HeartSafe School
Application Packet

This application is provided by:

The HeartSafe Foundation

www.heartsafefoundation.org

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THE HEARTSAFE FOUNDATION APPLICATION: PREFACE

Sudden cardiac arrest (SCA) is the leading cause of death in the United States and the world. More than 350,000 people annually in the US will suffer out-of-hospital cardiac arrest (OHCA) and most victims die unless HeartSafe program initiatives are implemented and followed. Once a proper HeartSafe program is established, survival rates skyrocket and many lives are saved that otherwise would have been lost. SCA affects any age, any gender and any race. Unlike many other medical conditions, survival from SCA depends on immediate intervention by bystanders or designated first responders on scene; immediately performing at least hands only Cardiopulmonary Resuscitation (CPR) on the affected person and using an Automated External Defibrillator (AED) as soon as possible.

The HeartSafe Foundation has been established to help further the cause of setting up proper HeartSafe programs that improve SCA survival rates and prevent SCA-related deaths. HeartSafe programs support the "cardiac chain of survival" reinforced by the American Heart Association and encourage communities to work toward early recognition and response for any SCA-related event. The Foundation is nationally focused but has a global and unlimited reach. The HeartSafe Foundation program designation applications exist for communities, zones, schools or campuses, workplaces and / or hospitals. The HeartSafe Foundation evaluation & review system uses the best established practice standards and provides a common ground for rating or scoring HeartSafe programs globally. The goal of The HeartSafe Foundation is to allow for flexibility in the HeartSafe program to meet the local needs of the applicant, region or area, yet ensure core focus on important categories known to improve SCA survival rates.

This application will help facilitate and document collaboration with community partners and organizations that will impact and improve SCA survival rates. This application serves to promote your HeartSafe program achievements, development, progression and best practices while showcasing your HeartSafe designation certification and rating.

HeartSafe Designation & Rating System - HeartSafe School

A HeartSafe program's rating and designation will be calculated using the following focused assessment criteria and five program categories.

Each of the focus areas below earn 1 heart, based upon information provided. Any HeartSafe program can earn up to 5 hearts. The number of accumulated hearts will determine the level of rating the program achieves. HeartSafe designations can change over time and be upgraded upon request with an application resubmission at any time if they are assigned lower than a 5 heart rating. The rating will be reviewed as needed (if an upgrade is desired) or at least every 3 years once a 5 heart rating is achieved.

HeartSafe School

CATEGORY ONE: Training Focus

Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED) Education. Regularly occurring training sessions for CPR and automated external defibrillator (AED) use are conducted. This training improves early recognition of heart attack or sudden cardiac arrest signs & symptoms and allows for more immediate calling of 9-1-1 or the designated emergency number and reinforces early CPR and quick use of any nearby automated external defibrillators (AEDs).

CATEGORY TWO: AED Placement Focus

Automated External Defibrillator (AED) Placements. AEDs are placed in key locations to improve AED response times and access to early defibrillation while waiting for EMS or 9-1-1 advanced care to arrive. Written Emergency Action Plans (EAPs) and community-wide AED protocols are established, implemented into training, and communicated and reviewed on a regular basis.

CATEGORY THREE: Advanced Cardiovascular Life Support (ACLS) Focus

Advanced Care or EMS Care Involvement. Advanced care is engaged by calling 9-1-1 promptly to improve arrival times and survival rates. AED post event reviews are done as needed with advanced care and EMS registration of the AED has been conducted. Advanced care is also engaged in preventing SCA, improving and evaluating cardiovascular health in the community. this includes ready access to screenings and counseling for risk reduction or referral to quality physician for followup care. AED Program medical oversight has provided school with AED response protocols, this includes ready access to a physician.
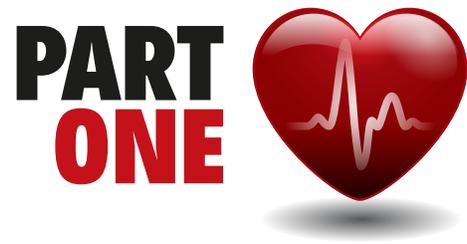
CATEGORY FOUR: Technology Focus

Updated Technology Involvement. Technology is used to monitor and ensure continual upkeep of the health and well being of the AED program. Information produced by the technology tools or in the technology solutions enables appropriate levels of transparency of program data and sharing of information with all AED program administrators. Tracking of data for any AED use and CPR event is in place to enable continuous quality improvement.

