

# Heart Safe Community Goals and Checklist

Measure Your Community's Preparedness



Making more aware. Keeping more alive.<sup>SM</sup>



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# Heart Safe Community Goals and Checklist

Measure Your Community's Preparedness



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## Heart Safe Checklist – Contact Information

This form completed by: \_\_\_\_\_

For Community/Organization: \_\_\_\_\_

Population of Community/Targeted Service Area: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_

### **INSTRUCTIONS**

This form serves two purposes:

1. **Planning:** To measure your community's preparedness to undertake a program that improves your Heart Safe rating—including your readiness to launch or expand a Public Access Defibrillation (PAD) program. Section II covers planning, and will be used by your Medtronic representative to develop a formal partnership plan for making your community more Heart Safe.
2. **Ongoing reference:** To provide a high-level reference tool that summarizes the key Heart Safe performance goals, metrics, resources and contacts for your program. Periodic updates to this document will empower a community to track its progress over time.

Please fill this form out completely, taking care to consult the key community leaders and health professionals best positioned to answer these questions. Your Medtronic contact can help you identify which community experts typically provide this information. The quality of your assessment will be only as good as the completeness of your answers.

For further information, please contact us at 1.888.351.LIFE, option 5, or refer to our Web site at [www.keepthebeat.org](http://www.keepthebeat.org).

## SECTION I:

# Heart Safe Community Backgrounder

Sudden Cardiac Arrest (SCA) is a major health problem in the United States, causing up to 1,000 deaths per day and with a survival rate of just 5–10 percent. Heart Safe programs can and have dramatically improved these survival metrics.<sup>1,2</sup>

Only 5–10% of those suffering sudden cardiac arrest survive the experience. Those who do typically have four things in common:

- Someone witnessed the event, recognized the emergency, decided to help, confirmed unresponsiveness and called 9-1-1 or the local emergency number;
- Someone started CPR (Cardiopulmonary Resuscitation) immediately;
- Someone arrived quickly with a defibrillator device to shock the heart back to a healthier rhythm;
- Professional emergency medical services (EMS) personnel provided advanced life support, including airway and breathing support and medications.

Expressed in the words of the American Heart Association, there must be a strong community “Chain of Survival”:

- Early Access
- Early Administration of CPR
- Early Defibrillation
- Early Advanced Life Support

Because most victims of Sudden Cardiac Arrest will die unless the treatments described above occur within 10 minutes, all elements of this chain must be in place for your community to be deemed Heart Safe.

While the focus of the checklist in Section III is on the “early defibrillation” link in the chain, all successful PAD programs must address the other links as well.

Section II asks you to create program goals, and Section III lists the key activities and resources needed to build a Heart Safe Community. Each item is arranged in a checklist that indicates whether a) the resource is yet available in your community or b) whether the necessary activity has been completed. The checklist also indicates who, in the view of community leaders, should be tapped to perform these activities and find these resources—whether it be community members, Medtronic staff, or both. Not

every component is necessarily needed to be Heart Safe—some communities rely on just one or two sponsors, for instance, while others involve a whole range of community organizations, nonprofits and agencies in their program—but the checklist is a good reference tool for ensuring your community has tapped sufficient resources to be successful.

Fortunately, most U.S. communities have made good progress on several elements of the Chain of Survival. Most now have 911 service (although most cannot locate cell phones as yet), and most have some form of CPR training for its citizens. However, programs to install automated external defibrillators (AEDs) in public areas are much less developed—even though studies clearly demonstrate that early defibrillation is the key to surviving a Sudden Cardiac Arrest. Accordingly, many of the tasks and resources below are directed towards creating a “Public Access Defibrillation” (PAD) program, in which AEDs are installed in high-traffic, high-risk public areas of the community; onsite volunteers are trained to use the AEDs; the community is educated about AEDs; and the entire program of installation, maintenance and training is documented. Research has shown PAD programs have nearly doubled Sudden Cardiac Arrest survival rates.<sup>2</sup>

Once you have completed this planning form as best you can, your Medtronic representative will be ready to submit a formal proposal to you.

