

If someone in your community suffers a sudden cardiac arrest, how likely is he or she to survive?

Improving survival from cardiac arrest is not complicated, but it is not easy. The very nature of cardiac arrest requires bystanders to be ready, willing, and able to act. Additionally, to be successful their actions in combination with care provided by our EMS, fire and first responder agencies must occur within a system that coordinates and integrates each facet of care into a choreographed group effort, focusing on neurologically intact survival to discharge from the hospital.

The Citizen CPR Foundation is striving to help communities improve their system of care for cardiac arrest and increase the chances that citizens suffering a cardiovascular emergency will have the best possible outcome and chance for survival.

#### CRITICAL QUESTIONS

- Most cardiac arrests occur outside a hospital: 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 community and is prepared and willing to administer CPR when necessary?
- Does your community’s law enforcement agency respond to medical emergencies? Are they trained and equipped with Automated External Defibrillators (AEDs)? Do they have policies that dispatch them to calls that may in fact be cases of sudden cardiac arrest?
- Do your schools and municipal buildings have AEDs? Are they maintained and accessible? Do these locations have well thought out and tested emergency response plans?
- Are AED locations mapped and integrated with your 911 system?
- Do your Emergency Medical Services (EMS) providers practice “high-performance” CPR and have supportive protocols, technology and equipment?

The answers to these questions could determine whether or not your community qualifies as a HEARTSafe Community.

Designation as a HEARTSafe Community represents a coordinated effort by police departments, fire departments, emergency medical services, the city/town, schools, and businesses - a community commitment to saving lives!

By becoming a HEARTSafe Community, your town, city officials, and citizens will be recognized for taking the time, and making the effort to optimize each link in the Chain of Survival – to SAVE LIVES!



## Criteria (ALL are MANDATORY)

1. A lead organization (e.g., police, fire, EMS provider, hospital or municipal office) is designated to oversee and coordinate the HEARTSafe efforts.  
YES/NO      Paste in organization roster or select file(s)
2. The community has a plan for the collection and analysis of cardiac arrest data. Enrollment in CARES is recommended - access to CARES data for your city/town or locally developed and compatible methods are acceptable.  
YES/NO      Describe method or select file(s)
3. A minimum of 15% of the community population has been trained in the last 12 months and plans exist to train an additional 15% each year. All forms of training are acceptable including hands-only CPR, certification training at any level and views of approved ultra-brief instructional videos.  
YES/NO      Paste in training numbers or select files
4. Laypersons who perform CPR in an effort to save a life are formally recognized for their efforts where possible and appropriate.  
YES/NO      Describe method or select file(s) and photo(s)
5. The community has developed and implemented strategies to increase public awareness of sudden cardiac arrest and encourage bystander intervention. Examples include public demonstrations with hands-on practice, improving access to certification courses, utilization of social media and ultra-brief instructional videos, billboards, newspaper articles and other innovations.  
YES/NO      Describe strategies or select file(s) and photo(s)
6. Telephone CPR (T-CPR) Program
  - A. The emergency communications center(s) have committed to providing effective T-CPR in accordance with the American Heart Association Telephone CPR Program Recommendations and Performance Measures or the equivalent.  
YES/NO      Describe program or select file(s)
  - B. Community leaders will engage with local and state agencies, including their local American Heart Association advocacy team, to get T-CPR legislation on the priority list and support efforts to get it passed into state statute.  
YES/NO      Describe efforts or select file(s)
7. Schools and municipal buildings have effective emergency response plans for cardiac arrest.  
YES/NO      Paste in your ERP or select file(s)
8. Permanent placement of AEDs in public or private locations where many people congregate or may be at higher risk for cardiac arrest such as shopping malls, supermarkets, theaters, health clubs, parks, recreational centers, transportation centers and other appropriate venues. AEDs placed at athletic fields, parks, beaches and public gathering spots should be accessible on a 24/7 basis whenever possible.  
YES/NO      Describe efforts or select file(s)
9. Community has established or participates in an AED registry. AED locations are mapped and integrated with your 911 system and/or local Public Safety Answering Point (PSAP).  
YES/NO      Describe registry or select file(s)

10. First Responder agencies (law enforcement/fire department) are defibrillation capable, with appropriate training, device maintenance plan, dispatch policies, event debriefing, and medical direction.

YES/NO      Paste in dispatch policy or select file(s)

11. The local Emergency Medical Services (EMS) provider practices “high-performance” CPR and has supportive protocols, technology and equipment for resuscitation and effective post-resuscitation care.

YES/NO      Describe efforts and protocols or select file(s)

12. Local EMS provider agency has a QI process for cardiac arrest data review, facilitated debriefing, access to patient outcome data and active medical direction and provides appropriate feedback for improvements to community preparedness and response.

YES/NO      Describe process or select file(s)

13. The community has established secondary public health measures supporting cardiovascular wellness, such as education, prevention, and systems of care for stroke and myocardial infarction

YES/NO      Describe measures or select file(s)