

HEART
SAFE



HeartSafe Community Application Packet

This application is provided by:

Vermont EMS

For more information, see

www.heartsafefoundation.org

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**Please email a completed application
packet and all attachments in electronic
format to: vtems@vermont.gov or mail to:
VT EMS
PO Box 70
Burlington, VT 05402-0070**

THE HEARTSAFE FOUNDATION APPLICATION: PREFACE

Sudden cardiac arrest (SCA) is a leading cause of death in the United States and world. More than 350,000 people annually in the US will suffer out-of-hospital cardiac arrest (OHCA) and most victims die unless HeartSafe program initiatives are implemented and followed. Once a proper HeartSafe program is established, survival rates sky rocket and many lives are saved that previously would have been lost. SCA affects any age, any gender and any race. Unlike many other medical conditions, survival from SCA depends on immediate intervention by bystanders or designated first responders on scene; immediately performing at least hands only Cardiopulmonary Resuscitation (CPR) on the affected person and using an Automated External Defibrillator (AED) as soon as possible.

The HeartSafe Foundation has been established to help further the cause of setting up proper HeartSafe programs that improve SCA survival rates and prevent SCA-related deaths. HeartSafe programs support the “cardiac chain of survival” reinforced by the American Heart Association and encourage communities to work toward early recognition and response for any SCA-related event. The Foundation is nationally focused but has global and unlimited reach. The HeartSafe Foundation program designation applications exist for communities, zones, schools or campuses, workplaces and / or hospitals. The HeartSafe Foundation evaluation & review system uses established best practice standards and provides a common ground for rating or scoring HeartSafe programs, globally. The goal of The HeartSafe Foundation is to allow for flexibility in the HeartSafe program to meet the local needs of the applicant, region or area; yet ensure core focus on important categories known to improve SCA survival rates.

This application will help facilitate and document collaboration with community partners and organizations that will impact and improve SCA survival rates. This application serves to promote your Heartsafe program achievements, development, progression, and best practices while showcasing your HeartSafe designation certification and rating.

HeartSafe Designation & Rating System

A HeartSafe program's rating and designation will be calculated using the following focused assessment criteria and five program categories.

Each of the focus areas below earn 1 heart per category, based upon information provided. Any HeartSafe program can earn up to 5 hearts. The number of accumulated hearts will determine the level of rating the program achieves. HeartSafe designations can change over time and be upgraded upon request with an application resubmission at any time, if they are assigned lower than a 5 heart rating. The rating will be reviewed as needed (if an upgrade is desired), or at least every 3 years once a five heart designation rating is achieved.

CATEGORY ONE: Training Focus



Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED) Education. Regularly occurring training sessions for CPR and automated external defibrillator (AED) use are being conducted in the community. This training improves early recognition of heart attack or sudden cardiac arrest signs & symptoms and allows for more immediate calling of 9-1-1 or the designated emergency number and reinforces early CPR and quick use of any nearby automated external defibrillation (AED).

CATEGORY TWO: Public and Private AED Placement Focus



Public Access Defibrillator (PAD) Placements. AEDs are placed in public and private locations that are key areas for improving community AED response times, and with public safety and designated first responders (usually law enforcement officials) to improve access to early defibrillation while waiting for EMS or 9-1-1 advanced care to arrive. Written Emergency Action Plans (EAPs) and community-wide AED protocols are established, implemented into training, and communicated and reviewed on a regular basis.

CATEGORY THREE: Advanced Cardiovascular Life Support (ACLS) Focus



Advanced Care or EMS Care Involvement. Advanced care is engaged (including dispatch 9-1-1 centers) in improving survival rates and a lead organization is designated that will oversee the HeartSafe initiatives. Advanced care personnel are arriving early on scene to assist and use any advanced care or specialty ACLS equipment (including 12 lead ECG or manual defibrillators and other monitoring or compression assist devices) due to being dispatched to sudden cardiac arrest and heart attack events quickly. Advanced care is also engaged in preventing SCA, and improving plus evaluating cardiovascular health in the community. This includes ready access to screenings and counseling for risk reduction or referral to quality physician for followup care.

