

# HOW TO TRANSFER AN INSTRUCTOR:

- 1) Send Learn CPR 4 Life a copy of both sides of the Instructor card and a Transfer Request form filled out. Once approved by LC4L to align with us, complete the following steps.
- 2) Have the Transferring Instructor fill out, sign and date the Instructor Renewal Checklist, Internal Dispute resolution and book policy, Instructor Equipment list, TC Agreement and Code of Conduct.
- 3) Have the transferring Instructor log into the AHA Instructor Network, edit their profile, change their alignment from the old Training Center to Learn CPR 4 Life CA20091.
- 4) Schedule a BLS Class for the Transferring/renewing Instructor to teach.
- 5) Create a roster, label it "BLS Instructor Transfer/Renewal". The TCF is the Instructor on this roster, the transfer/renewing Instructor is the student
- 6) Observe the transfer/renewing Instructor, fill out Instructor Monitor Form, make comments. Both the renewing Instructor and TCF sign and date.
- 7) Be sure Instructor has all updated AHA forms & manuals. The newest versions can be found on [LearnCPR4Life.com](http://LearnCPR4Life.com) under Instructor > Resources
- 8) Review AHA Guidelines and procedures along with any updates.
- 9) Give the BLS Instructor Exam & any grade 84% and up is passing.
- 10) Test Instructor CPR skills with the BLS Skills Testing Sheets.

On our website, submit class as "BLS Instructor Renewal", attach completed roster, exam answer sheet, monitor form & ALL completed paperwork in item #2 and the skills testing sheets.

## American Heart Association Emergency Cardiovascular Care Programs Instructor Records Transfer Request

**Instructions:** When an instructor wants to transfer to a different Training Center (TC), this form must be completed by the instructor, the transferring TC Coordinator (TCC) and the accepting TCC. The transferring TCC returns the completed form with the instructor's records to the accepting TCC. The accepting TCC contacts the instructor when the transfer is complete.

### SECTION 1:

**To be completed by the TCC of the accepting TC and sent or given to the transferring instructor.**

Our TC is willing to accept the instructor named below as an instructor at our TC.

Instructor's name: \_\_\_\_\_ Instructor ID#: \_\_\_\_\_

We agree to keep and maintain all instructor records in accordance with our TC Agreement with the AHA and the *Program Administration Manual*.

TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

TC address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of TCC: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2:

**To be completed by the instructor who is transferring and sent or given to the transferring TCC.**

I, \_\_\_\_\_, Instructor ID# \_\_\_\_\_, authorize the transfer of my instructor records for  Heartsaver®  BLS  ACLS  ACLS EP  PALS  PEARS®

from TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

to TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

Instructor's home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### SECTION 3:

**To be completed by the current TCC and sent with the records being transferred.**

*Note: All applicable instructor records, as outlined in the Program Administration Manual, must be transferred. The transferring TC must keep copies of all transferred records for 3 years.*

TC name: \_\_\_\_\_ TC ID#: \_\_\_\_\_

TC address: \_\_\_\_\_

TC address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of TCC: \_\_\_\_\_ Date: \_\_\_\_\_

## American Heart Association Emergency Cardiovascular Care Programs Instructor/Training Center Faculty Renewal Checklist

**Instructions:** This checklist may be used to document successful completion of instructor/Training Center Faculty (TCF) renewal requirements and contact information. It is recommended that the TC keep the completed form in the instructor's file.

**Complete 1 form per renewing discipline.**

*To be used in conjunction with the Instructor Monitoring Tool.*

### SECTION 1:

#### General information for the renewing instructor or TCF member.

Renewing discipline:

Heartsaver®     BLS     ACLS     ACLS EP     PALS     PEARS®

Instructor ID#: \_\_\_\_\_ Expiration date of instructor card: \_\_\_\_\_

Primary TC name: \_\_\_\_\_ TC ID #: \_\_\_\_\_

TC Coordinator's name: \_\_\_\_\_

Instructor's or TCF's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### SECTION 2:

#### Instructor or TCF member teaching, monitoring, and update activity for renewal.

Instructor/TCF monitoring completed successfully:

