



HEARTSafe Community Renewal Application

**Connecticut State Department of Public Health
Office of Emergency Medical Services**

Municipality seeking renewal designation:

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Name of Municipality

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Address

City/State

Zip Code

Municipal Chief Executive Officer:

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Name and Title

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Address

City/State

Zip Code

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Phone

Email

This application is an affirmation of the continued efforts of individuals and agencies in a HEARTSafe designated municipality to maintain, promote and expand the goals of the HEARTSafe Community Program within their city or town.

The main components of these efforts include:

- Continued training of citizens in Cardiopulmonary Resuscitation (CPR) and/or Automated External Defibrillator (AED) use.
- Maintaining and, when possible, expanding the number of publicly located AEDs.
- Continuing to provide trained and equipped first responders.
- Continuing to provide Advanced Life Support (ALS) when required.

The date of initial HEARTSafe designation for your community was: ___/___/___

Please submit this renewal application and supporting documentation within two weeks of the three-year anniversary date.

For HEARTSafe designation renewal please provide documentation for the following:

1. Accredited CPR or CPR/AED Training Program(s) Used:

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

Provide copies of class rosters for currently certified CPR/AED individuals. A signed letter from a certified instructor attesting to the dates, locations, number trained and certified, and type of course will be accepted.

Up to 5,000:	Minimum of 10 citizens
5001-15,000:	Minimum of 30 citizens
15,001-30,000:	Minimum of 50 citizens
30,001-50,000:	Minimum of 60 citizens
50,001-100,000:	Minimum of 75 citizens
100,001-150,000:	Minimum of 90 citizens

2. List and addresses of publicly located AEDs. The number of AEDs is based upon the following municipal population requirements:

Up to 5,000:	Minimum of 2 AED sites
5001-15,000:	Minimum of 6 AED sites
15,001-30,000:	Minimum of 10 AED sites
30,001-50,000:	Minimum of 12 AED sites
50,001-100,000:	Minimum of 15 AED sites
100,001-150,000:	Minimum of 18 AED sites

3. Designated First Responder is CPR/AED equipped and staffed with currently certified AED personnel?

No ___ Yes ___

Designated First Responder:

Name of First Responder Agency		
Address	City/State	Zip Code
First Responder Contact Name and Title	Phone	Email

4. Advanced Life Support (ALS) Provider is dispatched to all ALS emergencies?

No _____ Yes _____

Does EMS respond with 12-lead ECG capability to calls for chest pain of suspected ischemic origin?

No _____ Yes _____

(Recommended – Not Required) Does EMS have a written protocol regarding STEMI recognition and direct transport to a percutaneous coronary intervention (AKA Balloon angioplasty) center?

No _____ Yes _____

Advanced Life Support Provider:

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Name of ALS Agency

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Address

City/State

Zip Code

--	--	--

ALS Contact Name and Title

Phone

Email

5. Ongoing Evaluation and Improvement

Please describe your community’s plan for ongoing improvement of your “Chain of Survival.” Include an explanation of how your community:

- a) **Keeps people trained and certified in CPR**
- b) **Works to increase the rate of bystander CPR**
- c) **Monitors and maintains public access AEDs**
- d) **Expands the availability of AEDs**
- e) **Improves EMS system response and performance**

Use extra pages if necessary.

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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 (from the date that they implemented electronic record-keeping). Communities should strive for yearly improvement in these benchmarks of emergency cardiac care. Please list the following cardiac arrest care data for the last four consecutive calendar years:

	20____	20____	20____	20____
Total number of prehospital cardiac arrests where CPR was provided				
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.	min.	min.	min.

Contact person for application:

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Name and Title

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Phone

Email

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Contact person signature

Date

The section below must be completed by the contact person and notarized.

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: _____

Please mail application and supporting documentation to:

Michele Connelly, HEARTSafe & Regional EMS Coordinator
Connecticut Department of Public Health
Office of Emergency Medical Services
410 Capitol Avenue, MS#12EMS, P.O. Box 340308
Hartford, CT 06134-0308

Questions: Contact Michele Connelly at 860-509-7973 or dph.HEARTSafe@ct.gov