Welcome to the 2019 Training Center Administrative Manual (TCAM)!

The following summary lists the substantive changes made to the Training Center Standards in this version of the TCAM. Additional minor clarifications of content, grammatical or typographical corrections have also been made. Some hyperlinks have also been revised.

Training Center Standard Changes

1. Adds the highlighted word(s) to Section 2, Training Center Standards, Terms and Conditions for Complaints and Credential Inquiries (Process).
   a. Except for clear and documented violations of the Training Center Standards, HSI does not and will not become involved in the resolution of business disputes, including but not limited to employee or contractor management, collection of business debts, contract provisions or truthful representation which are governed by law. In such cases, consult legal counsel.

2. Adds the highlighted words to the Terms and Conditions for Complaints and Credential Inquiries
   a. Request and verify additional documentation as necessary.

3. Adds the highlighted words to Program Standards
   a. G2015 ASHI CPR, AED, and Basic First Aid (Combo)
      i. Combo Exam: 72% or better.
      i. New Blended Online Class: About 6-7 hours. Face-to-face component: About 8 hours.
      i. New Co-Branded Training Program Standard
   d. Remote Skills Verification (RSV)
      i. Due to the required interactivity between the instructor candidate and the Instructor Trainer, RVS must be live (synchronous). There must be at least one additional person available to play the role of student for skills practice/evaluation lesson.

4. Discontinues the following programs
   a. G2010 Child and Babysitting Safety (CABS)
Training Center
Administrative Manual

Standards and Guidelines for Quality Assurance

2019
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. THIS MATERIAL DOES NOT CONSTITUTE AND IS NOT A SUBSTITUTE FOR LEGAL ADVICE.

-SUBJECT TO CHANGE WITHOUT NOTICE-

ASHI is a Health and Safety Institute company, and the American Health & Safety Institute and the ASHI logos are registered trademarks of ASHI. MEDIC First Aid is a Health and Safety Institute company. MEDIC First Aid International, Inc. and the MEDIC First Aid logos are registered trademarks of MEDIC First Aid.
# Table of Contents

Welcome to the 2019 Training Center Administrative Manual (TCAM)! ................................................................. i
Training Center Standard Changes ......................................................................................................................... i

**Section 1: Frequently Asked Questions and Key Word Definitions** ................................................................. 1
Who is the Health & Safety Institute? ................................................................................................................. 1
What is a Training Center? ..................................................................................................................................... 1
What is the relationship between the Training Center and the Training Center Director? .............................. 1
What is the role of the Training Center Director? ............................................................................................... 1
What is the TCAM? ................................................................................................................................................... 1
Who is the TCAM for? .............................................................................................................................................. 2
Why is the TCAM necessary? ............................................................................................................................. 2
What is Quality Assurance? ............................................................................................................................. 2
What is the Difference between a Standard and Guideline? ................................................................................ 2
How do the Standards and Guidelines Differ between ASHI and MEDIC First Aid? ................................... 3
What is the Relationship Between HSI and its Training Centers? ................................................................. 3
How often is the TCAM Revised? ...................................................................................................................... 3
Is HSI Accredited? ................................................................................................................................................. 3
Are HSI Training Programs Evidence-Based? .................................................................................................. 3
Are ASHI and MEDIC First Aid Training Programs equivalent to the training programs of the American Heart Association®, Inc. and the American National Red Cross? ......................................................... 4
Are ASHI and MEDIC First Aid Training Programs Accepted? .................................................................... 4
Does issuance of an ASHI or MEDIC First Aid certification card require an in-person evaluation of hands-on skills by an authorized ASHI or MEDIC First Aid instructor to verify skill competency before a certification card is issued? .......................................................................................................................... 4
Does Online-Only First Aid or CPR training Meet Federal Occupational Safety & Health Administration (OSHA) Requirements? .............................................................................................................................. 4
What If I Have More Questions? ...................................................................................................................... 4
Key Word Definitions ........................................................................................................................................... 5

**Section 2: Training Center Standards** ..................................................................................................................... 1
Terms and Conditions of Training Center Approval .......................................................................................... 1
The Training Center is Required to: .................................................................................................................. 2
Terms and Conditions for New Instructor or Instructor Trainer Authorization .............................................. 5
Authorized Instructors and Instructor Trainers Are Required to: ..................................................................... 6
Terms and Conditions for Instructor or Instructor Trainer Reauthorization .................................................... 7
Terms and Conditions for Certification ........................................................................................................... 8
Terms and Conditions for Complaints and Credential Inquiries .................................................................. 10
**Process** .............................................................................................................................................................. 10
Appeal ................................................................................................................................................................. 12
International Quality Assurance ..................................................................................................................... 12

**Section 3: Training Program Standards** ................................................................................................................. 1
ASHI Training Program Standards .................................................................................................................. 1
G2015 ASHI Basic First Aid (BFA) .................................................................................................................. 1
G2015 ASHI Advanced Bleeding Control ................................................................................. 2
G2015 ASHI CPR and AED (CPRAED) ................................................................................... 3
G2015 ASHI CPR, AED, and Basic First Aid (Combo) ................................................................. 4
G2015 ASHI Pediatric CPR, AED, and First Aid (Peds) ............................................................. 5
G2015 ASHI High-Performance CPR ....................................................................................... 6
G2015 ASHI Use and Administration of Epinephrine Auto Injectors (EAI) ................................. 7
G2015 ASHI Wilderness First Aid (WFA) ................................................................................... 8
G2015 ASHI Basic Life Support (BLS, formerly CPRPro for the Professional Rescuer) .............. 9
G2015 ASHI Bloodborne Pathogens (BBP) ............................................................................. 10
G2010 ASHI Emergency Oxygen ............................................................................................. 10
G2010 ASHI Advanced First Aid (AFA) .................................................................................... 11
G2010 ASHI Emergency Medical Response (EMR) .................................................................. 12
G2015 ASHI Advanced Cardiac Life Support (ACLS) ................................................................. 14
G2015 ASHI Pediatric Advanced Life Support (PALS) ............................................................... 15
DISCONTINUED ASHI Programs, Certification Cards May No Longer Be Legitimately Issued .... 16
MEDIC First Aid Training Program Standards ......................................................................... 16
G2015 BasicPlus CPR, AED, and First Aid for Adults (BasicPlus) ............................................ 17
G2015 MEDIC First Aid Advanced Bleeding Control ................................................................. 18
G2015 MEDIC First Aid Use and Administration of Epinephrine Auto Injectors (EAI) ............... 18
G2015 CarePlus CPR and AED (CarePlus) ............................................................................. 19
G2015 PediatricPlus CPR, AED, and First Aid for Children, Infants, and Adults (PediatricPlus) .................................................................................................................. 20
G2015 MEDIC First Aid High-Performance CPR ..................................................................... 22
G2015 Bloodborne Pathogens in the Workplace (BBP) .............................................................. 23
G2015 Child/Infant CPR and AED Supplement (CHLDINFSUP) ............................................... 24
G2010 Emergency Oxygen ...................................................................................................... 25
Discontinued MEDIC First Aid Programs, Certification Cards May No Longer Be Legitimately Issued .................................................................................................................. 26
Co-Branded Training Program Standards (ASHI & MEDIC First Aid) ..................................... 26
G2015 Child and Babysitting Safety (CABS) ........................................................................... 26
Additional Training Program Standards ..................................................................................... 27
HSI Instructor Development Course (IDC) .................................................................................. 27
G2010 Hands On Practical Experience (HOPE™) Participant Course ...................................... 28
G2010 Hands On Practical Experience (HOPE™) Facilitator Course ...................................... 29
Remote Skills Verification (RSV) ............................................................................................... 30

Section 4: Training Center Guidelines .................................................................................. 1
Attributes of a Proficient Instructor ......................................................................................... 1
Guidelines for New Instructor or Instructor Trainer Authorization ......................................... 1
Authorization Methods ............................................................................................................. 1
Authorization via IDC or ITDC ................................................................................................. 2
Authorization via Reciprocity ..................................................................................................... 2
Training Center Reciprocity List ............................................................................................... 4
Insurance ................................................................................................................................. 5
Training Center Matters .......................................................................................................... 5
Training Center Business Name ............................................................................................... 5
Course Time Advertisements ................................................................................................... 5
Online Training & Information System (Otis™) ........................................................................ 5
ASHI and MEDIC First Aid Instructional System Use ............................................................... 5
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Learning</td>
<td>6</td>
</tr>
<tr>
<td>Blended Learning</td>
<td>6</td>
</tr>
<tr>
<td>Conducting Environmental, Health and Safety (EHS) Compliance Training</td>
<td>6</td>
</tr>
<tr>
<td>Conducting 24-7 EMS and Fire Continuing Education (CE) Courses</td>
<td>7</td>
</tr>
<tr>
<td>Americans with Disabilities Act</td>
<td>7</td>
</tr>
<tr>
<td>ADA National Network</td>
<td>8</td>
</tr>
<tr>
<td>Medical Direction</td>
<td>9</td>
</tr>
<tr>
<td>Medical Oversight for the ASHI Emergency Medical Response Program</td>
<td>9</td>
</tr>
<tr>
<td>Copyright of HSI Training Materials</td>
<td>10</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>10</td>
</tr>
<tr>
<td>EMS Professionals</td>
<td>10</td>
</tr>
<tr>
<td>Physician Continuing Medical Education for ASHI Resuscitation Programs</td>
<td>11</td>
</tr>
<tr>
<td>Other Professionals</td>
<td>11</td>
</tr>
<tr>
<td>Remote Skill Verification Matters</td>
<td>11</td>
</tr>
<tr>
<td>Overview</td>
<td>11</td>
</tr>
<tr>
<td>Limited “Just in Time” Use</td>
<td>11</td>
</tr>
<tr>
<td>Learning Curve</td>
<td>12</td>
</tr>
<tr>
<td>Occupational Licensing and Regulatory Issues with RSV</td>
<td>12</td>
</tr>
<tr>
<td>Legal Matters with RSV</td>
<td>12</td>
</tr>
<tr>
<td>Classroom Matters</td>
<td>12</td>
</tr>
<tr>
<td>Flexibility</td>
<td>12</td>
</tr>
<tr>
<td>Student Books</td>
<td>12</td>
</tr>
<tr>
<td>Written Exams</td>
<td>12</td>
</tr>
<tr>
<td>Student-to-Instructor Ratio in Large Groups</td>
<td>13</td>
</tr>
<tr>
<td>Student-to-Instructor Ratio Skill Session Maximums</td>
<td>13</td>
</tr>
<tr>
<td>Classroom Simulation Equipment</td>
<td>13</td>
</tr>
<tr>
<td>Classroom Space</td>
<td>13</td>
</tr>
<tr>
<td>Course Equivalency</td>
<td>13</td>
</tr>
<tr>
<td>Renewal</td>
<td>14</td>
</tr>
<tr>
<td>Grace Period</td>
<td>14</td>
</tr>
<tr>
<td>Remediation</td>
<td>14</td>
</tr>
<tr>
<td>Recognition of Participation</td>
<td>14</td>
</tr>
<tr>
<td>Diversity</td>
<td>14</td>
</tr>
<tr>
<td>Acceptance, Approval, and Accreditation</td>
<td>17</td>
</tr>
<tr>
<td>Legislative Monitoring and Advocacy</td>
<td>17</td>
</tr>
<tr>
<td>United States Coast Guard (USCG) Certification and Credential Requirements for Mariners</td>
<td>18</td>
</tr>
<tr>
<td>The Joint Commission Resuscitation Standard</td>
<td>19</td>
</tr>
<tr>
<td>Training Program Quality Assurance</td>
<td>19</td>
</tr>
<tr>
<td>“Rate Your Program”</td>
<td>19</td>
</tr>
<tr>
<td>Accreditation</td>
<td>19</td>
</tr>
<tr>
<td>Professional Membership</td>
<td>19</td>
</tr>
<tr>
<td>Quality Assurance Board</td>
<td>19</td>
</tr>
<tr>
<td>Registry Status Database</td>
<td>20</td>
</tr>
<tr>
<td>DISCLAIMER</td>
<td>20</td>
</tr>
</tbody>
</table>
Section 1: Frequently Asked Questions and Key Word Definitions

Who is the Health & Safety Institute?
The Health and Safety Institute (HSI) is a family of well-known and respected brands in the Environmental, Health and Safety (EH&S) space. Our brands span the broad range of needs in EH&S – from emergency care training; to facilitating workplace safety training, tracking, and reporting; to the management of chemical inventories. HSI’s emergency care training and emergency medical service (EMS) continuing education programs are currently accepted, approved, or recognized as meeting the requirements of nearly 5300 state regulatory agencies, occupational licensing boards, national associations, commissions, and councils in more than 550 occupations and professions. Since 1978, ASHI and MEDIC First Aid authorized instructors have certified nearly 33 million emergency care providers in the US and more than 100 countries throughout the world. HSI’s mission is Making the Workplace and Community Safer.™

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 and certification delivered by an authorized ASHI or MEDIC First Aid Instructor or Instructor Trainer who possess the necessary knowledge and teaching ability to 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 large 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).
**Who is the TCAM for?**
The TCAM is for HSI, 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, purchasers of ASHI and MEDIC First Aid training programs and products and class participants.

**Why is the TCAM necessary?**
The TCAM documents the criteria for quality assurance and the procedures and processes 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 and other approvers. 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, as transparency is of particular importance in matters of health and safety training, the TCAM is freely available on the [HSI website](#).

**What is Quality Assurance?**
Quality assurance is a set of standards designed 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 HSI, regulatory authorities and class participants.

**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 a rule or instruction that shows or tells how something should be done. 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). 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 Standards. Otherwise, the Training Center Standards and Guidelines apply equally to both training program brands.

What Is the Relationship Between HSI and its Training Centers?
HSI designs and develops ASHI and MEDIC First Aid training programs, approves Training Centers, and authorizes qualified individuals to teach ASHI and/or MEDIC First Aid 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, intermediaries 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. Except for the cost of course materials and certification cards purchased from HSI, any income derived from a course, does not represent income to HSI. Per student pricing of courses, including course materials and certification cards is determined by the individual Training Centers and not HSI.

How often is the TCAM Revised?
The TCAM is revised as necessary.

Is HSI Accredited?
Yes. HSI is a nationally accredited organization of the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE). CAPCE is the national accrediting body for Emergency Medical Services (EMS) continuing education courses and course providers. CAPCE accreditation requires an evidence-based peer-review process for continuing education programs comparable to all healthcare accreditors.

