board maintain its commitment to holism as expressed in Board policy D1 – Unity of Control. Only the Board as a whole has any authority, though the School Director can interact with any board member in any way as long as they do not give that board member any decision-making authority and as long as that board member does not receive any benefit that is not accorded to all board members.

Operational Definitions:

- a. Compliance determined by board members reporting to the School Director, or board president, who then informs the School Director, of an out of compliance situation.

Data:

- a. No out of compliance situations reported.

B6.6 The School Director shall not fail to supply for the Board's consent agenda all decisions delegated to the School Director yet required by law, regulation, or contract to be Board-approved.

Interpretation:

By using a consent agenda, the board “officially performs a ritual approval of actions for which it has already assigned authority to the [School Director]. Thus, the outside authority is obeyed, but governance and management are not compromised.” (“Boards Should Have Their Own Voice,” pg 140, in *John Carver on Board Leadership*.)

Operational Definitions:

- a. Each year, the School Director will provide all school policies for approval by the board, a requirement of law.
- b. Other items requiring board approval to satisfy the requirements of banks, insurance carriers, retirement plans, etc., will be presented to the board as needed.

Data:

- a. In January, the board's consent agenda will include approval of updated school policies. All policies were reviewed by the appropriate parties (lawyers, county office, nurse, etc.) prior to being submitted for the consent agenda. Copies of these will be presented to the board as part of the meeting packet and the log is placed in their binders.
- b. At no other time since the last report did the School Director make a decision that was required by law, regulation, or contract to be board approved.



Nevada City School of the Arts
School Director's Monitoring Report

Executive Limitations Policy: **B-7 Board Logistical Support**


Board of Directors Meeting: **December 14, 2023**

Policy: B7 –Board Logistical Support

Unless indicated otherwise all data in this report is for the 12-month period ending December 14, 2023

I certify that the information contained in this report and attachments is true.

I report compliance on all parts of this policy.

Signed , School Director

Attachments: None

B7. The School Director must not allow the Council to have inadequate logistical support.

Interpretation:

The School Director is responsible for providing administrative support to the Board so that directors can focus on their governance role rather than on all the administrative work that keeps any good team functioning. Maintaining support will be the responsibility of the School Director even if further delegation occurs.

Operational Definitions:

- a. The Board has fully defined this policy in the sub-policies below. Please look there for further definitions.

Data:

- a. See data for each sub-policy.

B7.1 The School Director will not provide the Board with insufficient staff administration to support governance activities and Board communication.

Interpretation:

The School Director is responsible for ensuring that one school employee is designated as a Board Administrator. Though this employee will serve the needs of the board, he or she will always be supervised solely by the School Director and may have other duties beyond board support.

Operational Definitions:

- a. One employee will act as Board Administrator.
- b. The Board President and Secretary will affirm that administrative support is sufficient.

Data:

- a. *Toni Holman* has served as the Board Administrator throughout this reporting period.
- b. Results of questionnaire given to Board President and Secretary on December 11, 2023. A “yes” response means that the work was done adequately; a “no” response means the work was not done adequately. Compliance is achieved when both president and secretary answer “yes” to all items.
- c.

Board Administrator job duties and responsibilities for “sufficient governance support”	Board Pres	Board Secretary
Administrative support provided to Board President and Secretary on Board related matters (including research and correspondence)	YES	YES
Materials coordinated and disseminated for the Board so it is prepared for meetings and retreats.	YES	YES
Draft meeting minutes provided	YES	YES
Logistics arranged for board meetings, retreats and Annual Meeting	YES	YES
Nominations and election process coordinated as directed.	YES	YES
Board calendar, task lists and other organizing tools maintained as needed	YES	YES
Information located and compiled for Board as requested	YES	YES
Reports and correspondence composed for Board as requested	YES	YES
Board records and archives maintained, including approved minutes, Bylaws and affected documents	YES	YES

Overall performance is supportive of Board activities	YES	YES
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B7.2 The School Director will not allow the Board to be without a workable mechanism for official board, officer or committee communications.

Interpretation:

The Board needs both a way to communicate internally (between directors) and externally (between the board and the members and/or community). A “workable mechanism” is easy to use and gets the job done. For internal communications, this policy refers to the distribution of the board meeting packet and a central and easily accessible storage area for those packets. For external communications, it refers to publishing board-approved articles.

Operational Definitions:

- The monthly board meeting packet will be available 4 days before each board meeting – hard copy at the secretary’s desk and online through the board page of the school’s website.
- Past meeting packets are available at the board web page.
- Board articles will be published in the Director’s Note, Canvas, and/or on the website when written or authorized by the board president.

Data:

- During this reporting period, all meeting packets were available 4 days before each meeting.
- The board area of the school’s Google Drive contains meeting packets dated September 8, 2006 (when the board began using electronic documents) through December 14, 2023
-

Director’s Note		WebSite	
Date	Subject	Date	Subject
Jan 3, 2023	Chair writes about Update of our work on the book What it means to be white - LH	Dec. 2022 - Dec. 15, 2023 meetings	Full packets posted on the web-site monthly 72 hours prior to meeting
June 5, 2023	End of the Year Message - LH		
November, 2023	DEI Update - Trisha		

B7.3 The School Director will not allow Board Members to be without an updated copy of the Policy Register and the Bylaws.

Interpretation:

No further interpretation.

Operational Definitions:

- a. New directors will receive access to a digital board notebook "Board Binder (CGC)" containing the current Policy Register and Bylaws.
- b. Revised policies are updated in the digital notebook following approval of the revision by the board.
- c. The most current Policy Register and Bylaws will be posted on the School website.

Data:

- a. and b Directors who joined the board this year

Director	1 st official meeting	Date of receipt of board notebook
Jaylee McGregor	8/9/2023	6/19/23 (Digital copy stored in Google Drive)
Jon Lefebvre	8/9/2023	6/19/23 (Digital copy stored in Google Drive)

- b. Updated policies provided in meeting packets

Policy	Revision Date
501. Injury and Illness Prevention Plan	2/16/23
County Supplied Uniform Complaint Procedure Williams Complaint Classroom Notice	4/20/23
301 Enrollment Policy	6/1/23
328 Discipline, Suspension and Expulsion Policy & Procedures 331 Student Attendance Review Board (SARB) Policy	8/17/23
328 Discipline, Suspension and Expulsion Policy & Procedures 331 Student Attendance Review Board (SARB) Policy	9/21/23
605 Comprehensive School Safety General Plan	11/16/23

- c. On the board page of the school's website you will find the Policy Register (rev. 9/28/17), the Bylaws (rev. 3/22/18) and the Ends Policies (rev. 9/28/17)

B7.4 The School Director will not provide inadequate information and notice to members concerning Board actions, meetings, activities and events.

Interpretation:

School members should have easy access, through multiple sources, to information about their elected board.

Operational Definitions:

- a. Names and contact information of all current directors will be posted on the board page of our website and Director's Note.
- b. Notice of all board meetings will be posted on the bulletin boards at LC & UC, the school calendar, and the website.
- c. A copy of the Policy Register will be kept in a "Governance Binder" at the Board Secretary's desk and on the web page.
- d. Copies of approved board meeting minutes will be kept in the Governance Binder and on the web page.
- e. The agenda for the upcoming board meeting will be posted on the web page and in the Governance Binder the same day the meeting packets are distributed to directors.
- f. Notice of board elections will be posted on the web page and in the Director's Sunday Note beginning 2 months before the election.

Data:

Most recent updates:

	Web Page	Bulletin Board	Newsletter	Governance Binder
a. Director names and contact information	6/14/23	6/14/23	NA	
b. Board Meeting Notice	perennial	perennial	perennial	NA
c. Policy Register	9/28/17	NA	NA	9/28/17
d. Approved Minutes	11/12/2023	NA	NA	11/12/23
e. Board Meeting Agenda	11/17/22	11/17/2021	NA	12/12/23 (Email)
f. Board Election Notice	None Provided	None Provided	No Openings	NA



Nevada City School of the Arts
School Director's Monitoring Report


Executive Limitations Policy: Policy: **B8–Emergency School Director Succession**

Charter Governance Council Meeting: **December, 2023**

I report compliance with all parts of this policy.

Unless indicated otherwise all data in this report is for the 12-month period ending December 14, 2023 and will be accurate as of that date.

I certify that the information contained in this report and attachments is true.

Signed , School Director

B8 -To protect the school from sudden loss of School Director services, the School Director must not have less than one other staff person sufficiently familiar with Council and School Director issues and processes to enable her/him to take over with reasonable proficiency as an interim successor.

Interpretation:

To mitigate the risk of disruption of operations that could arise should the School Director be unexpectedly unable to perform her duties, the School Director will designate and train primary successors who are familiar with School Director issues and the School Director/Board relationship, and who can keep the school running smoothly until the Board chooses another SD.

Operational Definitions:

- a. The School Director will identify interim Designated School Directors (DSD).
- b. The DSDs will receive training on basic School Director/Board functionality.
- c. The DSDs will attend at least two board meetings per year.
- d. The DSDs will participate in writing at least one monitoring report per year, beginning this year.
- e. The Assistant Principal will conduct at least one staff meeting per year in a leadership capacity.

Data:

- a. Angie Maxson and Melissa Brokenshire are my DSDs
- b. Training on School Director/Board functionality – DSDs prepared a written statement (last explaining they are prepared and ready to step in for me if needed). They will also participate in yearly Brown Act training (Scheduled for January).

c. Angie will attend the February-May meetings.

d. Monitoring reports which Angie participates in writing:

March	B4—Parent & Student Treatment
April	B5 – Staff Treatment

e. *Angie Maxson* attends all the TK-3 and 4-5 Team Meetings. Angie also helped prepare all the beginning of the year staff training.

Our long term plan has been disrupted. The person who we thought would take over, resigned. At this time I have no long term plan. I will retire in 3 years and suggest we post for my position in January of 2026 and have the new person work alongside me for the 26-27 school year so I could slowly phase out.

Nevada City School of the Arts | 2024-25 CALENDAR

4 Independence Day	JULY 2024 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	JANUARY 2025 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1-3 Winter Break 6 No School: Teacher Day 20 M.L. King Jr. Day 31 Last Day of 1 st Semester 18/1/4
15-20 No School: Teacher Day 21 First Day of School 8/4/4	AUGUST 2024 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	FEBRUARY 2025 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	3 No School: Teacher Day 17 Presidents /Frederick Douglass Birthday 18/1/4
2 Labor Day 27 No School: Teacher Day 19/1/3	SEPTEMBER 2024 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	MARCH 2025 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	11-13 Conferences 21 No School: Reserved ER Day 24-28 Spring Break 31 No School: Teacher Day 14/1/5
14 Indigenous Peoples Day 15-18 Fall Break 31 Halloween 18/0/3	OCTOBER 2024 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	APRIL 2025 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	22/0/4
1 No School: Teacher Day 5-7 Conferences 11 Veterans Day 27-29 November Break 16/1/6	NOVEMBER 2024 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	MAY 2025 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	2 No School: Teacher Day 15 Portfolio Night 21-22 Showcase 23 No School: Reserved ER Day 26 Memorial Day 19/1/3
23-31 Winter Break 15/0/3	DECEMBER 2024 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	JUNE 2025 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	10 Graduation 11 Last Day of School 12 Teacher Day (closing) 19 Juneteenth 8/1/3

*Emergency (ER) days are reserved for power outages and unforeseen school closure dates. They are used when needed.

175 Student Days | 11 Teacher Days | 42 Minimum Days | CGC approved:



CLASSROOM AND SCHOOL VOLUNTEER, VISITATION, AND REMOVAL POLICY

While Nevada City School of the Arts ("NCSOTA" or the "Charter School") encourages parents/guardians and interested members of the community to visit the Charter School and view the educational program, NCSOTA also endeavors to create a safe environment for students and staff. Additionally, parents volunteering in the classroom can be extremely helpful to our teachers and valuable to our students. We thank all parents for their willingness to volunteer in this manner.

Nevertheless, to ensure the safety of students and staff as well as to minimize interruption of the instructional program, the NCSOTA Board of Directors has established the following procedures, to facilitate volunteering and visitations during regular school days:

Volunteering

Parents or guardians who are interested in volunteering in the classroom must adhere to the following guidelines:

1. Volunteers who will volunteer outside of the direct supervision of a credentialed employee shall be (1) fingerprinted and (2) receive background clearance prior to volunteering without the direct supervision of a credentialed employee.
2. A volunteer shall also have on file with NCSOTA a certificate showing that, upon initial volunteer assignment, the person submitted to a tuberculosis risk assessment and, if tuberculosis risk factors were identified, was examined and found to be free of infectious tuberculosis. If no risk factors are identified, an examination is not required. At the discretion of the School Director, this paragraph shall not apply to a volunteer whose functions do not require frequent or prolonged contact with pupils.
3. Volunteering must be arranged with the classroom teacher and Director or designee, at least forty-eight (48) hours in advance.
- ~~4. A volunteer may not volunteer in the classroom for more than three (3) hours per month.~~
- 5.4. Prior to volunteering in the classroom, the volunteer should communicate with the teacher to discuss the expectations for volunteering needs. Classroom volunteers are there to benefit the entire class and are not in class solely for the benefit of their own child. Classroom volunteers must follow the instructions provided by the classroom teacher or aide. Classroom rules also apply to volunteers to ensure minimal distraction to the teacher. If a volunteer is uncomfortable following the direction of the teacher or aide the volunteer may leave their volunteer position for that day.
- 6.5. Information gained by volunteers regarding students (e.g. academic performance or behavior) is to be maintained in strict confidentiality. Volunteers must sign in



agreement that they have read and understand and agree to follow the Family Educational Rights and Privacy Act ("FERPA") Policy.

- ~~7.6.~~ Volunteers shall follow and be governed by all other guidelines indicated elsewhere in this Policy. This includes, but is not limited to, the process of registering and signing out of the campus at the main office as indicated below.
- ~~8.7.~~ Volunteerism by parents is encouraged but not mandatory.
- ~~9.8.~~ This Policy does not authorize NCSOTA to permit a parent/guardian to volunteer or visit the campus if doing so conflicts with a valid restraining order, protective order, or order for custody or visitation issued by a court of competent jurisdiction.

Visitation

1. Visits during school hours should first be arranged with the teacher and Director or designee, at least forty-eight (48) hours in advance. If a conference is desired, an appointment should be set with the teacher during non-instructional time, at least forty-eight (48) hours in advance. Parents/guardians seeking to visit a classroom during school hours must first obtain the approval of the classroom teacher and the Director or designee.
2. All visitors (including volunteers) shall register in the Visitors Log Book and complete a Visitor's Permit in the main office immediately upon entering any school building or grounds when during regular school hours. When registering, the visitor is required to provide his/her name, address, age (if under 21), his/her purpose for entering school grounds, and proof of identity.
3. If the visitor is a government officer/official (including but not limited to local law enforcement officers, immigration enforcement officers, social workers, district attorneys, or U.S. attorneys) the officer/official will also be asked to produce any documentation that authorizes school access. NCSOTA shall make reasonable efforts to notify parents or guardians prior to permitting a student to be interviewed or searched, consistent with the law and/or any court order, warrant or instructions from the officer/official. A copy of the documentation provided by the officer and notes from the encounter may be maintained by NCSOTA, consistent with the law. The NCSOTA Board of Directors and Bureau of Children's Justice in the California Department of Justice, at BCJ@doj.ca.gov, will be timely informed regarding any attempt by a law-enforcement officer to access a school site or a student for immigration-enforcement purposes, as recommended by the Attorney General.
4. For purposes of school safety and security, the Director or designee may design a visible means of identification for visitors while on school premises.
5. Except for unusual circumstances, approved by the Director, NCSOTA visits should not exceed approximately sixty (60) minutes in length and may not occur more than twice per semester.



6. While on campus, visitors are to enter and leave classrooms as quietly as possible, not converse with any student, teacher, or other instructional assistant unless permitted, and not interfere with any school activity. No electronic listening or recording device may be used in a classroom without the teacher's and Director's written permission.
7. Before leaving campus, the visitor shall return the Visitor's Permit and sign out of the Visitors Log Book in the main office.
8. The Director, or designee, may refuse to register a visitor or volunteer if it is believed that the presence of the visitor or volunteer would cause a threat of disruption or physical injury to teachers, other employees, or students.
9. The Director or designee may withdraw consent to be on campus even if the visitor has a right to be on campus whenever there is reason to believe that the person has willfully disrupted or is likely to disrupt NCSOTA's orderly operation. If consent is withdrawn by someone other than the Director, the Director may reinstate consent for the visitor if the Director believes that the person's presence will not constitute a disruption or substantial and material threat to NCSOTA's orderly operation. Consent can be withdrawn for up to fourteen (14) days.
10. The Director or designee may request that a visitor who has failed to register, or whose registration privileges have been denied or withdrawn, promptly leave school grounds. When a visitor is directed to leave, the Director or designee shall inform the visitor that if he/she reenters the school without following the posted requirements he/she will be guilty of a misdemeanor.
11. Any visitor who is denied registration or has his/her registration revoked may request a conference with the Director. The request shall be in writing, shall state why the denial or revocation was improper, shall give the address to which notice of conference is to be sent, and shall be delivered to the Director within fourteen (14) days of the denial or revocation of consent. The Director shall promptly mail a written notice of the date, time, and place of the conference to the person who requested the conference. A conference with the Director shall be held within seven (7) days after the Director receives the request. If no resolution can be agreed upon, the Director shall forward notice of the complaint to the NCSOTA Board of Directors. The NCSOTA Board of Directors shall address the Complaint at the next regular Board meeting and make a final determination.
12. At each entrance to the campus, signs shall be posted specifying the hours during which registration is required, ~~stating where the office of the Director or designee is located, and what route to take to that office, and setting forth the penalties for violation of this Policy.~~
13. The Director or designee shall seek the assistance of the police in managing or reporting any visitor in violation of this Policy.

Penalties



1. Pursuant to the California Penal Code, if a visitor does not leave after being asked or if the visitor returns without following the posted requirements after being directed to leave, he/she will be guilty of a crime as specified, which is punishable by a fine of up to \$500.00 (five hundred dollars) or imprisonment in the County jail for a period of up to six (6) months or both.
2. Under California Education Code section 44811, disruption by a parent, guardian or other person at a school or school sponsored activity is punishable, upon the first conviction, by a fine of no less than \$500.00 (five hundred dollars) and no more than \$1,000.00 (one thousand dollars) or by imprisonment in a County jail for no more than one (1) year, or both, the fine and imprisonment.
3. Disruptive conduct may lead to NCSOTA's pursuit of a restraining order against a visitor, which would prohibit him/her from coming onto school grounds or attending school activities for any purpose for a period of up to three (3) years.



SCHOOL SPONSORED FIELD TRIPS & CULTURAL EXCURSIONS POLICY

The Governance Council of Nevada City School of the Arts ("NCSOTA" or the "Charter School") recognizes and supports the concept of connecting our students with the broader community, both locally and globally, by providing field trips, cultural and art experiences, community service opportunities, and environmental education to fulfill NCSOTA's mission and philosophy. These activities help to promote tolerance, understanding, and acceptance of others, and enrich the educational experiences of the students, as well as meet NCSOTA's goal of creating passionate life-long learners.

The safety and security of our students is a primary priority when planning or participating in field trips or excursions. These activities will be carried out in an appropriate manner to maximize and ensure student safety and to minimize NCSOTA's legal liability and financial cost.

Definition

A field trip or excursion is defined as students leaving Charter School grounds to participate in school sponsored educational opportunities in connection with NCSOTA's course of study or school related social, educational, cultural, athletic, school band or other extracurricular or co-curricular activities.

Selection of Field Trips and Excursions

The teaching team will continue to research and provide enriching learning opportunities to share with their students both within the classroom and out in the broader community. The School Director shall have the authority to approve all in-state day ~~(non-overnight) and overnight~~ field trips and excursions. Requests for out of state ~~, or~~ out of country ~~or overnight~~ travel shall be brought before the Governance Council for approval. The School Director will initially receive all such requests and make a recommendation to the Board of Directors as to whether the request should be approved.

The School Director will ensure that the following items will be adhered to for all Charter School field trips and excursions:

- 1.) The proposed field trip or excursion relates to NCSOTA's educational objectives
- 2.) The correct ratio of adult to students is met for supervision of the activity
- 3.) Adequate restroom facilities, food and water will be available during the activity

The School Director shall not approve any activity that he/she considers to be inherently dangerous to students.

Permission Slips

Before a student can participate in a school-sponsored trip, the teacher shall obtain parent/guardian permission for the trip. Whenever a trip involves water activities, the parent/guardian shall provide specific permission for ~~his/her~~ their child to participate in the water activities. NCSOTA shall provide an alternative educational experience for students whose parents/guardians do not wish them to participate in a trip.



All persons making the field trip or excursion shall be deemed to have waived all claims against NCSOTA or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state-overnight field trips or excursions and all parents/guardians of students taking out-of-state field trips or excursions shall sign a statement waiving such claims.

Items that will be included on the permission slip are:

- 1.) An emergency phone number for the student
- 2.) Any medications the student is required to take with the time and dosage required
- 3.) Any medications the student is allergic to
- 4.) Any other medical information necessary to ensure the student's safety
- 5.) Waiver as described above

A copy of a completed and signed permission slip will be kept on NCSOTA site and one copy will be given to the teacher or teachers to take on the field trip or excursion.

Voluntary Participation

NCSOTA will provide alternative educational activities to those students who choose not to attend a specific field trip or excursion. Parents/guardians will have advance notice of any upcoming field trip or excursion and have the option to withdraw their permission for their child to attend that field trip or excursion.

Disciplinary Rules

Students are under the jurisdiction of NCSOTA Board at all times during the field trip or excursion and all Charter School disciplinary policies continue to be enforced during field trips and excursions. Charter School disciplinary policies are to be adhered to at all times. (e.g. Horseplay, practical jokes, harassment, taunting, rough play, aggressive or violent behavior, profanity, viewing of pornographic material, and use of alcohol and/or controlled substances during the field trip or excursion are strictly prohibited.)

Except as otherwise required by law, a student may be excluded from the trip if their presence poses a safety or disciplinary risk.

Defraying Expenses of Field Trips and Excursions

NCSOTA may charge a fee for field trips and excursions pursuant to section 35330 of the Education Code. However, NCSOTA will endeavor to keep the costs of any field trips affordable for all students' families. In no event will a student be prevented from participating in the field trip or excursion due to lack of sufficient funds. NCSOTA provides scholarships for any student who is not able to attend due to finances.

Supervision of Field Trips and Excursions

The teacher who coordinated the field trip will be present to supervise the field trip or excursion, except in unusual circumstances when a replacement teacher is assigned because of an unexpected unavailability. The School Director will be designated as the emergency contact for the group on the



field trip or excursion. Any injuries or unusual incidents occurring during the field trip or excursion will be documented in writing by the coordinating teacher and given to NCSOTA's School Director.

The School Director shall ensure that the field trips and excursions have an adequate number of adults attending to safely supervise the student attending the field trip or excursion.

A first aid kit shall be in the possession of or immediately available to a teacher, employee, or agent of the school during the student field trip or excursion. Whenever trips are conducted in areas known to be infested with poisonous snakes, the first aid kit taken on the trip shall contain medically accepted snakebite remedies. In addition, a teacher, employee, or agent of the school who has completed a first aid course which is certified by the American Red Cross and which emphasizes the treatment of snakebites shall participate in the trip.

Charter School employees or volunteers shall not consume alcohol or use controlled substances (except for medications taken under a physician's orders) while accompanying and supervising students on a field trip or excursion.

Accident Insurance

NCSOTA provides student accident insurance which covers medical expenses arising from student injuries on campus or while participating in a Charter School-sponsored off campus activity. The family's health insurance is primary, but if there is no health insurance, NCSOTA's Student Accident Insurance becomes primary. Information and applications for student accident insurance are available from the [School Director Business Office](#). The cost incurred by NCSOTA shall be covered by the pupil or his or her parent or guardian.

Parent or Guardian Participation in Field Trips and Excursions

As field trips and excursions are an integral part of NCSOTA learning experience, parents are encouraged to participate in an assisting role with students. The School Director or the coordinating teacher will provide parents and guardians with specific supervisory guidelines prior to any Charter School group trip involving students. Topics to be included are safety regulations, emergency responses, and responsibilities of the parent volunteers and language or behavior requirements of all attendees.

A participating parent or guardian will be assigned to a specific group of students to supervise and will be responsible for these students at all times during the field trip or excursion. Under no circumstances will a parent or guardian consume alcohol or use controlled substances (except for medications taken under a physician's orders) during a field trip or excursion. The parent or guardian will notify the coordinating teacher, in advance of the field trip or excursion, should he/she be under a physician's orders and using medications.

All adults taking ~~out-of-state~~ overnight field trips or excursions, and all parents or guardians of pupils taking ~~out-of-state~~ over night field trips or excursions are required to sign a statement waiving all claims against NCSOTA, its employees, and the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion.

Commented [1]: Changing this from out-of-state to overnight may change legal requirements.



Transportation

At all times during the field trip or excursion, teachers, staff and parents will use the safest mode of transportation and the safest and most direct routes of travel. If travel is not by bus, the legal occupancy limit of ten (10) occupants (including the driver) must not be exceeded, all speed notices must be strictly adhered to and students are to be seated with individual seatbelts at all times.

NCSOTA shall take reasonable precautions to ensure that all employees and volunteers who transport students are responsible and capable operators of the vehicles to be used and ensure compliance with NCSOTA Student Transportation Policy and Driver Requirements as follows:

Employee or volunteer drivers who offer to provide transportation for a field trip or excursion must provide a copy of the following:

- Proof of liability insurance for their vehicle with a minimum of \$100K/\$300K coverage
- A copy of their Driver's License and Vehicle Registration
- A written statement acknowledging that their insurance carrier is the primary agent responsible for insurance during the field trip or excursion
- A criminal background check conducted by the California Department of Justice ("DOJ"). Employees or volunteers whose DOJ report reveals a Driving Under the Influence conviction shall not be permitted to transport students or operate any vehicle on Charter School business for ten (10) years from the date of the conviction. Any employee or volunteer convicted of a felony shall not be permitted to transport Charter School students on Charter School business
- A Department of Motor Vehicles record. Employees or volunteers with driving records with two (2) points or more shall not be permitted to transport students or operate any vehicle for Charter School field trips and excursions

Each of these items will be provided to the School Director or coordinating teacher prior to driving on a field trip or excursion.

Under no circumstances shall students transport other students.

For the volunteer's safety and that of all the students in his/her car, the following rules apply:

- 1) All Charter School rules apply to students in the volunteer's car. Volunteer drivers are free to appropriately manage student behavior as necessary to maintain safety
- 2) All California driving laws must be followed including child restraint laws: no texting or distracted driving, hands-free phone use only
- 3) No movies may be shown in vehicles
- 4) No side trips allowed, including gasoline stops. Please be sure to have enough gas before leaving on the trip
- 5) Maps and directions from the teacher should be reviewed prior to leaving
- 6) No purchases for students should be made on the field trip including food or treats for students in the car
- 7) Call NCSOTA office immediately if there is a problem

Non-School-Sponsored Field Trips/Excursions

A non-school-sponsored field trip/excursion is defined as one that is organized and promoted by an outside organization whether or not it is of an educational value or is somehow connected to a



particular course of study. This includes trips that are organized by organizations that may be affiliated with NCSOTA (i.e. parent organizations, cultural groups, etc.):

- 1) Students who miss school will receive an unexcused absence
- 2) Teachers are not responsible for creating school work ahead of time
- 3) Students must make up missed academic work
- 4) NCSOTA has no responsibility to provide travel
- 5) Any employee of NCSOTA who attends a non-sponsored field trip/excursion does so voluntarily and is not acting as an employee of NCSOTA
- 6) If a non-sponsored field trip/excursion is promoted on Charter School property, all materials must clearly state that this is a non-sponsored school field trip/activity
- 7) No insurance coverage will be provided by NCSOTA
- 8) NCSOTA assumes no legal or financial responsibility for non-sanctioned field trips



PROMOTION AND RETENTION POLICY

I. Philosophy

The Nevada City School of the Arts ("NCSA" or the "Charter School") is committed to the success of each student. NCSA has adopted and follows a Student Success Team ("SST") Policy to establish and implement student achievement and intervention strategies in a timely manner. Despite the implementation of such strategies it may be necessary to retain a student in the prior grade level or promote a student above his or her grade level for the following school year. In implementing this policy, the NCSA Charter Governance Council ("Council") is guided by the following principles:

- 1) NCSA does not believe retention to be an effective means of academic intervention in education. Retention will only be utilized after an SST with the family has been held and all parties agree that it is in the best interest of the child socially as well as academically. 8th grade does have specific promotion requirements (See "Specific Grade Level Criteria for Promotion" Attached as Exhibit A).
- 2) For English Learners, retention cannot be based on the student's lack of English fluency as related to meeting English standards.
- 3) Decisions about retention or promotion will not be based on requests for a student to be placed with or avoid a specific teacher or other pupils.

II. Retention

A. Required Steps Preceding Retention Decision

Before retaining a student, NCSA will follow the following steps:

- 1) Parent(s)/Guardian(s) will receive notice of progress or lack of progress in target areas through mid-semester progress reports and semester report cards. Parents will be notified by the teacher of areas of academic concerns in parent teacher conferences or in writing on progress reports or semester report card. Student achievement will be determined "at risk" as defined by NCSA. NCSA will hold an SST meeting for any student determined to be "at risk".¹ Parent(s)/Guardian(s) will be invited to the SST meeting to discuss concerns and proposed interventions. Parent(s)/Guardian(s) will receive a copy of the SST meeting notes which will serve as notice of proposed interventions and student achievement strategies.
- 2) Research based interventions suggested at the SST meeting will be implemented and documented in an ongoing and consistent manner. A recommended interval of six (6) weeks of academic interventions should occur before the initial SST and the recommendation for retention.

¹ For students qualified under the Individuals with Disabilities Education Act ("IDEA"), any decisions regarding retention will be made by the Individualized Education Program ("IEP") team in an IEP meeting. For Students with a Section 504 Plan, any decisions will be made by the Section 504 team in a 504 meeting.



- 3) Following the above interventions, a teacher may make a recommendation for retention. Once made, Parent(s)/Guardian(s) will be invited to a conference with the teacher(s), Director, and other staff members as deemed necessary ("Retention Team"). Retention Team Conference invitation will be via telephone by teacher to the number Parent(s)/Guardian(s) provided to the Charter School, followed up by a written confirmation sent via US Mail to the address Parent(s)/Guardian(s) provided to the Charter School. Teacher will log all attempts to contact Parent(s)/Guardian(s). If after two (2) documented attempts to schedule a conference by phone, Parent(s)/Guardian(s) do not respond or attend the Retention Team Conference, the conference will be held without their presence.
- 4) The Retention Team Conference will include:
 - Review of previous SST notes;
 - Discussion of previous/current/ongoing interventions, review of intervention logs;
 - Review of current work and available assessments;
 - Development of a plan for support for the following academic year;
 - Determination of student's grade level for the following academic year; and
 - If the decision is to retain the Student, appropriate instruction and interventions are targeted for the following year so the student will be supported in meeting the standards the following year in the retained grade.
- 5) If there is disagreement among the Retention Team, the Director will make the determination based upon all information discussed at the meeting.
- 6) When a final decision is made, NCSA will send the Parent(s)/Guardian(s) notes from the meeting, a copy of this policy, and the decision of the Retention Team in writing within forty-eight (48) hours of the meeting at the address provided by Parent(s)/Guardian(s) to the Charter School via registered mail unless otherwise agreed to in writing.

B. Right to Appeal

If the Parent(s)/Guardian(s) disagree with the decision, they have the right to appeal to the NCSA Council.

- 1) Parent(s)/Guardian(s) choosing to appeal a decision to retain a student shall submit a completed Promotion or Retention Appeal Request Form (attached as Exhibit B) to the Director specifying the reasons why the decision should be overturned. The submission of the Retention Appeal Request Form must occur no later than ten (10) school days following the Parent(s)/Guardian(s) receipt of the determination of retention.
- 2) The Council shall review the appeal as well as the student's academic performance records on which the Retention Team relied. The Director shall be provided an



opportunity to state orally and/or in writing the criteria on which the Retention Team or Director's decision was based. The Parent(s)/Guardian(s) will also be given an opportunity to state orally and/or in writing their reason for appeal. The Appeal will be held in a closed session of the Council to maintain student confidentiality. The Council will prepare a written decision which summarizes findings and conclusions.

- 3) The Council shall notify the Parent(s)/Guardian(s) and Director of its decision in writing within seven (7) school days of the Appeal via registered mail at the address provided by Parent(s)/Guardian(s) to the Charter School unless otherwise agreed to in writing.
- 4) The Council's decision is final.

III. Promotion

A. Required Steps Preceding Promotion Decision

Before promoting a student, NCSA will follow the following steps:

- 1) If NCSA receives a promotion request from a student's Parent(s)/Guardian(s), NCSA will schedule and hold an SST meeting for Student.² Parent(s)/Guardian(s) will be invited to the SST meeting to discuss student progress on grade level benchmarks and other considerations/concerns for promotion. Parent(s)/Guardian(s) will receive a copy of the SST meeting notes which will serve as notice of proposed student achievement strategies (and interventions, where applicable).
- 2) If there is disagreement among the SST, the Director will make the determination whether to recommend the student for promotion based upon all information discussed at the meeting. The Director will send notice of this decision within forty-eight (48) hours of the meeting at the address provided by Parent(s)/Guardian(s) to the Charter School via registered mail unless otherwise agreed to in writing.

B. Right to Appeal

If the Parent(s)/Guardian(s) disagree with the decision, they have the right to appeal to the NCSA Council.

- 1) Parent(s)/Guardian(s) choosing to appeal a decision to promote a student shall submit a completed Promotion or Retention Appeal Request Form (attached as Exhibit B) to the Director specifying the reasons why the decision should be overturned. The submission of the Retention Appeal Request Form must occur no later than ten (10) school days following the Parent(s)/Guardian(s) receipt of the determination of promotion.

² For students qualified under the Individuals with Disabilities Education Act ("IDEA"), any decisions regarding promotion will be made by the Individualized Education Program ("IEP") team in an IEP meeting. For Students with a Section 504 Plan, any decisions will be made by the 504 team in a 504 meeting.



- 2) The Council shall review the appeal as well as the student's academic performance records on which the SST relied. The Director shall be provided an opportunity to state orally and/or in writing the criteria on which the SST or Director's decision was based. The Parent(s)/Guardian(s) will also be given an opportunity to state orally and/or in writing their reason for appeal. The Appeal will be held in a closed session of the Council to maintain student confidentiality. The Council will prepare a written decision which summarizes findings and conclusions.
- 3) The Council shall notify the Parent(s)/Guardian(s) and Director of its decision in writing within seven (7) school days of the Appeal via registered mail at the address provided by Parent(s)/Guardian(s) to the Charter School unless otherwise agreed in writing.
- 4) The Council's decision is final.



Exhibit A

Specific Grade Level Criteria for Retention or Promotion

These promotion requirements are for all middle school students beginning in the 6th grade.

To Be Promoted to the Next Grade:

- No incompletes in any classes including Electives.
- Students must have a 2.0 over all academic classes including art and movement.
- Students on IEP's/504's will be held to the same standard as all other students since their academics have already been accommodated per their IEP Goals.

If a student has less than a 2.0 average at quarter grades (conference time) a conference with the parents will be mandatory. If a student receives an IE (Insufficient Evidence) in any class at the semester's end, an Academic Contract will be signed by the teachers, parents and School Director.

Promotion Allowances

~~NCSA allows one social promotion during middle school.~~

8th Grade Only (in addition to the list above)

- Completion of 8th grade project and presentation at Graduation Ceremony
- Performance shall be ready to be performed two weeks prior to the ceremony
- Notify High School of non-graduating students.

All requirements must be met two weeks prior to graduation. If an 8th Grade student does not meet all requirements two weeks prior to graduation, they will not be allowed to finish the year with their class. They will be referred to the Non-Graduate Review at the High School, and they will not graduate nor be allowed to participate in the Graduation Ceremony or related activities. These requirements are subject to modification for students with 504 or IEP designations.

Any student not meeting requirements two weeks prior to the end of the semester may be excluded from the Artistic Showcase and field trips.

6th – 8th Graduation Expectations

Students on behavior contracts must successfully complete them. Students with excessive referrals or behavioral problems will be required to attend an SST (Student Success Team) meeting with their teachers prior to graduation.

6th – 8th Field Studies

Students with excessive behavioral issues must have an SST meeting with teachers before attending overnight field studies, and may have the privilege of attending revoked, ***or require a parent to attend.***

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Exhibit B

Promotion or Retention Appeal Request Form

Commented [1]: Holly's hand written note said "This should be before Grad Requirement". This does not make sense since this is an Exhibit and it is placed correctly and referenced on page 3 as "Exhibit B".