CATEGORY FOUR: Technology Focus



Updated Technology Involvement. Technology is used to monitor and ensure continual upkeep the health and well being of the Public Access Defibrillator (PAD) or pertinent AED program. Information produced by the technology tools or in the technology solutions enables appropriate levels of transparency of program data and sharing of information with all PAD program administrators or other stakeholders and use by the PAD participants, as appropriate. Cardiac Arrest Registry to Enhance Survival (CARES) or similar registry database systems are engaged locally, that allow use by all entities and enforce the tracking of data for any AED use and CPR event, enabling continuous quality improvement.

CATEGORY FIVE: Mobile Technology & Social Media Focus



Mobile & Phone Technology Notifications. Technology is engaged by designated dispatch systems (including Public Safety Answering Points or PSAPs for zones or communities applying) and appropriate alerting parties that use computers and mobile devices and/or smart phones/iPhones® social media, messaging, or other pushed/call notifications to improve communication regarding an emergency in progress and improve response times for CPR and AED use.



HeartSafe Community Application

Part One: HeartSafe Community Application

Note: HeartSafe Programs will not have points or rankings taken away by missing fields. Each program is expected to be different to meet the needs of the local community. Provide as much detail as possible that is relevant to your pending, current, or soon to be updated HeartSafe Program to ensure an accurate rating will be assigned.

Please provide: Additional details at the end of the packet on pages 20 and 21 for any sections needing more detail or attach another sheet with pertinent information.

SECTION A: HeartSafe Program Name / Address

HeartSafe Program Name:

HeartSafe Main Contact Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Community Population:

Geographic Region

SECTION B: Elected Officials Involved

Name:

Job title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Medical Director Name:

License #:

If additional, please attach another sheet with pertinent information noted above.

SECTION C: EMS Agency Contact 1

Intermediate

ALS

BLS

Transport _____ # Vehicles

AED Equipped

Organization/Agency:

Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Medical Director Name:

License #:

SECTION D: EMS Agency Contact 2

Intermediate

ALS

BLS

Transport _____ # Vehicles

AED Equipped

Organization/Agency:		Contact:	
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Medical Director Name:		License #:	

If additional, please attach another sheet with pertinent information noted above.

SECTION E: Advanced Life Support (ALS) Agency

Transport _____ # Vehicles 12 lead equipped?

Organization/Agency:		Contact:	
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Medical Director Name:		License #:	

If additional, please attach another sheet with pertinent information noted above.

SECTION F: Critical Care Hospital Or Cardiac Specialty Center

Organization/Agency:		Contact:	
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Medical Director Name:		License #:	

If additional, please attach another sheet with pertinent information noted above.

SECTION G: Dispatch / PSAP Agency

Check if applicable:

Primary Dispatch EMD e-911 Other _____ # dispatchers _____

Organization/Agency:		Contact:	
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Medical Director Name:		License #:	

If additional, please attach another sheet with pertinent information noted above.

SECTION H: Police or Law Enforcement

Check if designated first responder

Contact 1

Transport _____ # Vehicles AED Equipped Other _____

Organization/Agency: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Medical Director Name: _____ License #: _____

SECTION I: Police or Law Enforcement

Check if designated first responder

Contact 2

Transport _____ # Vehicles AED Equipped Other _____

Organization/Agency: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Medical Director Name: _____ License #: _____

If additional, please attach another sheet with pertinent information noted above.

SECTION J: Fire Marshal

Organization/Agency: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Medical Director Name: _____ License #: _____

If additional, please attach another sheet with pertinent information noted above.

SECTION K: Fire Agency

Check if designated first responder

Contact 1

Organization/Agency: _____ Contact: _____

Address: _____

City:		State:		Zip:	
Phone:		Fax:		Email:	
Medical Director Name:			License #:		

If additional, please attach another sheet with pertinent information noted above.

SECTION L: Fire Agency Contact 2	<input type="checkbox"/> Check if designated first responder
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Organization/Agency:		Contact:			
Address:					
City:		State:		Zip:	
Phone:		Fax:		Email:	
Medical Director Name:			License #:		

If additional, please attach another sheet with pertinent information noted above.

