CITIZEN CPR FOUNDATION

helping citizens and communities **save lives**

Becoming a **HEARTS**afe Community
A Guide to Reducing Death & Disability from Sudden Cardiac Arrest

Introduction

This guide is an overview of a community-based approach to improving cardiac arrest outcomes.

The evidence-based recommendations and best practices described present interrelated actions that, when combined, can enable short- and long-term improvements for people who experience sudden cardiac arrest (SCA).

Here you'll find HEARTSafe Community strategies and the **13 tactical elements** to execute these strategies as well as **resources** from our organizational and industry partners.

We hope our efforts will inspire and guide communities in implementing lifesaving strategies, thereby helping to save more lives by preventing sudden cardiac arrest from becoming sudden cardiac death.

Nearly

1,000 Americans

experience an out-of-hospital
**cardiac arrest
every day.**

The HEARTSafe
Community program

was established in 1999 by the
Citizen CPR Foundation. Since
then, countless communities
have used the program to
**guide their quality
improvement efforts.**

I. Sudden Cardiac Arrest: A Problem with a Solution

Every year, more than 350,000 Americans experience an out-of-hospital cardiac arrest (OHCA). Nearly 90% of these are fatal. Whether or not someone survives a sudden cardiac arrest can depend greatly on what community they live in and which hospital cares for them, if they reach the hospital in time. Time to treatment is the biggest enemy.

That means survival depends, too, on the rate of bystander CPR and access to an automated external defibrillator (AED), among other factors. Some systems of care report a *more than five-fold difference* in survival. This, despite widely available effective treatments for cardiac arrest.

It doesn't need to be this way.

The fact that about 70% to 80% of sudden cardiac arrests happen in or around the home makes this an inherently local issue. When members of a community are prepared to respond when one of its citizens experiences a SCA, the results are profound.

That's why the Citizen CPR Foundation developed the HEARTSafe Community program, which provides a set of guidelines for individual communities to improve outcomes to SCA through training, preparation, and response. These guidelines support the evidence-based "chain of survival." The keys to improving survival in your community include:

• **Mobilizing community support**

• **Finding partners and champions**

• **Assessing needs and the resources to meet those needs**

Critical to all of these is prioritizing not just the **implementation of science-backed protocols, but evaluating whether or not they're working and can be sustained over time.**

The impact of these well-delivered community-based strategies can be measured directly in the number of lives saved.

The Chain of Survival

Source: American Heart Association
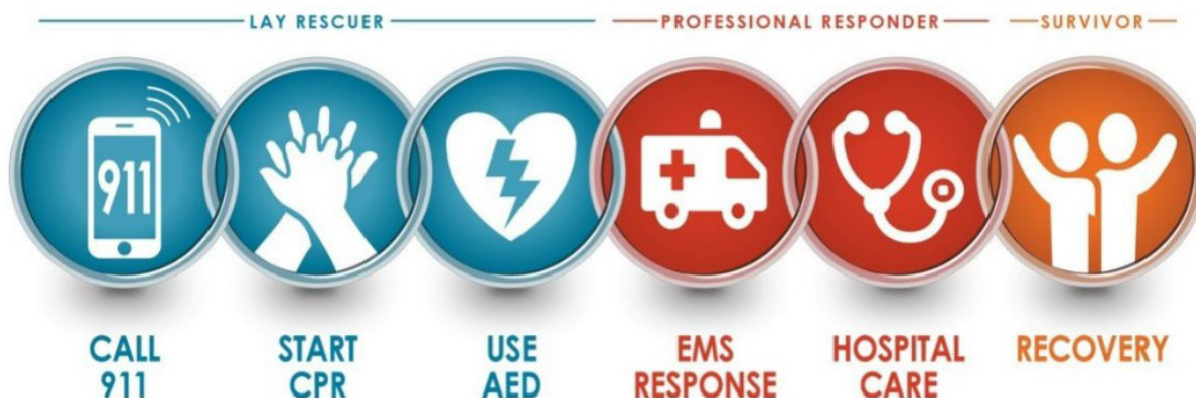
A Blueprint for Survival

In 2015, the Institute of Medicine (IOM) released its consensus study and report, **"Strategies to Improve Cardiac Arrest Survival: A Time to Act."** Sponsored by the American Heart Association, American Red Cross, American College of Cardiology, Centers for Disease Control and Prevention, National Institutes of Health, and the U.S. Department of Veterans Affairs, the report:

- **examined the complete system of response to SCA in the U.S.**
- **identified treatment opportunities, strategies, and research to improve survival and recovery**
- **recommended high-priority actions to improve outcomes**

Think Nationally, Act Locally

The IOM report established eight specific strategies (see the sidebar at right) meant to improve survivability and reduce disability at a *national* level. But what about communities? How could they support the institute's recommendations and implement proven strategies locally to save more of their citizens?