Date:

Name of Student:

Date of Birth:

Grade: _____

Appealing the decision for (please circle one): Retention Promotion

As outlined in the Nevada City School of the Arts ("NCSA") Promotion and Retention Policy, my child was recommended for retention/promotion by the NCSA Retention Team or promotion by the SST. I do not agree with this recommendation and wish to appeal this decision to the NCSA Governing Council.

Please explain your disagreement:

I am aware that this appeal must be made within ten (10) school days of my receipt of the recommendation to retain or promote my child and should be submitted to the Director. This appeal will go before the NCSA Council and it will make a final determination regarding retention or promotion.

Parent/Guardian Name

Parent/Guardian Signature

Date



**SUBMISSION AND APPROVAL PROCESS FOR PROPOSALS OF
PUBLIC ART TO BE ON DISPLAY ~~AT-ON~~ NCSA CAMPUS**

NCSA recognizes that many of our parents are artists and may be interested in creating art installations on our campus, both outside on the grounds, on the exterior of the buildings, or inside office space or classrooms.

Anyone with an idea for this type of project must follow the process and guidelines laid out below

1. A proposal must be submitted in writing to the School Director with a detailed description of the scope of the piece, the materials to be used, along with a sketch of how the piece would look upon completion. A suggestion of where the piece would be located can be included if this has been determined. The proposal must specify whether the artist is donating all materials and their time to create the piece or whether they are requesting reimbursement for materials.
2. The School Director will appoint a committee made of several people including parents, at least one art teacher, the arts coordinator, and any interested teachers or staff. The committee will meet as needed to review submissions and determine if they fit within the artistic, aesthetic, and creative spirit of NCSA.
3. Proposals that include working with students in some way, including them in the design or implementation of the project, are more desirable. Desirable proposals may also include working in collaboration with one or more of our art teachers on a project that relates to a piece of curriculum.
4. Any artwork that is given to NCSA for installation on our campus becomes the property of NCSA to modify, move, or remove at our discretion.



Nevada City School of the Arts

EMPLOYEE HANDBOOK

Lower Campus and Official Mailing Address:

13032 Bitney Springs Rd., Building 8, Nevada City, CA 95959
Phone: (530) 273-7736 * Fax: (530) 273-1378

Upper Campus:

13028 Bitney Springs Rd., Building 3, Nevada City, CA 95959
13026 Bitney Springs Rd., Building 2, Nevada City, CA 95959
Phone: (530) 273-7736 * Fax: (530) 273-1522

www.ncsota.org



ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE HANDBOOK

PLEASE READ THE EMPLOYEE HANDBOOK AND SUBMIT A SIGNED COPY OF THIS STATEMENT TO THE BUSINESS OFFICE.

EMPLOYEE NAME: _____

I ACKNOWLEDGE that I have received a copy of the Employee Handbook. I have read and understood the contents of the Handbook, and I agree to abide by its directions and procedures. I have been given the opportunity to ask any questions I might have about the policies in the Handbook. I understand that it is my responsibility to read and familiarize myself with the policies and procedures contained in the Handbook. I also understand that if I am ever unclear on any language, or policies in this Handbook, it is my responsibility to seek clarification from the School.

I understand that the statements contained in the Handbook are guidelines for employees concerning some of the School's policies and benefits, and are not intended to create any contractual or other legal obligations or to alter the at-will nature of my employment with the School. In the event I do have an employment contract which expressly alters the at-will relationship, I agree to the foregoing except with reference to an at-will employment status.

I understand that except for employment at-will status, any and all policies or practices can be changed at any time by the School.

I understand that other than the Charter Council of the School, no person has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the Charter Council has the authority to make any such agreement and then only in writing signed by the Charter Council President.

Employee's Signature: _____ Date: _____

**Please sign/date, tear out, and return to the School, and retain
this Handbook for your reference.**



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Appendix A - Harassment/Discrimination/Retaliation Complaint Form
Appendix B - Internal Complaint Form

WELCOME AND OVERVIEW

Introduction

Nevada City School of the Arts is very pleased to welcome you to our staff!

This Employee Handbook ("Handbook") was written for you, as an employee of the Nevada City School of the Arts ("NCSA," or the "School"). Employees are encouraged to read it carefully. It is designed to help employees become familiar with some of NCSA's policies and procedures, and describes in general the terms of our employment guidelines. Although this Handbook is not intended to be an exclusive or comprehensive policies and procedures manual, we hope that it will serve as a useful reference document to employees throughout their employment with us.

Each NCSA employee is expected to be familiar with these policies. Lack of knowledge concerning the contents of this Handbook will not excuse any employee from being held accountable for the information. It is the responsibility of each employee to become familiar with the contents of this Handbook and to behave in a manner consistent with NCSA policies.

If employees have any questions about their employment or the material covered in this Handbook, please bring questions to the attention of their supervisor or the School Business Manager.

Employees should understand, however, that this Handbook is not intended to be a contract (express or implied), nor is it intended to otherwise create any legally enforceable obligations on the part of the School or its employees. In no way does this Handbook replace any official plan documents (e.g., health insurance, retirement plan, or insurance contracts.), which will govern in all cases. This Handbook supersedes and replaces all previous personnel policies, practices, and guidelines.

Because NCSA is a growing and changing organization, the School reserves full discretion to add to, modify, or delete provisions of this Handbook, or the policies and procedures on which they may be based, at any time without advance notice. NCSA also reserves the right to interpret any of the provisions set forth in this Handbook in any manner it deems appropriate.

No individual other than the Board of Directors has the authority to enter into any employment or other agreement that modifies School policy any such modification *must* be in writing.

This Handbook is the property of the School, and it is intended for personal use and reference by employees of the School. Circulation of this Handbook outside of the School requires the prior written approval of the Director.

CONDITIONS OF EMPLOYMENT

Equal Employment Opportunity Is Our Policy

NCSA is an equal opportunity employer and makes employment decisions on the basis of merit. NCSA is committed to providing a work environment that is free of unlawful discrimination. This means it is our policy to afford equal employment and advancement opportunity to all qualified individuals without regard to

- Race (including traits historically associated with race, such as hair texture and hairstyle, including but not limited to braids, locks, and twists);
- Color;
- Gender (including gender identity, gender expression and transgender identity, whether or not the employee is transitioning or has transitioned);
- Sex (including reproductive health decision-making, pregnancy, childbirth, breastfeeding, and medical conditions related to such);
- Sex stereotype (including an assumption about a person's appearance or behavior, gender roles, gender expression, or gender identity, or about an individual's ability or inability to perform certain kinds of work based on a myth, social expectation, or generalization about the individual's sex);
- Religious creed (including religious dress and grooming practices);
- Marital/registered domestic partner status;
- Age (forty (40) and over);
- National origin or ancestry (including native language spoken and possession of a driver's license issued to persons unable to prove their presence in the U.S. is authorized by federal law);
- Physical or mental disability (including HIV and AIDS);
- Medical condition (including cancer and genetic characteristics);
- Taking of a leave of absence pursuant to the Family Medical Leave Act ("FMLA", Pregnancy Disability Leave ("PDL") law, Americans with Disabilities Act ("ADA"), California Family Rights Act ("CFRA"), the Fair Employment and Housing Act ("FEHA") or laws related to domestic violence, sexual assault and stalking;
- Genetic information;
- Sexual orientation;
- Military and veteran status; or
- Any other consideration made unlawful by federal, state, or local laws.

This policy extends to all job applicants and employees and to all aspects of the employment relationship, including the hiring of new employees and the training, transfer, promotion, discipline, termination, compensation and benefits of existing employees.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, the School will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result.

Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact the School Director or School Business Manager and request such an accommodation. The individual with the disability should specify what accommodation he or she needs in order to perform the job, or if unknown, what job duties the disability impairs. NCSA will then conduct an investigation to identify the barriers that interfere with the equal opportunity of the applicant or employee to perform the job. NCSA will identify possible accommodations, if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, the School will make the accommodation.

At-Will Employment

Except if stated expressly otherwise by employment contract, it is NCSA's policy that all employees are hired on an "at-will" basis. This means that either an employee or NCSA can terminate the employment relationship at any time, for any reason, with or without cause, and with or without advance notice.

Nothing contained in this Handbook, employment applications, School memoranda or any other materials provided to employees in connection with their employment, shall require the School to have "cause" to terminate an employee or otherwise restrict the School's right to release an employee from their at-will employment with the School. Statements of specific grounds for termination set forth in this Handbook or elsewhere are not all-inclusive and are not intended to restrict the School's right to terminate at-will. No School representative, other than the Charter Council or its designee is authorized to modify this policy for any employee or to make any representations to employees or applicants concerning the terms or conditions of employment with the School that are not consistent with the School's policy regarding "at-will" employment.

This policy shall not be modified by any statements contained in this Handbook or employee applications, School memoranda, or any other materials provided to employees in connection with their employment. Further, none of those documents, whether singly or combined, or any employment practices shall create an express or implied contract of employment for a definite period, nor an express or implied contract concerning any terms or conditions of employment.

Criminal Background Checks

As required by law, all individuals working or volunteering at the School will be required to submit to a criminal background investigation. No condition or activity will be permitted that may compromise the School's commitment to the safety and the well-being of students taking precedence over all other considerations. Conditions that preclude working at the School include conviction of a controlled substance or sex offense, or a serious or violent felony. Similarly, convictions involving crimes of moral turpitude (e.g., fraud), child abuse or neglect, violence, or any offense which may make the employee unsuitable/undesirable to work around students may also serve as a bar to employment at the School. Additionally, should an employee be arrested for, charged with, or convicted of any offense during his/her employment with the School, the employee must immediately report as much to the Director.

Tuberculosis Testing

All employees of the School must submit written proof from a health care provider of a risk assessment examination for tuberculosis (TB) within the last sixty (60) days. If TB risk factors are identified, a physician must conduct an examination to determine whether the employee is free of infectious TB. The examination for TB consists of an approved TB test, which, if positive, will be followed by an x-ray of the lungs, or in the absence of skin testing, an x-ray of the lungs. All employees will be required to undergo TB risk assessments and, if risk factors are found, the examination at least once every four (4) years. Volunteers may be required to undergo a TB examination as necessary. The TB risk assessment and, if indicated, the examination is a condition of initial employment with the School and the cost of the exam will be borne by the applicant.

Food handlers may be required to have annual TB exams. Documentation of employee and volunteer compliance with TB risk assessments and examinations will be kept on file in the office. This requirement also includes contract food handlers, substitute teachers, and student teachers serving under the supervision of an educator. Any entity providing student services to the School will be contractually required to ensure that all contract workers have had TB testing that shows them to be free of active TB prior to conducting work with School students.

Child Abuse and Neglect Reporting

California Penal Code section 11166 requires any teacher or child care custodian who has knowledge of, or observes, a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately, or as soon as practically possible, by telephone and to prepare and send a written report thereof within thirty-six (36) hours of receiving the information concerning the incident.

NCSA will provide annual training on the mandated reporting requirements, using the online training module provided by the State Department of Social Services, to employees who are mandated reporters. Mandated reporter training will also be provided to employees hired during the course of the school year. This training will include information that failure to report an incident of known or reasonably suspected child abuse or neglect, as required by Penal Code section 11166, is a misdemeanor punishable by up to six (6) months confinement in a county jail, or by a fine of one-thousand dollars (\$1,000), or by both that imprisonment and fine.

All employees required to receive mandated reporter training must provide proof of completing the training within the first six (6) weeks of each school year or within the first six (6) weeks of that employee's employment.

Employees who have any questions about these reporting requirements should contact Human Resources.

By acknowledging receipt of this Handbook, employees acknowledge they are child care custodians and are certifying that they have knowledge of California Penal Code section 11166 and will comply with its provisions

Immigration Compliance

NCSA will comply with applicable immigration law, including the Immigration Reform and Control Act of 1986 and the Immigration Act of 1990. As a condition of employment, every individual must provide satisfactory evidence of his or her identity and legal authority to work in the United States. However, NCSA will not check the employment authorization status of current employees or applicants who were not offered positions with the School unless required to do so by law.

The School shall not discharge an employee or in any manner discriminate, retaliate, or take any adverse action (e.g., threatening to report the suspected citizenship or immigration status of an employee or a member of the employee's family) against any employee or applicant for employment because the employee or applicant exercised a right protected under applicable law. Further, the School shall not discriminate against any individual because he or she holds or presents a driver's license issued per Vehicle Code § 12801.9 to persons who have not established their federally-authorized presence in the United States. Finally, in compliance with the Immigrant Worker Protection Act, the School shall not allow a federal immigration enforcement agent to enter any nonpublic areas of the School without a judicial warrant, or voluntarily give consent to an agent to access, review or obtain employee records without a subpoena or judicial warrant. If a search of employee records is authorized by a valid subpoena or judicial warrant, the School will give employees notice of the inspection both before and after it has occurred as required by law.

Professional Boundaries: Staff/Student Interaction Policy

NCSA recognizes its responsibility to make and enforce all rules and regulations governing student and employee behavior to bring about the safest and most learning-conducive environment possible.

Corporal Punishment

Corporal punishment shall not be used as a disciplinary measure against any student. Corporal punishment includes the willful infliction of, or willfully causing the infliction of, physical pain on a student.

For purposes of this policy, corporal punishment does not include an employee's use of force that is reasonable and necessary to protect the employee, students, staff or other persons or to prevent damage to property.

For clarification purposes, the following examples are offered for direction and guidance of School personnel:

A. Examples of PERMITTED actions (NOT corporal punishment)

1. Stopping a student from fighting with another student;
2. Preventing a pupil from committing an act of vandalism;
3. Defending yourself from physical injury or assault by a student;
4. Forcing a pupil to give up a weapon or dangerous object;
5. Requiring an athletic team to participate in strenuous physical training activities designed to strengthen or condition team members or improve their coordination, agility, or physical skills;

6. Engaging in group calisthenics, team drills, or other physical education or voluntary recreational activities.
- B. Examples of PROHIBITED actions (corporal punishment)
1. Hitting, shoving, pushing, or physically restraining a student as a means of control;
 2. Making unruly students do push-ups, run laps, or perform other physical acts that cause pain or discomfort as a form of punishment;
 3. Paddling, swatting, slapping, grabbing, pinching, kicking, or otherwise causing physical pain.

Acceptable and Unacceptable Staff/Student Behavior

This policy is intended to guide all School faculty and staff in conducting themselves in a way that reflects the high standards of behavior and professionalism required of school employees and to specify the boundaries between students and staff.

Although this policy gives specific, clear direction, it is each staff member's obligation to avoid situations that could prompt suspicion by parents, students, colleagues, or school leaders. One viable standard that can be quickly applied, when employees are unsure if certain conduct is acceptable, is to ask themselves, "Would I be engaged in this conduct if my family or colleagues were standing next to me?"

For the purposes of this policy, the term "boundaries" is defined as acceptable professional behavior by staff members while interacting with a student. Trespassing the boundaries of a student/teacher relationship is deemed an abuse of power and a betrayal of public trust.

Some activities may seem innocent from a staff member's perspective, but can be perceived as flirtation or sexual insinuation from a student or parent point of view. The objective of the following lists of acceptable and unacceptable behaviors is not to restrain innocent, positive relationships between staff and students, but to prevent relationships that could lead to, or may be perceived as, sexual misconduct.

Staff must understand their own responsibility for ensuring that they do not cross the boundaries as written in this policy. Disagreeing with the wording or intent of the established boundaries will be considered irrelevant for disciplinary purposes. Thus, it is crucial that all employees learn this policy thoroughly and apply the lists of acceptable and unacceptable behaviors to their daily activities. Although sincere, competent interaction with students certainly fosters learning, student/staff interactions must have boundaries surrounding potential activities, locations and intentions.

Duty to Report Suspected Misconduct

When any employee reasonably suspects or believes that another staff member may have crossed the boundaries specified in this policy, he or she must immediately report the matter to a school administrator. All reports shall be as confidential as possible under the circumstances. It is the duty of the administrator to investigate and thoroughly report the situation. Employees must also report

to the administration any awareness or concern of student behavior that crosses boundaries or where a student appears to be at risk for sexual abuse.

Examples of Specific Behaviors

The following examples are not an exhaustive list:

Unacceptable Staff/Student Behaviors (Violations of this Policy)

- (a) Giving gifts to an individual student that are of a personal and intimate nature.
- (b) Kissing of any kind.
- (c) Any type of unnecessary physical contact with a student in a private situation.
- (d) Intentionally being alone with a student away from the school.
- (e) Making or participating in sexually inappropriate comments.
- (f) Sexual jokes.
- (g) Seeking emotional involvement with a student for the employee's benefit.
- (h) Listening to or telling stories that are sexually oriented.
- (i) Discussing inappropriate personal troubles or intimate issues with a student in an attempt to gain their support and understanding.
- (j) Becoming involved with a student so that a reasonable person may suspect inappropriate behavior.

Unacceptable Staff/Student Behaviors without Parent and Supervisor Permission

(These behaviors should only be exercised when a staff member has parent and supervisor permission.)

- (a) Giving students a ride to/from school or school activities.
- (b) Being alone in a room with a student at school with the door closed.
- (c) Allowing students in the employee's home.

Cautionary Staff/Student Behaviors

(These behaviors should only be exercised when a reasonable and prudent person, acting as an educator, is prevented from using a better practice or behavior. Staff members should inform their supervisor of the circumstance and occurrence prior to or immediately after the occurrence)

- (a) Remarks about the physical attributes or development of anyone.
- (b) Excessive attention toward a particular student.
- (c) Sending emails, text messages or letters to students if the content is not about school activities.

Acceptable and Recommended Staff/Student Behaviors

- (a) Getting parents' written consent for any after-school activity.
- (b) Obtaining formal approval to take students off school property for activities such as field trips or competitions.

- (c) Emails, text, phone and instant messages to students must be very professional and pertaining to school activities or classes (Communication should be limited to school technology).
- (d) Keeping the door open when alone with a student.
- (e) Keeping reasonable space between the employee and their students.
- (f) Stopping and correcting students if they cross the employee's own personal boundaries.
- (g) Keeping parents informed when a significant issue develops about a student.
- (h) Keeping after-class discussions with a student professional and brief.
- (i) Asking for advice from fellow staff or administrators if the employee finds themselves in a difficult situation related to boundaries.
- (j) Involving their supervisor if conflict arises with the student.
- (k) Informing the Director about situations that have the potential to become more severe.
- (l) Making detailed notes about an incident that could evolve into a more serious situation later.
- (m) Recognizing the responsibility to stop unacceptable behavior of students or coworkers.
- (n) Asking another staff member to be present if the employee will be alone with any type of special needs student.
- (o) Asking another staff member to be present when the employee must be alone with a student after regular school hours.
- (p) Giving students praise and recognition without touching them.
- (q) Pats on the back, high fives and handshakes are acceptable.
- (r) Keeping professional conduct a high priority.
- (s) Asking if the employee's actions are worth their job and career.

Policy Prohibiting Unlawful Harassment, Discrimination and Retaliation

NCSA is committed to providing a work and educational atmosphere that is free of unlawful harassment, discrimination, and retaliation. NCSA's policy prohibits unlawful harassment, discrimination, and retaliation based upon: race (including traits historically associated with race, such as hair texture and hairstyle, including but not limited to braids, locks, and twists); color; gender (including gender identity, gender expression and transgender identity, whether or not the employee is transitioning or has transitioned); sex (including reproductive health decision-making, pregnancy, childbirth, breastfeeding, and related medical conditions); sex stereotype (including an assumption about a person's appearance or behavior, gender roles, gender expression, or gender identity, or about an individual's ability or inability to perform certain kinds of work based on a myth, social expectation, or generalization about the individual's sex); religious creed (including religious dress and grooming practices); marital/registered domestic partner status; age (forty (40) and over); national origin or ancestry (including native language spoken and possession of a driver's license issued to persons unable to prove their presence in the U.S. is authorized by federal law); physical or mental disability (including HIV and AIDS); medical condition (including cancer and genetic characteristics); taking a leave of absence authorized by law; genetic information; sexual orientation; military and veteran status; or any other consideration made unlawful by federal, state, or local laws.

Employees, volunteers, unpaid interns, individuals in apprenticeship programs, and independent contractors shall not be harassed, or discriminated or retaliated against, based upon the characteristics noted above.

NCSA does not condone and will not tolerate unlawful harassment, discrimination, or retaliation on the part of any employee (including supervisors and managers) or third party (including independent contractors or other person with which the School does business). Supervisors and managers are to report any complaints of unlawful harassment to the Director or designee.

When NCSA receives allegations of unlawful harassment, discrimination, or retaliation, the Charter Council (if a complaint is about the Director) or the Director or designee will conduct a fair, timely and thorough investigation that provides all parties an appropriate process and reaches reasonable conclusions based on the evidence collected. The investigation will be handled in as confidential a manner as possible, although complete confidentiality cannot be guaranteed. Complainants and witnesses shall not be subject to retaliation for making complaints in good faith or participating in an investigation. NCSA is committed to remediating any instances where investigation findings demonstrate unlawful harassment, discrimination, or retaliation has occurred.

Prohibited Unlawful Harassment

- Verbal conduct such as epithets, derogatory jokes or comments or slurs;
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement, or interfering with work because of sex, race or any other protected basis;
- Retaliation for reporting or threatening to report harassment; or
- Disparate treatment based on any of the protected classes above.

Prohibited Unlawful Sexual Harassment

NCSA is committed to providing a workplace free of sexual harassment and considers such harassment to be a major offense, which may result in disciplinary action, up to, and including dismissal, of the offending employee.

Sexual harassment consists of sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature, regardless of whether or not the conduct is motivated by sexual desire, when: (1) submission to the conduct is either made explicitly or implicitly a term or condition of an individual's employment; (2) an employment decision is based upon an individual's acceptance or rejection of that conduct; and/or (3) that conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment.

It is also unlawful to retaliate in any way against an employee who has articulated a good faith concern about sexual harassment against him or her or against another individual.

All supervisors of staff will receive two (2) hours of sexual harassment prevention training within six (6) months of hire or their assumption of a supervisory position and every two (2) years thereafter. All other employees will receive one (1) hour of sexual harassment prevention training within six (6) months of hire and every two (2) years thereafter. Such training will address all legally required topics, including information about the negative effects that abusive conduct has on both the victim

of the conduct and others in the workplace, as well as methods to prevent abusive conduct undertaken with malice a reasonable person would find hostile, offensive, and unrelated to an employer's legitimate business interests. Abusive conduct includes but is not limited to repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, and epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the gratuitous sabotage or undermining of a person's work performance. Supervisors shall also be trained on how to appropriately respond when the supervisor becomes aware that an employee is the target of unlawful harassment. Other staff will receive sexual harassment prevention training as required by law.

Each employee has the responsibility to maintain a workplace free from any form of sexual harassment. Consequently, should any individual, in particular those with supervisory responsibilities, become aware of any conduct that may constitute sexual harassment or other prohibited behavior, immediate action should be taken to address such conduct. Any employee who believes they have been sexually harassed or has witnessed sexual harassment is encouraged to immediately report such harassment to the Director. See Appendix A for the "Harassment/Discrimination/Retaliation Complaint Form." See Appendix B for the general "Internal Complaint Form."

Sexual harassment may include, but is not limited to:

- Physical assaults of a sexual nature, such as:
 - Rape, sexual battery, molestation or attempts to commit these assaults and
 - Intentional physical conduct that is sexual in nature, such as touching, pinching, patting, grabbing, brushing against another's body, or poking another's body.
- Unwanted sexual advances, propositions or other sexual comments, such as:
 - Sexually oriented gestures, notices, remarks, jokes, or comments about a person's sexuality or sexual experience.
 - Preferential treatment or promises of preferential treatment to an employee for submitting to sexual conduct, including soliciting or attempting to solicit any employee to engage in sexual activity for compensation or reward or disparate treatment for rejecting sexual conduct.
 - Subjecting or threats of subjecting an employee to unwelcome sexual attention or conduct or intentionally making performance of the employee's job more difficult because of the employee's sex.
- Sexual or discriminatory displays or publications anywhere at the workplace by employees, such as:
 - Displaying pictures, cartoons, posters, calendars, graffiti, objections, promotional materials, reading materials, or other materials that are sexually suggestive, sexually demeaning or pornographic or bringing to work or possessing any such material to read, display or view at work;
 - Reading publicly or otherwise publicizing in the work environment materials that are in any way sexually revealing, sexually suggestive, sexually demeaning or pornographic; and
 - Displaying signs or other materials purporting to segregate an employee by sex in an area of the workplace (other than restrooms or similar rooms).

The illustrations of harassment and sexual harassment above are not to be construed as an all-inclusive list of prohibited acts under this policy. Moreover, please note that while in most situations a personal relationship is a private matter, these relationships are not appropriate in a professional setting, particularly where one of the parties has management or supervisory responsibilities. As such, consensual relationships in the workplace may violate NCSA policy.

Whistleblower Policy

NCSA requires its directors, officers, employees, and volunteers to observe high standards of ethics in the conduct of their duties and responsibilities within the School. As representatives of the School, such individuals must practice honesty and integrity in fulfilling all responsibilities and must comply with all applicable laws and regulations. The purpose of this policy is to create an ethical and open work environment, to ensure that the School has a governance and accountability structure that supports its mission, and to encourage and enable directors, officers, employees, and volunteers of the School to raise serious concerns about the occurrence of illegal or unethical actions within the School before turning to outside parties for resolution.

All directors, officers, employees, and volunteers of the School have a responsibility to report any action or suspected action taken within the School that is illegal, unethical or violates any adopted policy of the School, or local rule or regulation. Anyone reporting a violation must act in good faith, without malice to the School or any individual at the School, and have reasonable grounds for believing that the information shared in the report indicates that a violation has occurred. A person who makes a report does not have to prove that a violation has occurred. However, any report which the reporter has made maliciously or any report which the reporter has good reason to believe is false will be viewed as a serious disciplinary offense. No one who in good faith reports a violation, or who in good faith cooperates in the investigation of a violation, shall suffer harassment, retaliation, or adverse employment action. Further, no one who in good faith discloses, who may disclose, or who the School believes disclosed or may disclose, information regarding alleged violations to a person with authority over the employee or another employee who had responsibility for investigating, discovering or correcting the purported violation shall suffer harassment, retaliation, or adverse employment action.

Drug-Free and Alcohol-Free Workplace

NCSA is committed to providing a drug and alcohol-free workplace and to promoting safety in the workplace, employee health and well-being, stakeholder confidence and a work environment that is conducive to attaining high work standards. The use of drugs and alcohol by employees, whether on or off the job, jeopardizes these goals, since it adversely affects health and safety, security, productivity, and public confidence and trust. Drug or alcohol use in the workplace or during the performance of job duties is extremely harmful to employees and to other NCSA stakeholders.

The bringing to the workplace, possession or use of intoxicating beverages or drugs on any School premises or during the performance of work duties is prohibited and will result in disciplinary action up to and including termination.

This policy will not be construed to prohibit the use of alcohol at social or business functions sponsored by the School where alcohol is served or while entertaining clients and prospective clients of the School. However, employees must remember their obligation to conduct themselves appropriately at all times while at School-sponsored functions or while representing the School.

Confidential Information

All information relating to students, personal information, schools attended, addresses, contact numbers and progress information is confidential in nature, and may not be shared with or distributed to unauthorized parties. All records concerning special education pupils shall be kept strictly confidential and maintained in separate files. Failure to maintain confidentiality may result in disciplinary action, up to and including release from at-will employment.

Conflict of Interest

All NCSA directors, officers, and employees are expected to avoid situations involving actual or potential conflicts of interest. An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in personal gain for that employee or for a relative as a result of NCSA's business dealings. Personal or romantic involvement with a third party doing business with NCSA that impairs an employee's ability to exercise good judgment on behalf of NCSA creates an actual or potential conflict of interest. Personal gain might include an employee or relative receiving a kickback, bribe, substantial gift, gratuity, or special consideration as a result of business dealings with NCSA.

Supervisor/subordinate romantic or personal relationships may also create a conflict of interest, affect an employee's ability to exercise good judgment on behalf of NCSA, and may put NCSA at risk for lawsuits.

All employees must avoid situations involving actual or potential conflict of interest. An employee involved in any relationships or situations which may constitute a conflict of interest should immediately and fully disclose the relevant circumstances to the School Director, or the Charter Council, for a determination about whether a potential or actual conflict exists. If an actual or potential conflict is determined, NCSA may take whatever corrective action appears appropriate according to the circumstances. Failure to disclose facts shall constitute grounds for disciplinary action.

Employees who are also Charter Council members must also follow the Council Conflict of Interest Policy.

Smoking

The NCSA facility is a no smoking facility.

THE WORKPLACE

Work Schedule

NCSA's business hours are normally 8:00 a.m. – 4:00 p.m. Monday through Friday.

The regular workday schedule for nonexempt employees is eight (8) hours; the regular workweek is forty (40) hours, as defined in their employment agreement or as provided by their supervisor, subject to time off and leave provisions as set forth in this Handbook. Exempt employees are also generally expected to be present during business hours and to commit whatever additional time is necessary to satisfactorily complete all job requirements.

Job Duties

The Employees supervisor will explain their job responsibilities and the performance standards expected of the employee. Be aware that job responsibilities may change at any time during the employee's employment. From time to time, employee may be asked to work on special projects or to assist with other work necessary or important to the operation of the employee's department or the School. The employee's cooperation and assistance in performing such additional work is expected.

The School reserves the right, at any time, with or without notice, to transfer, demote, suspend, administer discipline, change job responsibilities, and change the terms and conditions of employment at its sole discretion.

Meal and Rest Periods

Nonexempt employees working at least five (5) hours are provided with a thirty (30) minute meal period, to be taken approximately in the middle of the workday but by no later than the end of the 5th hour of work. An employee may waive this meal period if the day's work will be completed in no more than six (6) hours, provided the employee and NCSA mutually consent to the waiver in writing.

Nonexempt employees are also provided with a ten (10) minute rest period for every four (4) hours worked which should be scheduled towards the middle of the four (4) hour work period as practicable.

Although NCSA has policies in place to ensure that rest and meal periods are provided as required by law, each employee is ultimately responsible to ensure that their rest and meal periods are actually taken. An employee's failure to take rest and meal periods in accordance with this policy may be grounds for disciplinary action.

Employees are prohibited from combining meal and rest period time. An employee's supervisor must be aware of and approve scheduled meal and rest periods. Employees must immediately inform their supervisor if they are prevented from taking their meal and/or rest periods. Employees are expected to observe assigned working hours and the time allowed for meal and rest periods.

Lactation Accommodation

NCSA accommodates lactating employees by providing a reasonable amount of break time to any employee who desires to express breast milk for an infant child. The break time shall, if possible, run concurrently with any break time already provided to the employee. Any break time provided to express breast milk that does not run concurrently with break time already provided to the nonexempt employee shall be unpaid.

NCSA will make reasonable efforts to provide employees who need a lactation accommodation with the use of a room or other private location that is located close to the employee's work area. Such room/location shall not be a bathroom and shall have electricity. Employees shall also be given access to a sink with running water and a refrigerator. Employees with private offices will be required to use their offices to express breast milk. Employees who desire lactation accommodations should contact their supervisor to request accommodations.

Attendance and Tardiness

All employees, whether exempt or nonexempt, are expected to arrive at work consistently and on time. Absenteeism and tardiness negatively affects the School's ability to implement its educational program and disrupts consistency in students' learning.

If it is necessary to be absent or late, employees are expected to telephone the School office or their direct supervisor as soon as possible, but no later than one and one-half (1½) hour before the start of the workday. If an employee is absent from work longer than one (1) day, he or she is expected to keep the Director sufficiently informed of the situation. For planned absences, employees must submit a completed Time-off Request Form to their direct supervisor for approval prior to taking the requested time off.

Certificated employees are also expected to assist School office personnel, when possible, with securing substitute teachers on short notice.

If the School may be closed due to weather or other circumstances, it is each employee's responsibility to call their supervisor to confirm whether they are expected to report to work as scheduled.

As noted in the section of this Handbook concerning prohibited conduct, excessive or unexcused absences or tardiness may result in disciplinary action, up to and including release from at-will employment with the School. Excessive tardiness is defined as more than four (4) occurrences. Excessive absenteeism is defined as more than three (3) occurrences in a rolling three (3)-month period. Absence for more than three (3) consecutive days without notifying a direct supervisor may be considered a voluntary resignation from employment.

If an absence is protected by law, it will not be counted as a violation of NCSA's attendance policy. NCSA may require a doctor's certification when an employee returns to work following an illness.

Use of NCSA Email, Voicemail, and Internet Access

NCSA email, voicemail and internet systems are the property of the School. They are provided by the School for the purpose of conducting School-related business as well as other business that is approved by the School. All communications and information transmitted by, received from, or stored in these systems are School records and the property of the School. **As a result, employees have no reasonable expectation of privacy in these systems.**

As an NCSA employee, use of School electronic mail (email), voicemail systems and Internet access is subject to the following limitations:

1. Personal use should be minimized, must not be allowed to interfere with timely job performance, and must always be consistent with law and professional standards.
2. The NCSA email and voicemail systems and Internet access are not to be used in any way that may be discriminating, harassing, disruptive, or obscene. For example, sexually explicit images, ethnic slurs, racial epithets, or anything else that may be construed as harassment or disparagement of others based on their race, creed, color, gender, gender identity, religion, national origin, ancestry, sex, sexual orientation, age, physical or mental disability, marital status, citizenship status, medical condition including genetic characteristics, veteran status or any other legally protected status may not be displayed or transmitted.
3. Brief and occasional personal use of the NCSA email system and Internet access is acceptable as long as it: (a) is not excessive or inappropriate, (b) occurs during personal time (lunch or other breaks), and (c) does not result in expense or harm to NCSA or otherwise violate other provisions in this Handbook. Employees are prohibited from personal use of email or internet access during school hours when students are present.
4. Employees should not use personal devices or email accounts for School-related communications. Such communications should only take place using School-issued devices and via the employee's NCSA email account.
5. Employees should not attempt to gain access to another employee's NCSA email or voicemail messages without the latter's express permission.
6. NCSA retains the right to have access to, and keep a copy of, all computer passwords. NCSA reserves the right to keep a record of all usernames and password codes. NCSA may override personal passwords at any time for any reason. System security features, including passwords and delete functions, do not impair NCSA's ability to access any message at any time. Employees must be aware that the possibility of such access always exists.

No employee may install or use anonymous email transmission programs or encryption of email communications.

Employees who misuse electronic communications, media and the Internet and engage in defamation, copyright or trademark infringement, misappropriation of trade secrets,

discrimination, harassment, disrespectful treatment of others or related actions will be subject to discipline and/or immediate termination.

All electronic communications and information created by NCSA employees while conducting NCSA business, including all software, databases, hardware, and digital files remain the sole property of NCSA. The use of personal passwords does not affect NCSA's ownership of the electronic information.

NCSA reserves the right to monitor, access and review electronic files, voice mail, messages, mail, Internet history, email, and other digital archives as necessary to ensure that no misuse or violation of NCSA policy occurs. NCSA further reserves the right to conduct such activities without notice to the employee and at any time, not necessarily in the employee's presence. Employees should assume that all voice mail, text messages and email may be accessed, forwarded, read or heard by someone other than the intended recipient, even if marked as "private."

Personal Business and Use of Cell Phones

NCSA's facilities for handling mail and telephone calls are provided for the primary purpose of conducting School business. Personal mail should be directed to employees' home addresses and personal phone calls should be limited to an absolute minimum. To avoid toll charges, personal phone calls should not be made outside the School's immediate dialing area.

Employees are expected to avoid using School material, time, or equipment for personal projects. Use of personal cell phones by Teachers and Instructional Assistants, including texting, is prohibited during school hours when students are present, unless the communication is school-related and of an urgent nature.

No NCSA employee may use a cell phone or other electronic device for business purposes while operating a motor vehicle. Employees may only operate cell phones or other electronic devices if they are off the road and parked. Under no circumstances shall employees place or receive phone calls while operating a motor vehicle while driving on NCSA business or during NCSA work time. Employees should pull over and park before taking messages, sending or receiving texts, etc. Failure to agree or abide by this policy may result in disciplinary action, up to and including termination of employment.

Social Networking/Media Policy

Scope

In light of the explosive growth and popularity of social media technology in today's society, the School has developed the following policy to establish rules and guidelines regarding the appropriate use of social media by employees. This policy applies to situations when the employee: (1) makes a post to a social media platform that is related to the School; (2) engages in social media activities during working hours; (3) uses School equipment or resources while engaging in social media activities; (4) uses School e-mail address to make a post to a social media platform; (5) posts in a manner that reveals the employee's affiliation with the School; or (6) interacts with School

students or parents/guardians of School students (regarding School-related business) on the Internet and on social media sites.

