

Ulster County

HEART Safe



Community[®]

Application Packet



***HEART Safe* Community DESIGNATION APPLICATION FORM**

INTRODUCTION:

Data from the New York State Department of Health and the Hudson Valley Regional EMS Center indicates approximately 105 residents in Ulster County die each year due to sudden cardiac arrest. Cardiovascular disease is the leading cause of death in Ulster County and in the nation. According to the American Heart Association (AHA) less than five percent of sudden cardiac arrest victims survive because a vast majority of people witnessing the arrest do not know CPR or the “chain of survival” consisting of a series of four steps:

- **Early access** to care (dial 911 immediately),
- **Early CPR** to maintain blood flow to the brain until the next step,
- **Early defibrillation** to deliver a shock of electricity to restart the heart with the use of an AED,
- and **Early advanced care** to be administered by a pre-hospital emergency team at the scene and transport to the hospital.

The AHA states that knowledge and execution of these steps can increase the survival rate by 20 percent or more. To help increase the survival of those who experience a heart attack in Ulster County, the Ulster County Legislature charged the Ulster County Health Department with the implementation of an AHA program called *HEART Safe Communities*. The *HEART Safe* program is based on incentives and recognition to all those who meet specific criteria that have the potential for saving the lives of sudden cardiac arrest victims through the use of cardiopulmonary resuscitation (CPR) and increased public access to defibrillation.

A “***HEART Safe***” entity or community promotes and supports:

- CPR training in the community,
- Public access to defibrillation through strategic placement of automated external defibrillators (AEDs) for use by public safety professionals and other trained community members,
- Early advanced care, and
- Increase of out of hospital survival rate.

In support of *HEART Safe* Communities, the Ulster County Legislature adopted Resolution 45 on February 19, 2008, which states that in the best interest of Ulster County and all its residents that AEDs will be broadly and readily available at the most affordable price possible through the County. The County Legislature implores that every home, business and community gathering place be equipped with an AED.

Benefits of Participating in this Initiative:

There are various benefits to having a *HEART Safe* organization or entity. First, it increases the chances of survival of those who might have a sudden cardiac arrest at a *HEART Safe* location. Second, having a compliant program including emergency plan, drills and training, will minimize the frivolous lawsuits and offer legal protection. And finally, worksites' entities might have a reduction in their workers' compensation insurance premium.

Do you live in a *HEART Safe Community*? Do you work for a *HEART Safe Entity*?

- If someone in your community suffers a sudden cardiac arrest tomorrow, how likely is he or she to survive due to **rapid access** to life-saving treatment?
- How many residents and public safety officials in your community can **recognize the symptoms** of cardiac arrest and know how to get help “on the way, right away”?
- Who knows **cardiopulmonary resuscitation** (CPR) in your agency/community and is prepared to administer it when necessary?
- Where are **automated external defibrillators** (AEDs) located, and who has been trained to use them appropriately?

The answers to these questions could determine whether or not your community or agency qualifies as to be designated *HEART Safe*.

A *HEART Safe* designation is determined by meeting basic and category specific criteria. To obtain a *HEART Safe* designation please complete all the information requested in this form.

ULSTER COUNTY HEART Safe DESIGNATION

APPLICATION PROCESS

Every applicant must complete the five basic criteria (as outlined in the application form).

Once your application is received, members of the ***ULSTER County HEART Safe Committee*** will review it. The application must include a New York State Public Access Defibrillator (PAD) intent form. After review of your application a site visit may be done to verify the application content.

The designation is valid for two years, after which you can re-apply to maintain or upgrade your designation.

Completed applications may be emailed to: HealthEd@co.ulster.ny.us, or they may be mailed to:

**Ulster County Health Department
Attn: Health Education Unit
300 Flatbush Avenue
Kingston, NY 12041**

Note: You may apply for a tax credit when purchasing your AED (if applicable)

HEART Safe DESIGNATION APPLICATION FORM

Application Date: _____

Name/Address of entity seeking designation:

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Name

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Address

State

Zip code

Entity's Chief Elected Officer (or designee):

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Name

Job title

Business phone number

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Business address

State

Zip code

911 Call Center Location:

Ulster County Emergency Communications Center	845-338-1440
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Name

Phone number

238 Golden Hill Lane, Kingston	NY	12401
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Address

State

Zip code

Emergency Medical Services Provider(s):

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Organization/agency

Contact person(s)

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Address

State

Zip code

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Phone

Email address

Which accredited CPR training program did you use?

- American Heart Association (AHA)
- American Red Cross (ARC)
- American Safety and Health Institute (ASHI)
- National Safety Council (NSC)

Specify the category your entity can be identified as (select only one):

- Educational Institutions
- Work Places
- Community Based Entities (CBO or Faith Based)
- Local Jurisdictions

All entities applying will need to meet the following five basic criteria before they can be considered for the *Ulster County HEART Safe* designation.

Check the boxes to indicate that your agency/community meets these basic criteria.

