National Collegiate Emergency Medical Services Foundation

HEARTSafe Campus – Application Packet

HEARTSafe Campus Recognition Program

National Collegiate Emergency Medical Services Foundation

The National Collegiate Emergency Medical Services Foundation (NCEMSF), American Heart Association, and the Citizens CPR Foundation encourage and promote community awareness of the potential for saving the lives of sudden cardiac arrest victims through the use of cardiopulmonary resuscitation and increased public access to defibrillation. In order to increase this awareness, NCEMSF has developed an initiative to designate college and university communities as "HEARTSafe Campuses."

"HEARTSafe Campuses" promote and support:

- Rapid Response by CPR and AED Trained First Responders
- Extensive Public Access to Defibrillation
- Early Access to Advanced Care
- Participation in Cardiac Arrest Training and Quality Improvement Initiatives
- Public CPR and AED Training for the Community
- Engagement in Preventative Cardiovascular Healthcare Activities

The intent of this program is to recognize quality campus-based EMS organizations and their communities and hold them out as examples to other campuses as a means to improve overall cardiac arrest care. Information from this program may be shared by NCEMSF with other campus EMS organizations in consulting, seminars, research, and written material for the purpose of helping organizations improve the quality of EMS and overall cardiac care on campuses. Campus EMS organizations completing and submitting this self-assessment and verification packet on behalf of their campuses and fulfilling all required criteria herein will be acknowledged by NCEMSF at our annual conference and recognized for a four-year period with a "HEARTSafe Campus" award.

HEARTSafe Campuses will need to recertify ever four years by updating and resubmitting their original application. If your agency is submitting a renewal, please try to update your original application.

Our organization has, in the past, declined to evaluate campuses that do not have a collegiate EMS agency, as we affirm that one of the cornerstones of providing rapid high-quality care should be a vibrant campus-based emergency medical response organization. Moving forward, we will consider the designation for colleges and universities who do not have a campus-based EMS organization, but nonetheless are able to meet all of the required criteria within this packet. **However, in keeping with our mission of supporting student leadership, we require that this self-assessment and packet be sponsored and led by a student group on campus**. While we do not expect you to apply for institutional membership in NCEMSF, we will require submission of an application fee when applying for this award.

Please e-mail heartsafecampus@ncemsf.org with any questions regarding the application process or the designation. Campuses labeled as HEARTSafe Campuses will receive appropriate signage for their campus. Additional signage may be purchased from NCEMSF at the conference each year.

Please note that this recognition is only bestowed once annually at the NCEMSF conference and applications, although rolling, must be received at the latest by the Friday three weeks before the conference to be acknowledged for that year.

Is this application a first time or a renewal application? _____

Part I. Demonstrating Early Access to Basic Care

Your Campus EMS Organization's Operations

1. Does your campus have a campus-based EMS organization?
   __ Yes
   __ No (Name of Agency Sponsoring Application: _____)

2. What level of care is your agency certified to provide?
   __ ALS
   __ Intermediate
   __ BLS
   __ Other (Explain: _____)

3. What services do you provide (check all that apply)?
   __ Transport Ambulance (ALS or BLS)
   __ Intercept (ALS)
   __ Quick Response
   __ Event Standby
   __ Other (Explain: _____)

Response Times

One of the most important benefits of a campus-based EMS organization is the potential to reduce response times given that these agencies are often located within a campus community. While there is no strict cut-off for response time to qualify for this award, ideally collegiate EMS agencies respond to on-campus emergencies in under 10 minutes.

1. What is your average response time to **on-campus** emergencies: ____

2. What is your average response time to **off-campus** emergencies: ____

Your Responders/Providers

1. Does your organization provide 24-hour campus coverage?
   __ Yes
   __ No

2. If not, which additional CPR-trained responders are available during off-hours?
   __ Fire Department
   __ Campus/Municipal Police
   __ Regional EMS

Part II. Early Access to CPR

Bystander CPR has been shown to improve cardiac arrest outcomes, and therefore a large part of community preparedness revolves around its citizens ability to recognize and respond to a cardiac arrest. This education and training can take many forms, but NCEMSF strongly believes the cornerstone of CPR education lies with hands-on practicing of BLS skills.

While no application will be turned down based on the number of community members trained, please know that we expect a minimum of 5% of the total student body of your campus (undergraduate and graduate) to be trained in some form of CPR on a rolling four-year basis (in other words – a freshman does not need to be retrained each year of their college career to count towards this number). Stronger consideration will be given to applications who achieve values as high as 10-15% of their campus.

This section aims to evaluate your community's CPR educational initiatives and preparedness.

1. Does your agency provide Red Cross or AHA-certified courses in CPR? __ Yes __ No
2. Does your agency provide brief hands-only training in CPR? __ Yes __ No
3. How many students, faculty, and staff have been trained in the past academic year? _____
4. If known, how many total individuals have been trained in the past four years? _____
5. What percentage of your campus has been trained in CPR within the past four years? _____

Please describe below the methods by which your agency or university provides CPR education to the rest of the community – specifically the type and frequency of educational sessions.

Part III. Early Access to AED

Access to and the utilization of AEDs is a crucial link the chain of survival. Ensuring that there are an adequate number of AEDs on your campus and that students/staff know where they are located and how to use them is an important part of improving cardiac arrest care for our campuses.

This section aims to evaluate the availability and access to AEDs on your campus.