Sudden cardiac arrest is, after all, inherently a local problem, and local resources should be leveraged to improve preparation, recognition of SCA, and immediate intervention—both by citizens themselves as well as the local systems of health care. **That requires cooperation, coordination, and collaboration above all else.**

The Citizen CPR Foundation developed six community-based strategies critical to supporting and executing the IOM recommendations, all of which are explored in this guide:

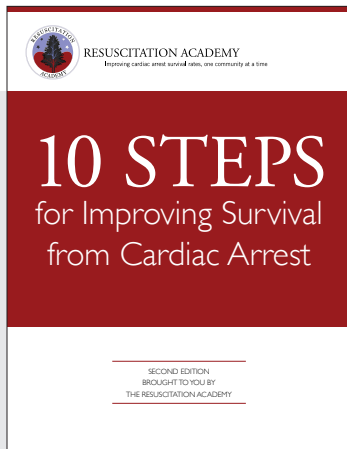## Citizen CPR Foundation Community-Based Strategies

1 Strengthen local stakeholder collaboration.

2 Encourage data collection, analysis, and dissemination.

3 Facilitate the implementation of life-saving strategies.

4 Promote public education and training.

5 Improve the delivery of high-quality resuscitation and post-SCA care.

6 Enhance the impact of cardiac arrest therapies.

In the pages that follow you'll see what each of these strategies looks like in action.
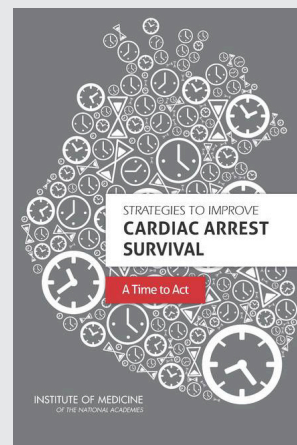
Institute of Medicine's Recommendations from **"Strategies to Improve Cardiac Arrest Survival: A Time to Act"**

1. Establish a national cardiac arrest registry.

2. Foster a culture of action through public awareness and training.

3. Enhance the capabilities and performance of emergency medical services (EMS) systems.

4. Set national accreditation standards related to cardiac arrest for hospitals and health care systems.

5. Adopt continuous quality improvement programs.

6. Accelerate research on pathophysiology, new therapies, and translation of science for cardiac arrest.

7. Accelerate research on the evaluation and adoption of cardiac arrest therapies.

8. Create a national cardiac arrest collaborative.

RESUSCITATION ACADEMY
Improving cardiac arrest survival rates, one community at a time

10 STEPS
for Improving Survival
from Cardiac Arrest

SECOND EDITION
BROUGHT TO YOU BY
THE RESUSCITATION ACADEMY

Download Resuscitation Academy's eBook

Download now >

II. What is a HEARTSafe Community?

So far you've seen that reducing the time to treatment for someone experiencing sudden cardiac arrest—to increase their likelihood of surviving, in other words—means communities must be part of the solution. In effect, they are the ultimate coronary care units.

So what does it look like to be such a community? The HEARTSafe Community concept is a blueprint for communities that supports the national recommendations made by the IOM. It incorporates the six community-based strategies discussed in the previous section but also gives leaders like you very specific guidance that provides the structure and objectives that translate into more lives saved where you live.

"CPR has become a call of hope for our paramedics. It's not one person that makes a difference. It's a whole team of people... almost always strangers to each other."

— *JoAnna Kamppi, Chief of Eugene Springfield Fire EMS, Springfield, Oregon*

Where to Start: The 3 As

1 **ASSEMBLE** your core team.

2 **ASSESS** where your community is right now.

3 **APPLY** the assessment to discuss your strategies, tactics, and goals.

Getting Started

In the pages that follow, you'll learn about the 13 elements that make up a HEARTSafe Community and how to achieve each of these in your own community. You'll start by assembling a core team of diverse, dedicated people who reflect the makeup of your community. (Don't limit yourself to just healthcare providers.) This ad hoc group should be directed specifically in taking action on the issue of sudden cardiac arrest and should include representatives from different sectors of the community affected by SCA. Industry partners should be recruited and included as well.

Next, the core team will assess where you're currently at for each of the 13 elements. What are you doing well? Where could you improve? Do you need more data to inform your strategies and tactics?

Use the **HEARTSafe Community Self-Assessment and Project Progression Tracking and Scoresheet** both to see where you are and to track your team's work as you go. The assessment will give you the information you need to move ahead in part by identifying questions that still need answers. While it may feel uncomfortable to have these gaps, in our experience this is often the most useful part of the assessment because it opens up dialogue within your core team and with important stakeholders in your community.

Keep in mind, too, that the 13 elements aren't steps; you'll likely work on several, and maybe even all of them, concurrently.

A HEARTSafe Community has achieved all of the 13 goals. You're then ready to apply to receive the HEARTSafe Community designation.

