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## Welcome to the 2014 HSI Training Center Administrative Manual (TCAM)

Based on quality assurance lessons learned in the last 6 months, several Training Center Standards (TCS) have been clarified or added. These TCS are summarized below and highlighted within the document. Additionally, section headers have been revised or added and the TCS have been renumbered for ease of reference. Several existing TCS have been incorporated into others or eliminated as redundant (reduction of 2,200 words and 4 pages). These revisions are not highlighted as they did not materially change from the last published version. Lastly, by request, we've added and highlighted a new topic in the Guidelines section.

### Revisions to the Training Center Standards

1. The Training Center Director is required to “Ensure that all credentials used for Instructor or Instructor Trainer Authorization by reciprocity are **current**, properly earned, and legitimate.” (*clarification*)
2. The Training Center Director is required to “Ensure the purchase of at least one **current** (1) American Safety & Health Institute, Inc. (ASHI) or MEDIC First Aid International, Inc. (MEDIC First Aid) training program.” (*clarification*)
3. Authorized Instructors and Instructor Trainers Agree that “All credentials used for authorization are **current**, properly earned, and legitimate (licenses, certifications, or registrations) and that evidence of falsification of any information on the application will result in denial or revocation of authorization.” (*clarification*)
4. Authorized Instructors and Instructor Trainers Agree that Instructor Reauthorization requires;
  - a. The Instructor to be affiliated with a currently approved Training Center who has purchased at least one **current** ASHI or MEDIC First Aid training program.
  - b. The Instructor Trainer to be affiliated with a currently approved Training Center who has purchased at least one **current** ASHI or MEDIC First Aid training program.
5. **ASHI CPR Pro Instructors** are required to begin using a new exam by November 1, 2014. **EMS Continuing Education Hours** revised (*added*).
6. **ASHI Wilderness First Responder** and **Wilderness EMT Upgrade** Program continued until further notice. **Certification cards** may continue to be legitimately issued (*clarification*).
7. **Student-to-Instructor Ratio in Large Groups** (*guideline, added*).

*The TCAM is not intended to be all-inclusive or to address all the possible applications of, or exceptions to the standards and guidelines described. For that reason, any questions concerning the applicability of these standards and guidelines should be directed to the Regulatory and Quality Assurance department.*

**American Safety & Health Institute  
and MEDIC First Aid**

**2014**

# **Training Center Administrative Manual**

**STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE**



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**-SUBJECT TO CHANGE WITHOUT NOTICE-**

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## Training Center Administrative Manual (TCAM) Overview

### Who is the Health & Safety Institute?

[Health & Safety Institute](#) (HSI), one of the leading privately held health and safety training organizations in the world, joins together [American Safety & Health Institute](#), [MEDIC First Aid](#), [24-7 EMS](#), [24-7 Fire](#), [EMP Canada](#), and [Summit Training Source](#). Since 1978 HSI companies have partnered with more than 20,000 approved training centers and have authorized more than 200,000 professional safety and health educators, who have certified nearly 23 million emergency care providers in the US and more than 100 countries throughout the world. HSI's goal is to become the premier solutions provider offering a complete range of health and safety services and products, powered by technology that make protecting and saving lives easy for our customers, their employees, and those they serve.

### What is a Training Center?

An American Safety & Health Institute (ASHI) or MEDIC First Aid Training Center is a self-governing entity that provides health and safety instruction. Training Centers provide educational services that are delivered by authorized ASHI or MEDIC First Aid Instructors and Instructor Trainers who possess the necessary knowledge and teaching ability to explain, tell, demonstrate, supervise, and direct learning. Training Centers exist in a wide variety of sizes and business structures. A Training Center may be a small business owned by an individual who runs its day-to-day operations and provides instruction on a fee-for-service basis, or a Training Center may be a corporation, organization, or government agency that provides in-house training for its employees.

### What is the relationship between the Training Center and the Training Center Director

Each approved Training Center must have a Training Center Director. The Training Center Director is the business owner, executive officer, or other individual associated with the organization that is responsible for managing the operation of the Training Center.

### What is the role of the Training Center Director?

The Training Center Director is responsible for ensuring that the ASHI and MEDIC First Aid training activities for the organization and all affiliated ASHI or MEDIC First Aid authorized Instructors and Instructor Trainers adhere to these Training Center standards.

### What is the TCAM?

The TCAM is a collection of standards and guidelines that establish the criteria for quality assurance and performance improvement of HSI, its ASHI and MEDIC First Aid Training Centers, and authorized Instructors and Instructor Trainers (Figure 1). The most recent version is available online in the [Quality Assurance Center](#) of the ASHI and MEDIC First Aid brands website.

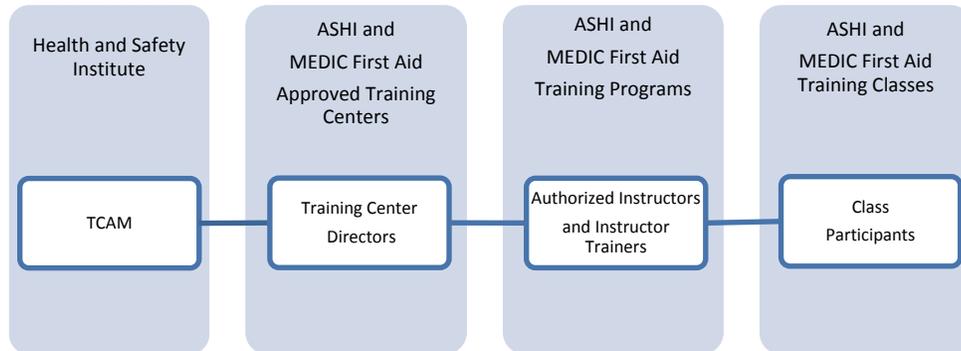


Figure 1

## Who is the TCAM for?

The TCAM is for HSI approved ASHI and MEDIC First Aid Training Centers and Authorized Instructors and Instructor Trainers. It is also for anyone with an interest in the quality assurance and improvement practices of HSI including regulatory authorities, occupational licensing boards, national and international organizations, professional associations, educational accreditors, as well as purchasers and end users of ASHI and MEDIC First Aid training programs and products.

## Why is the TCAM necessary?

The TCAM documents the process HSI uses to continually improve the validity, defensibility, and effectiveness of HSI, its ASHI and MEDIC First Aid Training Centers, and authorized Instructors and Instructor Trainers. Being able to demonstrate HSI has an effective quality assurance system in place is often required for approval or acceptance of ASHI and MEDIC First Aid training programs by regulatory authorities. It can also help reduce legal exposure for HSI, its Training Centers, and Authorized Instructors and Instructor Trainers by identifying weaknesses in operating standards, procedures, and processes. Additionally, transparency is of particular importance in matters of health, safety, and quality assurance. For this reason, HSI's Standards and Guidelines for Quality Assurance are freely available on the [HSI website](#).

## What is Quality Assurance?

Quality assurance is a set of standards and guidelines to monitor and improve the performance of HSI, its ASHI and MEDIC First Aid Training Centers, and Authorized Instructors and Instructor Trainers so that the products and services provided consistently meet or exceed the requirements of regulatory authorities and other approvers.

## What is the Difference between a Standard and Guideline?

A standard is "something set up and established by an authority as a rule for the measure of quantity, weight, extent, value, or quality". A guideline is "an indication or outline of policy or conduct."<sup>1</sup> For the purpose of these **STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE**, a standard is something an approved Training Center, Authorized Instructor or Instructor Trainer is required to do (mandatory), while a guideline is a statement of desired, good or best practice (non-mandatory).

## How do the Standards and Guidelines Differ between ASHI and MEDIC First Aid?

There are some inherent differences between training programs that are defined in the specific ASHI and MEDIC First Aid Program Standard or in the Guidelines. Otherwise, the Training Center Standards and Guidelines apply to both training program brands.

## What Is the Relationship Between HSI and its Training Centers?

HSI designs and develops training programs and authorizes qualified individuals to teach the training programs and issue certification cards to students that have met the required knowledge and skill objectives. HSI is not a franchise. Training Center Directors and Authorized Instructors and Instructor Trainers are not HSI employees, agents, consultants, contractors, or legal representatives. HSI does not grant exclusive or protected territories. HSI does not place a restriction on goods and services that may be offered for sale, and, excluding these **STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE**, does not impose control over or provide significant assistance in the method of operation. HSI does not control the price or fees that Training Centers charge for courses. HSI does not share in any fees that Training Centers charge or collect from their students or customers.

## How often is the TCAM Revised?

The TCAM is revised as necessary.

## Why was this TCAM Revision Necessary?

Quality assurance is a continuous process of identifying and resolving problems, examining the solutions to those problems, and monitoring the solutions for improvement. Consequently, regular review and revision of our **STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE** is necessary to ensure that identified problems are addressed.

## What If I Have More Questions?

If you have additional questions, please complete a [contact request](#), send an email to [support@hsi.com](mailto:support@hsi.com), or call us at 800-447-3177.

## Training Center Standards

### Training Center Approval

*Training Center Approval grants permission to offer ASHI or MEDIC First Aid training programs. A print or digital application is required for approval.*

#### Terms and Conditions of Training Center Approval

##### *Training Center Directors Agree That:*

1. His or her signature on the Training Center Application obligates the organization;
  - a) To comply with the terms and conditions of Training Center Approval, and;
  - b) To comply with all applicable local, state, provincial, federal laws and administrative rules governing operation of its training business and the approval, delivery, and administration of occupationally required training.
2. Approval as a Training Center and Training Center Director is a privilege, not a right, and may be denied, suspended, or revoked at any time at the sole discretion of HSI.
3. Evidence of falsification of any information provided on the Training Center application will result in denial or revocation of approval.
4. The commission of any illegal, dishonest, unethical, or unprofessional act or conviction of a crime that is substantially related to the duties, qualifications, or functions of the Training Center Director may result in denial, suspension, or revocation of the Training Center approval at any time.
  - a) If the Training Center Director has had a government license, permit or certification suspended, revoked, or denied or has pled nolo contendere (no contest) or been convicted of a felony in any state, prior to or during his or her HSI approval period, the Training Center Director is required to submit a detailed explanation of the circumstances. Failure to do so is grounds for revocation.
  - b) If the Training Center Director has had a professional certification, trade certification, or professional designation, suspended, revoked, or denied prior to or during his or her ASHI or MEDIC First Aid Training Center approval period, the Training Center Director is required to submit a detailed explanation of the circumstances. Failure to do so is grounds for revocation.
  - c) Such circumstances do not absolutely preclude approval but are subject to the review and decision of the HSI Quality Assurance Board.
5. HSI has the right to communicate the current status of the Training Center (in good standing, inactive, suspended, and revoked) to law enforcement officials, regulators, occupational licensing boards, professional associations, and others as HSI sees fit.
6. He or she will indemnify, defend, and hold ASHI, MEDIC First Aid, and HSI harmless from and against all claims, losses, and causes of action, liability, damages, and expenses asserted by third parties relating to or arising from any acts or omissions of the Training Center Director, Instructor, or Instructor Trainer.
7. Training Center Approval will remain in effect until inactivated, suspended, or revoked.
  - a) The Training Center Director may inactivate, suspend, or revoke approval at any time by giving notice to ASHI or MEDIC First Aid.
  - b) ASHI or MEDIC First Aid may inactivate, suspend, or revoke approval at any time by notifying the Training Center Director.
  - c) Inactivation, suspension, or revocation will be effective at the time of notice.
8. Additional training materials that are not produced by HSI may be used to enhance ASHI and MEDIC First Aid programs at the discretion of the Training Center Director. To assure the integrity of the instructional system, these supplementary materials;
  - a) May not be used in lieu of ASHI or MEDIC First Aid course materials.
  - b) May not be used to shorten or otherwise alter the Program Standards of any ASHI or MEDIC First Aid course.
  - c) Must be clearly differentiated from the ASHI or MEDIC First Aid program materials. It must be made clear that the supplementary training materials are not a product, guideline, or invention of ASHI, MEDIC First Aid, or HSI.
9. The ASHI or MEDIC First Aid Training Center logos (below) are the only ASHI or MEDIC First Aid logos that may be used to advertise in print and on the Internet.
  - a) When used electronically, the logo(s) must be hyperlinked to [www.hsi.com](http://www.hsi.com)

- b) The statement “The ASHI or MEDIC First Aid Training Center logo is a registered trademark of Health & Safety Institute or its affiliates. All rights reserved.” must be included as part of the website’s Legal Notice, Terms of Use, or other suitable section on the website that lists trademark ownership information.
  - i) If the Training Center website does not have such a section, then this language must be included on the same page(s) as the Training Center logo(s).
- c) The Training Center will not transfer or assign these limited rights to use the Training Center logo to a third party.
- d) The Training Center will not contest ownership of any copyrights, trademarks (Marks), or other intellectual property rights involving the HSI family of brands, including ASHI or MEDIC First Aid Training programs, certification cards, materials, and products.
- e) The Training Center will not place any HSI name or logo, including the ASHI or MEDIC First Aid name, logo, or Training Center logo on any certification card, certificate, course, program, training material, or products in any format, invented, created, or produced by the Training Centers or others so as to give the impression that the certification card, course, program, materials, or products were created, endorsed, recommended, approved, or sold by HSI or its affiliates.
- f) The Training Center will not use Marks, including the ASHI or MEDIC First Aid name, logos, Training Center logos, words, or other symbols confusingly similar to Marks in connection with any Training Center trade name, corporate name, or business name, nor as a trademark or service mark nor shall the Training Center display the ASHI or MEDIC First Aid Training Center logo in a more prominent position than its own logo or name.
- g) No Mark shall be combined with any trademark or service mark or any other words or symbols to form, in effect, a new trademark or service mark, or to imply that the Marks are owned by anyone other than HSI or its affiliates.



*Training Center logos are available at no cost in the OTIS-supported Training Center Manager.*

***The Training Center Director Is Required To:***

1. Maintain Internet access and a current, valid email address. Failure to maintain Internet access and an active email address is grounds for suspension or revocation.
2. Refrain from engaging in illegal, dishonest, unethical, or unprofessional conduct including, but not limited to:
  - a) Issuing unearned or altered ASHI or MEDIC First Aid certification cards.
  - b) Withholding properly earned ASHI or MEDIC First Aid certification cards.
  - c) Fraud, forgery, misrepresentation (including falsification of course records and ASHI or MEDIC First Aid certification cards), false advertisement, discrimination, unauthorized duplication of copyrighted materials, financial or other business-related misconduct.
  - d) Harassment of other ASHI or MEDIC First Aid authorized Instructors and Instructor Trainers, Training Center Directors, class participants, customers, complainants, or HSI staff.
3. Have at least one currently Authorized Instructor or Instructor Trainer in good standing affiliated with the Training Center.
  - a) The Training Center Director may be the only affiliated Instructor, or there may be many affiliated Instructors.
  - b) The Training Center Director may choose to accept or decline an Instructor’s affiliation with his or her Training Center.
4. Ensure that all Instructors teaching for the Training Center are current, properly authorized, either by successful completion of an ASHI or MEDIC First Aid Instructor or Instructor Trainer Development Course (IDC/ITDC) or by [Reciprocity](#).
5. Ensure that all credentials used for Instructor or Instructor Trainer Authorization by reciprocity are **current**, properly earned, and legitimate (see [Guidelines for New Instructor or Instructor Trainer Authorization](#) for details).
6. Ensure that all Instructor or Instructor Trainers affiliated with the Training Center are properly reauthorized (see [Instructor or Instructor Trainer Reauthorization](#) for details).

7. Maintain responsibility for affiliated Instructors and Instructor Trainers.
8. Pay the applicable Instructor or Instructor Trainer authorization or reauthorization fee. The authorization period is two (2) years.
9. Ensure the purchase of at least one **current** (1) American Safety & Health Institute, Inc. (ASHI) or MEDIC First Aid International, Inc. (MEDIC First Aid) training program.
10. Offer ASHI or MEDIC First Aid training and certification only for the ASHI or MEDIC First Aid program(s) purchased.
11. Ensure each Instructor or Instructor Trainer affiliated with the Training Center or shared with another Training Center:
  - a) Provides students the current Guidelines 2010 (G2010) version of the ASHI or MEDIC First Aid course materials, one per student, print or digital (except when a G2010 version has not been released).
  - b) Has access to the current G2010 version of the ASHI or MEDIC First Aid Instructor Guide for the course(s) they are authorized to teach (one per Instructor, print or digital).
  - c) Issues only the current G2010 version of the ASHI or MEDIC First Aid certification card (print or digital).
  - d) Has access to, understands, and complies with these standards.
12. Be responsible for the ASHI or MEDIC First Aid training activities at all branches (other training divisions or locations).
13. Maintain a current list of affiliated Instructors and Instructor Trainers and branches with contact information.
14. Promptly notify HSI if the current Training Center Director is replaced with a new Training Center Director using the appropriate ASHI or MEDIC First Aid Training Center Update Form.
  - a) To prevent unauthorized replacement of the Training Center Director, the current Training Center Director must grant permission to his or her successor. If conditions prevent this, the circumstances must be described.
15. Monitor the performance of affiliated or shared Authorized Instructors and Instructor Trainers to ensure he or she;
  - a) Is proficient, up to date, and teaching the G2010 version of the ASHI or MEDIC First Aid training program.
  - b) Issues only G2010 ASHI or MEDIC First Aid certification cards to individuals who have successfully completed an ASHI or MEDIC First Aid G2010 course.
  - c) Maintains good personal hygiene and an appearance that is both professional and suitable to the setting of the class.
  - d) Creates a learning environment that is physically safe, free from discrimination, harassment, prejudice, and is culturally sensitive.
  - e) Ensures adequate precautions to prevent injury and minimize the risk of disease transmission.
  - f) Uses appropriate equipment in sufficient quantities to ensure adequate hands-on practice of required psychomotor skills by each student.
  - g) Uses only the most current G2010 version of ASHI or MEDIC First Aid written exams and performance evaluations to determine successful course completion according to the applicable Program Standard.
  - h) Takes reasonable precautions to ensure the security of print or digital certification cards and the integrity of print or digital written exams (i.e., protected against unauthorized use, theft, and duplication).
    - i) ASHI or MEDIC First Aid written exams may not be altered in any way or posted to any Internet site.
    - i) Refrains from engaging in or permitting affiliated Instructors or Instructor Trainers to engage in illegal, dishonest, unethical, or unprofessional conduct including, but not limited to;
      - i) Issuing unearned or altered ASHI or MEDIC First Aid certification cards.
      - ii) Withholding properly earned ASHI or MEDIC First Aid certification cards.
      - iii) Fraud, forgery, misrepresentation (including falsification of course records and ASHI or MEDIC First Aid certification cards), false advertisement, discrimination, unauthorized duplication of copyrighted materials, financial or other business-related misconduct.
      - iv) Harassment of other ASHI or MEDIC First Aid authorized Instructors and Instructor Trainers, Training Center Directors, class participants, or HSI staff.
16. Promptly respond to complaints from regulatory authorities, students, customers, affiliated Instructors and Instructor Trainers, and HSI.
17. Promptly notify HSI if an affiliated Instructor or Instructor Trainer;
  - a) Is unaffiliated from the Training Center for violation of these standards, or
  - b) Has a government, professional, or trade license, permit or certification that is substantially related to his or her duties, qualifications, or functions as an Instructor or Instructor Trainer suspended, revoked, or denied or has pled nolo contendere (no contest) or been convicted of a felony during the authorization period.
18. Work cooperatively with regulatory authorities, law enforcement officials, students, customers, affiliated Instructors, Instructor Trainers and HSI to investigate and correct any situation that endangers the goodwill associated with HSI,

ASHI or MEDIC First Aid training programs, approved Training Centers, or authorized Instructors and Instructor Trainers.

