

Request for AED Donation Application and Agreement

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 automated external defibrillators (AEDs) and CPR training to all businesses, organizations, and schools in Napa County with the goal of making Napa County Heart Safe.

By becoming a Queen's Heart Safe Partner, you will receive discounted rates on AEDs and on-going maintenance services designed to keep your AED compliant with state regulations and ready for use at any time.

Eight simple steps to become Heart Safe:

- 1. Complete the "Request for AED Donation Application and Agreement." Submit your application by email to info@viaheartproject.org.
- 2. If your application is approved and an AED is available, program staff will help you determine the correct number of AEDs and suggest locations in your facility.
- 3. Employee CRP/AED training is the next step. Training can be booked by contacting Via Heart Project at 1-800-284-0125 or emailing info@viaheartproject.org. There may be an additional cost for training.
- 4. Next, you will appoint a site contact who will receive monthly emails and be responsible for the monthly AED readiness check. Please provide Via with the name, email, and phone number for this person.
- 5. Once your order has been received, Via Heart Project will ship you a wall cabinet and a 3D wall sign. You are responsible for installing these in the suggested location(s).
- 6. When the cabinet has been installed, your AED(s) will be shipped or delivered to your site. Once the AED has been received, it should be placed into the cabinet and staff should be notified about the AED placement. At that time, the site contact can perform the first readiness check for the AED(s).
- 7. You will be provided with Policy and Procedure documents for your facility. Make any necessary adjustments and keep on-site. These documents will also always be available online.
- 8. We will register your AED(s) with the County Emergency Medical Services Agency (EMSA).



Heart Safe AED Package: \$1,995

- Physio Control LIFEPAK CR2 AED with 8 year warranty
- Semi Automatic, English, Wireless Connectivity, CPR*insight*, and carrying handle
- Battery and pads installed, and a spare set of pads
- Pediatric Button, no need for pediatric pads
- Wall cabinet (\$200 value), wall sign, site assessment, policy and procedures, and emergency rescue kit
- AED Self-monitoring
- Includes first year of Maintenance Services, described below

Customizable CR2 Options

- Fully Automatic (additional \$100)
- Carrying Case (additional \$100)
- Bilingual option to toggle between English/Spanish (additional \$75)



Annual Maintenance Program helps to ensure the AED is ready for use and compliant with regulations. The first year is included in the AED package. After the first year, the program is \$200 per AED annually. Included in Via's Annual Maintenance Program:

- We monitor the expiration dates of the AED's batteries and electrodes so you don't have to.
- When your battery or electrodes expire we replace them at no additional cost.
- Your battery and pad replacements are FREE if your AED is used in an emergency.
- Our Medical Director provides initial and ongoing oversight for your AED Program.
- Upon use of your AED, we will collect the event data and it will be reviewed by our Medical Director.
- To ensure compliance with state regulations, we will register your AED with local EMS and PSAP.
- We track your AED's serial number and will assist you if it is recalled or requires an upgrade.
- Your designated site contact will receive a monthly email reminder to check your site's AED. Via Heart Project will work with your staff to ensure checks are completed and your AED stays in compliance.
- We will help you monitor your employees' CPR/AED training certification dates.

Additional Services Offered

- ❖ American Heart Association CPR/AED or First Aid training classes are available upon request.
- Existing AEDs are eligible to acquire maintenance services. Price varies by unit.
- 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			Number of AEDs requested:			
Date:			EIN Number:			
In order to be con	sidered for a	donation you	ı must:			
	Be a public scl	nool or 501(c)3 non-profit			
	Be located witl	nin Napa Co	unty			
	Agree to subso	cribe to the A	Annual Maintenance S	ervice on a	n on-going ba	sis.
	I understand t	hat the prog	ram is \$200 per year p	per AED (\$:	300 for Cardia	c Science
			ayment may result in r	•		
	assistance ma	ay be availal	ole.			
We are able to co	ontribute towar	d the cost of	the AED package.			
The amount we a			the ALD paokage.	*		
			will include training. If	annroved v	vou may he re	snonsible
	t of training.	, donations	wiii iiioiddo tidiiiiig. ii t	approved, j	you may be re	эропоюю
	t or training.					
Requested By:			Site where AEI) Will be loc	cated:	
Organization:			Organization:			
Mailing Address:			Address:			
City:			City:			
State/Province:	Zip (Code:	State/Province	e:	Zip Code:	
Phone:			Phone:			
Fax:			Fax:			
Contact Name:			Contact Name	э:		
Contact E-mail:			Contact E-ma	il:		



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?

Queen-Via Donation Request Application and Agreement, April 2020