VIDEO: "An Introduction to HEARTSafe Communities"

HEARTSafe COMMUNITY ORIENTATION VODCAST

HEART SAFE community · CITIZEN CPR FOUNDATION

Watch now >

1. Establish a high-performance lead agency and community team.
2. Use data to drive regional strategies and localized tactics.
3. Train citizen rescuers.
4. Recognize and celebrate the actions of rescuers.
5. Educate citizens on how to respond to SCA.
6. Train emergency communication center staff in telephone-guided CPR and the use of AEDs.
7. Plan for and practice responding to SCA.
8. Strategically place 24/7-accessible AEDs.
9. Establish a 911-integrated AED registry.
10. Equip first responders with AEDs and teach them how to use and maintain them.
11. Train EMS clinicians in high-performance CPR and resuscitation.
12. Establish a process for quality improvement and annual public reporting of cardiac arrest data.
13. Develop meaningful health promotion and prevention measures for SCA.

> **The CCPRF offers consultation and peer-to-peer coaching for any community wanting to improve SCA outcomes. Visit us at www.citizencpr.org/heartsafe**

III. Implementation in the Community: The 13 Elements

You've probably heard the expression "What gets measured, gets improved." This is a core tenet of the HEARTSafe Communities initiative. Each of the 13 elements are measured over time, so you always know how you're tracking—what you've made progress on, where you still need to do work, and when you've reached each goal.

As you begin your efforts to achieve each of the 13 elements, remember, too, that **collaboration isn't just important—it's critical to your success.** It's simply not possible to reach these goals without ongoing engagement with a variety of stakeholders. Collaborating not only helps spread out the work but also ensures a widespread and ongoing commitment to all the elements. Each plays a role in saving lives.

There are 10 stages of progress for each element (see box below), so you can see even incremental change as you go.

Progress Scores

0.5	Intent to Participate
1.0	Goal and Team Established
1.5	Planning for the Project has Begun
2.0	Activity with No Changes
2.5	Re-assessment: No Improvement
3.0	Re-assessment: Modest Improvement
3.5	Re-assessment: Improvement
4.0	Re-assessment: Significant Improvement
4.5	Re-assessment: Sustainable Improvement
5.0	Re-assessment: Outstanding Sustainable Results

> **At the end of this guide you'll find resources to help you achieve each of the 13 elements and also answer common questions.**

Element 1: Establish a high-performance lead agency and community team.

A lead organization such as an EMS agency, hospital, fire-rescue, municipal office or law enforcement agency, is necessary for overseeing and coordinating local HEARTSafe Community efforts. The lead agency owns the project and enlists help and representation from other agencies and individuals as well as the community at large. Most often, a public safety agency or healthcare institution will assume the role of a lead agency.

Goal: A lead agency and community team are established with broad representation from the community.

See resources for Element 1 >

Element 2: Use data to drive regional strategies and local tactics.

The Citizen CPR Foundation and its partner organizations stress the importance of developing a plan for the collection and analysis of cardiac arrest data. **Enrollment in the Cardiac Arrest Registry to Enhance Survival (CARES) is highly recommended.** CARES helps communities measure performance and identify how to improve cardiac arrest survival rates. If participation in CARES is not feasible for any reason, locally developed and compatible methods of data collection are acceptable

Goal: A process has been put into place for the collection, analysis, and use of cardiac arrest data to measure performance.

See resources for Element 2 >

Element 3: Train citizen rescuers.

Citizen CPR training plays a pivotal role in improving outcomes. Ideally, your entire community is adept at recognizing cardiac arrest, has hands-on experience, and is willing to perform CPR when called upon. Recognizing the importance of bystander actions, all forms of CPR training are acceptable, including hands-only CPR as well as certification at any level from any nationally recognized organization.

Viewing brief instructional videos from the **American Heart Association** and **American Red Cross** can contribute to reaching your community's 15% but this should not replace valuable hands-on experience.

Goal: 15% of your community receives training in CPR annually.

See resources for Element 3 >

Johnson City, Iowa HEARTSafe Community
Source

Element 4: Recognize and celebrate the actions of rescuers.

It's essential to recognize individuals—whether a first responder or a member of the public—who come to the aid of someone experiencing a SCA. Celebrating these actions helps promote your lifesaving efforts and sends a powerful message to your community and to the person who helped. Reinforcement can take many forms, from lapel pins and plaques to survivor-rescuer events. The key is to formally recognize all those involved for their efforts, wherever and whenever possible. Certainly, the hope is to celebrate a life saved, but it's important to recognize bystander actions even in cases where the outcomes were not favorable.

Goal: A formal recognition process is in place to celebrate lifesaving efforts.

See resources for Element 4 >

"The HEARTSafe model aligns with current science and treatment recommendations and has provided us with a framework and best practices to work from in improving our system. Our team has found the experience working with the program exceptional and appreciates the external support and validation of our efforts to improve outcomes."

