

NATIONAL COLLEGIATE  
EMERGENCY MEDICAL SERVICES  
FOUNDATION

HEARTSafe Campus Application Packet



[www.HEARTSafeCampus.org](http://www.HEARTSafeCampus.org)

# HEARTSafe Recognition Program

## National Collegiate Emergency Medical Services Foundation

The National Collegiate Emergency Medical Services Foundation (NCEMSF), American Heart Association and the Sudden Cardiac Arrest Association encourage and promote community awareness of the potential for saving the lives of sudden cardiac arrest victims through the use of cardiopulmonary resuscitation (CPR) and increased public access to defibrillation.

In order to increase this awareness, NCEMSF, together with AHA, SCAA and industry partners, has developed an initiative to designate college communities as “**HeartSafe Campuses.**” NCEMSF affirms that the cornerstone of any HEARTSafe Campus is a vibrant campus-based emergency medical response organization.

“**HeartSafe Campuses,**” like HEARTSafe Communities, promote and support:

- Rapid Response by CPR and AED Trained First Responders
- Rapid Public Access to Defibrillation
- Early Access to Advanced Care
- 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, 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 three-year period with a “**HEARTSafe Campus**” award. HEARTSafe Campuses will need to recertify ever three years by updating and refilling this application.

All application materials must be received at least two-weeks prior to the start of the annual NCEMSF conference for the year in which the campus is to be considered for the award or renewal of the award. Please e-mail [heartsafecampus@ncemsf.org](mailto: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.

**National Collegiate Emergency Medical Services Foundation  
HEARTSafe Campus Application Packet**

**Part I. Early Access to Basic Care**

1. Your Campus EMS Organization's Operations.

A. Define your level of operations:

- ☐ ALS
- ☐ Intermediate
- ☐ BLS
- ☐ Other, explain: \_\_\_\_\_

B. Define your range of services (check all that apply):

- ☐ Transport Ambulance (ALS or BLS)
- ☐ Intercept (ALS)
- ☐ Quick Response
- ☐ Event Standby
- ☐ Other, explain: \_\_\_\_\_

2. Response Time.

A. What is your average response time to on-campus emergencies:

- ☐ 0-2 Minutes
- ☐ 2-5 Minutes
- ☐ 5-8 Minutes
- ☐ > 8 Minutes
- ☐ Other, explain: \_\_\_\_\_

B. What is your average response time to off-campus emergencies:

- ☐ 0-2 Minutes
- ☐ 2-5 Minutes
- ☐ 5-8 Minutes
- ☐ > 8 Minutes
- ☐ Other, explain: \_\_\_\_\_

**Please attach documentation of your campus' monthly average response times for on and off campus responses for both your primary on campus response organization and any mutual aid or advanced care.**

3. Your Responders.

A. Does your organization provide 24-hour campus coverage? ☐ Yes ☐ No

B. If not, which additional CPR-trained responders are available during off-hours?

- ☐ Fire Department
- ☐ Campus/Municipal Police
- ☐ Regional EMS
- ☐ 24-hour coverage is not available.

