

HeartSafe DESIGNATION APPLICATION



For

Facility Name: _____

Facility Address: _____

City

State

Zip

Date Prepared: ____/____/____
mm / dd / yyyy



FOUNDATION



The **HeartSafe** program promotes and encourages community awareness of sudden cardiac arrest (SCA) and the potential lifesaving knowledge of cardiopulmonary resuscitation (CPR) and public access to automated external defibrillators (AEDs).

In order to increase this awareness, the Southeast Health System, in partnership with the City of Dothan, the Dothan Fire Department, Southeast Alabama Emergency Medical Services, and the Dothan Area Chamber of Commerce, has developed an initiative to provide designations for cities, communities, workplaces and campuses. Criteria for each category were established through the assistance of the American Heart Association, medical personnel and other HeartSafe programs around the country.

- A “HeartSafe” designation demonstrates a commitment to promote and support:**
- ♥ Hands-only CPR and AED trained individuals
 - ♥ Public access to automated external defibrillators AED(s) through strategic placement
 - ♥ Emergency response action plan

Mail, drop off or email your completed application to the Southeast Health Foundation:
1922 Fairview Avenue, Dothan, AL 36301 | 334-673-4150 | sehealthfoundation@southeasthealth.org

If you need assistance with purchasing an AED please call the Southeast Health Foundation to see if you are eligible for an AED grant.

APPLICATION

HeartSafe designation requested: *Check only one option*

HeartSafe
WORKPLACE

1. AED requirements:
 - Fixed locations (i.e. office buildings): minimum 1 AED in a publically accessible location and within a 3-minute round-trip walk of the furthest work area
 - Flexible locations (i.e. construction sites): minimum 1 AED per site that can travel throughout the site with work staff
2. Hands-Only CPR Trained employees: Minimum 10% of work staff, including regular employees, volunteers, contractors and student employees
3. Emergency action plan: A written emergency action plan that includes response to medical emergencies and maintenance of AED(s). This should also address unusual circumstances for specific business types (such as a workplace that might experience and influx of visitors). The Dothan Fire Department is available to help in writing your plan, if needed.
4. Recognition: Business is to display provided signage to show designation.

HeartSafe
CAMPUS

1. AED requirements:
 - Minimum 1 AED per building on campus in a publically accessible location and within a 3-minute round-trip walk of the furthest work area; or,
 - Ability to respond with an AED within 3 minutes
2. Hands-Only CPR Trained employees: Minimum 10% of work staff, including regular employees, volunteers, contractors and student employees
3. Emergency action plan: A written emergency action plan that includes response to medical emergencies and maintenance of AED(s). This should also address unusual circumstances for specific business types (such as a workplace that might experience and influx of visitors). The Dothan Fire Department is available to help in writing your plan, if needed.
4. Recognition: Campus is to display provided signage to show designation



HeartSafe Designation Application

APPLICATION

Applicant Name (city, community, workplace, campus)

Street Address

City

State Zip

Primary Contact/AED Coordinator

Contact Phone Number

Email Address

How long has an AED program been in place? _____ Which AED(s) do you use? _____

Number of trained staff in CPR+AED _____ Training: American Heart _____ Red Cross _____ Other _____

Please complete this checklist for the current program in your agency/campus/community:

Program Quality	In Place	Not in Place	Need Help	Comments
Emergency Response Plan (ERP) for cardiac arrest <i>**Please attach a copy of your current ERP, if available</i>				
Currently have _____ (#) AED(s), _____ buildings, _____ students, _____ staff <i>**Please attach a list of the specific locations of all AEDs on site if not included in your ERP above</i>				
There is a designated emergency response team & CPR/AED training is updated: annually _____, every 2 years _____, Other _____				
Currently have a system to track CPR/AED training/retraining and AED device maintenance				

Applicant Signatures: Municipal Chief Elected Officer, Principal, Business Owner, CEO or Designee

Printed Name

Title

Signature

Date

Mail, drop off or email your application to:

Southeast Health Foundation

1922 Fairview Avenue, Dothan, AL 36301

sehealthfoundation@southeasthealth.org | 334-673-4150





EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

Designated Responsible Official:

Name: _____ Phone: _____

Emergency Coordinator:

Name: _____ Phone: _____

Area Floor Monitors (if applicable):

Area/Floor: _____ Name: _____ Phone: _____

Assistants to Physically Challenged (if applicable):

Area/Floor: _____ Name: _____ Phone: _____

Date: ____/____/_____
mm / dd / yyyy

EMERGENCY PHONE NUMBERS

Fire Department: 911 Ambulance: 911 Police: 911

COD Non-Emergency Number: (334) 793-0215 Security (if Applicable): _____

Building Manager (if Applicable): _____

MEDICAL EMERGENCY

- ♥ Confirm a person has a medical emergency
- ♥ Shout for help and activate organizations medical response team (CPR/First Aid trained)
- ♥ Direct team member to call 911 and retrieve the AED and First Aid Kit
 - ▶ Provide the following information to 911 Operator:
 - ▶ Nature of medical emergency
 - ▶ Location of the emergency (address, building, room number)
 - ▶ Your name and phone number from which you are calling.
- ♥ Do not move victim unless absolutely necessary
- ♥ Assess for “Signs of Life”
 - ▶ If there are signs of life:
 - ▶ If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:
 - Stop the bleeding with firm pressure on the wounds
(note: avoid contact with blood or other bodily fluids)
 - Clear the air passages using the Heimlich Maneuver in case of choking
 - Stay with the patient until paramedics arrive
 - ▶ If there are no signs of life:
 - ▶ Move the patient to the floor and in open space
 - ▶ Place your hands in the lower half of the breastbone
 - ▶ Begin chest compressions
 - 2 inches deep
 - Full recoil
 - 110 per minute
- ♥ In case of rendering assistance to personnel exposed to hazardous materials, consult the **Material Safety Data Sheet (MSDS)** and wear the appropriate personal protective equipment.
Attempt first aid ONLY if trained and qualified.

Date: ____ / ____ / ____

mm / dd / yyyy

TRAINING

The following personnel have been trained at a minimum in Hands-Only CPR and the use of the AED:

Name	Title	Responsibility	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FLOOR PLAN / PLOT PLAN

- ♥ Attach a copy of the building(s) floor plan to include:
 - AED location(s)
 - First Aid kit(s) location
- ♥ Attach a plot plan for organizations with outside areas, i.e., playgrounds, trails, parks, etc. to include:
 - AED location(s)
 - First Aid kit(s) location
 - EMS Access points (if applicable)

EMERGENCY EQUIPMENT

- ♥ AED(s):
 - Make _____
 - Model _____
 - Serial Number _____
 - Visually inspect once per week
 - Physically inspect once per month
 - Conduct preventative maintenance once per year and/or after use
- ♥ First Aid Kit(s):
 - Visually inspect once per week
 - Physically inspect once per month or after each use
 - Conduct refresher training with response team once per quarter