19. Provide reasonable accommodation to all persons with disabilities who seek access to ASHI or MEDIC First Aid programs consistent with the [Americans with Disabilities Act](#) (ADA).
20. Offer continuing education credit to EMS providers who complete accredited programs (see [Continuing Education](#)).
21. Keep clear, legible, and orderly ASHI or MEDIC First Aid participant-level records (paper or digital) for no less than three (3) years, for provider, Instructor Development Course (IDC), and Instructor Trainer Development Course (ITDC) classes, including:
  - a) Participant-level (student) rosters
  - b) Participant -level class evaluations (or summaries of class evaluations)
  - c) Participant -level skill performance evaluations (where required)
  - d) Participant -level written exam results (where required)
  - e) Completed IDC course roster
  - f) Record of IDC exam scores
  - g) Instructor-Candidate IDC performance evaluations
  - h) Verification of Medical Oversight Form (only applies to ASHI Training Centers who are certifying public safety personnel in ASHI Emergency Medical Response).
22. Keep a copy of the Instructor or Instructor Trainer Application and all associated credentials or the IDC course completion documentation for the length of the affiliation with the Training Center.
  - a) If the Instructor or Instructor Trainer attained authorization through reciprocity, the Training Center must retain a copy of the original authorization that was used (for example, his or her American Heart Association®, Inc. *Basic Life Support Instructor* card.)
  - b) The Instructor or Instructor Trainer is not required to maintain current certification in the reciprocal credentials provided the Instructor or Instructor Trainer meets the [Terms and Conditions for Instructor or Instructor Trainer Reauthorization](#).
  - c) If the Instructor or Instructor Trainer attained authorization through an ASHI or MEDIC First Aid Instructor or Instructor Trainer Development Course (IDC/ITDC), the Training Center is required to retain a copy of the course completion documentation including:
    - i) Completed IDC/ITDC course roster.
    - ii) Record of IDC/ITDC exam scores.
    - iii) Instructor Candidate IDC performance evaluations.
    - iv) Any and all documentation related to formal complaints and quality assurance reviews.
  - d) Training Centers may use a digital or print roster of their own making; however, these rosters must have the same data fields (i.e. name, class type, etc.) and the same attesting statement that appears on the original (ASHI or MEDIC First Aid) roster.
23. Promptly respond to a QAR request.
  - a) A QAR is an evaluation of a Training Center’s records and program delivery activities to ensure consistency with these Training Center Standards. The goal of the QAR is to continually improve the quality and defensibility of HSI; it’s approved Training Centers, Authorized Instructors and Instructor Trainers.
    - i) If weaknesses are found, HSI will work with the Training Center Director in a helpful and reasonable manner to make the necessary corrections.
    - ii) The QAR is not intended to be punitive; however due to its important quality assurance purpose, failure to respond or refusal to cooperate in a QAR will result in the suspension or revocation of Training Center approval.
    - iii) A QAR request requires that the Training Center submit documentation including, but not necessarily limited to rosters from the last two (2) classes conducted and the [participant-level records identified above](#).
  - b) A Training Center may be selected for a QAR only once every two years unless otherwise specified by legally-binding Compliance Agreement (see [Credential Inquiries and Complaints](#)). .
24. Work with HSI to develop and nurture a strong, mutually beneficial business relationship built upon honest and respectful commercial transactions. If a Training Center has a delinquent invoice;
  - i) Over 60 days, HSI will file a complaint against the Training Center Director seeking immediate payment.
  - ii) Over 90 days, HSI will suspend the Training Center approval.
  - iii) Over 150 days, HSI will revoke the Training Center approval.

25. A Training Center that has been revoked for non-payment of a delinquent invoice may appeal the revocation if the delinquent invoice is paid in full within 30 days of the revocation (see [Appeal](#)).

## Instructor and Instructor Trainer Authorization

Authorization grants permission to teach an ASHI or MEDIC First Aid training program and to issue ASHI or MEDIC First Aid certification cards to persons who successfully complete the course. A signed application is required for Authorization.

### Terms and Conditions for New Instructor or Instructor Trainer Authorization

#### *Authorized Instructors and Instructor Trainers Agree that:*

1. New Instructor or Instructor Trainer Authorization may only be obtained by meeting the requirements for successful completion of an Instructor or Instructor Trainer Development Course (IDC/ITDC) or by Reciprocity (see [Guidelines for New Instructor or Instructor Trainer Authorization](#) for details).
  - a) Applications will be submitted within 6 months of successfully completing an IDC/ITDC. This time frame may be extended up to 1 year under extenuating circumstances. After one year, IDC/ITDC applications will not be accepted for authorization.
2. His or her signature on the Instructor or Instructor Trainer Application obligates the applicant to:
  - a) Comply with all applicable local, state, provincial, federal laws and administrative rules governing the approval, delivery, and administration of occupationally required training, whether inside or outside North America.
  - b) Comply with the terms and conditions of Instructor or Instructor Trainer Authorization.
3. Authorization is a privilege, not a right, and may be denied, suspended, or revoked at any time at the sole discretion of HSI.
4. All credentials used for authorization are **current**, properly earned, and legitimate (licenses, certifications, or registrations) and that evidence of falsification of any information on the application will result in denial or revocation of authorization.
5. The commission of any illegal, dishonest, unethical, or unprofessional act or the conviction of any crime that is substantially related to the duties, qualifications, or functions of an ASHI or MEDIC First Aid Authorized Instructor or Instructor Trainer may result in denial, suspension, or revocation of the Instructor or Instructor Trainer Authorization at any time.
  - a) If the Instructor or Instructor Trainer has had a government license, permit or certification suspended, revoked, or denied or has pled nolo contendere (no contest) or been convicted of a felony in any state, prior to or during his or her authorization period, he or she is required to submit a detailed explanation of the circumstances. Failure to do so is grounds for revocation.
  - b) If the Instructor or Instructor Trainer has had a professional certification, trade certification, or professional designation, suspended, revoked, or denied prior to or during his or her authorization period, he or she is required to submit a detailed explanation of the circumstances. Failure to do so is grounds for revocation.
6. Such circumstances do not absolutely preclude approval, but are subject to the review and decision of the HSI Quality Assurance Board.
7. HSI has the right to communicate the current status of the Authorized Instructor or Instructor Trainer (in good standing, inactive, suspended, and revoked) to law enforcement officials, regulators, occupational licensing boards, professional associations, and others as HSI sees fit.
  - a) All Instructors and Instructor Trainers consent to the release of this information as a condition of authorization.
8. His or her signature on the application indemnifies, defends, and holds ASHI, MEDIC First Aid, and HSI harmless from and against all claims, losses, and causes of action, liability, damages, and expenses asserted by third parties relating to or arising from any acts or omissions of the Authorized Instructor or Instructor Trainer.

#### *Authorized Instructors and Instructor Trainers Are Required To:*

1. Maintain a current, valid email, and physical mailing address with HSI.
2. Maintain affiliation with one primary Training Center.
3. Be proficient, up to date, currently authorized, and teach according to the program standard of the Guidelines 2010 (G2010) version of the ASHI or MEDIC First Aid training program used.
4. Have good personal hygiene and an appearance that is both professional and suitable to the setting of the class.
5. Provide access to the ASHI or MEDIC First Aid G2010 training materials to students for use during and after the course.
6. Assure that the learning environment is physically safe, free from discrimination, harassment, prejudice, and is culturally sensitive.

7. Take adequate precautions to prevent injury and minimize the risk of disease transmission in the classroom.
8. Have appropriate equipment available in sufficient quantities to ensure adequate hands-on practice of required psychomotor skills by each student.
9. Use only the most current version of ASHI or MEDIC First Aid G2010 written exams and performance evaluations to determine successful course completion according to the applicable Program Standard (except when a G2010 version has not been released).
10. Refrain from engaging in illegal, dishonest, unethical, or unprofessional conduct including, but not limited to:
  - a) Issuing unearned or improperly altered certification cards.
  - b) Withholding properly earned certification cards.
  - c) For Instructor Trainers; withholding properly earned Instructor authorization cards or failing to promptly submit Instructor Applications without good or sufficient reason.
  - d) Fraud, forgery, misrepresentation (including falsification of course records and ASHI or MEDIC First Aid certification cards), false advertisement, discrimination, unauthorized duplication of copyrighted materials, financial or other business-related misconduct.
  - e) Harassment of other ASHI or MEDIC First Aid authorized Instructors and Instructor Trainers, Training Center Directors, class participants, or HSI staff.
11. Promptly respond to complaints from HSI, Training Center Directors, regulatory authorities, students, customers, and others.
12. Work cooperatively with the Training Center Director, regulatory authorities, law enforcement officials, students, customers, and HSI to investigate and correct any situation that endangers the goodwill associated with HSI, its brands, ASHI or MEDIC First Aid training programs, approved Training Centers, and Authorized Instructors and Instructor Trainers.
13. Provide reasonable accommodation to all persons with disabilities who seek access to ASHI or MEDIC First Aid training.
14. Authorized Instructors and Instructor Trainers who are currently teaching are not required to maintain participant (student) level certification.
  - a) If an Authorized Instructor or Instructor Trainer must show evidence of participant-level certification in order to meet occupational licensing or other organizational requirements, then he or she must meet the required knowledge and skill objectives for successful completion of the student level course.
  - b) As an Authorized Instructor or Instructor Trainer cannot appropriately evaluate his or her own skills and knowledge, the evaluation must be conducted by a different Authorized Instructor or Instructor Trainer and be properly documented (performance evaluation, written exam where required, ASHI or MEDIC First Aid certification card, and roster).
15. Authorized Instructors and Instructor Trainers may:
  - a) Teach for as many Training Centers as they wish, but they must maintain affiliation with one primary Training Center.
  - b) Establish a Training Center.
  - c) Change their Training Center affiliation at any time.

### **Terms and Conditions for Instructor or Instructor Trainer Reauthorization**

#### ***Authorized Instructors and Instructor Trainers Agree That:***

1. Reauthorization obliges the individual to the terms and conditions of authorization. The authorization period is two (2) years.
2. Instructor Reauthorization requires;
  - a) The Instructor to be affiliated with a currently approved Training Center who has purchased at least one current ASHI or MEDIC First Aid training program.
3. The Authorized Instructor to have taught (or co-taught) at least two (2) ASHI or MEDIC First Aid classes during the previous authorization period (two years). Instructor Trainer Reauthorization requires;
  - a) The Instructor Trainer to be affiliated with a currently approved Training Center who has purchased at least one current ASHI or MEDIC First Aid training program.
  - b) The Authorized Instructor Trainer to have taught (or co-taught) at least two (2) Instructor Development Courses (ASHI or MEDIC First Aid) during the authorization period.
4. Instructors and Instructor Trainers are required to document the ASHI or MEDIC First Aid classes taught during their authorization period and provide this evidence of teaching to the Training Center Director for the purpose of reauthorization.

- a) "Evidence" means at least two (2) class rosters or student records (ASHI or MEDIC First Aid).
- b) The Training Center Director is required to produce this evidence when requested by HSI.
5. After two years, Instructor or Instructor Trainer Authorization is no longer valid.
6. An Instructor or Instructor Trainer who has met the minimum teaching requirements for reauthorization during their two year authorization period is allowed a maximum grace period of 90 days past the expiration date of their authorization to reauthorize. This grace period does not extend the authorization period.
7. An expired Instructor or Instructor Trainer may not teach ASHI or MEDIC First Aid courses until he or she is properly reauthorized.
8. HSI does not recognize any course or certification card issued by an expired Instructor or Instructor Trainer, nor accept responsibility or liability for the quality or competence of the Instructor or Instructor Trainer or the fitness, approval, recognition, content, quality, or outcome of the course.
9. An Instructor or Instructor Trainer who has not met the minimum teaching requirements for reauthorization during their two year authorization period, or whose expired authorization is past the maximum grace period of 90 days must meet the [Terms and Conditions for New Instructor or Instructor Trainer Authorization](#).
  - a) This requirement may be waived under special circumstances, including but not limited to; active military service and illness or injury. For more information, please contact the Quality Assurance department at 800-447-3177.
10. Current and active Master Instructor Trainers (MITs) MITs are authorized to conduct all levels of ASHI or MEDIC programs within their scope of expertise or healthcare practice, including Instructor and Instructor Trainer Development Courses.
  - a) HSI retired the MIT designation in 2013 and is no longer appointing MITs.
  - b) In honor and appreciation for many years of support and service, ASHI or MEDIC First Aid MITs are encouraged to use the designation *Master Instructor Trainer Emeritus*.

## Certification

*The term "certification" means verification that on the indicated class completion date a participant demonstrated achievement of the required knowledge and hands-on skill performance objectives according to the applicable Program Standard to the satisfaction of a qualified and currently authorized ASHI or MEDIC First Aid Instructor or Instructor Trainer. Certification does not guarantee future performance, or imply licensure or credentialing. Certification is documented by the legitimate issuance of a correctly completed ASHI or MEDIC First Aid certification card.*

**HSI DOES NOT OFFER OR ENDORSE ANY ONLINE-ONLY FIRST AID OR CPR CERTIFICATION. ASHI AND MEDIC FIRST AID TRAINING IS COMPETENCY-BASED. CERTIFICATION REQUIRES EVALUATION AND VERIFICATION OF A PARTICIPANT'S HANDS-ON SKILL COMPETENCY.**

### Terms and Conditions for Certification

#### *The Training Center Director and Its Authorized Instructors and Instructor Trainers Are Required To:*

1. Legitimately issue proper G2010 ASHI or MEDIC First Aid print or digital certification cards. "Legitimately issue" means that the proper ASHI or MEDIC First Aid certification card:
  - a) Bears the ASHI or MEDIC First Aid name and logo and was designed, produced, and sold by HSI.
  - b) Is promptly awarded only to an individual who actually attended a G2010 ASHI or MEDIC First Aid classroom or blended course taught by a properly authorized ASHI or MEDIC First Aid Instructor or Instructor Trainer who personally evaluated the individual's knowledge and skill competency and determined them acceptable in accordance with the Programs Standard.
  - c) Is legible (typed, computer-generated, or handwritten) and the participant names are correctly spelled.
  - d) Bears the name of the Authorized Instructor, his or her [Registry](#) Number, the Class Completion Date, and Expiration Date, the Training Center Phone No., Training Center I.D. and the Training Center name.
  - e) Is not altered in any manner.
    - i) Altering the content or appearance of the ASHI or MEDIC First Aid certification card is grounds for suspension or revocation.

#### *The Training Center Director and Its Authorized Instructors and Instructor Trainers Agree That:*

1. HSI does not recognize any ASHI or MEDIC First Aid course or certification card issued to a participant who did not meet the certification requirements of the program standard.
2. ASHI or MEDIC First Aid certification cards may not be legitimately issued for successful completion of courses that are not ASHI or MEDIC First Aid courses.

3. No other certification cards or certificates may be legitimately issued as a substitute for an ASHI or MEDIC First Aid certification card in courses that are advertised as an ASHI or MEDIC First Aid course.
4. HSI cannot legitimately issue an ASHI or MEDIC First Aid certification cards on behalf of the Training Center Director, Authorized Instructor, or Instructor Trainer.
  - a) Legitimate issuance of certification cards is the responsibility of the Training Center Director and the authorized Instructor or Instructor Trainer who personally evaluated the individual’s knowledge and skill competency, not HSI.
  - b) The responsibility to legitimately issue ASHI or MEDIC First Aid certification cards may not be assigned or transferred to anyone other than the Training Center Director and/or authorized Instructors or Instructor Trainers.
5. Unless it is prohibited or superseded by state, federal, or provincial statutes or regulations, ASHI or MEDIC First Aid certification cards are valid for up to 2 years through the end of the month in which the card was issued.
  - a) Per federal Occupational Safety and Health Administration (OSHA) regulations, Blood borne Pathogens training must be completed “at least annually”(see [1910.1030\(g\)\(2\)\(ii\)\(B\)](#)).
6. ASHI or MEDIC First Aid certification cards may be legitimately issued that are valid for *less than* 2 years.
  - a) The rationale for any Training Center policy or practice regarding shortened certification periods must be made available to class participants.
7. Once an ASHI or MEDIC First Aid certification card has been rightfully earned by a student, it remains valid until the stated expiration date.
8. Collecting payment for courses and failing to legitimately issue properly earned ASHI or MEDIC First Aid certification cards is grounds for suspension or revocation.
  - a) Affected customers of the Training Center will be directed to seek remedy by reporting the incident to the economic crimes unit of the local law enforcement agency.
9. In circumstances where issuance of an ASHI or MEDIC First Aid certification card is contingent upon a contractual agreement between the Training Center and its customer, the “Recognition of Participation” document may be issued to students until the certification card is issued according to the terms of the agreement with the customer.
10. In circumstances where the Training Center has an employee relationship with students who have been issued ASHI or MEDIC First Aid certification cards, the Training Center has the right to retain the certification card according to employment policies and practice.
11. Anyone may use ASHI or MEDIC First Aid training materials and issue (or not issue) certification cards or certificates of their own design. In these cases, HSI does not:
  - a) Permit the course to be promoted as an ASHI or MEDIC First Aid course.
  - b) Permit the ASHI or MEDIC First Aid name, logos, or trademarks to appear anywhere on course advertisements, websites, rosters, certification cards, or wall-type certificates.
  - c) Recognize the course, certification cards or certificates issued
  - d) Approve the Training Center or authorize the Instructor or Instructor Trainer.
  - e) Accept any responsibility or liability for the Training Center, the quality or competence of the Instructor or Instructor Trainer, or the fitness, approval, recognition, content, quality, or outcome of the course.

## Credential Inquiries and Complaints

*A credential inquiry is a formal request by HSI to verify the credentials used for authorization of an Instructor or Instructor Trainer. A complaint is a written allegation that a Training Center Director or an Authorized Instructor or Instructor Trainer has committed a dishonest, unethical, unprofessional, or illegal act.*

### Terms and Conditions for Credential Inquiries and Complaints

***The Training Center Director and Its Authorized Instructors and Instructor Trainers Agree That:***

1. Anyone may submit a written credential inquiry or complaint against an *ASHI or MEDIC First Aid* approved Training Center Director, Authorized Instructor or Instructor Trainer, including HSI.
2. Credential inquiries or complaints must be submitted in writing. *HSI does not act on anonymous or verbal credential inquiries or complaints.*
3. The governing Training Center Standards are the ones in effect at the time of the inquiry or complaint.
4. HSI’s practice is to keep a complainant’s identity confidential throughout the process. However, due to the specific nature of the events involved, some credential inquiries or complaints, are difficult or impossible to keep confidential.
5. Those with a legitimate credential inquiry or complaint should not expect or experience retaliation.

- a) If reasonable evidence exists to suggest that a Training Center Director or Authorized Instructor or Instructor Trainer has retaliated against the complainant, HSI may opt, among other actions, to revoke the approval or authorization of the entity or person(s) retaliating.
6. Credential inquiries or complaints that are discovered by HSI to have been falsely made with malicious intent are grounds for suspension or revocation.
7. To substantiate complaints, HSI reserves the right to anonymously attend and evaluate classes conducted by ASHI or MEDIC First Aid Authorized Instructors and Instructor Trainers.

