

# HEARTSafe Workplace/Organization Application

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## Southern Tier HEARTSafe Communities

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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.

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## Eligibility Criteria

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To be eligible for HEARTSafe accreditation as a workplace or organization, the entity must be located within Broome, Tioga, or Chenango County and one of the following:

- Place of business or work (Private, Non-Profit, or Government)
- Place of assembly (Faith-based, Social, Cultural, Recreational)



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## Accreditation Requirements

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- A minimum of one AED in a publicly accessible location. The AED must be within a 3-minute round trip walk of the furthest work area. (Attach a description of how this requirement has been met.)
  
- At least 10% of employees/members/volunteers currently certified in CPR and AED. (Attach photocopies of current certification cards or course rosters to the application.)
  
- At least 25% of employees/members/volunteers currently trained in CPR. (This is in addition to the 10% meeting the certification requirement. Acceptable training programs include AHA Hands-Only CPR, AHA Friends and Family CPR. Attach photocopies of training event roster 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.)



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## Applicant Information

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Official Name of Organization

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Physical Address

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Mailing Address (If different from physical address)

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Name of Organization's Chief Executive Officer

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Business Phone

Email

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Name of Contact Person for HEARTSafe

Title

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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? \_\_\_\_\_

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Fire Department

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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

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Primary Ambulance Service

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General Business Phone Number



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## Affirmation of Participation

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

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Signature of Chief Executive Officer

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Date

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Printed Name and Title

Please submit completed applications to:

[HEARTSafe@srems.com](mailto:HEARTSafe@srems.com) (preferred)

or by mail to

**Susquehanna Regional EMS Council**

**62 Lusk St.**

**Johnson City, New York 13790**

