

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



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	
			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.



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. (Optional - Not Required) Does EMS respond with 12-lead ECG capability to calls for chest pain of suspected ischemic origin. yes no
- 6. Community has an ongoing process to evaluate and improve the “Chain of Survival” in our community. Please use the space provided below to describe and to reapply in 3 years. (10 HEARTBEATS) _____

TOTAL HEARTBEATS EARNED: _____

EVALUATION PROCESS

Please use this space to answer question #5 by describing your community’s plan for evaluating and improving your “Chain of Survival.” (Example: Explain how your community will keep people trained and certified in CPR, monitor and maintain AEDs, expand the availability of AEDs, etc. Use extra pages if necessary).

* 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.

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: Gary St. Amand, Health Program Associate
Connecticut Department of Public Health, Heart Disease and Stroke Program
410 Capitol Avenue, MS#11 APV, P.O. Box 340308, Hartford, CT 06134-0308



Frequently Asked Questions about the Application Process, AEDs, and DeFibrillation

What is the best way for me to go about obtaining the information for this application?

It is best to have the input of local townstaff and agencies, police, fire, and EMS services and businesses. Representatives from these agencies and organizations will most likely know how to obtain the information of citizens trained, AED location, and other requirements. Many communities form a small committee to obtain the information.

What are the specific requirements for people being trained in CPR or CPR/AED?

You must demonstrate that citizens who either live or work in your town have been trained and are currently certified by an accredited training program (American Heart Association, American Red Cross, National Safety Council, American Safety Health Institute).

What if I can't get copies of CPR class rosters?

A signed letter from a certified instructor attesting to the date, location, number trained and certified, and type of course will be accepted.

What does AED stand for?

AED stands for automated external defibrillator.

What is an AED?

An AED is a device used to administer an electric shock through the chest wall to the heart. Built in computers assess the patient's heart rhythm, judge whether defibrillation is needed, and then administer the shock if appropriate.

Who can use an AED?

Most AEDs are designed to be used by non-medical personnel who have been properly trained.

Will an AED always resuscitate someone in cardiac arrest?

An AED treats a fibrillating heart that is experiencing an irregular heartbeat. In cardiac arrest, where the heart has stopped beating, the heart does not respond to electric currents but needs cardiopulmonary resuscitation.

Is an AED safe to use?

An AED is safe to use by anyone who has been trained in its operation. They are designed with multiple safeguards and warnings before any energy is released. However, there are potential dangers associated with AED use, which is why proper training and maintenance are essential.

Can anyone buy an AED?

Yes, however, AEDs are manufactured and sold under guidelines approved by the FDA. Current FDA rules require a physician's prescription to purchase nearly all AEDs. AED manufacturers can usually recommend a physician from which to obtain the one-time prescription.

How much does an AED cost?

There is a range of AEDs on the market. Some are designed for medical professionals and are priced higher than the AEDs that can be used by the general public. The average cost of a public access AED is between \$1,000 and \$2,000.



Glossary of Terms

12-lead electrocardiogram (ECG): A test using a device that measures the electrical activity of the heartbeat and can help medical personnel determine if a heart attack has occurred and whether the heart attack was a STEMI or non-STEMI event. When a 12-lead ECG is done, 12 wires (leads) are attached to the arms, legs and chest. These wires each record electrical impulses, but from a different position in relation to the heart.

Advanced Life Support Personnel: Emergency Medical Technician-Intermediates or Paramedics currently certified by the State of Connecticut.

AED (Automated External Defibrillator): A semi-automatic or automatic defibrillator which guides the user through the steps of defibrillation. This device recognizes life threatening heart rhythms and advises the user to shock or not shock the victim.

AED Placement: Placing an AED on site or in an area where it is readily available to use in an emergency. AEDs are light-weight, sturdy, and easy to use by anyone who has been trained. AEDs should only be used by individuals certified by defibrillation training programs that have medical oversight.

Basic Life Support (BLS) or (EMT-B): Entry level of pre-hospital emergency medical provider. EMT-B's focus is on rapid in-field treatment and transport to higher medical providers and use noninvasive assessments and interventions.

Chain of Survival: Four links that have been documented to increase the chances of survival for cardiac arrest victims: early access to emergency care, early CPR, early defibrillation, and early advanced care.

CPR (Cardiopulmonary Resuscitation): CPR is the provision of rescue breathing and chest compressions to individuals suffering from cardiac arrest. It is a simple, easily learned emergency procedure designed to keep the victim's brain and heart supplied with blood and oxygen until medical help arrives.

CPR Training: Certification training provided by either the American Heart Association, the American Red Cross, or through Medical Response Technician, Emergency Medical Technician, EMT-Intermediate or Paramedic training programs.

Defibrillation: The delivery of an electric shock to restore a heart's normal rhythm. Provided by an individual trained and currently certified in the use of an automated external defibrillator.

Early Access to Emergency Care: This involves the ability of bystanders to recognize the symptoms of cardiac arrest and call 9-1-1 immediately. It also means that EMS dispatchers are equipped with instructions for the caller and can get an Advanced Life Support response vehicle to the scene quickly.