— Robert B Dunne, M.D., FACEP, FAEMS, Medical Director, Detroit East Medical Control Authority, Detroit Fire Department, Program Director, EMS Fellowship, Professor, Wayne State University

## Element 5: Educate citizens on how to respond to SCA.

Research shows that when the public better understands SCA, they're more motivated to learn CPR and how to use an automated external defibrillator (AED). HEARTSafe Communities develop and implement strategies that increase public awareness of SCA and encourage bystander intervention that can translate into more public support for your lifesaving campaign. Examples include offering public demonstrations with hands-on CPR practice, improving access to and awareness of CPR certification courses, and using social media, brief instructional videos, and other media. Your community can also launch local awareness campaigns that align with national awareness months/days such as **National CPR and AED Awareness Week** (June 1-7), **Sudden Cardiac Arrest Awareness Month** (October), **World Restart a Heart Day** (October 16), and **American Heart Month** (February).

Goal: A public awareness campaign plan is established and sustained throughout the year using a combination of tactics.

See resources for Element 5 >

Telecommunicator CPR
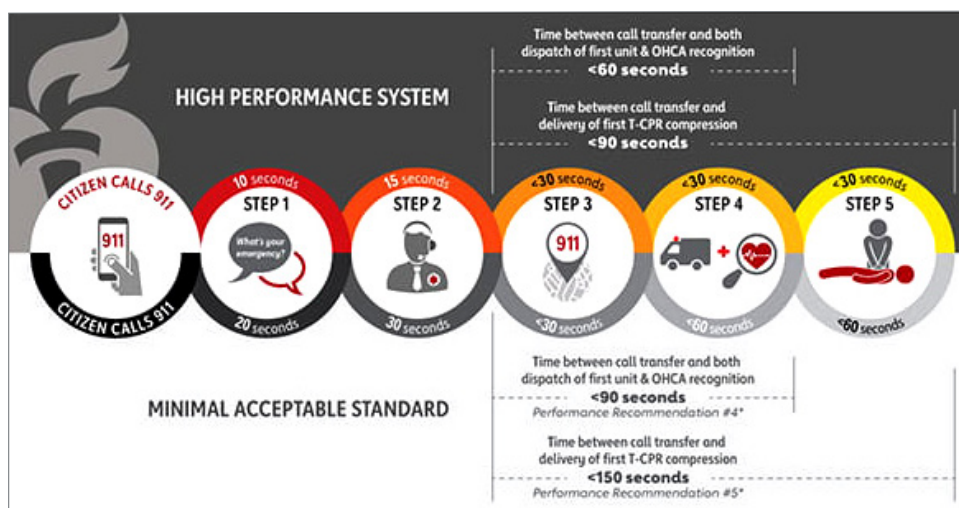
*These recommended performance intervals should be as short as possible as described in the example "High-Performance System" intervals provided are minimal acceptable performance.

Element 6: Train emergency communication center staff in telephone-guided CPR and the use of AEDs.

Telephone-guided CPR (T-CPR) can significantly improve bystander CPR rates. To meet the goal for this element, your emergency communications center(s) must commit to providing effective T-CPR in accordance with the **American Heart Association (AHA) Telephone CPR Program Recommendations and Performance Measures**.

If you'd like to enact regulations that support T-CPR, your leadership team should work with local and state authorities; the **American Heart Association** can help your team draft T-CPR legislation.

Dispatch-assisted AED Locating and Coaching (T-AED) is an evolving strategy whereby emergency telecommunicators guide callers in finding and using a nearby AED to help someone in cardiac arrest.

Goal: T-CPR in accordance with AHA recommendations is in place. If not in place, formal efforts at implementation have been made for regulatory reform and policy change.

See resources for Element 6 >

Be sure to use the HEARTSafe Community Self-Assessment and Project Progression Tracking and Scoresheet to document your team's work as you go.

Element 7: Plan for and practice responding to SCA.

Schools, municipal buildings, businesses, and public venues should have a medical emergency response plan (medical ERP) that addresses the immediate need for medical assistance in the event of traumatic injury or illness, including sudden cardiac arrest.

In addition to having a well-considered written plan, periodic drills should take place to test the plan's effectiveness and identify areas for improvement, and a coordinator should be designated to ensure compliance with training and rehearsal of the plan at least once a year. A comprehensive emergency action plan (EAP) or emergency response plan (ERP) is critical to facilitating a rapid, effective response to a cardiac emergency.

Cardiac arrest should be suspected in anyone who collapses suddenly and is unresponsive. All potential responders to a collapsed person should be trained in the recognition of SCA, CPR, and the use of an AED. AEDs should be accessible on-site with a response time to first compression and shock of less than three (3) minutes.

Goal: EAPs/ERPs are in place for all schools, municipal buildings, businesses, and public venues and are tested through simulation/drills at least once annually.

See resources for Element 7 >

Element 8: Strategically place 24/7-accessible AEDs.

While most SCAs occur in or around the home, there's a statistical likelihood that one will occur in shopping malls, supermarkets, theaters, health clubs, parks, recreational centers, and transportation centers simply because more people gather in public areas.