CATEGORY FIVE: Mobile Technology & Social Media Focus

Mobile & Phone Technology Notifications. Technology is engaged by designated dispatch systems and appropriate alerting parties that use computers, mobile devices, smart phones/iPhones®, social media, messaging and/or other pushed/call notifications to improve both communication regarding an emergency in progress and response times for CPR and AED use.

PART ONE

HeartSafe School Application

Part One: HeartSafe School Application

Note: HeartSafe Programs will not have points or rankings taken away for missing fields. Each program is expected to be different to meet the needs of the local community. Provide as much detail as possible that is relevant to your pending, current or soon to be updated HeartSafe Program to ensure an accurate rating will be assigned.

Please provide: Additional details at the end of the packet on pages 13 through 16 for any sections needing more detail or attach another sheet with pertinent information.

SECTION A: HeartSafe School Name / Address		
HeartSafe School Name:		
HeartSafe Coordinator Main Contact Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
# of Employees:	Geographic Region/# of Locations:	

SECTION B: HeartSafe Marketing / Promotion Contact	
Name:	Job title:
Address:	
City:	State:	Zip:
Phone:	Fax:	Email:
Medical Director Name(if applicable):	License #(if applicable):
Main School Nurse Contact::	Phone #:
Email:	

If additional, please attach another sheet with pertinent information noted above.

SECTION C: Nearest Local EMS / ALS Agency Contact		
❑ Intermediate ❑ ALS ❑ BLS ❑ Transport _____ # Vehicles ❑ AED Equipped		
Organization/Agency:	Contact:	
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Medical Director Name:	License #:	

If additional, please attach another sheet with pertinent information noted above.

SECTION D: Nearest Critical Care Hospital Or Cardiac Specialty Center

Organization/Agency:		Contact:	
Address:			
City:	State:		Zip:
Phone:	Fax:	Email:	
Medical Director Name:		License #:	

If additional, please attach another sheet with pertinent information noted above.

SECTION E: Training (CPR & AED Training) Contacts

_____ # of Trainers   _____ Estimated CPR/AED Students Annually

Organization/Agency:		Contact:	
Address:			
City:	State:		Zip:
Phone:	Fax:	Email:	
Medical Director Name(if applicable):		License #(if applicable):	

SECTION F: AED Dealer

Organization/Agency:		Contact:	
Address:			
City:	State:		Zip:
Phone:	Fax:	Email:	
# AEDs Managed / Sold:		# Years	
Name of AED Program Management Software or medical oversight provider:			
URL web address:			

If additional, please attach another sheet with pertinent information noted above.
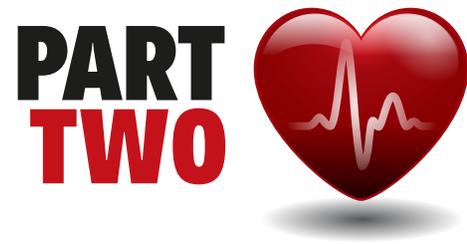
PART TWO

HeartSafe School Application
Program Details

Part Two: HeartSafe School Application

Note that HeartSafe Programs will not have points or rankings taken away by missing fields. Each program is expected to be different to meet the needs of the local community and workplace. Provide as much detail as possible that is relevant to your pending, current, or soon to be updated HeartSafe Program to ensure an accurate rating will be assigned.