Course name: \_\_\_\_\_

Date: \_\_\_\_\_ Regional Faculty/TCF observer name: \_\_\_\_\_

Instructor/TCF update(s) attended:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor Essentials course completed (if applicable):

Date: \_\_\_\_\_ Location: \_\_\_\_\_

## American Heart Association Emergency Cardiovascular Care Programs Instructor/Training Center Faculty Renewal Checklist

- At least 4 provider courses taught in the past 2 years or waiver obtained (list classes below; additional classes may be attached or listed on the back of this form)

Course Name	Date	Location (TC or Site)	Station or Module

- If applicable (for TCF), at least 1 instructor/instructor renewal course taught in the past 2 years (list courses below)

Course Name	Date	Location (TC or Site)	Station or Module

### SECTION 3:

**Administrative Review of Conflict of Interest and Code of Conduct.** Reviewed by TC Coordinator with instructor.

**Professional Behavior:** The *Program Administration Manual* provides specific guidelines regarding code of conduct and conflict of interest for all representatives of the AHA as leaders in the community. Instructors need to comply with these AHA guidelines because they represent the AHA while they are conducting courses.

- Endorses the ECC Leadership Code of Conduct  
Date of review: \_\_\_\_\_
- Acknowledges the AHA Statement of Conflict of Interest  
Date of review: \_\_\_\_\_

### SECTION 4:

**Administrative Competencies and Indicators.** Observed by TC Coordinator through regular teaching activities

**Cognitive and Psychomotor Skills:** Maintains proficiency in provider-level cognitive and psychomotor skills; fulfills requirements for initial or renewal instructor certification

- Demonstrates proficiency in provider-level skills
- Teaches at least the minimum number of classes per cycle
- Is aligned on the Instructor Network
- Completes the required provider and instructor updates
- Provides precourse instructions and resources to students before the course
- Uses student and Faculty feedback to improve teaching performance
- Ensures equipment is in working order and is available in sufficient quantity, as recommended
- Secures and protects testing materials
- Decontaminates/cleans equipment according to the manufacturer's instructions

## American Heart Association Emergency Cardiovascular Care Programs Instructor/Training Center Faculty Renewal Checklist

**Program Administration:** Successfully manages available resources, including time, materials, space, and budget, to deliver high-quality training in accordance with AHA guidelines

- Completes postcourse records, including an accurate roster, grade report, and summary evaluation
- Complies with the current, appropriate version of the *Program Administration Manual*
- Ensures that AHA course completion cards are issued in a timely manner

Overall comments from TC Coordinator:

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Overall comments from instructor/TCF:

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Review of Renewal Checklist is acknowledged by instructor/TCF: \_\_\_\_\_

TCC name: \_\_\_\_\_ Instructor/TCF name: \_\_\_\_\_

TCC signature: \_\_\_\_\_ Instructor/TCF signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

New instructor card issued      Date: \_\_\_\_\_

TCF status maintained      Date: \_\_\_\_\_

## ***Learn CPR 4 Life. AHA Approved Training Center (TC)***

**www.learncpr4life.com**

Ph: (760)947-2426 Fax (760)418-2244 E-mail: greg@learncpr4life.com

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### **Internal Dispute Resolution Policy**

- 1) All disputes will be reviewed by the Training Center Coordinator concerning Instructors and or students.
- 2) Any issues shall be addressed in a timely manner and every effort shall be made to correct the issue with the student and or instructor.
- 3) After gathering of information from student and instructor we will review all information. The appropriate action will be taken to resolve the matter.
- 4) The issue will addressed and action will be taken within 14 working days.
- 5) All decisions shall be in writing and verbally to all parties involved within 30 days.
- 6) If the TC cannot resolve disputes the dispute and all information shall be forwarded to the Regional ECC office for review.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Acknowledgement of Understanding AHA Book Policy**

I acknowledge that I have received, reviewed, and accept the American Heart Association Training Memo regarding student book library policy and that I am aware that the Program Administration Manual (PAM) requires that each student in each class receives a student manual.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# LEARN CPR 4 LIFE

## Instructor Material & Equipment list:

Instructor Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

AHA Instructor Manual(s):