Are HSI Training Programs Evidence-Based?
Yes. ASHI and MEDIC First Aid programs conform to the:
1. 2015 International Liaison Committee on Resuscitation (ILCOR) International Consensus on Cardiopulmonary Resuscitation (CPR) Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations
2. 2015 American Heart Association (AHA) Guidelines Update for CPR and ECC and the annual Guidelines Update.
3. 2015 AHA and ARC Guidelines Update for First Aid and the annual Guidelines Update.
6. Criteria of the Boy Scouts of America for Wilderness First Aid Curriculum and Doctrine Guidelines
7. National Emergency Medical Services Education Standards and the updated National EMS Scope of Practice Model for the Emergency Medical Responder

Are ASHI and MEDIC First Aid Training Programs equivalent to the training programs of the American Heart Association®, Inc. and the American National Red Cross?
Yes. ASHI and MEDIC First Aid Training Programs are equivalent to those offered by both corporations.

Are ASHI and MEDIC First Aid Training Programs Accepted?
Yes. ASHI and MEDIC First Aid Training Programs are currently accepted, approved, or recognized as an industry credential meeting the requirements of more than 5400 state and provincial regulatory agencies, occupational licensing boards, national associations, commissions, and councils in more than 550 occupations and professions.

Does issuance of an ASHI or MEDIC First Aid certification card require an in-person evaluation of hands-on skills by an authorized ASHI or MEDIC First Aid instructor to verify skill competency before a certification card is issued?
Yes. ASHI and MEDIC First Aid courses that contain psychomotor skills require an in-person, hands-on skill evaluation to verify skill competency prior to issuance of a certification card.

Does Online-Only First Aid or CPR training Meet Federal Occupational Safety & Health Administration (OSHA) Requirements?
No. Online-Only First Aid or CPR training does not meet OSHA requirements See this 2012 OSHA Letter of Interpretation.

What If I Have More Questions?
If you have additional questions, please complete a contact request, send an email to customerservice@hsi.com or call us at USA/CAN 800-447-3177 INTL 00-1-541-344-7099
Key Word Definitions

The following key words are defined to enhance their clarity and meaning in the overall application of the Training Center Standards.

**Approval**: Approval is permission given to an individual or organization to offer ASHI or MEDIC First Aid training programs. HSI approves Training Centers on behalf of the American Safety and Health Institute, Inc. (ASHI) and MEDIC First Aid, Inc. Approval may be denied, suspended, or revoked at any time at the sole discretion of HSI.

**Qualified**: Qualified means an individual has the necessary skill, experience, and knowledge to teach an ASHI or MEDIC First Aid training program. Qualified individuals become eligible for authorization by meeting the requirements for successful completion of an Instructor or Instructor Trainer Development Course (IDC/ITDC) or by Reciprocity (the acceptance of current and valid credentials from another nationally recognized organization or institution).

**Authorization**: Authorization is the permission given to a qualified person to teach an ASHI or MEDIC First Aid training program and to issue ASHI or MEDIC First Aid certification cards to individuals who successfully complete an ASHI or MEDIC First Aid class. HSI authorizes Instructors and Instructor Trainers on behalf of the ASHI and MEDIC First Aid. The authorization period is two (2) years. Authorization may be denied, suspended, or revoked at any time at the sole discretion of HSI.

**Affiliation**: Affiliation means to connect or associate oneself. Authorized ASHI and MEDIC First Aid Instructors or Instructor Trainers are required to maintain affiliation with one primary Training Center.

**Certification**: Certification means to confirm having met requirements. Qualified and authorized ASHI or MEDIC First Aid Instructor or Instructor Trainers issue certification cards to individuals who demonstrate achievement of the required knowledge and hands-on skill objectives of the applicable ASHI or MEDIC First Aid Training Program Standard.

**Reauthorization**: Reauthorization means to authorize again. An authorized ASHI or MEDIC First Aid Instructor or Instructor Trainer who wishes to continue teaching ASHI or MEDIC First Aid training programs and issuing ASHI or MEDIC First Aid certification cards must reauthorize each two (2) years.

**Update**: To update means to give an authorized ASHI or MEDIC First Aid Instructor or Instructor Trainer the most recent information about something. Instructors and Instructor Trainers are occasionally required to complete an HSI sponsored Update Course to ensure they are familiar with and teaching the most current information. For example, an Update Course is required when first aid, CPR or emergency cardiac care guidelines are revised. Completion of an Update Course qualifies the Instructor or Instructor Trainer for reauthorization.

**Inactive**: Inactive means not active or in use. An ASHI or MEDIC First Aid Instructor or Instructor Trainer’s authorization becomes inactive when he or she neglects to complete a required update or to maintain affiliation with a TC. The inactive Instructor or Instructor Trainer is not authorized to issue ASHI or MEDIC First Aid certification cards (or in the case of Instructor Trainers, conduct the face-to-face portion of the blended Instructor Development Course). An approved Training Center becomes inactive when it no longer has at least one affiliated, currently authorized Instructor or Instructor Trainer.
Trainer or when it no longer has at least one current ASHI or MEDIC First Aid training program. An inactive Training Center is not permitted to offer ASHI or MEDIC First Aid training programs.

**Upgrade**: To upgrade means to raise an ASHI or MEDIC First Aid Instructor or Instructor Trainers level of authorization. For example, an ASHI or MEDIC First Aid Instructor may wish to upgrade to the Instructor Trainer authorization level by submitting current and valid Instructor Trainer credentials from another nationally recognized organization or institution (reciprocity), or by meeting the requirements for successful completion of the HSI Instructor Trainer Development Course.

**Renewal**: To renew means to do again (repeat). An ASHI or MEDIC First Aid Renewal Class is designed for individuals who are currently certified and desire or are required to maintain certification. Individuals without current certification may not participate in a Renewal Class.
Section 2: Training Center Standards

Terms and Conditions of Training Center Approval

1. Training Center Approval is a privilege, not a right, and may be denied, suspended, or revoked at any time at the sole discretion of HSI.

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

3. Evidence of falsification of any information provided on the Training Center application will result in denial or revocation of approval.

4. The Training Center must appoint a Training Center Director. There may be only one Training Center Director per Training Center.

5. ASHI or MEDIC First Aid training activities that take place at other branches, divisions, or locations are the responsibility of the Training Center Director.

6. Training Center Directors agree that his or her signature on the Training Center Application obligates the organization:
   a. To comply with the Training Center Standards, 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.

7. The commission of any illegal, dishonest, unethical, or unprofessional act or conviction of any crime substantially related to the duties, qualifications, or functions of the Training Center Director, including without limitation, conviction of a sex crime or a requirement to register as a sex offender, may result in denial, suspension, or revocation of the Training Center approval at any time.

8. If the Training Center Director 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 or had a government or professional license, permit, certification or official designation suspended, revoked, or denied, he or she is required to submit a detailed explanation of the circumstances. Such circumstances do not absolutely preclude approval but are subject to the review and decision of the HSI Quality Assurance Board. Failure to do so is grounds for revocation.

9. Training Center Approval will remain in effect until inactivated, suspended, or revoked. Inactivation, suspension, or revocation will be effective at the time of notice.

10. HSI has the right to communicate the 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.

11. Training Center Directors agree to 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 and affiliated Instructors, or Instructor Trainers.

12. Additional training materials that are not produced by HSI may be used to supplement 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 ASHI or MEDIC First Aid Training Program Standard.
   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.
13. ASHI or MEDIC First Aid “Approved Training Center” logos created by HSI are the only ASHI or MEDIC First Aid logos that may be used to advertise in print and on the Internet (Figure 2).
   a. When used electronically, the logo(s) must be hyperlinked to 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. 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, instructor authorization cards, certification cards, materials, and products sold by HSI or its affiliates.

14. The Training Center will not place any HSI brand name or logo, including the ASHI or MEDIC First Aid name, program name, logo, or Training Center logo on any instructor authorization card, certification card, certificate, course, program, training material, or products in any format, invented, created, or produced by the Training Center or others so as to give the impression that the instructor, certification card, certificate, course, program, materials, or products were created, endorsed, recommended, approved, authorized or sold by HSI or its affiliates.

15. The Training Center will not use Marks, including the ASHI or MEDIC First Aid name, logos, Approved 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.

16. 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.

---

The Training Center will not place any HSI brand name or logo, including the ASHI or MEDIC First Aid name, program name, logo, or Training Center logo on any certification card, certificate, course, program, training material, or product in any format, invented, created, or produced by the Training Centers or others so as to give the impression that the certification card, certificate, course, program, materials, or products were created, endorsed, recommended, approved, authorized or sold by HSI.

---

Figure 2. Approved Training Center Logos and Usage Guidelines Available in Otis

The Training Center is Required to:
1. Maintain Internet access and a current, valid email address. Failure to do so is grounds for suspension or revocation.
2. Refrain from engaging in or permitting affiliated Instructors or Instructor Trainers to engage in illegal, dishonest, unethical, or unprofessional conduct including, but not limited to;
a. Issuing outdated, unearned or altered ASHI or MEDIC First Aid certification cards.
b. Withholding properly earned ASHI or MEDIC First Aid certification cards.
c. Fraud, forgery, counterfeiting, or misrepresentation of course records or ASHI or MEDIC First Aid instructor authorization cards or certification cards.
d. False advertisement.
e. Discrimination.
f. Unauthorized reproduction, translation, modification, duplication of copyrighted materials.
g. Financial or other business-related misconduct.
h. Harassment of other ASHI or MEDIC First Aid Authorized Instructors and Instructor Trainers, Training Center Directors, class participants, or HSI staff.

3. Have at least one currently Authorized Instructor or Instructor Trainer in good standing affiliated with the Training Center. The Training Center Director may be the only affiliated Instructor, or there may be many affiliated Instructors. The Training Center Director may choose to accept or decline an Instructor’s affiliation.

4. Ensure that all Instructors teaching for the Training Center are qualified, current and 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 by HSI. Reauthorization is the responsibility of the Training Center and/or Instructor or Instructor Trainer, not HSI (see Terms and Conditions for 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 ASHI or 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 that each Instructor or Instructor Trainer affiliated with the Training Center or shared with another Training Center:
   a. Provides students the current version of the ASHI or MEDIC First Aid Student Book and related class materials, one per student, print or digital.
   b. Has access to the current 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. Preserves the maximum Student-to-Instructor Ratio for skill sessions under normal circumstances.
   d. Legitimately issues ASHI or MEDIC First Aid certification cards (print or digital).
   e. Has access to, understands, and complies with these Training Center and Training Program Standards.

12. Maintain a current list of affiliated Instructors and Instructor Trainers with contact information.

13. 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.

14. Monitor the performance of affiliated, shared, or guest Authorized Instructors and Instructor Trainers to ensure he or she:
   a. Is proficient, up to date, and teaching the most current version of the ASHI or MEDIC First Aid training program.
i) After December 31, 2016, G2010 ASHI or MEDIC First Aid training programs that have been replaced by G2015 training programs may no longer be offered or taught and their G2010 certification cards may no longer be legitimately issued.

b. Maintains good personal hygiene and an appearance that is both professional and suitable to the setting of the class.

c. Creates a learning environment that is physically safe, free from discrimination, harassment, prejudice, and is culturally sensitive.

d. Takes adequate precautions to prevent student injury and minimizes the risk of disease transmission.

e. Uses appropriate equipment in sufficient quantities to ensure adequate hands-on practice of required psychomotor skills by each student.

f. Uses only the most current version of the ASHI or MEDIC First Aid written exams.
   i) When a written exam is not required by the applicable Program Standard, or by a regulatory agency, it is optional.
   ii) An optional exam may be used in class as an active learning tool; however, the participant’s score on an optional exam may not be used to withhold a properly earned certification card.

g. Only issues ASHI or MEDIC First Aid certification cards to individuals who have legitimately earned them.

15. Take reasonable precautions to ensure the security of print or digital certification cards and the integrity of print or digital written exams (i.e., protect them against unauthorized use, theft, and duplication).
   a. ASHI or MEDIC First Aid written exams may not be altered in any way; including raising or lowering the passing score or posting the exam to the Internet.

16. Promptly notify HSI if an affiliated Instructor or Instructor Trainer is unaffiliated from the Training Center for violation of these standards, had a government or professional license, permit, certification or official designation suspended, revoked, or denied, or pled nolo contendere (no contest) or been convicted of a felony during the authorization period.

17. Promptly respond to complaints from regulatory authorities, students, customers, affiliated Instructors and Instructor Trainers, and HSI.

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 Course Rosters (paper or electronic) for no less than three (3) years, for all provider, Instructor, and Instructor Trainer Development Courses. The ASHI or MEDIC First Aid Class Roster is the principal record of training.

22. Ensure that a complete, accurate, and legible ASHI or MEDIC First Aid Class Roster reflecting the actual class date(s) of the training class is signed by the Primary Authorized Instructor or Instructor Trainer or electronically submitted through the Online Training & Information System (Otis) for every ASHI or MEDIC First Aid training class.
   a. Signing or electronically submitting a Class Roster for an ASHI or MEDIC First Aid training class is confirmation that all participants listed met the Terms and Conditions for Certification.
   b. The Class Roster must be completed within 30 days of the training class. This time frame may be extended up to 60 days under extenuating circumstances.

23. Use a Class Roster with the same data fields and attesting statement as the most current ASHI or MEDIC First Aid Class Roster (when using a Class Roster of Training Centers own making).
24. Performance evaluation is a secondary record of training. When a performance evaluation form signed by an instructor is not required by a regulatory agency, it is optional.

25. 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.

26. Have and maintain a Verifcation of Medical Oversight Form when certifying public safety personnel in ASHI Emergency Medical Response.

27. Promptly respond to a Quality Assurance Review (QAR) request.
   a. 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 Instructor or Instructor Trainer documentation identified above.
   b. 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.
   c. A Training Center may be selected for a QAR only once every two years unless otherwise specified by legally-binding Compliance Agreement (see Terms and Conditions for Credential Inquiries and Complaints).

28. 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:
   a. Over 60 days, HSI will file a complaint against the Training Center Director seeking immediate payment.
   b. Over 90 days, HSI will suspend the Training Center approval.
   c. Over 150 days, HSI will revoke the Training Center approval.
   d. 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).
   e. Legal proceedings arising from or related to delinquencies may require different collection procedures.

Terms and Conditions for New Instructor or Instructor Trainer Authorization

1. Instructor or Instructor Trainer Authorization is a privilege, not a right, and may be denied, suspended, or revoked at any time at the sole discretion of HSI.

2. 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. The authorization period is two (2) years.

3. 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 must be submitted within 6 months of successfully completing an IDC/ITDC. This time frame may be extended up to 1 year under extenuating circumstances.
   b. After one year, IDC/ITDC applications will not be accepted for authorization.

4. His or her signature on the Instructor or Instructor Trainer Application obligates the applicant to:
   a. Comply with the terms and conditions of New Instructor or Instructor Trainer Authorization, and;
   b. 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.
5. All credentials (licenses, certifications, or registrations) used for authorization must be current, properly earned, and legitimate. Evidence of falsification of any information on the application will result in denial or revocation of authorization.