Please provide: Additional details at the end of the packet on pages 13 through 16 for any sections needing more detail or attach another sheet with pertinent information.

SECTION A: Quick Facts on HeartSafe School	
# of Employees:	Geographic Region/# of Locations:
# of Public (anyone can use) AEDs placed:	# of Private / Mobile (trained responder use) AEDs:
# of Students:	

Expected Future Public & Private AED Placements (please provide details below):

_____

_____

_____

_____

SECTION B: CPR / AED Training Program

1. Does your program have regularly occurring CPR & AED training?   Yes ❑   No ❑

   How often annually? _____   Number Trained? _____   How many Trainers? _____

2. What trainers or training centers do you use?

   _____

   _____

   _____

3. What are the course names and titles?

   _____

   _____

   _____

   _____

4. Who is the accreditation agency for the training materials used (American Heart Association, Red Cross, etc)?

   _____

   _____

   _____

5. Do you have a plan in place to continue this training or upkeep training renewals for the program (please provide details)?

   _____

   _____

6. What is your school's ideal goal for number of CPR trained employees (hands only CPR trainings can be included)? Who set that goal? Why?

_____

_____

_____

_____

_____

_____

7. Do your school's trainers integrate with awareness campaigns for SCA awareness and cardiovascular health and

reinforce these campaigns?   Yes ❑   No ❑   Future Plans ❑ _____

_____

If possible, please provide a statement from your school's lead instructor or training center contact about your HeartSafe program and current or future expectation or performance.

_____

_____

_____

_____

_____

_____

_____

_____

SECTION C: AED Placement Program

Please use this space to provide information on how you monitor and maintain public AEDs or plan to in the future.

1. Does your school have mandates for AED placements?   Yes ❑   No ❑   Future Plans ❑ _____
_____

2. Do you have buses/vans equipped with AEDs?   Yes ❑   No ❑   Future Plans ❑ _____
_____

3. Are AEDs placed to reduce response time and be accessible?   Yes ❑   No ❑   Future Plans ❑

Explain: _____

_____

_____

_____

_____

4. Is your HeartSafe program compliant with 3-5 minute or less to time of shock using an AED, in most places?

_____

_____

_____

_____

_____

5. Are you using technology to track or maintain the AEDs and ensure they are ready for use?   Yes ❑   No ❑

If so, what is the name of the sofware, servicing party or system in place to make sure AEDs are updated/ready for use?

_____

_____

_____

_____

_____

6. Do you have a plan in place to monitor AED use events and perform post event reviews?   Yes ❑   No ❑ Future Plans ❑

Describe: _____

_____

_____

_____

_____

7. Provide details on AED availability and use history/trends, compliance of the AED program and health of the AED program. Also provide any details on barriers for future AED program placements and continued expansion or implementation plans, if any exist. How many locations have AEDs? See HeartSafeFoundation.org for a provided registry upload spreadsheet, if one is desired.

_____

_____

_____

_____

_____

_____

_____

_____

_____

8. What technology do you use that makes any AED accessible to any employee or occupant? (Social media, public relations, mobile applications, push notifications, etc.) Are all employees aware of the locations of all AEDs or how they can quickly find the nearest AED?

_____

_____

_____

_____

_____

SECTION D: Cardiovascular / SCA Early Detection

Please use this space to describe your program's plan for evaluating and improving cardiovascular health and SCA prevention in the workplace.

1. Does your school have healthy living and wellness initiatives to educate employees on risk factors such as poor nutrition, obesity, smoking, and non-active or other unhealthy lifestyles?   Yes ❑   No ❑ Please provide details _____
   _____

2. Does your school have a smoke free ordinance?   Yes ❑   No ❑ (Please attach proof)

3. Do you use mobile technology or any alerting system for employee communication regarding emergencies?   Yes ❑   No ❑

   Future Plans ❑ What application/software? Explain:_____
   _____
   _____
   _____
   _____
   _____

SECTION E: ACLS or ALS & EMS / Dispatch System Response

Please use this space to describe how your school has improved the 9-1-1/EMS response system and performance related to your HeartSafe program or how you will improve your HeartSafe program in upcoming years.

