The Queen’s Heart Safe Program is a collaboration between Queen of the Valley Medical Center and Via Heart Project in an effort to provide CPR training and automated external defibrillators (AEDs) to all businesses, organizations, and schools in Napa County.

By becoming a Queen’s Heart Safe Partner, you may be eligible for assistance in obtaining AED(s) as well as training and on-going maintenance services designed to keep your AED ready for use at any time and to ensure that you are compliance with state requirements.

Ten simple steps to become a Heart Safe Place:

1. Complete the “Request for AED Donation Application and Agreement.” Submit your application either by email to info@viaheartproject.org or fax to 415-226-0675.

2. Upon approval of your application, program staff will help you determine the correct number of AEDs and suggest locations in your facility.

3. Staff training is the next step. Training can be booked by calling 1-800-284-0125 or emailing info@viaheartproject.org. CPR and AED training for your staff is required prior to delivery of the AED.

4. Appoint a site contact. This person will receive a monthly email and be responsible for the monthly readiness check.

5. You will receive a wall cabinet and a 3D wall sign. You are responsible for installation in one of the suggested locations.

6. Your AED(s) will be delivered. Place into wall cabinet and alert staff.

7. We will provide you with policy and procedure documents for your facility. Make any necessary adjustments and keep on-site.

8. The Heart Safe Program will register your AED(s) with the County Emergency Medical Services (EMS)

9. The site contact will receive the first monthly email and perform the first readiness check.

10. We will provide you with a sign to put on your front entrance, designating you as a Heart Safe Place!
Heart Safe AED Donation Package Includes:

- AED with carrying case, battery and electrodes
- A spare set of electrodes
- Rescue kit with gloves, scissors, razor and wipes
- Alarmed wall cabinet and wall sign
- Site Assessment
- Initial medical authorization/First Year of medical direction
- First year of maintenance services
- American Heart Association CPR/AED training classes (available for an additional fee)

Number of AEDs Requested

Heart Safe Annual Maintenance Program:

Annual Maintenance Program helps to ensure the AED is ready for use and compliant with California’s Health and Safety Code 1797.196. The first year is included in the AED package. After the first year, the program is $200 per AED annually. Subscription to the Annual Maintenance Program is mandatory for donated AEDs and includes the following:

- County Registration
- Policy and procedure assistance
- On-going medical direction
- Monthly maintenance reminders
- Expiration date tracking
- Event download and evaluation
- Upgrade and recall assistance
- Free replacement battery and electrodes upon expiration
- Free replacement battery and electrodes in the event of use, up to once per year

Additional Service Offered

American Heart Association CPR/AED training classes are available upon request. Existing AEDs may be eligible to acquire maintenance services. Price varies by unit. Pediatric electrodes are available upon request. Pricing is subject to change.
Agreement

Upon joining the Heart Safe Program, your agency agrees as follows:

By submission of this agreement, your agency affirms it will comply with all requirements of California Health and Safety Code 1797.196 either by joining the maintenance program or maintaining compliance independently.

The agency and its agents and employees waive any and all claims they may have at any time against the Queen of the Valley Medical Center and Via Heart Project and their agents and employees to any civil damages resulting from or connected to this program, including but not limited to, the requirements of California Health and Safety Code Section 1797.196, the use, misuse, installation, operation, or maintenance of AEDs, or in the training to or rendering emergency care using AEDs (collectively “Claims”), excluding those Claims resulting from the gross negligence or willful or wanton misconduct of the Queen of the Valley Medical Center or The Via Foundation.

In the event of a Claim against Queen of the Valley Medical Center or Via Heart Project (and its agents and employees) not resulting from gross negligence or willful or wanton misconduct of Queen of the Valley Hospital or Via Heart Project, the agency will defend and indemnify both Queen of the Valley Medical Center and Via Heart Project from all damages (of whatever kind or nature) and defense costs (including attorney's fees and experts fees) incurred by it.

In any dispute arising out of or connected with this application and agreement, the prevailing party will be entitled to reimbursement of its attorney’s fees and costs incurred.

This person signing below is authorized to act on behalf of the agency and to bind this agreement.

_______________________________________    ______________________________
Signature      Organization

________________________________________ ______________________________
Name (please print or type)    Title

______________________________________________
Date
Request for AED Donation

Date: ___________________  EIN Number: ___________________

In order to be considered for a donation you must:

☐ Be a public school or 501(c)3 non-profit
☐ Be located within Napa County
☐ Agree to subscribe to the Annual Maintenance Service on an on-going basis.

I understand that the program is $200 per year per AED ($300 for Cardiac Science AEDs) and any lapse in payment may result in removal of the AED. Financial assistance may be available.

We are able to contribute toward the cost of the AED package.

The amount we are able to contribute is: ___________________*

*Please note- not all AED donations will include training. If approved, you may be responsible for the cost of training.

Requested By: ____________________________

Site where AED will be located:

Organization: ____________________________
Mailing Address: ________________________
City: ____________________________
State/Province: ________________________ Zip Code: ________________________/7
Phone: ____________________________
Fax: ____________________________
Contact Name: ____________________________
Contact E-mail: ____________________________

Organization: ____________________________
Address: ____________________________
City: ____________________________
State/Province: ________________________ Zip Code: ________________________/7
Phone: ____________________________
Fax: ____________________________
Contact Name: ____________________________
Contact E-mail: ____________________________
The Heart Safe Steering Committee will review your application. Donations will only be considered to those organizations that complete the application in its entirety and answer the following questions. If preferred, a letter may be included with the application in lieu of this page.

What is the purpose or function of your organization?

Please describe your facilities (attach a site map if you have one):

What is the number of people on-site on a regular day?