HEARTSafe Workplace Designation Application Form

Connecticut Department of Public Health, Heart Disease and Stroke Prevention Program

Cardiovascular disease is the leading cause of death in Connecticut and the nation, and many sudden cardiac events happen in workplaces each year. OSHA reports that, of the 6,628 workplace fatalities occurring in the US from 2001-2002, 1,216 (18%) were heart attacks, 354 (5%) resulted from electric shock, and 267 (4%) were from asphyxia. Of these, up to 60% may have been saved if automated external defibrillators (AEDs) had been readily available.

According to the American Heart Association, less than five percent of sudden cardiac arrest victims survive because a vast majority of bystanders witnessing the arrest do not know cardiopulmonary resuscitation (CPR) or the 'Chain of Survival' consisting of:

1. **Early Access to Emergency Care:** Bystanders recognize symptoms of cardiac arrest and call 9-1-1.
2. **Early CPR:** Bystanders perform CPR to maintain blood flow to the brain.
3. **Early Defibrillation:** Bystanders utilize an Automated External Defibrillator (AED) to deliver a shock of electricity to restore a regular heartbeat.
4. **Early Advanced Care:** Advanced emergency medical services personnel are dispatched to respond.

A HEARTSafe Workplace Promotes and Supports:

CPR/AED training and certification of a minimum of 10% of total work staff, including regular employees, volunteers, contractors and student employees. (Certification must be current)

Health promotion and education opportunities related to: recognizing the signs and symptoms of heart attacks and the need to call 9-1-1; controlling high cholesterol; controlling high blood pressure; and, reducing other heart disease risk factors: tobacco use, diabetes, physical inactivity, stress, and poor nutrition (A minimum of three employer-sponsored presentations, outreach, or awareness events per year).

Automated External Defibrillators (AEDs) in accessible area(s). (Minimum number based upon workplace – see criteria page three). Workplaces must provide appropriate signage of locations and a documented maintenance schedule for AEDs.

Written Emergency Action Plan that includes response to medical emergencies. This should include policies for notification of Emergency Medical Services (EMS) System (9-1-1), methods of distribution and education of staff about the Plan, roles and responsibilities of staff for emergency response in the workplace, and any procedures for EMS response within the workplace.

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The HEARTSafe Workplace designation is valid for three years. Workplaces will need to re-apply with documentation of the criteria in the above section to maintain their designation.

Official name & address of business/agency/organization seeking designation

official name _____

address _____ *state* _____ *zip code* _____

Workplace Chief Executive Officer (or designee)

name & title _____

address _____ *state* _____ *zip code* _____

phone _____ *email* _____

Specific address of workplace to be designated (if different from main address)

address _____ *state* _____ *zip code* _____

Accredited CPR/AED Training Program(s) Used:

American Heart Association (AHA)
American Red Cross (ARC)
National Safety Council (NSC)

For Designation:

Provide copies of class rosters for currently certified CPR/AED individuals. A signed letter from a certified instructor attesting to the date, location, number trained and certified, and type of course will also be accepted. Must document CPR/AED training and certification for a minimum of 10% of total work staff, including regular employees, volunteers, contractors and student employees.

Numbers trained and certified must represent a minimum of 10% of the above that are in the workplace on a daily basis. Please provide this number plus the number of total staff, including volunteers, contractors and student employees.

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Type of Workplace:

- ☐ Private Business
- ☐ Educational Institution
- ☐ Non-Profit
- ☐ Government Agency
- ☐ Faith Based Organization

☐ Other: _____

HEARTSafe Workplace Criteria:

Private Business

Fixed Location (i.e., office building): Minimum one AED in a publicly accessible location, within a 3-minute round-trip walk of the furthest work area. Large workplaces with over 100 work staff must have at least one for each floor.

Flexible Jobsite Location (i.e., construction site): Minimum one AED per each work location. AED must travel and remain on-site with work crew.

Educational Institution

University/College settings: Minimum one AED per each building on campus in a publicly accessible location, within a 3-minute round-trip walk of the furthest work area.

Local school settings: Elementary and Middle Schools – Minimum one AED near gymnasium. High Schools – Minimum one AED near gymnasium and one in main building.

Non-Profit

Minimum one AED in a publicly accessible location, within a 3-minute round-trip walk of the furthest work area.

Government Agency

Minimum one AED in a publicly accessible location, within a 3-minute round-trip walk of the furthest work area. Large workplaces with over 100 work staff must have at least one for each floor.

Faith Based Organization (*i.e.,* church, mosque, synagogue)

Minimum one AED in a publicly accessible location.

Other (*i.e.,* retail store, manufacturing floor, warehouse, summer camp)

Minimum one AED in a publicly accessible location, within a 3-minute round-trip walk of the furthest work area.

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Additional minimal requirements for HEARTSafe Workplace Designation:

Health promotion and education opportunities related to: recognizing the signs and symptoms of heart attacks and the need to call 9-1-1; controlling high cholesterol; controlling high blood pressure; and, reducing other heart disease risk factors: tobacco use, diabetes, physical inactivity, stress, and poor nutrition (In addition to CPR/AED classes, a minimum of three employer-sponsored presentations, outreach, or awareness events per year). *Please attach to application.*

Number and location (site map) of publicly accessible Automated External Defibrillators (AEDs).

Maintenance Policy for AED(s). *Please attach to application.*

Appropriate signage for AED locations. *Please attach sample or photograph.*

Written Emergency Action Plan that includes response to medical emergencies. This should include policies for notification of Emergency Medical Services (EMS) System (9-1-1), methods of distribution and education of staff about the Plan, roles and responsibilities of staff for emergency response in the workplace, and any procedures for EMS response within the workplace. *Please attach to application.*

Contact person for application

name & title _____

phone _____ *email* _____

contact person signature _____ *date* _____

State of Connecticut, County of _____ *,ss.* _____

On this the _____ *day of* _____ *, 20* ___ *, before me,* _____ *,*
the undersigned personally appeared _____ *, known to me*
(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and
acknowledged that _____ *executed the same for the purposes*
therein contained.

In witness whereof I hereunto set my hand, _____

My Commission expires: _____