The Citizen CPR Foundation recommends that AEDs be accessible at all times, particularly those placed at athletic fields, parks, beaches, and other public gathering spots. Consider adding outdoor AED enclosures to your community, making this lifesaving equipment accessible to more people 24 hours a day.

Goal: AEDs are strategically placed in public locations where cardiac arrest is likelier to occur and 24/7 accessibility to AEDs is enabled wherever possible.

See resources for Element 8 >

Element 9: Establish a 911-integrated AED registry.

Automated external defibrillators are proven lifesavers: **Nine out of 10** cardiac arrest victims who receive a shock from an AED in the first minute survive. This element requires the community to establish or participate in an AED registry that maps the location of defibrillators and is integrated with your 911 system and/or local Public Safety Answering Points (PSAPs). This enables the rapid identification of the nearest accessible device when someone calls 911; telecommunicators can direct the caller or bystanders to the device, reducing the time to first compression and shock. Free apps such as **GoodSAM** and **PulsePoint AED** are crowdsourcing the development and maintenance of AED registries. Both allow users to photograph an AED and upload its location, which is then verified and added to the local registry by emergency communications centers.

Goal: Establish a 911-integrated AED registry and a way to easily find and add new and unlisted AEDs.

See resources for Element 9 >

Element 10: Equip first responders with AEDs and teach them how to use and maintain them.

Equipping first responders—including firefighters, police officers, and EMS clinicians—with AEDs and training them on their use can significantly reduce the time to first compressions and shock. First-responder agencies must be defibrillation-capable, undergo appropriate training, maintain the devices, and be able to distribute policies, event debriefings, and medical direction. EMS systems should review their response times and consider instituting first-responder defibrillation as a means of reducing the time to treatment with defibrillation.

Goal: First responder agencies are trained and defibrillation-capable and have put in place device maintenance plans, dispatch policies, event debriefing, and medical direction.

See resources for Element 10 >

Nine out of 10
cardiac arrest victims
who receive a shock from an AED in the first minute survive.

"The HEARTSafe model provides a template of success for any team to follow. It is an all-encompassing guide, creating opportunity for whole community resiliency by way of relationships and shared visions for cardiac arrest survival."

— Josh Smith, Captain/Paramedic, Richland Fire & Emergency Services, Richland, Washington

Element 11: Train EMS clinicians in high-performance CPR and resuscitation.

High-performance CPR (HP-CPR) can boost survival outcomes significantly by ensuring that victims receive enough blood to their heart and brain. Recognizing its value, the Citizen CPR Foundation requires that local Emergency Medical Services (EMS) providers practice HP-CPR and maintain the protocols, technology, and equipment to deliver the highest level of resuscitation and effective post-resuscitation care. HP-CPR proficiency is expected for all those who are responsible for delivering professional resuscitation.

Goal: EMS providers practice high-performance CPR and maintain protocols, technology, and equipment that support effective, high-quality resuscitation and post-resuscitation care.

See resources for Element 11 >

Element 12: Establish a process for quality improvement and annual public reporting of cardiac arrest data.

As mentioned in Element 2, the collection of complete, accurate data is key to improving any problem. EMS agencies and systems should develop a Quality Improvement (QI) process for cardiac arrest that includes data review, facilitated debriefing, access to patient outcome data, and active medical direction. Additionally, the criteria for this element call for the collection of public reporting performance and survival data by your lead agency. As you continue to measure and improve, it's important, too, to be transparent about the need for increased support by your community.

Goal: A process has been established for continuing quality improvement and public reporting of cardiac arrest data on an annual basis.

See resources for Element 12 >

Element 13: Develop meaningful health promotion and prevention measures for SCA.

Every year, cardiovascular disease results in **millions of deaths** around the globe, most of which would have been avoidable if identified early. This element addresses the need for your community to establish both primary and secondary public health measures that support cardiovascular wellness, such as education, prevention, and systems of care for stroke and myocardial infarction. Primary prevention refers to steps taken by an individual to prevent the onset of the disease; this includes maintaining a healthy lifestyle through diet and exercise and smoking cessation. Secondary prevention focuses on reducing the impact of the disease through early diagnosis, before permanent damage is done.

Goal: Meaningful primary and secondary health promotions tailored to the needs of your community are in place.

See resources for Element 13 >

Becoming a HEARTSafe Community: An Overview

1 Become familiar with the **HEARTSafe Community** concept by watching the **orientation video** and reviewing the 13 elements.

2 Assemble your core team, including identifying a lead agency. You may recruit others as you go.

3 Take the baseline **self-assessment** to see where your community is at and document those findings on the scoresheet. You can also gain insight by using the free **self-assessment** from the Resuscitation Academy, which includes prioritized recommendations for strengthening the chain of survival.

4 Review the self-assessment with your team. This will help identify the gaps and unanswered questions that will form the basis of your strategy and planning.

5 Establish measurable priority items and tactics based on the information collected during your baseline assessment. Assign tasks with specific goals and timelines for implementation, meeting regularly to assess your progress and revise as needed.