Early CPR: CPR, when properly administered, buys precious minutes until a defibrillator is available. Public knowledge and awareness must be increased so that those trained in CPR will actually use it when it is needed.

Early Advanced Care: Advanced care is delivered by a response vehicle staffed by advanced life support personnel (EMT-Intermediates or Paramedics). Advanced care is a way of providing many of the emergency room procedures in the field in a timely manner, thereby increasing the chances of survival for the victim.

Early Defibrillation: Defibrillation is the delivery of an electric shock to restore the heart's normal rhythm. Early defibrillation is a critical link in the chain of survival.

Emergency Medical Services (EMS): Officially designated system for the provision of emergency response in a community for the first responder, basic and advanced life support services.

First Responder: Officially designated first responder emergency service for a municipality. May be EMS, fire or police response vehicles.

Heartbeats: Minimum number of points required for designation as a HEARTSafe Community. Heartbeats are based upon community populations and a list of other requirements intended to improve the survival outcomes or individuals experiencing cardiac emergencies.

HEARTSafe Community: A community that has documented the "Chain of Survival" links to address cardiac emergencies for its citizens. These links include early access to emergency care, early CPR, early defibrillation, and early advanced care. 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.

ST-elevation myocardial infarction (STEMI): A severe heart attack caused by a prolonged period of blocked blood supply that affects a large area of the heart. These attacks carry a substantial risk of death and disability and call for a quick response by many individuals and systems.

Good Samaritan Law

Sec.52-557b. "Good samaritan law" as amended by Public Act 05-259. Immunity from liability for emergency medical assistance, first aid or medication by injection, including the use of an AED.

(a) A person licensed to practice medicine and surgery under the provisions of chapter 370 or dentistry under the provisions of section 20-106 or members of the same professions licensed to practice in any other state of the United States, a person licensed as a registered nurse under section 20-93 or 20-94 or certified as a licensed practical nurse under section 20-96 or 20-97, a medical technician or any person operating a cardiopulmonary resuscitator or an automatic external defibrillator, or a person trained in cardiopulmonary resuscitation or in the use of an automatic external defibrillator in accordance with the standards set forth by the American Red Cross or American Heart Association, who, voluntarily and gratuitously and other than in the ordinary course of such person's employment or practice, renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency care, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence. Nothing in this subsection shall be construed to exempt paid or volunteer firefighters, police officers or emergency medical services personnel from completing training in cardiopulmonary resuscitation or in the use of an automatic external defibrillator in accordance with the standard set forth by the American Red Cross or American Heart Association. For the purposes of this subsection, "automatic external defibrillator" means a device that: (1) Is used to administer an electric shock through the chest wall to the heart; (2) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (3) guides the user through the process of using the device by audible or visual prompts; and (4) does not require the user to employ any discretion or judgment in its use.

(b) A paid or volunteer firefighter or police officer, a teacher or other school personnel on the school grounds or in the school building or at a school function, a member of a ski patrol, a lifeguard, a conservation officer, patrol officer or special police officer of the Department of Environmental Protection, or emergency medical service personnel, who has completed a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency first aid, which may constitute ordinary negligence. No paid or volunteer firefighter, police officer or emergency medical service personnel who forcibly enters the residence of any person in order to render emergency first aid to a person whom such firefighter, police officer or emergency medical service personnel reasonably believes to be in need thereof shall be liable to such person for civil damages incurred as a result of such entry. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.



(c) An employee of a railroad company, including any company operating a commuter rail line, who has successfully completed a course in first aid, offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid or cardiopulmonary resuscitation to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injury or death which results from acts or omissions by such employee in rendering the emergency first aid or cardiopulmonary resuscitation which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(d) A railroad company, including any commuter rail line, which provides emergency medical training or equipment to any employee granted immunity pursuant to subsection (c) of this section shall not be liable for civil damages for any injury sustained by a person or for the death of a person which results from the company's acts or omissions in providing such training or equipment or which results from acts or omissions by such employee in rendering emergency first aid or cardiopulmonary resuscitation, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(e) A teacher or other school personnel, on the school grounds or in the school building or at a school function, who has completed both a course in first aid in accordance with subsection (b) of this section and a course given by the medical advisor of the school or by a licensed physician in the administration of medication by injection, who renders emergency care by administration of medication by injection to a person in need thereof, shall not be liable to the person assisted for civil damages for any injuries which result from acts or omissions by the person in rendering the emergency care of administration of medication by injection, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(f) The provisions of this section shall not be construed to require any teacher or other school personnel to render emergency first aid or administer medication by injection. A paid or volunteer firefighter or police officer, a member of a ski patrol, a lifeguard, a conservation officer, patrol officer or special police officer of the Department of Environmental Protection or emergency medical service personnel who has been trained in the use of an automatic external defibrillator in accordance with the standards set forth by the American Red Cross or American Heart Association shall not be subject to additional requirements, except recertification requirements, in order to use an automatic external defibrillator.