6. The commission of any illegal, dishonest, unethical, or unprofessional act or conviction of any crime substantially related to the duties, qualifications, or functions of an ASHI or MEDIC First Aid Authorized Instructor or Instructor Trainer, including without limitation, conviction of a sex crime or a requirement to register as a sex offender, may result in denial, suspension, or revocation of the Training Center approval at any time.

7. If the Authorized Instructor or Instructor Trainer has pled nolo contendere (no contest) or been convicted of a felony in any state, prior to or during his or her authorization period or had a government or professional license, permit, certification or official designation suspended, revoked, or denied, he or she is required to submit a detailed explanation of the circumstances. Such circumstances do not absolutely preclude approval but are subject to the review and decision of the HSI Quality Assurance Board. Failure to do so is grounds for revocation.

8. HSI has the right to communicate the 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. All Instructors and Instructor Trainers consent to the release of this information as a condition of authorization.

9. 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 and currently approved Training Center.

   a. Instructors and Instructor Trainers who did not complete this course have had their authorization status changed to “inactive”.
   b. An inactive Instructor or Instructor Trainer is not authorized to teach ASHI or MEDIC First Aid or to issue ASHI or MEDIC First Aid certification cards.

4. Be proficient, up to date, currently authorized, and teach according to the program standard of the ASHI or MEDIC First Aid training program used.
   a. After December 31, 2016, G2010 ASHI or MEDIC First Aid training programs that have been replaced by G2015 training programs may no longer be offered or taught and their G2010 certification cards may no longer be legitimately issued.

5. Have good personal hygiene and an appearance that is both professional and suitable to the setting of the class.

6. Provide access to the most current ASHI or MEDIC First Aid Student Books and related class training materials (print or digital) to students for use during and after the course.

7. Assure that the learning environment is physically safe, free from discrimination, harassment, prejudice, and is culturally sensitive.

8. Take adequate precautions to prevent student injury and minimize the risk of disease transmission in the classroom.

9. Have appropriate equipment available in sufficient quantities to ensure adequate hands-on practice of required psychomotor skills by each student.

10. Use only the most current version of ASHI or MEDIC First Aid written exams (when required).

11. Take reasonable precautions to prevent cheating on written exams (when required).

12. Sign or electronically submit a complete, accurate, and legible Class Roster reflecting the actual class date(s) for every ASHI or MEDIC First Aid training class.
Section 2

7

a. Signing or electronically submitting a Class Roster for an ASHI or MEDIC First Aid training class is confirmation that all participants listed met the **Terms and Conditions for Certification**.

13. Refrain from engaging in illegal, dishonest, unethical, or unprofessional conduct including, but not limited to:
   a. Issuing outdated, unearned or improperly altered certification cards.
   b. Withholding properly earned certification cards.
   c. Fraud, forgery, counterfeiting, or misrepresentation of course records and ASHI or MEDIC First Aid instructor authorization cards and certification cards.
   d. False advertisement.
   e. Discrimination.
   f. Unauthorized reproduction, translation, modification, duplication of copyrighted materials.
   g. Financial or other business-related misconduct.
   h. Harassment of other ASHI or MEDIC First Aid Authorized Instructors and Instructor Trainers, Training Center Directors, class participants, or HSI staff.
   i. For Instructor Trainers; withholding properly earned Instructor authorization cards or failing to promptly submit Instructor Applications without good or sufficient reason

14. Promptly respond to complaints from HSI, Training Center Directors, regulatory authorities, students, customers, and others.

15. 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.

16. Provide reasonable accommodation to all persons with disabilities who seek access to ASHI or MEDIC First Aid training.

17. Authorized Instructors and Instructor Trainers who are currently teaching are not required to maintain participant (student/provider) level certification.
   a. If an Authorized Instructor or Instructor Trainer must show evidence of participant-level certification to meet occupational licensing or other requirements, then he or she must meet the required knowledge and skill objectives for successful completion of the participant-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 by signing or electronically submitting a Class Roster.

18. Authorized Instructors and Instructor Trainers may teach for as many Training Centers as they wish, but they must maintain affiliation with one primary Training Center. They may also establish a Training Center or change their Training Center affiliation at any time.

Terms and Conditions for Instructor or Instructor Trainer Reauthorization

1. Ensuring that all Instructor or Instructor Trainers affiliated with the Training Center are properly reauthorized by HSI is the responsibility of the Training Center and/or Instructor or Instructor Trainer, not HSI.

2. Reauthorization obligates the Instructor or Instructor Trainer to the **Terms and Conditions for New Instructor or Instructor Trainer Authorization**. Reauthorization requires;
   a. The Instructor or 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 to have taught (or co-taught) at least two (2) ASHI or MEDIC First Aid classes during the previous authorization period (two years).

c. 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.

d. Authorized Instructor Trainers who did not successfully complete the Instructor Trainer Update course by February 28, 2018 have been downgraded to the Instructor level.

3. Authorized 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 reauthorization. “Evidence” means at least two (2) ASHI or MEDIC First Aid Class Rosters.

4. After two years, Instructor or Instructor Trainer Authorization is expired and no longer valid. An Instructor or Instructor Trainer with an expired authorization may not legitimately issue ASHI or MEDIC First Aid certification cards.

5. HSI does not recognize any ASHI or MEDIC First Aid certification card issued by an Instructor or Instructor Trainer with an expired authorization, 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.

6. An Authorized 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 Authorized 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, illness or injury. For more information, please contact the Quality Assurance department at 800-447-3177.

8. Master Instructor Trainer Emeritus is an honorary designation recognizing those who were previously Master Instructor Trainers (MITs). To conduct ASHI or MEDIC First Aid training programs an MIT Emeritus must be a current and active Instructor or Instructor Trainer. HSI retired the MIT designation in 2013 and is no longer appointing MITs.

Terms and Conditions for Certification

1. The term “certification” means verification that on the indicated class completion date a participant in an ASHI or MEDIC First Aid course demonstrated achievement of the required knowledge and hands-on skill objectives according to the applicable ASHI or MEDIC First Aid Training 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.

2. The Authorized Instructor and Instructor Trainer is required to legitimately issue proper ASHI or MEDIC First Aid print or digital certification cards. “Legitimately issue” means that the 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 attended an ASHI or MEDIC First Aid initial, renewal, blended, or challenge course designed, produced, or sold by HSI and 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 current Training Program Standard.
c. Is current, complete, accurate, and legible. It must contain the name of the participant and the Authorized Instructor, the Instructor’s Registry Number, the Class Completion Date, the Expiration Date, the Training Center Phone Number and the Training Center Identification Number (TCID).

d. Is issued within 30 days of successful course completion.

3. An ASHI or MEDIC First Aid print or digital certification card may not be altered in any manner. Altering the content or appearance of the ASHI or MEDIC First Aid certification card makes it invalid and is grounds for suspension or revocation.

4. The expiration date for an ASHI or MEDIC First Aid certification card may not exceed two years from the month of issue unless this certification period is superseded by a specific ASHI or MEDIC First Aid Training Program Standard or by state or federal statutes or regulations.

5. ASHI or MEDIC First Aid certification cards may be legitimately issued that are valid for less than two years. The rationale for any Training Center policy or practice regarding shortened certification periods must be made available to class participants.

6. HSI does not recognize any ASHI or MEDIC First Aid certification card issued to a participant who did not meet the certification requirements of the training program standard.

7. A Renewal Class is designed for individuals who are currently certified and desire or are required to maintain certification. Individuals without current certification may not participate in a Renewal Class.

8. ASHI or MEDIC First Aid certification cards may not be legitimately issued for successful completion in courses that are not ASHI or MEDIC First Aid courses.

9. 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.

10. HSI cannot legitimately issue an ASHI or MEDIC First Aid certification cards on behalf of the Training Center Director, Authorized Instructor, or Instructor Trainer. 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.

11. 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.

12. Once an ASHI or MEDIC First Aid certification card has been rightfully earned by a student, it remains valid until the stated expiration.

13. Collecting payment for courses and failing to legitimately issue properly earned ASHI or MEDIC First Aid certification cards is grounds for suspension or revocation. HSI will encourage affected parties to seek remedy by reporting the incident to the economic crimes unit of the local law enforcement agency.

14. 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.

15. In circumstances where the Training Center has an employee relationship with participants 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.

16. Anyone may purchase and teach with ASHI or MEDIC First Aid training materials and choose to issue or not issue a certificate or certification card of their own making. HOWEVER, IN THESE CASES, HSI DOES NOT:

a. 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.

b. Permit ASHI or MEDIC First Aid certification cards to be issued to course participants.
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.

Terms and Conditions for Complaints and Credential Inquiries
1. A complaint is a written allegation that a Training Center Director or an Authorized Instructor or Instructor Trainer has committed a dishonest, unethical, or unprofessional, act or violated an applicable law, rule or regulation.
2. A credential inquiry is a formal request by HSI to verify the credentials used for authorization of an Instructor or Instructor Trainer.
3. 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.
4. Complaints and credential inquiries must be submitted in English and in writing. HSI does not act on non-English, anonymous, or verbal complaints or credential inquiries.
5. The governing Training Center Standards are the ones in effect at the time of the complaint or credential inquiry.
6. 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 complaints or credential inquiries are difficult or impossible to keep confidential.
7. Those with a legitimate credential inquiry or complaint should not expect or experience retaliation.
8. 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 suspend or revoke the approval or authorization of the entity or person(s) retaliating.
9. Credential inquiries or complaints that are discovered by HSI to have been falsely made with malicious intent are grounds for suspension or revocation.
10. 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. Once HSI receives a complaint, we evaluate it. We may contact the complainant for additional information, if necessary.
   a. Except for clear and documented violations of the Training Center Standards, HSI does not and will not become involved in the resolution of business disputes, including but not limited to employee or contractor management, collection of business debts, contract provisions or truthful representation which are governed by law. In such cases, consult legal counsel.
2. HSI may decide not to accept the complaint.
   a. A decision not to accept the complaint does not imply that the complaint lacks merit. It may mean nothing more than that HSI has already considered the matter or that HSI does not have adequate resources or proper authority to handle it.
   b. If HSI declines the complaint, you will be promptly notified.
3. If HSI accepts the complaint, we will conduct our complaint process in a professional, reasonable, fair, and consistent manner.
4. When verifying credentials or upon acceptance 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.
5. The Training Center Director and/or authorized Instructor(s) are required to promptly respond in English and in writing within the stated time.

6. For the protection of the Complainant, 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.**

7. Failure to respond thoroughly and explicitly in writing within the stated time will result in the suspension of the Training Center approval and/or Instructor or Instructor Trainer authorization.

8. Failure to respond within 90 days will result in revocation of the Training Center approval and/or Instructor or Instructor Trainer authorization.

9. After notifying the Training Center Director and/or Instructor or Instructor Trainer of the inquiry or complaint and throughout the process, HSI may:
   a. Request and verify additional documentation as necessary.
   b. Restrict, deny, or permit the sale of certification cards to the Training Center or its affiliated Instructors or Instructor Trainers.
   c. Restrict, deny, or permit replacement of the Training Center Director.
   d. Restrict, deny, or permit Instructor or Instructor Trainer authorization or reauthorization to the Training Center.

10. 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.

11. HSI will follow up with all parties in a timely manner regarding the decision of the QAB. Complaints that involve regulatory authorities or formal legal proceedings may result in unavoidable delays.

12. HSI will respond promptly to formal written orders issued by an authoritative body with jurisdiction.

13. 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. 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.

14. 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.

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.
**Appeal**

1. A Training Center Approval and/or an Instructor or Instructor Trainer Authorization that has been suspended or revoked may be appealed.
2. The Training Center Director and/or Instructor or Instructor Trainer must 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.
3. After reviewing the appeal, the QAB may:
   a. Reinstate the approval or authorization without further action.
   b. Reinstate 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.
4. 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.
5. After 5 years, the Training Center Director and/or Instructor or Instructor Trainer that been suspended or revoked may appeal again. The appeal process will be repeated as described above.
6. HSI will promptly communicate its decision to the Training Center Director, Instructor, or Instructor Trainer.

**International Quality Assurance**

1. MEDIC First Aid quality assurance in Greece, Japan, and New Zealand is provided by offices in those countries.
2. ASHI or MEDIC First Aid Training Center Approval, Instructor or Instructor Trainer Authorization, and quality assurance oversight outside North America is provided by HSI.
3. Training Center Directors and Authorized Instructors and Instructor Trainers outside North America agree to comply with these Training Center Standards.
   a. 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.
   b. HSI does not proactively seek approval of its training programs for use outside of the United States (US). Training Centers interested in pursuing approval of an ASHI or MEDIC First Aid program in States or Provinces outside the US, should contact the contact governmental agency responsible for the specific occupational licensing, certification, registration, or qualification desired. HSI will provide assistance as it is requested and practical.
   c. 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.
4. Translation
   a. Authorizing a translation (making a derivative work) of ASHI or MEDIC First Aid training program materials is the exclusive right of HSI and requires written permission. Unauthorized translation constitutes copyright infringement.
   b. ASHI or MEDIC First Aid student books may be translated for local use. The translation is limited to text only, word-for-word, and may be provided in print or electronic form. A copy of the translated student book must be provided to HSI.
   c. Each student that receives a text only, word-for-word, translated student book must also receive an English version of the ASHI or MEDIC First Aid student book that was created and sold by HSI or its affiliates.
   d. HSI does not permit the use of the ASHI or MEDIC First Aid logos or trademarks to appear anywhere on the translated student book. The translation must not give the impression that it was created, produced, or sold by HSI.
   e. HSI does not accept any responsibility or liability for the accuracy, equivalency, fitness, approval, or recognition of the translation.
   f. For translation permission of ASHI or MEDIC First Aid training program materials other than student books, see [Copyright of HSI Training Materials](#).

---

Section 2

12
Section 3: Training Program Standards

ASHI Training Program Standards

IMPORTANT: OCCUPATIONAL LICENSING BOARDS, REGULATORY AGENCIES, AND OTHER APPROVERS MAY REQUIRE SPECIFIC HOURS OF INSTRUCTION AND PROHIBIT THE USE OF ONLINE OR BLENDED TRAINING AND 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. LOG IN TO OTIS TO SEARCH OUR EXTENSIVE DATABASE TO DETERMINE THE CURRENT STATUS OF AN ASHI TRAINING PROGRAM REGULATORY APPROVAL OR ACCEPTANCE.