SECTION M: *Other Designated First Responder Agency	<input type="checkbox"/> N/A
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Transport _____ # Vehicles AED Equipped

Organization/Agency:		Contact:			
Address:					
City:		State:		Zip:	
Phone:		Fax:		Email:	
Medical Director Name:			License #:		

***If police or fire are not designated first responders, provide details on any agency that is assigned this task.
If additional, please attach another sheet with pertinent information noted above.**

SECTION N: Training Center (Community CPR & AED Training)
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_____ # Trainers _____ Estimated CPR/AED Students Annually

Organization/Agency:		Contact:			
Address:					
City:		State:		Zip:	
Phone:		Fax:		Email:	
Medical Director Name:			License #:		

If additional, please attach another sheet with pertinent information noted above.

SECTION O: Public Access Defibrillator (PAD) Provider & Donation Partners

Organization/Agency:

Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

of AEDs donated:

Years:

If additional, please attach another sheet with pertinent information noted above.

SECTION P: AED Dealers

Organization/Agency:

Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

AEDs Managed / Sold:

Years

Name of AED Program Management Software or medical oversight provider:

URL web address:

If additional, please attach another sheet with pertinent information noted above.

SECTION Q: Lead HeartSafe Program Medical Director Contact

Name:

Organization:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Medical Director Name:

License #:

Notes:

If additional, please attach another sheet with pertinent information noted above.

SECTION R: Educational Facilities

School Districts in Area

Comments / # of Students

If additional, please attach another sheet with pertinent information noted above.

SECTION S: Educational Facilities

Colleges in Area

Comments / # of Students

If additional, please attach another sheet with pertinent information noted above.

SECTION T: Other Community Projects or Ordinances Approved or Pending

Type	Comment (Effective date, contact person, phone, etc)
<input type="checkbox"/> Blue Zone	
<input type="checkbox"/> Existing HeartSafe	
<input type="checkbox"/> Smoke Free Ordinance(s)	
<input type="checkbox"/> AED Ordinance(s)	
<input type="checkbox"/> Other	<hr/> <hr/> <hr/> <hr/> <hr/>

NOTE: HeartSafe Programs will not have points or rankings taken away by missing fields. Provide as much detail as possible that is relevant to your pending, current, or soon to be updated HeartSafe Program to ensure an accurate rating will be assigned.

QUESTIONS: Please go to www.heartsafefoundation.org and click on CONTACT US.

Please proceed to Part Two.



HeartSafe Community Application Program Details

Part Two: HeartSafe Community Application

Note: HeartSafe Programs will not have points or rankings taken away by missing fields. Each program is expected to be different to meet the needs of the local community. Provide as much detail as possible that is relevant to your pending, current, or soon to be updated HeartSafe Program to ensure an accurate rating will be assigned.

Please provide: Additional details at the end of the packet on pages 20 and 21 for any sections needing more detail or attach another sheet with pertinent information.

SECTION A: Quick Facts on HeartSafe Program

Population Base of Program:	Geographic Region
# of Public (anyone can use) AEDs:	# of Private / Company Owned (trained responder use) AEDs:

Expected Future Public & Private AED Placements (please provide details below):

SECTION B: CPR / AED Training Program

Historically, HeartSafe communities earned heartbeats for the number of classes or workplaces or schools where people were trained (not a measurement currently used as each community's population varies); therefore, any details on community training or private workplace and school CPR/AED training coverage versus gaps where training is still needed should be noted and addressed.

1. Does your program have regularly occurring CPR & AED training regularly? Yes No
How often annually? _____ Number Trained? _____ How many Trainers? _____
2. What trainers or training centers provide free or reduced rate trainings to community and bystanders in the area?

3. What are the course names and titles?

4. Who is the accreditation agency for the training materials used (American Heart Association, Red Cross, etc)?

5. Who is your community CPR/AED training organization for the HeartSafe program and why?

SECTION C: AED Placement Program

Please use this space to provide information on how you monitor and maintain public AEDs or plan to in the future.