BLS: \_\_\_\_\_ Year: \_\_\_\_\_

BLS DVD: \_\_\_\_\_ Year: \_\_\_\_\_

Heartsaver: \_\_\_\_\_ Year: \_\_\_\_\_

Heartsaver DVD: \_\_\_\_\_ Year: \_\_\_\_\_

Adult Manikins: \_\_\_\_\_

Child: \_\_\_\_\_

Infant: \_\_\_\_\_

AED Trainers: \_\_\_\_\_

Ambu Bags: \_\_\_\_\_

Pocket Masks: \_\_\_\_\_

Emergency Blankets: \_\_\_\_\_

Epi-Pen Trainers: \_\_\_\_\_

# Learn CPR 4 Life, Inc.

## AHA Approved Training Center (TC)

PO Box 402664 Hesperia, CA 92340

Ph: (760) 947-2426 ♦ Fax: (760) 418-2244 ♦ E-mail: greg@learncpr4life.com  
www.learncpr4life.com

### Instructor

### Affiliation Agreement

Instructor's Name: \_\_\_\_\_ Instr. Card Exp. Date: \_\_\_ / \_\_\_ Instructor certification (original) \_\_\_ / \_\_\_  
(Copy of card included front and back)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_ Ph: Day: ( ) - \_\_\_\_\_  
Cell/Home: ( ) - \_\_\_\_\_ e-mail: \_\_\_\_\_  
Last updated /monitored by TC on: \_\_\_ / \_\_\_ / \_\_\_, TC Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Ph: ( ) - \_\_\_\_\_ Primary Institution where you teach currently: \_\_\_\_\_ Total years as an instructor: \_\_\_  
Yrs.  
Name of Primary AHA TC (dual alignment only): \_\_\_\_\_

I \_\_\_\_\_ wish to affiliate with Learn CPR 4 Life (TC)  
(Print Instructor Name)

American Heart Association (AHA) CPR Community Training Center (TC), for the purpose of coordination of instruction of Basic Life Support (BLS) courses for the disciplines listed on my instructor card(s).

#### **I understand that as an affiliated instructor, I agree to the following:**

- ① All instruction must be provided according to the most current guidelines set forth by the American Heart Association for all courses.
- ① **It is my responsibility** to maintain my instructor card current as a condition for continuing affiliation, and to provide a copy of my new instructor card (front and back) to the TC for their files if being renewed by primary TC other than Learn CPR 4 Life (dual alignment), as well as monitoring documentation each time instructor status is renewed.
- ① At any course, a member of the TC Committee or of the Regional CPR Network may monitor /audit my performance as an instructor.
- ① **Must maintain a current e-mail address (no exceptions) notify TC of any changes.**
- ① If I plan to teach a CPR class or classes outside of the Corporation I am currently with, I will contact Learn CPR 4 Life **FIRST** prior to the training to make arrangements to do so.

#### **Reporting to Training Center**

- ① The instructor for the purpose of transmitting rosters via e-mail to TC, and maintaining records electronically **must** use all software provided to instructor, from the TC. **(No Exceptions)**
- ① Rosters turned in for processing must be completed properly and entirely filled out before cards can be issued. **For any assisting Instructor not currently affiliated with this Training Center listed in the roster, I will include a copy of the Instructor Card (front and back). They cannot be the lead instructor unless they are affiliated with Learn CPR 4 Life.**
- ① With each roster you must submit a sampling of course evaluations. **I will keep a copy for my records of any documentation submitted to the TC.**

#### **Roster Processing**

- ① All Course completion cards should be in students' hands as quickly as possible. TCs must issue course completion cards within 20 days of the course completion. Learn CPR 4 Life current policies and procedures already comply with this change. Business days exclude Saturday, Sunday & National Holidays. For Learn CPR 4 Life purposes the day banks are closed. **LEARN CPR 4 LIFE HAS AN PAST DUE ROSTER FEE OF \$25.00 IF THIS POLICY IS NOT MET.**

I understand that if the fees are not paid as agreed or arrangements made with the TC, the TC has the right to terminate the affiliation agreement. I understand that affiliation with a TC is required to maintain Instructor status.

