



How to Plan a PCNA AFib Awareness &/or Screening Event

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Initial considerations and planning

- Consider your specific **audience** (e.g., high-risk individuals) and the **purpose** of the screening or educational event to guide your planning
 - ***If you are planning on including ABI screening for PAD, please refer to the PCNA PAD screening toolkit for specific information on guidelines for screenings.***
- Allow plenty of **planning time**. In general, events require 3-6 months of planning time, depending upon the number of people anticipated to participate, and the partners or resources needed. Larger events may need to start the planning process much earlier.
 - Make a checklist with step-by-step guidelines and deadlines (see parts 2-6, below).
 - Make certain to track contact emails and phone numbers for items such as venue, volunteers, etc.
 - Create a budget that accounts for all expenses, included but not limited to the following:
 - Printing
 - Room/space rental
 - Permits/authorizations
 - Supplies
 - Parking
 - A/V
 - Consider logistics and items needed, such as a KardiaMobile or other portable EKG, stethoscopes, multiple blood pressure cuffs, A/V equipment, handouts, waivers, tables, chairs, tents, parking, signs, and related items.
 - Consider how you will publicize the event
 - Social media
 - Newspapers
 - Radio
 - TV
 - Flyers and/or posters
 - Partner organizations or businesses
- **What/when to offer**
 - Consider the added value of offering an AFib screening or informational table at events that are already taking place, such as workshops, free clinics, workplace wellness events, mall walks, Heart Walk[®], seminars, libraries and health fairs.
 - Research what has already been attempted in your community—as well as what has been successful, and not successful, and why. For example, did a screening at a community festival not meet expectations because the event was too loud for screeners to hear? Or was an event at a local senior center a success because it was part of a regularly scheduled series?
 - Think about faith-based organizations, senior centers, charities, chambers of commerce, and local media to determine what draws the most potential attendees that would benefit from AFib screening or education.
 - Select a date that does not conflict with other special events in your community. This may be cultural events, faith-based activities, sporting events or other special activities for your intended audience.
 - Consider hosting an AFib screening event during September—AFib Awareness Month!

- You may want to have a 'rain date' pre-selected in case of inclement weather or other issues that may affect whether your event can take place.
- Where** to hold a screening/awareness event. Whether you are hosting a stand-alone event or working in conjunction with an activity that is already taking place, consider the following:
- Location should be convenient for attendees and should be easily accessible.
 - If using an outdoor location, consider a back-up location due to potential weather challenges.
 - If partnering with another organization, make certain they understand your needs as early as possible in the event planning. Make certain to ask where your screening table(s) will be located and discuss a bad-weather back-up plan.
 - Ensure that location has an area that is quiet enough to provide accurate screening and/or educational programming
 - Size of space or building needed, based on activity/ies planned and anticipated number of attendees
 - Utility considerations (outlets to plug-in equipment, lighting, etc.)
 - A/V equipment needed for educational presentation(s)
 - Set-up and clean-up coordination (e.g., Will you need to set-up tables and chairs?)
 - Where can directional and informational signs be placed? Are these signs something that the building/organization will provide, or do you need to bring your own?
 - Emergency plans. Where, for example, is the nearest emergency room for someone that may need to be seen there?
- How many volunteers** will be needed?
- Plan on *at least two people for the event*. The larger the event (and the more people you intend on screening), the more volunteers you will need.
 - Estimations: A typical AFib screening takes at least 10 minutes per person for paperwork, EKG screening, and explaining the results. These tasks can be divided among volunteers to help accommodate more participants, providing you have enough space and equipment.
 - In a 2-hour event, 2 people could screen about 12 people. With 4 volunteers, you could screen closer to 25 people.
 - Consider the skills of volunteers (see next bullet) and how long each individual can assist during the event.
 - If you are doing a stand-alone screening (not associated with a health fair or other activity), you may need more volunteers to help in the planning and logistics.
- Example for event day (**Note:** include additional individuals for larger events where it would be helpful to have dedicated people for each part of the screening activity):
- Set-up/take-down: could be same people as below or could be additional individuals
 - 1-2 people: handle introductory paperwork, crowd control, explain screening results
 - 1-2 people skilled in completing AFib screenings: complete screening form/education for participants
 - 1 qualified presenter for educational program (if part of event)
- What skills do volunteers need?**
Identify the skill set of volunteers and match to the needs of your event. Are individuals interested in helping plan logistics, assist with set-up and/or take-down, crowd control/logistics at the event, completing the screening, explaining results to those being screened, or providing an educational program?