### Process

1. HSI will conduct its credential inquiry and complaint process in a reasonable, fair, and consistent manner.
2. When verifying credentials or upon receipt of a written complaint, HSI will:
  - a) Promptly initiate the process.
  - b) Notify the Training Center Director and Authorized Instructor or Instructor Trainer via certified mail and email and request a thorough and explicit written response within a reasonable time period.
  - c) The Training Center Director and/or authorized Instructor(s) are required to promptly respond in writing within the stated time period.
  - d) For the protection of the Training Center Director and/or Instructor or Instructor Trainer, as well as HSI, all communication, including questions related to the inquiry or complaint must be in writing. HSI staff will not discuss credential inquiries or complaints over the telephone.
  - e) Failure to respond in writing within the stated time period will result in the suspension of the Training Center approval and/or Instructor or Instructor Trainer authorization.
  - f) Failure to respond within 90 days will result in revocation of the Training Center approval and/or Instructor or Instructor Trainer authorization.
  - g) After notifying the Training Center Director and/or Instructor or Instructor Trainer of the inquiry or complaint and throughout the process, HSI may:
    - i) Request additional documentation as necessary.
    - ii) Restrict or deny the sale of certification cards to the Training Center or its affiliated Instructors or Instructor Trainers.
    - iii) Restrict or deny Instructor or Instructor Trainer authorization or reauthorization to the Training Center.
3. Following review of the response, the HSI [Quality Assurance Board](#) (QAB) may:
  - a) Dismiss the inquiry or complaint without further action
  - b) Require the Training Center Director and/or Authorized Instructor or Instructor Trainer to execute a legally binding Compliance Agreement specifying corrective action that must be taken to maintain approval and/or authorization.
  - c) Suspend or revoke the Training Center approval and/or downgrade, suspend, or revoke the Instructor or Instructor Trainer authorization.
4. HSI will follow up with all parties in a timely and professional manner regarding the decision of the QAB.
  - a) Complex complaints that involve regulatory authorities or formal legal proceedings may result in unavoidable delays.
5. Upon suspension or revocation of the Training Center Approval, all ASHI and/or MEDIC First Aid training must stop.
  - a) The Training Center may no longer represent that it is authorized to provide ASHI and/or MEDIC First Aid courses or issue ASHI and/or MEDIC First Aid certification cards.
  - b) The Training Center must also stop using, in any other manner whatsoever, the name, marks, symbols, and other identifying characteristics of ASHI and/or MEDIC First Aid.
  - c) Any and all current and active affiliated Authorized Instructors or Instructor Trainers will be notified of the revocation and encouraged to affiliate with another Training Center or start their own.
  - d) Training Center suspension or revocation will not reflect negatively on any affiliated Instructor or Instructor Trainer unassociated with the complaint.
  - e) Upon suspension or revocation of authorization, the Instructor or Instructor Trainer must stop teaching ASHI and/or MEDIC First Aid courses. The Instructor or Instructor Trainer may no longer represent that he or she is authorized to provide ASHI and/or MEDIC First Aid courses or issue ASHI and/or MEDIC First Aid certification cards.

### **Appeal**

1. A Training Center Director and/or an authorized Instructor or Instructor Trainer that has been suspended or revoked may submit a persuasive and earnest written appeal to the QAB for reinstatement within 30 days. This time frame may be extended up to 60 days under extenuating circumstances. After reviewing the appeal, the QAB may:
  - a) Reinstatement the approval or authorization without further action.
  - b) Reinstatement the approval or authorization and require the Training Center Director and/or Authorized Instructor or Instructor Trainer sign a legally binding Compliance Agreement that specifies corrective actions that must be taken.
  - c) Deny the appeal.
2. If the appeal is not received within 30 days or is denied, HSI will not consider restoration of approval or authorization for a period of 5 years.
3. HSI will promptly communicate its decision to the individual or entity making the appeal.

### **International Quality Assurance**

#### **ASHI**

Training Center approval, Instructor or Instructor Trainer authorization, and quality assurance oversight outside North America is provided by HSI. Training Center Directors and Authorized Instructors and Instructor Trainers outside North America agree to comply with the Terms and Conditions of Training Center Approval and Instructor or Instructor Trainer Authorization, as described in these Training Center standards. This includes the requirement to comply with all applicable local, state, provincial, national, or federal laws and administrative rules as they pertain to the approval, delivery, and administration of required training. Training Centers and Authorized Instructors and Instructor Trainers interested in offering ASHI Programs outside North America should complete a [contact request](#), or call 800-447-3177 or 541-344-7099.

#### **MEDIC First Aid International**

Training Center approval, Instructor or Instructor Trainer authorization, and quality assurance oversight in Canada is provided by HSI and [EMP Canada](#) (a member of the HSI family of brands). Training Center approval, Instructor or Instructor Trainer authorization, and quality assurance oversight in Greece, Japan, and New Zealand is provided by MEDIC First Aid offices in those countries. Persons offering or teaching MEDIC First Aid in these countries must comply with the terms and conditions of approval and authorization as required by the in-country office. This includes, but is not limited to, all applicable local, state, provincial, and federal laws and administrative rules governing occupational licensing as they pertain to the approval, delivery, and administration of required training. Persons interested in teaching MEDIC First Aid in Greece, Japan, and New Zealand should contact the in-country office. For other countries, please complete a [contact request](#), or call 800-447-3177, or 541-344-7099.

#### **International Disclaimer**

Country-specific laws, regulations, treaties, and customs concerning emergency care training and occupational licensing requirements are numerous, complex, and vary from country to country. They may prescribe detailed approval practices, rules, standards, and other conditions. Training Center Directors and Authorized Instructors and Instructor Trainers must know, operate, and teach within these requirements. HSI does not proactively seek approval of its training program brands for use outside of North America. Training Centers interested in pursuing approval of an ASHI or MEDIC First Aid program in a specific country or region of a country, should first explore the possibility with the governmental body in charge of qualification or approval in the country. HSI will provide assistance as it is requested and practical. HSI will make reasonable exceptions and accommodations to these Training Center standards when necessary to comply with country-specific laws, regulations, treaties, customs, or operational realities.

## Program Standards: American Safety and Health Institute (ASHI)

**NOTE: OCCUPATIONAL LICENSING BOARDS, REGULATORY AGENCIES, AND OTHER APPROVERS MAY REQUIRE SPECIFIC HOURS OF INSTRUCTION OR OTHER PRACTICES. INSTRUCTORS MUST COMPLY WITH ALL APPLICABLE LOCAL, STATE, PROVINCIAL, FEDERAL LAWS AND ADMINISTRATIVE RULES AS THEY PERTAIN TO THE APPROVAL, DELIVERY, AND ADMINISTRATION OF REQUIRED TRAINING.**

### ASHI Instructor Development Course (IDC)

<b>Intended Audience</b>	Persons with little or no previous teaching experience who desire or require sufficient competency to teach, evaluate, and certify participants in ASHI training programs or Instructors whose teaching authorization has lapsed, or otherwise affected by a quality assurance issue.
<b>Instructor Trainer Requirement</b>	A current and properly authorized ASHI Instructor Trainer in good standing.
<b>Participant Prerequisites</b>	<ol style="list-style-type: none"> <li>1. Instructor candidates must demonstrate a strong cognitive grasp of the subject matter they wish to teach and be able to proficiently demonstrate all skills taught in the student-level program.</li> <li>2. Current, valid student-level certification in the training program the candidate wishes to teach and/or competent demonstration of student-level skills.</li> <li>3. Medical knowledge and experience (clinical competence) is strongly recommended for Instructor candidates who intend to train healthcare professionals.</li> <li>4. The recommended minimum age to undertake an Instructor Development Course is seventeen (17). Maturity, responsibility, and classroom presence should always be considered, regardless of age. The core instructional knowledge for the IDC requires a 10th grade reading ability.</li> </ol>
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI IDC Student Handbook (one per participant)</li> <li>2. ASHI IDC Instructor Trainer Guide (one per Instructor Trainer)</li> <li>3. ASHI IDC PowerPoint®</li> <li>4. ASHI Instructor Guide, ASHI student handbook, and ASHI audiovisual material for each program the candidate is seeking authorization to teach</li> <li>5. A print or electronic copy of the Training Center Administrative Manual, <b>STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE</b></li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by method (classroom, blended, apprenticeship).</li> <li>2. About 16 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> <li>4. Apprenticeship             <ol style="list-style-type: none"> <li>a. Minimum prerequisite: Current certification as a participant in the program the candidate intends to teach.</li> <li>b. Co-teach a minimum of four courses as an apprentice instructor prior to submitting an application for Instructor Authorization.</li> </ol> </li> </ol>
<b>Student-to-Instructor Ratio Skill Session Maximum</b>	10:1 (6:1 recommended)
<b>Requirements for Instructor Authorization</b>	<p><b>Written Exam:</b> Required</p> <ol style="list-style-type: none"> <li>1. 70% or better on the 50 question ASHI IDC Exam</li> </ol> <p><b>Performance Evaluation:</b> Required.</p> <ol style="list-style-type: none"> <li>1. Present a 5-10 minute lecture/discussion in a small group setting.</li> <li>2. Present a pre-assigned skill using one of the following instructional strategies:             <ol style="list-style-type: none"> <li>a. Whole-Part-Whole Method</li> <li>b. Peer-Training Methods</li> <li>c. Practice-While-Watching Method</li> <li>d. Performance Evaluation</li> </ol> </li> </ol>
<b>Authorization Period</b>	May not exceed 24 months from class completion.

<b>Note:</b>	<ol style="list-style-type: none"> <li>For complete information on the IDC, including required knowledge and skill objectives, program outlines, and presentation materials see the ASHI IDC Instructor Trainer Guide.</li> </ol>
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## ASHI Basic First Aid (BFA)

<b>Intended Audience</b>	Individuals who desire or are required to be certified in basic first aid for adults and children.
<b>Instructor Requirement</b>	A current and properly authorized ASHI Instructor in good standing.
<b>Participant Prerequisites</b>	None.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>ASHI BFA Instructor Guide (one per Instructor, print or digital)</li> <li>ASHI BFA Student Handbook (one per participant, print or digital)</li> <li>ASHI BFA presentation media (PowerPoint®, DVD, or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>Varies by class type (initial, refresher) and method (classroom, blended, challenge).</li> <li>Initial class, about 3-4 hours (see note).</li> <li>Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Recommended for individuals with a duty or employer expectation to respond.</p> <ol style="list-style-type: none"> <li>70% or better on the 20 question ASHI Basic First Aid Exam.</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate how to:</p> <ol style="list-style-type: none"> <li>Remove contaminated gloves.</li> <li>Perform a primary assessment for an unresponsive person.</li> <li>Perform a primary assessment for a responsive person.</li> <li>Control severe bleeding.</li> <li>Stabilize a suspected head, neck, or back injury.</li> <li>Stabilize a swollen, painful, deformed limb.</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note</b>	<ol style="list-style-type: none"> <li>General course length increased in June 2012 due to Training Center, Instructor, and regulatory feedback. See below for additional course length regulatory requirements.</li> <li><b>California Training Standards for Child Care Providers</b> requires licensed child care providers have <i>no less than four hours</i> in pediatric first aid at least every two years. Other significant regulations apply. See <a href="http://www.emsa.ca.gov/laws/files/dayregs2.pdf">http://www.emsa.ca.gov/laws/files/dayregs2.pdf</a> or contact HSI Customer Service for more information.</li> <li><b>Connecticut Regulations for First Aid and CPR Training of Child Care Providers</b> require the length of the first aid course must be six (6) hours in length, <i>not including the CPR</i> portion. Specific topics must be presented. See the Child Day Care Licensing <a href="#">Statutes and Regulations</a> or contact HSI Customer Service for more information.</li> <li><b>Louisiana Regulations for First Aid and CPR Training of Child Care</b> requires skills practice, evaluation, and written testing. About 8 classroom hours are necessary to present the required information, practice and evaluate skills, and complete written testing. The mandatory Louisiana Child Care Topics Supplement must be presented. A PowerPoint presentation and handout is available in the OTIS-supported Training Center Manager and Instructor Portal for download.</li> <li><b>New York State Regulations for First Aid Training in Children’s Camps</b> require the length of the first aid course must be a minimum of 3 hours in length, not including</li> </ol>

- the CPR portion. Specific topics must be presented and the written exam is required. See the New York State Regulations for Children’s Camps document in the OTIS-supported Training Center Manager and Instructor Portal or contact HSI Customer Service for more information.
6. ASHI Basic First Aid alone is insufficient to meet the [Pediatric First Aid training](#) requirements for renewal of a Child Development Associate (CDA) credential from the [Council for Professional Recognition](#). The Council will accept ASHI Basic First Aid for certification in Pediatric First Aid only when presented with an ASHI CPR/AED certification card that has the box checked indicating Child and Infant or Adult, Child and Infant skills were practiced and properly evaluated.
  7. First-aid courses should be individualized to the needs of the workplace. For more information, see OSHA’s *Best Practices Guide: Fundamentals of a Workplace First-Aid Program* Available: <http://www.osha.gov/Publications/OSHA3317first-aid.pdf>.
  8. The United States Coast Guard (USCG) has very specific first aid and CPR credential requirements for mariners. See United States Coast Guard (USCG) [Certification and Credential Requirements for Mariners](#) in the OTIS-supported Training Center Manager and Instructor Portal or contact HSI Customer Service for more information.

## ASHI CPR and AED (CPR AED)

<b>Intended Audience</b>	Individuals who are <b>not</b> healthcare providers or professional rescuers but desire or are required to be certified in CPR and AED for adults, children and infants.
<b>Instructor Requirement</b>	A current and properly authorized ASHI Instructor in good standing.
<b>Participant Prerequisites</b>	None.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI CPR and AED Instructor Guide (one per Instructor, print or digital)</li> <li>2. ASHI CPR and AED Student Handbook (one per student, print or digital)</li> <li>3. ASHI CPR and AED presentation media (PowerPoint®, DVD, or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher), method (classroom, blended, challenge), and content (Adult, Child, Infant).</li> <li>2. Initial class, all ages, about 3 hrs.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Recommended for individuals with a duty or employer expectation to respond or where required by state or local regulations.</p> <ol style="list-style-type: none"> <li>1. 70% or better on the ASHI Adult; Child and Infant; or Adult, Child, and Infant CPR AED Exam</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate how to perform:</p> <ol style="list-style-type: none"> <li>1. External chest compressions.</li> <li>2. Rescue breaths using a CPR mask or shield (for covered ages).</li> <li>3. Primary assessment for an unresponsive person.</li> <li>4. CPR as a single provider (for covered ages).</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. <b>California Training Standards for Child Care Providers</b> requires licensed child care providers have <i>no less than four hours</i> in pediatric CPR at least every two years. <b>Other significant regulations apply.</b> See <a href="http://www.emsa.ca.gov/laws/files/dayregs2.pdf">http://www.emsa.ca.gov/laws/files/dayregs2.pdf</a> or contact HSI Customer Service for more information.</li> <li>2. The United States Coast Guard (USCG) has very specific first aid and CPR credential</li> </ol>

requirements for mariners. See United States Coast Guard (USCG) [Certification and Credential Requirements for Mariners](#) for more information.

## ASHI CPR, AED, and Basic First Aid (Combo)

<b>Intended Audience</b>	Individuals who are <b>not</b> healthcare providers or professional rescuers but desire or are required to be certified in CPR, AED and Basic First Aid for adults, children and infants.
<b>Instructor Requirement</b>	A current and properly authorized ASHI Instructor in good standing.
<b>Participant Prerequisites</b>	None.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI CPR, AED, and Basic First Aid Instructor Guides (one per Instructor, print or digital)</li> <li>2. ASHI Combo CPR, AED, and BFA Student Handbook (one per student, print or digital)</li> <li>3. ASHI CPR, AED, and BFA presentation media (PowerPoint®, DVD, or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher), method (classroom, blended, challenge), and content (Adult, Child, Infant).</li> <li>2. Initial class, all ages, about 6-7 hrs.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Recommended for individuals with a duty or employer expectation to respond.</p> <ol style="list-style-type: none"> <li>1. 70% or better on the CPR, AED, and Basic First Aid Exam</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate how to:</p> <ol style="list-style-type: none"> <li>1. Remove contaminated gloves.</li> <li>2. Perform primary assessment for an unresponsive person.</li> <li>3. Perform primary assessment for a responsive person.</li> <li>4. Control severe bleeding.</li> <li>5. Stabilize a suspected head, neck, or back injury.</li> <li>6. Stabilize a swollen, painful, deformed limb.</li> <li>7. Perform external chest compressions (for covered ages).</li> <li>8. Perform rescue breaths using a CPR mask or shield (for covered ages).</li> <li>9. Perform CPR as a single provider (for covered ages).</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. General course length increased in June 2012 due to Training Center, Instructor, and regulatory feedback. See below for additional course length regulatory requirements.</li> <li>2. <b>California Training Standards for Child Care Providers</b> requires licensed child care providers have <i>no less than four hours</i> in pediatric first aid and <i>no less than four hours</i> in pediatric CPR at least every two years. <b>Other significant regulations apply.</b> See <a href="http://www.emsa.ca.gov/laws/files/dayregs2.pdf">http://www.emsa.ca.gov/laws/files/dayregs2.pdf</a> or contact HSI Customer Service for more information.</li> <li>3. <b>Connecticut Regulations for First Aid and CPR Training of Child Care Providers</b> require the length of the first aid course must be six (6) hours in length, <i>not including the CPR</i> portion. Specific topics must be presented. See the Child Day Care Licensing <a href="#">Statutes and Regulations</a> or contact HSI Customer Service for more information.</li> <li>4. <b>New York State Regulations for First Aid Training in Children's Camps</b> require the length of the first aid course must be a minimum of 3 hours in length, not including the CPR portion. Specific topics must be presented and the written exam is required. See the New York State Regulations for Children's Camps document in the OTIS-supported Training Center Manager and Instructor Portal or contact HSI Customer Service for more information.</li> <li>5. <b>The United States Coast Guard (USCG)</b> has very specific first aid and CPR credential</li> </ol>

requirements for mariners. See United States Coast Guard (USCG) [Certification and Credential Requirements for Mariners](#) in the OTIS-supported Training Center Manager and Instructor Portal or contact HSI Customer Service for more information.

## ASHI Pediatric CPR, AED, and First Aid (Peds)

<b>Intended Audience</b>	Individuals who desire or are required to be certified in Pediatric CPR, AED, and First Aid.
<b>Instructor Requirement</b>	A current and properly authorized ASHI Instructor in good standing.
<b>Participant Prerequisites</b>	None.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI Pediatric CPR, AED, and First Aid Instructor Guide (one per Instructor, print or digital)</li> <li>2. ASHI Pediatric CPR, AED, and First Aid media presentation</li> <li>3. ASHI Pediatric CPR, AED, and First Aid Student Handbook (one per participant, print or digital)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher), method (classroom, blended, challenge), and content (Adult, Child, Infant).</li> <li>2. Initial class, all ages, about 5-6 hrs. (See note).</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio Skill Session Maximum</b>	10:1 (6:1 recommended)
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Recommended for individuals with a duty or employer expectation to respond.</p> <ol style="list-style-type: none"> <li>1. 70% or better on the 30 question Pediatric CPR, AED, and First Aid Exam</li> </ol> <p><b>Skills Evaluation:</b> Students must perform the following skills competently without assistance. Skill performance can be documented individually on the Class Roster/Student Record or by using Performance Evaluations.</p> <ol style="list-style-type: none"> <li>1. Removal of contaminated gloves</li> <li>2. External chest compressions (for all age groups)</li> <li>3. Rescue breaths using a CPR mask or shield (for all age groups)</li> <li>4. Primary assessment for an unresponsive person</li> <li>5. CPR as a single provider (for all age groups)</li> <li>6. Primary assessment for a responsive person</li> <li>7. Control of severe bleeding</li> <li>8. Stabilization of a suspected head, neck, or back injury</li> <li>9. Stabilization of a swollen, painful, deformed limb</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. General course length increased in June 2012 due to Training Center, Instructor, and regulatory feedback. For latest approval information, <a href="#">Log in</a> to the OTIS-supported Training Center Manager (TC Admin&gt;Regulatory) or Contact HSI Customer Service for more information.</li> <li>2. <b>California Training Standards for Child Care Providers</b> requires licensed child care providers have <i>no less than four hours</i> in pediatric first aid and <i>no less than four hours</i> in pediatric CPR at least every two years. <b>Other significant regulations apply.</b> See <a href="http://www.emsa.ca.gov/laws/files/dayregs2.pdf">http://www.emsa.ca.gov/laws/files/dayregs2.pdf</a> or contact HSI Customer Service for more information.</li> <li>3. <b>Connecticut Regulations for First Aid and CPR Training of Child Care Providers</b> require the length of the first aid course must be six (6) hours in length, <i>not including the CPR</i> portion. Specific topics must be presented. See the Child Day Care Licensing <a href="#">Statutes and Regulations</a> or contact HSI Customer Service for more information.</li> </ol>

4. **New York State Regulations for First Aid Training in Children’s Camps** require the length of the first aid course must be a minimum of 3 hours in length, not including the CPR portion. Specific topics must be presented and the written exam is required. See the New York State Regulations for Children’s Camps document in the OTIS-supported Training Center Manager and Instructor Portal or contact HSI Customer Service for more information.