**Page 2 Instructor Affiliation Agreement -continued**

**Communication with instructors:**

Email should be checked regularly, since the TC will use this means to distribute memos and other updates from AHA as well as reminder notices and other important correspondence.

**Other Services:**

- Maintain instructor records and course rosters.
- Regular reporting of courses and number of persons trained to AHA.
- Regular updates in current AHA, CPR, ECC policies, procedures, and guidelines.
- Monitoring as required by AHA guidelines.
- Distribute provider course cards within 30 days or sooner from receipt of properly completed roster.
- Provide educational opportunities and renewal of instructor cards
- Investigation and resolution of Instructor complaints
- All duties as outlined in the most current Policies and Procedures Manual (PAM) from the AHA and the most current TC Policies and Procedures Manual.

This affiliation agreement must be submitted with a completed Instructor Candidate or Instructor Renewal Form (from the Instructor Procedures Manual), and a copy (front and back) of the instructor card. Other documentation will be requested from previous TC (if applicable). TC reserves the right to request that instructor be monitored by Regional Faculty prior to Acceptance for affiliation.

This affiliation agreement shall remain in-force as long as the above stipulations are kept and my instructor card has not expired. This agreement can be revoked by the Training Center at any time if the above stipulations are not kept, and can be terminated by either party by written request of such action at any time.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Training Center Coordinator Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Affiliation Date

# 7 – Conflict of Interest and Ethics Policies

## Conflict of Interest

### Conflict of Interest Policy

The AHA has established a Conflict of Interest Policy that applies to all AHA leaders. Throughout the course of performing duties associated with the ECC leadership role, all ECC leaders must comply with these policies.

The AHA, its affiliates and components, and all officers, directors, delegates, and council and committee members scrupulously shall avoid any conflict between their own respective personal, professional, or business interests and the interests of the AHA in any and all actions taken by them on behalf of the AHA in their respective capacities.

In the event that any officer, director, delegate, council, or committee member of the AHA shall have any direct or indirect interest in, or relationship with, any individual or organization which proposes to enter into any transaction with the AHA, including but not limited to transactions involving

- The sale, purchase, lease, or rental of any property or other asset
- Employment, or rendition of services, personal or otherwise
- The award of any grant, contract, or subcontract
- The investment or deposit of any funds of the AHA

such person shall give notice of such interest or relationship and shall thereafter refrain from discussing or voting on the particular transaction in which he or she has an interest, or otherwise attempting to exert any influence on the AHA or its components to affect a decision to participate or not participate in such a transaction.

### Regional Application of the Statement of Conflict of Interest

The expectation is that ECC leaders will conduct themselves with impartiality while performing AHA ECC tasks. When this is not possible, a statement of conflict of interest must be made and recorded into appropriate venue minutes, and there may be a need for the leader to excuse himself or herself from the decision-making process.

## Ethics/Code of Conduct

### Overview

The AHA has established an Ethics Policy that applies to all AHA leaders, TCs, and instructors. These positions hold a responsibility to exhibit a high standard of conduct.

### ECC Leadership Code of Conduct

All persons in AHA ECC leadership are expected to conduct themselves with honesty, integrity, and a commitment to the goals of the AHA and ECC Programs. This code is intended to provide standards of professional conduct.

The scope of the standards implied in this code includes activities directly related to the discharge of ECC leadership functions, such as committee activities and assignments, as well as actions performed with other AHA programs or activities, such as ECC classes and activities related to AHA affiliate programs.

Conduct	Description
Competence	<p>ECC leaders must demonstrate a competent knowledge relative to their assigned specific area of responsibility.</p> <p>Leaders must maintain all prerequisites for the position and participate in required educational or informational sessions.</p>
Respect for others	<p>ECC leaders must respect and treat others fairly, regardless of race, ancestry, place of origin, color, ethnic origin, citizenship, religion, gender, sexual orientation, socioeconomic status, age, disability, or any other basis protected by law.</p> <p>Additionally, there is no tolerance for sexual harassment, including sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature and that is unwelcome, offensive, or creates a hostile work or classroom environment.</p>