For the purposes of this policy, the phrase “social media” refers to the use of a website or other electronic application to connect with other people, including, but not limited to, Facebook, Twitter, Pinterest, LinkedIn, YouTube, and Instagram, as well as related web-based media, such as blogs, wikis, and any other form of user-generated media or web-based discussion forums. Social media may be accessed through a variety of electronic devices, including computers, cell phones, smart phones, PDAs, tablets, and other similar devices.

This policy is intended to supplement, not replace, the School’s other policies, rules, and standards of conduct. For example, School policies on confidentiality, use of School equipment, professionalism, employee references and background checks, workplace violence, unlawful harassment, and other rules of conduct are not affected by this policy.

Employees are required to comply with *all* School policies whenever their social media activities may involve or implicate the School in any way, including, but not limited to, the policies contained in this Handbook.

Standards of Conduct

Employees are required to comply with the following rules and guidelines when participating in social media activities that are governed by this policy:

- Comply with the law at all times. Do not post any information or engage in any social media activity that may violate applicable local, state, or federal laws or regulations.
- Do not engage in any discriminatory, harassing, or retaliatory behavior in violation of School policy.
- Respect copyright, fair use, and financial disclosure rules and regulations. Identify all copyrighted or borrowed material with proper citations and/or links.
- Maintain the confidentiality of the School’s trade secrets and private or confidential information. Trade secrets may include information regarding the development of systems, processes, products, know-how, and technology. Do not post internal reports, policies, procedures, or other internal business-related confidential communications. This prohibition applies both during and after the employee’s employment with the School.
- Do not post confidential information (as defined in this Handbook) about the School, its employees, or its students. Remember that most student information is protected by the Family Educational Rights and Privacy Act, including any and all information that might identify the student. Publicizing student work and accomplishments is permitted only if appropriate consents are obtained.
- While it is acceptable to engage in limited and incidental social media activities at work, such social media activities may not interfere with the employee’s job duties or responsibilities.

Do not use School-authorized email addresses to register on social media websites, blogs, or other online tools utilized for personal use.

- Be knowledgeable about and comply with the School's background check procedures. Do not "research" job candidates on the Internet or social media websites without prior approval from the School Director.
- Be knowledgeable about and comply with the School's reference policy. Do not provide employment references for current or former employees, regardless of the substance of such comments, without prior approval from the School Director.
- Always be fair and courteous to fellow employees, students, parents, vendors, customers, suppliers, or other people who work on behalf of the School. Avoid posting statements, photographs, video, or audio that could be reasonably viewed as malicious, libelous, slanderous, obscene, threatening, or intimidating, that disparage employees, students, parents, vendors, customers, suppliers, the School or other people who work on behalf of the School, or that might constitute harassment or bullying.
- Employees must make sure they are always honest and accurate when posting information or news, and if the employee makes a mistake, correct it quickly. Never post any information or rumors about the School, fellow employees, students, parents, vendors, customers, suppliers, people working on behalf of the School, or competitors.
- Express only the employee's own personal opinions. The employee must never represent themselves as a spokesperson for the School unless authorized to do so. If the employee publishes social media content that may be related to their work or subjects associated with the School, the employee must make it clear that they are not speaking on behalf of the School and that their views do not represent those of the School, fellow employees, students, parents, vendors, customers, suppliers, or other people working on behalf of the School. It is best to use a disclaimer such as "The postings on this site are my own and do not necessarily reflect the views of the School."
- Never be false or misleading with respect regarding professional credentials held by the employee.

Creating and Using School Social Media

Employees are only permitted to communicate and connect with students on social media that is owned and operated by the School. Employees are only permitted to communicate and connect with students' parents or guardians regarding School-related matters on social media that is owned and operated by the School. All communications with parents or guardians regarding School-related matters on non-School or personal social media may result in disciplinary action, up to and including termination. Any communication whatsoever with students on non-School or personal social media may result in disciplinary action, up to and including termination.

The IT Department, in addition to the Development Coordinator and members of the administration, are responsible for approving requests for School social media, monitoring School

social media for inappropriate and unprofessional content, and maintaining the social media account information (including, but not limited to, username and password). The School has final approval over all content and reserves the right to close the social media site/account at any time, with or without notice. Any inappropriate or unprofessional communications may result in disciplinary action, up to and including termination.

To set up social media that is owned and operated by the School in compliance with this policy, employees must adhere to the following procedures:

- Request and obtain permission to create School social media the School Director.
- Contact the IT Department to set up the social media. Provide the IT Department with the username and password that the employee would like assigned to the account. If the employee changes their username and/or password, they must immediately update this information with the IT Department. Failure to do so may result in disciplinary action, up to and including termination.

Any social media created and/or used in violation of this policy may result in disciplinary action, up to and including termination.

Access

Employees are reminded that the School's various electronic communications systems, including, but not limited to, its electronic devices, computers, telephones, e-mail accounts, video conferencing, voice mail, facsimiles, internal and external networks, computers, cell phones, smart phones, PDAs, tablets, and other similar devices, are the property of the School. All communications and information transmitted by, received from, or stored in these systems are School records.

As a result, the School may, and does, monitor its employees' use of these electronic communication systems, including for social media activities, from time to time. The School may monitor such activities randomly, periodically, and/or in situations when there is reason to believe that someone associated with the School has engaged in a violation of this, or any other, School policy. **As a result, employees do not have a reasonable expectation of privacy in their use of or access to the School's various electronic communications systems.**

Discipline

Any violation of this Social Media Policy may result in disciplinary action, up to and including immediate termination.

Retaliation Is Prohibited

The School prohibits retaliation against any employee for reporting a possible violation of this policy or for cooperating in an investigation of a potential violation of this policy. Any employee who retaliates against another employee for reporting a possible violation of this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

Questions

In the event employees have any questions about whether a particular social media activity may involve or implicate the School, or may violate this policy, please contact Human Resources.

Social media is in a state of constant evolution, and the School recognizes that there will likely be events or issues that are not addressed in these guidelines. Thus, each School employee is responsible for using good judgment and seeking guidance, clarification, or authorization *before* engaging in social media activities that may implicate this policy.

Personal Appearance/Standards of Dress

NCSA employees serve as role models to the School's students. All employees should therefore maintain professional standards of dress and grooming. Just as overall attitude and instructional competency contribute to a productive learning environment, so do appropriate dress and grooming.

Employees are encouraged to wear clothing that will add dignity to the educational profession, will present an image consistent with their job responsibilities, and will not interfere with the learning process. Accordingly, all employees shall adhere to the following standards of dress:

- 1) Clothing and jewelry must be safe and appropriate to the educational environment. All clothing must be clean and in good repair.
- 2)
- 3) Slacks and shorts are to be worn on the waist with no portion of an undergarment showing.
- 4) Skirts and dresses should be no higher than three (3) inches above the knee.
- 5) All tops must be appropriate to the work environment, and should be clean, neat, and provide proper coverage.
- 7) Clothing or jewelry with logos that depict and/or promote gangs, drugs, alcohol, tobacco, sex, violence, illegal activities, profanity, or obscenity are not permitted.
- 8) Appropriate shoes must be worn at all times.

Health and Safety Policy

NCSA is committed to providing and maintaining a healthy and safe work environment for all employees.

NCSA employees are responsible for their own safety, as well as that of others in the workplace. Each employee is provided with a copy of the School's Safety Handbook upon hire. All employees are required to know and comply with the safety guidelines reflected in the Safety Handbook and to follow safe and healthy work practices at all times. Employees are required to report immediately to NCSA any potential health or safety hazards, and all injuries or accidents.

To help maintain a safe workplace, everyone must be safety-conscious at all times. Use of proper safety equipment and following safety practices and procedures are conditions of employment. Violation of safety rules or policies will result in disciplinary action, up to and including termination.

In compliance with Proposition 65, the School will inform employees of any known exposure to a chemical known to cause cancer or reproductive toxicity.

All employees are required to immediately report to the School Director or Business Manager any potential health or safety hazards. In addition, all employee injuries or accidents must be reported immediately.

NCSA provides workers' compensation insurance to cover work-related illness or injury. Neither NCSA nor its insurer will be liable for payment of workers' compensation benefits for any injury that arises out of an employee's voluntary participation in any off-duty recreational, social, or athletic activity that is not part of the employee's work-related duties.

For more information about time off due to a work-related illness or injury, please refer to the Workers' Compensation Disability Leave policy later in this Handbook.

First Aid/CPR Training

If the employee's position is one that works directly with students (as determined by the School Director), the employee must be certified in basic aid and cardiopulmonary resuscitation (CPR.) When the employee is hired, the employee will be required to provide evidence within forty-five (45) days of their first day of work to show that they have been certified in first aid/CPR training within the previous two (2) years. The employee must also become re-certified at least every two (2) years during their employment at NCSA.

First aid/CPR Training shall consist of a completed course, and resulting certification, which is based on standards that are at least equivalent to the standards currently used by the American Red Cross or the American Heart Association.

The employee will be responsible for the initial cost of obtaining this first aid/CPR training. All training re-certification and renewal costs will be covered by NCSA.

Blood-borne Pathogen Training

If the employee's position is one that works directly with students (as determined by the School Director), the employee must receive blood-borne pathogen training at least every two (2) years. The training will be provided by NCSA and will cover such topics as:

- The history and dangers of blood-borne pathogens;
- Universal precautions to reduce or eliminate exposure;
- Methods for handling bio-hazardous waste;
- Available vaccination programs; and,
- Exposure control procedures.

Security Protocols

NCSA has developed guidelines to help maintain a secure workplace. Be aware of unknown persons loitering in parking areas, walkways, entrances and exits and service areas. Report any suspicious persons or activities to the School Director or School office personnel immediately.

Employee classrooms, offices, and desks should be secured at the end of each day. When an employee is called away from his or her work area for an extended length of time, valuable or personal articles should not be left around a work station that may be accessible. The security of facilities as well as the welfare of employees depends upon the alertness and sensitivity of every individual to potential security risks. Employees should immediately notify their supervisor when keys are missing or if security access codes or passes have been breached.

Employees should immediately notify the School Director or Office Administrator when keys are missing or if security access is known to have been breached in any way.

The security of our School facilities, as well as the welfare of our employees and students, depends upon the alertness and sensitivity of every individual to potential security risks.

Occupational Safety



NCSA is committed to the safety of its students, employees, vendors, contractors and the public and to providing a clear safety goal for management. The prevention of accidents is the responsibility of every School supervisor. It is also the duty of all employees to accept and promote the established safety regulations and procedures.

Every effort will be made to provide adequate safety training. If an employee is ever in doubt about how to perform a job or task safely assistance should be requested. Unsafe conditions must be reported immediately.

It is the policy of the school that accident prevention shall be considered of primary importance in all phases of operation and administration. NCSA's management is required to provide safe and healthy working conditions for all employees and to establish and require the use of safe practices at all times.

Failure by an employee to comply with or enforce School safety and health rules, practices, and procedures could result in disciplinary action, up to and including termination.

Use of Personal Vehicles

In order for employees to use their personal automobile for School business, employees are required to maintain minimum limits of \$100,000 per person/\$300,000 per accident of bodily injury and \$50,000 of property damage.

Employees should be aware that, should they choose to use their personal automobile for School business and are involved in an accident, *their own liability insurance policy applies first*. The School's liability coverage would be used only after the employee's limits had been exceeded.

If the employee does not carry sufficient insurance to meet the School's required minimum limits described above, the employee should immediately notify their supervisor and not use their personal vehicle for School Business until they meet the minimum requirements.

Refer to the School Field Trip Policy regarding transporting students.

Accident/Incident Reporting

It is the duty of every employee to immediately, or as soon as is practical, to report any accident or injury occurring during work or on School premises so that arrangements can be made for medical or first aid treatment, as well as for investigation and follow-up purposes.

Reporting Fires and Emergencies

It is the duty of every employee to know how to report fires and other emergencies quickly and accurately. Employees should report any such emergency by calling the School office. In addition, all employees should know local emergency numbers, such as 911.

Employees may not transport any sick or injured student to a medical facility, but instead will call 911 for assistance.

EMPLOYEE WAGES AND BENEFITS

Employee Classifications

Upon hiring, all employees are classified as exempt or nonexempt, full-time or part-time, and regular or temporary. All employees are either exempt or nonexempt according to provisions of applicable wage and hour laws. Because all employees are hired for an unspecified duration, these classifications do not guarantee employment for any specific length of time. Employment is at the mutual consent of the employee and the School. Accordingly, either the employee or the School can terminate the employment relationship at-will, at any time, with or without cause or advance notice.

Exempt Employees

Pursuant to applicable law, exempt employees are those who exercise the requisite degree of discretion and independent judgment and perform certain administrative, professional, and/or executive duties. Exempt employees are not entitled to overtime pay. Exempt employees are expected to report for work and perform their jobs in a regular and timely manner.

Nonexempt Employees

Pursuant to applicable law, nonexempt employees are entitled to overtime pay. Nonexempt employees may have to work hours beyond their normal schedules as work demands require. Nonexempt employees are required to take meal and rest periods in the manner described in this Handbook.

Regular Employees

Regular employees are those who are hired to work on a regular schedule. Regular employees may be classified as full-time or part-time. Temporary and substitute employees are not considered regular employees.

Full-Time Employees

An employee who is regularly scheduled to work and regularly works at least thirty (30) to forty (40) hours per week is considered a regular full-time employee. Generally, full-time employees are eligible for School benefits, such as health care plans, holidays, and sick leave. However, eligibility for each School benefit is ultimately governed by the applicable policy, plan document, and/or applicable law. Thus, there may an instance in which a full-time employee is eligible for some but not all of these benefits.

Part-Time Employees

An employee who is regularly scheduled to work and regularly works fewer than thirty (30) hours per week is considered a regular part-time employee. Generally, part-time employees are not eligible for School benefits, such as health care plans, holidays, and sick leave. However, eligibility for each School benefit is ultimately governed by the applicable policy, plan document, and/or

applicable law. Thus, there may an instance in which a part-time employee is eligible for one or more of these benefits.

Temporary Employees

An employee who is hired for a particular project or job of limited or indefinite duration is considered a temporary employee. A temporary employee is not eligible to earn, accrue, or participate in any School benefits program, except as otherwise required by law.

An employee will not change from one status to any other status or classification simply because of the number of hours that the employee is scheduled to work or the length of time spent as an employee. The status of a temporary employee may change only if the employee is notified of the change in status, in writing, by Human Resources.

Payroll Withholdings

As required by law, the School shall withhold Federal Income Tax, State Income Tax, Social Security (FICA) and State Disability Insurance from each employee's pay as follows:

1. Federal Income Tax Withholding: The amount varies with the number of exemptions the employee claims and the gross pay amount.
2. State Income Tax Withholding: The same factors which apply to federal withholdings apply to state withholdings.
3. Social Security (FICA): The Federal Insurance Contribution Act requires that a certain percentage of employee earnings be deducted and forwarded to the federal government, together with an equal amount contributed by the School.
4. State Disability Insurance (SDI): This state fund is used to provide benefits to those out of work because of illness or disability.

Employees may also have deductions made to their paychecks when a wage overpayment occurs. The School will provide the employee with a written notice which describes the wage overpayment and will afford the employee an opportunity to respond before commencing any recoupment action. If the employee disputes the wage overpayment, the School shall initiate a legal action to validate the overpayment before proceeding with recoupment. The School may require the employee to reimburse an overpayment through a mutually agreeable method, including through cash repayment or a deduction of the employee's payroll check, among other options. An employee who is separated from employment before full repayment of the overpayment amount shall have any remaining amounts withheld from their final check. The School also reserves the right to exercise any and all other legal means to recover any additional amounts owed. The School shall provide employees with advance written notice of the deduction prior to the pay period when it will go into effect.

Every deduction from an employee's paycheck is explained on the check voucher. If an employee does not understand the deductions, he or she should ask the Business Manager, or designee, to explain them.

Employees may change the number of withholding allowances claimed for Federal Income Tax purposes at any time by filling out a new W-4 form and submitting it to the Business Office or by logging on to the payroll portal. The School Business Office maintains a supply of these forms.

All Federal, State, and Social Security taxes will be automatically deducted from paychecks. Federal Withholding Tax deduction is determined by the employee's W-4 form. The W-4 form should be completed upon hire and it is the employee's responsibility to report any changes in filing status to the School Business Office and to fill out a new W-4 form.

At the end of the calendar year, a "withholding statement" (W-2) will be prepared and forwarded to each employee for use in connection with preparation of income tax returns. The W-2 shows Social Security information, taxes withheld and total wages.

Employee retirement contributions to the California State Teachers Retirement System (STRS) are withheld for eligible employees, as required by law. See further information about this retirement program below.

Any earnings that are eligible for STRS are not covered under social security. As a result, no social security is withheld from employee pay for these earnings. However, for any employees who do not qualify for STRS, social security contributions are withheld at the mandated rate.

All paycheck withholdings are listed on each paycheck voucher. Questions about withholdings or other payroll related matters should be directed to the School Business Office.

Pay Period and Time Records

Paydays are scheduled twice per month on the 5th and 20th of each month. If an employee observes any error in his or her check, it should be reported immediately to the School Business Office.

By law, NCSA is obligated to keep accurate records of the time worked by nonexempt employees. Such employees shall keep be required to utilize the School's timecard system.

Non-exempt employees must accurately record time in and out of their shifts as this is the only way the payroll department knows how many hours each employee has worked and how much each employee is owed. The timecard indicates when the employee arrived and when the employee departed. All non-exempt employees must record time in and out for arrival and departure, along with lunch and for absences like doctor or dentist appointments. All employees are required to keep the office advised of their departures from and returns to the school premises during the workday. Non-exempt, regular employees will be provided with a datasheet and calendar that reflects the daily hours to be worked, the start time and end time of each day, and the number of days to be worked in the school year. This will inform the payroll department of each employee's average hours to be worked every payroll. The employee is responsible for recording any time off on their time-card and reporting it in the payroll period it occurs.

Non-exempt employees are solely responsible for ensuring accurate information on their timecards and remembering to record time worked. If an employee forgets to mark their timecard or makes an error on the timecard, the employee must contact the School Business Office to make the correction and such correction must be initialed by both the employee and the School Business Office.

No one may record hours worked on another's time-card. Any employee who tampers with his/her own timecard, or another employee's timecard, may be subjected to disciplinary action, up to and including release from at-will employment with the School.

All employees are required to follow the School's times-card recordkeeping system. Time-cards must be completed, signed and delivered to the School Business Office by the 1st and 16th of each month for the preceding pay period.

Regular employees are responsible for recording on the time-card any time off taken during the preceding pay period, as well as the name of the substitute hired to replace them during that time off. Regular employees should also record any time away from the School while working on "school business" and should note on the time-card the nature of the school business conducted and any substitute hired to replace them.

Nonexempt employees are further responsible for recording on an "hourly" time-card any "extra hours worked" as defined above.

Temporary hourly employees are responsible for recording all time worked on an hourly time-card and submitting completed, signed time-cards on or before the 1st and 16th calendar day of each month.

Any time-card errors should be reported to the School Business Office immediately. Failure to accurately record hours worked or falsifying or altering time-card information will result in disciplinary action, up to and including termination of employment.

Overtime Pay

Whether an employee is exempt from or subject to overtime pay will be determined on a case-by-case basis and will be indicated in the employee's job description. Generally, teachers and administrators are exempt. Non-exempt employees may be required to work beyond the regularly scheduled workday or workweek as necessary. Only actual hours worked in a given workday or workweek can apply in calculating overtime for nonexempt employees. NCSA will attempt to distribute overtime evenly and accommodate individual schedules. All overtime work must be previously authorized by the Director. NCSA provides compensation for all overtime hours worked by non-exempt employees in accordance with state and federal law as follows:

For employees subject to overtime, all hours worked in excess of eight (8) hours in one workday or forty (40) hours in one workweek shall be treated as overtime. Compensation for hours in excess of forty (40) for the workweek or in excess of eight (8) and not more than twelve (12) for the workday, and for the first eight (8)

hours on the seventh consecutive day in one workweek, shall be paid at a rate of one and one-half times the employee's regular rate of pay. Compensation for hours in excess of twelve (12) in one workday and an excess of eight (8) on the seventh consecutive workday of the workweek shall be paid at double the regular rate of pay.

Exempt employees may have to work hours beyond their normal schedules as work demands require. No overtime compensation will be paid to these exempt employees.

Wage Attachments and Garnishments

Under normal circumstances, the School will not assist creditors in the collection of personal debts from its employees. However, creditors may resort to certain legal procedures such as garnishments, levies or judgments that require the School, by law, to withhold part of an employee's earnings in their favor.

Employees are strongly encouraged to avoid such wage attachments and garnishments. If the School is presented a second garnishment request concerning an employee, the payroll department will discuss the situation with the employee.

Stipends

Some employees may receive stipends for additional duties performed, subject to Charter Council approval. Stipends will be paid during the month(s) that the respective duties are completed and shall be reflected on the annual Salary Schedule then in effect.

Make-Up Time

The School may permit nonexempt employees to take personal time off during the workweek and make up work time that is or would be lost as the result of such personal time off.

Make-up time must be requested in writing by the employee and approved in advance by their supervisor. Make-up time must be worked during the same workweek as the time missed. Employees are permitted to work up to eleven (11) hours in one day, without incurring overtime, while making up missed time. Under no circumstances are employees permitted to work more than eleven (11) hours in one day or forty (40) hours in one week for purposes of make-up time.

Emergency Day Policy

NCSA schedules two (2) unpaid days each school year to account for possible emergency closure. If an emergency day is called on a day other than the scheduled days on the calendar, hourly employees are required to use discretionary leave for the hours missed, schedule additional hours to make up the time with a supervisor/teacher, or mark those hours missed as unpaid leave.

Exempt Employees - Exempt employees will need to work on the scheduled day off to make up for their normal scheduled hours missed. Nonexempt teachers that share a schedule will need to take

unpaid leave or discretionary leave if the make-up day lands on a day they are not scheduled to work.

Hourly Non-exempt Employees - All hourly employees will be required to use discretionary leave, unpaid leave or schedule to work extra hours to make up for any hours missed if an emergency day is called that cannot be made up with the scheduled emergency day. For example, if an emergency day is called on a Monday and an employee is scheduled to work six (6) hours, but the scheduled emergency day on the calendar is a Friday and an employee is only scheduled to work four and a half (4 ½) hours, then the employee will need to either take one and one-half (1 ½) hours of discretionary or unpaid leave, or they will need to schedule to work an additional one and one-half (1 ½) hours extra to make up for the lost time.

Health Benefits

Definition – NCSA shall provide health benefits to eligible employees, subject to contribution limits described below. For purposes of this policy, health benefits are defined as medical coverage, vision coverage and dental insurance coverage.

Eligibility - Employees working thirty (30) hours per week or more are eligible to receive health benefits.

NCSA Contribution Toward Health Benefits Costs – Eligible full-time employees receive a contribution from NCSA toward health benefits up to a maximum per school year (the “benefit cap”). All insurance premiums up to this amount will be paid by NCSA on behalf of the employee and their family, upon submission of required enrollment documentation. Any costs over the benefit cap are the employee’s responsibility and will be deducted from the employee’s bi-monthly pay.

For eligible part-time employees, the benefit cap is pro-rated based on the number of contracted hours worked per week as a percentage of forty (40) hours per week.

Mid-Year Eligibility – For eligible employees who start employment mid-year, or for existing employees who become eligible mid-year, health benefits begin on the first calendar day of the month following the qualifying event (for example: an employee who begins work on January 15th will be eligible to begin receiving health benefits on February 1st.)

Life Insurance

Mandatory Group Term Life Insurance - Benefits-eligible employees, as defined above, who elect to receive medical benefits through NCSA are required to obtain \$50,000 in term life insurance benefits. The cost of this life insurance will be paid by NCSA.

Additional Term Life Insurance – Benefits-eligible employees who elect medical coverage through NCSA may elect to purchase additional term life insurance coverage at an additional premium cost per month. The cost of this additional life insurance will be deducted from bi-monthly pay on after-tax basis and must be paid by the employee.

COBRA Benefits

When coverage under the School's medical and/or dental plans ends, employees or their dependents can continue coverage for eighteen (18) or thirty-six (36) months, depending upon the reason benefits ended. To continue coverage, an employee must pay the full cost of coverage – the employee contribution and the School's previous contribution plus a possible administrative charge.

Medical coverage for an employee, his/her spouse, and eligible dependent children can continue for up to eighteen (18) months if coverage ends because:

- Employment ends, voluntarily or involuntarily, for any reason other than gross misconduct; or
- Hours of employment are reduced below the amount required to be considered a full-time employee or part-time, making an employee ineligible for the plan.

This eighteen (18) month period may be extended an additional eleven (11) months in cases of disability subject to certain requirements. This eighteen (18) month period may also be extended an additional eighteen (18) months if other events (such as a divorce or death) occur subject to certain requirements.

An employee's spouse and eligible dependents can continue their health coverage for up to thirty-six (36) months if coverage ends because:

- The employee dies while covered by the plan;
- The employee and his/her spouse become divorced or legally separated;
- The employee becomes eligible for Medicare coverage, but his/her spouse has not yet reached age sixty-five (65); or
- The employee's dependent child reaches an age which makes him or her ineligible for coverage under the plan.

Rights similar to those described above may apply to retirees, spouses and dependents if the employer commences a bankruptcy proceeding and those individuals lose coverage.

NCSA will notify employees or their dependents if coverage ends due to termination or a reduction in work hours. If an employee becomes eligible for Medicare, divorced or legally separated, dies, or when a dependent child no longer meets the eligibility requirements, the employee or a family member are responsible for notifying the School within thirty (30) days of the event. NCSA will then notify the employee or his/her dependents of the employee's rights.

Health coverage continuation must be elected within sixty (60) days after receiving notice of the end of coverage, or within sixty (60) days after the event causing the loss, whichever is later.

There are certain circumstances under which coverage will end automatically. This happens if:

- Premiums for continued coverage are not paid within thirty (30) days of the due date;
- The employee (or his/her spouse or child) become covered under another group health plan which does not contain any exclusion or limitation with respect to any pre-existing condition the employee (or the employee's spouse or child, as applicable) may have;
- NCSA stops providing group health benefits;
- The employee (or the employee's spouse or child) become entitled to Medicare; or
- The employee extended coverage for up to twenty-nine (29)-months due to disability and there has been a final determination that the employee is no longer disabled.

Retirement Plans and Social Security

The State Teacher Retirement System (STRS) is a state-administered defined benefit retirement program for certificated employees. Under this program, eligible employees contribute a pre-determined percentage of pre-tax "creditable compensation" into individual STRS accounts. These contributions are withheld from employees' pay and remitted to STRS by NCSA.

For more information regarding STRS, see the CalSTRS member handbook or contact STRS directly at:

CalSTRS
PO Box 15275
Sacramento, CA 95851-0275
800-228-5453
www.calstrs.com

Social Security - Employees who participate in STRS, as described above, are not covered by social security for earnings during employment at NCSA. Similarly, social security is not withheld from these employees' pay.

Generally, employees who do not participate in STRS are covered by social security and related withholdings will be made from monthly pay for these employees.

Early Retirement Incentive

NCSA would like to thank all employees for their dedicated service over the years. The School recognizes the energy, time, effort and understanding employees have given the School's students year after year. To that end, any full-time employee with at least fifteen (15) years of full-time equivalent service with NCSA and having reached age fifty-five (55) by the end of June 30th may qualify for an early retirement incentive. Employees may receive up to \$715.00 towards health benefits each month for five (5) years or until they reach age sixty-five (65), whichever comes first. Employees who wish to take advantage of the Early Retirement Incentive need to turn in an irrevocable resignation letter with their intention to participate in this benefit by February 1st.

HOLIDAYS, VACATIONS AND LEAVES

Holiday Pay

To be eligible for holiday pay, an employee must be nonexempt or non-credentialed exempt. Temporary employees and teachers are not eligible for holiday pay. Exempt employees and full-time teachers will receive their regularly scheduled pay during holidays. Part-time teachers will not be paid for holidays.

Eligible employees will receive time off with pay at their regular rate of pay on the School-observed holidays designated on the master school calendar.

Part-time employees are paid for any holidays occurring on scheduled workdays based on the average number of work hours per day. Average work hours per day is defined as the total number of assigned hours per week according to the employment agreement, divided by the number of days worked per week. (For example, if a part time employee works thirty (30) hours per week, Monday through Friday, the average number of hours per day would be six (6) hours.)

Holiday hours do not count as hours worked for purposes of calculating overtime. For example, if the employee receives eight (8) hours of holiday pay on Monday and works forty (40) hours Tuesday-Saturday (eight (8) hours/day), the employee will not be eligible for overtime.

Sick Leave

To help prevent loss of earnings that may be caused by accident or illness, or by other emergencies, the School offers paid sick leave to its employees. Sick leave may be taken to receive preventive care (including annual physicals or flu shots) or to diagnose, treat, or care for an existing health condition. Employees may also use sick leave to assist a family member (i.e., children, parents, spouses/domestic partners, grandparents, grandchildren, or siblings) or a designated person (i.e., a person identified by the employee at the time the employee requests sick leave) who must receive preventative care or a diagnosis, treatment, or care for an existing health condition. Employees are limited to one (1) designated person per twelve (12) month period. Employees may also take paid sick leave to receive medical care or other assistance to address instances of domestic violence, sexual assault, or stalking.

Paid sick leave is available to all School employees who work at least thirty (30) days within the span of a single calendar year from the commencement of employment. All eligible employees shall be credited with forty (40) hours of sick leave at the beginning of each work year. Furthermore, all full-time employees will accrue additional sick leave per pay period worked for a total of ninety-six (96) hours per full work year. Part-time employees shall accrue additional sick leave per pay period for a total eighty (80) hours per full work year

Employees cannot use paid sick leave until the ninetieth (90th) calendar day following the employee's start date. Sick leave must be taken by eligible employees in increments of two (2) hours. Full-time employees may carry over eighty (80) hours of sick leave from year to year. Part-

time and temporary employees do not carry over sick leave from year to year. Additionally, the School does not pay employees in lieu of unused sick leave.

If an employee is absent longer than five (5) days due to illness, medical evidence of their illness and/or medical certification of their fitness to return to work satisfactory to the School may be required. The School will not tolerate abuse or misuse of the sick leave privilege. If the School suspects abuse of sick leave, the School may require a medical certification from an employee verifying the employee's absence.

Once an employee has exhausted sick leave, the employee may continue on an unpaid medical leave depending upon the facts and circumstances of the employee's basis for leave beyond accrued sick leave. Employee requests for unpaid medical leave must be approved in advance by the School.

Personal Necessity Leave

An employee may elect to use up to three (3) days of accumulated sick leave in any school year for purposes of personal necessity including any of the following specific reasons:

- Death or serious illness of a member of his/her immediate family (this is in addition to normal bereavement leave).
- Accident involving his/her person or property or the person or property of a member of his/her immediate family.
- Appearance in court as a litigant, or as a witness under official order.
- Adoption of a child.
- The birth of a child making it necessary for an employee who is the parent of the child to be absent during the work hours.
- Business matters which cannot reasonably be conducted outside the workday.

Employees must request personal necessity leave at least one (1) day in advance unless an emergency situation occurs. Personal leave is not vacation leave and is not subject to payout upon separation from employment.

Family Care and Medical Leave

This policy explains how the School complies with the federal Family and Medical Leave Act ("FMLA") and the California Family Rights Act ("CFRA"), both of which require the School to permit each eligible employee to take up to twelve (12) workweeks (or twenty-six (26) workweeks where indicated) of FMLA/CFRA leave in any twelve (12) month period for the purposes enumerated below.

- Employee Eligibility Criteria

To be eligible for FMLA/CFRA leave, the employee must have been employed by the School for a total of at least twelve (12) months, worked at least 1,250 hours during the twelve (12) month period immediately preceding commencement of the leave, and work at a location where the School has at least fifty (50) employees within seventy-five (75) miles (except for purposes of CFRA where the School must only have at least five (5) employees).

- Events That May Entitle an Employee TO FMLA/CFRA Leave

The twelve (12) week (or twenty-six (26) workweeks where indicated) FMLA/CFRA allowance includes any time taken (with or without pay) for any of the following reasons:

1. To care for the employee's newborn child or a child placed with the employee for adoption or foster care. Leaves for this purpose must conclude twelve (12) months after the birth, adoption, or placement. If both parents are employed by the School, they each will be entitled to a separate twelve (12) weeks of leave for this purpose, which cannot be loaned or otherwise assigned from one employee to the other.
2. Because of the employee's own serious health condition (including a serious health condition resulting from an on-the-job illness or injury) that makes the employee unable to perform any one or more of the essential functions of his or her job (other than a disability caused by pregnancy, childbirth, or related medical conditions, which is covered by the School's separate pregnancy disability policy).
 - a. A "serious health condition" is an illness, injury, (including, but not limited to on-the-job injuries), impairment, or physical or mental condition of the employee or a child, parent, or spouse of the employee that involves either inpatient care or continuing treatment, including, but not limited to, treatment for substance abuse.
 - b. "Inpatient care" means a stay in a hospital, hospice, or residential health care facility, any subsequent treatment in connection with such inpatient care, or any period of incapacity. A person is considered an "inpatient" when a health care facility formally admits him/her to the facility with the expectation that he/she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.
 - c. "Incapacity" means the inability to work, attend school, or perform other regular daily activities due to a serious health condition, its treatment, or the recovery that it requires.
 - d. "Continuing treatment" means ongoing medical treatment or supervision by a health care provider.
3. To care for a spouse, domestic partner, child, or parent with a serious health condition, a qualifying family member may also include a parent-in-law, grandparent, grandchild, sibling, or designated person for CFRA purposes. "Designated person" refers to any individual related by blood or whose association with the employee is the equivalent to a family relationship. Employees are limited to one (1) designated person per twelve (12) month period.

4. When an employee is providing care to a spouse, son, daughter, parent, or next of kin who is a covered Armed Forces service member with a serious injury or illness, the employee may take a maximum of twenty-six (26) weeks of additional FMLA leave in a single twelve (12) -month period to provide said care. CFRA does not provide leave specific to caring for a service member.
 5. For any “qualifying exigency” because the employee is the spouse, son, daughter, or parent of an individual on active military duty, or an individual notified of an impending call or order to active duty, in the Armed Forces. For CFRA purposes, this may also include a domestic partner.
- Amount of FMLA/CFRA Leave Which May Be Taken
 1. FMLA/CFRA leave can be taken in one (1) or more periods, but may not exceed twelve (12) workweeks total for any purpose in any twelve (12) month period, as described below, for any one, or combination of the above-described situations. “Twelve workweeks” means the equivalent of twelve (12) of the employee’s normally scheduled workweeks. For a full-time employee who works five (5) eight-hour days per week, “twelve workweeks” means sixty (60) working and/or paid eight (8) hour days.
 2. In addition to the twelve (12) workweeks of FMLA/CFRA leave that may be taken, an employee who is the spouse, son, daughter, parent, or next of kin of a covered Armed Forces service member may also be entitled to a total of twenty-six (26) workweeks of FMLA leave during a twelve (12) month period to care for the servicemember.
 3. The “twelve-month period” in which twelve (12) weeks of FMLA and CFRA leave may be taken is the twelve (12) month period immediately preceding the commencement of any FMLA/CFRA leave.
 4. If a holiday falls within a week taken as FMLA/CFRA leave, the week is nevertheless counted as a week of FMLA/CFRA leave. If, however, the School’s business activity has temporarily ceased for some reason and employees are generally not expected to report for work for one or more weeks, such as the Winter Break, Spring Break, or Summer Vacation, the days the School’s activities have ceased do not count against the employee’s FMLA or CFRA leave entitlement. Similarly, if an employee uses FMLA/CFRA leave in increments of less than one (1) week, the fact that a holiday may occur within a week in which an employee partially takes leave does not count against the employee’s leave entitlement unless the employee was otherwise scheduled and expected to work during the holiday.
 - Pay during FMLA/CFRA Leave
 1. An employee on FMLA/CFRA leave because of his/her own serious health condition must use all accrued paid sick leave at the beginning of any otherwise unpaid FMLA/CFRA leave period. If an employee is receiving a partial wage replacement

benefit during the FMLA/CFRA leave, the School and the employee may agree to have School-provided paid leave, such as vacation or sick time, supplement the partial wage replacement benefit unless otherwise prohibited by law.

2. An employee on FMLA/CFRA leave for baby-bonding or to care for a qualifying family member with a serious health condition may use any or all accrued sick leave at the beginning of any otherwise unpaid FMLA/CFRA leave.
3. If an employee has exhausted his/her sick leave, leave taken under FMLA/CFRA shall be unpaid leave.
4. The receipt of sick leave pay or State Disability Insurance benefits will not extend the length of the FMLA or CFRA leave. Sick pay accrues during any period of unpaid FMLA or CFRA leave only until the end of the month in which unpaid leave began.