4. Emergency Response Plan (ERP).

A. Does your campus have an emergency plan for cardiac arrests? ☐ Yes ☐ No

B. **Please attach the ERP to this document.**

## Part II. Early Access to CPR

1. Does your agency provide Red Cross or AHA-certified courses in CPR? \_\_ Yes \_\_ No

A. How many staff/students/faculty have been certified in the past year? \_\_\_\_\_

B. How many members are Red Cross or AHA-certified instructors? \_\_\_\_\_

**C. Please submit a copy of class calendar and rosters for verification.**

2. Does your agency provide brief hands-only training in CPR? \_\_ Yes \_\_ No

A. How many staff/students/faculty have been certified in the past year? \_\_\_\_\_

**B. Please submit a copy of signatures/sign-in sheets for verification.**

3. What is the total student population (undergrad and grad) of your campus? \_\_\_\_\_

4. Does your agency respond to off-campus emergencies? \_\_ Yes \_\_ No

If yes, what is the population of your response area? \_\_\_\_\_

5. What is the fraction of CPR-trained individuals on your campus?

$(\#1A + \#2A) / \#3 =$  \_\_\_\_\_

**\*\*\*Minimum of 5% required for consideration of certification.**

### **Part III. Early Access to AED**

1. How many AEDs are available in public locations (lecture halls, dorm rooms)? \_\_\_\_\_

2. Does each responding team have immediate access to an AED? \_\_ Yes \_\_ No

If not, explain AED availability on scene: \_\_\_\_\_

3. Does the university or your agency maintain a map or public list of all available AEDs? \_\_ Yes \_\_ No

**Please provide a copy of the map or list.**

4. Who checks and maintains campus AEDs?

A. Campus EMS Agency

B. Department of Public Safety

C. Other: \_\_\_\_\_

5. Are AEDs checked on a monthly basis? \_\_ Yes \_\_ No

**Please submit a sample of a single AED log book.**

6. Does your agency provide public training on AED use? \_\_ Yes \_\_ No

7. What is the source of funding for AEDs on your campus?

A. Donations

B. Agency Budget

C. School Budget

C. Other: \_\_\_\_\_

8. Do you have any plans for additional AED procurement and placement on your campus? How is this process handled on your campus? Who determines AED location placement?

#### **Part IV. Early Access to Advanced Care**

1. If your campus EMS is not ALS, is ALS dispatched to all cardiac arrest calls? ☐ Yes ☐ No

A. Who provides ALS, if not your campus' response agency?

\_\_\_\_\_

**a. Please describe the relationship including mutual aid agreements and response times.**

**B. Who provides transport, if not your campus' response agency?**

\_\_\_\_\_

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

Name of Facility: \_\_\_\_\_

Therapeutic Hypothermia? ☐ Yes ☐ No

PCI Capability? ☐ Yes ☐ No

Cardiac Surgery? ☐ Yes ☐ No

3. Does your campus/EMS region have a policy for ceasing resuscitative efforts in the field?

☐ Yes ☐ No

**If yes, please supply a copy of the policy**

## **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. To identify patients we recommend querying your records for all cardiac arrest dispatches as well as unresponsive subjects and unknown medical emergencies to help identify all arrest victims. If CPR was in progress or an AED applied to the patient, count the patient and please enter the data.

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

## **Part VI. Preventative Care and Miscellaneous Activities**

1. Describe any and all additional programs in which your organization participates that may have a positive impact on the heart safety of your campus. This could include community first aid or CPR training, public awareness programs, health screenings, or distribution of educational materials. Please be specific and complete and supply appropriate supporting documentation.



## Part VII. Service Information

### 1. Contact Information:

Contact Name: \_\_\_\_\_

College Name: \_\_\_\_\_

EMS Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Website URL: \_\_\_\_\_

### 2. Current NCEMSF Institutional Membership Status:

☐ Currently an NCEMSF Institutional Member

☐ Dues for current academic year of \$25 payable to NCEMSF enclosed.

## Part IIX. Required Signatures

### 1. Person responsible for completing this application packet:

----- Name	----- Title
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----- E-mail Address	----- Phone Number
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I have reviewed the information in this document, have verified that all information is correct, and recommend that our campus be recognized by the NCEMSF as a "HeartSafe Campus."

----- Signature	----- Date
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### 2. Faculty/Staff Advisor of the campus EMS organization:

----- Name	----- Title
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----- E-mail Address	----- Phone Number
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I have reviewed the information in this document, have verified that all information is correct, and recommend that our campus be recognized by the NCEMSF as a "HeartSafe Campus."

----- Signature	----- Date
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### 3. Medical Director of the campus EMS organization and/or Public Access Defibrillation:

----- Name	----- Title
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----- E-mail Address	----- Phone Number
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I have reviewed the information in this document, have verified that all information is correct, and recommend that our campus be recognized by the NCEMSF as a "HeartSafe Campus."

----- Signature	----- Date
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4. Director of Public Safety or Security:

----- Name	----- Title
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----- E-mail Address	----- Phone Number
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I have reviewed the information in this document, have verified that all information is correct, and recommend that our campus be recognized by the NCEMSF as a "HeartSafe Campus."

----- Signature	----- Date
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5. Director of Student Health Services

----- Name	----- Title
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----- E-mail Address	----- Phone Number
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I have reviewed the information in this document, have verified that all information is correct, and recommend that our campus be recognized by the NCEMSF as a "HeartSafe Campus."

----- Signature	----- Date
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**Keep a copy of this application for your records. The persons above may be contacted if there are any questions.**

Submit completed application and attachments to: [heartsafecampus@ncemsf.org](mailto:heartsafecampus@ncemsf.org)

or mail to:

NCEMSF HEARTSafe Campus  
PO Box 93  
West Sand Lake, NY 12196