

### **About AED Giveaway:**

This program was funded and made possible by the UF Medical Guild, UF Health Chest Pain Center, Cardiac Arrest Research Team, UF Health Pulse Point Task Force, and Gator CPR. The mission is to improve cardiac arrest survival rates through the:

1. Increased awareness of how the **response time from a bystander** who performs chest compressions within the first couple of minutes can drastically increase the survival rates from sudden cardiac arrest.
2. Provision of **free certified CPR training** to community members. The goal is to train as many individuals as possible in CPR and AED use.
3. Increased awareness of how **the use, proximity and operation of Automatic External Defibrillators (AED)** within the first couple of minutes can drastically increase the chance of survival.
4. Increase the number of **Public Access AEDs** in a community

### **Overview of AED Grant Program:**

UF Health will receive applications from organizations, groups, non-profits, government institutions, etc. from Eastside Gainesville, where bystander CPR rates and AED availability are lowest.

Upon selection UF Health will donate a *Phillips HeartStart Onsite AED* or equivalent and provide CPR/AED training for three people that have daily access to this AED.

The AED will be equipped with one set of adult pads, battery and AED sign. AED case, Pediatric pads, fast response kit (including scissors, razor, gloves and CPR mask), along with a wall mount may be purchased at the expense of the grant recipient at an estimated cost of ~\$300.

Pads need to be replaced every two years and batteries every four years. It will be the grant recipients' responsibility to fund the replacement of pads and batteries and obtain annual inspections.

### **Application Process:**

1. Complete this application and submit via email: [warree@shands.ufl.edu](mailto:warree@shands.ufl.edu).
2. After an application has been approved for an AED, selected site will be required to:
  - a. Send three members/employees who have daily access to the AED to attend one of three scheduled community certified CPR classes offered by UF Health.
  - b. Create an AED Program Action Plan (sample plan included)
  - c. Promote Pulse Point app and CPR/AED training in the community in which your organization serves. UF Health will provide educational materials.
3. After all CPR/AED training has been completed and Action plan has been submitted, the AED, adult pads and AED sign will be delivered to grant recipient.
4. An AED Action Plan must be submitted by receiving organization and approved by Pulse Point Task Force before receipt of AED. Two copies of the plan will be kept: one at the AED location and one at the UF CPC STEMI Coordinator office.

## AED Application

Please type out application and submit via email to  
[warree@shands.ufl.edu](mailto:warree@shands.ufl.edu)

**Organization/Company Information (answer only if applicable)**      **Application submission Date:** \_\_\_\_\_

Organization/Company: \_\_\_\_\_ Type of org.:  For Profit  Non-profit  Gov. funded

Primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Street address: \_\_\_\_\_

Address of where the AED will be: \_\_\_\_\_ Will it be placed  Inside  Outside

Number of staff: \_\_\_\_\_ Number of people served: \_\_\_\_\_ Age of population served: \_\_\_\_\_ Number of buildings: \_\_\_\_\_

1) Does your organization currently own an Automated External Defibrillator?    Yes    No    If yes, how many? \_\_\_\_\_

2) Does your organization currently have an action plan in the event of a Sudden Cardiac Arrest (SCA) and how/when to contact Emergency Medical Services?    Yes    No (if no, one will need to be filled out after an AED is awarded)

3) Are your staff/volunteers required to have CPR/AED training?    Yes    No  
 If no to above question, would your staff/volunteers be interested in CPR/AED training on site?    Yes    No

4) Will your organization be willing to put someone in charge of AED protocol if awarded an AED?    Yes    No

5) Will your organization notify local EMS or AED placement, and tag it with the AED Registry app?    Yes    No

Tell us a little about yourself! Should you need more space, please put answers on a separate page.

1) Describe your organization/company and its mission.

2) Please describe your need for an AED.

3) Special considerations that you believe we should know about (i.e. high risk population, older individuals, previous sudden cardiac arrest incident, etc.)