- Orientation of enhanced 911 included in the program training (Access to 911)
- Develop Emergency Response Policies and Procedures
- CPR-trained personnel / faculty / students
- AED readily available (should be self testing unit) on site with proper signage, and is regularly monitored
- PAD Notice of Intent (Please attach a copy to this application)

To help us decide which level of designation you qualify for, **please check off the appropriate boxes within the specific row that identifies your entity** (i.e. Educational institution, work-place, community based organization, or local jurisdiction).

<p>Educational Institutions (could be one building of a district or campus)</p>	<p><input type="checkbox"/> Meets Basic Criteria</p> <p><input type="checkbox"/> 25% permanent staff trained in current CPR</p>	<p style="text-align: center;">CPR OPTIONS</p> <p>HealthAlliance Education/Training Center Kelly Antenucci- 331-3131 ext. 2120</p> <p>Wallkill EMS Training- Joe Poptanich- 895-2558 jpoptanichjr@hvc.rr.com</p> <p>Kingston Fire Department- 331-1216 rsalzmnn@ci.kingston.ny.us</p> <p>UC Community College- Mid-Hudson Health Safety Institute Ann Songayllo- 687-5012 songayla@SUNYUlster.edu</p> <p>Diaz Memorial Ambulance in Saugerties- Matt DiLauro (518) 678-3131 diazcpr@aol.com</p> <p>The Rose Women's Care Service: Community Resource Center Margaret L. Gagnon -691-7984 rwcsarc@aol.com</p> <p>American Heart Association- www.americanheart.org</p> <p>UC Red Cross- www.ulsterredcross.org/courses.asp</p> <p>ASHI Training Center Locator- www.ashinstitute.org/tcl/locator.aspx</p>
<p>BUSINESSES</p>	<p><input type="checkbox"/> Meets Basic Criteria</p>	
	<p><input type="checkbox"/> 25% permanent staff trained in CPR</p>	
<p>Community Based (Place of assembly, restaurants,</p>	<p><input type="checkbox"/> Meets Basic Criteria</p> <p><input type="checkbox"/> 25% permanent staff trained in CPR</p>	
<p>Nursing Homes, Senior Centers, etc.)</p>	<p><input type="checkbox"/> 25-49% restaurants will have CPR kits (per New York State Law)</p>	
<p>Local Jurisdictions (Towns, Cities, Villages, County, Fire Departments, Ambulance Corps, etc.)</p>	<p><input type="checkbox"/> Meets Basic Criteria</p> <p><input type="checkbox"/> 25% Municipally owned or leased property will have AEDs available</p>	
	<p><input type="checkbox"/> 25% permanent staff will be trained in CPR</p>	

**Notice of Intent to Provide
 Public Access Defibrillation**

Original Notification Update

Entity Providing PAD

Name of Organization	() Telephone Number
Name of Primary Contact Person	E-Mail Address
Address	() Fax Number
City State Zip	

Type of Entity (please check the appropriate boxes)

<input type="checkbox"/> Business	<input type="checkbox"/> Fire Department/District	<input type="checkbox"/> Private School
<input type="checkbox"/> Construction Company	<input type="checkbox"/> Police Department	<input type="checkbox"/> College/University
<input type="checkbox"/> Health Club/ Gym	<input type="checkbox"/> Local Municipal Government	<input type="checkbox"/> Physician's Office
<input type="checkbox"/> Recreational Facility	<input type="checkbox"/> County Government	<input type="checkbox"/> Dental Office or Clinic
<input type="checkbox"/> Industrial Setting	<input type="checkbox"/> State Government	<input type="checkbox"/> Adult Care Facility
<input type="checkbox"/> Retail Setting	<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Mental Health Office or Clinic
<input type="checkbox"/> Transportation Hub	<input type="checkbox"/> Public School K - 6	<input type="checkbox"/> Other Medical Facility (specify)
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Public School 6 - 12	<input type="checkbox"/> Other (specify)

PAD Training Program

<input type="checkbox"/> American Heart Association	<input type="checkbox"/> National Safety Council	<input type="checkbox"/> REMSCO of NYC, Inc
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Emergency Services Institute	<input type="checkbox"/> EMS Safety Service, Inc
<input type="checkbox"/> American Safety & Health Institute	<input type="checkbox"/> Medic First Aid International	<input type="checkbox"/> State University of NY

Automated External Defibrillator

Manufacturer of AED Unit	Model of AED Pediatric Capable <input type="checkbox"/>	Number of Trained PAD Providers	Number of AEDs
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Emergency Health Care Provider

Name of Emergency Health Care Provider (Hospital or Physician)	Telephone Number
Address	() Fax Number
City State Zip	

Name of Ambulance Service and 911 Dispatch Center

Name of Ambulance Service and Contact Person	Telephone Number
Name of 911 Dispatch Center and Contact Person	County

Authorization Names and Signatures

CEO or Designee (Please print)	Signature	Date
Physician or Hospital Representative (Please print)	Signature	Date