## ASHI CPR Pro for the Professional Rescuer (CPR Pro)

<b>Intended Audience</b>	Healthcare providers and professional rescuers who require certification in basic life support.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing.
<b>Participant Prerequisites</b>	None for initial.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI CPR Pro Instructor Guide (one per Instructor, print or digital)</li> <li>2. ASHI CPR Pro Student Handbook (one per student, print or digital)</li> <li>3. ASHI CPR Pro presentation media (PowerPoint®, DVD, or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method (classroom, blended, challenge).</li> <li>2. Initial class about 4-5 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Required</p> <ol style="list-style-type: none"> <li>1. 70% or better on the ASHI CPR Pro Exam.*</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate how to perform:</p> <ol style="list-style-type: none"> <li>1. External chest compressions.</li> <li>2. Rescue breaths using a CPR mask for adults, children, and infants.</li> <li>3. Rescue breaths using a bag-mask for adults, children, and infants.</li> <li>4. Primary assessment for an unresponsive person.</li> <li>5. CPR as a single provider for adults, children, and infants.</li> <li>6. Safe attachment and operation of an automated external defibrillator (AED).</li> <li>7. CPR and use of an AED as part of a team approach.</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Continuing Education</b>	<ol style="list-style-type: none"> <li>1. <b>Emergency Medical Services CEH:</b> 5 Basic hours (classroom version) or 2.6 Basic hours (online component of blended version) through Health and Safety Institute, the parent company of ASHI, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).</li> <li>2. Training Centers are <b>required</b> to offer continuing education credit to EMS providers who complete accredited ASHI programs (see Continuing Education, <a href="#">EMS Professionals</a>).</li> </ol>

\*As a result of a mandatory CECBEMS review process for re-approval in August 2014 the ASHI CPR Pro exam was refined and twelve (12) questions were added. All ASHI CPR Pro Instructors are required to begin using the new exam by November 1, 2014. Instructors will need to provide at least 12 additional minutes (one minute per question) for students to complete the exam. The revised exam, answer sheet, and key have been posted in Otis. Go to Administration> Documents> General Documents> Curriculum/Program Tool> ASHI CPR Pro.

## ASHI Bloodborne Pathogens (BBP)

<b>Intended Audience</b>	Individuals with a reasonable anticipation of contact with blood or other potentially infectious materials as a result of performing designated job duties.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing.
<b>Participant Prerequisites</b>	None.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI BBP Instructor Guide (one per Instructor, print or digital)</li> <li>2. ASHI BBP Student Handbook (one per student, print or digital)</li> <li>3. ASHI BBP presentation media (PowerPoint®, DVD, or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method (classroom, blended).</li> <li>2. Initial class about 2 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Optional</p> <p><b>Performance Evaluation:</b> Optional</p>
<b>Certification Period</b>	May not exceed 12 months from class completion date.
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. U.S. DOL/OSHA regulations require that the person conducting the training is knowledgeable in the subject matter as it relates to the employee's workplace. Instructors must also meet specific requirements for training records, including documenting his or her qualifications and the contents of the training program among other requirements. See OSHA <a href="#">1910.1030</a> (Bloodborne pathogens standard) for more information.</li> <li>2. Proficiency in standard microbiological practices for HIV and HBV research and production facilities is beyond the scope of this program.</li> <li>3. No Student-to-Instructor Ratio, Skill Session Maximum is identified as there is no required assessment of skill competency.</li> </ol>

## ASHI Emergency Oxygen

<b>Intended Audience</b>	Individuals who desire or are required to be certified in the administration of emergency oxygen.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing.
<b>Participant Prerequisites</b>	It is required that a CPR or CPR/first aid training course be completed within the previous 24 months prior to taking the Emergency Oxygen training class.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI Emergency Oxygen Instructor Guide (one per Instructor, print or digital)</li> <li>2. ASHI Emergency Oxygen Student Pack (one per student, print or digital)</li> <li>3. ASHI Emergency Oxygen presentation media (PowerPoint®, DVD, or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method (classroom, challenge).</li> <li>2. Initial class, about 1.5 to 2 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	12:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Skills Evaluation</b> – Students must perform the following skills competently without assistance. Skill performance can be documented individually on the Class Roster/Student Record or by using Performance Evaluations.</p> <ol style="list-style-type: none"> <li>1. Oxygen Delivery for a Breathing Person.</li> <li>2. Oxygen Delivery for a Non-breathing Person.</li> <li>3. Students must demonstrate the use of gloves and a ventilation mask.</li> </ol> <p><b>Written Evaluation</b> – Required when specified by organizational, local, or state regulation. It is recommended for designated responders with a duty or employer expectation to respond</p>

	in an emergency and provide first aid care. Successful completion requires a correct score of 70% or better.
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.

## Child and Babysitting Safety (CABS)

<b>Intended Audience</b>	Young people providing babysitting and child care services.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing.
<b>Participant Prerequisites</b>	None. (Basic First Aid, CPR and AED strongly recommended)
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI CABS Instructor Guide (one per Instructor, print or digital)</li> <li>2. ASHI CABS Student Handbook (one per student)</li> <li>3. ASHI CABS DVD</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher).</li> <li>2. Initial class about 6 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio Skill Session Maximum</b>	10:1 (6:1 recommended)
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Recommended</p> <ol style="list-style-type: none"> <li>1. 70% or better on the ASHI CABS Exam.</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate:</p> <ol style="list-style-type: none"> <li>1. Proper hand washing technique with soap and water or an alcohol-based hand rub.</li> <li>2. The proper method for changing diapers.</li> <li>3. The proper method for removing disposable gloves.</li> <li>4. How to control severe bleeding.</li> <li>5. How to perform spinal motion restriction.</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. Many experts feel that fourteen (14) is generally an appropriate age to begin babysitting, but maturity, responsibility, and the ability to react effectively in case of an emergency must always be considered regardless of age.</li> </ol>

## ASHI Wilderness First Aid (WFA)

<b>Intended Audience</b>	Individuals who participate in wilderness activities and those who lead groups on short trips in relatively low-risk situations, not far from help.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing with a reasonable amount of recreational or professional wilderness experience.
<b>Participant Prerequisites</b>	None
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI WFA Instructor Guide (one per Instructor, print or digital)</li> <li>2. ASHI WFA Student Handbook (one per student, print or digital)</li> <li>3. ASHI WFA presentation media (PowerPoint®)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method.</li> <li>2. Wilderness First Aid, initial class - about 16 hours (see note).</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio Skill Session Maximum</b>	20:1 (6:1 recommended)

<b>Certification Requirements</b>	<p><b>Written Exam:</b> Recommended</p> <p><b>Performance Evaluation:</b> Required</p> <ol style="list-style-type: none"> <li>1. Can adequately perform skills/scenarios without continuous assistance.</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. ASHI Wilderness First Aid (minimum 16 hours, plus ASHI <i>CPRPro for the Professional Rescuer</i>) is a recognized certification requirement of the American Camping Association, Inc. (*<a href="#">HW-1 part C</a>).</li> <li>2. American Camp Association requires that a minimum of 50% of course time include in-person instruction, hands-on practice, and skills assessment under the direct supervision of an authorized instructor.</li> </ol>

## ASHI Advanced First Aid (AFA)

<b>Intended Audience</b>	This course is designed for non-EMS responders including government, corporate, industry, lifeguards, security personnel, law enforcement, corrections personnel, or other individuals who are not EMS or healthcare providers but desire or require certification in Advanced First Aid.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing.
<b>Participant Prerequisites</b>	Current, valid professional-level BLS certification (CPR Pro for the Professional Rescuer). May be incorporated/conducted in conjunction with the AFA program.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI CPR Pro for the Professional Rescuer (when incorporated)             <ol style="list-style-type: none"> <li>a. One per participant: Student Handbook</li> <li>b. One per Instructor: Instructor Guide</li> <li>c. One per Training Center: ASHI-approved audio-visual presentation media</li> </ol> </li> <li>2. ASHI Advanced First Aid Digital Resource Kit             <ol style="list-style-type: none"> <li>a. One per Training Center:                 <ol style="list-style-type: none"> <li>i. Program Resource Documents</li> <li>ii. Preparatory</li> <li>iii. PowerPoint® presentations</li> <li>iv. Exam Documents</li> </ol> </li> </ol> <p style="text-align: center;"><b><u>AND</u></b></p> </li> <li>3. BRADY Student Text             <ol style="list-style-type: none"> <li>a. One per participant: Emergency Responder: Advanced First Aid for Non-EMS Personnel, (Le Baudour, © 2012 Pearson).</li> </ol> </li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Initial class about 17 hours; renewal course about 7 hours. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Required</p> <ol style="list-style-type: none"> <li>1. 70% or better on the ASHI Advanced First Aid Exam.</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate how to:</p> <ol style="list-style-type: none"> <li>1. Working as the Lead Responder in a scenario-based team setting, adequately direct the primary assessment and care of:             <ol style="list-style-type: none"> <li>a. Patient Assessment/Management – Trauma.</li> <li>b. Patient Assessment/Management – Medical.</li> </ol> </li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. <b>California First Aid Standards for Public Safety Personnel:</b> Additional requirements for compliance (California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 1.5.):</li> </ol>

- a. Current and valid certification in ASHI Basic First Aid as a pre (or co-requisite).
  - b. Instructor-guided lesson covering the objectives of Emergency Responder: Advanced First Aid for Non-EMS Personnel, Appendix 3: Weapons of Mass Destruction and the Terrorist Threat.
2. **New York State Regulations for First Aid Training in Children’s Camps** require that the written exam have a passing score of 80%. A Recognition of Participation document is also required. See the ASHI Advanced First Aid Training Program New York State Regulations for Children’s Camps document in the OTIS-supported Training Center Manager and Instructor Portal or contact HSI Customer Service for more information

## ASHI Emergency Medical Response (EMR)

(Formerly ASHI First Responder)

<b>Intended Audience</b>	Individuals who are <b>not</b> EMS or healthcare providers but desire certification in Emergency Medical Response.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing with a reasonable amount of pre-hospital patient care experience.
<b>Participant Prerequisites</b>	Current, valid professional-level Basic Life Support certification (may be incorporated).
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI CPR Pro Instructor Guide (one per Instructor, print or digital)</li> <li>2. ASHI CPR Pro Student Handbook (one per student, print or digital)</li> <li>3. ASHI CPR Pro presentation media (PowerPoint®, DVD, or Blended)</li> </ol> <p style="text-align: center;"><b>AND</b></p> <ol style="list-style-type: none"> <li>4. ASHI Emergency Medical Response Digital Resource Kit                             <ol style="list-style-type: none"> <li>a. One per Training Center:</li> <li>b. Program Resource Documents</li> <li>c. Preparatory</li> <li>d. PowerPoint® presentations</li> <li>e. Exam Documents</li> </ol> </li> </ol> <p style="text-align: center;"><b>AND</b></p> <ol style="list-style-type: none"> <li>1. Emergency Medical Responder: First on Scene Text, (one per student).</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method.</li> <li>2. Initial class about 48 hours not including professional-level Basic Life Support.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Required</p> <ol style="list-style-type: none"> <li>1. 76% or better on 100 question ASHI Emergency Medical Response Exam.</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate how to:</p> <ol style="list-style-type: none"> <li>1. Work as the lead responder in a scenario-based team setting to adequately direct the primary assessment and care of:                             <ol style="list-style-type: none"> <li>a. Patient Assessment/Management – Trauma</li> <li>b. Patient Assessment/Management – Medical</li> <li>c. BVM Ventilation of an Apneic Adult Patient</li> <li>d. Oxygen Administration by Non-rebreather Mask</li> <li>e. Cardiac Arrest Management/AED</li> </ol> </li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. <b>Medical Oversight.</b> Training Centers who are certifying public safety personnel (law enforcement officers, firefighters, corrections officers) in Emergency Medical Response <b>must</b> have physician level (MD or DO) oversight (see <a href="#">Medical Oversight</a> for more).</li> <li>2. <b>State Licensure and Credentialing of Emergency Medical Responders.</b> State EMS</li> </ol>

agencies have the legal authority and responsibility to license, regulate, and determine the scope of practice of EMS providers within the state EMS system. ASHI’s Emergency Medical Response program is designed to train and certify individuals in Emergency Medical Response — not to license or credential — Emergency Medical Responders. Individuals who require or desire licensure and credentialing within the state EMS system must complete specific requirements established by the regulating authority (typically, an EMS Agency within the state health department.) EMS agencies may require state-specific written exams and practical skill evaluations, in addition to other administrative and instructor requirements. It is not the intent of ASHI’s Emergency Medical Response program to cross the EMS scope of practice threshold. EMS Provider licensing and credentialing are legal activities performed by the state, not HSI. ASHI Training Centers and Authorized Instructors and Instructor Trainers teaching the Emergency Medical Response program must be completely familiar and comply with, their state EMS agency rules regarding licensing and credentialing.

3. **National Registry as First Responder/Emergency Medical Responder.** The National Registry of Emergency Medical Technicians (NREMT) is an independent EMS certification agency that provides entry-level competency assessment (written and practical), a registry of nationally certified EMS professionals, and a re-certification process. Individuals who wish to take the written and practical examination for certification as a nationally registered Emergency Medical Responder must have successfully completed an Emergency Medical Responder program that has been approved by the state EMS agency (see above).
4. **National Registry as an Emergency Medical Responder in Florida.** Training Centers that offer the ASHI Emergency Medical Response program in Florida may seek approval from the NREMT for their students to take the first responder exam. However, the Florida Bureau of EMS must first authorize the Training Center. Training Center Directors will be required to certify the training program meets or exceeds the specific guidance of the Florida Bureau of EMS and Florida Statute ([Chapter 401.435 First responder agencies and training](#)). For more information contact the Bureau of Emergency Medical Services, 4052 Bald Cypress Way Bin C18, Tallahassee, FL 32399-1738, Telephone: (850) 245-4440 extension 2753, FAX: (850) 245-4378. Request the “Notice of First Responder Training Program” form (12/1/2009).

## ASHI Wilderness First Responder (WFR)

<b>Intended Audience</b>	Wilderness trip leaders, guides, and individuals planning extensive wilderness trips or those who require or desire instruction in wilderness emergency care.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing
<b>Participant Prerequisites</b>	None.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI Wilderness Emergency Care instructor Guide (one per Instructor)</li> <li>2. ASHI Wilderness Emergency Care student Handbook (one per student, print or digital)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method.</li> <li>2. Initial class about 70 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Required</p> <ol style="list-style-type: none"> <li>1. 80% or better.</li> </ol> <p><b>Performance Evaluation:</b> Required</p> <ol style="list-style-type: none"> <li>1. Perform required skills competently.</li> </ol>

<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	To ensure the highest level of educational quality for WFR students, WFR Instructors must have a reasonable amount of pre-hospital patient care experience that is combined with strong backcountry experience.

## ASHI Wilderness EMT Upgrade (WEMTU)

<b>Intended Audience</b>	Urban Emergency Medical Technicians who require or desire instruction in wilderness emergency care.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing with strong backcountry experience.
<b>Participant Prerequisites</b>	Urban Emergency Medical Technician.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI Wilderness Emergency Care instructor Guide (one per Instructor)</li> <li>2. ASHI Wilderness Emergency Care student Handbook (one per student, print or digital)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method.</li> <li>2. Initial class about 40 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Required</p> <ol style="list-style-type: none"> <li>1. 80% or better.</li> </ol> <p><b>Performance Evaluation:</b> Required</p> <ol style="list-style-type: none"> <li>1. Perform required skills competently.</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	To ensure the highest level of educational quality for WEMTU students, WEMTU Instructors must have a reasonable amount of pre-hospital patient care experience that is combined with strong backcountry experience.

## ASHI Advanced Cardiac Life Support (ACLS)

<b>Intended Audience</b>	Emergency personnel in intensive care or critical care departments and emergency medical providers.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing with a reasonable amount of ACLS patient care experience performed within the legal scope of practice. Current certification, qualification, or licensure as a paramedic required (at a minimum).
<b>Participant Prerequisites</b>	<ol style="list-style-type: none"> <li>1. Training and/or education in basic cardiac rhythm analysis (ECG interpretation) and cardiovascular pharmacology.</li> <li>2. Professional level Basic Life Support (BLS/CPR/AED) required or included in ACLS course.</li> </ol>
<b>Required Training Materials</b>	<p><i>ASHI ACLS™ Digital Resource Kit</i> (one per Training Center)</p> <ol style="list-style-type: none"> <li>1. <i>ACLS Study Guide</i>, Fourth Ed. Aehlert. Elsevier © 2012 (one per participant)</li> <li>2. <i>ASHI ACLS™ Instructor Resource Guide</i> (one per Instructor)</li> <li>3. ASHI ACLS™ presentation media (PowerPoint®) © 2012 Mosby, or ACLS Blended Learning Solution (ASHI/Elsevier/MC Strategies)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method.</li> <li>2. Initial class about 15 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather</li> </ol>

	than a prescribed instruction time.
<b>Student-to-Instructor Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Required</p> <ol style="list-style-type: none"> <li>85% or better*.</li> </ol> <p><b>Performance Evaluation:</b> Required. Given a patient situation, and working in a team setting, competently direct the initial emergency care (including mechanical, pharmacological, and electrical therapy where applicable) for each of the following situations:</p> <ol style="list-style-type: none"> <li>Respiratory arrest.</li> <li>Pulseless ventricular tachycardia (VT)/ventricular fibrillation (VF) with an automated external defibrillator (AED) available.</li> <li>Cardiac rhythm management including pulseless VT/VF and two other Rhythms.</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	Occupational licensing boards, regulatory agencies, and other approvers may require specific hours of instruction or other practices.
<b>Continuing Education</b>	<ol style="list-style-type: none"> <li><b>Emergency Medical Services CEH:</b> 12 Advanced through the Health &amp; Safety Institute, the parent company of ASHI, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services. Training Centers are required to offer continuing education credit to EMS providers who complete accredited ASHI programs (see Continuing Education, <a href="#">EMS Professionals</a>).</li> </ol>

\*The passing (cut) score was raised from 68% to 85% in April 2012 after an item analysis was performed on a sample population taking the test. Item analysis is a process which examines student responses to individual test items (questions). Analysis confirmed that the wrong answers were less attractive than anticipated, making the exam easier than expected and requiring a higher passing score.