- Health Benefits

The provisions of the School's various employee benefit plans govern continuing eligibility during FMLA/CFRA leave, and these provisions may change from time to time. The health benefits of employees on FMLA/CFRA leave will be paid by the School during the leave at the same level and under the same conditions as coverage would have been provided if the employee had been continuously employed during the leave period. When a request for FMLA/CFRA leave is granted, the School will give the employee written confirmation of the arrangements made for the payment of insurance premiums during the leave period.

If an employee is required to pay premiums for any part of his/her group health coverage, the School will provide the employee with advance written notice of the terms and conditions under which premium payments must be made.

NCSA may recover the health benefit costs paid on behalf of an employee during his/her FMLA/CFRA leave if:

1. The employee fails to return from leave after the period of leave to which the employee is entitled has expired. An employee is deemed to have "failed to return from leave" if he/she works less than thirty (30) days after returning from FMLA/CFRA leave; and
2. The employee's failure to return from leave is for a reason other than the continuation, recurrence, or onset of a serious health condition that entitles the employee to FMLA/CFRA leave, or other circumstances beyond the control of the employee.

- Seniority

An employee on FMLA/CFRA leave remains an employee and the leave will not constitute a break in service. An employee who returns from FMLA/CFRA leave will return with the same seniority he/she had when the leave commenced.

- Medical Certifications

1. An employee requesting FMLA/CFRA leave because of his/her own or a relative's serious health condition must provide medical certification from the appropriate health care provider on a form supplied by the School. Absent extenuating circumstances, failure to provide the required certification in a timely manner (within fifteen (15) days of the School's request for certification) may result in denial of the leave request until such certification is provided.
2. The School will notify the employee in writing if the certification is incomplete or insufficient, and will advise the employee what additional information is necessary in order to make the certification complete and sufficient. The School may contact the employee's health care provider to authenticate a certification as needed.
3. If the School has reason to doubt the medical certification supporting a leave because of the employee's own serious health condition, the School may request a second opinion by a health care provider of its choice (paid for by the School). If the second opinion differs from the first one, the School will pay for a third, mutually agreeable, health care provider to provide a final and binding opinion.
4. Recertifications are required if leave is sought after expiration of the time estimated by the health care provider. Failure to submit required recertifications can result in termination of the leave.

- Procedures for Requesting and Scheduling FMLA/CFRA Leave

1. An employee should request FMLA/CFRA leave by completing a Request for Leave form and submitting it to the Executive Director. An employee asking for a Request for Leave form will be given a copy of the School's then-current FMLA/CFRA leave policy.
2. Employees should provide not less than thirty (30) days' notice for foreseeable childbirth, placement, or any planned medical treatment for the employee or his/her qualifying family member. Failure to provide such notice is grounds for denial of a leave request, except if the need for FMLA/CFRA leave was an emergency or was otherwise unforeseeable.
3. Where possible, employees must make a reasonable effort to schedule foreseeable planned medical treatments so as not to unduly disrupt the School's operations.
4. If FMLA/CFRA leave is taken because of the employee's own serious health condition or the serious health condition of the employee's qualifying family member, the leave may be taken intermittently or on a reduced leave schedule when medically

necessary, as determined by the health care provider of the person with the serious health condition.

5. If FMLA/CFRA leave is taken because of the birth of the employee's child or the placement of a child with the employee for adoption or foster care, the minimum duration of leave is two (2) weeks, except that the School will grant a request for FMLA/CFRA leave for this purpose of at least one day but less than two (2) weeks' duration on any two (2) occasions.
 6. If an employee needs intermittent leave or leave on a reduced leave schedule that is foreseeable based on planned medical treatment for the employee or a family member, the employee may be transferred temporarily to an available alternative position for which he or she is qualified that has equivalent pay and benefits and that better accommodates recurring periods of leave than the employee's regular position.
 7. The School will respond to an FMLA/CFRA leave request no later than five (5) business days of receiving the request. If an FMLA/CFRA leave request is granted, the School will notify the employee in writing that the leave will be counted against the employee's FMLA/CFRA leave entitlement. This notice will explain the employee's obligations and the consequences of failing to satisfy them.
- Return to Work
 1. Upon timely return at the expiration of the FMLA/CFRA leave period, an employee is entitled to the same or a comparable position with the same or similar duties and virtually identical pay, benefits, and other terms and conditions of employment unless the same position and any comparable position(s) have ceased to exist because of legitimate business reasons unrelated to the employee's FMLA/CFRA leave.
 2. When a request for FMLA/CFRA leave is granted to an employee, the School will give the employee a written guarantee of reinstatement at the termination of the leave (with the limitations explained above).
 3. Before an employee will be permitted to return from FMLA/CFRA leave taken because of his/her own serious health condition, the employee must obtain a certification from his/her health care provider that he/she is able to resume work.
 4. If an employee can return to work with limitations, the School will evaluate those limitations and, if possible, will accommodate the employee as required by law. If accommodation cannot be made, the employee will be medically separated from the School.
 - Employment during Leave

No employee, including employees on FMLA/CFRA leave, may accept employment with any other employer without the School's written permission. An employee who accepts such employment without the School's written permission will be deemed to have resigned from employment at the School.

Pregnancy Disability Leave

This policy explains how the School complies with the California Pregnancy Disability Act, which requires the School to give each female employee an unpaid leave of absence of up to four (4) months per pregnancy, as needed, for the period(s) of time a woman is actually disabled by pregnancy, childbirth, or related medical conditions.

- **Employee Eligibility Criteria**

To be eligible for pregnancy disability leave, the employee must be disabled by pregnancy, childbirth, or a related medical condition and must provide appropriate medical certification concerning the disability.

- **Events That May Entitle an Employee to Pregnancy Disability Leave**

The four (4) -month pregnancy disability leave allowance includes any time taken (with or without pay) for any of the following reasons:

1. The employee is unable to work at all or is unable to perform any one or more of the essential functions of her job without undue risk to herself, the successful completion of her pregnancy, or to other persons because of pregnancy or childbirth, or because of any medically recognized physical or mental condition that is related to pregnancy or childbirth (including severe morning sickness); or
2. The employee needs to take time off for prenatal care.

- **Duration of Pregnancy Disability Leave**

Pregnancy disability leave may be taken in one or more periods, but not to exceed four months total. "Four months" means the number of days the employee would normally work within four months. For a full-time employee who works five (5) eight (8) hour days per week, four (4) months means 693 hours of leave (40 hours per week times 17 1/3 weeks).

For employees who work more or less than forty (40) hours per week, or who work on variable work schedules, the number of working days that constitutes four (4) months is calculated on a pro rata or proportional basis. For example, for an employee who works twenty (20) hours per week, "four months" means 346.5 hours of leave entitlement (20 hours per week times 17 1/3 weeks). For an employee who normally works forty-eight (48) hours per week, "four months" means 832 hours of leave entitlement (48 hours per week times 17 1/3 weeks).

At the end or depletion of an employee's pregnancy disability leave, an employee who has a physical or mental disability (which may or may not be due to pregnancy, childbirth, or

related medical conditions) may be entitled to reasonable accommodation. Entitlement to additional leave must be determined on a case-by case basis, taking into account a number of considerations such as whether an extended leave is likely to be effective in allowing the employee to return to work at the end of the leave, with or without further reasonable accommodation, and whether or not additional leave would create an undue hardship for the School. The School is not required to provide an indefinite leave of absence as a reasonable accommodation.

- Pay during Pregnancy Disability Leave

1. An employee on pregnancy disability leave must use all accrued paid sick leave and may use any or all accrued vacation time at the beginning of any otherwise unpaid leave period.
2. The receipt of vacation pay, sick leave pay, or state disability insurance benefits, will not extend the length of pregnancy disability leave.
3. Vacation and sick pay accrues during any period of unpaid pregnancy disability leave only until the end of the month in which the unpaid leave began.

- Health Benefits

NCSA shall provide continued health insurance coverage while an employee is on pregnancy disability leave consistent with applicable law. The continuation of health benefits is for a maximum of four (4) months in a twelve (12) -month period. NCSA can recover premiums that it already paid on behalf of an employee if both of the following conditions are met:

1. The employee fails to return from leave after the designated leave period expires.
2. The employee's failure to return from leave is for a reason other than the following:
 - The employee is taking leave under the California Family Rights Act.
 - There is a continuation, recurrence or onset of a health condition that entitles the employee to pregnancy disability leave.
 - There is a non-pregnancy related medical condition requiring further leave.
 - Any other circumstance beyond the control of the employee.

- Seniority

An employee on pregnancy disability leave remains an employee of the School and a leave will not constitute a break in service. When an employee returns from pregnancy disability leave, she will return with the same seniority she had when the leave commenced.

- Medical Certifications

1. An employee requesting a pregnancy disability leave must provide medical certification from her healthcare provider on a form supplied by the School. Failure to provide the required certification in a timely manner (within fifteen (15) days of the leave request) may result in a denial of the leave request until such certification is provided.
 2. Recertifications are required if leave is sought after expiration of the time estimated by the healthcare provider. Failure to submit required recertifications can result in termination of the leave.
- Requesting and Scheduling Pregnancy Disability Leave
 1. An employee should request pregnancy disability leave by completing a Request for Leave form and submitting it to the Executive Director. An employee asking for a Request for Leave form will be referred to the School's then current pregnancy disability leave policy.
 2. Employee should provide not less than thirty (30) days' notice or as soon as is practicable, if the need for the leave is foreseeable. Failure to provide such notice is grounds for denial of the leave request, except if the need for pregnancy disability leave was an emergency and was otherwise unforeseeable.
 3. Where possible, employees must make a reasonable effort to schedule foreseeable planned medical treatments so as not to unduly disrupt the School's operations.
 4. Pregnancy disability leave may be taken intermittently or on a reduced leave schedule when medically advisable, as determined by the employee's healthcare provider.
 5. If an employee needs intermittent leave or leave on a reduced leave schedule that is foreseeable based on planned medical treatment, the employee may be transferred temporarily to an available alternative position for which he or she is qualified that has equivalent pay and benefits that better accommodates recurring periods of leave than the employee's regular position.
 6. The School will respond to a pregnancy disability leave request within ten (10) days of receiving the request. If a pregnancy disability leave request is granted, the School will notify the employee in writing and leave will be counted against the employee's pregnancy disability leave entitlement. This notice will explain the employee's obligations and the consequences of failing to satisfy them.
 - Return to Work
 1. Upon timely return at the expiration of the pregnancy disability leave period, an employee is entitled to the same position unless the employee would not otherwise have been employed in the same position at the time reinstatement is requested. If

the employee is not reinstated to the same position, she must be reinstated to a comparable position unless one of the following is applicable:

- a. The employer would not have offered a comparable position to the employee if she would have been continuously at work during the pregnancy disability leave.
- b. There is no comparable position available, to which the employee is either qualified or entitled, on the employee's scheduled date of reinstatement or within sixty (60) calendar days thereafter. The School will take reasonable steps to provide notice to the employee if and when comparable positions become available during the sixty (60) –day period.

A "comparable" position is a position that involves the same or similar duties and responsibilities and is virtually identical to the employee's original position in terms of pay, benefits, and working conditions.

2. When a request for pregnancy disability leave is granted to an employee, the School will give the employee a written guarantee of reinstatement at the end of the leave (with the limitations explained above).
 3. In accordance with NCSA policy, before an employee will be permitted to return from a pregnancy disability leave of three (3) days or more, the employee must obtain a certification from her healthcare provider that she is able to resume work.
 4. If the employee can return to work with limitations, the School will evaluate those limitations and, if possible, will accommodate the employee as required by law. If accommodation cannot be made, the employee will be medically separated from the School.
- Employment during Leave

No employee, including employees on pregnancy disability leave, may accept employment with any other employer without the School's written permission. An employee who accepts such employment without written permission will be deemed to have resigned from employment.

Industrial Injury Leave (Workers' Compensation)

NCSA, in accordance with State law, provides insurance coverage for employees in case of work-related injuries. The workers' compensation benefits provided to injured employees may include:

- Medical care;
- Cash benefits, tax-free to replace lost wages; and
- Vocational rehabilitation to help qualified injured employees return to suitable employment.

To ensure employees receive any worker's compensation benefits to which they may be entitled, employees will need to:

- Immediately report any work-related injury to the Executive Director;
- Seek medical treatment and follow-up care if required;
- Complete a written Employee's Claim Form (DWC Form 1) and return it to the Executive Director; and
- Provide the School with a certification from a health care provider regarding the need for workers' compensation disability leave as well as the employee's eventual ability to return to work from the leave.

It is the School's policy that when there is a job-related injury, the first priority is to ensure that the injured employee receives appropriate medical attention. NCSA, with the help of its insurance carrier has selected medical centers to meet this need. Each medical center was selected for its ability to meet anticipated needs with high quality medical service and a location that is convenient to the School's operation.

- If an employee is injured on the job, he/she is to go or be taken to the approved medical center for treatment. If injuries are such that they require the use of emergency medical systems ("EMS") such as an ambulance, the choice by the EMS personnel for the most appropriate medical center or hospital for treatment will be recognized as an approved center.
- All accidents and injuries must be reported to the Executive Director and to the individual responsible for reporting to the School's insurance carrier. Failure by an employee to report a work-related injury by the end of his/her shift could result in loss of insurance coverage for the employee. An employee may choose to be treated by his/her personal physician at his/her own expense, but he/she is still required to go to the School's approved medical center for evaluation. All job-related injuries must be reported to the appropriate State Workers' Compensation Bureau and the insurance carrier.
- When there is a job-related injury that results in lost time, the employee must have a medical release from the School's approved medical facility before returning to work.
- Any time there is a job-related injury, the School's policy requires drug/alcohol testing along with any medical treatment provided to the employee.

Military and Military Spousal Leave of Absence

NCSA shall grant a military leave of absence to any employee who must be absent from work due to service in the uniformed services in accordance with the Uniformed Services Employment and Re-Employment Rights Act of 1994 ("USERRA"). All employees requesting military leave must provide advance written notice of the need for such leave, unless prevented from doing so by military necessity or if providing notice would be impossible or unreasonable.

If military leave is for thirty (30) or fewer days, the School shall continue the employee's health benefits. For service of more than thirty (30) days, employee shall be permitted to continue their health benefits at their option through COBRA. Employees are entitled to use accrued vacation or paid time off as wage replacement during time served, provided such vacation/paid time off accrued prior to the leave.

Except for employees serving in the National Guard, NCSA will reinstate those employees returning from military leave to their same position or one of comparable seniority, status, and pay if they have a certificate of satisfactory completion of service and apply within ninety (90) days after release from active duty or within such extended period, if any, as required by law. For those employees serving in the National Guard, if he or she left a full-time position, the employee must apply for reemployment within forty (40) days of being released from active duty, and if he or she left part-time employment, the employee must apply for reemployment within five (5) days of being released from active duty.

An employee who was absent from work while fulfilling his or her covered service obligation under the USERRA or California law shall be credited, upon his or her return to the School, with the hours of service that would have been performed but for the period of absence from work due to or necessitated by USERRA-covered service. Exceptions to this policy will occur wherever necessary to comply with applicable laws.

NCSA shall grant up to ten (10) days of unpaid leave to employees who work more than twenty (20) hours per week and who are spouses of deployed military servicemen and servicewomen. The leave may be taken when the military spouse is on leave from deployment during a time of military conflict. To be eligible for leave, an employee must provide the School with (1) notice of intention to take military spousal leave within two (2) business days of receiving official notice that the employee's military spouse will be on leave from deployment, and (2) documentation certifying that the employee's military spouse will be on leave from deployment during the time that the employee requests leave.

Jury Duty and Witness Leave

All employees who receive a notice of jury/witness duty must notify their supervisor as soon as possible so that arrangements may be made to cover the absence. In addition, employees must provide a copy of the official jury/witness duty notice to their supervisor. Employees must report for work whenever the court schedule permits. Either the School or the employee may request an excuse from jury/witness duty if, in the School's judgment, the employee's absence would create serious operational difficulties.

Nonexempt employees who are called for jury/witness duty will be provided time off without pay. Exempt employees will receive their regular salary unless they do not work any hours during the course of a workweek.

In the event that the employee must serve as a witness within the course and scope of his or her employment with the School, the School will provide time off with pay.

Bereavement Leave

All employees who have worked for the School for at least thirty (30) days shall be eligible to take up to five (5) days of paid bereavement leave due to the death of a covered family member (spouse, child, parent, sibling, grandparent, grandchild, domestic partner, or parent-in-law). Bereavement leave must be utilized within three (3) months of the covered family member's date of death. Upon request, an employee may be required to provide documentation of the death of a covered family member. Bereavement pay will not be used in computing overtime pay. Absences in excess of five (5) days may be taken as personal necessity leave (as defined above) if available, or personal unpaid leave.

Reproductive Loss Leave

All employees who have worked for the School for at least thirty (30) days shall be eligible to take up to five (5) days of leave upon the employee experiencing a reproductive loss event. A reproductive loss event includes any failed adoption, failed surrogacy, miscarriage, stillbirth, or unsuccessful assisted reproduction. Reproductive loss leave must be used within three (3) months of a reproductive loss event. Employees may take up to twenty (20) days of leave due to qualifying reproductive loss events within a twelve (12) month period. Reproductive loss leave shall be unpaid unless the employee elects to use available accrued/unused paid leave. Reproductive loss leave shall not be used in computing overtime pay.

Civil Air Patrol Leave

NCSA will provide up to ten (10) days of unpaid leave each year to eligible members of the Civil Air Patrol. The employee must be employed by NCSA for at least ninety (90) days immediately prior to commencement of the leave, and must be a volunteer member of the California Wing of the Civil Air Patrol, duly directed and authorized to respond to an emergency operational mission.

Time Off for Volunteer Firefighters, Reserve Peace Officers and/or Emergency Rescue Personnel:

In California, no employee shall receive discipline for taking time off to perform emergency duty/training as a volunteer firefighter, reserve peace officer, or emergency rescue personnel. If employees participate in this kind of emergency duty/training, employees must inform their supervisor so that he or she may be aware that the employee may have to take unpaid time off for emergency duty/training. In the event that employees need to take time off for emergency duty/training, employees must inform their supervisor before doing so whenever possible. Time off for emergency training may not exceed fourteen (14) days per calendar year.

Emergency Duty/Training Leave is unpaid. Employees may choose to use your accrued vacation if they wish to receive compensation for this time off, but employees are not required to do so.

If the employee believes they have been treated unfairly as a result of taking or requesting Emergency Duty/Training Leave, the employee should contact their supervisor or any other manager, as appropriate.

Voting Time Off

If an employee does not have sufficient time outside of working hours to vote in an official state-sanctioned election, the employee may take off enough working time to vote. Such time off shall be taken at the beginning or the end of the regular working shift, whichever allows for more free time and the time taken off shall be combined with the voting time available outside of working hours to a maximum of two (2) hours combined. Under these circumstances, an employee will be allowed a maximum of two (2) hours of time off during an election day without loss of pay. When possible, an employee requesting time off to vote shall give the Principal at least two (2) days notice.

Bone Marrow and Organ Donor Leave

As required by law, eligible employees who require time off to donate bone marrow to another person may receive up to five (5) workdays off in a twelve (12) month period. Eligible employees who require time off to donate an organ to another person may receive up to sixty (60) workdays off in a twelve (12) month period.

To be eligible for bone marrow or organ donation leave ("Donor Leave"), the employee must have been employed by the School for at least ninety (90) days immediately preceding the Donor Leave.

An employee requesting Donor Leave must provide written verification to the School that he or she is a donor and that there is a medical necessity for the donation of the organ or bone marrow.

Up to five (5) days of leave for bone marrow donation, and up to thirty (30) days of leave for organ donation, may be paid provided the employee uses five (5) days of accrued paid leave for bone marrow donation and two (2) weeks of accrued paid leave for organ donation. If the employee has an insufficient number of paid leave days available, the leave will otherwise be paid.

Employees returning from Donor Leave will be reinstated to the position held before the leave began, or to a position with equivalent status, benefits, pay and other terms and conditions of employment. The School may refuse to reinstate an employee if the reason is unrelated to taking a Donor Leave. A Donor Leave is not permitted to be taken concurrently with an FMLA/CFRA Leave.

School Appearance and Activities Leave

As required by law, NCSA will permit an employee who is a parent or guardian (including a stepparent, foster parent, or grandparent) of school children, from kindergarten through grade twelve (12), or a child enrolled with a licensed child care provider, up to forty (40) hours of unpaid time off per school year (up to eight (8) hours in any calendar month of the school year) to participate in activities of a child's school or child care. If more than one (1) parent or guardian is an employee of NCSA, the employee that first provides the leave request will be given the requested time off. Where necessary, additional time off will also be permitted where the school requires the employee(s) appearance.

The employee requesting school leave must provide reasonable advanced notice of the planned absence. The employee must use accrued but unused paid leave (e.g., vacation or sick leave) to be paid during the absence.

When requesting time off for school activities, the employee must provide verification of participation in an activity as soon as practicable. When requesting time off for a required appearance, the employee(s) must provide a copy of the notice from the child's school requesting the presence of the employee.

Time Off for Adult Literacy Programs

NCSA will make reasonable accommodations for any employee who reveals a literacy problem and requests that NCSA assist him or her in enrolling in an adult literacy program, unless undue hardship to NCSA would result. NCSA will also assist employees who wish to seek literacy education training by providing employees with the location of local literacy programs. NCSA will take reasonable steps to safeguard the privacy of any employee who identifies himself or herself as an individual with a literacy problem. While NCSA encourages employees to improve their literacy skills, NCSA will not reimburse employees for the costs incurred in attending a literacy program. All time off under this policy is unpaid, unless the employee chooses to use accrued discretionary leave (which will run concurrently) to cover his or her wages during the absence.

Victims of Abuse Leave

NCSA provides reasonable and necessary unpaid leave and other reasonable accommodations to employees who are victims of domestic violence, sexual assault, stalking or other crimes. Such leave may be taken to attend legal proceedings or to obtain or attempt to obtain any relief necessary, including a restraining order, to ensure the employee's own health, safety or welfare, that of the employee's child or children or when a person whose immediate family member is deceased as the direct result of a crime. A crime includes a crime or public offense that would constitute a misdemeanor or felony if the crime had been committed in California by a competent adult, an act of terrorism against a resident of California (whether or not such act occurs within the state), and regardless of whether any person is arrested for, prosecuted for, or convicted of, committing the crime. Employees may also request unpaid leave for the following purposes:

- Seek medical attention for injuries caused by domestic violence, sexual assault, or stalking.
- Obtain services from a domestic violence shelter, program, or rape crisis center.
- Obtain psychological counseling for the domestic violence, sexual assault, or stalking.
- Participate in safety planning, such as relocation, to protect against future domestic violence, sexual assault, or stalking.

To request leave under this policy, an employee should provide NCSA with as much advance notice as practicable under the circumstances. If advance notice is not possible, the employee requesting leave under this policy should provide NCSA one (1) of the following certifications upon returning back to work:

1. A police report indicating that the employee was a victim of domestic violence, sexual assault, or stalking.

2. A court order protecting the employee from the perpetrator or other evidence from the court or prosecuting attorney that the employee appeared in court.
3. Documentation from a licensed medical professional, domestic violence or sexual assault counselor, licensed health care provider, or counselor showing that the employee's absence was due to treatment for injuries or abuse from domestic violence, sexual assault, or stalking.
4. Any other form of documentation that reasonably verifies that the crime or abuse occurred, including but not limited to, a written statement signed by the employee, or an individual acting on the employee's behalf, certifying that the absence is for a purpose authorized under the law.

Employees requesting leave under this policy may choose to use accrued paid leave. In addition, NCSA will provide reasonable accommodations to employees who are victims of domestic violence, sexual assault or stalking for the employees' safety while at work. To request an accommodation under this policy, an employee should contact the School Director or School Business Manager.

Other Unpaid Leave

NCSA recognizes that special situations may arise where an employee must leave his or her job temporarily. At its discretion, the School may grant employees leaves of absence. Any unpaid leave of absence must be approved in advance by the School.

The granting of a leave of absence always presumes the employee will return to active work by a designated date or within a specific period.

During a Family and Medical Leave Act, California Family Rights Act leave, and/or Pregnancy Disability Leave, the employee's medical and dental benefits will remain in force, provided the employee pays the appropriate premiums. Otherwise, benefits are terminated the month any other type of leave begins. If an employee fails to return from a leave and is subsequently terminated, the employee is entitled to all earned but unused vacation pay, provided that the vacation pay was earned prior to the commencement of leave. No vacation time is accrued during any type of unpaid leave of absence.

Returning From Leave of Absence

Employees cannot return from a medical leave of absence without first providing a sufficient doctor's return to work authorization.

When business considerations require, the job of an employee on leave may be filled by a temporary or regular replacement. An employee should give the Director thirty (30) days' notice before returning from leave. Whenever the School is notified of an employee's intent to return from a leave, the School will attempt to place the employee in his former position or in a comparable position with regard to salary and other terms and conditions for which the employee is qualified. However, re-employment cannot always be guaranteed. If employees need further information regarding Leaves of Absence, they should consult the Director.

PERSONNEL EVALUATION AND RECORD-KEEPING

Employee Reviews and Evaluations

Each employee, excluding temporary employees, will receive a performance review at least every two years, conducted by the School Director or designee. The frequency of performance evaluations may vary depending upon length of service, job position, past performance, changes in job duties, or recurring performance problems.

Performance evaluations may review factors such as the quality and quantity of the work performed, knowledge of the job, initiative, work attitude, and attitude toward others. The performance evaluations are intended to make employees aware of progress, areas for improvement, and objectives or goals for future work performance. Favorable performance evaluations do not guarantee increases in salary or promotions. Salary increases and promotions are solely at the discretion of the School and depend upon many factors, in addition to performance. After the review, employees are required to sign the evaluation report to acknowledge that it was reviewed with his or her supervisor and that the employee is aware of its contents.

In addition to formal bi-annual appraisals, direct supervisors are expected to provide counseling and feedback on an ongoing basis. Supervisors are also encouraged to meet with employees periodically throughout the year in order to establish goals for future performance and to discuss current performance.

Certificated Teachers Ongoing Support and Evaluation

- ❖ All teachers will receive ongoing support each year in the form of regular opportunities for collaboration within a team of teachers, staff meetings and staff-development opportunities, informal support from the Director, arts coordinator and office staff, as well as classroom and teacher development funds (when funding allows).
- ❖ Development of goals: Teachers are also asked to videotape themselves at least two times a year and develop their own professional development goals through the use of videotaping. Teachers may wish to collaborate with their peers in this area, or simply use it for their own benefit. After viewing the video, the teacher will create goals based on what they feel their needs are. Two forms, the “Components of an effective Lesson” and the “Video Evaluation Goals” should be turned in to the school director after the first videotaping session in early fall (no later than the end of October) and again in February. Teachers will meet with the director at the end of the year to review their progress toward their specific goals.

Teachers are also asked to check in and seek support from faculty as a whole through regular team meetings. Further, teachers are encouraged to seek formal or informal feedback from students and parents each classroom year. Finally, at the year-end meeting with the School Director, teachers have the opportunity to reflect and receive feedback that can guide growth.

NCSA’s performance evaluation system will in no way alter the at-will employment relationship. Failure by NCSA to evaluate an employee will not prevent NCSA from exercising its right to terminate the at-will employment relationship.

Personnel Files and Record-Keeping Protocols

At the time of employment, a personnel file is established for each employee. Please keep the Business Office advised of changes that should be reflected in the employee's personnel file. Such changes include: change in address, telephone number, marital status, number of dependents and person(s) to notify in case of emergency. Prompt notification of these changes is essential and will enable the School to contact employees should the change affect their other records.

Employees have the right to inspect documents in their personnel file, as provided by law, in the presence of a School representative, at a mutually convenient time. Employees also have the right to obtain a copy of their personnel file as provided by law. Employees may add their comments to any disputed item in the file. NCSA will restrict disclosure of their personnel file to authorized individuals within the School. A request for information contained in the personnel file must be directed to the School Director. Only the School Director or designee is authorized to release information about current or former employees. Disclosure of information to outside sources will be limited. However, the School will cooperate with requests from authorized law enforcement or local, state or federal agencies conducting official investigations or as otherwise legally required.

Credible complaints of substantiated investigations into or discipline for egregious misconduct will not be expunged from an employee's personnel file unless the complaint is heard by an arbitrator, administrative law judge, or the Charter Council and the complaint is deemed to be false, not credible, unsubstantiated or a determination was made that discipline was not warranted.

Employment Verification and References

All requests for employment verification will be directed to the Charter Business Center at the Nevada County Office of Education. All requests for employment references will be directed to the School Director. NCSA's response to such inquiries is limited to providing dates of employment and the employee's most recent position.

DISCIPLINE AND TERMINATION OF EMPLOYMENT

Rules of Conduct

All employees are expected to meet NCSA's standards for work performance and personal conduct. Misconduct by an employee will result in discipline, including possible termination of employment. The following conduct is prohibited and will not be tolerated by the School. This list of prohibited conduct is illustrative only and applies to all employees of the School; other types of conduct that threaten students or other employees' security, personal safety, employee welfare and NCSA operations also may be prohibited. This statement of prohibited conduct does not alter NCSA's policy of at-will employment relationship as to at-will employees of the School. If an employee is working under contract with the School which grants procedural rights prior to termination, the procedural terms in the contract shall apply.

1. Insubordination - refusing to perform a task or duty assigned or act in accordance with instructions provided by an employee's manager or proper authority.
2. Inefficiency - including deliberate restriction of output, carelessness or unnecessary wastes of time or material, neglect of job, duties or responsibilities.
3. Violation of any NCSA policy described in this Handbook or any other NCSA policy, rule, or procedure, including but not limited to violation of any safety, health or security policy, rule, or procedure.
4. Any form of unlawful harassment, including sexually harassing another employee, student, or visitor or creating a hostile work environment.
5. Discriminating on the basis of race, color, creed, sex, marital status, physical or mental disability, age, national origin or ancestry, sexual orientation or any other consideration made unlawful by applicable discrimination laws.
6. Reporting to work under the influence of intoxicants or controlled substances, or the use of, or being in possession of, intoxicants or controlled substances on NCSA premises or while driving for work-related purposes.
7. Use of physical force, fighting or instigating a fight on School premises, assault, or physical intimidation of any other person.
8. Using or possessing firearms, weapons or explosives of any kind on School premises.
9. Use of profane, abusive or threatening language in conversations with students or other employees and/or intimidating or interfering with students or other employees.
10. Violations of the drug and alcohol policy.
11. Gambling on School premises.
12. Immoral or indecent conduct.
13. Violations of the sexual harassment policy.
14. Recording the clock card, when applicable, of another employee or permitting or arranging for another employee to record your clock card.
15. Spreading rumors or gossip that may be harmful to NCSA or to its students or employees.
16. Posting any notices on School premises without prior written approval of management, unless posting is on a School bulletin board designated for employee postings.

17. Release of confidential information without authorization.
18. Dishonesty, falsification, unauthorized removal of NCSA records, or failure to report any such actions. Tampering with or falsifying any report or record including, but not limited to, personnel, absentee, sickness or production reports or records, specifically including applications for employment and time cards
19. Engaging in sabotage or espionage (industrial or otherwise).
20. Dishonesty, fraud, or a breach of trust under any circumstance.
21. Conviction of a criminal act.
22. Unauthorized soliciting, collecting of contributions, distribution of literature, written or printed matter is strictly prohibited on School property by non-employees and by employees. This rule does not cover periods of time when employees are off their jobs, such as lunch periods and break times. However, employees properly off their jobs are prohibited from such activity with other employees who are performing their work tasks.
23. Damaging, defacing, unauthorized removal, destruction or theft of another employee's property or of School property.
24. Permitting an unauthorized person to enter NCSA premises without permission.
25. Failure to follow specified job instructions, unsatisfactory work performance, or insubordination.
26. Conducting personal business during work hours and/or unauthorized use of telephone lines for personal calls.
27. Excessive absenteeism or tardiness, excused or unexcused.
28. Failure to report a work injury/accident to the employee's manager or failure to take or follow prescribed tests, procedures or treatment. Sleeping during work hours.
29. Any other conduct detrimental to other employees or the School's interests or its efficient operations.
30. Refusal to speak to supervisors or other employees.
31. Failure to possess or maintain the credential/certificate required of the position.
32. Sleeping during work hours.
33. Release of confidential information without authorization.
34. Unprofessional conduct.

Off-Duty Conduct

While NCSA does not seek to interfere with the off-duty and personal conduct of its employees, certain types of off-duty conduct may interfere with the School's legitimate business interests. For this reason, employees are expected to conduct their personal affairs in a manner that does not adversely affect the School or its own integrity, reputation, or credibility. Illegal or immoral off-duty conduct by an employee that adversely affects the School's legitimate business interests or the employee's ability to perform his or her work will not be tolerated.

While employed by NCSA, employees are expected to devote their energies to their jobs with the School. For this reason, second jobs are strongly discouraged. The following types of additional employment elsewhere are strictly prohibited:

1. Additional employment that conflicts with an employee's work schedule, duties, and responsibilities at NCSA;

2. Additional employment that creates a conflict of interest or is incompatible with the employee's position with NCSA;
3. Additional employment that impairs or has a detrimental effect on the employee's work performance with NCSA;
4. Additional employment that requires the employee to conduct work or related activities on the NCSA's property during the employer's working hours or using our NCSA's facilities and/or equipment; and,
5. Additional employment that directly or indirectly competes with the business or the interests of NCSA.

Employees who wish to engage in additional employment that may create a real or apparent conflict of interest must submit a written request to NCSA explaining the details of the additional employment. If the additional employment is authorized, NCSA assumes no responsibility for it. NCSA shall not provide workers' compensation coverage or any other benefit for injuries occurring from or arising out of additional employment. Authorization to engage in additional employment can be revoked at any time.

Voluntary Termination of Employment

Should it become necessary for an employee to terminate their at-will employment with NCSA, employees should notify the School Director regarding their intention as far in advance as possible. At least two (2) weeks' notice is expected whenever possible.

When an employee terminates their at-will employment, they will be entitled to all earned by unused vacation pay. If an employee is the participating in medical and/or dental plan, they will be provided information on their rights under COBRA.

INTERNAL COMPLAINT REVIEW

Open Door Policy

At some time or another, employees may have a suggestion, complaint, or question about the School, their job, their working conditions, or the treatment they are receiving. We welcome employee suggestions, complaints, or questions. For issues other than prohibited harassment, discrimination, or retaliation, we ask that employees take their concerns first to their supervisor, who will investigate and provide a solution or explanation. If the problem is still not resolved, the employee may present it to Human Resources or the Director of the School, preferably in writing, who will address the employee's concerns.

Internal Complaint Review Policy

The purpose of the "Internal Complaint Review Policy" is to afford all employees of the School the opportunity to seek internal resolution of their work-related concerns. All employees have free access to the School Director, Business Manager or the Charter Council to express their work-related concerns.

Specific complaints of unlawful harassment, discrimination, and retaliation are addressed under the School's "Policy Prohibiting Unlawful Harassment, Discrimination and Retaliation."

Internal Complaints

(Complaints by Employees Against Employees)

This section of the policy is for use when a School employee raises a complaint or concern about a co-worker.

If reasonably possible, internal complaints should be resolved at the lowest possible level, including attempts to discuss/resolve concerns with the immediate supervisor. However, in the event an informal resolution may not be achieved or is not appropriate, the following steps will be followed by the School Director or designee:

1. The complainant will bring the matter to the attention of the School Director as soon as possible after attempts to resolve the complaint with the immediate supervisor have failed or if not appropriate; and
2. The complainant will reduce his or her complaint to writing, indicating all known and relevant facts. The School Director or designee will then investigate the facts and provide a solution or explanation;
3. If the complaint is about the School Director, the complainant may file his or her complaint in a signed writing to the President of the Charter Council , who will then confer with the Charter Council and may conduct a fact-finding or authorize a third party investigator on behalf of the Board. The Charter Council President or investigator will report his or her findings to the Charter Council for review and action, if necessary.

This policy cannot guarantee that every problem will be resolved to the employee's satisfaction. However, the School values each employee's ability to express concerns and the need for resolution without fear of adverse consequence to employment.

Policy for Complaints Against Employees

(Complaints by Third Parties Against Employees)

This section of the policy is for use when a non-employee raises a complaint or concern about a School employee.

If complaints cannot be resolved informally, complainants may file a written complaint with the School Director or Charter Council President (if the complaint concerns the School Director) as soon as possible after the events that give rise to the complainant's concerns. The written complaint should set forth in detail the factual basis for the complaint.