1. Does your community have ordinances for AED placements? Yes No Future Plans _____

2. Do you have designated first responders that are equipped with AEDs? Yes No Future Plans _____

Who? _____

3. Where are AEDs placed to reduce response time and cover densely populated areas better?

4. What is your HeartSafe program doing to encourage 3-5 minute or less to time of shock using an AED?

5. How many workplaces or private placements have AEDs? _____ (an estimate is fine, if not exactly known)

6. Do all local, state and federal buildings in your community have AED programs in place? Yes No Future Plans
Unknown Comments: _____

7. How well equipped are your schools and municipal buildings and do they have a CPR/AED Emergency Response Plan in place?

8. Are you using technology to track or maintain the AEDs and ensure they are ready for use? Yes No

9. If so, what types of technology and url/webpage info/link for programs or information management system that links AEDs, citizens and SCA victims? Provide any AED registration webpage for AEDs or CPR/AED Training.

10. Do you have a plan in place monitoring AED use events and to perform post event reviews? Yes No Future Plans

Describe: _____

11. Provide details on AED availability and use or history/trends, compliance of the AED program, and health of the AED program. Also provide any details on barriers or future AED program placements and continued expansion or implementation plans, if any for the program. Attach a listing of known AED sites (you do not need to include mobile AEDs in fire/EMS or law enforcement vehicles) but you may provide a listing of mobile devices with the type of placement listed as “mobile”. See HeartSafeFoundation.org for registry upload spreadsheet to provide; if desired.

12. Is the listing of AEDs made available or going to be made available to dispatch and 911 call centers for improving AED use during events? Yes No Future Plans

13. What technology do you use that makes any public AED registry available to bystanders? (Social media, public relations, mobile application, push notifications, etc.)

SECTION D: Cardiovascular / SCA Early Detection

Please use this space to describe your program’s plan for evaluating and improving cardiovascular health and prevention in the community.

- 1. Do you have events in the community to perform heart screenings for young athletes or youth? Yes No Future Plans

- 2. Any other health promotion or disease prevention educational events or initiatives? Yes No Future Plans _____

- 3. Does your community have healthy living and wellness initiatives to educate the public on risk factors such as poor nutrition, obesity, smoking, and non-active or other unhealthy lifestyles? Yes No Please provide details _____

- 4. Does your community have smoke free ordinances? Yes No (Please attach proof)
- 5. Does your community have wellness certifications such as Blue Zone(s)? Yes No (Please attach proof)
- 6. Does your program have an ongoing process to evaluate and improve cardiovascular health and prevention of its population and improve the chances of survival for cardiac events? Yes No Future Plans _____

- 7. Does your EMS / Fire / Hospital and other HeartSafe participants honor and recognize SCA survivors and any bystanders that helped during out of hospital cardiac arrests? Yes No Future Plans How: _____

- 8. Do you have any ongoing community awareness campaigns for AEDs and CPR and SCA (please list and provide details)? Yes No Future Plans _____

- 9. Will your community or municipality pass a resolution stating its commitment to achieving and maintaining HeartSafe Community designation (attach, if available). Yes No Who is the contact or elected official to lead this? _____

SECTION E: ACLS or ALS & EMS / Dispatch System Response

Please use this space to describe how your community has improved the EMS response system and performance related to your HeartSafe program or how you will improve your HeartSafe program in upcoming years.

1. What program improvements have you made and what program improvements are you desiring to make to improve SCA survival rates and decrease SCA events?

2. Do 911 call centers immediately dispatch ACLS or ALS units to all cardiac emergencies and include cardiac specialty centers in transport destination plans? Yes No Future Plans
3. Do your 911 call centers/dispatchers have EMD certification and/or does your dispatch or 911 call center provide hands only CPR prompting assistance? Yes No Future Plans Contact name _____
4. Do your ACLS or ALS trained providers utilize defibrillators with 12 lead equipment or automated chest compression assist devices, medications, oxygen therapy, or other technology / processes that improve cardiac care in the community? Yes No Future Plans If no, why? _____
5. Does EMS have a written protocol for STEMI recognition and direct transport to a specialty cardiac center or coronary intervention center? Yes No Future Plans If no, why? _____

SECTION F: Data Tracking / Continuous Quality Improvement

1. HeartSafe communities should track data regarding the quality of cardiac care delivery. Do you have data collection in place for systems like CARES Registry, CODESTAT? Event reviews? Yes No Future Plans _____
2. What types of technology (registry / software) do you use to analyze data and review results?