<b>Conduct</b>	<b>Description</b>
Integrity	<p>ECC leaders must conduct themselves with honesty, fairness, and trustworthiness and must not make statements that are false, misleading, or deceptive.</p> <p>ECC leaders must adhere to all applicable AHA rules and regulations governing the ECC Programs, course, and TC operations as well as all federal, state, and local laws and regulations in the discharge of their AHA duties.</p>
Neutrality	<p>AHA volunteers must maintain neutrality in terms of specific proprietary products or brand names (eg, drugs, devices, and publications) and in terms of descriptions of other professional individuals and organizations.</p> <p>Specifically, whenever possible, generic names for drugs and devices should be used.</p> <p>While in their volunteer roles, instructors and Faculty must not be advocates for specific brand names or proprietary products outside of AHA recommendations.</p> <p>Furthermore, instructors and Faculty, while in their volunteer roles, must use caution when referring to others, particularly when referring to differences or negative descriptions of other professional individuals or organizations.</p>

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

# Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



## Course Information

- BLS Course (instructor-led)
  - BLS Renewal Course (instructor-led)
  - HeartCode® BLS
  - BLS Instructor
- Lead Instructor \_\_\_\_\_  
 Lead Instructor ID# \_\_\_\_\_  
 Card Expiration Date \_\_\_\_\_  
 Training Center \_\_\_\_\_  
 Training Center ID# \_\_\_\_\_  
 Training Site Name (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_  
 Course Location \_\_\_\_\_

Course Start Date/Time \_\_\_\_\_ Course End Date/Time \_\_\_\_\_ Total Hours of Instruction \_\_\_\_\_  
 No. of Cards Issued \_\_\_\_\_ Student-Manikin Ratio \_\_\_\_\_ Issue Date of Cards \_\_\_\_\_

**Assisting Instructor** (Attach copy of instructor aligned with a TC other than the primary TC)

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Lead Instructor \_\_\_\_\_ Date \_\_\_\_\_



# Course Participants

Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

Name and Email <i>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</i>	Mailing Address/Telephone	Complete/ Incomplete	Remediation/Date Completed (if applicable)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

## American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

**Instructions:** Training Center Faculty (TCF) or Regional Faculty (RF) should use this form to assess the competencies of instructor candidates and renewing instructors. For each competency, there are several indicators or behaviors that the instructor may exhibit to demonstrate competency.

*To be used in conjunction with the Instructor/TCF Renewal Checklist.*

### Role of the RF/TCF Observer:

The role of the RF/TCF observer for this monitoring is to observe only. Debriefing or correcting the instructor during the course should be avoided. If critical components are not being completed, contact the TC Coordinator or Course Director outside the classroom setting immediately.

### Evaluating the Critical Actions:

The following questions are critical actions required for a successful course. Each item is written to maximize the objectivity and minimize the subjectivity of the evaluator. For each item, mark one of the following:

- Yes** for items present or completed if there are no required changes for improvement. There may be recommendations for improvement and comments but no required changes.
- Yes with req.** (Yes with requirements) for items that were completed but *changes are required* for full compliance. Fill in the comment box with the required change and rationale.
- No** if the required action was not done or was done incorrectly.
- Not Observed** for items the observer did not witness during monitoring.

### SECTION 1:

#### General information for the individual and course being observed.

Instructor or instructor candidate name: \_\_\_\_\_

Instructor ID #: \_\_\_\_\_ Instructor card expiration date: \_\_\_\_\_

Course reviewed:  Heartsaver®  BLS  ACLS  ACLS EP  PALS  PEARS®

Purpose of review:  Initial application  Instructor renewal  Remediation

### SECTION 2:

#### Instructor competencies and indicators. Observed by TCF or RF in a class setting.

**Course Delivery:** Presents AHA course content as intended by using AHA course curricula and materials

- 2.1 Delivers all core content consistent with AHA published guidelines, Instructor Manual, Lesson Plans, and agenda

Yes

Yes with req.