1. What program improvements have you made? What program improvements are you desiring to make to improve SCA survival rates or time of emergency to 9-1-1 phone call timelines?
   _____
   _____
   _____
   _____

2. Do you have a campus student EMS program?   Yes ❑   No ❑   Future Plans ❑

3. Does your community use mobile technology for dispatch to bystander CPR community / public events?   Yes ❑   No ❑

   Future Plans ❑ If no, why? _____
   _____
   _____

4. Does your community EMS or Fire (or other entity) maintain a registry of AEDs?   Yes ❑   No ❑ Future Plans ❑

   If yes, who? _____
   _____
   _____

5. Has your school discussed and considered a heat screening program for student athletes?   Yes ❑   No ❑ Future Plans ❑

5. Does your medical director support heat screenings?

SECTION F: Data Tracking / Continuous Quality Improvement

1. What types of technology (registry/software) do you or your connected provider use to analyze data and review results? Who is your data collection provider? What stats do you track for survival and outcomes?

   _____

   _____

   _____

2. Is the AED data collection shared with local EMS and Hospital/Medical Directors?   Yes ❏   No ❏ Future Plans ❏

   _____

3. What percentage or how many out-of-hospital cardiac arrests had an AED applied before first responder EMS arrival? _____%

4. What was the average time from 9-1-1 call received to EMS arrival for cardiac arrests in your school? _____

5. Do you honor and recognize your survivors and any responders or employees that helped during out-of-hospital cardiac

   arrests?   Yes ❏   No ❏ How? _____

   _____

   _____

SECTION G: AFFIRMATION

The HeartSafe program's lead contact should sign and date the following:

I affirm our HeartSafe Program's commitment to the goals of THE HEARTSAFE FOUNDATION and desire to have this application reviewed for proper rating and designation on the date signed below. The application has been filled out to the best of my capabilities, and I understand that I will be permitted to have opportunities to submit further information to be assigned a higher rating and designation at any time after the initial rating is assigned by THE HEARTSAFE FOUNDATION. I understand that my HeartSafe rating may be accessed by other entities searching THE HEARTSAFE FOUNDATION website for my program's designation. If our program is assigned the highest rating allowed, a "Five Heart" program, I understand that we must submit a renewal application every three (3) years to ensure current technology, methods, and processes are being followed for continuous quality improvement of our HeartSafe program. I will allow THE HEARTSAFE FOUNDATION to list my program's rating on the HeartSafe website.

HeartSafe Program Lead Signature: Date:

Name of Signator: Title:

Organization/HeartSafe School Program Name:

Phone: Email:

This application process is a free service provided by The HeartSafe Foundation.

Once a designation and rating have been finalized, your HeartSafe Program will select one of three HeartSafe Foundation approved turnkey school / public relations toolkit packages.

Additional Details

Additional Details

EXAMPLE HEARTSAFE SCHOOL DESIGNATION WORKSHEET

Date: 10/06/17

Hearts Earned	Categories

CATEGORY ONE: Training Focus

1

Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED) Education. Regularly occurring training sessions for CPR and automated external defibrillator (AED) use are conducted. This training improves early recognition of heart attack or sudden cardiac arrest signs & symptoms and allows for more immediate calling of 9-1-1 or the designated emergency number and reinforces early CPR and quick use of any nearby automated external defibrillators (AEDs).

CATEGORY TWO: Public and Private AED Placement Focus

1

Automated External Defibrillator (AED) Placements. AEDs are placed in key locations to improve AED response times and access to early defibrillation while waiting for EMS or 9-1-1 advanced care to arrive. Written Emergency Action Plans (EAPs) and community-wide AED protocols are established, implemented into training, and communicated and reviewed on a regular basis.