3. Is the data collection integrated with EMS and Hospital / Medical Directors? Yes No Future Plans _____
4. Is the database electronic and reports automated? Yes No Future Plans _____
5. How often are you reviewing and analyzing the data and with who?

6. In the past year do you have data you can share? Yes No Please provide contact person and contact information:

7A. Do you know how many community out-of-hospital cardiac arrests occurred in the past year(s) in your application area?

Yes No

7B. Do you know the number of out-of-hospital cardiac arrests where early CPR was provided? Yes No

7C. Please provide summary data for both, if possible: _____

8. What percentage of out-of-hospital cardiac arrests received bystander CPR? _____%

9. What percentage or how many out-of-hospital cardiac arrests had an AED applied before first responder EMS arrival? _____%

10. What was the average time from 911 call received to EMS arrival for out-of-hospital cardiac arrests? _____

11. How many documented survival events did you have in the past year(s)? _____

SECTION G: AFFIRMATION

The HeartSafe program's lead contact should sign and date the following:

I affirm our HeartSafe Program's commitment to the goals of THE HEARTSAFE FOUNDATION and desire to have this application reviewed for proper rating and designation on the date signed below. The application has been filled out to the best of my capabilities and I understand that I will be permitted opportunity to submit further information to be assigned a higher rating and designation at any time after the initial rating is assigned by THE HEARTSAFE FOUNDATION. I understand that my HeartSafe rating may be accessed by other entities searching THE HEARTSAFE FOUNDATION website for my program's designation. If our program is assigned the highest rating allowed, a "Five Heart" program, I understand that we must submit a renewal application every three (3) years to ensure current technology, methods, and processes are being followed for continuous quality improvement of our HeartSafe program. I will allow The HeartSafe Foundation to list my program's rating on the HeartSafe website.

HeartSafe Program Lead Signature:

Date:

Name of Signator:

Title:

Organization / HeartSafe Program Name:

Phone:

Email:

This application process is a free service provided by The HeartSafe Foundation.

Once a designation and rating have been finalized your HeartSafe Program will select one of three HeartSafe Foundation approved turnkey community and public relations toolkit packages.

EXAMPLE HEARTSAFE PROGRAM DESIGNATION WORKSHEET

Date: 01-02-2017

Hearts Earned	Categories
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CATEGORY ONE: Training Focus

<u>1</u>	<p>Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED) Education. Regularly occurring training sessions for CPR and automated external defibrillator (AED) use are being conducted in the community. This training improves early recognition of heart attack or sudden cardiac arrest signs & symptoms and allows for more immediate calling of 9-1-1 or the designated emergency number and reinforces early CPR and quick use of any nearby automated external defibrillator (AED).</p>
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CATEGORY TWO: Public and Private AED Placement Focus

<u>1</u>	<p>Public Access Defibrillator (PAD) Placements. AEDs are placed in public and private locations that are key areas for improving community AED response times, and with public safety and designated first responders (usually law enforcement officials) to improve access to early defibrillation while waiting for EMS or 9-1-1 advanced care to arrive. Written Emergency Action Plans (EAPs) and community-wide AED protocols are established, implemented into training, and communicated and reviewed on a regular basis.</p>
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CATEGORY THREE: Advanced Care Life Support (ACLS) Focus

<u>1</u>	<p>Advanced Care or EMS Care Involvement. Advanced care is engaged (including dispatch 9-1-1 centers) in improving survival rates and a lead organization is designated that will oversee the HeartSafe initiatives. Advanced care life support (ACLS) personnel are arriving early on scene to assist and use any advanced care or specialty ACLS equipment (including 12 lead ECG or manual defibrillators and other monitoring or compression assist devices) due to being dispatched to sudden cardiac arrest and heart attack events quickly. Advanced care is also engaged in preventing SCA, and improving plus evaluating cardiovascular health in the community. This includes ready access to screenings and counseling for risk reduction or referral to quality physician for followup care.</p>
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CATEGORY FOUR: Technology Focus