- Ensure that screening volunteers have the correct skills by having them complete the *Screener Credential Form* in advance.

Consider dedicated people for each part of the screening for larger events.

- How can you **measure your success**?
 - Number of people screened/educated
 - What activity/ies worked, and why?
 - What improvements could be made?
 - What was the general feedback from the following? (This might be general feedback that is received, or evaluations such as surveys that are requested to be completed.)
 - Attendees
 - Volunteers
 - Organizer(s)
 - Host site
 - Did the event meet initial goals and expectations?
 - Did the event meet budget goals?
 - In considering the impact, would it be recommended to repeat this event?
 - Any additional feedback?

General Event planning information

- Event Name: _____
- Name of Event Organizer(s) such as PCNA Chapter Leader(s): _____
- Event Date: _____
 - Event RAIN DATE (if identified): _____
- Event Time: _____
- Event Location (be specific, such as room number): _____
- Event Location Contact Name, phone, email: _____

Before the event

- Determine target audience(s)
- Determine type of activity(ies)
- Identify what will constitute a successful event and how you will measure success (such as counting attendees, a short survey, etc.)
 - Develop a survey for the event as needed.
- Set-up and host planning meetings with potential partners/organizations.
 - Identify who will be responsible for the following:
 - Publicity
 - Equipment
 - Paperwork
 - Educational materials
 - Other:
- Select an event date (may be related to when your desired venue(s) are available)
- Secure event venue

- Determine how early you can get into the venue for set-up (such as the day prior, or an hour in advance).
 - It is beneficial to have at least 30-60 minutes or more to set-up for the event. Allow longer preparation time if you need to move a lot of materials long distances, if you will need to park a long distance from the venue, etc.
- Plan your agenda
- Identify volunteers who can assist with the event and match their qualifications with needed skills and times available
 - Ensure volunteers review and are familiar with screening documents and educational materials so that an appropriate intervention can be provided
- Invite and secure speakers if planning a presentation or an additional participant counseling event
- Prepare and distribute promotional items such as posters, flyers, social media posts, etc.
- Ensure you have enough educational materials if available. Download or order more from PCNA. *Allow enough time for materials to be shipped to your location.*
- Ensure you have access to the supplies you will need to complete the event, such as blood pressure cuffs. PCNA does have some items available to lend to Chapter Leaders. *Allow enough time to organize from your source(s) and allow shipping time as needed.*
- Arrange for audiovisual materials and any additional equipment needed. Pay attention to what is available from the venue, such as tables and chairs.
- Contact local media to alert them to the event(s). Extend a personal invitation to attend.
- Pack materials and supplies to bring to the activity site.
- Ensure you have enough copies of the screening consent forms, screener credential forms, and screening forms for the event.
- Identify the following resources for the day of the event:
 - Emergency plan in case participants need a referral
 - Identify a physician in your community who works with individuals with AFib. Alert them to the event and ask permission to share their information and anything specific to help refer participants who screen positive for AFib.

Event set-up

- Set-up your room(s) or area(s) as early as possible so that you are prepared for when participants begin to arrive.
 - Some may arrive prior to the official start time—identify someone who can help interact with these individuals.
- The following items may need to be taken to and returned from the event. Keeping a copy of this checklist inside a plastic sheet protector may make it easier to find during the course of packing up items, set-up, take-down and packing.