6 **Track your progress.** Keep in mind that this is an inherently iterative process of implementation, evaluation, and optimization over time.

7 Apply to become a HEARTSafe Community at **www.citizencpr.org/heartsafe**.

VI. Applying to be recognized as a HEARTSafe Community

When your community has demonstrated outstanding and sustainable results in all 13 process measures, we encourage you to seek official recognition. You can find more information about the application process on our site, **www.citizencpr.org/heartsafe**.

The online application process includes uploading your supporting documentation, such as rosters, plans, and related files. When submitting your application, remember that this is your opportunity to brag about your achievements. Be sure to provide as much detailed supporting documentation as possible; this helps ensure the review is timely and efficient. In cases where additional effort or clarification is needed before recognition can be granted, the documentation will enable meaningful guidance to you and your team. Your goal is to substantiate your achievements.

Once your application has been submitted, the Citizen CPR Foundation will be automatically notified and the application will be reviewed by a panel from the Program Advisory Committee. The reviewers will use the **HEARTSafe Community Self-Assessment and Project Progression Tracking and Scoresheet** as the instrument to assess and measure your work and accomplishments. Following the review, your community may be asked to participate in an interview with the foundation. This enables us to learn more about your efforts and ask clarifying questions with the goal of determining if your community is ready for recognition.

Those receiving approval will be notified by email and provided with a certificate suitable for framing, a press kit, and information about getting traffic-grade HEARTSafe signs you can post in your community.

Note: If your community is not yet ready for the HEARTSafe Community designation, you will be informed of the specific areas requiring additional work and/or documentation. Remember, the CCPRF offers consultation and peer-to-peer coaching for any community invested in improving outcomes for SCA. It is the improvements in your system that yield results, not the designation.

VI. Resources

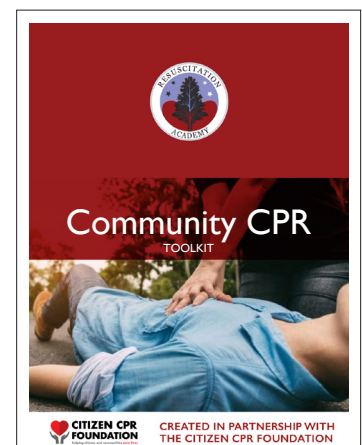## Citizen CPR Foundation

Citizen CPR Symposium Archive

Community CPR Training

CPR in Schools

HEARTSafe Community Webinars

Learn CPR

Resuscitation Leadership Programs

10 Steps To Improve In-Hospital Cardiac Arrest

Worldwide, cardiac arrest among hospitalized people of all ages is a high-risk event associated with significant morbidity and mortality. To address a growing need to improve the quality standards for responding to an in-hospital cardiac arrest (IHCA), the **International Liaison Committee on Resuscitation (ILCOR)** has identified 10 steps that can lead to better patient outcomes and survival. These steps can be embedded in a system of care that includes: plans and preparations for IHCA, prevention of IHCA when avoidable, implementation of effective resuscitation education and training, the delivery of high-quality guidelines-based resuscitation care, and ongoing evaluation and adjustments for improvements within a culture of person-centered care.

FAQ

Q: What does it mean to be "HEARTSafe"?

A: HEARTSafe is a concept that incorporates evidence-based treatment recommendations and best practices known to help more people survive after sudden out-of-hospital cardiac arrest. When someone's heart suddenly stops, they will typically not survive unless specific interventions take place immediately, including CPR and defibrillation. To facilitate this process, a strong system must be established to ensure the rapid execution of each step. The HEARTSafe Community approach has created tactics that support this cardiac "chain of survival" and guide communities toward achieving them.

Q: Who runs the HEARTSafe Community initiative?

A: The initiative is led by the Citizen CPR Foundation with support from numerous partners and similarly aligned organizations.

Q: Is the HEARTSafe Community concept evidence-based?

A: No studies have specifically attempted to demonstrate improved survival after instituting the HEARTSafe program in a community. The general model of community-level efforts to strengthen the chain of survival has been successful and is supported by existing evidence and treatment recommendations.

HEARTSafe Communities incorporate evidence-based treatment and best practices known to help more people survive sudden out-of-hospital cardiac arrest.

A Foundation for Saving Lives –

The Citizen CPR Foundation was founded with support from like-minded organizations who supported our vision and mission early on, and continue to stand behind us.

American Heart Association

American Red Cross

Heart&Stroke

Q: How often should our team assess each of the 13 elements and track our progress on the scoresheet?

A: Assessment and reassessment by tracking your progress are core to your quality improvement efforts. As such, progress measurement through reassessment should occur at frequently.

Q: Are the 13 process measures steps our team should complete in order, or can we do them in a different order?

A: The 13 elements aren't steps, so you can do them in any order you choose. You'll find that some will take longer to complete than others, so you can work on a variety of elements—or even all of them—concurrently.