**BLENDING LEARNING PROGRAM DISCONTINUED 5/1/2014.**

## ASHI Pediatric Advanced Life Support (PALS)

<b>Intended Audience</b>	Emergency personnel in intensive care or critical care departments and emergency medical providers.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI Instructor in good standing with a reasonable amount of PALS patient care experience performed within the legal scope of practice. Current certification, qualification, or licensure as a paramedic required (at a minimum).
<b>Participant Prerequisites</b>	<ol style="list-style-type: none"> <li>Training and/or education in basic cardiac rhythm analysis (ECG interpretation) and Cardiovascular pharmacology.</li> <li>Professional level Basic Life Support (BLS/CPR/AED) required or included in PALS course.</li> </ol>
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>PALS Study Guide, Third Ed. Aehlert. Elsevier © 2012 (one per participant)</li> <li>ASHI PALS™ Digital Resource Kit</li> <li>One per Training Center:             <ol style="list-style-type: none"> <li>Program Resource Documents</li> <li>Preparatory</li> <li>PowerPoint® presentations</li> <li>Exam Documents</li> </ol> </li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>Varies by class type (initial, refresher) and method.</li> <li>Initial class about 13 hours; refresher course about 6 hours.</li> <li>Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written exam:</b> Required</p> <ol style="list-style-type: none"> <li>71% or better on ASHI PALS exam.</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate how to:</p> <ol style="list-style-type: none"> <li>Work as a group leader in a team setting to competently direct the initial</li> </ol>

	<p>emergency care for a pediatric patient in two randomly selected case/scenarios:</p> <ol style="list-style-type: none"> <li>Upper Airway Obstruction</li> <li>Lower Airway Obstruction</li> <li>Tachycardia with Adequate Perfusion</li> <li>Tachycardia with Inadequate Perfusion</li> <li>Symptomatic Bradycardia</li> <li>Absent/Pulseless Rhythms</li> <li>Hypovolemic Shock</li> <li>Trauma</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	Occupational licensing boards, regulatory agencies, and other approvers may require specific hours of instruction or other practices.
<b>Continuing Education</b>	1. <b>Emergency Medical Services CEH:</b> 12 Advanced through Health & Safety Institute, the parent company of ASHI, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services. Training Centers are required to offer continuing education credit to EMS providers who complete accredited ASHI programs (see Continuing Education, <a href="#">EMS Professionals</a> ).

## ASHI Emergency Medical Response for Adults in the Workplace (EMRAW)

DISCONTINUED. CERTIFICATION CARDS MAY NO LONGER BE LEGITIMATELY ISSUED

## Program Standards: MEDIC First Aid International (MEDIC First Aid)

OCCUPATIONAL LICENSING BOARDS, REGULATORY AGENCIES, AND OTHER APPROVERS MAY REQUIRE SPECIFIC HOURS OF INSTRUCTION OR OTHER PRACTICES. INSTRUCTORS MUST COMPLY WITH ALL APPLICABLE LOCAL, STATE, PROVINCIAL, FEDERAL LAWS AND ADMINISTRATIVE RULES AS THEY PERTAIN TO THE APPROVAL, DELIVERY, AND ADMINISTRATION OF REQUIRED TRAINING.

### Instructor Development Course (IDC)

<b>Intended Audience</b>	Persons with little or no previous teaching experience who desire or require sufficient competency to teach, evaluate, and certify participants in MEDIC First Aid training programs or Instructors whose teaching authorization has lapsed, or otherwise affected by a quality assurance issue.
<b>Instructor Trainer Requirement</b>	A current and properly authorized MEDIC First Aid Instructor Trainer in good standing.
<b>Participant Prerequisites</b>	<ol style="list-style-type: none"> <li>Instructor candidates must demonstrate a strong cognitive grasp of the subject matter they wish to teach and be able to proficiently demonstrate all skills taught in the student-level program.</li> <li>Current, valid student-level certification in the training program the candidate wishes to teach and/or competent demonstration of student-level skills.</li> <li>The recommended minimum age to undertake an Instructor Development Course is seventeen (17). Maturity, responsibility, and classroom presence should always be considered, regardless of age.</li> </ol>
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>Instructor Training Guide (one per IT), and appropriate instructional materials for the MEDIC First Aid program(s) candidates will be teaching.</li> <li>A print or electronic copy of the Training Center Administrative Manual, <b>STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE</b>.</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>Varies by method (classroom, blended, apprenticeship).</li> <li>About 8 hours.</li> </ol>

	<ol style="list-style-type: none"> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> <li>4. Apprenticeship             <ol style="list-style-type: none"> <li>a. Minimum prerequisite: Current certification as a participant in the program the candidate intends to teach.</li> <li>b. Co-teach a minimum of four courses as an apprentice instructor prior to Instructor Authorization.</li> </ol> </li> </ol>
<b>Student-to-Instructor Ratio</b>	12:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Requirements for Instructor Authorization</b>	<p><b>Written Exam:</b> Required</p> <ol style="list-style-type: none"> <li>1. 80% or better.</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate how to:</p> <ol style="list-style-type: none"> <li>1. Facilitate knowledge and skills.</li> </ol>
<b>Authorization Period</b>	May not exceed 24 months from class completion.
<b>Note:</b>	For complete information on the IDC, see the MEDIC First Aid Instructor Training Guide.

## BasicPlus CPR, AED, and First Aid for Adults (BasicPlus)

<b>Intended Audience</b>	Individuals who are <b>not</b> healthcare providers or professional rescuers but desire or are required to be certified in CPR, AED, and First Aid for adults.
<b>Instructor Requirement</b>	A current and properly authorized MEDIC First Aid Instructor in good standing.
<b>Participant Prerequisites</b>	None
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. MEDIC First Aid BasicPlus Student Pack (one per participant)</li> <li>2. MEDIC First Aid BasicPlus Instructor Guide (one per Instructor)</li> <li>3. MEDIC First Aid BasicPlus presentation media (DVD or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method (classroom, blended, challenge).</li> <li>2. Initial class about 5-6 hrs.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	12:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Recommended for individuals with a duty or employer expectation to respond.</p> <ol style="list-style-type: none"> <li>1. 70% or better on the MEDIC BasicPlus Exam.</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate:</p> <ol style="list-style-type: none"> <li>1. Remove contaminated gloves</li> <li>2. External chest compressions</li> <li>3. Rescue breaths using a CPR mask or shield</li> <li>4. Primary assessment for an unresponsive person</li> <li>5. CPR as a single provider</li> <li>6. Primary assessment for a responsive person</li> <li>7. Control of severe bleeding</li> <li>8. Stabilization of a suspected head, neck, or back injury</li> <li>9. Stabilization of a swollen, painful, deformed limb</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.

<b>Note</b>	<ol style="list-style-type: none"> <li>1. General course length increased in June 2012 due to Training Center, Instructor, and regulatory feedback.</li> <li>2. First-aid courses should be individualized to the needs of the workplace. For more information, see OSHA's <i>Best Practices Guide: Fundamentals of a Workplace First-Aid Program</i> Available: <a href="http://www.osha.gov/Publications/OSHA3317first-aid.pdf">http://www.osha.gov/Publications/OSHA3317first-aid.pdf</a>.</li> <li>3. The United States Coast Guard (USCG) has very specific first aid and CPR credential requirements for mariners. See United States Coast Guard (USCG) <a href="#">Certification and Credential Requirements for Mariners</a> in the OTIS-supported Training Center Manager and Instructor Portal or contact HSI Customer Service for more information.</li> </ol>
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## CarePlus CPR and AED (CarePlus)

<b>Intended Audience</b>	Individuals who are <b>not</b> healthcare providers or professional rescuers but desire or are required to be certified in Adult, Child, and Infant CPR and AED.
<b>Instructor Requirement</b>	A current and properly authorized MEDIC First Aid Instructor in good standing.
<b>Participant Prerequisites</b>	None
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. MEDIC First Aid CarePlus Student Pack (one per participant)</li> <li>2. MEDIC First Aid CarePlus Instructor Guide (one per Instructor)</li> <li>3. MEDIC First Aid CarePlus presentation media (DVD or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher), method (classroom, blended, challenge), and content (Adult, Child, Infant).</li> <li>2. Initial class, all ages, about 2-3 hrs.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	12:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Recommended for individuals with a duty or employer expectation to respond.</p> <ol style="list-style-type: none"> <li>1. 70% or better on the appropriate exam (Adult CarePlus, Child /Infant CarePlus, or Adult, Child, and Infant CarePlus).</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate:</p> <ol style="list-style-type: none"> <li>1. External chest compressions (for covered ages)</li> <li>2. Rescue breaths using a CPR mask or shield (for covered ages)</li> <li>3. Primary assessment for an unresponsive person</li> <li>4. CPR as a single provider (for covered ages)</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note</b>	<ol style="list-style-type: none"> <li>1. <b>California Training Standards for Child Care Providers</b> requires licensed child care providers have <i>no less than four hours</i> in pediatric CPR at least every two years. <b>Other significant regulations apply.</b> See <a href="http://www.emsa.ca.gov/laws/files/dayregs2.pdf">http://www.emsa.ca.gov/laws/files/dayregs2.pdf</a> or contact HSI Customer Service for more information.</li> <li>2. The United States Coast Guard (USCG) has very specific first aid and CPR credential requirements for mariners. See United States Coast Guard (USCG) <a href="#">Certification and Credential Requirements for Mariners</a> for more information.</li> </ol>

## PediatricPlus CPR, AED, and First Aid for Children, Infants, and Adults (PediatricPlus)

<b>Intended Audience</b>	Individuals who desire or are required to be certified in Pediatric CPR, AED, and First Aid.
<b>Instructor Requirement</b>	A current and properly authorized MEDIC First Aid Instructor in good standing.
<b>Participant Prerequisites</b>	None

<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. MEDIC First Aid PediatricPlus Student Pack (one per participant)</li> <li>2. MEDIC First Aid PediatricPlus Instructor Guide (one per Instructor)</li> <li>3. MEDIC First Aid PediatricPlus presentation media (DVD or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher), method (classroom, blended, challenge), and content (Adult, Child, Infant).</li> <li>2. Initial class, all ages, about 5-6 hrs. (See note).</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	12:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Recommended for individuals with a duty or employer expectation to respond.</p> <ol style="list-style-type: none"> <li>1. 70% or better on the 30 question PediatricPlus Exam</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate:</p> <ol style="list-style-type: none"> <li>1. Removal of contaminated gloves</li> <li>2. External chest compressions (for all age groups)</li> <li>3. Rescue breaths using a CPR mask or shield (for all age groups)</li> <li>4. Primary assessment for an unresponsive person</li> <li>5. CPR as a single provider (for all age groups)</li> <li>6. Primary assessment for a responsive person</li> <li>7. Control of severe bleeding</li> <li>8. Stabilization of a suspected head, neck, or back injury</li> <li>9. Stabilization of a swollen, painful, deformed limb</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. General course length increased in June 2012 due to Training Center, Instructor, and regulatory feedback. For latest approval information, <a href="#">Log in</a> to the OTIS-supported Training Center Manager (TC Admin&gt;Regulatory) or Contact HSI Customer Service for more information.</li> <li>2. <b>California Training Standards for Child Care Providers</b> requires licensed child care providers have <i>no less than four hours</i> in pediatric first aid and <i>no less than four hours</i> in pediatric CPR at least every two years. <b>Other significant regulations apply.</b> See <a href="http://www.emsa.ca.gov/laws/files/dayregs2.pdf">http://www.emsa.ca.gov/laws/files/dayregs2.pdf</a> or contact HSI Customer Service for more information.</li> <li>3. <b>Connecticut Regulations for First Aid and CPR Training of Child Care Providers</b> require the length of the first aid course must be six (6) hours in length, <i>not including the CPR</i> portion. Specific topics must be presented. See the Child Day Care Licensing <a href="#">Statutes and Regulations</a> or contact HSI Customer Service for more information.</li> <li>4. <b>New York State Regulations for First Aid Training in Children’s Camps</b> require the length of the first aid course must be a minimum of 3 hours in length, not including the CPR portion. Specific topics must be presented and the written exam is required. See the New York State Regulations for Children’s Camps document in the OTIS-supported Training Center Manager and Instructor Portal or contact HSI Customer Service for more information.</li> </ol>

## Bloodborne Pathogens in the Workplace (BBP)

<b>Intended Audience</b>	Individuals with a reasonable anticipation of contact with blood or other potentially infectious materials as a result of performing designated job duties.
<b>Instructor Prerequisites</b>	A current and properly authorized MEDIC First Aid Instructor in good standing.
<b>Participant Prerequisites</b>	None

<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. MEDIC First Aid BBP Instructor Guide (one per Instructor, print or digital)</li> <li>2. MEDIC First Aid BBP Student Pack (one per student, print or digital)</li> <li>3. MEDIC First Aid BBP presentation media (DVD, or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method (classroom, blended).</li> <li>2. Initial class about 2 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Optional</p> <p><b>Performance Evaluation:</b> Optional</p>
<b>Certification Period</b>	May not exceed 12 months from class completion.
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. U.S. DOL/OSHA regulations require that the person conducting the training is knowledgeable in the subject matter as it relates to the employee's workplace. Instructors must also meet specific requirements for training records, including documenting his or her qualifications and the contents of the training program among other requirements. See OSHA <a href="#">1910.1030</a> (Bloodborne pathogens standard) for more information.</li> <li>2. Proficiency in standard microbiological practices for HIV and HBV research and production facilities is beyond the scope of this program.</li> <li>3. No Student-to-Instructor Ratio, Skill Session Maximum is identified as there is no required assessment of skill competency.</li> </ol>

## Child/Infant CPR and AED Supplement (CPRAEDSUP)

<b>Intended Audience</b>	Individuals who are not healthcare providers or professional rescuers but desire or are required to be certified in Child and Infant CPR and AED.
<b>Instructor Prerequisites</b>	A current and properly authorized MEDIC First Aid Instructor in good standing.
<b>Participant Prerequisites</b>	Must have current certification in an adult-level CPR and AED program.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. MEDIC First Aid CPRAEDSUP Student Pack (one per student, print or digital)</li> <li>2. MEDIC First Aid CPRAEDSUP Instructor Guide (one per Instructor, print or digital)</li> <li>3. MEDIC First Aid CPRAEDSUP presentation media (DVD, or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method (classroom, blended).</li> <li>2. Initial class about 2 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	12:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> Recommended for individuals with a duty or employer expectation to respond.</p> <ol style="list-style-type: none"> <li>1. 70% or better on the CPRAEDSUP Exam.</li> </ol> <p><b>Performance Evaluation:</b> Required. Correctly demonstrate:</p> <ol style="list-style-type: none"> <li>1. External chest compressions (for child and infant)</li> <li>2. Rescue breaths using a CPR mask or shield (for child and infant)</li> <li>3. Child CPR as a single provider</li> <li>4. Infant CPR as a single provider</li> </ol>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note</b>	<ol style="list-style-type: none"> <li>1. <b>California Training Standards for Child Care Providers</b> requires licensed child care providers have <i>no less than four hours</i> in pediatric CPR at least every two years. <b>Other significant regulations apply.</b> See <a href="http://www.emsa.ca.gov/laws/files/dayregs2.pdf">http://www.emsa.ca.gov/laws/files/dayregs2.pdf</a> or contact HSI Customer Service for more information.</li> <li>2. The United States Coast Guard (USCG) has very specific first aid and CPR credential requirements for mariners. See United States Coast Guard (USCG) <a href="#">Certification and</a></li> </ol>

[Credential Requirements for Mariners](#) for more information.

## Emergency Oxygen

<b>Intended Audience</b>	Individuals who desire or are required to be certified in the administration of emergency oxygen.
<b>Instructor Prerequisites</b>	A current and properly authorized MEDIC First Aid Instructor in good standing.
<b>Participant Prerequisites</b>	It is required that a CPR or CPR/first aid training course be completed within the previous 24 months prior to taking the Emergency Oxygen training class.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. MEDIC First Aid Emergency Oxygen Instructor Guide (one per Instructor, print or digital)</li> <li>2. MEDIC First Aid Emergency Oxygen Student Pack (one per student, print or digital)</li> <li>3. MEDIC First Aid Emergency Oxygen Presentation Media (DVD, or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Varies by class type (initial, refresher) and method (classroom, challenge).</li> <li>2. Initial class about 1.5 to 2 hours.</li> <li>3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio</b>	12:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Skills Evaluation</b> – Students must perform the following skills competently without assistance. Skill performance can be documented individually on the Class Roster/Student Record or by using Performance Evaluations.</p> <ol style="list-style-type: none"> <li>1. Oxygen Delivery for a Breathing Person.</li> <li>2. Oxygen Delivery for a Non-breathing Person.</li> <li>3. Students must demonstrate the use of gloves and a ventilation mask during at least one Small Group Practice.</li> </ol> <p><b>Written Evaluation</b> – Required when specified by organizational, local, or state regulation. It is recommended for designated responders with a duty or employer expectation to respond in an emergency and provide first aid care. Successful completion requires a correct score of 70% or better.</p>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.

## MEDIC First Aid Basic CPR and First Aid for Adults

DISCONTINUED. CERTIFICATION CARDS MAY NO LONGER BE LEGITIMATELY ISSUED

## MEDIC First Aid Emergency Care

DISCONTINUED. CERTIFICATION CARDS MAY NO LONGER BE LEGITIMATELY ISSUED

## MEDIC First Aid Pediatric CPR and First Aid for Children, Infants, and Adults

DISCONTINUED. CERTIFICATION CARDS MAY NO LONGER BE LEGITIMATELY ISSUED

## ASHI or MEDIC First Aid Blended Course Program Standard

Blended learning consists of computer-based, online lessons combined with hands-on skill practice and evaluation

<b>Intended Audience</b>	Individuals who desire or are required to be certified in an ASHI or MEDIC First Aid training program.
<b>Instructor Requirement</b>	A current and properly authorized ASHI or MEDIC First Aid Instructor or Instructor Trainer in good standing.
<b>Participant Prerequisites</b>	As required by ASHI or MEDIC First Aid Program Standard.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. ASHI or MEDIC First Aid Blended Learning Online Course</li> <li>2. ASHI or MEDIC First Aid Instructor Guide (one per Instructor, print or digital)</li> </ol>
<b>Course Length</b>	Varies by class type. See <a href="#">Blended Learning Times</a> .
<b>Student-to-Instructor Ratio</b>	As required by ASHI or MEDIC First Aid Program Standard.
<b>Skill Session Maximum</b>	
<b>Certification Requirements</b>	<p><b>Written Exam:</b> As required by ASHI or MEDIC First Aid Program Standard</p> <p><b>Performance Evaluation:</b> As required by ASHI or MEDIC First Aid Program Standard</p>
<b>Certification Period</b>	May not exceed 24 months from class completion. More frequent reinforcement of skills is recommended.
<b>Note:</b>	1. Once the online course is completed a skills session must be completed within 60 days.

## Hands On Practical Experience (HOPE™) Participant Course

HOPE is a partnership in community health and welfare between the Health & Safety Institute, Fairfield Medical Center, and the Gordon B. Snider Cardiovascular Institute.