Take	Return	Item(s)
		Sign and/or Easel
		Forms: One copy of each as a sample (laminated, if possible)
		Forms: Health Screening Form, Consent Forms
		BMI Chart
		Educational Materials (<i>AFib: What You Need to Know</i> ; others)
		Blood Pressure Cuff, Regular (1+)

	Blood Pressure Cuff, Extra Large (1+)
	KardiaMobile or other portable EKG device
	Stethoscope (2+)
	Scale (if not using self-reported weight)
	Hand sanitizer
	Table for completing paperwork
	Chairs
	Clipboards for completing forms (2+)
	Place to display educational materials (table or rack)
	A/V equipment for presentation (computer, LCD projector, microphone, slide advancer/pointer)

During the event

- Greet participants, other guests, partners, speakers. Ask them to sign in so you can track who came to the event.
- For screening events, complete the following:
 - Seat participant in comfortable position.
 - Ask participants demographic questions (if they have not already completed), risk factor and other history questions to complete screening tool.
 - Check **heart rate and rhythm** using KardiaMobile or other portable EKG. Record result.
 - Check **blood pressure**. Record results.
 - Provide information as requested by participant or relevant to health concern.
 - If appropriate, try to help participant establish at least one lifestyle goal.
 - Sign form and have participant sign form.
 - Document all actions taken and note recommended follow-up.
 - If participant requests a provider referral, provide contact information.
 - Hand screening form to participant.
 - Use hand sanitizer between each attendee.
- In case of participant emergency, contact 911, or for non-life-threatening concerns, direct them to the nearest emergency department.
- Distribute participant feedback forms (as applicable).
- Make certain participants leave with appropriate educational materials and other information.
- Publicly thank partners, speakers, others who assisted in planning/implementation of activity

After the event

- Return equipment that was borrowed
- Follow up on any special requests made during the activity
- Call or send thank-you letters to partners, speakers, media, and others who assisted in planning
- Review participant feedback forms and share results with partners and anyone else who helped plan the activity.
- Share results with media and request a follow-up story about the activity.



Community Screenings: Screener Credential Form

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

I hereby certify that I hold the credentials listed below in the state of _____ and have the necessary training, knowledge and skills to complete community outreach screening events on behalf of the PCNA Chapter in _____ (state) in the areas of (check all that apply):

_____ Hypertension _____ PAD _____ Atrial Fibrillation

_____ Other (please describe) _____

Credential Information

Type of license/certification: _____

License Number: _____

Expiration Date: _____

I agree to provide a copy of my license or certification to PCNA upon request.

I understand that I represent PCNA at this event and am performing screening services on a voluntary basis. I agree to comply with PCNA screening policies and procedures and the direction of PCNA representatives.

I certify that the tasks and skills performed as part of the health screenings are within the scope and standards of my license and or/certification. I will uphold the standards of my profession in performing these duties to the best of my ability.

I am aware that, in participating in a PCNA screening, I may be exposed to personal injury or property damage as a result of the activities of me or others, or the conditions under which the services are performed. With full knowledge and understanding, I accept any and all risks of damage, injury, illness or death and I release and discharge PCNA, its officers, directors, and employees, from any claims for damages or injury and all liability arising out of my participation as a volunteer.

By signing below, I hereby certify that the information provided on this form is true and correct.

[printed name]

[signature]

[credentials]



Community Health Screening Consent

This document contains a release and waiver of liability.

Please read this consent in its entirety before signing below.

By signing this consent form, I certify that I am at least 18 years of age and that I voluntarily consent to participate in the community health screening organized by the _____ chapter of the Preventive Cardiovascular Nurses Association (“PCNA”). I hereby authorize the nurses and advanced practice nurses who are conducting today’s screening to assess my risk of cardiovascular disease. I am participating in this event on a voluntary basis, and understand that the purpose is to educate me about better managing my associated risks. I understand that this is a screening only and does not constitute medical advice of any kind. I understand that the screening may generate an inaccurate result and agree that I am responsible for any follow-up examinations with my physician that could be indicated based on the results of this screening.