Q: Do we need to tell Citizen CPR Foundation if we're working toward becoming a HEARTSafe Community, or should we just apply when we've achieved all 13 elements?

A: While notifying the Citizen CPR Foundation isn't required, it's strongly encouraged. By letting us know of your work, the Foundation can better support your efforts and connect you with other communities and additional resources and guidance. Contact us at **info@citizencpr.org**.

Q: How long does it typically take for a community to achieve the goals in the 13 elements?

A: The time commitment and level of effort varies a lot among communities. As with any quality improvement effort, incremental change with improvement is the near-term goal, while ongoing, planned quality improvement will be your team's ultimate goal.

Q: Does the Citizen CPR Foundation offer coaching or support for communities working to become a HEARTSafe Community?

A: Yes! Coaching by members of the Citizen CPR Foundation HEARTSafe Program Advisory Committee is provided to all communities who want to improve their outcomes. We also encourage peer-to-peer support and coaching between communities.

Q: Can I talk to other HEARTSafe Communities for guidance?

A: Absolutely. Through your involvement with the program and Foundation, you'll have the opportunity to learn from and work with other communities who share your goal of improved outcomes.

Q: How long is the HEARTSafe Community designation good for? How can I renew it?

A: The HEARTSafe Community recognition by the Citizen CPR Foundation must be renewed every three years. The process for renewing your designation is the same as that for your initial recognition.

Q: How do you evaluate applicants to confirm they've achieved the goals for all 13 elements?

A: The **"Applying to be recognized as a HEARTSafe Community"** section on page 14 addresses what we look for in applicants and what you can expect during the review process. If you have questions, please reach out to us at **info@citizencpr.org**.

Q: I need help with my application — where should I go?

A: Contact us at **info@citizencpr.org** — we're happy to help.

Resources for HEARTSafe Community Elements

ELEMENT 1: Establish a high-performance lead agency and community team.

Challenging Sudden Death: Resuscitation Leadership Panel Discussion (video)

"Challenges in Implementation, Accountability and Leadership in Out of Hospital Cardiac Arrest," (video) Citizen CPR Foundation, 2020

"Challenging Sudden Death: Resuscitation Leadership Panel for the #EMSLeadershipSummit," (video) EMS Leadership Academy, 2021

ELEMENT 2: Use data to drive regional strategies and local tactics.

"Tom Rea, MD from King County Resuscitation Academy discusses the importance of measuring performance," (video) RQI Partners, 2022

"The importance of cardiac arrest registries," *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, McNally, B., 2014

"The Value of Data Collection and Analysis," (video) Citizen CPR Foundation, 2020

Element 3: Train citizen rescuers.

"Citizen CPR Toolkit," Resuscitation Academy and Citizen CPR Foundation, September 2021

"Novel Strategies for Citizen CPR and AED Training and Awareness," (video) Citizen CPR Foundation, 2021

"Hands-Only CPR," American Heart Association

American Red Cross-Laerdal Mass CPR Guide (slideshow), May 2019

"Importance and Implementation of Training in Cardiopulmonary Resuscitation and Automated External Defibrillation in Schools, A Science Advisory from the American Heart Association," *Circulation*, January 2011.

"Learn Hands-Only CPR from the American Red Cross" (video), American Red Cross, 2011

"Hands-Only CPR Man" (video), American Heart Association, 2022

"Understanding the Importance of the Lay Responder Experience in Out-of-Hospital Cardiac Arrest: A Scientific Statement From the American Heart Association," *Circulation*, April 2022

Empowering Citizens to Save Lives: Strategies and Tactics (video), **Citizen CPR Foundation and RACE.**

ELEMENT 4: Recognize and celebrate the actions of rescuers.

"Survivors, health-related knowledge, attitudes, behaviors, and changing public policy" (video), Citizen CPR Foundation, 2022

Heartsaver Hero Award, American Heart Association

"Tell us stories and nominate lifesavers," American Red Cross

"Lay Bystanders' Perspectives on What Facilitates Cardiopulmonary Resuscitation and Use of Automated External Defibrillators in Real Cardiac Arrests," *Journal of the American Heart Association*, 2017

Survivorship

There are significant mental health and psychological impacts associated with cardiac arrest on survivors, their families and all those involved in the care of cardiac arrest patients. As more people are surviving cardiac arrest now than ever before, there is a considerable and growing number of people needing support. These organizations provide essential resources, education and information for survivors, co-survivors, the grief stricken, lay rescuers and healthcare professionals.

heartsight
Understanding cardiac arrest.

CASA
Cardiac Arrest Survivor Alliance

CCPRF Symposium and Community Resuscitation Officer programs

The Citizen CPR Foundation and the Kentucky Office of Rural Health partnered on a two-day virtual conference open to all Kentucky residents interested in improving SCA outcomes.

