2016/2017 MI HEARTSafe School Application

** Application must be received by May 15, 2017 for consideration for the 2016/2017 school year. Schools are strongly encouraged to submit applications using online system at: https://goo.gl/forms/sLGsFh64B3QWPwGB2 **

The Michigan Department of Health and Human Services (MDHHS), Michigan Department of Education (MDE), Michigan High School Athletic Association (MHSAA) and American Heart Association (AHA) in conjunction with the Michigan Alliance for Prevention of Sudden Cardiac Death of the Young (MAP-SCDY) have developed an initiative to award Michigan schools with a MI HEARTSafe School designation. The MI HEARTSafe School program encourages schools to prepare and protect students, staff, and visitors in the event of a cardiac emergency.

The MI HEARTSafe School designation is awarded when a school has completed all of the following criteria:

1. A written cardiac emergency response plan reviewed at least annually with staff as designated by state law for during the school day AND for organized after-school activities and sports if applicable (HB4713 approved in February 2014).
   *Template available at [https://migrc.org/Library/heartsafeactionplan.html](https://migrc.org/Library/heartsafeactionplan.html)*

2. A cardiac emergency response team with current CPR/AED certification, sufficient to respond to an emergency during school hours AND during organized after-school activities and sports if applicable.
   *Template available at [https://migrc.org/Library/heartsafeactionplan.html](https://migrc.org/Library/heartsafeactionplan.html)*

3. At least 10% of staff, 50% of coaches including 100% head coaches of varsity sports, and 100% of P.E. staff with current CPR/AED certification.
   *Please note that student CPR/AED training is not currently part of MI HEARTSafe School criteria; however, CPR/AED training prior to high school graduation is being considered.*

4. A sufficient number* of accessible, properly maintained and inspected AEDs ready to use, with signs identifying AED locations.
   *Goal of providing an AED to any person identified as needing emergency care optimally within 3 minutes.*

5. The performance of at least one cardiac emergency response drill* per year prior to May 15, 2017.
   *Including recognizing signs of cardiac arrest and using the American Heart Association’s Chain of Survival: calling 9-1-1 and use of bystander CPR and AED until EMS arrives to provide advanced life support.*

6. All athletic pre-participation screening completed with the Michigan High School Athletic Association (MHSAA) form (updated in 2010).

For further information on how to become a MI HEARTSafe School, please visit [www.migrc.org/miheartsafe](http://www.migrc.org/miheartsafe) and review the MI HEARTSafe School Program Questions and Answers document. If you have additional questions, please use the contact information below. After you have completed the application, please return it by online system, or fax or e-mail no later than May 15, 2017 to:

Debra Duquette, MS, CGC
MDHHS Genomics Program Coordinator
E-mail: duquetted@michigan.gov
Phone: 517.335.8286   Fax: 517.335.9790

An e-mail confirmation will be sent to you within one week of submitting the application. Please contact Debra Duquette, MS, CGC by phone if you do not receive this confirmation.
Name and Address of School Building Seeking Designation:

* Please complete an application for each school building that would like to receive the MI HEARTSafe School designation. Please write legibly as this information is vital to the award. Optional exploratory questions that are not part of the award criteria are also included.

Name of School Building

Name of School District

Address of School Building

County of School Building

Zip Code of School Building

Has this school been previously awarded as a MI HEART Safe School? Yes [ ] No [ ]

School principal: ________________________________

Phone: ________________________________ E-mail: ________________________________

Who should we contact with any questions concerning your application (please list an alternate contact than the principal)?

Name: ________________________________ Position: ________________________________

Phone: ________________________________ E-mail: ________________________________

CARDIAC EMERGENCY RESPONSE PLAN

School has a written cardiac emergency response plan. [ ]

Cardiac emergency response plan is reviewed at least annually with staff. [ ]

School has a written cardiac emergency response plan for organized after-school activities and sports in the school building. *If no after-school or athletics occur in the school building, please indicate that this criterion would not be applicable for this application. [ ]

CARDIAC EMERGENCY RESPONSE TEAM

School has a cardiac emergency response team. [ ]

Cardiac emergency response team coverage is provided during the school day. [ ]

Cardiac emergency response coverage is available in the school building for organized after-school activities and sports. *If no after-school or athletics occur in the school building, please indicate that this criterion would not be applicable for this application. [ ]

CPR/AED CERTIFICATION

At least 10% of staff, 50% of coaches including 100% of head coaches of varsity sports, and 100% of P.E. staff with current CPR/AED certification. [ ]

(Optional) Approximately what % of your students receive CPR/AED instruction including psychomotor skills to perform CPR if physically able? ________________________________
### AEDs

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Building has sufficient number of AEDs based on time to reach emergency location.</td>
<td></td>
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<tr>
<td>AEDs are maintained and inspected according to manufacturer’s specifications.</td>
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<tr>
<td>Signs identifying AED locations are posted at entrances and other areas of high visibility.</td>
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(Optional) Do you have an AED designated to travel off school grounds for organized school activities?  
Yes [ ]  No [ ]

### Cardiac Emergency Response Drills

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<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>At least one cardiac emergency response drill was performed during the 2016/2017 school year prior to May 15, 2017.</td>
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<tr>
<td>During drill, the American Heart Association’s Chain of Survival was followed including: early recognition of cardiac arrest, early call to 9-1-1, early CPR, early use of AED, and early EMS advanced life support. *Note: Drill does not require actual 9-1-1 call or EMS arrival.</td>
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Please provide the following information about the cardiac emergency response drill:

- Name and Position of Drill Coordinator(s):__________________________
- E-mail(s):________________________
- Location of drill (specific site in school building):________________
- Date of Drill:__________
- Time from recognition of emergency event to AED on and pads placed: ____________

(Optional) Does your school use locally available resources to provide CPR/AED instruction and/or assist with drills (such as EMT/Paramedics; Police; Local Hospital Staff; Firefighters; AHA or American Red Cross)? Check all that apply.

- [ ] Yes, for CPR/AED instruction
- [ ] Yes, for cardiac emergency response drill
- [ ] No
- [ ] Other:____________________________________________________

### Athletic Preparticipation Screening

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<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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| If applicable, all athletic pre-participation screening was completed using the Michigan High School Athletic Association, MHSAA, form (updated in 2016).  
*If no athletics occurs in this school building, please indicate that this criterion would not be applicable for this specific application. |     |    |     |

Please feel free to include more details about your school’s application:

Thank you for your interest in the MI HEARTSafe School Program! We will review your application and contact you regarding your status soon. If approved, the MI HEARTSafe School designation is for 3 years. There is no cost for schools to apply or receive this designation.

Please return your completed application through online system at  
https://goo.gl/forms/sLGsFh64B3QWPwGB2 by May 15, 2017. If you are not able to submit through online system, please fax or e-mail to the following by May 15, 2017 to:  
Debra Duquette, MDHHS Genomics Program Coordinator  
E-mail: duquetted@michigan.gov  
Phone: 517.335.8286  Fax: 517.335.9790