No

Not observed

Reviewer's comments:

\_\_\_\_\_

## American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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2.2 Uses videos, checklists, equipment, and other tools as directed in the Instructor Manual

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.3 Allows adequate time for content delivery, skills practice, and debriefing

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.4 Promotes retention by reinforcing key points

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.5 Delivers course in a safe and nonthreatening manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.6 Relates course material to audience (prehospital or in-facility)

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.7 Effectively operates technology used in the course

Yes

Yes with req

No

Not observed

Reviewer's comments:

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## American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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2.8 Adapts terminology appropriate to location, audience, and culture

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.9 Accommodates students who have disabilities and other special needs

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.10 Provides timely and appropriate feedback to students

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.11 Uses principles of effective team dynamics during small group activities

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.12 Facilitates debriefings after scenarios to improve individual and team performance

Yes

Yes with req

No

Not observed

Reviewer's comments:

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**Testing and Remediation:** Measures students' skills and knowledge against performance guidelines and provides remediation when needed to consolidate learning

2.13 Tests students by using AHA course materials according to instructions in the Instructor Manual

Yes

Yes with req

No

Not observed

Reviewer's comments:

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## American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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2.14 Provides feedback to students in a private and confidential manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.15 Provides remediation by directing students to reference material and by providing additional practice opportunities

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.16 Retests students when indicated

Yes

Yes with req

No

Not observed

Reviewer's comments:

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**Professionalism:** Maintains a high standard of ethics and professionalism when representing the AHA

2.17 Demonstrates professional behavior in physical presentation and teaching, including enthusiasm, honesty, integrity, commitment, compassion, and respect

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.18 Follows HIPAA, FERPA, and/or local guidelines maintaining confidentiality

Yes

Yes with req

No

Not observed

Reviewer's comments:

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**American Heart Association Emergency Cardiovascular Care Program  
Instructor Monitor Tool**

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2.19 Recognizes and appropriately responds to ethical issues encountered in training

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.20 Maintains student confidentiality when appropriate

Yes

Yes with req

No

Not observed

Reviewer's comments:

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Overall comments from TCF or RF observer:

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Review completed:

Successful

Comment: \_\_\_\_\_  
\_\_\_\_\_

Remediation needed

Comment: \_\_\_\_\_  
\_\_\_\_\_

Unsuccessful

Comment: \_\_\_\_\_  
\_\_\_\_\_

RF/TCF name: \_\_\_\_\_

RF/TCF signature: \_\_\_\_\_ Date: \_\_\_\_\_

**American Heart Association Emergency Cardiovascular Care Program  
Instructor Monitor Tool**

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**SECTION 3:**

**Review of candidate or instructor. To be completed by TC Coordinator.**

I have reviewed the Instructor Monitor Tool with my TC Coordinator, and my instructor status has been reviewed with me. Overall comments from monitored candidate or instructor:

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Candidate or instructor name: \_\_\_\_\_

Candidate or instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

TC Coordinator name: \_\_\_\_\_

TC Coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_

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ANSWER SHEET  
BLS Instructor Course  
Written Exam

Name \_\_\_\_\_ Date \_\_\_\_\_ Version \_\_\_\_\_

Question	Answer			
1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D

# Adult CPR and AED Skills Testing Checklist



Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

Hospital Scenario: "You are working in a hospital or clinic, and you see a person who has suddenly collapsed in the hallway. You check that the scene is safe and then approach the patient. Demonstrate what you would do next."

Prehospital Scenario: "You arrive on the scene for a suspected cardiac arrest. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

### Assessment and Activation

- Checks responsiveness     Shouts for help/Activates emergency response system/Sends for AED  
 Checks breathing     Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device. I am going to get the AED."

### Cycle 1 of CPR (30:2) \*CPR feedback devices preferred for accuracy

#### Adult Compressions

- Performs high-quality compressions\*:
  - Hand placement on lower half of sternum
  - 30 compressions in no less than 15 and no more than 18 seconds
  - Compresses at least 2 inches (5 cm)
  - Complete recoil after each compression

#### Adult Breaths

- Gives 2 breaths with a barrier device:
  - Each breath given over 1 second
  - Visible chest rise with each breath
  - Resumes compressions in less than 10 seconds

### Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

- Compressions     Breaths     Resumes compressions in less than 10 seconds

Rescuer 2 says, "Here is the AED. I'll take over compressions, and you use the AED."