G2015 ASHI Basic First Aid (BFA)

| Intended Audience | Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in basic first aid. This program is not designed to meet pediatric first aid training regulatory requirements and should not be used for that purpose |
| Instructor Requirement | A current and active, Level 1 (or above) Authorized ASHI Instructor |
| Class Length (See Notes) | 1. Initial Instructor-Led Class: About 2 ½ hours  
2. Renewal: About 1 to 1.25 hours.  
3. Blended: Online component: About 1.5 hours. Face-to-face component: About 1 hour. |
| Participant Prerequisites | None. |
| Required Equipment and Materials | See BFA Instructor Guide Class Requirements, Equipment and Materials List. |
| Student-to-Instructor Ratio Skill Session Maximum | 10:1 (6:1 recommended) |
| Certification Requirements | Correctly Demonstrate:  
1. Removal of contaminated gloves  
2. Primary assessment of a responsive person  
3. Control of severe external bleeding using direct pressure and a pressure bandage  
Written Exam: Optional, except when required by a regulatory agency or when challenging the course.  
1. Passing score: 72%*  
2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required. |
| Certification Period | May not exceed 2 years from month of issue. |
| Required Class Documentation | A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BFA class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis). |
### Notes

1. Initial class length is based on core lessons (the minimum required for certification) and does not include time for the written exam. Course length is also influenced by preparation, available equipment, and instructor efficiency.
2. Renewal class length includes 35-45 minutes for knowledge content review.
3. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.
4. This program is currently available in English and Spanish.

*The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

### G2015 ASHI Advanced Bleeding Control

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Individuals who desire or are required to become trained in the use of commercial and improvised control devices for the immediate management of severe external bleeding.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Requirement</td>
<td>A current and active Level 1 or Level 3 (or above) Authorized ASHI Instructor</td>
</tr>
<tr>
<td>Participant Prerequisites</td>
<td>None</td>
</tr>
</tbody>
</table>
| Class Length (See Notes) | 1. Instructor-Led Class: About 2 hours  
2. Blended: Online component: About 40-60 mins. Face-to-face component: About 1-1.5 hours |
| Student-to-Instructor Ratio Skill Session Maximum | 10:1 (6:1 recommended) |
| Required Equipment and Materials | See Advanced Bleeding Control Instructor Guide, Class Requirements, Equipment and Materials List. |
| Certification Requirements | Correctly Demonstrate:  
1. Control severe external bleeding using direct pressure.  
2. Control severe external bleeding using a tourniquet.  
Written Exam: Optional, except when required by a regulatory agency.  
1. Passing score: 72%* |
| Certification Period | May not exceed 2 years from month of issue. |
| Required Class Documentation | A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the ASHI class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis). |
Notes

1. This program can be used for standalone training on bleeding control or as a supplement to basic first aid training. It can be used as an alternative training segment for the existing Control of Bleeding segment in ASHI Basic First Aid.

2. Initial class length is based on core lessons (the minimum required for certification for the age-range taught) and does not include time for the written exam. Course length is also influenced by preparation, the variety of bleeding control devices used, available equipment, and instructor efficiency.

3. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.

4. This program is currently only available in English.

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

G2015 ASHI CPR and AED (CPRAED)

Intended Audience

Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in CPR and AED

Instructor Requirement

A current and active, Level 2 (or above) Authorized ASHI Instructor

Participant Prerequisites

None

Class Length (See Notes)

1. Initial Instructor-Led Class, Adult Only: About 2 hours. All Ages: About 3.5 hours.
2. Renewal, Adult Only: About 1.5 hours. All Ages: About 2.5 hours.
3. Blended, Online component, Adult or All Ages Only: About 1 hour. Face-to-face component, Adult Only: About 1 hour. All Ages: About 2 hours.

Student-to-Instructor Ratio Skill Session Maximum

10:1 (6:1 recommended)

Required Equipment and Materials

See CPR AED Instructor Guide, Class Requirements, Equipment and Materials List.

Certification Requirements

Correctly Demonstrate:

1. Removal of contaminated gloves
2. High-quality chest compressions
3. High-quality rescue breaths using a CPR mask or shield
4. Primary assessment for an unresponsive person, high-quality CPR, and use of an AED as a single provider
5. Primary assessment of a responsive person

Written Exam: Optional, except when required by a regulatory agency or when challenging the course.

1. Passing score: 75%*
2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required.

Certification Period

May not exceed 2 years from month of issue.

Required Class Documentation

A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the ASHI class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).
Notes
1. Initial class length is based on core lessons (the minimum required for certification for the age-range taught) and does not include time for the written exam. Course length is also influenced by preparation, available equipment, and instructor efficiency.
2. Renewal class length includes 20-40 minutes for knowledge content review.
3. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.
4. This program is available in English and Spanish.

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

G2015 ASHI CPR, AED, and Basic First Aid (Combo)

Intended Audience
Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in CPR, AED, and basic first aid. ASHI Basic First Aid is not designed to meet pediatric first aid training regulatory requirements and should not be used for that purpose

Instructor Requirement
A current and active, Level 3 (or above) Authorized ASHI Instructor

Class Length (See Notes)
1. Initial Instructor-Led Class: Adult Only, about 4 hours. All Ages: About 5 1/2 hours.
2. Renewal, Adult Only: About 2 1/2 hrs. All Ages: About 3 1/2 hours.
3. Blended, Online Component: About 2.5 hours. Face-to-face component: Adult Only, About 2 hr. All Ages: About 3 hours.

Participant Prerequisites
None.

Required Equipment and Materials
See CPR, AED, and BFA Instructor Guide Class Requirements, Equipment and Materials List.

Student-to-Instructor Ratio Skill Session Maximum
10:1 (6:1 recommended)

Certification Requirements
Correctly Demonstrate:
1. Removal of contaminated gloves
2. High-quality chest compressions
3. High-quality rescue breaths using a CPR mask or shield
4. Primary assessment for an unresponsive person, high-quality CPR, and use of an AED as a single provider
5. Control of severe external bleeding using direct pressure and a pressure bandage
6. Primary assessment of a responsive person

Written Exam: Optional, except when required by a regulatory agency or when challenging the course.
1. Passing score: CPR and AED 75%, BFA 72%. Combo Exam: 72% or better. *
2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required.

Certification Period
May not exceed 2 years from month of issue.
### Required Class Documentation
A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BFA class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

### Notes
1. Initial class length is based on core lessons (the minimum required for certification) and includes breaks but does not include time for the written exam. Course length is also influenced by preparation, available equipment, and instructor efficiency.
2. Renewal class length includes breaks and 45-55 minutes for knowledge content review.
3. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary. Blended times do not include exam times.
4. This program is currently only available in English.

*The valid passing scores reflect the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

### G2015 ASHI Pediatric CPR, AED, and First Aid (Peds)

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Individuals who desire or are required to be certified in Pediatric CPR, AED, and First Aid.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Requirement</td>
<td>A current and active, Level 3 Authorized ASHI Instructor.</td>
</tr>
<tr>
<td>Participant Prerequisites</td>
<td>None.</td>
</tr>
</tbody>
</table>
| Class Length (See Notes) | 1. Initial Instructor-Led Class: About 6 hours  
2. Renewal: About 3 hours  
Face-to-face component: About 2 1/2 hrs. |
| Student-to-Instructor Ratio Skill Session Maximum | 10:1 (6:1 recommended) |
| Certification Requirements | **Correctly Demonstrate:**  
1. Removal of contaminated gloves  
2. High-quality chest compressions  
3. High-quality rescue breaths using a CPR mask or shield  
4. Primary assessment for an unresponsive child, high-quality CPR, and use of an AED as a single provider  
5. First aid treatment for a choking infant  
6. Primary assessment of a responsive child  
7. Control of severe external bleeding  

**Written Exam:** Optional, except when required by a regulatory agency or when challenging the course.  
1. Passing score: 72%*  
2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required. |
| Certification Period | May not exceed 2 years from month of issue. |
### Required Class Documentation

1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the Peds class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

### Notes

1. Class length is based on core lessons (the minimum required for certification) and is influenced by preparation, available equipment, and instructor efficiency.
2. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student's time to complete may vary.
3. The maximum student-to-manikin/AED trainer ratio for CPR skills practice is 3:1. When using a video guided practice for CPR skills, the required student-to-manikin ratio is 1:1.
4. This program is currently only available in English.
5. **ASHI PROGRAMS ARE NOT APPROVED FOR TRAINING CHILD CARE PROVIDERS OR SCHOOL BUS DRIVERS IN CALIFORNIA.** HSI determined that the operational cost of maintaining the California EMSA Child Care regulatory approval for ASHI training programs is not fiscally sustainable. Instructors and Training Centers may continue use the EMSA Approved MEDIC First Aid PediatricPlus program to meet the training requirements for childcare providers in California.
6. **Connecticut Regulations for First Aid and CPR Training of Child Care Providers** require the length of the first aid course must be six (6) hours in length, *not including the CPR portion*. Specific topics must be presented. See the Child Day Care Licensing [Statutes and Regulations](https://www.ct.gov/portal/server.pt?open=201&objID=81611) or contact HSI Customer Service for more information.
7. **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 Otis or contact HSI Customer Service for more information.
8. **American Camping Association, Inc.** Meets ACA standards for camps serving all ages when access to the EMS is 30 minutes or less (see [HW.2 from 2012 Standards](https://www.achima.org/)).

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

### G2015 ASHI High-Performance CPR

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Individuals who are not healthcare providers but desire or are required, to be trained and certified in team-based, high-performance CPR techniques.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Requirement</td>
<td>A current and active, Level 2 (or above) Authorized ASHI Instructor</td>
</tr>
<tr>
<td>Participant Prerequisites</td>
<td>Current certification in adult CPR and AED, or healthcare basic life support (BLS)</td>
</tr>
</tbody>
</table>
| Class Length (See Notes) | 1. Instructor-Led Class: About 2 hours  
2. Blended: Online component: About 40 mins. Face-to-face component: About 1.25 hours |
<p>| Student-to-Instructor Ratio Skill Session Maximum | 10:1 (6:1 recommended) |</p>
<table>
<thead>
<tr>
<th>Certification Requirements</th>
<th>Correctly Demonstrate:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. High-quality chest compressions using a CPR feedback device</td>
</tr>
<tr>
<td></td>
<td>2. High-quality rescue breaths using a CPR mask</td>
</tr>
<tr>
<td></td>
<td>3. CPR as a member of a team of two or more members</td>
</tr>
<tr>
<td></td>
<td>4. Switch compressor role during CPR</td>
</tr>
<tr>
<td></td>
<td>5. Perform as a team member in an integrated resuscitation effort</td>
</tr>
</tbody>
</table>

**Written Exam:** Optional, except when required by a regulatory agency.

1. Passing score: 78%*

<table>
<thead>
<tr>
<th>Certification Period</th>
<th>May not exceed 2 years from month of issue.</th>
</tr>
</thead>
</table>

| Required Class Documentation | A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the ASHI class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis). |

| Notes | 1. Initial class length is based on core lessons (the minimum required for certification for the age-range taught) and does not include time for the written exam. Course length is also influenced by preparation, available equipment, and instructor efficiency. |
|       | 2. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary. |
|       | 3. This program is currently only available in English |

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

### G2015 ASHI Use and Administration of Epinephrine Auto Injectors (EAI)

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Individuals who are not healthcare providers or professional rescuers but desire or are required to be certified.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Instructor Requirement</th>
<th>A current and active, Level 2 (or above) Authorized ASHI Instructor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Participant Prerequisites</th>
<th>None. First Aid/CPR/AED strongly recommended.</th>
</tr>
</thead>
</table>

| Required Training Materials | 1. ASHI EAI Instructor Guide (one per Instructor, print or digital) |
|                            | 2. ASHI EAI Student Book (one per student, print or digital) |
|                            | 3. ASHI EAI Course Roster |

| Class Length (See Notes) | 1. Initial Instructor-Led Class: About 40 mins. |
|                         | 2. Initial Blended Class: Online component: 20-25 minutes; Face-to-face component, 20-35 minutes |

<table>
<thead>
<tr>
<th>Student-to-Instructor Ratio Skill Session Maximum</th>
<th>10:1 (6:1 recommended)</th>
</tr>
</thead>
</table>

|----------------------------------|--------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Certification Requirements</th>
<th>Correctly Demonstrate:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. How to use an EpiPen auto-Injector and/or an Epinephrine Injection, USP auto-injector</td>
</tr>
</tbody>
</table>

**Written Exam:** Optional, except when required by a regulatory agency or when challenging the course.

1. Passing score: 70%
### Required Class Documentation

1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the ASHI class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

### Notes

1. Class length influenced by preparation, available equipment, and instructor efficiency.
2. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.
3. Regulations on the administration of epinephrine vary greatly from state to state. Some states require a hands-on skill practice which is part of the traditional classroom or blended delivery of the program. For more on the current status if regulatory approval on this program, visit [http://emergencycarehsi.com/epinephrine-auto-injectors](http://emergencycarehsi.com/epinephrine-auto-injectors)
4. This program is approved by the California Emergency Medical Services Authority (EMSA). In California, lay rescuers trained to use an epinephrine auto injector must be currently certified in CPR and AED (for infants, children, and adults) and complete an EMSA approved training program. Each person must also apply for and pay $15 to EMSA for an epinephrine certification card and maintain certain records to receive civil liability protection. The EMSA regulations do not apply to a school district or county office of education, or its personnel.
5. This program is currently only available in English.

### G2015 ASHI Wilderness First Aid (WFA)

#### Intended Audience

Individuals who require or desire wilderness first aid knowledge and skills, but are not professional responders; including adventure guides, outdoor enthusiasts, camp counselors and administrators, camp participants, park and forest rangers, and other occupations that work in a wilderness environment

#### Instructor Prerequisites

A current and active, Level 3 (or above) Authorized ASHI Instructor

#### Participant Prerequisites

1. Adult CPR and AED is recommended and required for Boy Scouts of America WFA. Basic First Aid is recommended.
2. Students must be 14 years of age (meets age requirement for Boy Scouts of America High Adventure Camp participation and wilderness first aid certification requirements).

#### Required Equipment and Materials

See Wilderness First Aid Instructor Guide, Class Requirements, Equipment and Materials List.

#### Course Length

16 hours to meet core knowledge and skill objectives.

#### Student-to-Instructor Ratio Skill Session Maximum

10:1 (6:1 recommended)

#### Certification Requirements

**Written Exam:** Optional except when required by a regulatory agency.

1. Passing score when required: 73% or better

**Performance Evaluation:** Required

1. Each student or student team must correctly demonstrate all skill objectives in the proper sequence according to the skill criteria as they appear in the Student Book Skill Sheet, Scenario Sheet, or Performance Evaluation Sheet.

#### Certification Period

Up to 3 years (recommended every 2 years)
Required Class Documentation

1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the ASHI class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

Notes

1. American Camping Association, Inc. (ACA) ASHI Wilderness First Aid meets ACA standards when access to the EMS is 30 minutes or more (see HW.2.2 for the 2012 Standards)
2. Participants must be able to read and speak English.

G2015 ASHI Basic Life Support (BLS, formerly CPRPro for the Professional Rescuer)

Intended Audience

Healthcare providers and professional rescuers who require certification in basic life support.

