



HeartSafe Designation Application

The HeartSafe program promotes and encourages community awareness of sudden cardiac arrest (SCA) and the potential lifesaving knowledge of cardiopulmonary resuscitation (CPR) and public access to automated external defibrillators (AEDs).

In order to increase this awareness, the Southeast Health System, in partnership with the City of Dothan, the Dothan Fire Department, and the Dothan Area Chamber of Commerce, has developed an initiative to provide designations for cities, communities, workplaces and campuses. Criteria for each category were established through the assistance of the American Heart Association, medical personnel and other HeartSafe programs around the country.

A “HeartSafe” designation demonstrates a commitment to promote and support:

- Hands-only CPR and AED trained individuals
- Public access to automated external defibrillators AED(s) through strategic placement
- Emergency response action plan

The included application details the requirements for HeartSafe City, HeartSafe Community, HeartSafe Workplace and HeartSafe Campus.



DOTHAN AREA CHAMBER OF COMMERCE



HeartSafe



Southeast Health Foundation
1806 Fairview Avenue
Dothan, Alabama 36301
334-673-4150
www.sehealthfoundation.org



HeartSafe designation requested: Check only one option.



The number of required AEDs and Hands-Only CPR trained citizens is based on the most recent US Census

1. **AED requirements:** Minimum 1 AED for every 1,000 citizens
2. **Hands-Only CPR Trained citizens:** Minimum 10% of population aged 16 years and older



1. **AED requirements:**
 - **Fixed locations** (i.e. office buildings): minimum 1 AED in a publically accessible and within a 3-minute round-trip walk of the furthest work area
 - **Flexible locations** (i.e. construction sites): minimum 1 AED per site that can travel throughout the site with work staff
2. **Hands-Only CPR Trained employee:** Minimum 10% of work staff, including regular employees, volunteers, contractors and student employees
3. **Emergency action plan:** A written emergency action plan that includes response to medical emergencies and maintenance of AED(s). This should also address unusual circumstances for specific business types (such as a workplace that might experience and influx of visitors). *The Dothan Fire Department is available to help in writing your plan, if needed.*
4. **Recognition:** Business is to display provided signage to show designation



1. **AED requirements:**
 - Minimum 1 AED per building on campus in a publically accessible location and within a 3-minute round-trip walk of the furthest work area; or,
 - Ability to respond with an AED within 3 minutes
2. **Hands-Only CPR Trained employee:** Minimum 10% of work staff, including regular employees, volunteers, contractors and student employees
3. **Emergency action plan:** A written emergency action plan that includes response to medical emergencies and maintenance of AED(s). This should also address unusual circumstances for specific business types (such as a workplace that might experience and influx of visitors). The Dothan Fire Department is available to help in writing your plan, if needed.
4. **Recognition:** Campus is to display provided signage to show designation



A Comprehensive Program for Prevention of Sudden Cardiac Death Implementation Checklist

 Applicant Name (city, community, workplace, campus)

 Street Address City State Zip

 Primary Contact/AED Coordinator

 Contact Phone Number Email Address

How long has an AED program been in place? _____ Which AED(s) do you use? _____

Number of trained staff in CPR+AED _____ Training: American Heart _____ Red Cross _____ Other _____

Please complete this checklist for the current program in your agency/campus/community:

Program Quality	In Place	Not in Place	Need Help	Comments
Emergency Response Plan (ERP) for cardiac arrest				
Currently have _____ (#) of AED(s), _____ buildings, _____ students, _____ staff **Please attach a list of the specific locations of all AEDs on site				
There is a designated emergency response team & CPR/AED training is updated: annually _____, every 2 years _____, Other _____				
Currently have a system to track CPR/AED training/retraining and AED device maintenance				

Applicant Signatures: Municipal Chief Elected Officer, Principal, Business Owner, CEO or Designee

 Printed Name Title

 Signature Date