### AED (follows prompts of AED)

- Powers on AED     Correctly attaches pads     Clears for analysis     Clears to safely deliver a shock  
 Safely delivers a shock

### Resumes Compressions

- Ensures compressions are resumed immediately after shock delivery
  - Student directs instructor to resume compressions or
  - Student resumes compressions

**STOP TEST**

#### Instructor Notes

- Place a ✓ in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to Instructor Manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation:

PASS  NR

Instructor Initials \_\_\_\_\_ Instructor Number \_\_\_\_\_ Date \_\_\_\_\_

# Adult CPR and AED

## Skills Testing Critical Skills Descriptors

- 1. Assesses victim and activates emergency response system (this *must* precede starting compressions) within a maximum of 30 seconds. After determining that the scene is safe:**
  - Checks for responsiveness by tapping and shouting
  - Shouts for help/directs someone to call for help *and* get AED/defibrillator
  - Checks for no breathing or no normal breathing (only gasping)
    - Scans from the head to the chest for a minimum of 5 seconds and no more than 10 seconds
  - Checks carotid pulse
    - Can be done simultaneously with check for breathing
    - Checks for a minimum of 5 seconds and no more than 10 seconds
- 2. Performs high-quality chest compressions (initiates compressions immediately after recognition of cardiac arrest)**
  - Correct hand placement
    - Lower half of sternum
    - 2-handed (second hand on top of the first or grasping the wrist of the first hand)
  - Compression rate of 100 to 120/min
    - Delivers 30 compressions in 15 to 18 seconds
  - Compression depth and recoil—at least 2 inches (5 cm) and avoid compressing more than 2.4 inches (6 cm)
    - Use of a commercial feedback device or high-fidelity manikin is highly recommended
    - Complete chest recoil after each compression
  - Minimizes interruptions in compressions
    - Delivers 2 breaths so less than 10 seconds elapses between last compression of one cycle and first compression of next cycle
    - Compressions resumed immediately after shock/no shock indicated
- 3. Provides 2 breaths by using a barrier device**
  - Opens airway adequately
    - Uses a head tilt–chin lift maneuver or jaw thrust
  - Delivers each breath over 1 second
  - Delivers breaths that produce visible chest rise
  - Avoids excessive ventilation
  - Resumes chest compressions in less than 10 seconds
- 4. Performs same steps for compressions and breaths for Cycle 2**
- 5. AED use**
  - Powers on AED
    - Turns AED on by pushing button or lifting lid as soon as it arrives
  - Correctly attaches pads
    - Places proper-sized (adult) pads for victim's age in correct location
  - Clears for analysis
    - Clears rescuers from victim for AED to analyze rhythm (pushes analyze button if required by device)
    - Communicates clearly to all other rescuers to stop touching victim
  - Clears to safely deliver shock
    - Communicates clearly to all other rescuers to stop touching victim
  - Delivers a shock
    - Resumes chest compressions immediately after shock delivery
    - Does *not* turn off AED during CPR
- 6. Resumes compressions**
  - Ensures that high-quality chest compressions are resumed immediately after shock delivery
    - Performs same steps for compressions

# Infant CPR Skills Testing Checklist (1 of 2)



Student Name \_\_\_\_\_

Date of Test \_\_\_\_\_

Hospital Scenario: "You are working in a hospital or clinic when a woman runs through the door, carrying an infant. She shouts, 'Help me! My baby's not breathing.' You have gloves and a pocket mask. You send your coworker to activate the emergency response system and to get the emergency equipment."

Prehospital Scenario: "You arrive on the scene for an infant who is not breathing. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

### Assessment and Activation

- Checks responsiveness     Shouts for help/Activates emergency response system     Checks breathing
- Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device."

### Cycle 1 of CPR (30:2) \*CPR feedback devices preferred for accuracy

#### Infant Compressions

- Performs high-quality compressions\*:
  - Placement of 2 fingers in the center of the chest, just below the nipple line
  - 30 compressions in no less than 15 and no more than 18 seconds
  - Compresses at least one third the depth of the chest, about 1½ inches (4 cm)
  - Complete recoil after each compression

#### Infant Breaths

- Gives 2 breaths with a barrier device:
  - Each breath given over 1 second
  - Visible chest rise with each breath
  - Resumes compressions in less than 10 seconds

### Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

- Compressions     Breaths     Resumes compressions in less than 10 seconds

Rescuer 2 arrives with bag-mask device and begins ventilation while Rescuer 1 continues compressions with 2 thumb-encircling hands technique.