This screening MAY include the following assessments:

- Pulse check
- Blood pressure
- Ankle brachial index (ABI) – blood pressure on arms and legs with hand held doppler
- Heart rhythm check
- Height and weight
- Risk factor calculation
- Height and weight
- Risk factor calculation

I have received educational materials about this screening and the conditions potentially indicated by the screening results. I will communicate the information provided to me today about my screening to my primary care provider. I will follow up with a health care provider for further evaluation if recommended or if I have concerns related to this screening. I understand that PCNA shall retain no copies of my screening results.

I, for myself, my heirs, executors, administrators and assignees, hereby release and forever discharge PCNA and its affiliated and subsidiary organizations, divisions, directors, officers, employees, agents, volunteers, and any and all other individuals involved in this screening from any and all claims, demands, actions and causes of action, which may result from participation in this screening, including, without limitation, personal injury, accidents, and property damage or loss.

Event location:

Site Name: _____ Street: _____
City: _____ State: _____

I have read the terms of this consent, fully understand those terms, and sign this consent freely as of the date written below.

Printed name

Signature

Date



Community Screening Data Form (Screener Provider Completes)

Date: _____ Screening Location/Event: _____

This health screening and information is provided for your use in evaluating your current health status and future risk of disease. You are responsible for initiating any follow-up examinations or treatments.

Participant Information:

Last Name	First Name	Middle Initial	Age	Sex
				M F

TO BE COMPLETED BY THE PERSON DOING THE SCREENING:

Risk Factors:			
High Blood Pressure	Yes	No	Unknown
Diabetes	Yes	No	Unknown
High Cholesterol (LDL-C)	Yes	No	Unknown
History of PAD	Yes	No	Unknown
History of Heart Attack	Yes	No	Unknown
History of Stroke	Yes	No	Unknown
Family History of Heart Attack/Stroke/PAD	Yes	No	Unknown

Lifestyle: (check the one that applies)	
<input type="checkbox"/>	Sedentary
<input type="checkbox"/>	Exercise once a week
<input type="checkbox"/>	Exercise 2-3 times per week
<input type="checkbox"/>	Exercise daily

Smoking:			
	Current	Past	Never
How many years?		When stopped? (# of years ago)	

Reasons for attending screening: _____

Alcohol:				
Never	Less than 1x/mo	2-4x/month	2-3x/week	>3x/week
# drinks on a typical day when drinking				
1-2	3-4	5-6	7-9	10+

History:

	Left	Right
Claudication (pain with walking):	Yes/No	Yes/No
Pain while resting:	Yes/No	Yes/No
Ulcers/amputation:	Yes/No	Yes/No



Community Screening Data Form (Participant Begins and Screener Completes)

Please answer the questions below to help us in the screening.
You will need to share today’s results with the person you usually visit for health care.

[Note: This form may be edited to remove sections that will not be included in the screening.]

Participant Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Age _____ Sex: M F

Why are you attending the screening today? _____

Do you know if you have any of the following risk factors? (check the one box in each line that best describes you)

I have high blood pressure Yes No I’m not sure

I take medicine for high blood pressure Yes No I’m not sure

I have diabetes or high blood sugar Yes No I’m not sure

I take medicine for diabetes Yes No I’m not sure

I have high LDL cholesterol Yes No I’m not sure

I take medicine for high cholesterol Yes No I’m not sure

I have a history of PAD Yes No I’m not sure

I have a history of heart attack or stroke Yes No I’m not sure

Someone in my family has had PAD, a heart attack or stroke
(father, mother, sister, brother, grandparent, aunt or uncle)

Yes No I’m not sure

I would describe my activity level as:	Not active at all <input type="checkbox"/>	I exercise once a week <input type="checkbox"/>	I exercise 2 to 3 times a week <input type="checkbox"/>	I exercise 4 or more times each week <input type="checkbox"/>	
When it comes to smoking:	I never smoked <input type="checkbox"/>	I used to smoke but quit <input type="checkbox"/> How long ago did you quit? _____	I am a current smoker <input type="checkbox"/> How much do you smoke? _____		
On average, I drink alcoholic beverages (including beer and wine):	Never <input type="checkbox"/>	Less than once per month <input type="checkbox"/>	2 to 4 times per month <input type="checkbox"/>	2 to 3 times each week <input type="checkbox"/>	More than 3 times per week <input type="checkbox"/>
On a typical day when I drink, I have:	1 to 2 drinks <input type="checkbox"/>	3 to 4 drinks <input type="checkbox"/>	5 to 6 drinks <input type="checkbox"/>	7 to 9 drinks <input type="checkbox"/>	10 or more drinks <input type="checkbox"/>

Which of the following describe you? Pick the answer in each line that best describes you.

