

Advanced Cardiac Resuscitation (ACR) HEARTSafe Guide

These resources are provided as an aid in meeting HEARTSafe Community criteria

The ACR Consortium believes that providing excellent patient care is one aspect of improving survival from Sudden Cardiac Arrest. Additionally steps must be taken to implement best practices for the way the community and system plan for and respond to a Sudden Cardiac Arrest.

A lead organization

- ✓ A lead organization (e.g., police, fire, EMS, hospital, or municipal office) is designated to oversee and coordinate HEARTSafe efforts.
- ✓ Improving cardiac arrest is a team effort. Your HEARTSafe committee should ideally be led by EMS and supported by a Medical Director.

Data Collection

- ✓ The community has a plan for the collection and analysis of cardiac arrest data. Enrollment in CARES is recommended – access to CARES data for your city/town or locally developed and compatible methods are acceptable.

Bystander CPR

- ✓ A minimum of 15% of the community population has been trained in the last 12 months and plans exist to train an additional 15% each year. All forms of training are recommended including hands-only CPR, certification training at any level and views of approved ultra-brief instructional videos.

Recognize Bystanders who perform CPR

- ✓ Bystanders who perform CPR in an effort to save a life are formally recognized for their efforts where possible and appropriate.

Community Awareness

- ✓ The Community has developed an implemented strategies to increase public awareness of sudden cardiac arrest and encourage bystander intervention. Examples include public demonstrations with hands on practice, CPR classes, utilization of social media and ultra-brief videos, billboards, articles in local press and other innovations.

Telephone CPR (T-CPR) Program

- ✓ The emergency communications center has committed to providing effective T – CPR in accordance with the American Heart Association Telephone CPR program recommendations and performance measures or the equivalent.
- ✓ Community leaders will engage with local and state agencies to get T-CPR legislation on the priority list and support efforts to get it passed into state statute.

Emergency Response Plans

- ✓ Schools in municipal buildings have an effective emergency response plan for cardiac arrest.

Public Access AEDs

- ✓ Permanent placement of AEDs, in public or private locations, where many people congregate, or maybe at higher risk for cardiac arrest, such as shopping malls, supermarkets, theaters, health, clubs, parks, recreational center, transportation centers, and other appropriate venues.

AED Registry

- ✓ Community has established or participate in an AED registry. AED locations are mapped and integrated within your 911 system and or local Public Safety Answering Point (PSAP)

Optimize the Patient

- ✓ The local emergency medical services function provider practices “high performance” methodologies such as (ACR) and has supportive protocols, technology and equipment for resuscitation and effective post resuscitation care.

Quality Assurance

- ✓ The local emergency medical services function has a quality improvement process for a cardiac arrest review, facilitated debriefing, access to patient outcomes, data and active medical direction and provides appropriate feedback for improvement to community para preparedness and response

Public Health Measures

- ✓ The community has established, secondary public health measures, supporting, cardiovascular wellness, such as education, prevention, and systems of care for stroke, and myocardial infarction.