Instructor Requirement

A current and active, Level 4 (or above) Authorized ASHI Instructor

Participant Prerequisites

None

Required Equipment and Materials

See BLS Instructor Guide; Class Requirements, Equipment and Materials List.

Class Length (See Notes)

1. Initial Instructor-Led Class: About 4 ½ hours.
2. Renewal Instructor-Led Class: About 3 ½ hours.
3. Blended, Online Component: About 1 ¾ hours.
4. Face-to-face component: About 2 ¾ hours

Student-to-Instructor Ratio

10:1 (6:1 recommended)

Skill Session Maximum

Written Exam: Required

1. Passing score: 70% on the ASHI BLS Exam*

Performance Evaluation: Required. Correctly demonstrate

1. Caring for Cardiac Arrest – Adult
2. Caring for Cardiac Arrest – Infant

Certification Period

May not exceed 2 years from month of issue.

Continuing Education Hours (CEH) Available

Emergency Medical Services (see Notes #3)

Required Class Documentation

A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BLS class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

Notes

1. Initial class length is based on core lessons and includes breaks. Course length is also influenced by preparation, available equipment, and instructor efficiency.
2. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.
3. CEH provided through HSI, an organization accredited by the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE). Training Centers are required to collect and submit information from all EMS professionals who complete ASHI BLS. See Continuing Education
4. ASHI BLS is incorporated into the YMCA of the USA Lifeguard training course and as a prerequisite for other Y-USA aquatic courses. The valid passing score of the ASHI BLS
written exam for the YMCA is 80%. The YMCA written exams are specifically and exclusively intended for the YMCA lifeguard training course and with Y-USA aquatic courses. YMCA policy prohibits open book exams.

5. This program is currently only available in English

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

**G2015 ASHI Bloodborne Pathogens (BBP)**

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Individuals who are trained as a CPR and/or first aid provider or have an identified job classification in which there are tasks or procedures that increase the risk of exposure to bloodborne pathogens.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Prerequisites</td>
<td>A current and active, Level 1 (or above) Authorized ASHI Instructor</td>
</tr>
<tr>
<td>Participant Prerequisites</td>
<td>None.</td>
</tr>
<tr>
<td>Required Equipment and Materials</td>
<td>1. See BBP Instructor Guide; Class Requirements, Equipment and Materials List.</td>
</tr>
</tbody>
</table>
| Class Length (See Notes) | 1. Initial Instructor-Led Class: About 1 hour.  
2. Blended, Online Component: About 30 minutes.  
3. Face-to-face component: About 30 minutes. |
| Certification Requirements | **Written Exam:** Optional except when required by a regulatory agency.  
1. Passing score when required: 70% or better  
**Performance Evaluation:**  
1. Optional, except when required by a regulatory agency. |
| Certification Period | May not exceed 1 year from month of issue See OSHA 1910.1030(g)(2)(ii)(B) |
| Required Class Documentation | A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BBP class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis). |
| Notes | 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 1910.1030 (Bloodborne Pathogens standard) for more information.  
2. Proficiency in standard microbiological practices for HIV and HBV research and production facilities is beyond the scope of this program.  
3. No Student-to-Instructor Ratio, Skill Session Maximum is identified as there is no required assessment of skill competency.  
4. This program is currently only available in English |

**G2010 ASHI Emergency Oxygen**

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Individuals who desire or are required to be certified in the administration of emergency oxygen.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Prerequisites</td>
<td>A current and properly authorized ASHI Instructor in good standing.</td>
</tr>
<tr>
<td>Participant Prerequisites</td>
<td>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.</td>
</tr>
</tbody>
</table>
**Required Training Materials**
1. ASHI Emergency Oxygen Instructor Guide (one per Instructor, print or digital)
2. ASHI Emergency Oxygen Student Pack (one per student, print or digital)
3. ASHI Emergency Oxygen presentation media (PowerPoint®, DVD, or Blended)

**Course Length**
1. Varies by class type (initial, renewal) and method (classroom, challenge).
2. Initial class, about 1.5 to 2 hours.

**Student-to-Instructor Ratio Skill Session Maximum**
12:1 (6:1 recommended)

**Certification Requirements**

<table>
<thead>
<tr>
<th>Certification Requirements</th>
<th>Written Exam – Optional except when required by a regulatory agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Passing score when required: 70% or better</td>
</tr>
</tbody>
</table>

**Performance Evaluation:** Required. Correctly demonstrate how to perform:
1. Oxygen Delivery for a Breathing Person.
2. Oxygen Delivery for a Non-Breathing Person.
3. Use of gloves and a ventilation mask.

**Certification Period**
May not exceed 2 years from month of issue. More frequent reinforcement of skills is recommended.

**Required Class Documentation**
1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BLS class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

---

**G2010 ASHI Advanced First Aid (AFA)**

**Intended Audience**
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.

**Instructor Prerequisites**
A current and properly authorized ASHI Instructor in good standing.

**Participant Prerequisites**
Current, valid professional-level BLS certification. May be incorporated/conducted in conjunction with the AFA program.

**Required Training Materials**
1. ASHI Basic Life Support (when incorporated)
   a. One per participant: Student Handbook
   b. One per Instructor: Instructor Guide
   c. One per Training Center: ASHI-approved audio-visual presentation media
2. ASHI Advanced First Aid Digital Resource Kit
   a. One per Training Center:
      i. Program Resource Documents
      ii. Preparatory
      iii. PowerPoint® presentations
      iv. Exam Documents
   AND
3. BRADY Student Text
Section 3


Course Length
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.

Student-to-Instructor Ratio Skill Session Maximum
10:1 (6:1 recommended)

Certification Requirements
Written Exam: Required
1. 70% or better on the ASHI Advanced First Aid Exam.

Performance Evaluation: Required. Correctly demonstrate how to:
1. Working as the Lead Responder in a scenario–based team setting, adequately direct the primary assessment and care of:
   a. Patient Assessment/Management – Trauma.
   b. Patient Assessment/Management – Medical.

Certification Period
May not exceed 2 years from month of issue. More frequent reinforcement of skills is recommended.

Required Class Documentation
1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BLS class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

G2010 ASHI Emergency Medical Response (EMR)

Intended Audience
Individuals who are not EMS or healthcare providers but desire certification in Emergency Medical Response.

Instructor Prerequisites
A current and active, Level 7 (or above) Authorized ASHI Instructor

Participant Prerequisites
Current, valid professional-level Basic Life Support certification (may be incorporated).

Required Training Materials*
1. ASHI G2015 BLS Instructor Guide (one per Instructor, print or digital)
2. ASHI G2015 BLS Student Handbook (one per student, print or digital)
3. ASHI G2015 BLS presentation media (PowerPoint®, DVD, or Blended)

AND
4. ASHI Emergency Medical Response Digital Resource Kit
   a. One per Training Center:
      i. Program Resource Documents
      ii. Preparatory
      iii. PowerPoint® presentations
      iv. Exam Documents

AND
5. Emergency Medical Responder: First on Scene Text, 10th Ed., Le Baudour, Pearson ©2016 (one per student).

*ASHI BLS materials are only required when ASHI BLS is incorporated.
| Course Length | 1. Varies by class type (initial, renewal) and method.  
              | 2. Initial class about 48 hours not including professional-level Basic Life Support. |
|---------------|--------------------------------------------------------------------------------|
| Student-to-Instructor Ratio Skill Session Maximum | 10:1 (6:1 recommended) |
| Certification Requirements | **Written Exam:** Required  
                              1. 76% or better on 100 question ASHI Emergency Medical Response Exam.  
                              **Performance Evaluation:** Required. Correctly demonstrate how to:  
                              1. Work as the lead responder in a scenario-based team setting to adequately direct the primary assessment and care of:  
                                 a. Patient Assessment/Management – Trauma  
                                 b. Patient Assessment/Management – Medical  
                                 c. BVM Ventilation of an Apneic Adult Patient  
                                 d. Oxygen Administration by Non-Rebreather Mask  
                                 e. Cardiac Arrest Management/AED |
| Certification Period | May not exceed 2 years from month of issue. More frequent reinforcement of skills is recommended. |
| Required Class Documentation | 1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BLS class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis). |
| Notes | 2. **Medical Oversight.** Training Centers who are certifying public safety personnel (law enforcement officers, firefighters, corrections officers) in Emergency Medical Response must have physician level (MD or DO) oversight (see Medical Oversight for more).  
       3. **State Licensure and Credentialing of Emergency Medical Responders.** State EMS 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.  
       4. **National Registry as First Responder/Emergency Medical Responder.** The National Registry of Emergency Medical Technicians (NREMT) is an independent EMS certification organization 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).

5. **National Registry as an Emergency Medical Responder in Florida.** Training Centers that offer the ASHI Emergency Medical Response program in Florida and wish to have their students sit for the NREMTs EMR exam must receive state acknowledgment to do so. Once acknowledgment is received, NREMT will allow students to sit for the exam. For more information, contact EMS Licensure, Inspections, Education, and Compliance, Bureau of Emergency Medical Oversight, 4052 Bald Cypress Way, Bin A-22, Tallahassee, Florida 32399-1722, (850) 245-4440 extension 2752.

6. Participants must be able to read and speak English.

---

**G2015 ASHI Advanced Cardiac Life Support (ACLS)**

**Intended Audience**
Trained and skilled healthcare providers who either direct or participate in cardiopulmonary emergencies and resuscitation efforts.

**Instructor Requirement**
A current and active Level 8 Authorized ASHI Instructor

**Participant Prerequisites**
All participants must be previously trained, skilled, and be able to:
1. Perform high-quality pediatric basic life support (PBLS)
2. Read and interpret basic electrocardiograms (ECGs)
3. Understand basic resuscitation pharmacology, prepare, and administer essential medications.

**Required Equipment and Materials**
See ASHI ACLS Instructor Guide; Class Requirements, Equipment and Materials List.

**Class Length (See Notes)**
1. Initial Instructor-Led Class: About 15 hours.
2. Renewal Instructor-Led Class: About 7 hours.
3. Blended Online Class: About 6-7 hours.
   a. Face-to-face component: About 8 hours.

**Student-to-Instructor Ratio**
10:1 (8:1 recommended)

**Skill Session Maximum**

**Certification Requirements**
Written Exam: Required
   1. Passing score: 75% on the ASHI ACLS Exam*

   Performance Evaluation: Required. Correctly demonstrate
   1. High-quality BLS (CPR/AED)
   2. Respiratory arrest
   3. Cardiac rhythm management including pulseless VT/VF and 2 other rhythms (e.g., "Megacode").

**Certification Period**
May not exceed 2 years from month of issue.

**Continuing Education Hours (CEH) Available**
Emergency Medical Services (see Notes #2)
**Required Class Documentation**
A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the ACLS class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

**Notes**
1. Stated class times are based on covering required lessons and evaluation time. Lesson times are influenced by student and instructor preparation, available equipment, instructor efficiency, and number of students. Instructors may adjust the lesson plan as needed to reach students with varying abilities and experience.
2. 15 Hrs. Advanced CEH for ASHI ACLS Initial Course and 7 Hrs. Advanced CEH for the Renewal Course. CEH provided through HSI, an organization accredited by the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE). **TRAINING CENTERS ARE REQUIRED TO COLLECT AND SUBMIT INFORMATION FROM ALL EMS PROFESSIONALS WHO COMPLETE ASHI ACLS. See Continuing Education.**
3. This program is currently only available in English.

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

---

**G2015 ASHI Pediatric Advanced Life Support (PALS)**

**Intended Audience**
Trained and skilled healthcare providers who either direct or participate in the management of respiratory and cardiovascular emergencies in children

**Instructor Requirement**
A current and active Level 8 Authorized ASHI Instructor

**Participant Prerequisites**
All participants must be previously trained, skilled, and be able to:
1. Perform high-quality pediatric basic life support (PMLS)
2. Read and interpret basic electrocardiograms (ECGs)
3. Understand cardiovascular pharmacology, prepare, and administer essential cardiovascular medications.

**Required Equipment and Materials**
See ASHI PALS Instructor Guide; Class Requirements, Equipment and Materials List.

**Class Length (See Notes)**
1. Initial Instructor-Led Class: About 15 hours.
2. Renewal Instructor-Led Class: About 7 hours.

**Student-to-Instructor Ratio**
10:1 (8:1 recommended)

**Certification Requirements**
**Written Exam:** Required
1. Passing score: 70% on the ASHI PALS Exam*

   **Performance Evaluation:** Required. Correctly demonstrate
1. High-quality infant PBLs
2. High-quality child PBLs
3. Bag Mask Ventilation
4. One of the respiratory evaluations (Upper Airway Obstruction, Lower Airway Obstruction, Lung Tissue Disease, Disordered Ventilatory Control), or One of the shock evaluations (Hypovolemic Shock, Distributive Shock, Cardiogenic Shock, Obstructive Shock), and

---
5. One of the cardiac evaluations (Symptomatic Bradycardia, Tachycardia with Adequate Perfusion, Tachycardia with Inadequate Perfusion, Absent/Pulseless Rhythms).

<table>
<thead>
<tr>
<th>Certification Period</th>
<th>May not exceed 2 years from month of issue.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Education Hours (CEH) Available</td>
<td>Emergency Medical Services (see Notes #2)</td>
</tr>
<tr>
<td>Required Class Documentation</td>
<td>A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the PALS class signed by the Authorized Instructor or electronically submitted through the Online Training &amp; Information System (Otis).</td>
</tr>
</tbody>
</table>

Notes
1. Stated class times are based on covering required lessons and evaluation time. Lesson times are influenced by student and instructor preparation, available equipment, instructor efficiency, and number of students. Instructors may adjust the lesson plan as needed to reach students with varying abilities and experience.

2. 14 Hrs. Advanced CEH for ASHI PALS Initial Course and 6.25 Hrs. Advanced CEH for the ASHI PALS Renewal Course. CEH provided through HSI, an organization accredited by the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE). TRAINING CENTERS ARE REQUIRED TO COLLECT AND SUBMIT INFORMATION FROM ALL EMS PROFESSIONALS WHO COMPLETE ASHI PALS. See Continuing Education.

3. This program is currently only available in English

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

DISCONTINUED ASHI Programs, Certification Cards May No Longer Be Legitimately Issued
- G2010 ASHI Bloodborne Pathogens (BBP)
- G2010 ASHI Basic First Aid (BFA)
- G2010 ASHI CPR and AED (CPR AED)
- G2010 ASHI CPR, AED, and Basic First Aid (Combo)
- G2010 ASHI Pediatric CPR, AED, and First Aid (Peds)
- G2010 ASHI CPR Pro for the Professional Rescuer (CPRPRO)
- G2010 ASHI Pediatric Advanced Life Support (PALS)
- G2010 ASHI Advanced Cardiac Life Support (ACLS)
- G2010 ASHI Wilderness First Aid (WFA)
- G2010 Child and Babysitting Safety (CABS)
- ASHI Instructor Development Course (ASHI IDC)
- ASHI Wilderness First Responder (WFR)
- ASHI Wilderness EMT Upgrade (WEMTU)

MEDIC First Aid Training Program Standards

**IMPORTANT:** OCCUPATIONAL LICENSING BOARDS, REGULATORY AGENCIES, AND OTHER APPROVERS MAY REQUIRE SPECIFIC HOURS OF INSTRUCTION AND PROHIBIT THE USE OF ONLINE OR BLENDED TRAINING AND 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.
Log in to Otis to search our extensive database to determine the current status of an MEDIC First Aid Training program regulatory approval or acceptance.