<b>Intended Audience</b>	Individuals who desire potentially life-saving hands-on practical experience in chest compression-only CPR for bystanders, family members, and friends of sudden cardiac arrest victims
<b>Instructor/Facilitator Requirement</b>	A current and properly authorized CPR/AED Instructor in good standing, or a state licensed educator certified in CPR/AED or an individual who has current and valid certification as a CPR/AED provider and has successfully completed the HOPE Facilitator Course.
<b>Participant Prerequisites</b>	None
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. Suitable CPR manikins</li> <li>2. HOPE Facilitator Course Outline and/or Presentation (one per Instructor/Facilitator, print or digital)</li> <li>3. HOPE Participant Compression-only CPR Skill Sheet (one per participant, print or digital)</li> <li>4. Rate Your Program Class Evaluation</li> </ol>
<b>Course Length</b>	30-40 minutes
<b>Student-to-Instructor/Facilitator Ratio</b>	10:1 (6:1 recommended)
<b>Skill Session Maximum</b>	
<b>Requirements for Successful Completion</b>	<p><b>Correctly demonstrate how to:</b></p> <ol style="list-style-type: none"> <li>1. Recognize unresponsiveness.</li> <li>2. Activate the EMS system by calling 911.</li> <li>3. Give two minutes of good chest compressions.</li> </ol> <p><b>Program Evaluation:</b> Required. Be provided opportunity to</p> <ol style="list-style-type: none"> <li>1. Complete HOPE Rate Your Program Evaluation</li> </ol>
<b>Certification Requirements</b>	None. Recognition of Participation (no certification)
<b>Certification Period</b>	None
<b>Note:</b>	1. HOPE is a free, hands-on practical experience in chest compression-only CPR (no rescue breaths). Chest compression-only CPR has been shown to be as effective as conventional CPR for sudden cardiac arrest at home, at work, or in public.

2. Conventional CPR (compressions and rescue breaths) is required for infants, children, and victims of drowning or drug overdose).
3. HOPE is not intended to replace nor is it appropriate for individuals who are occupationally required to be certified in CPR/AED or Basic Life Support.
4. HOPE training materials are provided free of charge as a public service and are not intended for sale or resale.
5. Participants who successfully complete HOPE are not certified in CPR. The CPR certification requirements for any ASHI (or MEDIC First Aid) course require that students correctly demonstrate how to perform both chest compressions and rescue breaths.

## Hands On Practical Experience (HOPE™) Facilitator Course

<b>Intended Audience</b>	Persons with little or no previous teaching experience who desire or require sufficient competency to help teach and evaluate participants in the HOPE course
<b>Facilitator Instructor Requirement</b>	A current and properly authorized Instructor or Instructor Trainer in good standing
<b>Participant Prerequisites</b>	<ol style="list-style-type: none"> <li>1. Facilitator candidates must demonstrate a strong cognitive grasp of the subject matter and be able to proficiently demonstrate compression-only CPR.</li> <li>2. Current, valid certification as a CPR/AED provider.</li> <li>3. The recommended minimum age for a HOPE facilitator is seventeen (17). However, maturity, responsibility, and classroom presence should always be considered, regardless of age.</li> </ol>
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>1. Suitable CPR manikins</li> <li>2. HOPE Facilitator Course Outline and/or Presentation (one per Instructor/Facilitator, print or digital)</li> <li>3. HOPE Participant Course materials (Participant Course Outline, Participant Course Presentation, Sudden Cardiac Arrest Infographic, Compression-Only CPR Skill Sheet, participant course evaluation, and Recognition of Participation document)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>1. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> <li>2. Varies by method (classroom or apprenticeship) <ol style="list-style-type: none"> <li>a. Classroom about 3 hours</li> </ol> </li> <li>3. Apprenticeship <ol style="list-style-type: none"> <li>a. Co-teach a minimum of four courses as an apprentice with: <ol style="list-style-type: none"> <li>i. A current and properly authorized CPR/AED Instructor; or</li> <li>ii. A state licensed educator certified in CPR/AED, or;</li> <li>iii. Anyone currently certified in, or licensed to perform CPR/AED, that has successfully completed the HOPE Facilitator Course.</li> </ol> </li> </ol> </li> </ol>
<b>Student-to-Instructor Ratio Skill Session Maximum</b>	12:1 (6:1 recommended)
<b>Requirements For Successful Completion</b>	<p><b>Written Exam:</b> Required</p> <ol style="list-style-type: none"> <li>1. 70% or better on the 12 question HOPE Facilitator Exam</li> </ol> <p><b>Performance Evaluation:</b> Required</p> <ol style="list-style-type: none"> <li>1. Demonstrate how to present HOPE course knowledge content</li> <li>2. Demonstrate how to present HOPE course skills</li> </ol>
<b>Certification Requirements</b>	None. Recognition of Participation (no certification)
<b>Certification Period</b>	None
<b>Note:</b>	<ol style="list-style-type: none"> <li>1. The HOPE Facilitator Course does <u>not</u> permit a facilitator to teach an ASHI or MEDIC First Aid training program or to issue certification cards.</li> <li>2. A signed application is required for Authorization as an ASHI or MEDIC First Aid</li> </ol>

- Instructor or Instructor Trainer.
- HOPE Facilitator training materials are provided free of charge as a public service and are not intended for sale or resale.

## Remote Skills Verification (RSV)

*RSV is the use of interactive videoconferencing technology to remotely evaluate and verify skill competence.*

<b>Intended Audience</b>	Individuals, particularly those in rural or remote settings, who desire or are required, to be recertified in an ASHI or MEDIC First Aid course.
<b>Instructor Prerequisites</b>	A current and properly authorized ASHI or MEDIC First Aid Instructor or Instructor Trainer in good standing.
<b>Participant Prerequisites</b>	Current, participant level certification in the course for which the individual is seeking re-training and re-certification.
<b>Required Training Materials</b>	<ol style="list-style-type: none"> <li>ASHI or MEDIC First Aid Instructor Guide (one per Instructor, print or digital)</li> <li>ASHI or MEDIC First Aid Student Guide (one per participant, print or digital)</li> <li>ASHI or MEDIC First Aid presentation media (PowerPoint®, DVD, or Blended)</li> </ol>
<b>Course Length</b>	<ol style="list-style-type: none"> <li>Varies by method (blended or challenge).</li> <li>Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.</li> </ol>
<b>Student-to-Instructor Ratio Skill Session Maximum</b>	6:1 in a scenario setting (1:1 for individual skill evaluation)
<b>Certification Requirements</b>	<p><b>Written Exam:</b> As required by ASHI or MEDIC First Aid Program Standard</p> <p><b>Performance Evaluation:</b> As required by ASHI or MEDIC First Aid Program Standard</p>
<b>Certification Period</b>	May not exceed 24 months from class completion date. More frequent reinforcement of skills is recommended.
<b>Note</b>	<ol style="list-style-type: none"> <li>Any individual taking an ASHI or MEDIC First Aid course for the first time that requires psychomotor skill evaluation must complete a conventional classroom or blended course that includes in-person instruction, hands-on practice, and skills assessment under the direct supervision of an authorized instructor who is physically present in the same location as the student.</li> <li>RSV may be used to remotely evaluate and verify skill competence of Instructors and Instructor Trainers.</li> </ol>

TECHNICAL REQUIREMENTS (desktop systems)	Instructor or Instructor Trainer	Participant
<b>High-Speed Internet Connection (Cable, DSL etc.)</b>	For high resolution, 384 kbps downstream or upstream bandwidth is recommended.	Same
<b>Minimum Computer Requirements (1 TB external hard drive for video storage highly recommended)</b>	<p><b>PC:</b> Pentium 4 1Ghz with 256MB of RAM. 20MB Hard disk space XP, Vista or WIN 7.</p> <p><b>Mac:</b> Power Mac G5 (1GHz) or Intel Mac with 256MB of RAM. 20MB hard disk space. Tiger, Leopard or Snow Leopard (OSX 10.4 and up).</p>	Same
<b>Monitor</b>	20" > LCD Recommended	Same
<b>Web Cam</b>	High quality, high-definition, with a built-in microphone, headset, or external microphone connected to a PC or Mac (min. video resolution 640x480).	Same
<b>Required Video Communication</b>	<ol style="list-style-type: none"> <li>High-resolution video (required for reducing motion distortion).</li> </ol>	Same

<b>Software/Service</b>	2. Video call recording and saving capability (required to permit documentation of psychomotor skill assessment as required or desired for QA purposes).	
<b>Well Lit Room</b>	The most typical cause of poor video quality is lack of light.	Same
<b>Personnel</b>	At least one remote, current, and properly authorized ASHI or MEDIC First Aid Instructor or Instructor Trainer in good standing.	At least one individual with a current and valid provider (student level) certification in the course for which the individual is seeking re-training and re-certification.
<b>Equipment</b>	A good quality webcam. A headset with a microphone for the best audio quality. A computer that meets the system requirements (above).	As required in the ASHI or MEDIC First Aid Program, including appropriate resuscitation manikin, ventilation device(s), dressings and bandages, etc. In the absence of a full body manikin, at least one other person who can play the role of an injured or ill person for required performance evaluations.
<b>Documentation</b>	As required by the Program Standards of the course for skill assessment, including performance evaluation checklists and student course rosters. Recording and saving remote skill assessment is <i>highly recommended</i> .	Certification card issued as required by the Program Standards of the course.

## Training Center Guidelines

*Training Center Guidelines are non-mandatory statements of desired, good, or best practice and other related quality assurance information.*

### Attributes of a Proficient Instructor

These attributes were compiled by a group of professional health and safety instructors. They are intended to aid in determining the qualities of a skilled instructor. A proficient instructor is defined as one who is reasonably capable; in other words, a good instructor. On average it takes a new instructor at least 8 classes of 6 students to become proficient. A proficient instructor is capable of certifying about 150 acceptably competent students per month.

1. Teaches often
2. Has good people skills
3. Manages time effectively
4. Objectively evaluates student
5. Properly documents the course
6. Has adequate subject knowledge
7. Understands adult learning styles
8. Is intelligent, ethical, and dependable
9. Has an appropriate, professional appearance
10. Has demonstrated competency in essential skills
11. Can teach with or without audiovisual presentations
12. Is motivated, well-prepared, self-confident, and patient
13. Can effectively use problem solving scenarios as teaching tools

Research has shown that when teaching resuscitation to laypersons, a health care provider is no more effective than a trained lay person.<sup>2,3</sup> However, health care professionals generally prefer instructors who are not only trained and enthusiastic, but who also have knowledge and experience providing medical care (clinically competent).<sup>4</sup> Even then, the teachers' attitude toward students, rather than their professional abilities, has been reported as being the crucial difference between effective and ineffective teachers.<sup>5</sup> To help motivate the learner and establish credibility, training of health care professionals and professional rescuers with a duty to respond should be conducted by instructors with experience in the learners' occupation. Programs should be tailored to the learners' occupational setting, role and background.<sup>6</sup> Substantial hands-on practice is needed to meet psychomotor skill performance objectives.<sup>7</sup>

### Guidelines for New Instructor or Instructor Trainer Authorization

*An Instructor is authorized to certify participants who successfully complete an ASHI or MEDIC First Aid training program. An Instructor Trainer is authorized to train individuals as Instructors and to certify participants who successfully complete an ASHI or MEDIC First Aid training program (Fig 2.)*

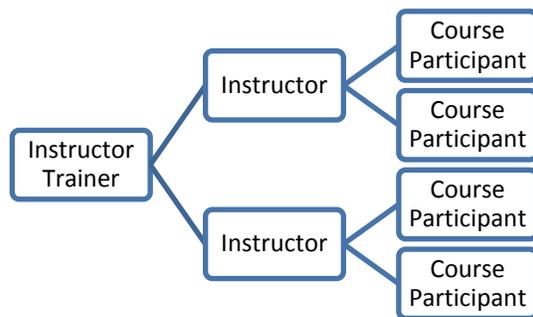


Figure 2

### Authorization Methods

ASHI and MEDIC First Aid Instructors and Instructor Trainers are authorized by two methods; successful completion of an Instructor or Instructor Trainer Development Course (IDC/ITDC) or Reciprocity.

### Authorization via IDC or ITDC

The Instructor or Instructor Trainer candidate attends an ASHI or MEDIC First Aid IDC/ITDC (classroom or apprenticeship) and meets the requirements for Instructor or Instructor Trainer Authorization as described in the IDC/ITDC program standard.

### Authorization via Reciprocity

HSI defines reciprocity as the acceptance of current credentials from another nationally recognized organization or institution as the basis for authorization as an ASHI or MEDIC First Aid Instructor or Instructor Trainer.

### Teaching Credentials

HSI recognizes the following teaching credentials as equivalent or exceeding its ASHI and MEDIC First Aid Instructor Development Courses:

- |                                                                |                               |
|----------------------------------------------------------------|-------------------------------|
| 1. AAP Instructor                                              | 13. Certified Teacher         |
| 2. Academic Degree in Education                                | 14. DAN Instructor            |
| 3. Academic Degree in Medicine                                 | 15. ECSI/AAOS Instructor      |
| 4. AHA Instructor                                              | 16. EFR Instructor            |
| 5. American Red Cross Instructor                               | 17. EMP Canada Instructor     |
| 6. Certified Emergency Nurses Association Instructor           | 18. EMSSS Instructor          |
| 7. Certified EMS Instructor                                    | 19. ILTP Instructor           |
| 8. Certified Fire Instructor                                   | 20. NOLS/WMI Instructor       |
| 9. Certified Law Enforcement Instructor                        | 21. NSC Instructor            |
| 10. Certified Mine Safety and Health Administration Instructor | 22. NSP Instructor            |
| 11. Certified National Traffic Safety Institute Instructor     | 23. OSHA-authorized Trainer   |
| 12. Certified Scuba Diving Instructor                          | 24. SAI Instructor            |
|                                                                | 25. SOLO Instructor           |
|                                                                | 26. WMA Instructor            |
|                                                                | 27. YMCA Lifeguard Instructor |

**OTHER INSTRUCTOR CREDENTIALS MAY BE ACCEPTED ON A CASE-BY-CASE BASIS. INDIVIDUALS WITH INSTRUCTOR TRAINER CREDENTIALS FROM ANOTHER NATIONALLY RECOGNIZED ORGANIZATION TYPICALLY RECEIVE RECIPROCITY IN KIND AS AN ASHI OR MEDIC FIRST AID INSTRUCTOR TRAINER.**

AAP= American Academy of Pediatrics, AHA=American Heart Association, DAN = Divers Alert Network, ECSI/AAOS= Emergency Care Safety Institute/American Academy of Osteopathic Surgeons, EFR= Emergency First Response, EMSSS=EMS Safety Services, ITLP=International Lifeguard Training Program, NOLS/WMI-National Outdoor Leadership School/Wilderness Medical Institute, NSC= National Safety Council, NSP=National Ski Patrol, SAI= Starfish Aquatics Institute, SOLO = Stonehearth Open Learning Opportunities (Wilderness Courses), WMA- Wilderness Medical Associates, YMCA=Young Men's Christian Association

### Provider Credentials (Certifications, Qualifications, Licenses)

When combined with an appropriate teaching credential (above), HSI recognizes the following provider credentials when used for reciprocity:

- |                                                 |                                      |
|-------------------------------------------------|--------------------------------------|
| 1. Advanced Cardiac Life Support (ACLS)         | 5. Athletic Trainer (AT)             |
| 2. Advanced Emergency Medical Technician (AEMT) | 6. Basic Life Support (BLS)          |
| 3. Advanced First Aid (AFA)                     | 7. Certified Emergency Nurse (CEN)   |
| 4. Advanced Practice Nurse (APA)                | 8. CPR and AED                       |
|                                                 | 9. Emergency Medical Responder (EMR) |

- |                                            |                                                                        |
|--------------------------------------------|------------------------------------------------------------------------|
| 10. Emergency Medical Technician (EMT)     | 19. Registered Nurse (RN)                                              |
| 11. Basic First Aid (BFA)                  | 20. Respiratory Therapist (RT)                                         |
| 12. Licensed Practical Nurse (LPN)         | 21. Wilderness Emergency Medical Technician (WEMT)                     |
| 13. Lifeguard                              | 22. Wilderness First Aid (WFA)                                         |
| 14. Medical Doctor (MD)                    | 23. Wilderness First Responder (WFR)                                   |
| 15. Physician Assistant (PA)               | 24. Other provider credentials may be accepted on a case-by-case basis |
| 16. Paramedic                              |                                                                        |
| 17. Pediatric Advanced Life Support (PALS) |                                                                        |
| 18. Pediatric First Aid (PFA)              |                                                                        |

*HSI DOES NOT ACCEPT ANY ONLINE-ONLY FIRST AID AND CPR CERTIFICATION AS PROVIDER CREDENTIALS FOR RECIPROCITY.*

**Establishing Reciprocity**

One form of reciprocity is where an equivalent authorization is given in return for the one presented. For example, an individual who is a current and valid American Heart Association® Basic Life Support Instructor is given equivalent authorization as an ASHI Basic Life Support Instructor. This is a straightforward condition of “reciprocity in kind” (Fig. 3).

Another form of reciprocity is based on the combination of participant (student) level credentials and teaching credentials (Fig 4). The combination can be used to determine what ASHI or MEDIC First Aid program(s) the individual is qualified to teach. For example, to receive a Certified Law Enforcement Instructor credential, a person must demonstrate his or her ability to teach. To receive a current and valid Basic Life Support certification at the professional provider level, a person must demonstrate his or her ability to perform basic life support skills. Therefore, a person who is both a Certified Law Enforcement Instructor and certified Basic Life Support provider has demonstrated both participant and instructor level knowledge and skills. He or she would qualify for authorization as an ASHI Basic Life Support Instructor. Here is another example of reciprocal instructor authorization based on a combination of participant level credentials and teaching credentials; an OSHA-authorized Trainer who is also certified in adult and pediatric basic first aid, CPR, and AED. This individual could receive reciprocity as an ASHI and/or MEDIC First Aid Basic First Aid, CPR, AED Instructor. Here is another example; a certified EMS Instructor and Paramedic could receive reciprocity that would enable him or her to teach nearly all ASHI and MEDIC First Aid programs. There are many potential combinations that could be used. If you have questions about establishing reciprocity or adding an Instructor or Instructor Trainer to your Training Center, [log in](#) to the OTIS-supported Training Center Manager and Instructor Portal, complete a [contact request](#) or call us at 800-447-3177.

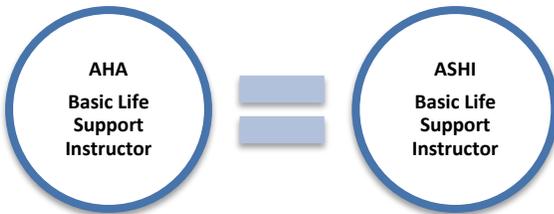


Figure 3: Reciprocity in Kind



Figure 4: Reciprocity by Combination of Credentials

RECIPROCAL ACCEPTANCE OF ASHI OR MEDIC FIRST AID INSTRUCTOR OR INSTRUCTOR TRAINER AUTHORIZATION BY OTHER NATIONALLY OR INTERNATIONALLY RECOGNIZED ORGANIZATIONS OR INSTITUTIONS CANNOT BE GUARANTEED.

## Training Center Referral List

Training Centers may choose whether to be listed on the HSI website's Training Center Directory. The purpose of this list is to serve as a referral resource for individuals and organizations seeking emergency care training. [Log in](#) to the OTIS-supported Training Center Manager to enable or disable this feature.

## Insurance

HSI strongly recommends that all Training Centers obtain and maintain both general and professional liability insurance for themselves and for their Instructors. HSI offers Training Centers and Instructors competitive pricing for insurance. For more information call us at 800-447-3177 or visit [hsi.com](http://hsi.com)

## Training Center Matters

### Training Center Business Name

To avoid confusion and potential legal issues, you should choose a business name for your Training Center carefully. This is particularly true if you provide fee for service training. Your Training Center name should be distinctive. It should not be similar to ASHI, HSI, MEDIC First Aid, or the name of other Training Centers doing business in your area. You should not use similar logos, styles, or colors. You should strongly consider registering and trademarking your business name. For more information, see the U.S. Small Business Administration; [Choose & Register Your Business](#)

### Course Time Advertisements

Advertisements for course times must be truthful and not mislead consumers. Training Centers must have evidence to back up their claims that each participant who received an ASHI or MEDIC certification card met the knowledge and skill objectives for successful completion of the course. Training Centers should routinely review their advertisements and should assure that their claims can be fully supported. For more information, see the Federal Trade Commission's, Bureau of Consumer Protection [Advertising Guide for Small Business](#).