In processing the complaint, the School Director (or designee) shall abide by the following process:

1. The School Director or designee shall use his or her best efforts to talk with the parties identified in the complaint and to ascertain the facts relating to the complaint.
2. In the event that the School Director (or designee) finds that a complaint against an employee is valid, the School Director (or designee) may take appropriate disciplinary action against the employee. As appropriate, the School Director (or designee) may also simply counsel/reprimand employees as to their conduct without initiating formal disciplinary measures.
3. The School Director's (or designee's) decision relating to the complaint shall be final unless it is appealed to the Charter Council. The decision of the Charter Council shall be final.

General Requirements

2. Confidentiality: All complainants will be notified that information obtained from the complainants and thereafter gathered will be maintained in a manner as confidential as possible, but in some circumstances absolute confidentiality cannot be assured.
3. Non-Retaliation: All complainants will be advised that they will be protected against retaliation as a result of the filing of any complaints or participation in any complaint process.
4. Resolution: The Charter Council (if a complaint is about the School Director) or the School Director or designee will investigate complaints appropriately under the circumstances and pursuant to the applicable procedures, and if necessary, take appropriate remedial measures to ensure effective resolution of any complaint.

AMENDMENT TO EMPLOYEE HANDBOOK

This Employee Handbook contains the employment policies and practices of the School in effect at the time of publication.

NCSA reserves the right to amend, delete or otherwise modify this Handbook at any time provided that such modifications are in writing and duly approved by the employer.

Any written changes to the Handbook will be distributed to all employees. No oral statements can in any way alter the provisions of this Handbook.

APPENDIX A

HARASSMENT/DISCRIMINATION/RETALIATION COMPLAINT FORM

It is the policy of the School that all of its employees be free from harassment, discrimination, and retaliation. This form is provided for you to report what you believe to be harassment, discrimination, or retaliation so that the School may investigate and take appropriate disciplinary or other action when the facts show that there has been harassment, discrimination, or retaliation.

If you are an employee of the School, you may file this form with the Director, Business Manager or Charter Council President.

Please review the School's policies concerning harassment, discrimination, and retaliation for a definition of such unlawful conduct and a description of the types of conduct that are considered unlawful.

NCSA will undertake every effort to handle the investigation of your complaint in a confidential manner. In that regard, the School will disclose the contents of your complaint only to those persons having a need to know. For example, to conduct its investigation, the School will need to disclose portions of your factual allegations to potential witnesses, including anyone you have identified as having knowledge of the facts on which you are basing your complaint, as well as the alleged offender.

In signing this form below, you authorize the School to disclose to others the information you have provided herein, and information you may provide in the future. Please note that the more detailed information you provide, the more likely it is that the School will be able to address your complaint to your satisfaction.

Charges of harassment, discrimination, and retaliation are taken very seriously by the School both because of the harm caused by such unlawful conduct, and because of the potential sanctions that may be taken against the offender. It is therefore very important that you report the facts as accurately and completely as possible and that you cooperate fully with the person or persons designated to investigate your complaint.

Your Name: _____ Date: _____

Date of Alleged Incident(s): _____

Name of Person(s) you believe harassed, or discriminated or retaliated against, you or someone else: _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Please describe the events or conduct that are the basis of your complaint by providing as much factual detail as possible (i.e. specific statements; what, if any, physical contact was involved; any verbal statements; what did you do to avoid the situation, etc.) (Attach additional pages, if needed):

I acknowledge that I have read and that I understand the above statements. I hereby authorize the School to disclose the information I have provided as it finds necessary in pursuing its investigation.

I hereby certify that the information I have provided in this complaint is true and correct and complete to the best of my knowledge and belief.

Signature of Complainant

Date: _____

Print Name

Received by: _____

Date: _____

APPENDIX B

INTERNAL COMPLAINT FORM

Your Name: _____ Date: _____

Date of Alleged Incident(s): _____

Name of Person(s) you have a complaint against: _____

List any witnesses that were present: _____

Where did the incident(s) occur?

Please describe the events or conduct that are the basis of your complaint by providing as much factual detail as possible (i.e. specific statements; what, if any, physical contact was involved; any verbal statements; what did you do to avoid the situation, etc.) (Attach additional pages, if needed):

I hereby authorize the School to disclose the information I have provided as it finds necessary in pursuing its investigation. I hereby certify that the information I have provided in this complaint is true and correct and complete to the best of my knowledge and belief. I further understand providing false information in this regard could result in disciplinary action up to and including termination.

Signature of Complainant

Date: _____

Print Name

To be completed by School:

Received by: _____
4865-2797-9666, v. 2

Date: _____



Nevada City School of the Arts

AED Policies & Procedures

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



Nevada City School of the Arts AED PROGRAM CONTACT LIST

AED Coordinator: Lisa Poggensee

Location: 13024 Bitney Springs Rd
Nevada City, CA 95959
Phone Number: (530) 272-7760
Email: lpoggensee@nevcocsa.org

Site Contact: Megan Williamson

Location: 13032 Bitney Springs Rd.
Nevada City, CA 95959
Phone Number: (530)273-7736
Email: megan.williamson@ncsota.org

Medical Director: Michael Kenndey, MD

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

Local EMS: Sierra-Sacramento Valley

Contact: Troy Falck, MD, FACEP, FAAEM
Location: 535 Menlo Drive, Ste A
Rocklin, CA 95765
Phone Number: (916) 625-1702
Email: info@ssvems.com

AED Program Management: DiPietro & Associates, Inc.

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



Nevada City School of the Arts

AED LOCATIONS

Location: After school sports

Serial Number: 19E00000982

Location: Bldg 9 Business Office

Serial Number: 19E00001042

Location: Lower Campus Main Office

Serial Number: X04H039890

Location: Upper Campus Main Office

Serial Number: X04H039848



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 Kennedy, MD. for a period of one year from:

Effective Date: July 1, 2023
Company Name: Nevada City School of the Arts
Location: 13032 Bitney Springs Rd.
Nevada City, CA 95959

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): 19E00000982 19E00001042

AED Make / Model: ZOLL AED Plus
Serial Number(s): X04H039890 X04H039848

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.

DocuSigned by:
Michael Kennedy
2FFFBBD488ED478
Michael Kennedy, MD
Medical Director

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

Nevada City School of the Arts
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM
Standard Operating Procedures

Effective Date: 7/1/2023

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 patient's 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 approved 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 AED is the acronym used to describe the AUTOMATED EXTERNAL DEFIBRILLATOR. The AED in use at Nevada City School of the Arts are the Zoll AED Plus and HeartSine Samaritan 350P. Operating instructions and maintenance manuals are available in this document or by contacting the Site Coordinator.
- 5.2 The Medical Director 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 AED Coordinator is an employee of Nevada City School of the Arts 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 Site Contacts are employees at the individual facilities equipped with an AED. If no site contact the AED coordinator 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 re-training 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.

Targeted Responders 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 must 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 identifying the 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 To 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:

- Zoll & HeartSine Samaritan 350P
- 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 AED 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 100 to 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 office supervisor, 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.Zoll.com and 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 CPR/AED training be taught in accordance with American Heart Association guidelines, with mandatory periodic skills evaluations. Skills evaluations, required in California, are necessary to maintain proficiency and may take a variety of forms.

Re-certification training will be conducted every other year. Staff may be trained on alternate years. To schedule training, you may contact DiPietro & Associates, Inc. at (530) 477-6818 or via email to support@dipietroassoc.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 287, Chapter 449
8.3 Senate Bill 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

Nevada City School of the Arts

Treatment Algorithm

Components of a System of Care

2015 (New): Universal elements of a system of care have been identified to provide stakeholders with a common framework with which to assemble an integrated resuscitation system (Figure 3).

Why: Healthcare delivery requires structure (eg, people, equipment, education) and process (eg, policies, protocols, procedures) that, when integrated, produce a system (eg, programs, organizations, cultures) that leads to optimal outcomes (eg, patient survival and safety, quality, satisfaction). An effective system of care comprises all of these elements—structure, process, system, and patient outcomes—in a framework of continuous quality improvement.

Chains of Survival

2015 (New): Separate Chains of Survival (Figure 4) have been recommended that identify the different pathways of care for patients who experience cardiac arrest in the hospital as distinct from out-of-hospital settings.

Why: The care for all post-cardiac arrest patients, regardless of where their arrests occur, converges in the hospital, generally in an intensive care unit where post-cardiac arrest care is provided. The elements of structure and process

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 defibrillation (ie, public-access defibrillation [PAD]) until a team of professionally trained emergency medical service (EMS) providers assumes responsibility and then transports the patient to an emergency department and/or cardiac catheterization lab. The patient is ultimately transferred to a critical care unit for continued care. In contrast, patients who have an IHCA depend on a system of appropriate surveillance (eg, rapid response or early warning system) to prevent cardiac arrest. If cardiac arrest occurs, patients depend on the smooth interaction of the institution's various departments and services and on a multidisciplinary team of professional providers, including physicians, nurses, respiratory therapists, and others.

Use of Social Media to Summon Rescuers

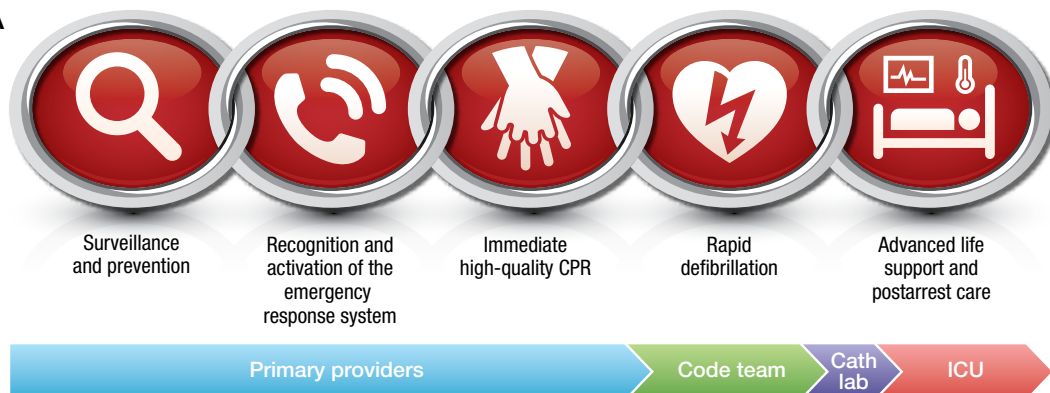
2015 (New): It may be reasonable for communities to incorporate social media technologies that summon rescuers who are in close proximity to a victim of suspected OHCA and are willing and able to perform CPR.

Why: There is limited evidence to support the use of social media by dispatchers to notify potential rescuers of a possible

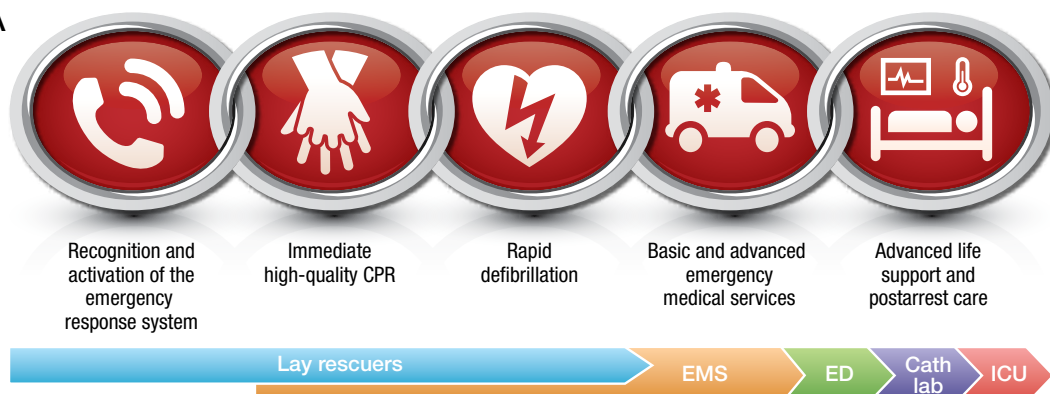
Figure 4

IHCA and OHCA Chains of Survival

IHCA



OHCA



cardiac arrest nearby, and activation of social media has not been shown to improve survival from OHCA. However, in a recent study in Sweden, there was a significant increase in the rate of bystander-initiated CPR when a mobile-phone dispatch system was used.⁶ Given the low harm and the potential benefit, as well as the ubiquitous presence of digital devices, municipalities could consider incorporating these technologies into their OHCA systems of care.

Team Resuscitation: Early Warning Sign Systems, Rapid Response Teams, and Medical Emergency Team Systems

2015 (Updated): For adult patients, rapid response team (RRT) or medical emergency team (MET) systems can 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 with high-risk illnesses are cared for in general in-patient units. 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 of patients at risk of cardiac arrest, an organized response to such patients, and an evaluation of outcomes to foster continuous quality improvement.

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 varying combinations of physicians, nurses, and respiratory therapists. These teams are usually summoned to a patient 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 teams trained in the complex choreography of resuscitation.

Continuous Quality Improvement for Resuscitation Programs

2015 (Reaffirmation of 2010): Resuscitation systems should establish ongoing assessment and improvement of systems 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 performance can be narrowed.

Regionalization of Care

2015 (Reaffirmation of 2010): A regionalized approach to OHCA resuscitation that includes the use of cardiac resuscitation centers may be considered.

Why: A cardiac resuscitation center is a hospital that provides evidence-based care in resuscitation and post-cardiac arrest care, including 24-hour, 7-day percutaneous coronary intervention (PCI) capability, TTM with an adequate 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 improved survival rates that followed establishment of other systems of care, such as trauma.

Adult Basic Life Support and CPR Quality: Lay Rescuer CPR

Summary of Key Issues and Major Changes

Key issues and major changes in the 2015 Guidelines Update recommendations for adult CPR by lay rescuers include the following:

- The crucial links in the out-of-hospital adult Chain of Survival are unchanged from 2010, with continued emphasis on the simplified universal Adult Basic Life Support (BLS) Algorithm.
- The Adult BLS Algorithm has been modified to reflect the fact that rescuers can activate an emergency response (ie, through use of a mobile telephone) without leaving the victim's side.
- It is recommended that communities with people at risk for cardiac arrest implement PAD programs.
- Recommendations have been strengthened to encourage immediate recognition of unresponsiveness, activation of the 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 CPR instructions to the caller (ie, dispatch-guided CPR).
- 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 life-threatening opioid-associated emergencies.

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 information about these changes appears below.

In the following topics, changes or points of emphasis that are similar for lay rescuers and HCPs are noted with an asterisk (*).

Community Lay Rescuer AED Programs

2015 (Updated): It is recommended that PAD programs for patients with OHCA be implemented in public locations where there is a relatively high likelihood of witnessed cardiac 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-hospital sudden cardiac arrest. The 2010 Guidelines recommended the establishment of AED programs in public locations where there is a relatively high likelihood of witnessed cardiac arrest (eg, airports, casinos, sports facilities).

Why: There is clear and consistent evidence of improved survival from cardiac arrest when a bystander performs CPR and rapidly uses an AED. Thus, immediate access to a defibrillator is a primary component of the system of care. The implementation of a PAD program requires 4 essential components: (1) a planned and practiced response, which ideally includes identification of locations and neighborhoods where there is high risk of cardiac arrest, placement of AEDs in those areas and ensuring that bystanders are aware of the location of the AEDs, and, typically, oversight by an HCP; (2) training of anticipated rescuers in CPR and use of the AED; (3) an integrated link with the local EMS system; and (4) a program of ongoing quality improvement.

A system-of-care approach for OHCA might include public policy that encourages reporting of public AED locations 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 bystanders to retrieve nearby AEDs and assist in their use 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 OHCA that occur in public areas, these community programs represent an important link in the Chain of Survival between recognition and activation of the PSAPs. This information is expanded in “Part 4: Systems of Care and Continuous Quality Improvement” in the 2015 Guidelines Update.

There is insufficient evidence to recommend for or against the deployment of AEDs in homes. Victims of OHCA that occur in private residences are much less likely to receive chest compressions than are patients who experience cardiac arrest in public settings. Real-time instructions provided by emergency dispatchers may help potential in-home rescuers to initiate action. Robust community CPR training programs for cardiac arrest, along with effective, prearrival dispatch protocols, can improve outcomes.

Dispatcher Identification of Agonal Gasps

Cardiac arrest victims sometimes present with seizure-like activity or agonal gasps that can confuse potential rescuers. Dispatchers should be specifically trained to identify these presentations of cardiac arrest to enable prompt recognition and immediate dispatcher-guided CPR.

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 abnormal breathing, the rescuer and the dispatcher should assume that the 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.

2010 (Old): To help bystanders recognize cardiac arrest, dispatchers should ask about an adult victim's responsiveness, if the victim is breathing, and if the breathing is normal, in an attempt to distinguish victims with agonal gasps (ie, in those who need CPR) from victims who are breathing normally and do not need CPR.

Why: This change from the 2010 Guidelines emphasizes the role that emergency dispatchers can play in helping the lay rescuer recognize absent or abnormal breathing.

Dispatchers should be specifically educated to help bystanders recognize that agonal gasps are a sign of cardiac arrest. Dispatchers should also be aware that brief generalized seizures may be the first manifestation of cardiac arrest. In summary, in addition to activating professional emergency responders, the dispatcher should ask straightforward questions about whether the patient is unresponsive and if breathing is normal or abnormal in order to identify patients with possible cardiac arrest and enable dispatcher-guided CPR.

Emphasis on Chest Compressions*

2015 (Updated): Untrained lay rescuers should provide compression-only (Hands-Only) CPR, with or without dispatcher guidance, for adult victims of cardiac arrest. The rescuer should continue compression-only CPR until the arrival of an AED or rescuers with additional training. All lay rescuers should, at a minimum, provide chest compressions for victims of cardiac arrest. In addition, if the trained lay rescuer is able to perform rescue breaths, he or she should add rescue breaths in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED arrives and is ready for use, EMS providers take over care of the victim, or the victim starts to move.

2010 (Old): If a bystander is not trained in CPR, the bystander should provide compression-only CPR for the adult victim who suddenly collapses, with an emphasis to “push hard and fast” on the center of the chest, or follow the directions of the EMS dispatcher. The rescuer should continue compression-only CPR until an AED arrives and is ready for use or EMS providers take over care of the victim. All trained lay rescuers should, at a minimum,

provide chest compressions for victims of cardiac arrest. In addition, if the trained lay rescuer is able to perform rescue breaths, compressions and breaths should be provided in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED arrives and is ready for use or EMS providers take over care of the victim.

Why: Compression-only CPR is easy for an untrained rescuer to perform and can be more effectively guided by dispatchers over the telephone. Moreover, survival rates from adult cardiac arrests of cardiac etiology are similar with either compression-only CPR or CPR with both compressions and rescue breaths when provided before EMS arrival. However, for the trained lay rescuer who is able, the recommendation remains for the rescuer to perform both compressions and breaths.

Chest Compression Rate*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions at a 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/min.

Why: The number of chest compressions delivered per minute during CPR is an important determinant of return of spontaneous circulation (ROSC) and survival with good neurologic function. The actual number of chest compressions delivered per minute is determined by the rate of chest compressions and the number and duration of interruptions in

compressions (eg, to open the airway, deliver rescue breaths, allow AED analysis). In most studies, more compressions are associated with higher survival rates, and fewer compressions are associated with lower survival rates. Provision of adequate chest compressions requires an emphasis not only on an adequate compression rate but also on minimizing interruptions to this critical component of CPR. An inadequate compression rate or frequent interruptions (or both) will reduce the total number of compressions delivered per minute. New to the 2015 Guidelines Update are upper limits of recommended compression rate and compression depth, based on preliminary data suggesting that excessive compression rate and depth adversely affect outcomes. The addition of an upper limit of compression rate is based on 1 large registry study analysis associating extremely rapid compression rates (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 number of compressions delivered during resuscitation.

Chest Compression Depth*

2015 (Updated): During manual CPR, rescuers should perform chest compressions to a depth of at least 2 inches (5 cm) for an average adult, while avoiding excessive chest compression depths (greater than 2.4 inches [6 cm]).

2010 (Old): The adult sternum should be depressed at least 2 inches (5 cm).

Why: Compressions create blood flow primarily by increasing intrathoracic pressure and directly compressing the heart, which in turn results in critical blood flow and oxygen delivery 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 cm) 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]), beyond 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 depth 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 feedback devices suggests that compressions are more often too shallow than they are too deep.

Bystander Naloxone in Opioid-Associated Life-Threatening Emergencies*

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 considered. This topic is also addressed in the Special Circumstances of Resuscitation section.

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.

Why: There is substantial epidemiologic data demonstrating the large burden of disease from lethal opioid overdoses, as well as some documented success in targeted national strategies for bystander-administered naloxone for people at risk. In 2014, the naloxone autoinjector was approved by the US Food and Drug Administration for use by lay rescuers and HCPs.⁷ The resuscitation training network has requested information about the best way to incorporate such a device into the adult BLS guidelines and training. This recommendation incorporates the newly approved treatment.

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:

- 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** after each compression, rescuers must avoid leaning on the chest between compressions.
- Criteria for **minimizing interruptions** is clarified with a goal of

chest compression fraction as high as possible, with a target of at least 60%.

- Where EMS systems have adopted bundles of care involving continuous chest compressions, the use of passive ventilation 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 per minute) is recommended.

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.

Immediate Recognition and Activation of 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 <i>Not</i>
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 untrained rescuers because it is relatively easy for dispatchers to guide with telephone instructions. It is expected that HCPs are trained in CPR and can effectively perform both compressions and ventilation. However, the priority for the provider, especially if acting alone, should still be to activate the emergency response system and to provide chest compressions. There may be circumstances that warrant a change of sequence, such as the availability of an AED that the provider can quickly retrieve and use.

Shock First vs CPR First

2015 (Updated): For witnessed adult cardiac arrest when an AED is immediately available, it is reasonable that the defibrillator be used as soon as possible. For adults with unmonitored cardiac arrest or for whom an AED is not immediately available, it is reasonable that CPR be initiated while the defibrillator equipment is being retrieved and applied and that defibrillation, if indicated, be attempted as soon as the device is ready for use.

2010 (Old): When any rescuer witnesses an out-of-hospital arrest and an AED is immediately available on-site, the rescuer should start CPR with chest compressions and use the AED as soon as possible. HCPs who treat cardiac arrest in hospitals and other facilities with on-site AEDs or defibrillators should provide immediate CPR and should use the AED/defibrillator as soon as it is available. These recommendations are designed to support early CPR and early defibrillation, particularly when an AED or defibrillator is available within moments of the onset of sudden cardiac arrest. When an OHCA is not witnessed 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, 1½ to 3 minutes of CPR may be considered before attempted defibrillation. Whenever 2 or more rescuers are present, CPR should be provided while the defibrillator is retrieved.

With in-hospital sudden cardiac arrest, there is insufficient evidence to support or refute CPR before defibrillation. However, in monitored patients, the time from ventricular fibrillation (VF) to shock delivery should be under 3 minutes, and CPR should be performed while the defibrillator is readied.

Why: While numerous studies have addressed the question of whether a benefit is conferred by providing a specified period (typically 1½ to 3 minutes) of chest compressions before shock delivery, as compared with delivering a shock as soon as the AED can be readied, no difference in outcome has been shown. CPR should be provided while the AED pads are applied and until the AED is ready to analyze the rhythm.

Chest Compression Rate: 100 to 120/min*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions at a 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/min.

Why: The minimum recommended compression rate remains 100/min. The upper limit rate of 120/min has been added because 1 large registry series suggested that as the compression rate increases to more than 120/min, compression depth decreases in a dose-dependent manner. For example, the proportion of compressions of inadequate depth was about 35% for a compression rate of 100 to 119/min but increased to inadequate depth in 50% of compressions when the compression rate was 120 to 139/min and to inadequate depth in 70% of compressions when compression rate was more than 140/min.

Chest Compression Depth*

2015 (Updated): During manual CPR, rescuers should perform chest compressions to a depth of at least 2 inches (5 cm) for an average adult while avoiding excessive chest compression depths (greater than 2.4 inches [6 cm]).

2010 (Old): The adult sternum should be depressed at least 2 inches (5 cm).

Why: A compression depth of approximately 5 cm is associated with greater likelihood of favorable outcomes compared with shallower compressions. While there is less evidence about whether there is an upper threshold beyond which compressions may be too deep, a recent very small study suggests potential injuries (none life-threatening) from excessive chest compression depth (greater than 2.4 inches [6 cm]). 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 chest compression depth is more often too shallow than too deep.

Chest Recoil*

2015 (Updated): It is reasonable for rescuers to avoid leaning on the chest between compressions, to allow full chest wall recoil for adults in cardiac arrest.

2010 (Old): Rescuers should allow complete recoil of the chest after each compression, to allow the heart to fill completely before the next compression.

Why: Full chest wall recoil occurs when the sternum returns to its natural or neutral position during the decompression phase of CPR. Chest wall recoil creates a relative negative intrathoracic pressure that promotes venous return and cardiopulmonary blood flow. Leaning on the chest wall between compressions precludes full chest wall recoil. Incomplete recoil raises intrathoracic pressure and reduces venous return, coronary perfusion pressure, and myocardial blood flow and can influence resuscitation outcomes.

Minimizing Interruptions in Chest Compressions*

2015 (Reaffirmation of 2010): Rescuers should attempt to minimize the frequency and duration of interruptions in compressions to maximize the number of compressions delivered per minute.

Table 2 Summary 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 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 <i>without advanced airway</i>	1 or 2 rescuers 30:2	1 rescuer 30:2 2 or more rescuers 15:2	
Compression-ventilation ratio <i>with advanced airway</i>	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 each compression; do not lean on the chest 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 without an advanced airway, it may be reasonable to perform CPR with the goal of a chest compression fraction as high as possible, with a target of at least 60%.

Why: Interruptions in chest compressions can be intended as part of required care (ie, rhythm analysis and ventilation) or unintended (ie, rescuer distraction). Chest compression fraction is a measurement of the proportion of total resuscitation time that compressions are performed. An increase in chest compression fraction can be achieved by minimizing pauses in chest compressions. The optimal goal for chest compression fraction has not been defined. The addition of a target compression fraction is intended to limit interruptions in compressions and to maximize coronary 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 BLS (excluding CPR for newly born infants).

Chest Compression Feedback

2015 (Updated): It may be reasonable to use audiovisual 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 resuscitations. Training for the complex combination of skills required to perform adequate chest compressions should focus on demonstrating mastery.

Why: Technology allows for real-time monitoring, recording, and feedback about CPR quality, including both physiologic patient parameters and rescuer performance metrics. These important data can be used in real time during resuscitation, for debriefing after resuscitation, and for system-wide quality improvement programs. Maintaining focus during CPR on the characteristics of compression rate and depth and chest recoil while minimizing interruptions is a complex challenge even for highly trained professionals. There is some evidence that the use of CPR feedback may be effective in modifying chest compression rates that are too fast, and there is separate evidence that CPR feedback decreases the leaning force during chest compressions. However, studies to date have not demonstrated a significant improvement in favorable neurologic outcome or survival to hospital discharge with the use of CPR feedback devices during actual cardiac arrest events.

Delayed Ventilation

2015 (New): For witnessed OHCA with a shockable rhythm, it may be reasonable for EMS systems with priority-based, multitiered response to delay positive-pressure ventilation (PPV) by using a strategy of up to 3 cycles of 200 continuous compressions with passive oxygen insufflation and airway adjuncts.

Why: Several EMS systems have tested a strategy of providing initial continuous chest compressions with delayed PPV for adult victims of OHCA. In all of these EMS systems, the providers received additional training with emphasis on provision of high-quality chest compressions. Three studies in systems that use priority-based, multitiered response in both urban and rural communities, and provide a bundled package of care that includes up to 3 cycles of passive oxygen insufflation, airway adjunct insertion, and 200 continuous chest compressions with interposed shocks, showed improved survival with favorable neurologic status for victims with witnessed arrest or shockable rhythm.

Ventilation During CPR With an Advanced Airway

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 (ie, during CPR with an advanced airway).

2010 (Old): When an advanced airway (ie, endotracheal tube, Combitube, or laryngeal mask airway) is in place during 2-person CPR, give 1 breath every 6 to 8 seconds without attempting to synchronize breaths between compressions (this will result in delivery of 8 to 10 breaths per minute).

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

2015 (New): For HCPs, the 2015 Guidelines Update allows flexibility for activation of the emergency response and subsequent management in order to better match the provider's clinical setting (Figure 5).

Why: The steps in the BLS algorithms have traditionally been presented as a sequence in order to help a single rescuer prioritize actions. However, there are several factors in any resuscitation (eg, type of arrest, location, whether trained providers are nearby, whether the rescuer must leave a victim to activate the emergency response system) that may require modifications in the BLS sequence. The updated BLS HCP algorithms aim to communicate when and where flexibility in sequence is appropriate.

Alternative Techniques and Ancillary Devices for CPR

Summary of Key Issues and Major Changes

Conventional CPR consisting of manual chest compressions interspersed with rescue breaths is inherently inefficient with respect to generating significant cardiac output. A variety of alternatives and adjuncts to conventional CPR have been developed with the aim of enhancing cardiac output during resuscitation from cardiac arrest. Since the 2010 Guidelines were published, a number of clinical trials have provided new data on the effectiveness of these alternatives.

Event Report

CPR/AED INCIDENT INVESTIGATION REPORT

(To be completed within 24 hours of incident)

Name of Patient		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Social Security Number	Department	Job Title																
Service Date	Time in Position	Date of Incident: Time: am <input type="checkbox"/> pm <input type="checkbox"/>		Report Date	Event Actions: <input type="checkbox"/> CPR <input type="checkbox"/> AED Use <input type="checkbox"/> EMT Response <input type="checkbox"/> Hospitalization <input type="checkbox"/> Fatality Cause Related To: <input type="checkbox"/> Medical <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Equipment Condition/Design <input type="checkbox"/> Chemical Exposure <input type="checkbox"/> Energy/Temperature Exposure <input type="checkbox"/> Slip, trip, fall <input type="checkbox"/> Other Names of Witnesses: 1 _____ 2 _____ 3 _____ <table style="width: 100%; border: none;"> <tr> <th style="text-align: left; width: 50%;">Witnesses Interviewed?</th> <th style="text-align: left; width: 50%;">Notes Attached?</th> </tr> <tr> <td>1 yes <input type="checkbox"/> no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> no <input type="checkbox"/></td> </tr> <tr> <td>2 yes <input type="checkbox"/> no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> no <input type="checkbox"/></td> </tr> <tr> <td>3 yes <input type="checkbox"/> no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> no <input type="checkbox"/></td> </tr> </table> Names of Responders: 1 _____ 2 _____ 3 _____ <table style="width: 100%; border: none;"> <tr> <th style="text-align: left; width: 50%;">Responders Interviewed?</th> <th style="text-align: left; width: 50%;">Notes Attached?</th> </tr> <tr> <td>1 yes <input type="checkbox"/> no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> no <input type="checkbox"/></td> </tr> <tr> <td>2 yes <input type="checkbox"/> no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> no <input type="checkbox"/></td> </tr> <tr> <td>3 yes <input type="checkbox"/> no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> no <input type="checkbox"/></td> </tr> </table>	Witnesses Interviewed?	Notes Attached?	1 yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	2 yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	3 yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	Responders Interviewed?	Notes Attached?	1 yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	2 yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	3 yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Witnesses Interviewed?	Notes Attached?																				
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3 yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>																				
Location of Incident		Describe Job Task in Progress																			
Description of Incident																					
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																		
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 CORPORATE 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 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.
" Helping Companies Navigate Safety "

AED Navigator Quick Reference Guide

Login: dipietroassoc.com

Click: "AED Navigator Portal" from top navigation

Username: Your full email address

Password: dipietro (unless you have updated it)

The screenshot shows the AED Navigator Dashboard. On the left is a blue sidebar with navigation links: Dashboard, Help Center, Event, Reports, and Organizations. The main content area has a 'Dashboard' header. Below it, there's a 'Complete Monthly AED Logs' section with a yellow callout box that says 'Submit all your monthly logs'. This section contains a table with columns: SITE NAME, AED LOCATION DESCRIPTION, SERIAL NUMBER, TEST-180 DAYS, and INSPECTION-30 DAYS. The table lists two entries for 'D&A - Grass Valley Office'. Below the table is a 'View Program Status' section showing a single entry for 'D&A - Grass Valley Office' with a status indicator of 'SUBMITTED'.

SITE NAME	AED LOCATION DESCRIPTION	SERIAL NUMBER	TEST-180 DAYS	INSPECTION-30 DAYS
D&A - Grass Valley Office	2nd floor by elevators	AX227777	SUBMIT!	SUBMIT!
D&A - Grass Valley Office	1st floor by restrooms	AX23950000	SUBMIT!	SUBMIT!

Showing 1 to 2 of 2 entries

Previous 1 Next

View Program Status

SITE NAME	PROGRAM STATUS
D&A - Grass Valley Office	SUBMITTED

Showing 1 to 1 of 1 entries

All AED inspection and test statuses will be displayed here. **Submit!** Means you have an inspection/test due. **SUBMITTED** means your inspection/test is current

Click the link to submit per each AED, or "Submit all monthly logs" to apply one inspection report to all AEDs.

Add AED Inspection

Is the AED clean, undamaged and free from excessive wear?

Yes

Are the defibrillation pads connected to the AED and sealed in their package?

Yes

Check the expiration date on the defibrillation pads. Are they current (not expired)? If they are expired, please contact us to replace them as soon as possible at support@dipietroassociates.com or 530-477-6818 Ext. 3

Yes

Does the AED display a green check mark in the indication window? If the AED does not display a green check mark, please contact us to troubleshoot at 530-477-6818 Ext. 5

Yes

If there is a spare set of defibrillation pads or spare batteries, look at their expiration dates (it is an install before date on the batteries)- are they current, not past the expiration/install before date? If expired, please contact us to order new ones at support@dipietroassociates.com or 530-477-6818 Ext. 3

Yes

No

Not Applicable

Is the unit free from cracks or loose parts in the housing?

Yes

Are adequate supplies (prep kit) are available?

Yes

Save Cancel

AED Inspection questions will be pre-set to "Yes". Change answers to "No" or "Non-applicable" when appropriate. Then click Save.

Completing the Semi-Annual AED Test Log:

Add AED Inspection

Instruction : Push and hold the power button for 10 seconds before releasing. Allow the AED up to 60 seconds to complete it's self test, before it will give an audible status alert

AED Type

ZOLL AED 3

Serial Number

AX23950000

Did the AED pass it's self test?

Yes

Save

Cancel

Once every six months, you will be notified that it's time to run a self-test on your AED. This is the "180 Day Test". Follow the instructions, in red, and answer whether your AED passed the test. Then click Save.

Complete Monthly AED Logs

Show 10 entries

SITE NAME

D&A - Sacramento Office
D&A - Sacramento Office
D&A - Woodland Office
D&A - Grass Valley Office
D&A - Grass Valley Office

Showing 1 to 5 of 5 entries

View Program Status

Show 10 entries

SITE NAME

D&A - Grass Valley Office
D&A - Sacramento Office
D&A - Woodland Office

Showing 1 to 3 of 3 entries

Your home page will also display a quick status guide for various points of your organization's AED/First Aid Program.

Green means all current

Yellow means coming up for maintenance/renewal

Red means expired – needs immediate attention

***** means no data available yet

Submit all your monthly logs

Search:

NUMBER	TEST-180 DAYS	INSPECTION-30 DAYS
06	SUBMIT!	SUBMIT!
07	SUBMIT!	SUBMIT!
08	SUBMITTED	SUBMITTED
09	SUBMITTED	SUBMITTED
10	SUBMITTED	SUBMITTED

Previous 1 Next

Search:

NUMBER	TEST-180 DAYS	INSPECTION-30 DAYS	ACTION
06	SUBMIT!	SUBMIT!	View
07	SUBMIT!	SUBMIT!	View
08	SUBMITTED	SUBMITTED	View

Previous 1 Next

AED Inspections

AED Components

Program Management Term

Staff CPR/AED Training

O2 or FA Kit details

For more in-depth details pertaining to a particular site, click here

Location Details For DiPietro & Associates, Inc.



Edit Organization

Organization Name * DiPietro & Associates, Inc.

Email * kelsey@di Pietroassociates.com

Is International? ☐

Address1 * 101 West McKnight Way - Edit

Address2 Ste B #255

City Grass Valley

State --Please Select--

Zip 95949

Phone * 5304776818

Status Enabled

Corporate Contact John DiPietro
jd@di Pietroassociates.com
5304776818

You will be navigated to a comprehensive details page with an overview of the Corporate/HQ details, Site details, AED details, Equipment details, and CPR/AED certifications details [Responders]. Click the icons to expand each section.