Although not everyone can be saved from Sudden Cardiac Arrest, studies show that early defibrillation can dramatically improve survival rates.

1. Valenzuela, T.D., et al. 2000, Outcomes of rapid defibrillation by security officers after cardiac arrest in casinos. *New England Journal of Medicine*, 343(17): 1206-9.

2. The Public Access Defibrillation Trial Investigators, Public Access Defibrillation and Survival after Out-of-Hospital Cardiac Arrest, *The New England Journal of Medicine*, Vol.351:637-646, Number 7, 2004.



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SECTION II:

## Heart Safe Program Goals

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1. How many AEDs are currently placed in your community? (CHECK ONE BOX ONLY)

- 0 to 25
- 26 to 50
- 51 to 100
- 100+
- Don't know

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2. Where are they placed? List below: (CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> Fire/EMS         | <input type="checkbox"/> Fitness/Recreation    |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Entertainment/Leisure |
| <input type="checkbox"/> Schools          | <input type="checkbox"/> Transportation        |
| <input type="checkbox"/> Manufacturing    | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Public Buildings |  |

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3. What is the current EMS response time in your community, if you know it? (CHECK ONE BOX IN EACH COLUMN)

- | CITY                                    | RURAL                                   |
|---|---|
| <input type="checkbox"/> 3 to 5 minutes | <input type="checkbox"/> 3 to 5 minutes |
| <input type="checkbox"/> 6 to 9 minutes | <input type="checkbox"/> 6 to 9 minutes |
| <input type="checkbox"/> 9+ minutes     | <input type="checkbox"/> 9+ minutes     |
| <input type="checkbox"/> Don't know     | <input type="checkbox"/> Don't know     |

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4. What is the current SCA survival rate? (CHECK ONE BOX ONLY)

- 0 to 3 percent
- 4 to 7 percent
- 8 to 10 percent
- 11 percent or higher
- Don't know

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5. What is your targeted survival rate, and in what time period?

\_\_\_\_\_ % within \_\_\_\_\_ years

SECTION II:

Heart Safe Program Goals (continued)

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6. What are your goals for placing additional AEDs? How many and where? (CHECK ALL THAT APPLY)

- |  | ESTIMATED UNITS REQUIRED |
|--|--------------------------|
| <input type="checkbox"/> Fire/EMS              | _____                    |
| <input type="checkbox"/> Law Enforcement       | _____                    |
| <input type="checkbox"/> Schools               | _____                    |
| <input type="checkbox"/> Manufacturing         | _____                    |
| <input type="checkbox"/> Public Buildings      | _____                    |
| <input type="checkbox"/> Fitness/Recreation    | _____                    |
| <input type="checkbox"/> Entertainment/Leisure | _____                    |
| <input type="checkbox"/> Transportation        | _____                    |
| <input type="checkbox"/> Don't know            | _____                    |

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7. In terms of SCA awareness and community preparedness, what are the key outcomes you hope to achieve by starting an SCA program in your community? (CHECK YOUR TOP TWO GOALS)

- Increased general awareness of SCA among your citizens
- Increased citizen use of 9-1-1 when SCA strikes
- Increased citizen use of CPR on SCA victims
- Increased registration of AEDs in your community with local emergency dispatch
- Increased availability of CPR and AED training in your community
- Other \_\_\_\_\_

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8. What are your goals for administering CPR/AED training? (CHECK ALL THAT APPLY)

- Mass training programs
- First Responders training
- Other \_\_\_\_\_

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9. Likely funding sources for your program: (CHECK ALL THAT APPLY)

- Program fundraising events
- Seek federal, state and local grants
- Private foundations
- Civic organizations
- Don't know



SECTION III:

Planning Checklist

Activity / Resource	Activity Status	Enter Known Details / Contact Info	Finish Date	Who Takes Lead on This Item?	Medtronic Role
<b>STAGE: COMMUNITY BUY-IN</b>					
1	<b>Identify local Heart Safe project champion(s)</b>	<input type="checkbox"/> Champion(s) found <input type="checkbox"/> Search in process <input type="checkbox"/> No champion	Current project champion(s):	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
2	<b>Secure EMS involvement</b>	<input type="checkbox"/> EMS involved <input type="checkbox"/> EMS aware but not yet involved <input type="checkbox"/> EMS not contacted	Key EMS contact(s):	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
3	<b>Secure fire department involvement</b>	<input type="checkbox"/> Fire dept. involved <input type="checkbox"/> FD aware but not yet involved <input type="checkbox"/> FD not contacted	Key fire dept. contact(s):	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
4	<b>Secure local hospital system involvement</b>	<input type="checkbox"/> Hospital involved <input type="checkbox"/> Hospital aware but not yet involved <input type="checkbox"/> Hospital not contacted	Key hospital system contact(s):	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
5	<b>Secure local government involvement</b>	<input type="checkbox"/> Government involved <input type="checkbox"/> Govt. aware but not yet involved <input type="checkbox"/> Govt. not contacted	Key municipal / county official(s):	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
6	<b>Secure local school / community association involvement (Elks, Kiwanis, Rotary, etc.)</b>	<input type="checkbox"/> Association(s) involved <input type="checkbox"/> Assoc. aware but not yet involved <input type="checkbox"/> Assoc. not contacted	Key contacts:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
7	<b>Secure local corporate involvement</b>	<input type="checkbox"/> Corporations involved <input type="checkbox"/> Corps. aware but not yet involved <input type="checkbox"/> Corps. not contacted	Key contacts:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
8	<b>Complete Basic Heart Safe Assessment section of Best Practices doc</b>	<input type="checkbox"/> Assessment complete <input type="checkbox"/> Assessment in process <input type="checkbox"/> Assessment not started	(Details contained in Best Practices document)	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
<b>STAGE: FUNDRAISING</b>					
9	<b>Prepare PAD budget</b>	<input type="checkbox"/> Budget complete <input type="checkbox"/> Budget in process <input type="checkbox"/> No budgeting started	Lead person on budgeting & est. budget:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
10	<b>Secure funds from local health care system</b>	<input type="checkbox"/> Funds secured <input type="checkbox"/> Funding under consideration <input type="checkbox"/> No funds sought / funding denied	Lead potential funding agency / amt. given:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
11	<b>Secure funds from local government</b>	<input type="checkbox"/> Funds secured <input type="checkbox"/> Funding under consideration <input type="checkbox"/> No funds sought / funding denied	Lead potential funding body / amt. given:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
12	<b>Secure funding from local corporations</b>	<input type="checkbox"/> Funds secured <input type="checkbox"/> Funding under consideration <input type="checkbox"/> No funds sought / funding denied	Prospective or committed corporate funders / amt. given:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
13	<b>Pursue state / federal grants</b>	<input type="checkbox"/> Grants secured <input type="checkbox"/> Grants applied for <input type="checkbox"/> No applications made / application denied	Grants applied for and amount:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
14	<b>Conduct fund drives / benefits</b>	<input type="checkbox"/> Fund drives completed <input type="checkbox"/> Fund drives planned <input type="checkbox"/> No drive planned / none needed	Summary details of fund drives:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
15	<b>Pursue foundation / charitable grants</b>	<input type="checkbox"/> Grants secured <input type="checkbox"/> Grants applied for <input type="checkbox"/> No applications made / grant denied	Grants applied for and amount:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role

SECTION III:  
**Planning Checklist** (continued)



