



** Heart Disease is the leading cause of death in the United States**

Rhode Island HEARTSafe Community Program

HEARTSAFE RENEWAL APPLICATION

Community Contact Information:

Community Name:

Name:

Title:

Business Address:

Business Phone:

E-mail Address:

Date of HeartSafe Designation:

Community Population (most current census #):

Please answer the following questions:

- Since your community earned their designation, how many additional community members have been trained in CPR/AED?
- What percentage (%) of your local law enforcement agency vehicles are equipped with AEDs?
- Do your schools and municipal buildings have effective emergency response plans that may include CPR and AED? **Please include a copy with your application.**
- Please identify the number of AEDs, and number of AED-trained personnel in public or private areas where people congregate such as shopping malls, supermarkets, theaters, health clubs, schools, libraries, city/town pools or beaches, city/town halls, convention sites, hotels, athletic arenas, train and bus stations, and senior centers.

- Is Advanced Life Support dispatched to appropriate emergencies, have 12-lead ECG capability, and maintain certification in Advanced Cardiac Life Support?
- Please explain how your community has continued the process of improving the “Chain of Survival” and overall cardiovascular health in your community, increasing access to emergency care, early CPR, early defibrillation, and early advanced care. (Include a brief summary with your application).
- Does your community track survival of prehospital sudden cardiac arrest victims who were saved by bystander CPR and defibrillation? If yes, please include the number of documented cases.
- What is your evaluation plan for your HEARTSafe Community Program?

** Please attach additional page(s), if necessary. **

Who provides your Emergency Medical Services?

Organization(s):

Contact Person:

Address:

Phone Number:

E-Mail Address:

Signature of person completing application: _____

Name (Print):

Title:

Date:

Phone Number:

E-Mail Address:

Signature of Municipal Leader: _____

Name (Print):

Title:

Date:

Phone Number:

E-Mail Address:

PLEASE NOTE: Your signature on this renewal application is the assurance that you will participate in the RI HEARTSafe Community Program evaluation process.