The AEDs icon will allow you to look at more information pertaining to each site's AEDs; such as: the AED's location description, inspection history, and components (electrode pads and battery)

SITE NAME	MAKE & MODEL	PROGRAM STATUS	AED LOCATION DESC	SERIAL NUMBER	INSPECTION HISTORY	STATUS	ACTION
D&A - Grass Valley Office	ZOLL AED 3	I C	2nd floor by elevators	AX2277777	Inspection History	Enabled	Components
D&A - Grass Valley Office	ZOLL AED 3	I C	1st floor by restrooms	AX23950000	Inspection	Enabled	Components
D&A - Sacramento Office	ZOLL AED 3	I C	2nd floor by restrooms	AX23560606	Inspection History	Enabled	Components
D&A - Sacramento Office	ZOLL AED 3	I C	1st floor by security desk	AX22970707	Inspection History	Enabled	Components
D&A - Woodland Office	ZOLL AED 3	I C	Kelsey - Demo unit API	AX22L149130	Inspection History	Enabled	Components
D&A - Woodland Office	ZOLL AED 3	I C	Behind reception	AX23540000	Inspection History	Enabled	Components

Showing 1 to 6 of 6 entries

Previous 1 Next

AED Inspection History

Show 10 entries

Search:

SERIAL NUMBER	MODEL	FILED BY	FILED ON	ACTION
AX2277777	ZOLL AED 3	Susan Anthony	06/06/2023	Inspection History

Showing 1 to 1 of 1 entries

Previous 1 Next

Thank YOU! Below are the history of your monthly log inspection.

Below is the summary of AED Monthly Log	
Is the AED clean, undamaged and free from excessive wear?	Yes
Are the defibrillation pads connected to the AED and sealed in their package?	Yes
Check the expiration date on the defibrillation pads. Are they current (not expired)? If they are expired, please contact us to replace them as soon as possible at support@di Pietroassociates.com or 530-477-6818 Ext. 3.	Yes
Does the AED display a green check mark in the indication window? If the AED does not display a green check mark, please contact us to troubleshoot at 530-477-6818 Ext. 5.	Yes
If there is a spare set of defibrillation pads or spare batteries, look at their expiration dates (it is an install before date on the batteries)- are they current, not past the expiration (not before date)? If expired, please contact us to order new ones at support@di Pietroassociates.com or 530-477-6818 Ext. 2.	Yes
Is the unit free from cracks or loose parts in the housing?	Yes
Are adequate supplies (gum kit) are available?	Yes
Did the AED pass its self test?	Yes

Print

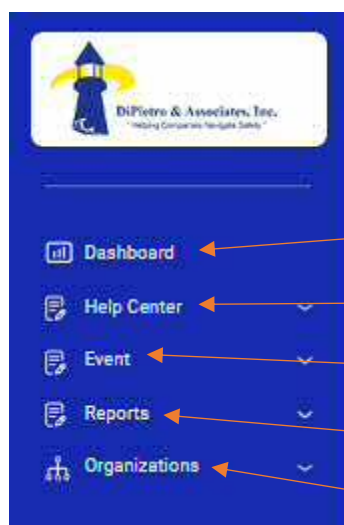
OK

AED Component List for AX2277777

Show 10 entries Search:

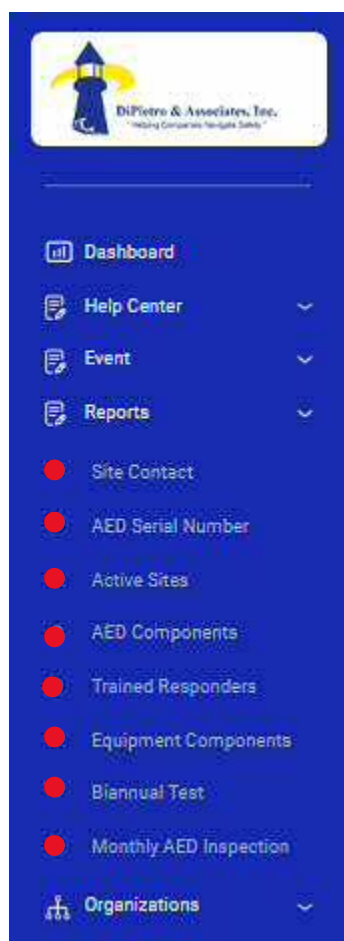
COMPONENT NAME	TYPE	EXPIRATION DATE	STATUS	ACTION
Battery Pack	Battery Pack	06/25/2023	Enabled	↗
Uni Padz	Uni-Padz	06/25/2023	Enabled	↗

Showing 1 to 2 of 2 entries Previous **1** Next



Your left-hand navigation provides:

- Back to home screen
- Submit a help ticket
- Document an AED Use
- Run a report on any point of your AED program
- Quickly Access your organization/site details



Click “Reports” to expand a list of reports that you can run

- Site contacts report
- AED serial numbers report
- Active sites report
- AED components report
- Trained responders report
- Equipment components report
- AED tests report
- AED inspections report

Click on any report title and you will be directed to a list of filters that can be applied before selecting [+ Generate Report](#)

Operators Manual

HeartSine® samaritan® PAD

SAM 350P Semi-Automatic Defibrillator

SAM 360P Fully Automatic Defibrillator

SAM 450P Semi-Automatic Defibrillator



Contents

Use of This Manual

It is important that you read this manual carefully before using your samaritan® PAD.

This manual is presented in support of any training you may have received.

If you have any questions, contact your Authorized Distributor or
HeartSine® Technologies directly.

CAUTION:

U.S. Federal law restricts this device to sale by or on the order of
a licensed practitioner.

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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 Pad-Pak™ (Pad-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 Pediatric-Pak™ (Pad-Pak-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 Precautions



WARNINGS

Patients Suitable for Treatment

The samaritan PAD has been designed to work on unconscious, nonresponsive patients. If the patient is responsive or conscious, do not use the samaritan PAD to provide treatment.

The samaritan PAD uses an interchangeable battery and electrode pack called Pad-Pak. The samaritan PAD in combination with an adult Pad-Pak is suitable for use on patients of over 55 lbs (25 kg) in weight or equivalent to a child of approximately eight years old or over.

For use on smaller children (from 1 to 8 years old), remove the adult Pad-Pak and install a Pediatric-Pak. If a Pediatric-Pak or an alternative suitable defibrillator is not available, you may use an adult Pad-Pak.

If you treat a pediatric patient with an adult Pad-Pak, ignore any voice prompts regarding the rate of CPR. The SAM 450P CPR Rate Advisor is currently only intended to provide feedback on adult patients.

Do Not Delay Treatment

Do not delay treatment trying to find out the patient's exact age and weight.

Risk of Electric Shock

The samaritan PAD delivers therapeutic electrical shocks that can cause serious harm to either users or bystanders. Take care to ensure that no one touches the patient when a shock is to be delivered.

Do Not Open or Repair

The samaritan PAD has no serviceable parts. Do NOT open or repair the device under any circumstances as there could be danger of electric shock. If damage is suspected, immediately replace the samaritan PAD.

Avoid Explosive or Flammable Gases

The samaritan PAD is safe to use with oxygen mask delivery systems. However, to avoid the risk of an explosion, it is strongly advised that you do NOT use the samaritan PAD in the vicinity of explosive gases, including flammable anesthetics or concentrated oxygen.

Do Not Touch the Patient during Analysis

Touching the patient during the analysis phase of treatment can cause interference with the diagnostic process. Avoid contact with the patient while the samaritan PAD is analyzing the patient. The device will instruct you when it is safe to touch the patient.

WARNINGS

Fully Automatic Defibrillator (SAM 360P)

The SAM 360P is a fully automatic defibrillator. When required, it will deliver a shock to the patient WITHOUT user intervention.

CPR Rate Advisor Function (SAM 450P)

The CPR Rate Advisor function is intended for use on adult patients only. If a Pediatric-Pak is used, the CPR Rate Advisor function is disabled. In this case, the rescuer is prompted to begin CPR in time with the metronome but receives no CPR Rate Advisor feedback.

PRECAUTIONS

Correct Placement of Electrode Pads

Proper placement of the samaritan PAD electrode pads is critical. You must strictly observe the instructions shown on pages 19-22 and on the device. Wrong placement or the presence of air, hair, surgical dressings or medicine patches between the pads and the skin could reduce defibrillation effectiveness. Slightly red skin after shock therapy is normal.

Do Not Use Electrode Pads if Pouch is Not Sealed

The Pad-Pak and Pediatric-Pak are single-use items which must be replaced after each use or if the pouch that seals the electrode pads has been broken or compromised in any way. If you suspect that the Pad-Pak or Pediatric-Pak is damaged, replace it immediately.

Susceptibility to Electromagnetic Interference

To safeguard against interference, operate the samaritan PAD at least 6 feet/2 meters away from all radio frequency devices. Alternatively, switch off the equipment causing the electromagnetic interference.

Temperature Range for Operation

The samaritan PAD, with its battery and electrodes, 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.

Ingress Protection

The samaritan PAD has an IP56 rating against dust and sprays of water. However, the IP56 rating does not cover the immersion of any part of the samaritan PAD in water or any type of fluid. Contact with fluids may seriously damage the device or cause fire or a shock hazard.

Prolonging Battery Life

Do not turn on the device unnecessarily as this may reduce the standby life of the device.

Standby storage outside the range of 32°F to 122°F/0°C to 50°C may decrease the shelf-life of the Pad-Pak.

Operator Training

The samaritan PAD is intended for use by personnel who have been trained in its operation. Users should have received training in basic life support/AED, advanced life support, or a physician-authorized emergency medical response training program.

Use of Accessories

The samaritan PAD is a self-contained device. Do not use any unauthorized accessories with the device as the samaritan PAD may malfunction if non-approved accessories are used.

Regular Maintenance

Check the device periodically. See *Service and Maintenance* on page 27.

Correct Disposal of the Device

Dispose of the device in accordance with your national or local regulations, or contact your Authorized Distributor for assistance. Please follow the steps provided in *After Using the samaritan PAD* on page 25.

Compliance with Local Regulations

Check with the relevant local government health department for information about any requirements associated with ownership and use of a defibrillator in the region where it is to be used.

Sudden Cardiac Arrest

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly stops pumping blood effectively due to a malfunction of the heart's electrical system. Often victims of SCA have no prior warning signs or symptoms. SCA also can occur in people with previously diagnosed heart conditions. Survival from SCA depends on immediate and effective cardiopulmonary resuscitation (CPR).

The use of an external defibrillator within the first few minutes of a collapse can greatly improve a patient's chance of survival. Heart attack and SCA are not the same, though sometimes a heart attack can lead to an SCA. If you are experiencing symptoms of a heart attack (chest pain, pressure, shortness of breath, tight feeling in the chest or elsewhere in the body), immediately seek medical attention.

Sinus Rhythm and Ventricular Fibrillation

The normal heart rhythm, known as sinus rhythm, creates electrical activity resulting in coordinated contraction of the heart muscle. This generates normal blood flow around the body.

Ventricular fibrillation (V-fib or VF) is a condition in which there is uncoordinated contraction of the heart muscle, making it quiver rather than contract properly. Ventricular fibrillation is the most commonly identified arrhythmia in SCA patients. In victims of SCA it is possible to re-establish normal

sinus rhythm by means of an electric shock across the heart. This treatment is called defibrillation.

Ventricular Tachycardia

Ventricular tachycardia (VT) is a type of tachycardia (rapid heartbeat) that arises from improper electrical activity of the heart. VT starts in the bottom chambers of the heart, called the ventricles. Although there are many different types of VT, this arrhythmia can be potentially life-threatening if the patient presents with no pulse and is unresponsive. If not treated with immediate defibrillation VT may lead to other arrhythmias.

Treatment by AED

It is a common misconception that CPR alone and calling emergency services is enough. CPR is a temporary measure that maintains blood flow and oxygen to the brain. CPR alone will not return a heart to a normal rhythm during VF or VT. The key to survival is defibrillation – and the sooner the better.

Defibrillation is a common treatment for life-threatening arrhythmias, mainly ventricular fibrillation. Defibrillation consists of delivering an electrical shock to the heart with a device called a defibrillator. This restores normal heart muscle contractions and allows normal sinus rhythm to be restored by the body's natural pacemaker in the heart.

The samaritan PAD uses the HeartSine samaritan ECG arrhythmia analysis algorithm. This algorithm will evaluate the patient's ECG to ascertain if a therapeutic shock is appropriate. If a shock is required, the samaritan PAD will charge and advise the user to press the shock button (SAM 350P/450P) or will automatically deliver a shock (SAM 360P). If no shock is advised, the device will pause to allow the user to deliver CPR.

It is important to note that cardiac defibrillators, like the HeartSine samaritan PAD, will not administer a shock unless a lifesaving shock is required.



This manual provides instructions for the following models of the HeartSine samaritan PAD:

- 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 victims of sudden cardiac arrest (SCA). Each samaritan PAD is designed to operate in accordance with the current joint American Heart Association (AHA) and European Resuscitation Council (ERC) guidelines on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC).

While all of the samaritan PAD models are very similar in use, there are distinct differences between the models as shown in Table 1 below.

Table 1. samaritan PAD AEDs

	SAM 350P	SAM 360P	SAM 450P
Shock delivery	Semi-Automatic	Fully Automatic	Semi-Automatic
Four-year electrode and battery life	✓	✓	✓
Audible and visual indicators	✓	✓	✓
CPR coaching with metronome	✓	✓	✓
CPR Rate Advisor			✓
Pediatric use-compatible (with Pediatric Pad-Pak)	✓	✓	✓

The SAM 350P is a semi-automatic defibrillator, the SAM 360P is a fully automatic defibrillator, and the SAM 450P is a semi-automatic defibrillator with 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 intervention.**

CPR Metronome

When the samaritan PAD instructs you to perform CPR, you will hear an audible beep and see the Safe to Touch indicator flash at a rate compliant with 2015 AHA/ERC guidelines. This feature, referred to as the CPR metronome, will guide you to the rate at which to compress a patient's chest during CPR.


CPR Rate Advisor

When providing CPR treatment to a victim of sudden cardiac arrest, it is vital the chest compressions are

of a good quality. If the quality of the CPR provided is good, the chances of successfully resuscitating a patient are greatly increased.

Research has demonstrated that non-professional responders regularly provide ineffective CPR due to inexperience.

The SAM 450P with CPR Rate Advisor provides feedback to the rescuers on the rate of the CPR they are providing to the victim. The SAM 450P uses impedance cardiogram measurements to analyze the speed of compressions and provide the user with instructions to push faster or push slower or to continue to provide compressions at a good speed according to the AHA resuscitation guidelines. The SAM 450P uses both audible and visual feedback to give the responder instruction on CPR rate. Refer to *Technical Data* in Appendix C on page C-7.

 **WARNING: The CPR Rate Advisor function is intended for use on adult patients only. If a Pediatric-Pak is used, the CPR function is disabled. In this case, the rescuer is prompted to begin CPR in time with the metronome but receives no CPR Rate Advisor feedback.**

Recommended Training

SCA is a condition requiring immediate emergency medical intervention. Due to the nature of the condition, this intervention can be performed before seeking the advice of a physician.

The samaritan PAD is intended for use by personnel who have been trained in its operation. Users should have received training in basic life support/AED, advanced life support, or a physician-authorized emergency medical response training program. HeartSine Technologies also recommends that this training be kept up to date by regular refresher courses as and when recommended by your training provider.

If potential users of the samaritan PAD are not trained in these techniques, contact your Authorized Distributor or HeartSine Technologies directly. Either can arrange for training to be provided. Alternatively contact your local government health department for information on certified training organizations in your area.

Safety and Effectiveness Data

Please refer to Appendix E for the potential risks associated with the use of an AED and a summary of SAM 350P, SAM 360P and SAM 450P safety and effectiveness data.

SAM 350P Layout

Data Port

Plug the custom USB cable into this port to download event data from the AED. (See Figure 8, page 24.)

Attach Pads Icon/Action Arrows

Attach the electrode pads to the patient's bare chest as indicated when the action arrows are flashing.

Status Indicator

The SAM 350P is ready for use when this indicator is flashing green.

Safe to Touch Icon/Action Arrows

You may touch the patient when the action arrows around this icon are flashing.

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.

Pad-Pak

Contains the battery and electrode pads.

On/Off button

Press this button to turn on or turn off the device.

Speaker

Listen for the metronome and verbal prompts.

SAM 360P Layout

Data Port

Plug the custom USB cable into this port to download event data from the AED. (See Figure 8, page 24.)

Attach Pads Icon/Action Arrows

Attach the electrode pads to the patient's bare chest as indicated when the action arrows are flashing.

Status Indicator

The SAM 360P is ready for use when this indicator is flashing green.

Shock Icon

Flashes to indicate a shock will be delivered.

Safe to Touch Icon/Action Arrows

You may touch the patient when the action arrows around this icon are flashing.

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 preparation to deliver a shock.

Green Tab

Pull this tab to release the electrodes.

Pad-Pak

Contains the battery and electrode pads.

On/Off button

Press this button to turn on or turn off the device.

Speaker

Listen for the metronome and verbal prompts.

SAM 450P Layout

Data Port

Plug the custom USB cable into this port to download event data from the AED. (See Figure 8, page 24.)

Shock Button

Press this button to deliver a therapeutic shock.

Adult and Pediatric Symbols

Indicates that the SAM 450P is compatible with both the Pad-Pak and Pediatric-Pak.

CPR Rate Advisor Icon

Provides visual feedback about the rate of chest compressions during CPR.

Safe to Touch Icon/Action Arrows

You may touch the patient when the action arrows around this icon are flashing.

Attach Pads Icon/Action Arrows

Attach the electrode pads to the patient's bare chest as indicated when the action arrows are flashing.

Status Indicator

The SAM 450P is ready for use when this indicator is 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 a shock.

On/Off button

Press this button to turn on or turn off the device.

Pad-Pak

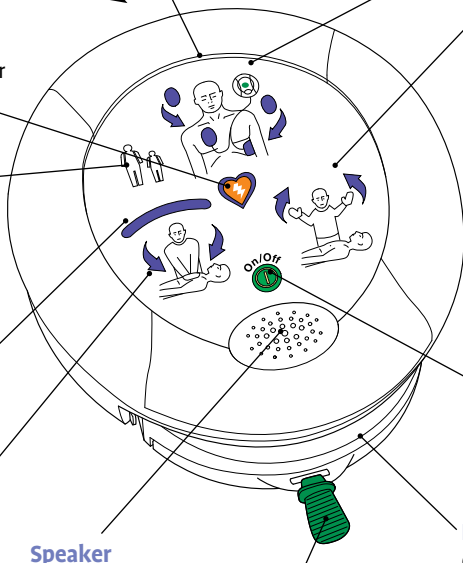
Contains the battery and electrode pads.

Speaker

Listen for the metronome and verbal prompts.

Green Tab

Pull this tab to release the electrodes.



Set-up

Unpacking

Verify that the contents include the samaritan PAD, carry case, Pad-Pak, User Manual, Warranty Statement and Warranty Card.

Pad-Pak

A Pad-Pak is a single-use removable cartridge that includes the battery and electrode pads in a single unit. The Pad-Pak is available in two versions:

1. Pad-Pak (gray color shown in Figure 1) for use on patients weighing over 55 lbs/25 kg, or equivalent to a child of approximately eight years of age or older.
2. The optional Pediatric-Pak (pink color shown in Figure 2) for use on smaller children (from 1 to 8 years old and weighing under 55 lbs/25 kg).

! WARNING: Do not delay treatment trying to determine the patient's exact age and weight.

¹The Pad-Pak also is available in a TSO-certified version for use on aircraft.

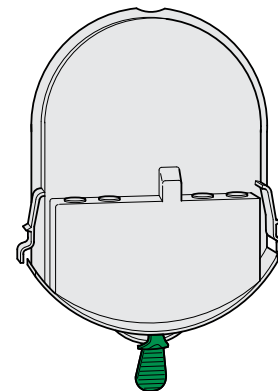


Figure 1. Adult Pad-Pak

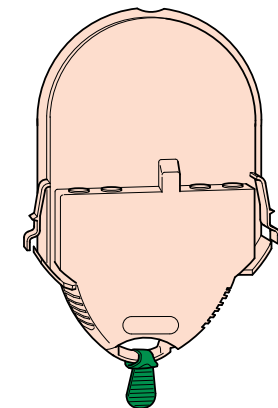


Figure 2. Pediatric-Pak

Putting the samaritan PAD into Service

Follow these steps to place your samaritan PAD into service:

1. Check the expiration date (year-month-day) on the rear of the Pad-Pak (see Figure 3). If the expiration date has passed, do not use and immediately replace the expired Pad-Pak.

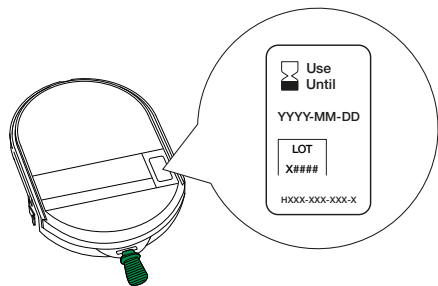


Figure 3. Expiration Date

2. Unpack the Pad-Pak and retain the packaging in case you need to return the Pad-Pak to HeartSine Technologies.
3. Place the samaritan PAD face up on a flat surface and slide the Pad-Pak into the samaritan PAD (see Figure 4) until you hear the “double click” to indicate that the tabs on the right and left sides of the Pad-Pak are fully engaged.

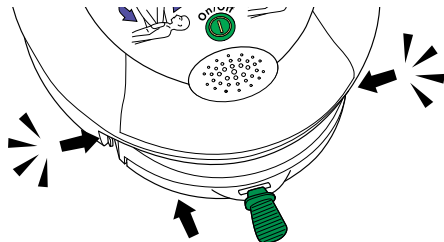




Figure 4. Inserting a Pad-Pak

4. Verify that the green Status indicator (see the layout for your model on pages 10-12) is blinking to indicate the initial self-test routine has been performed and the device is ready for use.
5. Press the On/Off Button  to turn on the samaritan PAD. Listen for, but do not follow, the voice prompts to ensure that no warning messages are played.



PRECAUTION: Do NOT pull the green tab on the Pad-Pak at this time. If you have pulled the tab and opened the electrode drawer, you may need to replace your Pad-Pak.

Only turn on the samaritan PAD ONCE. If you turn it on and off repeatedly, you will deplete the batteries prematurely and may need to replace the Pad-Pak.

6. Press the On/Off Button  to turn off the samaritan PAD. Verify that the Status Indicator is flashing green. If you have not heard a warning message and the Status Indicator continues to flash green, the device is ready for use.
7. Place the samaritan PAD in its supplied soft carry case. Store the samaritan PAD where it will be seen and heard in an unobstructed, secure location in a clean, dry environment. Be sure to store the device according to the environmental specifications (see *Technical Data* in Appendix C on page C-1).



PRECAUTION: HeartSine Technologies recommends that you store a spare Pad-Pak with your samaritan PAD in the rear section of the soft carry case.

8. Register online, or complete the Warranty Card and return it to your Authorized Distributor or HeartSine Technologies directly (see *Tracking Requirements* on page 26).
9. Create a service schedule (see *Service and Maintenance* on page 27).

Preparation Checklist

Following is a checklist of the steps required to set up your samaritan PAD:

- ☐ Step 1. Check the Pad-Pak expiration date.
- ☐ Step 2. Install the Pad-Pak and check for a green status indicator.
- ☐ Step 3. Turn on the samaritan PAD to check operation.
- ☐ Step 4. Turn off the samaritan PAD.
- ☐ Step 5. Store the samaritan PAD in a clean, dry environment at 32°F to 122°F/0°C to 50°C.
- ☐ Step 6. Register your samaritan PAD.
- ☐ Step 7. Create a service schedule. (See *Service and Maintenance* on page 27.)

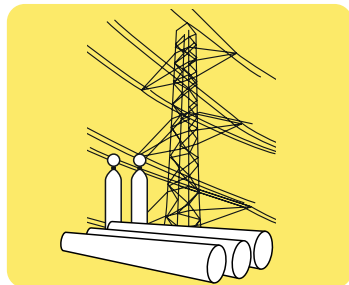
Using the samaritan PAD

Using the samaritan PAD

Follow these steps to use your AED, which will provide you with step-by-step voice prompts. For a full list of voice prompts for your device see *Voice Prompts* in Appendix D.

⚠ PRECAUTION: Once a non-shockable rhythm is detected, the samaritan PAD will end its ready to shock condition if it had previously decided to shock.

1. If necessary, move the patient to a safe location, or remove any source of danger.



**REMOVE
DANGER**

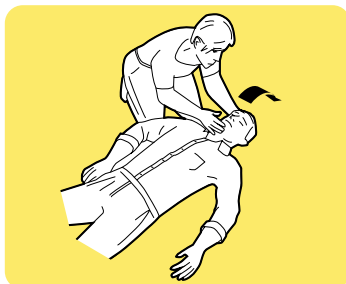
⚠ PRECAUTION: You must use the samaritan PAD at least 6 feet/2 meters from all radio frequency devices, or switch off any equipment causing electromagnetic interference.

2. If the patient is non-responsive, shake the patient by the shoulders while speaking loudly. If the patient becomes responsive, do not use the AED.



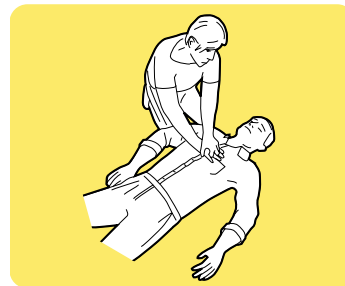
**CHECK
FOR A
RESPONSE**

3. Check that the patient's airway is not blocked, using a head-chin tilt if necessary.



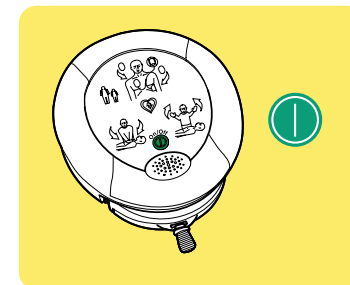
**CHECK
FOR
AIRWAY**

4. Call for medical assistance.
5. Retrieve the AED, asking others nearby to do so.
6. While waiting for the AED, begin CPR, pushing hard and fast at a rate of between 100 and 120 compressions per minute (cpm) and a depth of 5 to 6 cm. If you feel able to give rescue breaths perform 30 compressions followed by two rescue breaths.



**PERFORM
CPR**

7. Press the On/Off Button  to turn on the AED.

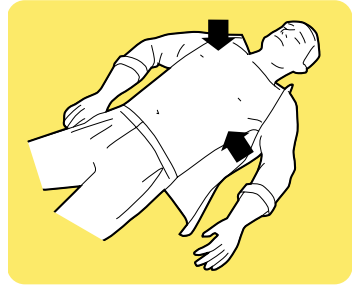


**TURN ON
THE AED**

8. Defibrillation therapy is tailored depending on whether a Pad-Pak or Pediatric-Pak is installed. If the patient is under 55 lbs/25 kg or 8 years of age, remove the Pad-Pak, insert a Pediatric-Pak and press the On/Off button again (see *Pediatric-Pak* on page 21). If a Pediatric-Pak is not available, you may use the Pad-Pak.



9. Remove clothing from patient's chest to expose bare skin, removing any metal (bras or jewelry) where possible from the pad placement area.

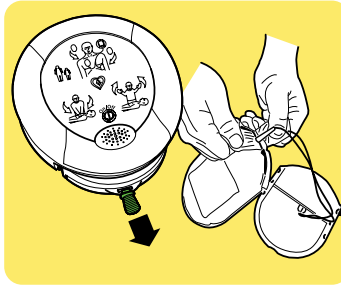


BARE THE CHEST AREA

10. Dry the patient's chest if wet or clammy, and if a lot of chest hair is present, shave the patient's chest where the electrodes will be placed.
11. Pull the green tab to remove the electrode pad pouch from the AED.



12. Tear open the pouch to remove the electrode pads.



OPEN THE ELECTRODE POUCH

13. Peel the liner from each electrode pad and apply each electrode pad firmly to the patient's bare chest. For a patient over 8 years of age or weighing over 55 lbs/25 kg, place one electrode 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 less than 55 lbs/25 kg, you can place one electrode pad on the center of the chest and the other on the center of the back. Refer to pages 21-22 for detailed instructions for electrode pad placement.

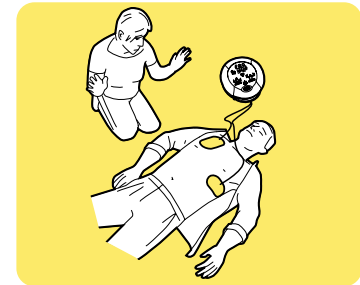


PLACE THE ELECTRODE PADS

14. If you again hear the prompt to apply pads firmly to patient's bare chest, check that the:

- **Pads are placed correctly as per pad placement shown.**
- **Pads are not touching and at least 2.5 cm apart.**
- **Entire surface of each pad is adhered to bare skin. If the chest is hairy, shave the chest; if the chest is wet, dry the chest.**
- **Ensure the Pad-Pak has not expired, and is correctly inserted into the device.**

15. When prompted, ensure that you are not touching the patient.



DO NOT TOUCH THE PATIENT

16. When advised that a shockable rhythm is detected, stand clear of patient as directed. When advised to do so, press the orange shock button (SAM 350P/SAM 450P) to deliver 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 the CPR Rate Advisor voice prompts. Refer to CPR Rate Advisor on page C-7 for more information.

18. Repeat the process from step 15 until emergency services arrive.
19. When emergency services arrive, press the On/Off button to turn off the AED and remove the electrode pads.



Pediatric-Pak

Treating Small Children and Infants

The Pediatric-Pak is intended to provide therapy for pediatric (child) victims of SCA between the ages of 1 and 8 years old or weighing less than 55 lbs/25 kg who are:

- **Unconscious**
- **Not breathing**
- **Without circulation (without a pulse)**

! WARNING: The Pediatric-Pak contains a magnetic component (surface strength 6500 gauss). Avoid storage next to magnetically-sensitive storage media.

! WARNING: Not for use on patients under one year old. For use with children up to the age of 8 years or up to 55 lbs/25 kg. **DO NOT DELAY THERAPY IF YOU ARE UNSURE OF THE EXACT AGE OR WEIGHT.**

Electrode Placement

For pediatric patients there are two options for electrode placement: anterior-posterior and anterior-lateral.

ANTERIOR-POSTERIOR PLACEMENT

If a child's chest is small it may be necessary to place one electrode pad in the centre of the child's BARE chest (anterior), and the other electrode pad in the center of the ribcage on the child's BARE back (posterior) as shown in Figure 5.

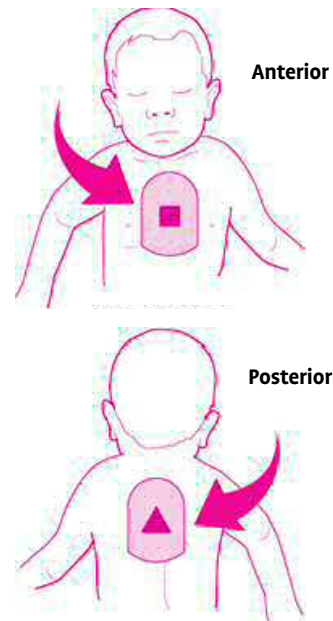


Figure 5. Anterior/Posterior Placement

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 anterior-lateral placement. Place one electrode pad on the child's BARE upper right chest above nipple and one electrode pad on child's BARE lower left ribcage below nipple as shown in Figure 6.

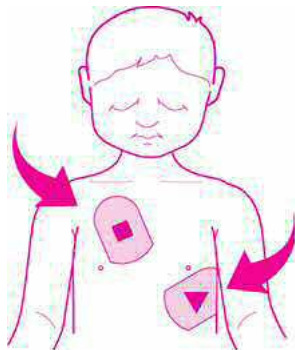


Figure 6. Anterior-Lateral Placement

WARNING: Electrode pads must be at least 1 in/2.5 cm apart and should never touch one another.



After Using the samaritan PAD

Cleaning the samaritan PAD

1. Remove the electrode pads from the patient and stick the pads together face to face. The electrodes may be contaminated with human bodily tissue, fluid or blood so dispose of the electrodes separately as infectious waste material.
2. The Pad-Pak is a single-use item that contains lithium batteries. Replace the Pad-Pak after each use. With the samaritan PAD placed face up on a flat surface, squeeze the two tabs on the sides of the Pad-Pak and pull to remove it from the samaritan PAD. The Pad-Pak will slide forward (see Figure 7).

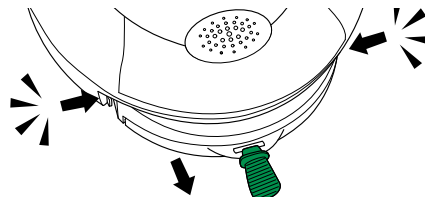


Figure 7. Removing the Pad-Pak

3. Check the samaritan PAD for dirt or contamination. If necessary, clean the device using a soft cloth dampened by one of the following:

- Soapy water
- Isopropyl alcohol (70% solution)

PRECAUTION: Do not immerse any part of the samaritan PAD in water or any type of fluid. Contact with fluids may seriously damage the device or cause a fire or a shock hazard.

PRECAUTION: Do not clean the samaritan PAD with abrasive materials, cleaners or solvents.

4. Check the samaritan PAD for damage. If the device is damaged, replace it immediately.
5. Install a new Pad-Pak. Before installing the Pad-Pak, check the expiration date (see Set-up on page 14). After installation, confirm that the Status Indicator is blinking green.
6. Report the use of the samaritan PAD to HeartSine Technologies or your Authorized Distributor. (See back cover for contact details.)

After using the samaritan PAD *continued*

Downloading and Submitting Event Information

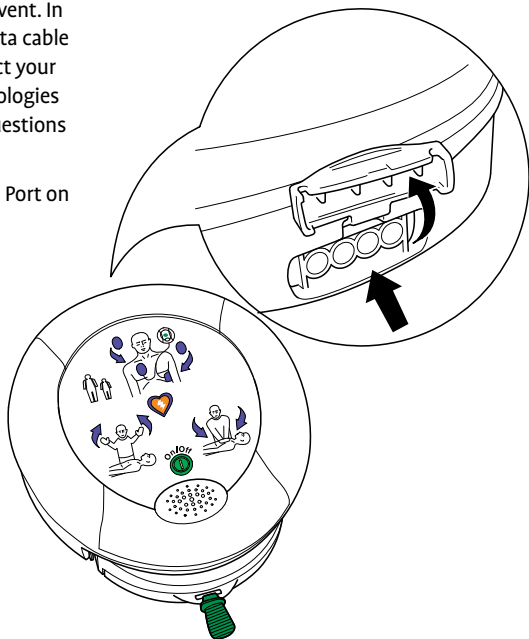
The optional HeartSine Saver EVO™ software can be downloaded at no charge from:

<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 questions about downloading and using Saver EVO.

1. Connect the USB data cable to the Data Port on the samaritan PAD (see Figure 8).

Figure 8. USB Data Port



2. Connect the USB connector on the data cable to a PC.
3. Install and launch the HeartSine Saver EVO software.
4. Follow the instructions provided in the Saver EVO manual to save or erase the event data on your samaritan PAD.
5. Upload the Saver EVO file on the HeartSine Technologies site.

For further information on managing the event data on your samaritan PAD, contact your Authorized Distributor or HeartSine Technologies directly.

Disposal

The Pad-Pak and Pediatric-Pak contain lithium batteries and cannot be disposed of in normal waste. Dispose of each at an appropriate recycling facility according to your local requirements. Alternatively return the Pad-Pak or Pediatric-Pak 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**
- **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 Maintenance

HeartSine Technologies recommends users perform regular maintenance checks, which include the following:

WEEKLY

- ☐ Check the Status Indicator. The samaritan PAD performs a self-test routine at midnight GMT every Sunday. During this self-test the status light blinks red but returns to green upon successful completion of the self-test routine. If the Status Indicator is not flashing green every 5 to 10 seconds or if the status indicator is flashing red or you hear continuous beeping, a problem has been detected. (See Figures 9-11, and *Troubleshooting* in Appendix B on page B-1.)

MONTHLY

- ☐ If the device shows any signs of physical damage, contact your Authorized Distributor or HeartSine Technologies directly.
- ☐ Check the expiration date of the Pad-Pak (see *Set-up* on page 14 for the location of the date). If the date has expired, or is near expiration, immediately replace the Pad-Pak or contact your Authorized Distributor for a replacement.
- ☐ If you hear a warning message when you turn on your samaritan PAD or if, for any reason, you suspect that your samaritan PAD is not working properly, consult *Troubleshooting* in Appendix B.



Figure 9.
Flashing red light and/or beeping; See *Troubleshooting* in Appendix B.



Figure 10.
Flashing green LED; no action required.



Figure 11.
No status indicator light; See *Troubleshooting* in Appendix B.

