STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

OFFICE OF EMERGENCY MEDICAL SERVICES

HEARTSafe Designation Application

The Connecticut Department of Public Health's 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 municipalities, campuses, and workplaces as "HEARTSafe."

A "HEARTSafe" designation demonstrates that there is an effort to promote and support:

- CPR training
- Public access to defibrillation through strategic placement of automated external defibrillators (AEDs)
- CPR and AED trained and equipped individuals
- Early advanced care

Please use the attached application to apply for initial or renewal designation as a HEARTSafe Community, HEARTSafe Workplace, or HEARTSafe Campus.

Thank you for your commitment to saving victims of sudden cardiac arrest in your communities!

Phone: (860) 509-8000 • Fax: (860) 509-7184
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

❍ **Initial Application**
❍ **Renewal Application**

HEARTSafe designation requested:

☐ Community

Based on your community's population, enter the number of AED sites and citizens trained in CPR:

Community Population	AED Sites Minimum	Actual	Community Population	Citizens Trained in CPR/AED Minimum for *Initial* Designation	Citizens Trained in CPR/AED Minimum for *Renewal* Designation	Actual
Up to 5,000	2		Up to 5,000	35	10	
5,001-15,000	6		5,001-15,000	65	30	
15,001-30,000	10		15,001-30,000	95	50	
30,001-50,000	12		30,001-50,000	110	60	
50,001-100,000	15		50,001-100,000	130	75	
100,001-150,000	18		100,001-150,000	155	90	

☐ Workplace

1. ***Current*[1] CPR/AED training and certification requirement:** a minimum of **10%** of total work staff, including regular employees, volunteers, contractors and student employees. In some cases it may be appropriate for a HEARTSafe Campus designation to be requested.
2. **AED requirements:**

   Fixed Location (i.e., office building)
   - Minimum one AED in a publicly accessible location, within a 3 minute round-trip walk of the furthest work area. Note: large workplaces with over 100 work staff must have at least one for each floor.

   Flexible Jobsite Location (i.e., construction site)
   - Minimum one AED per each work location. AED must travel and remain on-site with work crew.
3. **A written emergency action plan** that includes response to medical emergencies and maintenance of AEDs.

☐ Campus

1. ***Current*[1] CPR/AED training and certification** of a minimum of **10%** of total work staff, including regular employees, volunteers, contractors and student employees.
2. ***AED requirements:*** Minimum one AED per each building on campus in a publicly accessible location, within a 3 minute round-trip walk of the furthest work area or have the ability to respond with an AED within 3 minutes.
3. **A written emergency action plan** that includes response to medical emergencies and maintenance of AEDs.

[1] *In accordance with AHA certification and recertification standards.*

Applicant Information

Please complete the following demographic information:

Name of entity seeking designation

_____

Mailing Address

_____

Primary contact for this application

_____ _____ _____

Contact person name Phone number Email address

Additional Information required (as attachments)

1. List of all AED locations. Attach a list of specific locations of all AEDs, including street address, building name, floor, etc.

2. Documentation of at least 3 health promotion/education activities. Applicants must offer a minimum of three sponsored health promotion and education opportunities (presentations, outreach or awareness events) per year. Supporting documentation including dates held, topics offered and number of attendees should be attached to the email that will open when clicking the "submit" button at the bottom of the application.

Topics for these opportunities include:

- Recognizing the signs and symptoms of heart attacks
- The need to call 9-1-1
- Controlling high cholesterol
- Controlling high blood pressure
- Reducing other heart disease risk factors including tobacco use, diabetes, physical inactivity, stress, and poor nutrition.

Applicant signatures

Municipal Chief Elected Officer, President, or designee:

_____ _____

Signature (*typed signature will be accepted as electronic signature) Printed Name

_____ _____

Title Date

Please return this form via email to steven.hotchkiss@ct.gov, via fax to 860-730-8286 or mail to:

Connecticut Department of Public Health
Healthcare Quality and Safety Branch
Office of Emergency Medical Services
HEARTSafe Program
410 Capitol Avenue - MS #12EMS
Hartford, CT 06134-0308