<u>1</u>	<p>Updated Technology Involvement. Technology is used to monitor and ensure continual upkeep the health and well being of the Public Access Defibrillator (PAD) or pertinent AED program. Information produced by the technology tools or in the technology solutions enables appropriate levels of transparency of program data and sharing of information with all PAD program administrators or other stakeholders and use by the PAD participants, as appropriate. Cardiac Arrest Registry to Enhance Survival (CARES) registry database systems are engaged locally, that allow use by all entities and enforce the tracking of data for any AED use and CPR event, enabling continuous quality improvement.</p>
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CATEGORY FIVE: Mobile Technology & Social Media Focus

<u>1</u>	<p>Mobile & Phone Technology Notifications. Technology is engaged by designated dispatch systems (including Public Safety Answering Points or PSAPs for zones or communities applying) and appropriate alerting parties that use computers and mobile devices and/or smart phones/iPhones® social media, messaging, or other pushed/call notifications to improve communication regarding an emergency in progress and improve response times for CPR and AED use.</p>
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Total:	Comments
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<u><u>5</u></u>	<p><i>Congratulations on your successful designation and approval process. The only areas of noted improvement for your program are to plan more prevention events such as youth athletic heart screenings. It was not noted if you have a central event database that allows anytime review for your HeartSafe participants.</i></p>
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HEARTSAFE PROGRAM DESIGNATION WORKSHEET

Date: _____

Hearts Earned	Categories
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CATEGORY ONE: Training Focus

_____	<p>Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED) Education. Regularly occurring training sessions for CPR and automated external defibrillator (AED) use are being conducted in the community. This training improves early recognition of heart attack or sudden cardiac arrest signs & symptoms and allows for more immediate calling of 9-1-1 or the designated emergency number and reinforces early CPR and quick use of any nearby automated external defibrillator (AED).</p>
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CATEGORY TWO: Public and Private AED Placement Focus

_____	<p>Public Access Defibrillator (PAD) Placements. AEDs are placed in public and private locations that are key areas for improving community AED response times, and with public safety and designated first responders (usually law enforcement officials) to improve access to early defibrillation while waiting for EMS or 9-1-1 advanced care to arrive. Written Emergency Action Plans (EAPs) and community-wide AED protocols are established, implemented into training, and communicated and reviewed on a regular basis.</p>
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CATEGORY THREE: Advanced Cardiovascular Life Support (ACLS) Focus

_____	<p>Advanced Care or EMS Care Involvement. Advanced care is engaged (including dispatch 9-1-1 centers) in improving survival rates and a lead organization is designated that will oversee the HeartSafe initiatives. Advanced care personnel are arriving early on scene to assist and use any advanced care or specialty ACLS equipment (including 12 lead ECG or manual defibrillators and other monitoring or compression assist devices) due to being dispatched to sudden cardiac arrest and heart attack events quickly. Advanced care is also engaged in preventing SCA, and improving plus evaluating cardiovascular health in the community. This includes ready access to screenings and counseling for risk reduction or referral to quality physician for followup care.</p>
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CATEGORY FOUR: Technology Focus

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Total:	Comments
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HeartSafe Foundation Use Only

DESIGNATION

HeartSafe Program Certificate Number:
#

Original Date of Designation:
Date:

HeartSafe Foundation Rating:
_____ Hearts

Renewal Date of Designation:
Date:

A copy of your HeartSafe program's scoring worksheet will be attached to this designation with any comments and backup documentation for your files.

CATEGORY ONE: Training Focus



Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED) Education. Regularly occurring training sessions for CPR and automated external defibrillator (AED) use are being conducted in the community. This training improves early recognition of heart attack or sudden cardiac arrest signs & symptoms and allows for more immediate calling of 9-1-1 or the designated emergency number and reinforces early CPR and quick use of any nearby automated external defibrillation (AED).

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Please select your HeartSafe Foundation approved community/PR toolkit package (see addendum).