Testing with Simulators and Manikins

HeartSine devices cannot be tested using industry-standard simulators and manikins. Therefore, to test the samaritan PAD with a simulator or manikin, contact HeartSine Technologies or your Authorized Distributor for assistance.

Treatment Algorithm

Components of a System of Care

2015 (New): Universal elements of a system of care have been identified to provide stakeholders with a common framework with which to assemble an integrated resuscitation system (Figure 3).

Why: Healthcare delivery requires structure (eg, people, equipment, education) and process (eg, policies, protocols, procedures) that, when integrated, produce a system (eg, programs, organizations, cultures) that leads to optimal outcomes (eg, patient survival and safety, quality, satisfaction). An effective system of care comprises all of these elements—structure, process, system, and patient outcomes—in a framework of continuous quality improvement.

Chains of Survival

2015 (New): Separate Chains of Survival (Figure 4) have been recommended that identify the different pathways of care for patients who experience cardiac arrest in the hospital as distinct from out-of-hospital settings.

Why: The care for all post-cardiac arrest patients, regardless of where their arrests occur, converges in the hospital, generally in an intensive care unit where post-cardiac arrest care is provided. The elements of structure and process

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 defibrillation (ie, public-access defibrillation [PAD]) until a team of professionally trained emergency medical service (EMS) providers assumes responsibility and then transports the patient to an emergency department and/or cardiac catheterization lab. The patient is ultimately transferred to a critical care unit for continued care. In contrast, patients who have an IHCA depend on a system of appropriate surveillance (eg, rapid response or early warning system) to prevent cardiac arrest. If cardiac arrest occurs, patients depend on the smooth interaction of the institution's various departments and services and on a multidisciplinary team of professional providers, including physicians, nurses, respiratory therapists, and others.

Use of Social Media to Summon Rescuers

2015 (New): It may be reasonable for communities to incorporate social media technologies that summon rescuers who are in close proximity to a victim of suspected OHCA and are willing and able to perform CPR.

Why: There is limited evidence to support the use of social media by dispatchers to notify potential rescuers of a possible

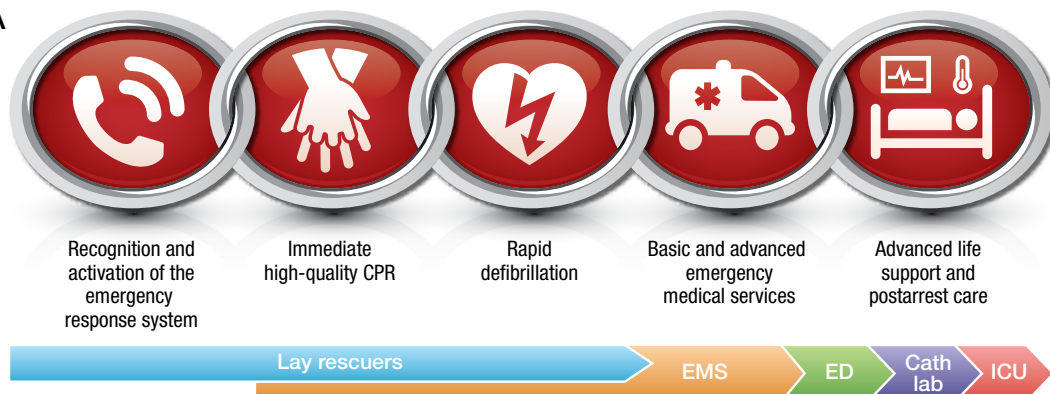
Figure 4

IHCA and OHCA Chains of Survival

IHCA



OHCA



cardiac arrest nearby, and activation of social media has not been shown to improve survival from OHCA. However, in a recent study in Sweden, there was a significant increase in the rate of bystander-initiated CPR when a mobile-phone dispatch system was used.⁶ Given the low harm and the potential benefit, as well as the ubiquitous presence of digital devices, municipalities could consider incorporating these technologies into their OHCA systems of care.

Team Resuscitation: Early Warning Sign Systems, Rapid Response Teams, and Medical Emergency Team Systems

2015 (Updated): For adult patients, rapid response team (RRT) or medical emergency team (MET) systems can 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 with high-risk illnesses are cared for in general in-patient units. 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 of patients at risk of cardiac arrest, an organized response to such patients, and an evaluation of outcomes to foster continuous quality improvement.

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 varying combinations of physicians, nurses, and respiratory therapists. These teams are usually summoned to a patient 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 teams trained in the complex choreography of resuscitation.

Continuous Quality Improvement for Resuscitation Programs

2015 (Reaffirmation of 2010): Resuscitation systems should establish ongoing assessment and improvement of systems 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 performance can be narrowed.

Regionalization of Care

2015 (Reaffirmation of 2010): A regionalized approach to OHCA resuscitation that includes the use of cardiac resuscitation centers may be considered.

Why: A cardiac resuscitation center is a hospital that provides evidence-based care in resuscitation and post-cardiac arrest care, including 24-hour, 7-day percutaneous coronary intervention (PCI) capability, TTM with an adequate 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 improved survival rates that followed establishment of other systems of care, such as trauma.

Adult Basic Life Support and CPR Quality: Lay Rescuer CPR

Summary of Key Issues and Major Changes

Key issues and major changes in the 2015 Guidelines Update recommendations for adult CPR by lay rescuers include the following:

- The crucial links in the out-of-hospital adult Chain of Survival are unchanged from 2010, with continued emphasis on the simplified universal Adult Basic Life Support (BLS) Algorithm.
- The Adult BLS Algorithm has been modified to reflect the fact that rescuers can activate an emergency response (ie, through use of a mobile telephone) without leaving the victim's side.
- It is recommended that communities with people at risk for cardiac arrest implement PAD programs.
- Recommendations have been strengthened to encourage immediate recognition of unresponsiveness, activation of the 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 CPR instructions to the caller (ie, dispatch-guided CPR).
- 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 life-threatening opioid-associated emergencies.

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 information about these changes appears below.

In the following topics, changes or points of emphasis that are similar for lay rescuers and HCPs are noted with an asterisk (*).

Community Lay Rescuer AED Programs

2015 (Updated): It is recommended that PAD programs for patients with OHCA be implemented in public locations where there is a relatively high likelihood of witnessed cardiac 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-hospital sudden cardiac arrest. The 2010 Guidelines recommended the establishment of AED programs in public locations where there is a relatively high likelihood of witnessed cardiac arrest (eg, airports, casinos, sports facilities).

Why: There is clear and consistent evidence of improved survival from cardiac arrest when a bystander performs CPR and rapidly uses an AED. Thus, immediate access to a defibrillator is a primary component of the system of care. The implementation of a PAD program requires 4 essential components: (1) a planned and practiced response, which ideally includes identification of locations and neighborhoods where there is high risk of cardiac arrest, placement of AEDs in those areas and ensuring that bystanders are aware of the location of the AEDs, and, typically, oversight by an HCP; (2) training of anticipated rescuers in CPR and use of the AED; (3) an integrated link with the local EMS system; and (4) a program of ongoing quality improvement.

A system-of-care approach for OHCA might include public policy that encourages reporting of public AED locations 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 bystanders to retrieve nearby AEDs and assist in their use 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 OHCA that occur in public areas, these community programs represent an important link in the Chain of Survival between recognition and activation of the PSAPs. This information is expanded in “Part 4: Systems of Care and Continuous Quality Improvement” in the 2015 Guidelines Update.

There is insufficient evidence to recommend for or against the deployment of AEDs in homes. Victims of OHCA that occur in private residences are much less likely to receive chest compressions than are patients who experience cardiac arrest in public settings. Real-time instructions provided by emergency dispatchers may help potential in-home rescuers to initiate action. Robust community CPR training programs for cardiac arrest, along with effective, prearrival dispatch protocols, can improve outcomes.

Dispatcher Identification of Agonal Gasps

Cardiac arrest victims sometimes present with seizure-like activity or agonal gasps that can confuse potential rescuers. Dispatchers should be specifically trained to identify these presentations of cardiac arrest to enable prompt recognition and immediate dispatcher-guided CPR.

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 abnormal breathing, the rescuer and the dispatcher should assume that the 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.

2010 (Old): To help bystanders recognize cardiac arrest, dispatchers should ask about an adult victim's responsiveness, if the victim is breathing, and if the breathing is normal, in an attempt to distinguish victims with agonal gasps (ie, in those who need CPR) from victims who are breathing normally and do not need CPR.

Why: This change from the 2010 Guidelines emphasizes the role that emergency dispatchers can play in helping the lay rescuer recognize absent or abnormal breathing.

Dispatchers should be specifically educated to help bystanders recognize that agonal gasps are a sign of cardiac arrest. Dispatchers should also be aware that brief generalized seizures may be the first manifestation of cardiac arrest. In summary, in addition to activating professional emergency responders, the dispatcher should ask straightforward questions about whether the patient is unresponsive and if breathing is normal or abnormal in order to identify patients with possible cardiac arrest and enable dispatcher-guided CPR.

Emphasis on Chest Compressions*

2015 (Updated): Untrained lay rescuers should provide compression-only (Hands-Only) CPR, with or without dispatcher guidance, for adult victims of cardiac arrest. The rescuer should continue compression-only CPR until the arrival of an AED or rescuers with additional training. All lay rescuers should, at a minimum, provide chest compressions for victims of cardiac arrest. In addition, if the trained lay rescuer is able to perform rescue breaths, he or she should add rescue breaths in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED arrives and is ready for use, EMS providers take over care of the victim, or the victim starts to move.

2010 (Old): If a bystander is not trained in CPR, the bystander should provide compression-only CPR for the adult victim who suddenly collapses, with an emphasis to “push hard and fast” on the center of the chest, or follow the directions of the EMS dispatcher. The rescuer should continue compression-only CPR until an AED arrives and is ready for use or EMS providers take over care of the victim. All trained lay rescuers should, at a minimum,

provide chest compressions for victims of cardiac arrest. In addition, if the trained lay rescuer is able to perform rescue breaths, compressions and breaths should be provided in a ratio of 30 compressions to 2 breaths. The rescuer should continue CPR until an AED arrives and is ready for use or EMS providers take over care of the victim.

Why: Compression-only CPR is easy for an untrained rescuer to perform and can be more effectively guided by dispatchers over the telephone. Moreover, survival rates from adult cardiac arrests of cardiac etiology are similar with either compression-only CPR or CPR with both compressions and rescue breaths when provided before EMS arrival. However, for the trained lay rescuer who is able, the recommendation remains for the rescuer to perform both compressions and breaths.

Chest Compression Rate*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions at a 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/min.

Why: The number of chest compressions delivered per minute during CPR is an important determinant of return of spontaneous circulation (ROSC) and survival with good neurologic function. The actual number of chest compressions delivered per minute is determined by the rate of chest compressions and the number and duration of interruptions in

compressions (eg, to open the airway, deliver rescue breaths, allow AED analysis). In most studies, more compressions are associated with higher survival rates, and fewer compressions are associated with lower survival rates. Provision of adequate chest compressions requires an emphasis not only on an adequate compression rate but also on minimizing interruptions to this critical component of CPR. An inadequate compression rate or frequent interruptions (or both) will reduce the total number of compressions delivered per minute. New to the 2015 Guidelines Update are upper limits of recommended compression rate and compression depth, based on preliminary data suggesting that excessive compression rate and depth adversely affect outcomes. The addition of an upper limit of compression rate is based on 1 large registry study analysis associating extremely rapid compression rates (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 number of compressions delivered during resuscitation.

Chest Compression Depth*

2015 (Updated): During manual CPR, rescuers should perform chest compressions to a depth of at least 2 inches (5 cm) for an average adult, while avoiding excessive chest compression depths (greater than 2.4 inches [6 cm]).

2010 (Old): The adult sternum should be depressed at least 2 inches (5 cm).

Why: Compressions create blood flow primarily by increasing intrathoracic pressure and directly compressing the heart, which in turn results in critical blood flow and oxygen delivery 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 cm) 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]), beyond 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 depth 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 feedback devices suggests that compressions are more often too shallow than they are too deep.

Bystander Naloxone in Opioid-Associated Life-Threatening Emergencies*

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 considered. This topic is also addressed in the Special Circumstances of Resuscitation section.

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.

Why: There is substantial epidemiologic data demonstrating the large burden of disease from lethal opioid overdoses, as well as some documented success in targeted national strategies for bystander-administered naloxone for people at risk. In 2014, the naloxone autoinjector was approved by the US Food and Drug Administration for use by lay rescuers and HCPs.⁷ The resuscitation training network has requested information about the best way to incorporate such a device into the adult BLS guidelines and training. This recommendation incorporates the newly approved treatment.

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:

- 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** after each compression, rescuers must avoid leaning on the chest between compressions.
- Criteria for **minimizing interruptions** is clarified with a goal of

chest compression fraction as high as possible, with a target of at least 60%.

- Where EMS systems have adopted bundles of care involving continuous chest compressions, the use of passive ventilation 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 per minute) is recommended.

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.

Immediate Recognition and Activation of 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 <i>Not</i>
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 untrained rescuers because it is relatively easy for dispatchers to guide with telephone instructions. It is expected that HCPs are trained in CPR and can effectively perform both compressions and ventilation. However, the priority for the provider, especially if acting alone, should still be to activate the emergency response system and to provide chest compressions. There may be circumstances that warrant a change of sequence, such as the availability of an AED that the provider can quickly retrieve and use.

Shock First vs CPR First

2015 (Updated): For witnessed adult cardiac arrest when an AED is immediately available, it is reasonable that the defibrillator be used as soon as possible. For adults with unmonitored cardiac arrest or for whom an AED is not immediately available, it is reasonable that CPR be initiated while the defibrillator equipment is being retrieved and applied and that defibrillation, if indicated, be attempted as soon as the device is ready for use.

2010 (Old): When any rescuer witnesses an out-of-hospital arrest and an AED is immediately available on-site, the rescuer should start CPR with chest compressions and use the AED as soon as possible. HCPs who treat cardiac arrest in hospitals and other facilities with on-site AEDs or defibrillators should provide immediate CPR and should use the AED/defibrillator as soon as it is available. These recommendations are designed to support early CPR and early defibrillation, particularly when an AED or defibrillator is available within moments of the onset of sudden cardiac arrest. When an OHCA is not witnessed 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, 1½ to 3 minutes of CPR may be considered before attempted defibrillation. Whenever 2 or more rescuers are present, CPR should be provided while the defibrillator is retrieved.

With in-hospital sudden cardiac arrest, there is insufficient evidence to support or refute CPR before defibrillation. However, in monitored patients, the time from ventricular fibrillation (VF) to shock delivery should be under 3 minutes, and CPR should be performed while the defibrillator is readied.

Why: While numerous studies have addressed the question of whether a benefit is conferred by providing a specified period (typically 1½ to 3 minutes) of chest compressions before shock delivery, as compared with delivering a shock as soon as the AED can be readied, no difference in outcome has been shown. CPR should be provided while the AED pads are applied and until the AED is ready to analyze the rhythm.

Chest Compression Rate: 100 to 120/min*

2015 (Updated): In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions at a 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/min.

Why: The minimum recommended compression rate remains 100/min. The upper limit rate of 120/min has been added because 1 large registry series suggested that as the compression rate increases to more than 120/min, compression depth decreases in a dose-dependent manner. For example, the proportion of compressions of inadequate depth was about 35% for a compression rate of 100 to 119/min but increased to inadequate depth in 50% of compressions when the compression rate was 120 to 139/min and to inadequate depth in 70% of compressions when compression rate was more than 140/min.

Chest Compression Depth*

2015 (Updated): During manual CPR, rescuers should perform chest compressions to a depth of at least 2 inches (5 cm) for an average adult while avoiding excessive chest compression depths (greater than 2.4 inches [6 cm]).

2010 (Old): The adult sternum should be depressed at least 2 inches (5 cm).

Why: A compression depth of approximately 5 cm is associated with greater likelihood of favorable outcomes compared with shallower compressions. While there is less evidence about whether there is an upper threshold beyond which compressions may be too deep, a recent very small study suggests potential injuries (none life-threatening) from excessive chest compression depth (greater than 2.4 inches [6 cm]). 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 chest compression depth is more often too shallow than too deep.

Chest Recoil*

2015 (Updated): It is reasonable for rescuers to avoid leaning on the chest between compressions, to allow full chest wall recoil for adults in cardiac arrest.

2010 (Old): Rescuers should allow complete recoil of the chest after each compression, to allow the heart to fill completely before the next compression.

Why: Full chest wall recoil occurs when the sternum returns to its natural or neutral position during the decompression phase of CPR. Chest wall recoil creates a relative negative intrathoracic pressure that promotes venous return and cardiopulmonary blood flow. Leaning on the chest wall between compressions precludes full chest wall recoil. Incomplete recoil raises intrathoracic pressure and reduces venous return, coronary perfusion pressure, and myocardial blood flow and can influence resuscitation outcomes.

Minimizing Interruptions in Chest Compressions*

2015 (Reaffirmation of 2010): Rescuers should attempt to minimize the frequency and duration of interruptions in compressions to maximize the number of compressions delivered per minute.

Table 2 Summary 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 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 <i>without advanced airway</i>	1 or 2 rescuers 30:2	1 rescuer 30:2 2 or more rescuers 15:2	
Compression-ventilation ratio <i>with advanced airway</i>	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 each compression; do not lean on the chest 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 without an advanced airway, it may be reasonable to perform CPR with the goal of a chest compression fraction as high as possible, with a target of at least 60%.

Why: Interruptions in chest compressions can be intended as part of required care (ie, rhythm analysis and ventilation) or unintended (ie, rescuer distraction). Chest compression fraction is a measurement of the proportion of total resuscitation time that compressions are performed. An increase in chest compression fraction can be achieved by minimizing pauses in chest compressions. The optimal goal for chest compression fraction has not been defined. The addition of a target compression fraction is intended to limit interruptions in compressions and to maximize coronary 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 BLS (excluding CPR for newly born infants).

Chest Compression Feedback

2015 (Updated): It may be reasonable to use audiovisual 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 resuscitations. Training for the complex combination of skills required to perform adequate chest compressions should focus on demonstrating mastery.

Why: Technology allows for real-time monitoring, recording, and feedback about CPR quality, including both physiologic patient parameters and rescuer performance metrics. These important data can be used in real time during resuscitation, for debriefing after resuscitation, and for system-wide quality improvement programs. Maintaining focus during CPR on the characteristics of compression rate and depth and chest recoil while minimizing interruptions is a complex challenge even for highly trained professionals. There is some evidence that the use of CPR feedback may be effective in modifying chest compression rates that are too fast, and there is separate evidence that CPR feedback decreases the leaning force during chest compressions. However, studies to date have not demonstrated a significant improvement in favorable neurologic outcome or survival to hospital discharge with the use of CPR feedback devices during actual cardiac arrest events.

Delayed Ventilation

2015 (New): For witnessed OHCA with a shockable rhythm, it may be reasonable for EMS systems with priority-based, multitiered response to delay positive-pressure ventilation (PPV) by using a strategy of up to 3 cycles of 200 continuous compressions with passive oxygen insufflation and airway adjuncts.

Why: Several EMS systems have tested a strategy of providing initial continuous chest compressions with delayed PPV for adult victims of OHCA. In all of these EMS systems, the providers received additional training with emphasis on provision of high-quality chest compressions. Three studies in systems that use priority-based, multitiered response in both urban and rural communities, and provide a bundled package of care that includes up to 3 cycles of passive oxygen insufflation, airway adjunct insertion, and 200 continuous chest compressions with interposed shocks, showed improved survival with favorable neurologic status for victims with witnessed arrest or shockable rhythm.

Ventilation During CPR With an Advanced Airway

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 (ie, during CPR with an advanced airway).

2010 (Old): When an advanced airway (ie, endotracheal tube, Combitube, or laryngeal mask airway) is in place during 2-person CPR, give 1 breath every 6 to 8 seconds without attempting to synchronize breaths between compressions (this will result in delivery of 8 to 10 breaths per minute).

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

2015 (New): For HCPs, the 2015 Guidelines Update allows flexibility for activation of the emergency response and subsequent management in order to better match the provider's clinical setting (Figure 5).

Why: The steps in the BLS algorithms have traditionally been presented as a sequence in order to help a single rescuer prioritize actions. However, there are several factors in any resuscitation (eg, type of arrest, location, whether trained providers are nearby, whether the rescuer must leave a victim to activate the emergency response system) that may require modifications in the BLS sequence. The updated BLS HCP algorithms aim to communicate when and where flexibility in sequence is appropriate.

Alternative Techniques and Ancillary Devices for CPR

Summary of Key Issues and Major Changes

Conventional CPR consisting of manual chest compressions interspersed with rescue breaths is inherently inefficient with respect to generating significant cardiac output. A variety of alternatives and adjuncts to conventional CPR have been developed with the aim of enhancing cardiac output during resuscitation from cardiac arrest. Since the 2010 Guidelines were published, a number of clinical trials have provided new data on the effectiveness of these alternatives.

Event Report

CPR/AED INCIDENT INVESTIGATION REPORT

(To be completed within 24 hours of incident)

Name of Patient		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Social Security Number	Department	Job Title
Service Date	Time in Position	Date of Incident: Time: am <input type="checkbox"/> pm <input type="checkbox"/>		Report Date	Event Actions: <input type="checkbox"/> CPR <input type="checkbox"/> AED Use <input type="checkbox"/> EMT Response <input type="checkbox"/> Hospitalization <input type="checkbox"/> Fatality
Location of Incident		Describe Job Task in Progress			
Description of Incident					Cause Related To: <input type="checkbox"/> Medical <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Equipment Condition/Design <input type="checkbox"/> Chemical Exposure <input type="checkbox"/> Energy/Temperature Exposure <input type="checkbox"/> Slip, trip, fall <input type="checkbox"/> Other
					Names of Witnesses: 1 _____ 2 _____ 3 _____
Patient Transported To		By (EMT Firm)	Date/Time		Witnesses Interviewed? Notes Attached? 1 yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 2 yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 3 yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>
AED Serial No.		Data Card Serial No.			Names of Responders: 1 _____ 2 _____ 3 _____
Information from AED Screens: Number of Shocks Delivered			Time Defibrillator in Use		Responders Interviewed? Notes Attached? 1 yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 2 yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 3 yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>
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 CORPORATE 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 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.
" Helping Companies Navigate Safety "

AED Navigator Quick Reference Guide

Login: dipietroassoc.com

Click: "AED Navigator Portal" from top navigation

Username: Your full email address

Password: dipietro (unless you have updated it)

The dashboard includes a sidebar with navigation links: Dashboard, Help Center, Event, Reports, and Organizations. The main content area has two sections:

- Complete Monthly AED Logs:** Features a 'Submit all your monthly logs' button and a table with columns: SITE NAME, AED LOCATION DESCRIPTION, SERIAL NUMBER, TEST-180 DAYS, and INSPECTION-30 DAYS. The table lists two entries for 'D&A - Grass Valley Office' with serial numbers AX227777 and AX23950000, both marked 'SUBMIT!'. A search bar and pagination controls are also present.
- View Program Status:** Shows a table with columns: SITE NAME and PROGRAM STATUS. The status is represented by a row of colored circles (red, yellow, green, blue, purple).

All AED inspection and test statuses will be displayed here. **Submit!** Means you have an inspection/test due. **SUBMITTED** means your inspection/test is current

Click the link to submit per each AED, or "Submit all monthly logs" to apply one inspection report to all AEDs.

Add AED Inspection

Is the AED clean, undamaged and free from excessive wear?

Yes

Are the defibrillation pads connected to the AED and sealed in their package?

Yes

Check the expiration date on the defibrillation pads. Are they current (not expired)? If they are expired, please contact us to replace them as soon as possible at support@dipietroassociates.com or 530-477-6818 Ext. 3

Yes

Does the AED display a green check mark in the indication window? If the AED does not display a green check mark, please contact us to troubleshoot at 530-477-6818 Ext. 5

Yes

If there is a spare set of defibrillation pads or spare batteries, look at their expiration dates (it is an install before date on the batteries)- are they current, not past the expiration/install before date? If expired, please contact us to order new ones at support@dipietroassociates.com or 530-477-6818 Ext. 3

Yes

No

Not Applicable

Is the unit free from cracks or loose parts in the housing?

Yes

Are adequate supplies (prep kit) are available?

Yes

Save Cancel

AED Inspection questions will be pre-set to "Yes". Change answers to "No" or "Non-applicable" when appropriate. Then click Save.

Completing the Semi-Annual AED Test Log:

Add AED Inspection

Instruction : Push and hold the power button for 10 seconds before releasing. Allow the AED up to 60 seconds to complete it's self test, before it will give an audible status alert

AED Type: ZOLL AED 3

Serial Number: AX23950000

Did the AED pass it's self test?: Yes

Save Cancel

Once every six months, you will be notified that it's time to run a self-test on your AED. This is the "180 Day Test". Follow the instructions, in red, and answer whether your AED passed the test. Then click Save.

Complete Monthly AED Logs

Show 10 entries

SITE NAME

D&A - Sacramento Office
D&A - Sacramento Office
D&A - Woodland Office
D&A - Grass Valley Office
D&A - Grass Valley Office

Showing 1 to 5 of 5 entries

View Program Status

Show 10 entries

SITE NAME

D&A - Grass Valley Office
D&A - Sacramento Office
D&A - Woodland Office

Showing 1 to 3 of 3 entries

Your home page will also display a quick status guide for various points of your organization's AED/First Aid Program.

Green means all current

Yellow means coming up for maintenance/renewal

Red means expired – needs immediate attention

***** means no data available yet

Submit all your monthly logs

Search:

NUMBER	TEST-180 DAYS	INSPECTION-30 DAYS
06	SUBMIT!	SUBMIT!
07	SUBMIT!	SUBMIT!
08	SUBMITTED	SUBMITTED
09	SUBMITTED	SUBMITTED
10	SUBMITTED	SUBMITTED

Previous 1 Next

I C PM T E

AED Inspections

AED Components

Program Management Term

Staff CPR/AED Training

O2 or FA Kit details

For more in-depth details pertaining to a particular site, click here

Location Details For DiPietro & Associates, Inc.



Edit Organization

Organization Name * DiPietro & Associates, Inc.

Email * kelsey@di Pietroassociates.com

Is International? ☐

Address1 * 101 West McKnight Way - Edit

Address2 Ste B #255

City Grass Valley

State --Please Select--

Zip 95949

Phone * 5304776818

Status Enabled

Corporate Contact John DiPietro
jd@di Pietroassociates.com
5304776818

You will be navigated to a comprehensive details page with an overview of the Corporate/HQ details, Site details, AED details, Equipment details, and CPR/AED certifications details [Responders]. Click the icons to expand each section.

The AEDs icon will allow you to look at more information pertaining to each site's AEDs; such as: the AED's location description, inspection history, and components (electrode pads and battery)

SITE NAME	MAKE & MODEL	PROGRAM STATUS	AED LOCATION DESC	SERIAL NUMBER	INSPECTION HISTORY	STATUS	ACTION
D&A - Grass Valley Office	ZOLL AED 3	I C	2nd floor by elevators	AX2277777	Inspection History	Enabled	Components
D&A - Grass Valley Office	ZOLL AED 3	I C	1st floor by restrooms	AX23950000	Inspection	Enabled	Components
D&A - Sacramento Office	ZOLL AED 3	I C	2nd floor by restrooms	AX23560606	Inspection History	Enabled	Components
D&A - Sacramento Office	ZOLL AED 3	I C	1st floor by security desk	AX22970707	Inspection History	Enabled	Components
D&A - Woodland Office	ZOLL AED 3	I C	Kelsey - Demo unit API	AX22L149130	Inspection History	Enabled	Components
D&A - Woodland Office	ZOLL AED 3	I C	Behind reception	AX23540000	Inspection History	Enabled	Components

Showing 1 to 6 of 6 entries

Previous 1 Next

AED Inspection History

Show 10 entries

Search:

SERIAL NUMBER	MODEL	FILED BY	FILED ON	ACTION
AX2277777	ZOLL AED 3	Susan Anthony	06/06/2023	Inspection History

Showing 1 to 1 of 1 entries

Previous 1 Next

Thank YOU! Below are the history of your monthly log inspection.

Below is the summary of AED Monthly Log	
Is the AED clean, undamaged and free from excessive wear?	Yes
Are the defibrillation pads connected to the AED and sealed in their package?	Yes
Check the expiration date on the defibrillation pads. Are they current (not expired)? If they are expired, please contact us to replace them as soon as possible at support@di Pietroassociates.com or 530-477-6818 Ext. 3.	Yes
Does the AED display a green check mark in the indication window? If the AED does not display a green check mark, please contact us to troubleshoot at 530-477-6818 Ext. 5.	Yes
If there is a spare set of defibrillation pads or spare batteries, look at their expiration dates (it is an install before date on the batteries)- are they current, not past the expiration/return before date? If expired, please contact us to order new ones at support@di Pietroassociates.com or 530-477-6818 Ext. 2.	Yes
Is the unit free from cracks or loose parts in the housing?	Yes
Are adequate supplies (gum kit) are available?	Yes
Did the AED pass it's self test?	Yes

Print

OK

AED Component List for AX2277777

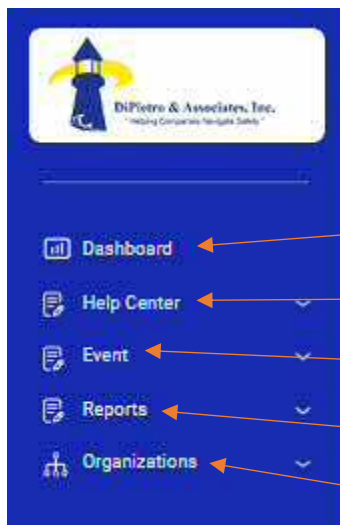
Show 10 entries

Search:

COMPONENT NAME	TYPE	EXPIRATION DATE	STATUS	ACTION
Battery Pack	Battery Pack	06/25/2023	Enabled	✎
Uni Padz	Uni-Padz	06/25/2023	Enabled	✎

Showing 1 to 2 of 2 entries

Previous 1 Next



Your left-hand navigation provides:

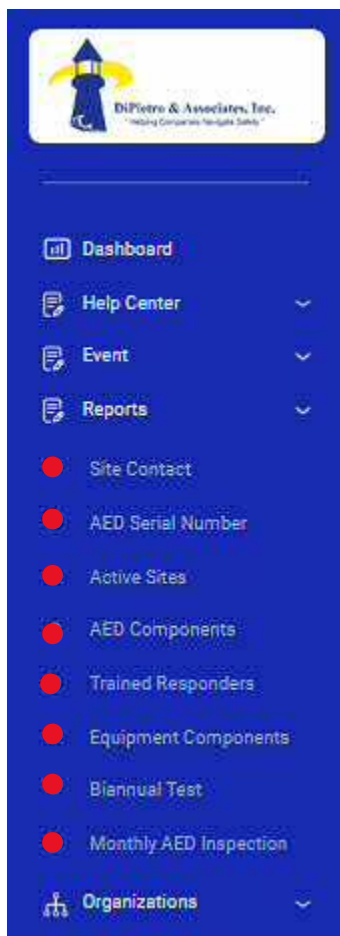
Back to home screen

Submit a help ticket

Document an AED Use

Run a report on any point of your AED program

Quickly Access your organization/site details

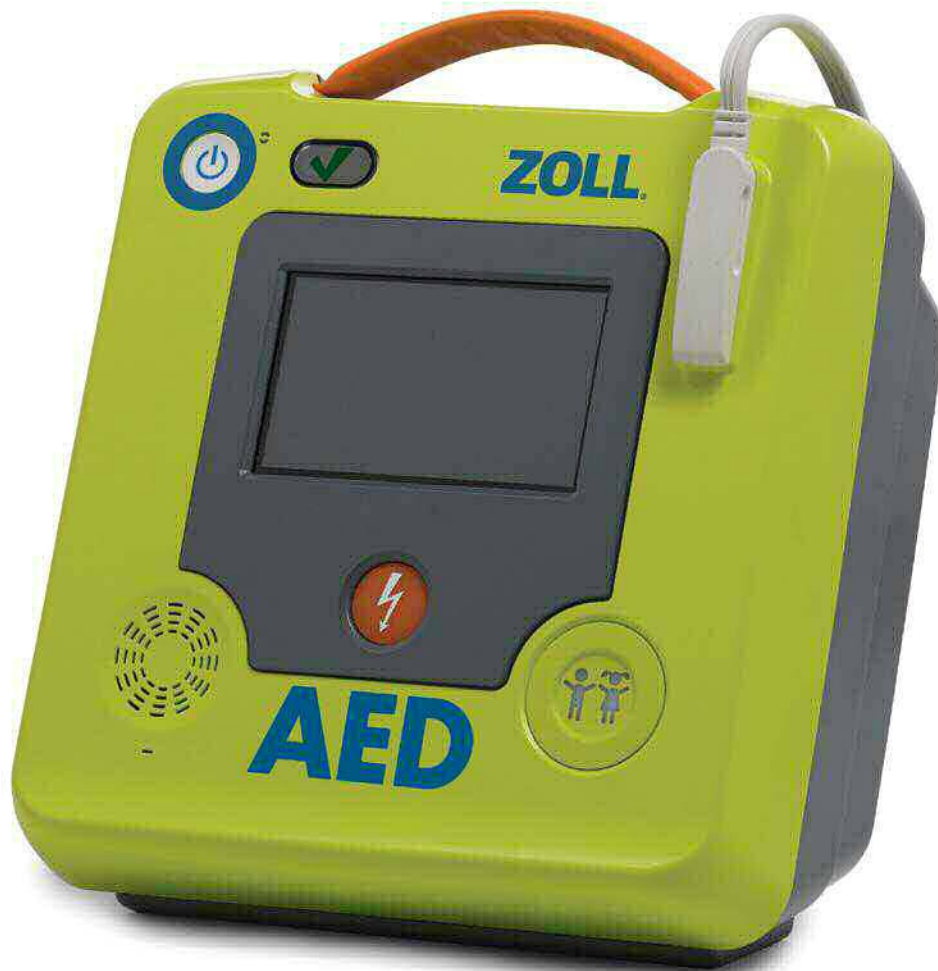


Click “Reports” to expand a list of reports that you can run

- Site contacts report
- AED serial numbers report
- Active sites report
- AED components report
- Trained responders report
- Equipment components report
- AED tests report
- AED inspections report

Click on any report title and you will be directed to a list of filters that can be applied before selecting [+ Generate Report](#)

Operators Manual



Chapter 1

Overview

The ZOLL AED 3 defibrillator is an Automated External Defibrillator (AED) that is designed to be used for both adult and child victims of sudden cardiac arrest. The AED uses audio and visual prompts to guide the rescuer through a resuscitation sequence that may include defibrillation and/or cardiopulmonary resuscitation (CPR). The ZOLL AED 3 defibrillator has a liquid crystal display (LCD) touch screen and uses detachable defibrillation pads. The defibrillation pads include an intelligent CPR sensor that allows the AED to monitor chest compressions and provide feedback during CPR.

This guide contains instructions for all ZOLL AED 3 models:

- **ZOLL AED 3** — Operates in Semi-Automatic Mode. Includes lay rescuer prompts and graphics, and Real CPR Help® for CPR monitoring and feedback.
- **ZOLL AED 3 Automatic** — Operates in Fully Automatic Mode. Includes lay rescuer prompts and graphics, and Real CPR Help for CPR monitoring and feedback.
- **ZOLL AED 3 BLS** — Operates in Semi-Automatic Mode. Includes Real CPR Help for CPR monitoring and feedback, optional patient ECG display, CPR Dashboard, optional lay rescuer graphics, and optional audio recording.

When the rescuer attaches defibrillation pads to a patient's chest, the AED monitors and analyzes the electrocardiographic (ECG) rhythm of the patient's heart to determine whether or not the ECG rhythm is shockable. If the AED detects a shockable rhythm, it either issues instructions to deliver the shock (semi-automatic) or automatically delivers the shock (fully automatic). The ZOLL AED 3 defibrillator then prompts the rescuer to perform CPR for a period of time (configured by the AED Administrator), after which the AED automatically initiates a new ECG analysis.

ZOLL AED 3 User Interface

The ZOLL AED 3 defibrillator has a Status Indicator that allows you to quickly see if it has passed its last self test and is ready for use. An LCD screen in the center of the front panel provides text prompts, rescue graphics, and incident information. The AED defibrillator provides audio prompts through a speaker located on the front of the AED. The front panel of the AED has an On/Off button on the top left side of the device and a Shock button beneath the LCD screen. It also has a Child selection button for patients that are less than 8 years old or weigh less than 55 pounds (25 kg).

The ZOLL AED 3 defibrillator has two operating modes: AED Management Mode and Rescue Mode. In AED Management Mode, the icons on the touch screen allow you to change configuration settings and upload clinical archives, device history, and configuration files. There is also a Supervisor menu for advanced users to make more complex changes to the AED, such as device configuration, shock settings, and CPR settings.

