

HEARTSafe Educational Institution Application

Southern Tier HEARTSafe Communities

Southern Tier HEARTSafe Communities is a partnership between the Broome County Health Department, UHS, Lourdes, Susquehanna Regional EMS Council, Broome County Office of Emergency Services, Union Volunteer Emergency Squad, and the American Heart Association.

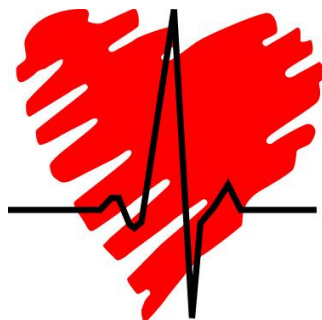
The goals of HEARTSafe Communities are to improve survivability from out-of-hospital sudden cardiac arrest, enhance the recognition of cardiovascular emergencies, and improve overall cardiovascular health within the community.

Earning HEARTSafe accreditation demonstrates a commitment to the HEARTSafe Communities goals. Accreditation is valid for a two-year period.

Eligibility Criteria

To be eligible for HEARTSafe accreditation as an educational institution, the entity must be located within Broome, Tioga, or Chenango County and one of the following:

- A public or private primary, secondary, post-secondary, or vocational educational institution



Accreditation Requirements

- Each instructional facility shall have sufficient AED equipment available to ensure ready and appropriate access for use during emergencies.

- At least 10% of students at the institution currently trained in CPR. (Acceptable training programs include AHA Hands-Only CPR, AHA CPR in Schools, AHA Friends and Family CPR, Red Cross CPR for Students. Attach photocopies of training event roster to the application.)

- At least 25% of employees currently certified in CPR and AED. (This is in addition to the 10% meeting the certification requirement. Attach photocopies of current certification cards or course rosters to the application.)

- A minimum of two health promotion or disease prevention educational events or initiatives. (Attach a typed description of the event or initiative and the number of participants.)

- A written Emergency Action Plan which includes response to medical emergencies. The plan should include policies for notification of Emergency Medical Services (EMS), provision of first-aid care, and emergency response actions by employees/members/volunteers. The plan must also specify how and when employees/members/volunteers will be trained on the Emergency Action Plan. (Attach a copy of the plan to this application.)



Applicant Information

Name of Educational Institution

Physical Address

Mailing Address (If different from physical address)

Name of Institution's Chief Executive Officer

Business Phone

Email

Name of Contact Person for HEARTSafe

Title

Business Phone

Email

Does your workplace/organization utilize the 911 system for emergency response? Yes No

If not, what is the number to dial in an emergency at your location? _____

Fire Department

General Business Phone Number

Is your fire department automatically dispatched through the emergency phone number identified above to provide EMS response to a cardiac arrest at your location? Yes No

Primary Ambulance Service

General Business Phone Number



Affirmation of Participation

I affirm our institution's commitment to the goals of Southern Tier HEARTSafe Communities. I affirm our institution will remain in compliance with all laws relating to Public Access Defibrillation (PAD) and will service our AED(s) in accordance with manufacturer guidelines.

Signature of Chief Executive Officer

Date

Printed Name and Title

Please submit completed applications to:

HEARTSafe@srems.com (preferred)

or by mail to

Susquehanna Regional EMS Council

62 Lusk St.

Johnson City, New York 13790

