Greetings, UNM Department Managers:

Many Americans die from heart conditions each year. It may be in the headlines or it may happen unnoticed. We don’t want that to happen here and neither do you! AEDs may help.

We would like to offer your department an opportunity to obtain an AED for your site/location. UNM COEHP is dedicated to offering opportunities for employees to have access to immediate first responder equipment. We would also like to ensure UNM staff/faculty are adequately trained to use an AED unit in the case of an emergency. How? By offering a mini-grant opportunity.

This mini-grant will provide training and funding for an AED unit for three chosen UNM Departments, as well as six employees the training to use such equipment. A mini-grant committee will review the applications and select those with the greatest potential to support and reinforce a commitment to having most, if not all, UNM employees and students trained in CPR/AED.

So, gather your team members and commit to keeping UNM a safer and prepared campus in case of a sudden cardiac arrest situation.

In the Spirit of Good Health and Safety,

Denece Kesler, MD, MPH
Director of COEHP AED/CPR First Aid Department
PURPOSE OF THE MINI-GRANT PROGRAM

• To promote CPR/AED awareness and first responder training across campus.
• To continue to build a culture of emergency preparedness at UNM

ELIGIBILITY

All UNM Departments are eligible to apply.

TIMELINE

• October 13th – Application available on UNM COEHP/AED website
• October 17th - Applications due by 5PM
• Week of October 20th - Applications are evaluated and grants will be awarded.
• October 27th - Awardees announced
• AED/CPR training must be scheduled by November 21st
• Mandatory Training for grantees selected will need to be completed in the months of November-December
• Additional Adult AED/CPR/First Aid participants can be added for additional fee to be paid by your department. (Optional)

APPLICATION GUIDELINES

• A minimum of two points of contacts will need to be designated to ensure AED compliance is submitted monthly. At least one manager/supervisor in the department to be assigned as point of contact.
• Point of contacts will need to work with UNM CPR/AED to coordinate classes for designated employees for Compressions Only CPR/AED training.
• Point of contacts will work with CPR coordinator in finding appropriate location for AED placement and development of site safety plan.
• Monthly AED checks will be submitted to UNM COEHP CPR/AED program.
AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) and CPR/FIRST AID PROGRAM
A Division of the
Center for Occupational and Environmental Health Promotion

SELECTION CRITERIA

The following will be evaluated by the committee when determining departments that will be awarded the grants.

- Number of members of a department or work team.
- Management support and motivation to promote a culture of health and safety for employees.
- Commitment of point of contacts and employees designated for Adult CPR/AED training.
- Commitment of point of contacts to assist in developing a site safety plan and/or safety team in the department.
- Commitment to maintain the costs for replacement parts (AED pads $123.00, batteries $48.75)
- Overall enthusiasm and interest expressed by the department.
- Priority will be given to UNM affiliated buildings or facilities.

SUBMISSION INFORMATION

- Applications are due by October 17th at 5 pm
- Send the completed application packet:
  - Via interoffice mail
    - UNM CPR/AED MSC 10 5550
  - Email
    - aed@salud.unm.edu
  - Hand deliver
    - UNM Employee Occupational Health Services at the UNM Family Medicine Center, Bldg. 248 Room 227

| Ideas or questions to consider helping you develop a concise application. |
| (For your use only – No need to turn this in with your application) |

- What is your building’s risk for injury or concerns about being prepared in the case of a cardiac emergency?
- How many employees and/or students in your building?
- How many customers utilize your building on a daily basis?
- Do you feel your staff and/or students would be prepared in the case of a cardiac arrest?
Department/Team submitting this proposal:

Contact Information:

Name of Lead Person(s)_________________________________________________
Telephone #: __________________________________________________________
E-mail: ______________________________________________________________
Campus Address: ______________________________________________________

___________________________________________________________________

Name of Lead Person(s)_________________________________________________
Telephone #: __________________________________________________________
E-mail: ______________________________________________________________
Campus Address: ______________________________________________________

___________________________________________________________________

Please list others in the department/team that are interested and willing to be trained in the use of
the AED/CPR compressions only training, assist as part of safety team and/or development of site
safety plan: (Please include names, department roles, phone numbers, and e-mail addresses)

1. __________________________________________________________________
2. __________________________________________________________________
3. __________________________________________________________________
4. __________________________________________________________________
5. __________________________________________________________________
6. __________________________________________________________________
7. __________________________________________________________________
8. if additional names please add below.
1. **Plan Description** (On a separate sheet, in 300 Words or less please describe how having an AED at your department will benefit your staff/faculty/students/customers.)

2. **How many people are in your department/team total?**

3. **Who are your customers?** (Students, staff, community, internal customers, external customers, etc.)

4. **How many individuals do you assist (students, community members, external or internal customers)?** This can be given in daily/weekly/monthly estimates.

5. **If your department already has a safety plan in place, please include with your application.**

**Value of Grant**

<table>
<thead>
<tr>
<th>Item/Service/Expense Breakdown:</th>
<th>Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Phillips AED Unit</td>
<td>$1036.40</td>
</tr>
<tr>
<td>2. AED_battery</td>
<td>$ 123.00</td>
</tr>
<tr>
<td>3. AED Adult pads</td>
<td>$  48.75</td>
</tr>
</tbody>
</table>

**Total Amount of Grant offered:**

$1208.15

Your department will be responsible for the maintenance and replacement of battery and pads as necessary to maintain compliance. The estimated cost of additional parts is listed above. Prices subject to change based on manufacturer pricing.

In submitting this Mini-grant Proposal, we understand that there will be mandatory monthly AED checks to be submitted, training, and assistance in maintaining compliance with UNM COEHP CPR/AED program requirements. Failure to comply with mandatory AED checks will result in forfeit of your grant.

Signed (Team Lead) _______________________________ Date: ________________

Printed Name ________________________________