CATEGORY THREE: Advanced Care Life Support (ACLS) Focus

1

Advanced Care or EMS Care Involvement. Advanced care is engaged by calling 9-1-1 promptly to improve arrival times and survival rates. AED post event reviews are done as needed with advanced care and EMS registration of the AED has been conducted. Advanced care is also engaged in preventing SCA, improving and evaluating cardiovascular health in the community. this includes ready access to screenings and counseling for risk reduction or referral to quality physician for followup care. AED Program medical oversight has provided school with AED response protocols, this includes ready access to a physician.

CATEGORY FOUR: Technology Focus

1

Updated Technology Involvement. Technology is used to monitor and ensure continual upkeep of the health and well being of the AED program. Information produced by the technology tools or in the technology solutions enables appropriate levels of transparency of program data and sharing of information with all AED program administrators. Tracking of data for any AED use and CPR event is in place to enable continuous quality improvement.

CATEGORY FIVE: Mobile Technology & Social Media Focus

1

Mobile & Phone Technology Notifications. Technology is engaged by designated dispatch systems and appropriate alerting parties that use computers, mobile devices, smart phones/iPhones®, social media, messaging and/or other pushed/call notifications to improve both communication regarding an emergency in progress and response times for CPR and AED use.

Total:	Comments

5

Congratulations on your successful designation and approval process. The only areas of noted improvement for your program are to hold more school events and improve communication to any employee on AED program details. It was noted that you are moving to new mobile technology, thus improving alerts to employees or responders for faster AED response times and overall AED maintenance.

HEARTSAFE SCHOOL DESIGNATION WORKSHEET

Date: _____

Hearts Earned	Categories

CATEGORY ONE: Training Focus

_____	**Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED) Education.** Regularly occurring training sessions for CPR and automated external defibrillator (AED) use are conducted. This training improves early recognition of heart attack or sudden cardiac arrest signs & symptoms and allows for more immediate calling of 9-1-1 or the designated emergency number and reinforces early CPR and quick use of any nearby automated external defibrillators (AEDs).

CATEGORY TWO: Public and Private AED Placement Focus

_____	**Automated External Defibrillator (AED) Placements.** AEDs are placed in key locations to improve AED response times and access to early defibrillation while waiting for EMS or 9-1-1 advanced care to arrive. Written Emergency Action Plans (EAPs) and community-wide AED protocols are established, implemented into training, and communicated and reviewed on a regular basis.

CATEGORY THREE: Advanced Cardiovascular Life Support (ACLS) Focus

_____	**Advanced Care or EMS Care Involvement.** Advanced care is engaged by calling 9-1-1 promptly to improve arrival times and survival rates. AED post event reviews are done as needed with advanced care and EMS registration of the AED has been conducted. Advanced care is also engaged in preventing SCA, improving and evaluating cardiovascular health in the community. this includes ready access to screenings and counseling for risk reduction or referral to quality physician for followup care. AED Program medical oversight has provided school with AED response protocols, this includes ready access to a physician.

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Total:	Comments
=========	

SCHOOL DESIGNATION

HeartSafe School Certificate Number: #	Original Date of Designation: Date:
HeartSafe Foundation Rating: _____ Hearts	Renewal Date of Designation: Date:

A copy of your HeartSafe program's scoring worksheet will be attached to this designation with any comments and backup documentation for your files.

CATEGORY ONE: Training Focus

Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED) Education. Regularly occurring training sessions for CPR and automated external defibrillator (AED) use are conducted. This training improves early recognition of heart attack or sudden cardiac arrest signs & symptoms and allows for more immediate calling of 9-1-1 or the designated emergency number and reinforces early CPR and quick use of any nearby automated external defibrillators (AEDs)..

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Please select your HeartSafe Foundation approved workplace/PR toolkit package (see addendum).