1. How many AEDs are available in public locations (lecture halls, dorm rooms, sports fields)? _____

2. Does each responding EMS team have immediate access to an AED? __ Yes __ No

3. Who checks and maintains campus AEDs? _____

4. How regularly are AEDs checked to ensure availability and functionality? _____

Beyond answering these questions, please address the following additional requirements.

1. Please ensure that a publicly available and regularly updated list or map of all AEDs on campus is available to the general public. This can be as simple as publishing a list/map of available AEDs on your organizations website or as advanced as developing an interactive web-based map that shows bystanders where they can find the closest AED.

   Please comment below how this has been implemented for your campus.

2. How have you worked to provide bystander training in AED awareness, not only in promoting the location of devices but also in how to use them?

Part IV. Early Access to Advanced Care

Another link in the AHA-recognized chain of survival is early access to advanced care. While CPR and AED use are the most fundamental ways communities and EMS agencies can improve cardiac arrest care, it is imperative that these patients be transported to an advanced level of care as urgently as possible.

This section explores your community's preparedness to provide tertiary care to cardiac arrest patients.

1. If your agency is not ALS certified, who provides prehospital ALS care? _____

2. If your agency has a mutual-aid agreement with a local ALS agency, please describe this relationship and provide details about how transportation and ALS care is provided.

3. Which hospital is your primary transport facility? _____

4. Which of the following services are available at your primary transport facility?

    PCI Capability? __ Yes __ No

    Cardiac Surgery? __ Yes __ No

    Therapeutic Hypothermia? __ Yes __ No

5. If these interventions are not available, but are needed, please detail the mechanism and/or destination for post-arrest patients to receive a higher level of care.

Part V. NCEMSF Cardiac Arrest Registry

As a requirement of HEARTSafe designation, all on-campus cardiac arrest events must be recorded in the NCEMSF Cardiac Arrest Registry which can be found on the website under the Research section. The data entry form is designed to be filled out once for each patient being entered. The form consists of 30 data points per patient, however, does not ask for any specific patient or agency identifiers (HIPAA compliant). Agencies are asked to categorize their campus type and population in an effort to help draw comparisons and conclusions on the data, but specific squad names are not requested. After filling out all of the data points click 'Submit' and reenter the form to log additional patients. We encourage squads to enter data immediately after calls for patients encountered. If CPR was in progress or an AED applied to the patient prior to your agency's involvement, count the patient and please enter the data.

How many cardiac arrests occurred on your campus over the past three years? _____

Part VI. Community Engagement, Education, and Preventative Care Initiatives

A key mission for many EMS agencies is the participation in community engagement activities that promote the education of basic first aid skills and other preventative health care initiatives. Examples include public demonstrations with hands-on practice, improving access to certification courses, utilization of social media and ultra-brief instructional videos, and other innovations. Awareness campaigns are one of the most popular, effective, and flexible ways to improve awareness and educate the public regarding cardiac arrest and other medical emergencies.

Your local awareness campaign can and should be organized around existing national awareness initiatives, including Collegiate EMS Week and CPR Day, National CPR and AED Awareness Week, and Sudden Cardiac Arrest Awareness Month. Additionally, other high-quality educational events can include Stop the Bleed training, overdose awareness and naloxone training, or even participation in local blood pressure screenings at community fairs.

It is expected that agencies applying for this designation participate in both Collegiate EMS Week and CPR Day, as well as several additional events throughout the academic year.

Please provide a detailed description of your community engagement initiatives this past 1-2 years.

Part VII. Agency Preparedness, Education, and Quality Improvement

Being prepared as a community for a cardiac arrest means training EMS providers in addition to community members in high quality care. In order to obtain the HEARTSafe certification, agencies must regularly ensure that their own members are prepared and organized to respond to these highly stressful medical emergencies.

1. Please ensure that your agency has a standardized plan for cardiac arrest calls (either an Emergency Response Plan or Standard Operating Procedure) and summarize it or include it below. This can simply be your state or regions published guidelines, but should also include specifics for your local agency and community.

2. We require that all agencies applying for this designation practice a simulated cardiac arrest scenario once per year. Ideally, this simulated arrest should occur during active-duty hours, at a non-EMS agency location (a public location), and with a mannequin that allows for simulated CPR and defibrillation. The intent of this exercise to make such trainings as realistic and high-fidelity as possible. **Please provide information about your internal training initiatives.**

3. While training is a key component of internal preparedness, quality improvement and feedback is as important for agency growth. **Please describe the mechanism by which your agency provides feedback to providers on call performance.**

Part VIII. Wellness and Mental Health

Experiencing a cardiac arrest can be traumatic not only for patient's families and bystanders, but also for EMS providers and other emergency responders. For this designation, we require that all agencies participate in a "hot debrief" following any cardiac arrest call to discuss how all providers are feeling and determine if any individual needs follow-up mental health care. Further, we are interested in any available campus resources that are made available to students who may be experiencing a mental health crisis following traumatic events such as a cardiac arrest call. **Please detail both how your agency handles post-call debriefs when needed as well as other campus-based mental health resources or protocols available to students and providers following a cardiac arrest occurring on campus.**

Part IX. Service Contact Information

1. Contact Name: _____
2. College Name: _____
3. EMS Agency Name: _____
4. Address: _____
5. Phone: (_____) _____
6. E-mail: _____
7. Website URL: _____

Please confirm that you are a current NCEMSF Institutional member. If you are not a member, please register online and ensure agency fees are paid prior to submission of this application.