When I walk, I have pain:	In my left leg <input type="checkbox"/>	In my right leg <input type="checkbox"/>	In both my left leg and right leg <input type="checkbox"/>	I don't have pain in my legs when I walk <input type="checkbox"/>
When I am resting, I have pain:	In my left leg <input type="checkbox"/>	In my right leg <input type="checkbox"/>	In both my left leg and right leg <input type="checkbox"/>	I don't have pain in my legs when I am resting <input type="checkbox"/>
I have ulcers (sores) on my:	Left leg or foot <input type="checkbox"/>	Right leg or foot <input type="checkbox"/>	Neither leg or foot <input type="checkbox"/>	



STOP HERE. The person doing your screening today will finish filling out this form.

Physical Exam:

SKIN	LEFT	RIGHT
Temperature	Warm Cool	Warm Cool
Discoloration/Rubor	Yes No	Yes No
Ulceration	Yes No	Yes No
	If yes, where?	If yes, where?
Swelling/Edema	Yes (grade: 1 2 3 4) No	Yes (grade: 1 2 3 4) No
Hyperpigmentation	Yes No	Yes No
Spider veins	Yes No	Yes No
Varicose veins (> 3mm)	Yes No	Yes No

Do not proceed with ABI if individual is not high-risk and asymptomatic

PULSES

- 0 = no pulse
- 1 = faint/Doppler only
- 2 = average, palpable
- 3 = full & brisk; easily palpable
- 4 = bounding, sometimes visible

	LEFT	RIGHT
DP (0-4)		
PT (0-4)		
Describe any irregularities		

	LEFT	RIGHT
ARM PRESSURE	_____/_____ SYSTOLIC DIASTOLIC mmHg	_____/_____ SYSTOLIC DIASTOLIC mmHg
ANKLE PRESSURE	_____ DP SYS PT SYS	_____ DP SYS PT SYS
ABI (Higher Ankle SBP/Arm SBP)		
EKG	___ normal sinus rhythm	___ irregular rhythm

YOUR RESULTS:

Blood Pressure	PAD	Heart Rate/Rhythm	Blood Glucose	Cholesterol
Normal	Low Risk	Normal (____ bpm)	____ mg/DL	____ mg/DL
Elevated	Moderate Risk	Fast (____ bpm)	Normal	Normal
High	High Risk	Irregular	Irregular	Irregular
Not assessed	Not assessed	Not assessed	Not assessed	Not assessed

FOLLOW-UP SERVICES: Follow-up with primary care physician is recommended Yes ___ No ___

If yes, why? _____

Individual screened: _____ Signature
 Screener: _____ Print/signature



Resources Available from PCNA for Screenings Completed by PCNA Member Chapters

To help identify individuals at risk for Atrial Fibrillation and encourage treatment for reducing their risk for stroke, PCNA encourages member chapters to complete community screenings.

To facilitate these activities, PCNA has the following materials available, in addition to this *How to Plan a PCNA AFib Awareness Screening Event* toolkit document:

- Patient education sheets: *Atrial Fibrillation: What you need to know*
 - English
 - Spanish
 - Print and digital
 - Order through pcna.net

Items that can be borrowed by PCNA Chapters from the PCNA National Office

- KardiaMobile handheld EKG device by Alive Cor
- Blood pressure cuffs

Process for borrowing items by PCNA Chapters from the PCNA National Office

To ensure that the materials are available to as many chapters as possible, PCNA requests that you contact info@pcna.net **as early as possible**. A staff member will discuss lending processes.

PCNA requests that chapters borrowing materials submit a brief report describing the event, including number of individuals screened.