### G2015 BasicPlus CPR, AED, and First Aid for Adults (BasicPlus)

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in CPR, AED, and first aid for adults.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Requirement</td>
<td>A current and active, Level 1 (or above) Authorized MEDIC First Aid Instructor</td>
</tr>
<tr>
<td>Participant Prerequisites</td>
<td>None</td>
</tr>
</tbody>
</table>
| **Class Length (See Notes)** | 1. Initial Instructor-Led Class: About 4 hours  
2. Renewal: About 2 ½ hours  
| **Student-to-Instructor Ratio** | 12:1 (6:1 recommended) |
| **Skill Session Maximum** | None |
| **Certification Requirements** | Correctly Demonstrate:  
1. Removal of contaminated gloves  
2. High-quality chest compressions  
3. High-quality rescue breaths using a CPR mask or shield  
4. Primary assessment for an unresponsive person, high-quality CPR, and use of an AED as a single provider  
5. Primary assessment of a responsive person  
6. Control of severe external bleeding using direct pressure and a pressure bandage  

**Written Exam:** Optional, except when required by a regulatory agency or when challenging the course.  
1. Passing score: 72%*  
2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required. |
| **Certification Period** | May not exceed 2 years from month of issue. |
| **Required Class Documentation** | A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BasicPlus class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis). |
| **Notes** | 1. Class length is based on core lessons (the minimum required for certification) and is influenced by preparation, available equipment, and instructor efficiency.  
2. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.  
3. The maximum student-to-manikin/AED trainer ratio for CPR skills practice is 3:1. When using a video guided practice for CPR skills, the required student-to-manikin ratio is 1:1.  
4. This program is currently available in English and Spanish. |

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.
G2015 MEDIC First Aid Advanced Bleeding Control

**Intended Audience**  
Individuals who desire or are required to become trained in the use of commercial and improvised control devices for the immediate management of severe external bleeding.

**Instructor Requirement**  
A current and active, Level 1 (or above) Authorized MEDIC First Aid Instructor

**Participant Prerequisites**  
None

**Class Length (See Notes)**  
1. Instructor-Led Class: About 2 hours  
2. Blended: Online component: About 40-60 mins. Face-to-face component: About 1-1.5 hours

**Student-to-Instructor Ratio Skill Session Maximum**  
12:1 (6:1 recommended)

**Required Equipment and Materials**  
See Advanced Bleeding Control Instructor Guide, Class Requirements, Equipment and Materials List.

**Certification Requirements**  
Correctly Demonstrate:  
1. Control severe external bleeding using direct pressure.  
2. Control severe external bleeding using a tourniquet.  

Written Exam: Optional, except when required by a regulatory agency.  
1. Passing score: 72%*

**Certification Period**  
May not exceed 2 years from month of issue.

**Required Class Documentation**  
A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the ASHI class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

**Notes**  
1. This program can be used for standalone training on bleeding control or as a supplement to basic first aid training. It can be used as an alternative training segment for the existing Control of Bleeding segment in MEDIC First Aid BasicPlus.  
2. Initial class length is based on core lessons (the minimum required for certification for the age-range taught) and does not include time for the written exam. Course length is also influenced by preparation, the variety of bleeding control devices used, available equipment, and instructor efficiency.  
3. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.  
4. This program is currently only available in English

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

G2015 MEDIC First Aid Use and Administration of Epinephrine Auto Injectors (EAI)

**Intended Audience**  
Individuals who are not healthcare providers or professional rescuers but desire or are required to be certified.
Instructor Requirement  
A current and active, Level 1 Authorized MEDIC First Aid Instructor

Participant Prerequisites  
None. First Aid/CPR/AED strongly recommended.

Required Training Materials  
1. MEDIC First Aid EAI Instructor Guide (one per Instructor, print or digital)  
2. MEDIC First Aid EAI Student Book (one per student, print or digital)  
3. MEDIC First Aid EAI Course Roster

Class Length (See Notes)  
1. Initial Instructor-Led Class: About 40 mins.  
2. Initial Blended Class: Online component: 20-25 minutes; Face-to-face component, 20-35 minutes

Student-to-Instructor Ratio Skill Session Maximum  
12:1 (6:1 recommended)

Required Equipment and Materials  
See EAI Instructor Guide, Class Requirements, Equipment and Materials List.

Certification Requirements  
Correctly Demonstrate:  
1. How to use an EpiPen auto-Injector and/or an Epinephrine Injection, USP auto-injector  

Written Exam: Optional, except when required by a regulatory agency or when challenging the course.  
1. Passing score: 70%

Certification Period  
May not exceed 2 years from month of issue.

Required Class Documentation  
1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the MEDIC First Aid class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

Notes  
1. Class length influenced by preparation, available equipment, and instructor efficiency.  
2. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.  
3. Regulations on the administration of epinephrine vary greatly from state to state. Some states require a hands-on skill practice which is part of the traditional classroom or blended delivery of the program. For more on the current status if regulatory approval on this program, visit http://emergencycare.hsi.com/epinephrine-auto-injectors  
4. This program is approved by the California Emergency Medical Services Authority (EMSA). In California, lay rescuers trained to use an epinephrine auto injector must be currently certified in CPR and AED (for infants, children, and adults) and complete an EMSA approved training program. Each person must also apply for and pay $15 to EMSA for an epinephrine certification card and maintain certain records to receive civil liability protection. The EMSA regulations do not apply to a school district or county office of education, or its personnel.  
5. This program is currently only available in English.

G2015 CarePlus CPR and AED (CarePlus)

Intended Audience  
Individuals who are not healthcare providers or professional rescuers but desire or are required to be certified in Adult, Child, and Infant CPR and AED.

Instructor Requirement  
A current and active, Level 2 (or above) Authorized MEDIC First Aid Instructor

Participant Prerequisites  
None
### Class Length (See Notes)

1. Initial Instructor-Led Class: Adult Only, about 2 hrs. All Ages, about 3 ½ hours.
2. Renewal: Adult Only, About 1 ½ hours. All Ages, about 2 ½ hours.
3. Blended, Online component, Adult or All Ages Only: About 1 hour. Face-to-face component, Adult Only: About 1 hour. All Ages: About 2 hours.

### Student-to-Instructor Ratio Skill Session Maximum

12:1 (6:1 recommended)

### Required Equipment and Materials

See CarePlus CPR and AED Instructor Guide, Class Requirements, Equipment and Materials List.

### Certification Requirements

**Correctly Demonstrate:**

1. High-quality chest compressions (for covered ages)
2. High-quality rescue breaths using a CPR mask or shield (for covered ages)
3. How to conduct a primary assessment, perform high-quality CPR, and use an AED as a single provider (for covered ages)
4. First aid treatment for a choking infant (if age group is covered).

**Written Exam:** Optional, except when required by a regulatory agency or when challenging the course.

1. Passing score: 75%*
2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required.

### Required Class Documentation

A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the CarePlus class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

### Certification Period

May not exceed 2 years from month of issue.

### Notes

1. Class length is based on core lessons (the minimum required for certification) and is influenced by preparation, available equipment, and instructor efficiency.
2. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.
3. The maximum student-to-manikin/AED trainer ratio for CPR skills practice is 3:1. When using a video guided practice for CPR skills, the required student-to-manikin ratio is 1:1.
4. THIS PROGRAM IS NOT APPROVED BY THE CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA) FOR COMPLIANCE WITH THE CALIFORNIA TRAINING STANDARDS FOR CHILD CARE PROVIDERS AND MUST NOT BE USED FOR THAT PURPOSE.
5. This program is currently available in English and Spanish.

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

---

### G2015 PediatricPlus CPR, AED, and First Aid for Children, Infants, and Adults (PediatricPlus)

**Intended Audience**

Individuals who desire or are required to be certified in Pediatric CPR, AED, and First Aid.

**Instructor Requirement**

A current and active, Level 3 Authorized MEDIC First Aid Instructor.

**Participant Prerequisites**

None

**Class Length (See Notes)**

1. Initial Instructor-Led Class: About 6 hours
2. Renewal: About 3 hours
Face-to-face component: About 2 1/2 hrs.

<table>
<thead>
<tr>
<th>Student-to-Instructor Ratio Skill Session Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:1 (6:1 recommended)</td>
</tr>
</tbody>
</table>

Required Training Materials


Certification Requirements

Correctly Demonstrate:

1. Removal of contaminated gloves
2. High-quality chest compressions
3. High-quality rescue breaths using a CPR mask or shield
4. Primary assessment for an unresponsive child, high-quality CPR, and use of an AED as a single provider
5. First aid treatment for a choking infant
6. Primary assessment of a responsive child
7. Control of severe external bleeding

Written Exam: Optional, except when required by a regulatory agency or when challenging the course.

1. Passing score: 72%*
2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required.

Certification Period

May not exceed 2 years from month of issue.

Required Class Documentation

1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the PediatricPlus class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

Notes

1. Class length is based on core lessons (the minimum required for certification) and is influenced by preparation, available equipment, and instructor efficiency.
2. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.
3. The maximum student-to-manikin/AED trainer ratio for CPR skills practice is 3:1. When using a video guided practice for CPR skills, the required student-to-manikin ratio is 1:1.
4. California State Law mandates that the Emergency Medical Services Authority (EMSA) approve and regulate first aid and CPR training for child care providers. MEDIC First Aid® PediatricPlus CPR, AED, and First Aid for Children, Infants, and Adults (Version 8.0) is approved by EMSA for this purpose. **DO NOT TEACH THIS PROGRAM TO CHILD CARE PROVIDERS IN CALIFORNIA UNTIL YOU AND YOUR TRAINING CENTER ARE APPROVED AS AN HSI AFFILIATE PROGRAM FOR EMSA.** To become approved as an affiliate program, log into Otis and attest to the requirements for compliance. The regulations and conditions of approval are substantial, inflexible, and apply to HSI and to every MEDIC First Aid® approved Training Center and authorized Instructor or Instructor Trainer. They include:
   a. Initial and retraining courses **must** be a minimum length of 4 hours of CPR and 4 hours of first aid (8 total hours). Courses **cannot** be shortened in any manner.
b. Certain practices are banned and additional topics are mandatory.
c. Required purchase of an EMSA first aid and CPR “Course Completion Sticker” to be placed directly on each MEDIC First Aid PediatricPlus certification card.
d. Completion and submission of the Child Care Training Roster within 30 days to EMSA.

5. **Connecticut Child Day Care Centers & Group Day Care Home Regulations** require the length of the first aid course must be six (6) hours in length, *not including the CPR portion*. Specific topics must be presented. Contact HSI Customer Service for more information.

6. **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 Otis or contact HSI Customer Service for more information.

7. **American Camping Association, Inc.** Meets ACA standards for camps serving all ages when access to the EMS 30 minutes is or less (see [HW.2 from 2012 Standards](#)).

8. This program is currently available in English and Spanish.

*The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.*

### G2015 MEDIC First Aid High-Performance CPR

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Individuals who are not healthcare providers but desire or are required, to be trained and certified in team-based, high-performance CPR techniques.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Requirement</td>
<td>A current and active, Level 1 (or above) Authorized MEDIC First Aid Instructor</td>
</tr>
<tr>
<td>Participant Prerequisites</td>
<td>Current certification in adult CPR and AED, or healthcare basic life support (BLS)</td>
</tr>
<tr>
<td>Class Length (See Notes)</td>
<td><strong>1. Instructor-Led Class</strong>: About 2 hours</td>
</tr>
<tr>
<td></td>
<td><strong>2. Blended</strong>: Online component: About 40 mins. Face-to-face component: About 1.25 hours</td>
</tr>
<tr>
<td>Student-to-Instructor Ratio Skill Session Maximum</td>
<td>12:1 <em>(6:1 recommended)</em></td>
</tr>
</tbody>
</table>
| Certification Requirements | **Correctly Demonstrate:**  
1. High-quality chest compressions using a CPR feedback device  
2. High-quality rescue breaths using a CPR mask  
3. CPR as a member of a team of two or more members  
4. Switch compressor role during CPR  
5. Perform as a team member in an integrated resuscitation effort  

**Written Exam**: Optional, except when required by a regulatory agency.  
1. Passing score: 78%* |
| Certification Period | May not exceed 2 years from month of issue.                                                                                      |
### Required Class Documentation
A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the ASHI class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

### Notes
1. Initial class length is based on core lessons (the minimum required for certification for the age-range taught) and does not include time for the written exam. Course length is also influenced by preparation, available equipment, and instructor efficiency.
2. The time to complete the online portion of a blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.
3. This program is currently only available in English.

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

### G2015 Bloodborne Pathogens in the Workplace (BBP)

#### Intended Audience
Individuals who are trained as a CPR and/or first aid provider or have an identified job classification in which there are tasks or procedures that increase the risk of exposure to bloodborne pathogens.

#### Instructor Prerequisites
A current and active, Level 1 (or above) Authorized MEDIC First Aid Instructor

#### Participant Prerequisites
None

#### Required Equipment and Materials
See BBP Instructor Guide; Class Requirements, Equipment and Materials List.

#### Class Length (See Notes)
1. Initial Instructor-Led Class: About 1 hour.
2. Blended, Online Component: About 30 minutes.
3. Face-to-face component: About 30 minutes.

#### Certification Requirements

- **Written Exam:** Optional except when required by a regulatory agency.
  - Passing score when required: 70% or better

- **Performance Evaluation:**
  - Optional, except when required by a regulatory agency.

#### Certification Period
May not exceed 1 year from month of issue. See OSHA 1910.1030(g)(2)(ii)(B)

#### Required Class Documentation
A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BBP class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

#### Notes
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 1910.1030 (Bloodborne Pathogens standard) for more information.
2. Proficiency in standard microbiological practices for HIV and HBV research and production facilities is beyond the scope of this program.
3. No Student-to-Instructor Ratio, Skill Session Maximum is identified as there is no required assessment of skill competency.
4. This program is available in English and Spanish.
<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in Child and Infant CPR and AED.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Requirement</td>
<td>A current and active, Level 2 (or above) Authorized MEDIC First Aid Instructor</td>
</tr>
<tr>
<td>Participant Prerequisites</td>
<td>Must have current certification in an adult-level CPR and AED program.</td>
</tr>
</tbody>
</table>
| Class Length (See Notes) | 1. Initial Instructor-Led Class: About 1 hour  
2. Renewal: About 1 hour |
| Student-to-Instructor Ratio | 12:1 (6:1 recommended) |
| Skill Session Maximum | |
Certification Requirements

Correctly Demonstrate:

1. High-quality chest compressions for a child and infant
2. High-quality rescue breaths using a CPR mask or shield for a child and infant
3. Primary assessment for an unresponsive person, high-quality CPR, and use of an AED as a single provider for a child and infant
4. Choking care for an infant

Written Exam: Optional, except when required by a regulatory agency or when challenging the course.