In Rescue Mode, the LCD screen displays graphics that are coordinated with audio prompts to guide the rescuer through the necessary steps to perform a rescue. The steps that include graphics and audio prompts are defined by local protocols for use of an AED.

Child Mode

The ZOLL AED 3 defibrillator has a Child mode that can be enabled in two ways: when the rescuer uses ZOLL CPR Uni-padz[®] defibrillation pads and presses the Child selection button, or when the rescuer uses ZOLL Pedi-padz[®] II defibrillation pads. In this mode, the AED uses configured pediatric energy settings that are lower doses of energy than those used for adults. The ZOLL AED 3 defibrillator also uses a pediatric AED analysis algorithm that is specifically designed for a child's ECG. This algorithm accurately distinguishes shockable versus non-shockable rhythms in the pediatric patient.

Real CPR Help

The ZOLL AED 3 CPR Uni-padz defibrillation pads include a sensor that detects the rate and depth of chest compressions. This sensor is part of the defibrillation pads that the rescuer places on the patient's chest, and must be located between

your hands and the patient's lower sternum. When the rescuer performs CPR compressions, the sensor detects the rate and depth and sends the information to the AED. The ZOLL AED 3 defibrillator includes a CPR audio metronome function designed to encourage the rescuer to perform chest compressions at the AHA/ERC/ILCOR recommended minimum rate of at least 100 compressions per minute (CPM). The AED performs CPR monitoring, prompts the rescuer, and records chest compressions in the clinical patient file.

WARNING! Real CPR Help audio prompts are not enabled in Child mode.

When performing CPR on adult patients, the ZOLL AED 3 defibrillator may issue one or more audible prompts based on the depth of chest compressions detected. If Real CPR Help determines that compression depth is consistently less than 5 centimeters, the AED issues a *PUSH HARDER* prompt. The AED issues a *GOOD COMPRESSIONS* prompt if the rescuer responds by increasing compression depth to 5 centimeters or more.

Using Defibrillation Pads

The ZOLL AED 3 defibrillator is compatible with the following adult and child defibrillation pads:

- CPR Uni-padz (for adults and children)
- CPR-D-padz[®] (for adults only)
- CPR Stat-padz[®] (for adults only)
- Stat-padz II (for adults only)
- Pedi-padz II (for children only)

Make sure that the defibrillation pads used are appropriate for the patient.

NOTE When using CPR Uni-padz with a child patient, the rescuer must press the Child Selection button.

NOTE When using Pedi-padz II, the Child Selection button automatically lights up.

The CPR Uni-padz package is connected to the AED by a cable. The package contains defibrillation pads that the rescuer attaches to the patient. The pad package includes scissors for cutting clothing or chest hair off the patient.

If the defibrillation pads cable is not attached properly, the AED issues the *PLUG IN PADS CABLE* prompt. Make certain to connect the defibrillation pad cable to the ZOLL AED 3 defibrillator and attach the pads to the patient properly.

WARNING! Defibrillation pads must be pre-attached to the device. Keep the defibrillation pad cable connected to the AED at all times.

NOTE Defibrillation pads contain no hazardous materials and may be disposed of in general trash unless contaminated with pathogens. If contaminated, appropriate precautions should be used in their disposal.

WARNING! DO NOT reuse defibrillation pads.

Data Recording and Storage

All ZOLL AED 3 models can record and store up to 120 minutes of continuous ECG/audio and clinical event data during a rescue or patient case. See “Data and Audio Recording” on page 14 for more detailed information about this function.

Post Event Analysis

All ZOLL AED 3 models automatically store patient clinical data and device history in long-term memory.

- Patient clinical data (clinical archives) — Includes date and time notation that you can view and analyze using ZOLL RescueNet® Code Review software or view online with ZOLL RescueNet Case Review (requires ZOLL Online account and ZOLL AED 3 device to transmit clinical event data over Wi-Fi).
- Device history — A log of device status information that you can view and analyze. You can transfer this file over Wi-Fi or upload it using a USB flash drive.

Transferring Files Using a USB Flash Drive

All ZOLL AED 3 models have a USB port that allows you to export and save configuration settings, clinical archives, and device history to a USB flash drive. This feature allows you to easily copy a configuration from one AED to other AEDs. The USB port also allows you to import new system software to quickly upgrade the AED.

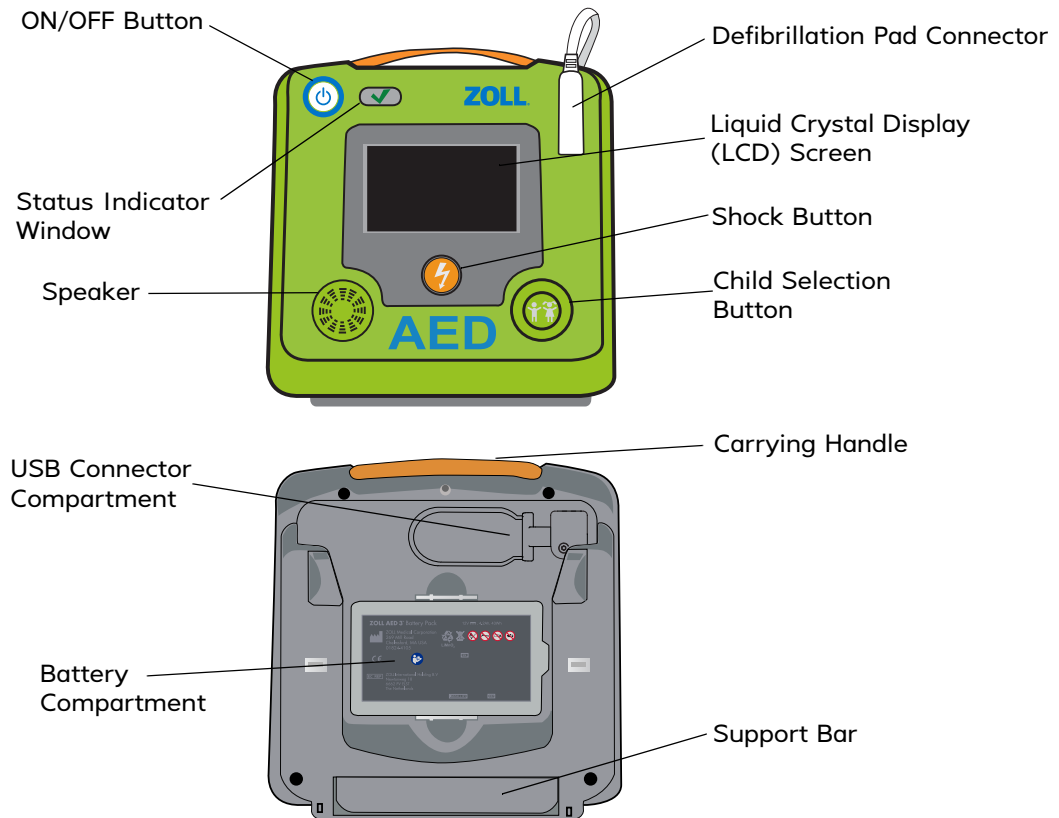
Wi-Fi Communication

All ZOLL AED 3 models have wireless communication that provides automatic upload of self-test reports and on-demand transfer of patient clinical archives and device history information through a wireless access point.

ZOLL AED 3 Operation

Operating Controls and Indicators

This section describes the functions of the controls on the front of the ZOLL AED 3 defibrillator.



ON/OFF Button — Turns power ON or OFF.

When pressed and held for at least 5 seconds, the AED initiates a self test and enters AED Management Mode.



AED Passed
Self Test

Status Indicator Window — Green check indicates that the AED passed its last self test and is ready for use.



AED Failed
Self Test

A blank window indicates that the AED has failed its self test and is not ready for use.

Speaker — Provides audio prompts and metronome beeps that direct rescuers on what to do during a rescue; also provides audio prompts to indicate if service is required.

Defibrillation Pad Connector — This connector is used to attach defibrillation pads to the AED.

Liquid Crystal Display (LCD) Screen — A 5.3 x 9.5 centimeter touch screen for display and user input. During a rescue, it displays graphics and text messages to guide the rescuer.



Shock Button — Illuminates when the AED is charged and ready to deliver a shock to the patient.

When pressed, the charged and ready AED discharges its energy into the patient.



Child Selection Button — If using CPR Uni-padz, illuminates when pressed. Illuminated button indicates the AED is in Child Mode to prepare a rescue for a pediatric patient. Automatically illuminates when using Pedi-padz II.

USB Connector Compartment — Contains a connection for a USB flash drive when importing or exporting files to or from the AED.

Battery Compartment — Holds the battery pack used to power the AED.

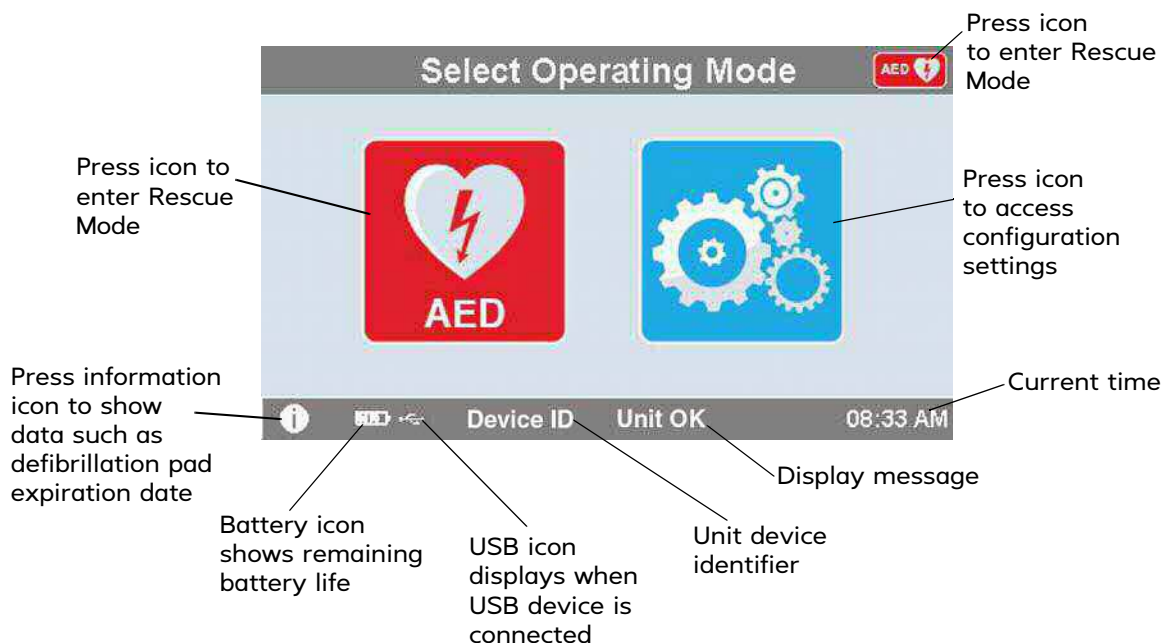
Carrying Handle — The strap designed for carrying the AED.

Support Bar — The brace that opens to hold the AED in an upright position.

Graphical Display Area

The ZOLL AED 3 defibrillator has a 5.3 x 9.5 centimeter LCD screen that displays the following information in the modes in this section: AED Management Mode and Rescue Mode.

AED Management Mode



Rescue Mode

The ZOLL AED 3 and ZOLL AED 3 *Automatic* models show the Lay Rescuer display, while the ZOLL AED 3 *BLS* model can be configured to show the Lay Rescuer display, CPR only display, or CPR and ECG display.

Lay Rescuer Display



CPR Countdown Timer — Indicates the amount of time remaining in the CPR interval.

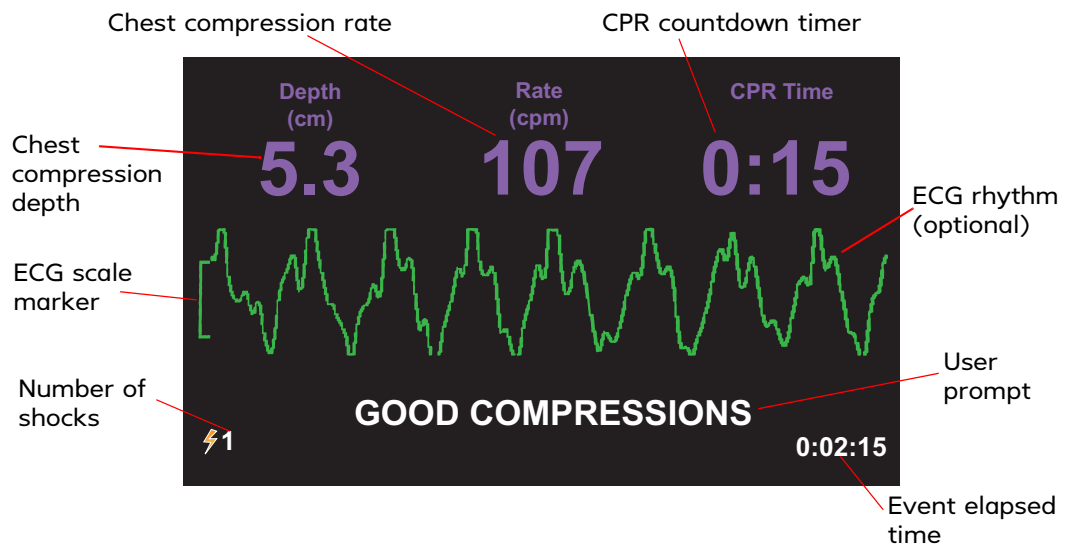
CPR Depth of Compression Indicator — A bar graph that displays the depth of chest compressions measured while the rescuer is performing CPR. Indicator lines are displayed in the bar graph at 5 and 6 centimeters of compression depth and provide reference points for rescuers performing CPR.

User Prompt — Displays a visual message on the screen while simultaneously issuing an audio prompt.

Elapsed Event Time — Indicates the amount of time that has elapsed since the start of the rescue.

Number of Shocks — Indicates the total number of defibrillation shocks delivered during the rescue.

CPR Only/CPR and ECG Displays (ZOLL AED 3 BLS models only)



Chest Compression Depth — Indicates the depth of the current CPR compressions.

Chest Compression Rate — Indicates the rate of the current CPR compressions.

CPR Countdown Timer — Indicates the amount of time remaining in the CPR interval.

ECG Rhythm (optional) — Displays the current ECG waveform.

User Prompt — Displays a visual message on the screen while simultaneously issuing an audio prompt.

Event Elapsed Time — Indicates the amount of time that has elapsed since the start of the rescue.

Number of Shocks — Indicates the total number of defibrillation shocks during the rescue.

Audio Prompts

During clinical use of the ZOLL AED 3 defibrillator, you may hear the following audio prompts:

Table 1. Clinical Audio Prompts

Audio Prompt	Definition/Action
<i>AUTOMATIC DEFIBRILLATOR</i>	The AED is the fully automatic model that has the capability to automatically shock the patient without the rescuer having to press the Shock button.
<i>UNIT OK</i>	The AED has successfully passed its power up self tests.
<i>UNIT FAILED</i>	The AED has failed its power up self tests and is not usable for patient care.
<i>CHANGE BATTERY</i>	The ZOLL AED 3 self test has detected a low battery condition that is insufficient for the AED's use for patient care. Replace battery pack with a new one as soon as possible.
<i>BATTERY HAS BEEN REPLACED</i>	The AED has detected that the battery has been changed.
<i>PLUG IN PADS CABLE</i>	Ensure that the defibrillation cable is properly connected to the ZOLL AED 3 defibrillation connector.
<i>ATTACH CORRECT DEFIB PADS</i>	Pads that are connected to the AED are not compatible with the ZOLL AED 3 defibrillator.
<i>CHECK PADS</i>	Previously attached defibrillation pads are not making good contact with the patient's skin or the pads are defective.
<i>REPLACE PADS</i>	There is a problem with the pads connected to the AED. Attach new pads to the AED.
<i>ADULT PADS</i>	Adult pads (CPR-D-padz, CPR Stat-padz, Stat-padz II) are attached to the AED.
<i>PEDIATRIC PADS</i>	Pedi-padz II are attached to the AED.
<i>STAY CALM</i>	Relax as much as possible and focus on the rescue effort.
<i>CHECK RESPONSIVENESS</i>	Check patient for responsiveness/consciousness by gently shaking the patient and shouting "Are you all right?"
<i>CALL FOR HELP</i>	Call EMS for assistance or ask a bystander to do it for you.
<i>OPEN AIRWAY</i>	Place patient in the supine position and perform Head Tilt – Chin Lift or Jaw – Thrust maneuver to open patient's airway.

Audio Prompt	Definition/Action
<i>CHECK BREATHING</i>	Look, listen, or feel for the presence of breathing and/or airflow from the patient's lungs.
<i>ADULT PATIENT SELECTED</i>	CPR Uni-padz are attached to the AED and the Child button has not been pressed.
<i>IF PATIENT IS A CHILD, PRESS CHILD BUTTON</i>	If patient is less than 8 years old or weighs less than 55 pounds (25 kg), press the Child Selection Button.
<i>CHILD PATIENT SELECTED</i>	The rescuer pressed the Child Button to indicate that the patient is a child.
<i>REMOVE PAD PACKAGE</i>	Remove the defibrillation pad package from the back of the AED.
<i>CUT OR TEAR CLOTHING TO EXPOSE PATIENT'S BARE CHEST</i>	If needed, use scissors to completely remove the patient's shirt.
<i>COMPLETELY REMOVE CHILD'S SHIRT, CUTTING OR TEARING IF NEEDED</i>	If needed, use scissors to completely remove child's shirt.
<i>OPEN PAD PACKAGE</i>	Tear open the defibrillation pad package to access the defibrillation pads.
<i>ATTACH PADS TO PATIENT'S BARE CHEST</i>	Attach defibrillation pads to the patient's bare chest.
<i>ATTACH PADS TO CHILD'S BACK AND CHEST</i>	Attach defibrillation pads to child's bare back and chest as shown.
<i>DON'T TOUCH PATIENT ANALYZING</i>	Do not touch the patient; an ECG rhythm analysis is in progress or about to begin.
<i>NO SHOCK ADVISED</i>	ECG rhythm analysis has detected a rhythm that is not treatable by defibrillation.
<i>SHOCK ADVISED</i>	ECG rhythm analysis has detected the presence of ventricular fibrillation or shockable ventricular tachycardia.
<i>DON'T TOUCH PATIENT. PRESS THE FLASHING SHOCK BUTTON.</i>	Warn all persons in attendance to stand clear and stop touching the patient. Press the Shock Button to deliver defibrillation therapy.
<i>RELEASE SHOCK BUTTON</i>	The Shock Button was pressed before the defibrillator was ready to defibrillate. Release the Shock Button and press again after the ready tone sounds.
<i>SHOCK WILL BE DELIVERED IN THREE, TWO, ONE</i>	(ZOLL AED 3 <i>Automatic</i> model only) The AED will automatically deliver shock after the countdown completes.
<i>SHOCK DELIVERED</i>	A defibrillation shock has just been delivered to the patient.

Audio Prompt	Definition/Action
<i>NO SHOCK DELIVERED</i>	No shock was delivered to the patient because rescuer failed to press Shock Button or an error condition was detected.
<i>START CPR</i>	Begin CPR.
<i>PUSH TO MATCH THE TONE</i>	Announced at the start of the CPR period.
<i>PUSH HARDER</i>	CPR compressions are consistently less than 5 centimeters deep. (Adult patients only)
<i>GOOD COMPRESSIONS</i>	After prompting to Push Harder, rescuer has succeeded in delivering chest compressions at least 5 centimeters deep. (Adult patients only)
<i>CONTINUE CPR</i>	Continue providing CPR. This prompt may also be issued if Real CPR Help fails to detect chest compressions at least 2 centimeters deep.
<i>ANALYSIS HALTED. KEEP PATIENT STILL.</i>	ECG rhythm analysis has been halted due to excessive ECG signal artifact. Stop any ongoing CPR and keep the patient as motionless as possible.
<i>GIVE TWO BREATHS</i>	If patient is not breathing, give two rescue breaths.
<i>STOP CPR</i>	Stop CPR. The AED is about to begin an ECG rhythm analysis.
<i>CPR ONLY MODE</i>	Defibrillation is not working properly; AED will only provide CPR support.

Prompts that you may hear during non-clinical use of the ZOLL AED 3 defibrillator include:

Table 2. Non-Clinical Audio Prompts

Audio Prompt	Definition
<i>REPLACE PADS</i>	The ZOLL AED 3 self test has detected that the defibrillation pads have passed their expiration date. Replace the defibrillation pads immediately.
<i>CHANGE BATTERY</i>	The ZOLL AED 3 self test has detected that the battery has passed its install by date. Replace the battery pack immediately.
<i>UNIT POWERING OFF</i>	The AED is shutting down.

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 Governor October 02, 2015. Filed 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.

(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.

Assembly Bill No. 2009

CHAPTER 646

An act to add Sections 35179.4 and 35179.6 to the Education Code, relating to interscholastic athletic programs.

[Approved by Governor September 21, 2018. Filed with Secretary of State September 21, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2009, Maienschein. Interscholastic athletic programs: school districts: written emergency action plans: automated external defibrillator.

Existing law establishes a system of public elementary and secondary schools operated by local educational agencies throughout this state. Under existing law, public and private secondary schools participate in interscholastic sports, and are authorized to enter into associations or consortia to enact and enforce rules relating to eligibility for, and participation in, these activities.

Existing law authorizes school districts to provide specified medical services in connection with athletic events that are under the jurisdiction of, or sponsored or controlled by, school districts. These services include medical or hospital insurance for pupils injured while participating in athletic activities, and ambulance service for pupils, instructors, spectators, and other individuals in attendance at athletic activities.

Existing law authorizes a public school to solicit and receive nonstate funds to acquire and maintain an automated external defibrillator (AED). Existing law provides that an employee of the school district is not liable for civil damages resulting from certain uses, attempted uses, or nonuses of an AED, except as provided. Existing law provides that a public school or school district that complies with certain requirements related to an AED is not liable for any civil damages resulting from any act or omission in the rendering of the emergency care or treatment, except as provided.

If a school district or charter school elects to offer any interscholastic athletic program, this bill would require the school district or charter school to (1) ensure that there is a written emergency action plan in place, and posted as specified, that describes the location and procedures to be followed in the event of sudden cardiac arrest or other medical emergencies related to the athletic **program's** activities or events, (2) acquire, commencing July 1, 2019, at least one AED for each school within the school district or the charter school to be available on campus, (3) encourage that the AED or AEDs are available for the purpose of rendering emergency care or treatment, as specified, (4) ensure that the AED or AEDs are available to athletic trainers and coaches and authorized persons at the athletic **program's** on campus activities or events, and (5) ensure that the AED or AEDs are maintained and regularly tested, as

specified. The bill would expressly state that an employee of a school district or charter school is not liable for civil damages resulting from certain uses, attempted uses, or nonuses of an AED in the rendering of emergency care or treatment pursuant to the **bill's** provisions, except as provided. The bill would expressly state that a public school, school district, or charter school that complies with certain requirements related to an AED is not liable for any civil damages resulting from any act or omission in the rendering of emergency care or treatment pursuant to the **bill's** provisions, except as provided.

DIGEST KEY

Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 35179.4 is added to the Education Code, to read:

35179.4.

If a school district or charter school elects to offer any interscholastic athletic program, the governing board of the school district or the governing body of the charter school shall ensure that there is a written emergency action plan in place that describes the location and procedures to be followed in the event of **sudden cardiac arrest and other medical emergencies related to the athletic program's activities or events**. The written emergency action plan shall be posted in compliance with the most recent pertinent guidelines of the National Federation of State High School Associations.

SEC. 2.

Section 35179.6 is added to the Education Code, to read:

35179.6.

(a) For purposes of this section, an "AED" is an automated external defibrillator.

(b) Commencing July 1, 2019, if a school district or charter school elects to offer any interscholastic athletic program, the school district or the charter school shall acquire at least one AED for each school within the school district or the charter school. The school district or the charter school is encouraged to ensure that the AED or AEDs are available for the purpose of rendering emergency care or treatment within a recommended three to five minutes of sudden cardiac arrest to pupils, spectators, and any other **individuals in attendance at the athletic program's on campus activities or events and shall ensure that the AED or AEDs are available to athletic trainers and coaches and authorized persons at these activities or events**.

(c) Subdivision (b) of Section 49417 shall apply for the purposes of determining whether an employee of a school district is liable for any civil damages resulting from his or her use, attempted use, or nonuse of an AED in the rendering of emergency care or treatment pursuant to this section.

(d) Subdivision (c) of Section 49417 shall apply for the purposes of determining whether a public school or school district is liable for any civil damages resulting from any act or omission in the rendering of emergency care or treatment pursuant to this section.

(e) Except as provided in subdivision (g), if an employee of a charter school complies with Section 1714.21 of the Civil Code in rendering emergency care or treatment through the use, attempted use, or nonuse of an AED at the scene of an emergency, the employee shall not be liable for any civil damages resulting from any act or omission in the rendering of the emergency care or treatment.

(f) Except as provided in subdivision (g), if a charter school complies with the requirements of Section 1797.196 of the Health and Safety Code, the charter school shall be covered by Section 1714.21 of the Civil Code and shall not be liable for any civil damages resulting from any act or omission in the rendering of the emergency care or treatment.

(g) Subdivisions (e) and (f) do not apply in the case of personal injury or wrongful death that results from gross negligence or willful or wanton misconduct on the part of the person who uses, attempts to use, or fails to use an AED to render emergency care or treatment.

(h) In order to ensure public safety, each school district or charter school that elects to offer any interscholastic athletic program shall ensure that its AED or AEDs are maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, or 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 other applicable state and federal authority.

(i) This section does not alter the requirements of Section 1797.196 of the Health and Safety Code.

Assembly Bill No. 1719

CHAPTER 556

An act to add Section 51225.6 to the Education Code, relating to pupil instruction.

[Approved by Governor September 24, 2016. Filed with Secretary of State September 24, 2016.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1719, Rodriguez. Pupil instruction: cardiopulmonary resuscitation.

(1) Existing law authorizes a school district or school to provide a comprehensive program in first aid or cardiopulmonary resuscitation training, or both, to pupils and employees in accordance with specified guidelines. Existing law requires each pupil completing grade 12 to satisfy certain requirements as a condition of receiving a diploma of graduation from high school. These requirements include the completion of designated coursework in grades 9 to 12, inclusive. Existing law authorizes a governing board of a school district to adopt other coursework requirements.

This bill would require, commencing with the 2018–19 school year, the governing board of a school district or the governing body of a charter school that requires a course in health education for graduation from high school to include instruction in performing compression-only cardiopulmonary resuscitation, as provided. The bill would encourage those entities to provide to pupils general information on the use and importance of an automated external defibrillator. The bill would require the State Department of Education to provide guidance on how to implement these provisions, including, but not limited to, who may provide instruction.

(2) Existing law provides that no local agency, entity of state or local government, or other public or private organization that sponsors, authorizes, supports, finances, or supervises the training of citizens in cardiopulmonary resuscitation shall be liable for any civil damages alleged to result from such training programs.

Existing law provides that no person who is certified to instruct in cardiopulmonary resuscitation by either the American Heart Association or the American Red Cross shall be liable for any civil damages alleged to result from the acts or omissions of an individual who received instruction on cardiopulmonary resuscitation by that certified instructor.

This bill would provide that a local agency, entity of state or local government, or other public or private organization that sponsors, authorizes, supports, finances, or supervises, and a public employee who provides or facilitates, the instruction of pupils in compression-only cardiopulmonary resuscitation or the use of an automated external defibrillator pursuant to the bill shall not be liable for any civil damages

alleged to result from the acts or omissions of an individual who received such instruction, except as provided.

DIGEST KEY

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 51225.6 is added to the Education Code, to read:

51225.6.

(a) If the governing board of a school district or the governing body of a charter school requires a course in health education for graduation from high school, the governing board of a school district or the governing body of a charter school shall include, commencing with the 2018–19 school year, instruction in performing compression-only cardiopulmonary resuscitation (CPR). This instruction shall include both of the following:

(1) An instructional program based on national evidence-based emergency cardiovascular care guidelines for the performance of compression-only CPR, such as those developed by the American Heart Association or the American Red Cross.

(2) Instruction to pupils relative to the psychomotor skills necessary to perform compression-only CPR. **For purposes of this paragraph, “psychomotor skills” means skills that pupils are required to perform as hands-on practice to support cognitive learning.**

(b) Before the commencement of the 2017–18 school year, the department shall provide guidance on how to implement this section, including, but not limited to, who may provide instruction pursuant to this section.

(c) The governing board of a school district or the governing body of a charter school is encouraged to provide to pupils general information on the use and importance of an automated external defibrillator (AED). The physical presence of an AED in the classroom is not required.

(d) The governing board of a school district or the governing body of a charter school may adopt policies to implement this section.

(e) (1) The governing board of a school district or the governing body of a charter school providing instruction in performing compression-only CPR or information on the use of an AED pursuant to this section is encouraged to use the most cost-effective means possible to implement that requirement.

(2) This section shall not be construed to require the governing board of a school district or the governing body of a charter school to make any purchases, including, but not limited to, purchasing an AED.

(f) (1) A local agency, entity of state or local government, or other public or private organization that sponsors, authorizes, supports, finances, or supervises the instruction of pupils in compression-only CPR

or the use of an AED pursuant to this section shall not be liable for any civil damages alleged to result from the acts or omissions of an individual who received such instruction.

(2) A public employee who provides or facilitates the instruction of pupils in compression-only CPR or the use of an AED pursuant to this section shall not be liable for any civil damages alleged to result from the acts or omissions of an individual who received such instruction.

(3) This subdivision shall not be construed to grant immunity from civil damages to any person who provides or facilitates the instruction of pupils in compression-only CPR or the use of an AED in a manner that constitutes gross negligence or willful or wanton misconduct.

Assembly Bill No. 2009

CHAPTER 646

An act to add Sections 35179.4 and 35179.6 to the Education Code, relating to interscholastic athletic programs.

[Approved by Governor September 21, 2018. Filed with Secretary of State September 21, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2009, Maienschein. Interscholastic athletic programs: school districts: written emergency action plans: automated external defibrillator.

Existing law establishes a system of public elementary and secondary schools operated by local educational agencies throughout this state. Under existing law, public and private secondary schools participate in interscholastic sports, and are authorized to enter into associations or consortia to enact and enforce rules relating to eligibility for, and participation in, these activities.

Existing law authorizes school districts to provide specified medical services in connection with athletic events that are under the jurisdiction of, or sponsored or controlled by, school districts. These services include medical or hospital insurance for pupils injured while participating in athletic activities, and ambulance service for pupils, instructors, spectators, and other individuals in attendance at athletic activities.

Existing law authorizes a public school to solicit and receive nonstate funds to acquire and maintain an automated external defibrillator (AED). Existing law provides that an employee of the school district is not liable for civil damages resulting from certain uses, attempted uses, or nonuses of an AED, except as provided. Existing law provides that a public school or school district that complies with certain requirements related to an AED is not liable for any civil damages resulting from any act or omission in the rendering of the emergency care or treatment, except as provided.

If a school district or charter school elects to offer any interscholastic athletic program, this bill would require the school district or charter school to (1) ensure that there is a written emergency action plan in place, and posted as specified, that describes the location and procedures to be followed in the event of sudden cardiac arrest or other medical emergencies related to the athletic **program's** activities or events, (2) acquire, commencing July 1, 2019, at least one AED for each school within the school district or the charter school to be available on campus, (3) encourage that the AED or AEDs are available for the purpose of rendering emergency care or treatment, as specified, (4) ensure that the AED or AEDs are available to athletic trainers and coaches and authorized persons at the athletic **program's** on campus activities or events, and (5) ensure that the AED or AEDs are maintained and regularly tested, as

EDUCATION CODE - EDC
TITLE 2. ELEMENTARY AND SECONDARY EDUCATION [33000 - 64100]
(Title 2 enacted by Stats. 1976, Ch. 1010.)

DIVISION 4. INSTRUCTION AND SERVICES [46000 - 65001]
(Division 4 enacted by Stats. 1976, Ch. 1010.)

PART 27. PUPILS [48000 - 49703]
(Part 27 enacted by Stats. 1976, Ch. 1010.)

CHAPTER 9. Pupil and Personnel Health [49400 - 49590]
(Chapter 9 enacted by Stats. 1976, Ch. 1010.)

ARTICLE 1. General Powers—School Boards [49400 - 49417]
(Article 1 enacted by Stats. 1976, Ch. 1010.)

49417.

(a) A public school may solicit and receive nonstate funds to acquire and maintain an automated external defibrillator (AED). These funds shall only be used to acquire and maintain an AED and to provide training to school employees regarding use of an AED.

(b) Except as provided in subdivision (d), if an employee of a school district complies with Section 1714.21 of the Civil Code in rendering emergency care or treatment through the use, attempted use, or nonuse of an AED at the scene of an emergency, the employee shall not be liable for any civil damages resulting from any act or omission in the rendering of the emergency care or treatment.

(c) Except as provided in subdivision (d), if a public school or school district complies with the requirements of Section 1797.196 of the Health and Safety Code, the public school or school district shall be covered by Section 1714.21 of the Civil Code and shall not be liable for any civil damages resulting from any act or omission in the rendering of the emergency care or treatment.

(d) Subdivisions (b) and (c) do not apply in the case of personal injury or wrongful death that results from gross negligence or willful or wanton misconduct on the part of the person who uses, attempts to use, or maliciously fails to use an AED to render emergency care or treatment.

(e) This section does not alter the requirements of Section 1797.196 of the Health and Safety Code.

(Added by Stats. 2014, Ch. 812, Sec. 1. (AB 2217) Effective January 1, 2015.)

specified. The bill would expressly state that an employee of a school district or charter school is not liable for civil damages resulting from certain uses, attempted uses, or nonuses of an AED in the rendering of emergency care or treatment pursuant to the **bill's** provisions, except as provided. The bill would expressly state that a public school, school district, or charter school that complies with certain requirements related to an AED is not liable for any civil damages resulting from any act or omission in the rendering of emergency care or treatment pursuant to the **bill's** provisions, except as provided.

DIGEST KEY

Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 35179.4 is added to the Education Code, to read:

35179.4.

If a school district or charter school elects to offer any interscholastic athletic program, the governing board of the school district or the governing body of the charter school shall ensure that there is a written emergency action plan in place that describes the location and procedures to be followed in the event of **sudden cardiac arrest and other medical emergencies related to the athletic program's activities or events**. The written emergency action plan shall be posted in compliance with the most recent pertinent guidelines of the National Federation of State High School Associations.

SEC. 2.

Section 35179.6 is added to the Education Code, to read:

35179.6.

(a) For purposes of this section, an "AED" is an automated external defibrillator.

(b) Commencing July 1, 2019, if a school district or charter school elects to offer any interscholastic athletic program, the school district or the charter school shall acquire at least one AED for each school within the school district or the charter school. The school district or the charter school is encouraged to ensure that the AED or AEDs are available for the purpose of rendering emergency care or treatment within a recommended three to five minutes of sudden cardiac arrest to pupils, spectators, and any other **individuals in attendance at the athletic program's on campus activities or events and shall ensure that the** AED or AEDs are available to athletic trainers and coaches and authorized persons at these activities or events.

(c) Subdivision (b) of Section 49417 shall apply for the purposes of determining whether an employee of a school district is liable for any civil damages resulting from his or her use, attempted use, or nonuse of an AED in the rendering of emergency care or treatment pursuant to this section.

(d) Subdivision (c) of Section 49417 shall apply for the purposes of determining whether a public school or school district is liable for any civil damages resulting from any act or omission in the rendering of emergency care or treatment pursuant to this section.

(e) Except as provided in subdivision (g), if an employee of a charter school complies with Section 1714.21 of the Civil Code in rendering emergency care or treatment through the use, attempted use, or nonuse of an AED at the scene of an emergency, the employee shall not be liable for any civil damages resulting from any act or omission in the rendering of the emergency care or treatment.

(f) Except as provided in subdivision (g), if a charter school complies with the requirements of Section 1797.196 of the Health and Safety Code, the charter school shall be covered by Section 1714.21 of the Civil Code and shall not be liable for any civil damages resulting from any act or omission in the rendering of the emergency care or treatment.

(g) Subdivisions (e) and (f) do not apply in the case of personal injury or wrongful death that results from gross negligence or willful or wanton misconduct on the part of the person who uses, attempts to use, or fails to use an AED to render emergency care or treatment.

(h) In order to ensure public safety, each school district or charter school that elects to offer any interscholastic athletic program shall ensure that its AED or AEDs are maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, or 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 other applicable state and federal authority.

(i) This section does not alter the requirements of Section 1797.196 of the Health and Safety Code.