### Online Training & Information System (Otis™)

All ASHI or MEDIC First Aid approved Training Centers have the option to utilize Otis. Use of Otis is subject to additional terms and conditions. Before the first use of Otis, the Training Center Director and each individual end user must review and accept these additional terms and conditions. Anyone may choose not to accept the terms and conditions, but they will be unable to utilize Otis. The terms and conditions for ASHI and MEDIC First Aid approved Training Centers are different from those for individual end users.

### ASHI and MEDIC First Aid Instructional System Use

ASHI and MEDIC First Aid instructional material is an organized collection of interrelated products – student handbooks, instructor guides, blended learning courses, videos, and digital tools. All of these materials are designed to work together to help students efficiently and effectively gain specific knowledge, attitudes, and skills. Using the instructional system as designed helps Training Centers and Instructors:

1. Follow program standards
2. Validate proper curriculum scope and objective sequencing
3. Provide training that is professional, consistent, and dependable
4. Enhance long-term retention of course knowledge, attitudes, and skills
5. Determine and document a student's successful completion of the course

### Blended Learning Times

It is difficult to give a specific time frame for Blended Learning. By its design, there is a great deal of flexibility built into the ASHI or MEDIC First Aid Blended Learning solution. For example, the participant has some flexibility as to how they want to cover the content in the online portion. Each segment contains a video clip and narrated slides covering the content, along with review questions for the segment. The student chooses what they want to view – they can watch the video clip or the slides, or both. The only required component is the review questions for which they must select the correct answer to move

to the next lesson. This structure provides flexibility by allowing the student to move quickly over information they are familiar with or to repeat sections as they wish. For example, if a participant in a CPR, AED, and First Aid Blended Learning class chose to watch every video and every slide, it would take about four hours. For an experienced student, the online portion may take as little as two hours. The blended learning solution is built to let students learn at their own pace. As for the classroom portion (skills practice and evaluation) – the students must correctly demonstrate all required skills in the presence of a currently authorized instructor or instructor trainer. The time required will depend on the number of students in the skills session, amount of equipment, Instructor experience, student experience, etc. It is important to remember that occupational licensing boards, regulatory agencies, and other approvers may require specific hours of instruction or prohibit the use of blended training altogether.

### **Conducting Environmental, Health and Safety (EHS) Compliance Training**

[Summit Training Source](#) is a member of the HSI family of brands. Summit provides high-quality, technically accurate environmental, health and safety compliance training materials to help reduce or eliminate workplace hazards, costly accidents, serious injuries, and occupational illnesses in the workplace. Summit’s extensive library includes over 600 EHS training solutions (online, streaming, and DVD) that cover hazard awareness and best safety practices for hundreds of OSHA, Department of Transportation (DOT), and Environmental Protection Agency (EPA) regulations. Skilled safety professionals with subject matter expertise regularly use Summit’s training materials to conduct safety and compliance training in many industries throughout the world.

At present, HSI does not offer Instructor or Instructor Trainer Development Courses or authorize Instructors or Instructor Trainers to teach EHS Compliance Courses. OSHA authorizes trainers for the 10-and 30-hour Construction and General Industry outreach training classes, but does not otherwise authorize trainers to teach specific safety or compliance topics. Similar to the trainer requirement in the [OSHA Bloodborne Pathogens standard](#) (1910.1030(g)(2)(viii)) , OSHA generally requires the person conducting any safety or compliance training “be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address”. See this long standing and still applicable [OSHA Letter of Interpretation](#) that addresses the issue of who is and who is not qualified to instruct safety and compliance courses.

**RESPONSIBILITY FOR THE VERIFICATION OF EHS SUBJECT MATTER COMPETENCE RESTS WITH THE TRAINING CENTER, NOT HSI.**

### **Conducting 24-7 EMS and Fire Continuing Education (CE) Courses**

24-7 EMS and Fire is a member of the HSI family of brands. 24-7 provides high-quality, technically accurate EMS CE courses for Emergency Medical Responders, EMTs, and Paramedics to help them meet their state or National Registry of Emergency Medical Technicians licensing/certification requirements. In addition, 24-7 also offers firefighter development and workplace safety courses. E-learning or classroom instructional materials including Course Guides with defined learning objectives and lesson plans, PowerPoints, scenario practices, student handouts, and course exams are available. Each 24-7 EMS course provides 1.0 to 1.5 hours of CE approved by HSI, an organization accredited by the Continuing Education Coordination Board for Emergency Medical Services (CECBEMS). Competent and knowledgeable professional instructors regularly use 24-7 training materials to conduct EMS and Fire CE throughout North America.

At present, HSI does not offer Instructor or Instructor Trainer Development Courses or authorize Instructors or Instructor Trainers to teach 24-7 EMS (or Fire) Continuing Education Courses. Individuals wishing to teach CE courses are obligated to comply with the laws, regulations, and instructor qualification standards required by each State. The specificity of these requirements vary greatly. For example, New Jersey requires EMS instructors to become a state licensed instructor before being permitted to teach EMS courses. In Texas, one must hold an EMT certification or higher and successfully complete a Texas-approved EMT instructor course. To learn more about the laws, regulations, and instructor qualification standards, [contact your State EMS Agency](#) or [State Fire Marshal’s Office](#) (see also [Continuing Education](#)).

**RESPONSIBILITY FOR COMPLIANCE WITH STATE LAWS AND REGULATIONS REGARDING EMS AND FIRE INSTRUCTOR QUALIFICATION RESTS WITH THE INDIVIDUAL INSTRUCTOR , NOT HSI.**

### Americans with Disabilities Act

Inclusiveness and diversity in all forms are essential aspects of any professional training organization. In addition to philosophical values, approved Training Centers must be familiar with laws against discrimination, such as the [Americans with Disabilities Act](#) (ADA). The ADA prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation. Part [36, Sec. 36.309](#) of the ADA is of special concern for ASHI and MEDIC First Aid Training Centers. This provision of the law requires that any private entity that offers examinations or courses related to applications, licensing, certification or credentialing for secondary or postsecondary education, professional or trade purposes shall offer such examinations or courses in a place and manner accessible to persons with disabilities or offer alternative accessible arrangements for such individuals. Because ASHI and MEDIC First Aid Training Centers provide courses that may be used for the purposes of credentialing, all Training Centers must provide reasonable accommodation to all those persons with disabilities.

Reasonable accommodation generally means employing structural means, furnishings, assistive devices and/or alternative formats. Participants with disabilities or other conditions may adjust, adapt, alter, or modify how a skill is performed as long as they still meet the objective. When encountering a person with a disability who is seeking to participate in a class, a Training Center must provide appropriate auxiliary aids and services for persons with impaired sensory, manual, or speaking skills unless the Training Center can demonstrate that offering a particular auxiliary aid or service would fundamentally alter the measurement of the skills or knowledge or would result in an undue burden. Auxiliary aids and services required by this section may include taped texts; interpreters or other effective methods of making orally-delivered materials available to individuals with hearing impairments; Braille or large print texts or qualified readers for individuals with visual impairments and learning disabilities; or classroom equipment adapted for use by individuals with manual impairments and other similar services and actions.

In general, Training Centers must allow access to anyone seeking admission to a class regardless of their opinion as to whether the person can successfully complete it. When a person with disabilities requests accommodation (an adjustment, adaptation, alteration, or modification) to the program, never deny a request without discussing all possible solutions with the individual. When necessary, HSI will make all reasonable modifications in policies, practices, or procedures to accommodate persons with disabilities. Training Centers are encouraged to contact HSI at any time to discuss and request reasonable accommodations.

### ADA National Network

The [ADA National Network](#) provides information, guidance and training on the Americans with Disabilities Act (ADA), tailored to meet the needs of business, government and individuals at local, regional and national levels. The ADA National Network consists of ten Regional ADA National Network Centers located throughout the United States that provide personalized, local assistance to ensure that the ADA is implemented wherever possible. They are not enforcement or regulatory agencies, but a helpful resource for Training Center information and guidance.

### Medical Direction

ASHI programs for healthcare providers contain instruction in medical procedures and adjunctive equipment that should be performed by those persons with a legal duty to act. Normally, basic and advanced cardiac life support (BLS and ACLS) providers perform medical procedures in emergencies by the authority of a licensed physician who functions as a Medical Director. Standard Operating Procedures (or Standing Orders) are issued by the Medical Director. These are direct orders to perform specific BLS or ALS (Advanced Life Support) tasks. All ASHI Instructors teaching healthcare providers must be aware of and function under the appropriate state or provincial codes and administrative regulations.

HSI does not provide local Medical Direction, Standard Operating Procedures, or licensure. Licensure is the responsibility of local or state public health departments, medical specialty boards, hospitals, and other authorities. HSI has made every effort to ensure that information contained within its programs is consistent with current and accepted guidelines. Science and technology are constantly creating new knowledge and practice in safety and health education. Published materials may become out of date over time. Guidelines for safety and treatment recommendations cannot be given that will apply in

all cases as the circumstances of each incident often vary widely. Signs and symptoms may be incomplete and can vary from person to person. Do not use the information in any program as a substitute for professional evaluation, diagnosis, and treatment from an appropriately qualified and licensed physician or other healthcare provider. Local or organizational physician-directed practice protocols may supersede treatment recommendations in any ASHI or MEDIC first aid training program.

### **Medical Oversight for the ASHI Emergency Medical Response Program**

Medical oversight is a part of a comprehensive approach to safe and effective out-of-hospital care and a widely used quality assurance mechanism for Emergency Medical Responder programs. It is a required element of the educational infrastructure in the [National Emergency Medical Services Education Standards](#). The role is defined as physician review and approval of clinical content and matters relevant to medical authority. The physician medical director provides medical oversight for all medical aspects of instruction. HSI requires medical oversight when the Training Center is offering the program to public safety providers (law enforcement, firefighters, corrections officers, etc.). Since public service interfaces with EMS in emergencies, there needs to be a physician involved who is familiar with local prehospital care protocols and can help manage any local patient care issues or policy questions that come up. Ideally, the medical director should be an emergency medicine physician with an unrestricted medical license within the state or province. If the Training Center cannot locate a physician, a physician assistant or nurse practitioner with a reasonable amount of EMS experience may be able to fill this role unless it is prohibited by the state or province. Medical oversight to offer the ASHI Emergency Medical Response Program in corporate or similar settings is not required, but is recommended.

The role of the medical director is to provide medical leadership, oversight, and quality improvement. The physician does not have to approve the content of the ASHI Emergency Medical Response Program as it follows the [National EMS Scope of Practice](#) and National EMS Education standards. However, if deviations from the National EMS Scope of Practice and National EMS Education standards are required due to local practice or protocol, the physician should approve such deviations. Beyond approving deviations, the physician does not have to monitor what is taught or sit in a class. He or she needs to be available to the Training Center on a consultative basis, as necessary, to help enhance the quality of care the students are learning to provide.

### **Copyright of HSI “Family of Brands” Training Materials**

[Copyright](#) is a form of protection provided by the laws of the United States to the authors of “original works of authorship.” It is illegal for anyone to violate any of the rights provided by copyright law to the owner of copyright. Unless otherwise indicated, all HSI Family of Brands products and materials, including certification cards, are protected by copyright and may not be reproduced or used in any form, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system without written permission. With the exception of certification cards, HSI is receptive to reasonable requests for such permission. Requests must identify the exact material in question, the title of the publication, page numbers, graphic, video, or the website URL address from which the material is taken. If republishing, please provide details of the work in which the requested materials will be included. Indicate if the material is being reproduced for educational purposes or for commercial, for-profit activity. Include title and edition number, author, publisher, general description of the content that will be included in your work, anticipated audience, and initial run (print or digital, video, online, DVD). Include your anticipated date of publication and selling price. Send all requests to HSI, and allow 30 days for processing. HSI takes copyright infringement seriously and will pursue all available remedies under international, federal, and state law. Remedies include seizure, impoundment and destruction of infringing articles and the means to produce them, the award of monetary damages of up to \$150,000 US for each work infringed or actual damages, disgorgement of any profits earned and all costs of litigation, including attorney’s fees and court costs.

## **Continuing Education**

### **EMS Professionals**

Continuing Education Credit requirements for EMS personnel vary among state EMS agencies. Most states recognize continuing education hours (CEH) for EMS personnel approved by the Continuing Education Coordinating Board for

Emergency Medical Services ([CECBEMS](#)). CECBEMS is the national accreditation body for Emergency Medical Service Continuing Education programs.

HSI is an accredited organization of CECBEMS. CECBEMS accreditation shows that an organization has voluntarily submitted to an objective assessment of its ability to meet established standards for educational planning, implementation, and evaluation and that it has met or exceeded those criteria. The organization that has gone through the CECBEMS accreditation process has demonstrated a commitment to excellence in EMS CE that is on an equal footing with that of physicians and nurses. **As a result, per CECBEMS, Training Centers are required to make continuing education hours (CEH) available to all EMS professionals who participate in an ASHI CPRPro for Professional Rescuers, ACLS, or PALS live or blended classroom course.**

HSI makes offering CEH easy:

1. Before, during, or within 30 days of the course, collect the required information from each student (use the *CECBEMS Data Collection Form* found in the Documents section of the OTIS-supported Training Center Manager (TCM)).
2. Purchase CECBEMS CEH credits for EMS Professionals through the TCM.
3. In the TCM, enter the required information from each student into the CECBEMS roster. HSI will report the CEH directly to CECBEMS.
4. Print or email the CECBEMS CEH certificate to the student(s).

If you have questions about purchasing CECBEMS approved course credits or issuing CECBEMS continuing education hours to EMS professionals, [log in](#) to the OTIS-supported Training Center Manager, complete a [contact request](#), or call us at 800-447-3177.

**NOTE: THE PARTICIPANT MUST RECEIVE A PASSING SCORE ON THE REQUIRED WRITTEN EXAM. THE AWARD OF CONTINUING EDUCATION HOURS IS NOT CERTIFICATION. CERTIFICATION REQUIRES THE SUCCESSFUL COMPLETION OF A HANDS-ON SKILLS PERFORMANCE EVALUATION WITH AN AUTHORIZED INSTRUCTOR. CERTIFICATION IS DOCUMENTED BY A SEPARATELY ISSUED CERTIFICATION CARD. CONTINUING EDUCATION HOURS ARE NOT AVAILABLE TO EMS PROFESSIONALS WHO CHALLENGE THE PROGRAM.**

### Physician Continuing Medical Education for ASHI Resuscitation Programs

Some states require all continuing medical education for physicians meet the accreditation standards of the American Medical Association. These standards specifically require that the educational activity be sponsored by an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME). [ACCME](#) accredits organizations that offer continuing medical education activities for physicians; they do not review, approve, or certify individual CME activities, such as ASHI resuscitation programs. Therefore, if the organization offering the ASHI program (for example, a hospital) is accredited by ACCME, then the organization may designate the ASHI program as an educational activity that offers CME.

### Other Professionals

Continuing education credit for successful completion of ASHI or MEDIC First Aid training programs may be available for other professionals, such as dental, nursing, and non-health related occupations but it is typically up to each participant to apply for continuing education credit from the occupational licensing board or agency.

## Remote Skill Verification Matters

### Overview

Videoconferencing has been established as a successful method for providing medical education over long distances for more than a decade.<sup>8</sup> More recent research has demonstrated that use of videoconferencing technology can produce learning outcomes (knowledge, skill, and confidence) that are as effective as the same instruction provided in a face-to-face format.<sup>9</sup> Remote Skills Verification (RSV) has also been shown to be acceptable and feasible for course participants and remote skill evaluators.<sup>10</sup> Particularly for individuals working in remote areas, opportunities to get the retraining necessary to comply with occupational regulation or licensing requirements is often limited by the accessibility and availability of

authorized instructors. In these settings and others, RSV offers a practical and useful alternative to conventional training.<sup>11, 12</sup>

### Limited “Just In Time” Use

The need for on-site training equipment (manikins, AED trainers, bag-valve-masks, etc.) limits the ability to use RSV for individual “just in time” re-training and recertification (i.e., “I need my card today”). Participants and clients who do not have the necessary on-site training equipment to demonstrate skills so remote instructors can adequately judge competency must either be assessed at a facility that does, purchase it, or borrow it. CPR manikins must be sanitary and operable. They should permit obstruction of the airway so the participant can correctly demonstrate necessary airway maneuvers. To ensure the highest quality CPR, manikins should provide audible and visual feedback to both the remote Instructor or Instructor Trainer and the participant regarding the rate and depth of chest compression.

### Learning Curve

There is a learning curve for RSV. The remote Instructor or Instructor Trainer must gain experience in remotely viewing participant skill performance with sufficient reliability to judge competency. The remote Instructor or Instructor Trainer may need to ask participants to speak louder, to reposition, or occasionally ask that a skill be repeated. It will also take some time for participants to become familiar with positioning themselves and adjusting the onsite camera position so the remote Instructor or Instructor Trainer has an adequate view and the participant can perform effectively. Plan approximately 25% more time than it takes in a conventional course to allow for this.

### Occupational Licensing and Regulatory Issues with RSV

Due to the proliferation of “online only” classes (no instructor assessment of participant skill), regulations for first aid/CPR and other healthcare training are increasingly requiring “face-to-face” skill evaluation. Recertification by RSV permits remote “face-to-face” skill evaluation, but it is currently unclear if a particular regulatory agency may interpret this to require physical presence as opposed to “tele-presence”. The RSV program standard is specifically for the purpose of enabling recertification by interactive video teleconference - not to facilitate medical practice.

### Legal Matters with RSV

If you plan to record the RSV, be aware that there are federal, provincial, and state wiretapping laws that may limit your ability to do so. Federal law and many state wiretapping statutes permit recording if one party to the phone call or conversation consents. Other states require that all parties to the communication consent. HSI recommends that the Training Center and Instructor or Instructor Trainer get the consent of all parties to a recorded video teleconference. For more information, see <http://www.citmedialaw.org/legal-guide/recording-phone-calls-and-conversations> and/or consult an attorney.

**HSI RECOMMENDS THAT THE TRAINING CENTER AND AUTHORIZED INSTRUCTOR OR INSTRUCTOR TRAINER GET THE CONSENT OF THE APPROPRIATE REGULATORY OR LICENSING AUTHORITY PRIOR TO REGULAR USE OF RSV.**

## Classroom Matters

### Flexibility

All ASHI and MEDIC First Aid programs may be adapted to specific requirements of the workplace, with the exception of adaptations that alter the program standards, requirements for certification, or those that are inconsistent with safe, sensible practice, occupational licensing, or other lawful requirements.

### Student-to-Instructor Ratio in Large Groups

There is no strictly defined student to instructor ratio for communicating the knowledge objectives of an ASHI or MEDIC First Aid training program. In theory this means that one could use a large capacity space such as a lecture hall for instruction of a large group, so long as acceptable audio-visual equipment such as a large projection screens and microphones are available for the presentation and to help the instructor be heard. However, a lecture hall setting is typically not feasible to conduct the skill practices and evaluations that are required for certification. Consequently, if a large capacity space is used for instruction of a large group (including mass training events), adequate space, such as nearby

conference rooms or classrooms must be available and the maximum Student-to-Instructor Ratio for the skill sessions must be maintained.

### Course Equivalency

Individuals holding legitimately earned participant (student) level certification cards issued by Authorized Instructors and Instructor Trainers of other recognized training organizations are welcome to participate in a comparable ASHI or MEDIC First Aid course for the purpose of retraining, recertification or continuing education.