1. Passing score: 75%
2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required.

Certification Period
May not exceed 2 years from month of issue.

Required Class Documentation

1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BasicPlus class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

Notes

1. The maximum student-to-manikin/AED trainer ratio for CPR skills practice is 3:1. When using a video guided practice for CPR skills, the required student-to-manikin ratio is 1:1.
2. This program is currently only available in English.

G2010 Emergency Oxygen

Intended Audience

Individuals who desire or are required to be certified in the administration of emergency oxygen.

Instructor Prerequisites

A current and properly authorized MEDIC First Aid Instructor in good standing.

Participant Prerequisites

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.

Required Training Materials

1. MEDIC First Aid Emergency Oxygen Instructor Guide (one per Instructor, print or digital)
2. MEDIC First Aid Emergency Oxygen Student Pack (one per student, print or digital)
3. MEDIC First Aid Emergency Oxygen Presentation Media (DVD, or Blended)

Course Length

1. Varies by class type (initial, renewal) and method (classroom, challenge).
2. Initial class about 1.5 to 2 hours.
3. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.

Student-to-Instructor Ratio Skill Session Maximum

12:1 (6:1 recommended)

Certification Requirements

Written Exam: Optional except when required by a regulatory agency

1. Passing score when required: 70% or better

Performance Evaluation: Required. Correctly demonstrate:

1. Oxygen Delivery for a Breathing Person.
2. Oxygen Delivery for a Non-Breathing Person.
3. Use of gloves and a ventilation mask

### Certification Period
- May not exceed 2 years from month of issue. More frequent reinforcement of skills is recommended.

### Required Class Documentation
1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BasicPlus class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

### Notes
2. Participants must be able to read and speak English.

---

**Discontinued MEDIC First Aid Programs, Certification Cards May No Longer Be Legitimately Issued**

- **G2010 MEDIC First Aid, Bloodborne Pathogens in the Workplace**
- **G2010 MEDIC First Aid, BasicPlus CPR, AED, and First Aid for Adults**
- **G2010 MEDIC First Aid, PediatricPlus CPR, AED, and First Aid for Children, Infants, and Adults**
- **G2010 MEDIC First Aid CarePlus CPR and AED**
- **G2010 Child/Infant CPR and AED Supplement**
- **MEDIC First Aid Instructor Development Course (IDC)**

---

**Co-Branded Training Program Standards (ASHI & MEDIC First Aid)**

### G2015 Child and Babysitting Safety (CABS)

**Intended Audience**
- Young people providing babysitting and child care services.

**Instructor Prerequisites**
- A current and active, Level 3 (or above) ASHI or MEDIC First Aid Authorized Instructor

**Participant Prerequisites**
- None. (Basic First Aid, CPR and AED strongly recommended)

**Required Equipment and Training Materials**

**Course Length**
1. Initial Instructor-Led Class: About 4 hours.
2. Blended, Online Component: About 2 hours.
3. Face-to-face component: About 2 hours.

**Student-to-Instructor Ratio Skill Session Maximum**
- 12:1 (6:1 recommended)

**Certification Requirements**
- **Written Exam**: Optional except when required by organizational policy
  1. Passing score when required: 78% or better
- **Class Exercises**: Required participation:
  1. What Does a Good Babysitter Do?
  2. Babysitting Orientation
  3. Safety Check
  4. Playtime Activities
  5. Recognizing Problems
- **Performance Evaluation**: Required. Correctly demonstrate:
  1. Proper hand washing steps and timing.
  2. How to control heavy bleeding.
**Certification Period**
May not exceed 2 years from month of issue. More frequent reinforcement of skills is recommended.

**Required Class Documentation**
1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BLS class signed by the Authorized Instructor or electronically submitted through the Online Training & Information System (Otis).

**Notes**
1. Child and Babysitting Safety is not designed to meet state regulatory requirements for child care workers and should not be used for this purpose.
2. Participants must be able to read and speak English.

---

### Additional Training Program Standards

**HSI Instructor Development Course (IDC)**

**Intended Audience**
Persons with little or no previous teaching experience who desire or require sufficient competency to teach, evaluate, and certify participants in ASHI or MEDIC First Aid training programs or Instructors whose teaching authorization has lapsed, or otherwise affected by a quality assurance issue.

**Instructor Trainer Requirement**
A current and properly authorized ASHI or MEDIC First Aid Instructor Trainer in good standing.

**Participant Prerequisites**
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.
2. Current, valid student-level certification in the training program the candidate wishes to teach and/or at minimum, competent demonstration of student-level skills for:
   a. Adult, child, and infant CPR and AED
   b. Control of bleeding.
3. Medical knowledge and experience (clinical competence) is strongly recommended for Instructor candidates who intend to train healthcare professionals.
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.

**Required Training Materials**

**Course Length**
1. Blended: Online component: 2-3 hours. Face-to-face component: About 5-6 hours

**Instructor Candidate-to-Instructor Trainer Ratio Skill Session Maximum**
10:1 (6:1 recommended)

**Authorization Requirements**

**Written Exam**: Required
1. Passing score: 76% or better on the 60 question IDC Exam*

**Performance Evaluation**: Required.
1. Candidates must be able to demonstrate the ability to adequately use the instructional tools embedded in ASHI and/or MEDIC First Aid training programs for the following:
   a. Facilitating a program lesson
Section 3

28

b. Performing a skill demonstration
c. Conducting a small group practice
d. Conducting a scenario practice
e. Conducting a performance evaluation

Authorization Period
May not exceed 2 years from month of issue.

Required Class Documentation
The Training Center conducting the IDC must electronically submit an online IDC Roster in Otis to finalize the course.

Notes
1. The time to complete the online portion of the blended class is an estimate based on an average adult reading speed of 200 words per minute. An individual student’s time to complete may vary.
2. The time to complete the face-to-face portion is based on a class size of 6 candidates. Add additional time when more candidates are enrolled. Times can be influenced by course preparation, available equipment, and Instructor Trainer efficiency. These could increase the time needed to meet the core learning objectives. Stated course time is based on covering core lessons only. If supplemental topics or information is added, adjust the overall course times accordingly.
3. Candidates must be able to read and speak English.
4. Upon successful completion of the IDC, candidates must affiliate with a Training Center and submit an Instructor Application to finalize Instructor Authorization.
5. Instructor candidates who plan to teach above the layperson level must submit with their application current provider credentials for the programs they wish to teach.

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

G2010 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.

Intended Audience
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

Instructor/Facilitator Requirement
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.

Participant Prerequisites
None

Required Training Materials
1. Suitable CPR manikins
2. HOPE Facilitator Course Outline and/or Presentation (one per Instructor/Facilitator, print or digital)
3. HOPE Participant Compression-only CPR Skill Sheet (one per participant, print or digital)
4. Rate Your Program Class Evaluation

Course Length
30-40 minutes

Student-to-Instructor/Facilitator Ratio
10:1 (6:1 recommended)
### Ratio Skill Session Maximum

<table>
<thead>
<tr>
<th>Requirements for Successful Completion</th>
<th>Correctly demonstrate how to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Recognize unresponsiveness.</td>
</tr>
<tr>
<td></td>
<td>2. Activate the EMS system by calling 911.</td>
</tr>
<tr>
<td></td>
<td>3. Give two minutes of good chest compressions.</td>
</tr>
</tbody>
</table>

**Program Evaluation:** Required. Be provided opportunity to

1. Complete HOPE Rate Your Program Evaluation

<table>
<thead>
<tr>
<th>Certification Requirements</th>
<th>None. Recognition of Participation (no certification)</th>
</tr>
</thead>
</table>

**Certification Period**

None

<table>
<thead>
<tr>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>2. Conventional CPR (compressions and rescue breaths) is required for infants, children, and victims of drowning or drug overdose.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>4. HOPE training materials are provided free of charge as a public service and are not intended for sale or resale.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>6. Participants must be able to read and speak English.</td>
</tr>
</tbody>
</table>

---

**G2010 Hands On Practical Experience (HOPE™) Facilitator Course**

**Intended Audience**

Persons with little or no previous teaching experience who desire or require sufficient competency to help teach and evaluate participants in the HOPE course

**Facilitator Instructor Requirement**

A current and properly authorized Instructor or Instructor Trainer in good standing

**Participant Prerequisites**

1. Facilitator candidates must demonstrate a strong cognitive grasp of the subject matter and be able to proficiently demonstrate compression-only CPR.
2. Current, valid certification as a CPR/AED provider.
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.

**Required Training Materials**

1. Suitable CPR manikins
2. HOPE Facilitator Course Outline and/or Presentation (one per Instructor/Facilitator, print or digital)
### Course Length

1. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.
2. Varies by method (classroom or apprenticeship)
   a. Classroom about 3 hours
3. Apprenticeship
   a. Co-teach a minimum of four courses as an apprentice with:
      i. A current and properly authorized CPR/AED Instructor; or
      ii. A state licensed educator certified in CPR/AED; or;
      iii. Anyone currently certified in, or licensed to perform CPR/AED, that has successfully completed the HOPE Facilitator Course.

### Student-to-Instructor Ratio

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Skill Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum</td>
<td>12:1 (6:1 recommended)</td>
</tr>
</tbody>
</table>

### Requirements for Successful Completion

- **Written Exam:** Required
  1. 70% or better on the 12 question HOPE Facilitator Exam
- **Performance Evaluation:** Required
  1. Demonstrate how to present HOPE course knowledge content
  2. Demonstrate how to present HOPE course skills

### Certification Requirements

- None. Recognition of Participation (no certification)

### Certification Period

- None

### Notes

1. The HOPE Facilitator Course does **not** permit a facilitator to teach an ASHI or MEDIC First Aid training program or to issue certification cards.
2. A signed application is required for Authorization as an ASHI or MEDIC First Aid Instructor or Instructor Trainer.
3. HOPE Facilitator training materials are provided free of charge as a public service and are not intended for sale or resale.
4. Participants must be able to read and speak English.

### Remote Skills Verification (RSV)

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

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Individuals, particularly those in rural or remote settings, who desire or are required, to be recertified in an ASHI or MEDIC First Aid course.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Prerequisites</td>
<td>A current and properly authorized ASHI or MEDIC First Aid Instructor or Instructor Trainer in good standing.</td>
</tr>
<tr>
<td>Participant Prerequisites</td>
<td>Current, participant level certification in the course for which the individual is seeking training and re-certification.</td>
</tr>
<tr>
<td>Required</td>
<td>1. ASHI or MEDIC First Aid Instructor Guide (one per Instructor, print or digital)</td>
</tr>
</tbody>
</table>
### Training Materials
2. ASHI or MEDIC First Aid Student Guide (one per participant, print or digital)
3. ASHI or MEDIC First Aid presentation media (PowerPoint®, DVD, or Blended)

### Course Length
1. Varies by method (blended or challenge).

### Student-to-Instructor Ratio Skill Session Maximum
6:1 in a scenario setting (1:1 for individual skill evaluation)

### Certification Requirements
| Written Exam: | As required by ASHI or MEDIC First Aid Program Standard |
| Performance Evaluation: | As required by ASHI or MEDIC First Aid Program Standard |

### Certification Period
May not exceed 2 years from month of issue date. More frequent reinforcement of skills is recommended.

### Note
1. 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.
2. RSV may be used to remotely evaluate and verify skill competence of Instructors. Due to the required interactivity between the instructor candidate and the Instructor Trainer, RVS must be live (synchronous). There must be at least one additional person available to play the role of student for skills practice/evaluation lesson.

### Technical Requirements (desktop systems)

<table>
<thead>
<tr>
<th>Instructor or Instructor Trainer</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>For high resolution, 384 kbps downstream or upstream bandwidth is recommended.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Recommended Computer Requirements (1 TB external hard drive or cloud-based storage highly recommended)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC: Windows 8 or 10. Latest version of Internet Explorer or Edge, Firefox, or Chrome browser. Dual-core 2.4GHz CPU or faster with 2GB of RAM or better.</td>
</tr>
<tr>
<td>Mac: Latest version of Safari, Firefox, or Chrome browser. Mac OS X, Intel processor with 2GB of RAM or better.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>20”&gt; LCD Recommended. 800 x 600 Super VGA (1024 x 768 or higher recommended)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Web Cam</th>
</tr>
</thead>
<tbody>
<tr>
<td>High quality, high-definition, with a built-in microphone, headset, or external microphone connected to a PC or Mac.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required Video Communication Software/Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. High-resolution video (required for reducing motion distortion).</td>
</tr>
<tr>
<td>2. Video call recording and saving capability (required to permit documentation of psychomotor skill assessment as required or desired for QA or regulatory purposes).</td>
</tr>
<tr>
<td><strong>Well Lit Room</strong></td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td><strong>Personnel</strong></td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
</tr>
</tbody>
</table>
Section 4: 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 can certify 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

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. 3)

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 (online and face-to-face, or classroom 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
2. Academic Degree in Education
3. Academic Degree in Medicine
4. AHA Instructor
5. American Red Cross Instructor
6. Certified Emergency Nurses Association Instructor
7. Certified EMS Instructor
8. Certified Fire Instructor
9. Certified Law Enforcement Instructor
10. Certified Mine Safety and Health Administration Instructor
11. Certified National Traffic Safety Institute Instructor
12. Certified Scuba Diving Instructor
13. Certified Teacher
14. DAN Instructor
15. ECSI/AAOS Instructor
16. EFR Instructor
17. EMSSS Instructor
18. ILTP Instructor
19. Military Training Instructor
20. NOLS/WMI Instructor
21. NSC Instructor
22. NSP Instructor
23. OSHA-authorized Trainer

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. Instructor Trainer candidates are required to complete an online Instructor Trainer Orientation Course prior to finalization of his or her Instructor Trainer Authorization. Additional fees apply.**

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)  
2. Advanced Emergency Medical Technician (AEMT)  
3. Advanced First Aid (AFA)  
4. Advanced Practice Nurse (APA)  
5. Advanced Practice Registered Nurse (APRN)  
6. Athletic Trainer (AT)  
7. Basic Life Support (BLS)  
8. Certified Emergency Nurse (CEN)  
9. CPR and AED  
10. Emergency Medical Responder (EMR)  
11. Emergency Medical Technician (EMT)  
12. Basic First Aid (BFA)  
13. Licensed Practical Nurse (LPN)  
14. Lifeguard  
15. Medical Doctor (MD)  
16. Physician Assistant (PA)  
17. Paramedic  
18. Pediatric Advanced Life Support (PALS)  
19. Pediatric First Aid (PFA)  
20. Registered Nurse (RN)  
21. Respiratory Therapist (RT)  
22. Wilderness Emergency Medical Technician (WEMT)  
23. Wilderness First Aid (WFA)  
24. Wilderness First Responder (WFR)  
25. Other provider credentials may be accepted on a case-by-case basis

**HSI does not accept any online-only First Aid or CPR certification cards 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. 4). Another form of reciprocity is based on the combination of participant (student) level credentials and teaching credentials (Fig. 5). 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 current and valid Certified Law Enforcement Instructor and currently 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; a current and valid OSHA-authorized Trainer who is also currently 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 currently 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 Otis, complete a contact request or call us at 800-447-3177.

