HEARTSafe Community Designation Application Form

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

The Connecticut Department of Public Health's Heart Disease and Stroke Prevention Program, Office of Emergency Medical Services, and the American Heart Association encourage and promote community awareness of the potential for saving the lives of sudden cardiac arrest victims through the use of cardiopulmonary resuscitation (CPR) and increased public access to defibrillation.

In order to increase this awareness, the Connecticut Department of Public Health and the American Heart Association developed an initiative to designate Connecticut cities and towns as **"HEARTSafe Communities."**

A **"HEARTSafe Community"** promotes and supports:

- CPR training in the community
- public access to defibrillation through strategic placement of automated external defibrillators (AEDs) for use by public safety professionals and other trained community members
- CPR and AED trained and equipped first responders, and
- early advanced care.

Designation as a **HEARTSafe Community** is determined by gaining "heartbeats" (points). The number of heartbeats necessary for designation depends on a community's population. To qualify as a **HEARTSafe Community**, please complete all the information requested in this form and score your community by selecting the section below that agrees most closely with your community's population.

Name/Address of municipality seeking designation:

community

address *state* *zip code*

Municipal Chief Elected Officer (or designee):

name *job title*

business address *business phone*

Municipal contact:

contact person name *title*

phone number *email address*

HEARTSafe

COMMUNITY

DESIGNATED FIRST RESPONDERS (DFR)

organization/agency *contact person(s)*

address *phone* *email address*

organization/agency *contact person(s)*

address *phone* *email address*

▸ The DFR is AED equipped and staffed with currently certified AED personnel: ☐ Yes ☐ No

BASIC LEVEL PROVIDER(S)

organization/agency *contact person(s)*

address *phone* *email address*

organization/agency *contact person(s)*

address *phone* *email address*

ADVANCED LIFE SUPPORT (ALS) PROVIDER(S)

organization/agency *contact person(s)*

address *phone* *email address*

organization/agency *contact person(s)*

address *phone* *email address*

▸ Policy dictates that an ALS Provider is dispatched to all ALS emergencies: ☐ Yes ☐ No

Additional information about EMS Providers *(optional)*:

MINIMUM TOTAL NUMBER OF HEARTBEATS REQUIRED FOR DESIGNATION:

Indicate your community's population and the total number of heartbeats earned for certification.
(See enclosed worksheet.)

Community Population

Total # of Heartbeats Earned

Community Population	HEARTBEATS Minimum Total
Up to 5,000	70
5001-15,000	130
15,001-30,000	190
30,001-50,000	220
50,001-100,000	265
100,001-150,000	310

HEARTBEAT Worksheet

Community (municipality) population category: Please select the appropriate category that most closely conforms to your community's actual total population. Community is defined as one of the officially designated 169 municipalities in Connecticut. Individual neighborhoods or sections within the 169 municipalities will not be accepted. The population size will dictate the number of heartbeats required to be designated as a **HEARTSafe Community**.

CPR & CPR/AED TRAINING

Note: *10 HEARTBEATS per ten (10) citizens trained in CPR or CPR/AED. Copies of rosters, dates and locations of programs must be provided. A signed letter from a certified instructor attesting to the number of successfully trained and certified with dates, locations, and specific certifications will be accepted.*

Community Population	Citizens Trained in CPR, CPR/AED Programs Minimum	Actual	Meet the Minimum Minimum HEARTBEATS Total Yes	No
Up to 5,000	10			
5001-15,000	30			
15,001-30,000	50			
30,001-50,000	60			
50,001-100,000	75			
100,001-150,000	90			

PLACEMENT OF AEDs

Note: *10 HEARTBEATS per each distinct AED site. Does not include EMS, fire or police vehicles. A complete list of sites must be provided.*

Community Population	AED Sites Minimum	Actual		HEARTBEATS Total
Up to 5,000	2		x10 =	
5001-15,000	6		x10 =	
15,001-30,000	10		x10 =	
30,001-50,000	12		x10 =	
50,001-100,000	15		x10 =	
100,001-150,000	18		x10 =	

Please refer to the backside of this worksheet to complete HEARTBEATS summary.

TRACK DATA

HEARTSafe communities should track data regarding the quality of their cardiac care delivery. This is necessary in order to quantify the results of community efforts as well as to identify areas for continued improvement. Local emergency medical transport and paramedic services are required to maintain electronic patient care records and should have the following data readily available. Communities should strive for yearly improvement in these benchmarks of emergency cardiac care. Please list the following cardiac arrest care data for the most recent calendar year.

Total number of prehospital cardiac arrests where CPR was provided	20
Percentage of prehospital cardiac arrests that received bystander CPR	%
Percentage of prehospital cardiac arrests that had an AED applied prior to EMS arrival	%
Average time from 911 call received (for cardiac arrest) to first responder EMS arrival	min.

HEARTSafe COMMUNITY

SUMMARIZE YOUR COMMUNITY'S HEARTBEATS:

1. Conducted community CPR and/or CPR/AED training sessions. The number of heartbeats earned depends on your community's population – see page 3. Minimum HEARTBEATS plus any additional:

_____

2. Placement of a permanent AED with AED-trained personnel in public or private areas where many people are likely to congregate or be at higher risk* for cardiac arrest – see page 3. *(10 HEARTBEATS for each site.)*

_____

ALL APPLICANTS MUST MEET CRITERIA 3-6.

3. Community has a designated First Responder. *(10 HEARTBEATS)* _____

4. All EMS first response-designated vehicles** have been equipped with AEDs and staffed with currently certified CPR/AED personnel. *(10 HEARTBEATS)* _____

5. Advanced Life Support personnel (EMT-Intermediates or paramedics) will be dispatched to all ALS medical emergencies. *(10 HEARTBEATS)* _____

a. *Does EMS respond with 12-lead ECG capability to calls for chest pain of suspected ischemic origin?* ☐ yes ☐ no

b. *(Recommended – Not Required) Does EMS have a written protocol regarding STEMI recognition and direct transport to a percutaneous coronary intervention (AKA Balloon angioplasty) center?* ☐ yes ☐ no

6. Community has an ongoing process to evaluate and improve the "Chain of Survival" in our community. Use the space provided below to describe and to reapply in 3 years. *(10 HEARTBEATS)* _____

** Examples of areas where people are likely to congregate or be at higher risk: shopping malls, supermarkets, theaters, health clubs, schools, libraries, town pools or beaches, town halls, sports complexes, convention sites, long-term care facilities, train and bus stations, and senior centers.*

*** "EMS first response-designated vehicles" = any ambulance or vehicle used by EMS, fire or police First Responders.*

TOTAL HEARTBEATS EARNED: _____

EVALUATION PROCESS

Include an explanation of how your community will:

a) Keep people trained and certified in CPR
b) Work to increase the rate of bystander CPR
c) Monitor and maintain public access AEDs
d) Expand the availability of AEDs
e) Improve EMS system response and performance

Use extra pages if necessary.

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I attest that all information contained in this application is correct.Supporting documentation on AED placement and training is on file for review.

Municipal Chief Elected Officer or Designee: _____

title *date*

_____

name (print) *signature*

Please mail to: Michele Connelly, HEARTSafe Coordinator
(860) 509-7973 or DPH.HEARTSafe@ct.gov
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www.ct.gov/dph

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