

# HeartSafe COMMUNITY Application Form

Kentucky Department for Public Health, Heart Disease and Stroke Prevention Program

The Kentucky Department for Public Health's Heart Disease and Stroke Prevention Program, Kentucky Board of Emergency Medical Services, in collaboration with 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 Kentucky Department for Public Health has launched an initiative to designate Kentucky counties as "**HeartSafe COMMUNITIES.**"

A "**HeartSafe COMMUNITY**" promotes and supports:

- CPR training in the community (trainings should occur within the last 12 months of application date)
- public access to defibrillation through strategic placement of automated external defibrillators (AEDs) for use by public safety professionals and other trained community members, and
- early advanced care delivered by a response vehicle staffed by Advanced EMTs or Paramedics.

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 county seeking designation:**

community

address

state

zip code

**County Elected Officer (or designee):**

name

job title

business address

business phone

**County contact:**

contact person name

title

phone number

email address

## EMERGENCY MEDICAL SERVICE PROVIDERS

### 1. Designated First Responder(s) (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

### 2. Advanced Life Support (ALS) Provider(s):

organization/agency contact person(s)

address phone email address

organization/agency contact person(s)

address phone email address

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

Community Population \_\_\_\_\_

Total number of Heartbeats Earned \_\_\_\_\_

Community Population	Heartbeats Minimum Total
Up to 5,000	70
5,001-15,000	130
15,001-30,000	190
30,001-50,000	270
50,001-100,000	370
100,001-150,000	470
150,001-300,000	570
>300,001	630

### CALCULATE 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 previous page. *(10 HEARTBEATS for each program with minimum of five participants.)* \_\_\_\_\_
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 previous page. *(10 HEARTBEATS for each site.)* \_\_\_\_\_

**ALL APPLICANTS MUST MEET CRITERIA 3-5.**

3. All EMS first response-designated vehicles\*\* have been equipped with AEDs and currently certified CPR/AED personnel. *(10 HEARTBEATS)* \_\_\_\_\_
4. Advanced Life Support personnel will be dispatched to high priority medical emergencies as per guidance of their medical director. *(10 HEARTBEATS)* \_\_\_\_\_
5. 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)* \_\_\_\_\_

**Please add credit for community with Smoke Free Ordinance (10 HEARTBEATS)** \_\_\_\_\_

**Please add credit for community with ALS response vehicle with 12 Lead EKG (10 HEARTBEATS)** \_\_\_\_\_

**TOTAL HEARTBEATS EARNED:** \_\_\_\_\_

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, theatres, 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.*

**County Elected Officer or Designee:** \_\_\_\_\_

*title* *date*

\_\_\_\_\_

*name (print)* *signature*

\_\_\_\_\_

**Please mail to: Kentucky Heart Disease and Stroke Prevention Program**  
Kentucky Department for Public Health, 275 E. Main St., HS2W-E, Frankfort, KY 40621

*To be completed by KDPH:*

\_\_\_\_\_

*name /title (print)*

\_\_\_\_\_

*signature*

**Designation Certified:** \_\_\_\_\_

*place* *date*

<b>KDPH USE ONLY</b>
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved

# Kentucky HeartSafe



## COMMUNITY