Figure 4

**RECIROCAL 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 training. Log in to Otis 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, visit http://locktonmedicalliabilityinsurance.com/hsi/

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 First Aid 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
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
Online Learning

Online training, (or eLearning) is learning utilizing electronic technologies to access educational curriculum outside of a traditional classroom. It generally refers to a course, program or even a university degree delivered completely online. Online-only training developed by experts has been proven to be a valid, accepted, recognized and successful method of learning. Online emergency care training can help individuals develop important health and safety knowledge to enhance their career and help protect their family or personal well-being. All major, accredited, reputable sponsors of emergency care training and certification courses, including HSI, offer online emergency care training in CPR, AED, first aid, and basic life support (BLS). Individuals who successfully complete an emergency care training class online that was sponsored by HSI receive a Certificate of Online Training as written proof (for more, see www.onlinehsi.com).

On the other hand, online training only involves cognitive learning (acquiring factual knowledge). Comprehensive emergency care training involves learning psychomotor (physical) skills that require movement, coordination, strength, and speed -such as CPR. The only way to really learn physicals skill is though substantial hands-on practice. Emergency care skills, particularly CPR skills, decay rapidly, often in as little as 3 months after initial training. As a result, skill practice and evaluation are a critical component of all courses offered by reputable organizations that issue certification cards for courses with practical skill components. Individuals may only be issued an ASHI or MEDIC First Aid certification card after they have the opportunity to practice the required skills and demonstrate their skill competency in the presence of a currently authorized ASHI or MEDIC First Aid instructor.

Blended Learning

Blended learning combines the convenience of online learning with a practical skills session in order to meet both knowledge and skill objectives for learners. A U.S. Department of Education meta-analysis and review of evidence-based practices in online learning found that, on average, blended learning was more effective than either face-to-face or online learning alone. The time to complete the online portion of an ASHI or MEDIC First Aid blended class is an estimate based on video run times and an average adult reading speed of 200 words per minute. As the online component is designed to allow students to learn at their own pace individual times to complete it may vary. Once the online component is completed, a skills session should be completed within 60 days.

Occupational licensing boards, regulatory agencies, and other approvers may require specific hours of instruction and may prohibit the use of online or 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 Training Institute Education Centers (OTI) authorize trainers for the 10-and 30-hour Construction and General Industry outreach training classes. HSI is not an OTI. 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. For more information on the OSHA Outreach Training Program and becoming an OSHA authorized trainer, visit www.osha.gov.

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 Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE). 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 effort. In addition to philosophical values, all approved Training Centers must comply 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. The ADA requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants, unless doing so
would cause undue hardship. Generally, the individual with a disability must inform the employer that an accommodation is needed.

Reasonable accommodation generally means employing structural means, furnishings, assistive devices and/or alternative formats. Course participants with disabilities or other conditions may adjust, adapt, alter, or modify how a skill is performed if they still meet the objectives. For example, to maximize the effectiveness of chest compressions, adult and pediatric basic life support guidelines recommend placing the cardiac arrest victim face up on a firm surface when possible.\textsuperscript{4,5} It’s likely then that a student with a knee disability might request that the CPR training manikin be placed on a table instead of the floor. However, even after making this accommodation, the instructor must evaluate the student’s skill competency. The student must be able to demonstrate skills properly according to the skill criteria as it appears on the CPR skill guide or performance evaluation sheet. A student who cannot perform the required skills competently according to the skill criteria does not meet the \textit{Terms and Conditions for Certification}.\textsuperscript{6}

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 an 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.

Of special concern for external ASHI and MEDIC First Aid Training Centers (those that provide training for individuals or organizations for a fee) is Part 36, \textit{Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities}. 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.

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. \textbf{When a person with disabilities requests accommodation (an adjustment, adaptation, alteration, or modification) to the program, never deny the 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.

\textbf{ADA National Network}

The \textit{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 updated 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 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. Except for 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 U.S. 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

HSI is an accredited organization of CAPCE. This 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 CAPCE accreditation process has demonstrated a commitment to excellence in EMS CE that is on an equal footing with that of physicians and nurses. CAPCE represents only that its accredited programs have met CAPCE standards for accreditation. CAPCE accreditation does not represent that the content conforms to any national, state or local standard or best practice of any nature. All ASHI courses online that offer CAPCE-approved EMS continuing education hours (CEH) generate a CEH certificate for students who wish to claim CEH credit. As an accredited organization of CAPCE, HSI and its Training Centers and Authorized Instructors are also required to collect and submit information from each EMS professional who completes ASHI BLS, ACLS or PALS. While this information must be collected and submitted to HSI, students who are EMS professionals are not obligated to accept the CEH or to claim the CEH certificate.

HSI makes collecting and offering CEH easy:

1. Before, during, or within 30 days of the course, use the CAPCE Data Collection Form to collect the required information from each EMS professional. The form can be found in Otis, Documents> Curriculum/Program Tool.

2. Purchase CAPCE CEH credits for EMS Professionals in Otis>store.
3. Enter the required information from each EMS Professional into the CAPCE roster. HSI will report the CEH directly to CAPCE.
4. Print or email the CAPCE CEH certificate to the student(s).

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.

If you have questions about purchasing CAPCE approved course credits or issuing CAPCE continuing education hours to EMS professionals, call us at 800-447-3177.

Physician Continuing Medical Education for ASHI Resuscitation Programs

Some states require all Continuing Medical Education (CME) 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. HSI is not accredited by ACCME and does not offer ACCME 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. Training Centers who wish to offer CE hours or credit to other professionals should consider applying to the appropriate authorizing organization, occupational licensing board or regulatory agency.

Remote Skill Verification Matters

Overview

Videoconferencing has been established as a successful method for providing medical education over long distances for nearly twenty years. 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. Remote Skills Verification (RSV) has also been shown to be acceptable and feasible for course participants and remote skill evaluators. Particularly for individuals working in remote settings, opportunities to get the training 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.

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” training and certification (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 certification” (no instructor assessment of participant hands-on skill), regulations for first aid/CPR and other healthcare training are increasingly requiring “face-to-face” skill evaluation. Certification by RSV permits remote “face-to-face” skill evaluation, but it is currently unclear if a regulatory agency may interpret this to require physical presence as opposed to “tele-presence”.

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 https://www.justia.com/50-state-surveys/recording-phone-calls-and-conversations/

**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, except for adaptations that alter the program standards, requirements for certification, or those that are inconsistent with safe, sensible practice, occupational licensing, or other lawful requirements. For more information, see OSHA’s [Best Practices Guide: Fundamentals of a Workplace First-Aid Program](https://www.osha.gov/SLTC/etools/firstaid/firstaid隇第一動消費保険の基準と職場のォースマックスiard.html)

Student Books
ASHI and MEDIC First Aid Student Books contain a sequential presentation of the course information and are based on the latest research and teaching strategies. They are excellent teaching aids and an important resource for both instructors and students. Student Books are intended for individual use. Each participant should have a current print or digital Student Book appropriate to the course being conducted. It should be readily available during and after the course.

Written Exams
HSI is implementing open-book exams with the G2015 training programs. Open-book exams emphasize critical thinking and problem solving over recall of memorized facts and decrease test anxiety. Open book exams mean that students may use reference materials to take exams when they are required. Reference materials
include any notes taken during the class, as well as the print or digital ASHI and MEDIC First Aid Student Book. Although students may use reference materials while taking the exam, they should not be allowed to openly discuss the exam with other students or the instructor. Their answers should be their own. Instructors may verbally read the exam to the students as necessary without providing the answers.

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 practice 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.

Student-to-Instructor Ratio Skill Session Maximums
Maximum student-to-instructor ratios are designed to help ensure instructors can adequately monitor students and facilitate skill acquisition. Training Centers and instructors should plan for and preserve the maximum Student-to-Instructor Ratio for skill sessions under normal circumstances. When unexpected conditions arise, instructor-to-student and equipment-to-student ratios may need to be adjusted, but increases should be kept nominal. The goal must be to give all participants adequate time for hands-on practice to develop the competence to perform the required skills.

Classroom Simulation Equipment
ASHI and MEDIC First Aid Instructor Guides specify what simulation equipment is required for classroom use. As stated in the Program Standards for CPR and AED training, the maximum student-to-manikin-to-AED trainer ratio for CPR skills practice is 3:1. When using a video-guided practice, the required student-to-manikin ratio is 1:1. For optimal realism, CPR manikins should be available for each age group covered (infant, child, and adult). In the absence of child manikins, an adult manikin may be substituted. At least one manikin manufacturer provides an adjustable chest compression depth feature for both adult and child in a single manikin. For AED trainers, students should be able to connect the AED to a manikin with training pads. The student should also be able to physically push a button to simulate charging the AED and delivering shocks. The training device should give the student step-by-step instructions consistent with standard AEDs.

The scientific evidence highlighted in the 2015 AHA Guidelines Update for CPR and ECC recommended feedback devices as useful, effective and beneficial. HSI strongly recommends the use of an instrumented directive feedback device in all courses that teach the skills of adult CPR.

Classroom Space
Suitable classroom space is necessary for skill sessions. Instructors must ensure a physically safe, comfortable and appropriate learning environment. The room should be well lit, well ventilated and comfortable in temperature. Avoid cramped classroom setups. Allow 15 to 17 square feet per participant whenever possible.

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 retraining, recertification, or continuing education.
Renewal
The Renewal Class is designed for individuals who are currently certified and want (or are required) to refresh knowledge and skill competency and maintain their certification. Individuals without current certification may not participate in a Renewal Class. Without ongoing practice, CPR and first aid skills deteriorate rapidly following initial training and certification, within 1 to 6 months. Renewal training may improve the effectiveness of training, limit skill deterioration and improve confidence.\textsuperscript{17}

Grace Period
A 30-day grace period is allowed for entry into a renewal 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 remediation date should be documented. The degree and extent of remediation depends on many 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 entire ASHI or MEDIC First Aid course but have not met the certification requirements. For example, a student with a physical disability that prevents them from being able to provide proper chest compressions. As they cannot properly perform the skill, they may not be issued a certification card. However, because they participated in the entire course, it is appropriate to issue a Recognition of Participation document. The “Recognition of Participation” cannot be substituted for issuing an ASHI or MEDIC First Aid certification card. 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 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 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 when students are unable to perform at the same level as the rest of the class. (i.e., modifying skills sessions, arranging for the assistance of a sign interpreter, etc. See

Learning Environment

The ideal learning environment is comfortable, efficient, and distraction free with sufficient space, seating, resources, and equipment. However, 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.

Student Illness

Training Centers should advise students not attend class if they have an illness such as influenza or a fever. Participants must meet all requirements for certification. Training Centers should offer reasonable assistance in making up missed work (e.g., planning for class or skill sessions which meet at other times). In the classroom, Instructors should activate EMS for any student who appears weak, ill, or in severe pain. Calm, reassure and reassess the student regularly until EMS personnel take over.

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. 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:

1. Follow all recommendations regarding decontamination and sanitary practice supplied by the manufacturer of the manikins used during training.
2. Provide participants with sanitary personal protective equipment, including but not limited to, face shields or masks and gloves.
3. 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.
4. 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.
5. 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.
6. 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:
1. 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.

2. 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.

3. 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, chest compressions, defibrillation, or any invasive procedure involving cutting or puncturing the skin or by inserting instruments into the body.

4. 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.

5. 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.

6. Under no circumstances should a live auto injector be used for training.

7. Know and share with students:
   a. The location of the nearest telephone.
   b. The location of the fire/emergency exits, fire alarm pull stations, and best emergency evacuation route.
   c. The location of the first aid kit, AED, oxygen, and fire extinguisher.
   d. An occupationally specific emergency plan in case of serious injury or illness.

8. 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 more than 5400 state 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 Regulatory and Quality Assurance 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 lawmakers and regulatory authorities to protest laws and administrative rules that restrain competition or unfairly grant an exclusive market to other organizations. We are often successful in our efforts to gain acceptance. But we are vastly more successful when we partner with local Training Centers and instructors! To see the proposed legislation and regulations we are following and to learn more, log in to the Otis-supported Training Center Manager and Instructor Portal, then visit Approval Advocacy (Administration>Approval>Approval Advocacy).

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 environment consists of countless 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 thousands of active bills and proposed regulations moving through the legislative and rulemaking process throughout North America. Some directly affect safety and health training. In this technically and legally 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 currently valid certificate of completion of an USCG approved first aid and CPR course. ASHI and MEDIC First Aid 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

To facilitate these 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 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 (Phone: 1-888-427-5662, Email: iasknmc@uscg.mil)

The Joint Commission Resuscitation Standard
The Joint Commission is an independent, not-for-profit organization that accredits and certifies 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 BLS, ACLS, and PALS 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

“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” digital or paper-based course evaluation form. Course participants may also provide Rate Your Program feedback directly to HSI using the web-based form. 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 Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE). CAPCE is the national accreditation body for Emergency Medical Service (EMS) Continuing Education programs. CAPCE requires an evidence-based peer-review process like all healthcare accreditors.

Professional Membership
HSI is a member of the following professional organizations:
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.

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 6).

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 approved 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).
- **Inactive:** The Training Center is not approved 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).
- **Expired:** The Instructor or Instructor Trainer’s authorization period has ended and he or she must requalify and reauthorize. 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 approved 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 or Instructor or Instructor Trainer relationship with HSI no longer exists. The Training Center is not approved 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**

These standards and guidelines for quality assurance are 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 these 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. THIS MATERIAL DOES NOT CONSTITUTE AND IS NOT A SUBSTITUTE FOR LEGAL ADVICE.

CERTIFICATION CARDS, CERTIFICATES AND CONTINUING EDUCATION CREDITS EARNED THROUGH THE HSI FAMILY OF COMPANIES MAY NOT BE ACCEPTED FOR OCCUPATIONAL LICENSING AND MAY NOT BE RECOGNIZED BY CERTAIN EMPLOYERS.
References