### Cycle 3 of CPR

#### Rescuer 1: Infant Compressions

- Performs high-quality compressions\*:
  - 15 compressions with 2 thumb-encircling hands technique
  - 15 compressions in no less than 7 and no more than 9 seconds
  - Compresses at least one third the depth of the chest, about 1½ inches (4 cm)
  - Complete recoil after each compression

#### Rescuer 2: Infant Breaths

*This rescuer is not evaluated.*

(continued)

# Infant CPR Skills Testing Checklist (2 of 2)



Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

## Cycle 4 of CPR

### Rescuer 2: Infant Compressions

*This rescuer is not evaluated.*

### Rescuer 1: Infant Breaths

- Gives 2 breaths with a bag-mask device:
  - Each breath given over 1 second
  - Visible chest rise with each breath
  - Resumes compressions in less than 10 seconds

**STOP TEST**

#### Instructor Notes

- Place a ✓ in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to Instructor Manual for information about remediation).

**Test Results** Check **PASS** or **NR** to indicate pass or needs remediation:

**PASS**  **NR**

Instructor Initials \_\_\_\_\_ Instructor Number \_\_\_\_\_ Date \_\_\_\_\_

# Infant CPR

## Skills Testing Critical Skills Descriptors

- 1. Assesses victim and activates emergency response system (this *must* precede starting compressions) within a maximum of 30 seconds. After determining that the scene is safe:**
  - Checks for responsiveness by tapping and shouting
  - Shouts for help/directs someone to call for help *and* get emergency equipment
  - Checks for no breathing or no normal breathing (only gasping)
    - Scans from the head to the chest for a minimum of 5 seconds and no more than 10 seconds
  - Checks brachial pulse
    - Can be done simultaneously with check for breathing
    - Checks for a minimum of 5 seconds and no more than 10 seconds
- 2. Performs high-quality chest compressions during 1-rescuer CPR (initiates compressions within 10 seconds of identifying cardiac arrest)**
  - Correct placement of hands/fingers in center of chest
    - 1 rescuer: 2 fingers just below the nipple line
  - Compression rate of 100 to 120/min
    - Delivers 30 compressions in 15 to 18 seconds
  - Adequate depth for age
    - Infant: at least one third the depth of the chest (about 1½ inches [4 cm])
    - Use of a commercial feedback device or high-fidelity manikin is highly recommended
  - Complete chest recoil after each compression
  - Appropriate ratio for age and number of rescuers
    - 1 rescuer: 30 compressions to 2 breaths
  - Minimizes interruptions in compressions
    - Delivers 2 breaths so less than 10 seconds elapses between last compression of one cycle and first compression of next cycle
- 3. Provides effective breaths with bag-mask device during 2-rescuer CPR**
  - Opens airway adequately
  - Delivers each breath over 1 second
  - Delivers breaths that produce visible chest rise
  - Avoids excessive ventilation
  - Resumes chest compressions in less than 10 seconds
- 4. Switches compression technique at appropriate interval as prompted by the instructor (for purposes of this evaluation). Switch should take no more than 5 seconds.**
- 5. Performs high-quality chest compressions during 2-rescuer CPR**
  - Correct placement of hands/fingers in center of chest
    - 2 rescuers: 2 thumb-encircling hands just below the nipple line
  - Compression rate of 100 to 120/min
    - Delivers 15 compressions in 7 to 9 seconds
  - Adequate depth for age
    - Infant: at least one third the depth of the chest (about 1½ inches [4 cm])
  - Complete chest recoil after each compression
  - Appropriate ratio for age and number of rescuers
    - 2 rescuers: 15 compressions to 2 breaths
  - Minimizes interruptions in compressions
    - Delivers 2 breaths so less than 10 seconds elapses between last compression of one cycle and first compression of next cycle