Activity / Resource	Activity Status	Enter Known Details / Contact Info	Finish Date	Who Takes Lead on This Item?	Medtronic Role
<b>STAGE: TEAM BUILDING</b>					
16	<b>Select program coordinator</b>	<input type="checkbox"/> Coordinator hired <input type="checkbox"/> Search under way <input type="checkbox"/> Search not started	Name of program coordinator or candidates:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
17	<b>Select program medical director</b>	<input type="checkbox"/> Medical director hired <input type="checkbox"/> Search under way <input type="checkbox"/> Search not started	Name of medical director or candidates:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
18	<b>Recruit local / state public health representative onto team</b>	<input type="checkbox"/> Rep secured <input type="checkbox"/> Reps being courted <input type="checkbox"/> Reps not yet contacted	Name of public health rep secured or courted:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
19	<b>Recruit local media member onto team</b>	<input type="checkbox"/> Media person secured <input type="checkbox"/> Media person being courted <input type="checkbox"/> Media person not yet contacted	Name of media person secured or courted:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
20	<b>Recruit local celebrities onto team</b>	<input type="checkbox"/> Celebrities secured <input type="checkbox"/> Celebrities being courted <input type="checkbox"/> No celebrities contacted	Name of local celebrities secured or courted:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
21	<b>Recruit local SCA survivor onto team</b>	<input type="checkbox"/> Survivor secured <input type="checkbox"/> Survivor being courted <input type="checkbox"/> No survivor contacted	Name of survivor secured or courted:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
22	<b>Recruit family member of SCA victim onto team</b>	<input type="checkbox"/> Family member recruited <input type="checkbox"/> Family member being courted <input type="checkbox"/> No family member contacted	Name of family member secured or courted:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
23	<b>Recruit local sports stars onto team</b>	<input type="checkbox"/> Sports star(s) recruited <input type="checkbox"/> Sports star(s) being courted <input type="checkbox"/> No sports star(s) contacted	Name of sports stars secured or courted:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
<b>STAGE: CREATE, PLAN AND LAUNCH</b>					
24	<b>Obtain legal input on state and local program requirements / liability issues</b>	Describe status: (State program does give immunity to trained responders, AED site host and medical director <i>if</i> : responders are trained, there is an AED maintenance program <i>and</i> an AED is registered with emergency dispatch.)		<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
25	<b>Schedule and lead initial strategy session</b>	Describe status:		<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
26	<b>Write strategic plan with program goals, risks, and AED site selections</b>	Describe status:		<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
27	<b>Conduct initial community awareness event</b>	Describe status:		<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
28	<b>Hold program launch announcement</b>	Describe status:		<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role

SECTION III:

Planning Checklist (continued)

Activity / Resource	Activity Status	Finish Date	Who Takes Lead on This Item?	Medtronic Role
<b>STAGE: POST-LAUNCH AWARENESS EFFORTS</b>				
29	Conduct community presentations on the program	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
30	Produce collateral (print, radio, billboard, etc.) to promote program	Describe status: Brochure created by local team	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
31	Send promotional mailings to local business	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
32	Develop local program Web site	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
33	Make program presentations to local schools, businesses, places of worship, etc.	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
34	Generate news media coverage of program	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
35	Develop co-branded brochure to educate and market program to community	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
<b>STAGE: IMPLEMENTATION</b>				
36	Secure prescription for AEDs (if needed)	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
37	Organize mass CPR/AED training for community	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
38	Organize CPR/AED training for AED host locations	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
39	If needed, upgrade emergency response technology to E911	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
40	Institute Web-based tracking of AED equipment, training, etc.	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
41	Maintain publicity and outreach efforts to publicize program successes	Describe status:	<input type="checkbox"/> Not Targeted <input type="checkbox"/> Targeted:	<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
42	Apply for additional grant or corporate funding	Describe status:		<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role
43	Ongoing evaluation of outcomes	Describe status:		<input type="checkbox"/> Person CONTACT: <input type="checkbox"/> Agency <input type="checkbox"/> Leads effort <input type="checkbox"/> Assists <input type="checkbox"/> No role



**Medtronic Emergency Response Systems**

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