### Recertification

The recommended recertification interval for all ASHI and MEDIC First Aid courses is 2 years (with the exception of BBP). Students who wish to be recertified should show a participant level certification card prior to enrolling in a recertification course. The Authorized Instructor or Instructor Trainer has the final authority for allowing a student to take a recertification course if he or she does not have a current participant certification card. Students who present an expired participant certification card or do not possess a participant certification card will need to complete the initial course if they cannot successfully meet the certification requirements as described in the program standard.

### Grace Period

A 30-day grace period from the recertification date on any certification card is allowed for entry into a recertification class. However, this grace period does not extend the certification period.

### Remediation

Occasionally some learners may perform less than adequately or fall short of the necessary objectives to receive a certification card within the time constraints of the course. If, in the Instructor's judgment, the student has not met the learning objectives of the program, the student should have an opportunity for remediation. Time and resources permitting, the Instructor or Instructor Trainer should attempt to facilitate improvement in the student's knowledge and/or skills in the same class, or the student may be asked to come back within a reasonable period and retake the test and/or perform the necessary skills. The degree and extent of remediation depends on a large number of variables that will differ from Training Center to Training Center. There are, however, two general rules: 1) Do not certify anyone who has not earned it, and 2) It is better to have high standards than it is to have low ones. Professionalism, patience, and positive coaching in a relaxed environment of mutual respect should assist most students in reaching their goal of successful completion.

### Recognition of Participation

HSI recommends that Training Centers issue a Recognition of Participation document to students who have participated in an ASHI or MEDIC First Aid course but have not met the certification requirements. [Log in](#) to the OTIS-supported Training Center Manager and Instructor Portal to download the ASHI or MEDIC First Aid Recognition of Participation.

### Diversity

Authorized Instructors and Instructor Trainers teach programs in front of a diverse audience - racially, ethnically, linguistically, culturally, and in class background, national origin, religious and political belief, age, physical ability, and sexual orientation. A professional commitment to diversity requires an atmosphere that encourages learning and communication among people with different backgrounds, abilities, and perspectives. Authorized Instructors and Instructor Trainers should aspire to attitudes and actions that foster respect and consideration for all individuals and groups. Their classrooms should be free from discrimination, harassment, prejudice, and abusive behaviors. The following are general guidelines to promote uniformity, clarity, and the highest level of professionalism in all ASHI and MEDIC First Aid courses.

## General Diversity Guidelines

### General

1. Require participation of all students.
2. Treat students equally.
3. Admit when you don't know the answer to something and then follow up. This helps build trust.
4. Assume that your students can perform all skills unless they demonstrate otherwise.

### Gender/Appearance

1. Establish a professional atmosphere comfortable for men and women alike.
2. Give female and male students equal attention and feedback.
3. Do not ask female students to perform activities you would not request of male students or vice versa.
4. Make sure that both male and female students have the opportunity to take roles requiring leadership.
5. If you observe students making sexist remarks, whether in front of the whole class or in smaller groups, it is best to confront the student(s) privately and tell them that such remarks are inappropriate.
6. Do not comment on physical appearance.
7. Do not make remarks that belittle women or men, even when intended as humor, as these may constitute sexual harassment.
8. Avoid using words ending in "man" (example, policeman or fireman). Instead, use firefighter, police officer, etc.
9. Use "woman" when referring to a female 18 years or older.

### Race/Ethnicity

1. Get to know your students at the beginning of the class and learn to pronounce their names correctly.
2. Do not assume the racial identity or affiliation of a student based on his/her physical appearances.

3. Be aware of the diverse composition of an ethnic group or community.
4. Avoid using racial categories to describe groups or individuals unless there is a legitimate reason for doing so (i.e., for identification purposes).

### Sexual Orientation

1. Unless you are answering a student's question, there is no reason to discuss sexual orientation in any ASHI program.
2. Instructors' personal feelings regarding sexual orientation have no place in the classroom.

### Age

1. Do not make older or younger students feel excluded or singled out.
2. Do not feel intimidated by a difference in age.
3. Take advantage of the life experience as well as the different perspectives the older students bring into your class.

### Religion and Political Beliefs

1. Assume that your students have diverse religious and political views.
2. Assume each student has his or her specific beliefs and rituals and cannot "speak for" an entire religion.
3. Never criticize a religion, religious, or political belief.
4. Show respect for religious and political beliefs.
5. Avoid discussions involving religious or political beliefs that are not relevant to the topic.
6. Instructors' personal feelings regarding religion and political beliefs have no place in the classroom.

### Disability

1. Make reasonable accommodation for skills performance when students are unable to perform at the same level as the rest of the class. (i.e., arranging for the assistance of a sign interpreter, modifying skills sessions, etc.).

## Learning Environment

The ideal learning environment is comfortable, efficient, and distraction free with sufficient space, seating, resources, and equipment. In reality, instructors must often create a makeshift classroom out of a noisy shop floor, poorly lit cafeteria, or cramped conference room. Such challenges should be anticipated and the learning environment be made as favorable as possible. Most ASHI and MEDIC First Aid programs require hands-on practice and evaluation of skills. Instructors should ensure that adequate and appropriate space for these activities is provided. With personal safety and professionalism in

mind, HSI strongly advises against conducting classes in the place where one lives - particularly private, one-to-one classes. Whenever possible, training should take place in a professional business setting, office, or meeting space.

### Minimizing the Risk of Disease Transmission

There have been no documented cases where the use of CPR training manikins has been responsible for the transmission of bacterial, fungal, or viral diseases.<sup>13</sup> To continue to protect the health and safety of students and instructors and prevent the spread of infectious disease, ASHI and MEDIC First Aid Instructors should:

- Follow all recommendations regarding decontamination and sanitary practice supplied by the manufacturer of the manikins used during training.
- Provide participants with sanitary personal protective equipment, including but not limited to, face shields or masks and gloves.
- Advise students not to participate in an ASHI and MEDIC First Aid program if their hands, mouth, or lips have uncovered open wounds or sores or if they may have been exposed to or are in the active stage of an infectious disease.
- Clean their hands often with soap and water and encourage their students to do the same. Improved compliance with hand hygiene has been shown to terminate outbreaks of infectious illness and reduce transmission of antimicrobial resistant organisms.
- In addition to traditional hand washing with soap and water, HSI recommends that alcohol-based hand rubs be made available in all ASHI and MEDIC First Aid programs and be used by all instructors and students during training. Keeping hands clean is one of the most important steps instructors and students can take to avoid getting sick and spreading germs to others. For more information, visit the Centers for Disease Control and Prevention [hand washing website](#).
- Take any and all other reasonable precautions to minimize the risk of disease transmission.

### Preventing Injury

To protect the health and safety of students and instructors and to prevent injury, ASHI and MEDIC First Aid Instructors should:

- Warn students to avoid awkward or extreme postures of the body. Improper lifting and moving is a leading cause of back injury. All students must pay attention to proper lifting and moving techniques during practice.
- Warn students that classroom activities involving lifting and moving that may aggravate previous back injuries and they should not practice moving simulated victims/patients if they have a history of back problems.
- Warn students about inappropriate student-on-student practice. Certain psychomotor skills are not appropriate for student-on-student practice and must be performed on training manikins designed for that purpose. Examples of these skills include abdominal thrusts, rescue breathing, intubation, and chest compressions.
- Ensure a physically safe learning environment. Make sure there are no obvious hazards in the classroom such as extension cords that present a tripping hazard.
- Verify that each AED Trainer is not a live AED and the device is incapable of delivering a shock.
- Never connect a live AED or an AED training device to a human being during training. Follow all manufacturers' recommendations for safety when using AED trainers.
- Know and share with students:
  - The location of the nearest telephone.
  - The location of the fire/emergency exits, fire alarm pull stations, and best emergency evacuation route.
  - The location of the first aid kit, AED, oxygen, and fire extinguisher.
  - An occupationally specific emergency plan in case of serious injury or illness.
- Discourage students from smoking, eating, and engaging in inappropriate behavior.

### Acceptance, Approval, and Accreditation

ASHI and MEDIC First Aid training programs are well-known and accepted, approved, or meet the requirements of nearly 4000 state and provincial regulatory agencies, occupational licensing boards, national associations, commissions, and councils. [Log in](#) to the OTIS-supported Training Center Manager and Instructor Portal to access this information in the regulatory approval database.

### Legislative Monitoring and Advocacy

HSI's Strategic Compliance department closely monitors laws and regulations affecting its health and safety training programs. HSI works diligently to ensure that its programs comply with laws and administrative rules. HSI regularly engages state and provincial lawmakers and regulatory authorities to protest laws and administrative rules that restrain competition or unfairly grant an exclusive market to other organizations.

It is important to understand that in North America there is no single board, commission, bureau, office, or agency that provides review, endorsement, acceptance, recognition, or approval of first aid, CPR, BLS, ACLS, or numerous other health and safety-related programs on a national level. Generally, approval occurs at the state or provincial agency level. The regulatory environment consists of countless laws and regulations concerning health and safety that are administered and enforced by a multitude of local, regional, provincial and state department personnel. At any given time, there are hundreds of thousands of active pieces of laws and regulations moving through the legislative and rulemaking process throughout North America, some that directly affect safety and health training. In this technically complex, bureaucratic, fluctuating, and highly political setting, it is simply not possible to guarantee that any ASHI or MEDIC First Aid program will always be accepted or approved to meet a specific regulatory or occupational licensing requirement.

Consequently, ASHI and MEDIC First Aid Training Centers and their Authorized Instructors and Instructor Trainers must be completely familiar with the state or provincial licensing regulations and occupational requirements of persons to whom they offer training and certification. Training Centers and Authorized Instructors and Instructor Trainers should not advertise, represent, or otherwise promote that their courses will meet specific regulatory requirements unless and until such is confirmed with the state or provincial licensing authority and/or HSI. ASHI and MEDIC First Aid Training Centers and their Authorized Instructors and Instructor Trainers assume the responsibility for the appropriate and lawful use of any ASHI or MEDIC First Aid program.

**PROSPECTIVE STUDENTS SHOULD BE ENCOURAGED TO CHECK WITH THEIR EMPLOYER OR ACCREDITING, CREDENTIALING, OR LICENSING AGENCY TO ENSURE ASHI OR MEDIC FIRST AID CERTIFICATION IS ACCEPTED, APPROVED, OR MEETS THE REQUIREMENTS BEFORE BEGINNING TRAINING.**

### United States Coast Guard (USCG) Certification and Credential Requirements for Mariners

All mariners (persons employed in a sea-going vessel) employed aboard U.S. merchant vessels and operators of uninspected passenger vessels (such as charter fishing guides and tour boat operators) are required to have a proof of completion of a currently valid certificate of completion of an USCG approved first aid and CPR course. ASHI and MEDIC First Aid first aid and CPR courses are USCG approved. Effective September 1, 2010, all certificates provided to students completing a USCG approved course must contain the following specific information:

1. Name of the course or program
2. Name of the training organization
3. A specific course code, which will be provided by the National Maritime Center
4. Date of completion
5. Location where the training was conducted
6. Name of the Student
7. Signature of authorized representative of the school

In order to facilitate the [new policy requirements](#), HSI created and the USCG has approved a special Recognition of Participation document. The purpose of this special USCG Recognition of Participation is to meet the new USCG credentialing policy without jeopardizing HSI's quality assurance standards and guidelines. *The USCG Recognition of Participation document is not a certificate of successful completion and does not replace a certification card.* To prevent fraud, misuse, or misrepresentation, ASHI and MEDIC First Aid certification is documented by issuance of a correctly completed certification card. Alternatively, the certification card does not imply licensure or credentialing - which is clearly stated on the card itself. Credentialing, for the purpose of regulatory compliance or licensure, is the responsibility and authority of the state or federal agency, in this case, the [USCG National Maritime Center](#).

Verification that a participant has met the required knowledge and skill objectives of the course is documented by a separately issued certification card, a copy of which must accompany the Recognition of Participation (credentialing) document. [Log in](#) to the OTIS-supported Training Center Manager and Instructor Portal to access this document.

Training Centers and Authorized Instructors and Instructor Trainers that offer mariner training and certification will need to issue (and Mariners must present) both documents in order to meet the regulatory requirements for a Merchant Mariner Credential. For questions about providing credentials to Mariners please contact the National Maritime Center (NMC) Customer Service Center at 1-888-IASKNMC (1-888-427-5662) or visit <http://www.uscg.mil/nmc/csc/default.asp>

### **The Joint Commission Resuscitation Standard**

[The Joint Commission](#) is an independent, not-for-profit organization that accredits and certifies more than 19,000 health care organizations and programs in the United States. The Joint Commission's Resuscitation Standard PC.02.01.11 EP 4 requires that an evidence-based training program is used to train staff to recognize the need for and use of resuscitation equipment and techniques. The Joint Commission defines evidence-based as "based on empirical evidence or in the absence of empirical evidence, expert consensus (such as consensus statements promoted by professional societies)." ASHI *ACLS*, *PALS*, and *CPR Pro for the Professional Rescuer* meet Joint Commission requirements for PC.02.01.11 EP 4. For questions related to the Joint Commission standards, [contact](#) the Standards Interpretation Group.

## **Training Program Quality Assurance**

### **Conformity with Clinical Practice Guidelines**

ASHI and MEDIC First Aid Program content is based upon the following science, treatment recommendations, and guidelines:

- 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations
- 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
- 2010 AHA and American Red Cross Guidelines for First Aid
- 2011 Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd Edition. American Academy of Pediatrics, American Public Health Association

ASHI and MEDIC First Aid representatives participated in the *International Committee on Resuscitation 2005 and 2010 International Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations*, hosted by the American Heart Association®, Inc. (AHA) and were members of the National and International *First Aid Science Advisory Board* and contributors to the [2005](#) and [2010 Consensus on First Aid Science and Treatment Recommendations](#).

### **"Rate Your Program"**

Encouraging course participants to provide feedback and then using that feedback to improve instruction is an essential aspect of any quality educational effort. HSI requires that students be given the opportunity to evaluate their ASHI or MEDIC First Aid course using the "Rate Your Program" course evaluation form. These forms (or summaries of them), must be maintained by the Training Center (see [Record Maintenance](#)). Additionally, course participants may provide Rate Your Program feedback directly to HSI using a web-based form (see Rate Your Program at <http://www.hsi.com/compliance/qualityassurance/>). All information obtained by HSI through this process is reviewed and shared with the Training Center, Instructor, or Instructor Trainer as appropriate.

### **Accreditation**

HSI is an accredited organization of the *Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS)* CECBEMS is the national accreditation body for Emergency Medical Service (EMS) Continuing Education programs. CECBEMS requires an evidence-based peer-review process similar to all healthcare accreditors.

## Professional Membership

HSI is a member of the following professional organizations:

1. American National Standards Institute. [ANSI](#) promotes and facilitates U.S. voluntary consensus standards and conformity assessment systems.
2. ASTM International. [ASTM](#) is a globally recognized leader in the development and delivery of international voluntary consensus standards.
3. The Council on Licensure, Enforcement and Regulation. [CLEAR](#) is the premiere international resource for professional regulation stakeholders.

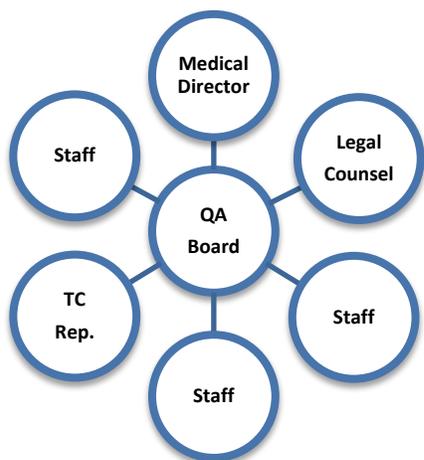


Figure 5

## Quality Assurance Board

The goal of the Quality Assurance Board is to resolve complaints and to monitor and improve performance of HSI, its Training Centers, and Authorized Instructors and Instructor Trainers so that the products and services provided satisfy the requirements of regulatory authorities and other approvers. Its membership consists of HSI's Medical Director, legal counsel, three HSI senior management staff, and an independent Training Center Director (Fig 5).

## Registry Status Database

Training Center approval and Instructor or Instructor Trainer authorization are maintained in HSI's Registry. An identification number is assigned to each approved Training Center and a registry number is assigned to each Authorized Instructor and Instructor Trainer. As part of our commitment to Quality Assurance, HSI maintains an online registry [status database](#) of all approved Training

Centers, Authorized Instructors and Instructor Trainers (both current and past). Using the search tool regulators, employers, and prospective customers can verify the status of the Training Center and of the Authorized Instructor or Instructor Trainer:

- **Current and Active:** The Training Center is authorized to provide courses. The Instructor or Instructor Trainer is authorized to issue ASHI or MEDIC First Aid certification cards (or in the case of Instructor Trainers, to certify an individual has successfully completed the IDC).
- **Expired:** The Instructor or Instructor Trainer must renew his or her authorization. The Instructor or Instructor Trainer is not authorized to issue ASHI or MEDIC First Aid certification cards (or in the case of Instructor Trainers, not authorized to certify an individual has successfully completed the IDC).
- **Inactive:** The Training Center or Instructor or Instructor Trainer relationship with HSI no longer exists, but there are no pending quality assurance matters. The Training Center is not authorized to provide courses. The Instructor or Instructor Trainer is not authorized to issue ASHI or MEDIC First Aid certification cards (or in the case of Instructor Trainers, not authorized to certify an individual has successfully completed the IDC).
- **Suspended:** There is an unresolved quality assurance matter. The Training Center is not authorized to provide courses. The Instructor or Instructor Trainer is not authorized to issue ASHI or MEDIC First Aid certification cards (or in the case of Instructor Trainers, not authorized to certify an individual has successfully completed the IDC).
- **Revoked:** A quality assurance matter has resulted in revocation. The Training Center is not authorized to provide courses. The Instructor or Instructor Trainer is not authorized to issue ASHI or MEDIC First Aid certification cards (or in the case of Instructor Trainers, not authorized to certify an individual has successfully completed the IDC).

## Disclaimer

The Training Center Administrative Manual **STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE** is not intended to be all-inclusive or to address all the possible applications of, or exceptions to the standards and guidelines described. For that reason, any questions concerning the applicability of these standards and guidelines should be directed to the Regulatory and Quality Assurance Department. These **STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE** may be modified or discontinued by HSI from time to time. Every attempt will be made to inform Training Centers and Authorized Instructors

and Instructor Trainers when these documents are revised. However, it is the responsibility of Training Centers and Authorized Instructors and Instructor Trainers to keep current with our standards and guidelines and to request any clarification needed. Violation of HSI's **STANDARDS** may result in disciplinary action, including revocation of Training Center approval and Instructor or Instructor Trainer authorization. The Health & Safety Institute is not a professional accreditor recognized by the U.S. Department of Education or the Council for Higher Education Accreditation. Participants in its programs are not eligible for federal or state financial assistance. **CERTIFICATION AND CONTINUING EDUCATION CREDITS EARNED THROUGH THE HSI FAMILY OF BRANDS PROGRAMS MAY NOT BE ACCEPTED FOR OCCUPATIONAL LICENSING AND MAY NOT BE RECOGNIZED BY CERTAIN EMPLOYERS.**

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<sup>1</sup> <http://www.merriam-webster.com/dictionary> © 2014 Merriam-Webster, Incorporated

<sup>2</sup> Castren M, et al. Teaching public access defibrillation to lay volunteers--a professional health care provider is not a more effective instructor than a trained lay person. *Resuscitation*. 2004 Dec; 63(3):305-10.

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