The schedule featured a dynamic faculty line-up focused on empowering attendees with a strategic and practical approach for improving SCA survival in their communities, no matter how big or small. This approach included both the latest scientific recommendations, well-defined tactics and guidance in the form of proven best practices and innovations in implementation.

ELEMENT 5: Educate citizens on how to respond to SCA.

"Creating a Standout Awareness Campaign: A Complete Guide," Onecause.com

ELEMENT 6: Train emergency communication center staff in telephone-guided CPR and the use of AEDs.

"Insight and Best Practices for TCPR" (video), Citizen CPR Foundation, 2020

"Telephone CPR (T-CPR) Program Recommendations and Performance Measures," American Heart Association

"Save More Lives with CPR LifeLinks," Office of EMS, NHTSA

"The Road to Recognition and Resuscitation: The Role of Telecommunicators and Telephone-CPR in Cardiac Arrest Survival," Resuscitation Academy

ELEMENT 7: Plan for and practice responding to SCA.

"Cardiac Emergency Response Plan for Schools," Sudden Cardiac Arrest Foundation

"Cardiac Emergency Response Planning for Schools: A Policy Statement," NASN School News, September 2016

"Implementing a Heart Safe School Program," Project Adam

"Project ADAM - CPR/AED drill – School-based AED Program AED Skill Drill 1 (Elementary Student)" MI Genetics Resource Center

"Automated External Defibrillators (AEDs)," Occupational Safety and Health Administration, U.S. Department of Labor

ELEMENT 8: Strategically place 24/7-accessible AEDs.

"ILCOR SCIENTIFIC STATEMENT: Optimizing Outcomes After Out-of-Hospital Cardiac Arrest with Innovative Approaches to Public-Access Defibrillation: A Scientific Statement from the International Liaison Committee on Resuscitation," *Circulation*, March 2022

"Effect of Optimized Versus Guidelines-Based AED Placement on Out-of-Hospital Cardiac Arrest Coverage" (video), Citizen CPR Foundation, October 2020

"Effect of Optimized Versus Guidelines-Based Automated External Defibrillator Placement on Out-of-Hospital Cardiac Arrest Coverage: An In Silico Trial," *Journal of the American Heart Association*, September 2020

ELEMENT 9: Establish a 911-integrated AED registry.

"October 2021 HEARTSafe Community Champion Webinar" (video), Citizen CPR Foundation, October 2021

"Citizen Engagement in Denmark" (video), Dr. Frederik Folke, Region Hovedstaden (Denmark)

ELEMENT 10: Equip first responders with AEDs and teach them how to use and maintain them.

"HEARTSafe Community Champion Webinar" (video), Citizen CPR Foundation, 2021

"Improved out-of-hospital cardiac arrest survival through the inexpensive optimization of an existing defibrillation program: OPALS study phase II. Ontario Prehospital Advanced Life Support," *JAMA*, April 1999

"Death from Sudden Cardiac Arrest is a Preventable Crime! What is the Role of Law Enforcement in Saving Lives?" (slideshow), David Hiltz, 2022

"Critical and underutilized: Fire and police responders associated with higher cardiac arrest survival rates," University of Michigan, Sciencedaily.com, March 2022

ELEMENT 11: Train EMS clinicians in high-performance CPR and resuscitation.

High-Performance CPR Toolkits, Resuscitation Academy

ELEMENT 12: Establish a process for quality improvement and annual public reporting of cardiac arrest data.

"Excellence in Public Reporting On Resuscitation: The Ambulance Victoria Experience" (video), Citizen CPR Foundation

"Record survival rates for cardiac arrest in Victoria," Ambulance Victoria (Australia), January 22, 2020

"Cardiopulmonary Resuscitation Quality: Improving Cardiac Resuscitation Outcomes Both Inside and Outside the Hospital," *Circulation*, June 2013

"Cardiac Arrest Annual Report," Hato Hone St. John (New Zealand), 2013-2022

ELEMENT 13: Develop meaningful health promotion and prevention measures for SCA.

"Primary and Secondary Prevention, Disparities in Cardiovascular Health and a Vision for the Future" (video), Citizen CPR Foundation, 2021

"Early Heart Attack Care Education," American College of Cardiology Foundation

"REACH Program Impact," Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

"A Community-Wide Collaboration to Reduce Cardiovascular Disease Risk: The Hearts of Sonoma County Initiative," Preventing Chronic Disease, July 2019

The links in this document to external organizations are provided for informational purposes only and do not constitute endorsement by the Citizen CPR Foundation. The Foundation bears no responsibility for the accuracy, legality, or content on any external site or entity.

References & Sources

"Strategies to Improve Cardiac Arrest Survival: A Time to Act," Editors: Robert Graham, Margaret A. McCoy, and Andrea M. Schultz. Authors: Committee on the Treatment of Cardiac Arrest: Current Status and Future Directions; Board on Health Sciences Policy; Institute of Medicine, 2015

"Ten Steps for Improving Survival from Sudden Cardiac Arrest," Resuscitation Academy, 2nd ed., 2019

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