

Heartsaver New Instructor Course Agenda

Prerequisites

- The instructor candidates need a current provider card.
- Instructors will need to have an instructor manual and access to the Essential Workbook.
- New instructors must register with the AHA but don't align until everything has been completed and turned in.
- New Instructors go to The MRTC homepage to find instructions and profile forms. Google MRTC if you forget the link to get to the homepage.
- New Instructor to take the online essential at <https://shopcpr.heart.org/courses/instructor-essentials>. You can Google AHA online essentials to find this link.
- Pay MRTC biennial dues.

MRTC website

<https://www.minnstate.edu/system/asa/workforce/mrtc/index.html>.

- 1) For new instructors make sure they register with the AHA, but don't align with a TC.
- 2) They fill out all the paperwork, it is signed by all and legible.
- 3) Make sure the email address they use to sign into the AHA atlas account matches the one they give us on the profile form.
- 4) Send the completed paperwork to SO-MRTCIPF@minnstate.edu and please make sure that each PDF only has one instructor profile and labeled with the name of that person.
- 5) Pay MRTC biennial dues.
- 6) Send me the Excel template so I can upload the class, close the class and then the eCards get automatically sent to their notifications in Atlas. The Excel template comes directly from the AHA and needs to be uploaded exactly as it was given. Template can be found on the MRTC homepage under
- 7) Once I receive all the packets and process them, Kelli will send a letter via email to instructors with their MRTC database# and their AHA#.
- 8) They should then go into Atlas and open their notifications/profile so they can accept their instructor card.
- 9) They should then go into Atlas and click on Training resources, then training center search, type in Minnesota State—we are the second one down, then click on that to make sure they are aligned with MRTC.

Use the Instructor Essentials Workbook in conjunction with this outline. Follow link or look up on AHA Instructor Network.

[Classroom Traininghttps://cpr.heart.org/course-materials/instructor-essentials](https://cpr.heart.org/course-materials/instructor-essentials)

1. Introductions, discuss agenda, go over prerequisites to make sure they were done, and collect the essentials certificates. Go over the Instructor manual, Training Center information, MRTC website and the AHA Instructor Network. Go over blended learning/Heartcode. Requirements to renew a person's instructor status.
2. Hand out current profile packets. This will include skills sheets and course monitoring sheets. Discuss the sheets and help them start filling out the first 3 pages. Use the checklist on the cover sheet to help guide you.
3. Show the Instructor essentials video. This is the practical portion of the videos. Demonstrate how the practical portion of class should go and pass along information that you may have.
4. Have Instructor candidates test one another out on their skills and utilize the skills sheets in the instructor packet. They can also use the instructor manual if needed.
5. Candidates to take the instructor exam and the provider exam is optional but a good idea. The instructor exam goes over the PAM and the provider exam is what instructors give out in their provider classes. **HS tests are not required for provider courses.**
6. Review the tests together and answer any questions. Use the instructor manual, PAM, and essential workbook to find the right answers.
7. Explain how HS can be broken into sections; CPR/AED, Adult CPR/AED/FA, Pediatric CPR/AED/FA, etc. If the HS class is for a daycare they will need the Pediatric CPR/AED/FA class.
8. HS class monitoring can now be done on the same day if you make time. The candidate has 6 months to complete the course monitoring.
9. **The TCF is responsible** for the profile forms being filled out completely, correctly, signed and the cover sheet list is all checked off. When sending in the profile packets make sure they are in pdf form, a copy is sent to the candidates, and you save the paperwork for 3 years. Send all profile packet to SO-MRTCIPF@minnstate.edu.

HS Instructor Renewal Course Agenda

Prerequisites

- All renewing instructors must have taught 4 classes and entered their classes into the MRTC database.
- If the renewing instructor has been monitored, they should bring that paperwork to class.
- Pay MRTC biennial dues at <https://www.minnstate.edu/system/asa/workforce/mrtc/index.html>

Classroom

1. Introductions, discuss agenda, go over prerequisites to make sure they were done. Go over the Instructor manual, Training Center information, MRTC website and the AHA Instructor Network.
2. Hand out current profile packets. This will include skills sheets and course monitoring sheets. Use the checklist on the cover sheet to help guide you.
3. Review any guidelines changes or updates made by the AHA.
4. Have Instructor candidates test one another out on their skills and utilize the skills sheets in the instructor packet. They can also use the instructor manual if needed. Make sure the CCF ratio is being utilized for CPR skills.
5. Candidates to take the instructor exam and the provider exam is optional but a good idea. The instructor exam goes over the PAM and the provider exam is what they will be giving out in their provider classes. **HS tests are not required for provider courses.**
6. Review the tests and together and answer any questions. Use the instructor manual to find the right answers.
7. Explain how HS can be broken into sections; CPR/AED, Adult CPR/AED/FA, Pediatric CPR/AED/FA, etc. If the HS class is for a daycare, they will need the Pediatric CPR/AED/FA class.
8. HS class monitoring can now be done on the same day if you make time. The candidate has 6 months to complete the course monitoring portion.
9. **The TCF is responsible** for the profile forms being filled out completely, correctly, signed and the cover sheet list is all checked off. When sending in the profile packets make sure they are in pdf form, a copy is sent to the candidates, and you save the paperwork for 3 years.

If you are teaching new instructors and renewing instructors in the same class, please use both agendas.

The American Heart Association (AHA)

- The AHA is in Dallas Texas and is a worldwide organization.
- The AHA Instructor Network has great information and is the central resource for all questions. You can call the AHA at 1-877-242-4277.
- Every Instructor **must** align with a Training Center and purchase their E-Cards from that Training Center.
- Use the Program Administration Manual (PAM) to guide you as an instructor.
- Online learning can be found at <https://elearning.heart.org> . HeartCode/Blended Learning.
- Make sure you follow and get the AHA ECC Beat. A monthly newsletter from the AHA.
- Look for any updates before class on the AHA Instructor Network. Updates usually occur every 5 years but the AHA does update disciplines periodically.
- Materials can be ordered at <https://shopcpr.heart.org>. They will give you a discount if you are affiliated with MRTC.
- **Course Materials** on the AHA Instructor Network is a great resource for class materials, course outlines and class handouts.

Multi Regional Training Center (MRTC)

- MRTC is an AHA Training Center and is part of the Minnesota State Colleges and Universities.
- MRTC is the largest Training Center in the Midwest.
- MRTC has full time staff—The TCC is **Ric Chiodo** (MRTC Manager) 651-724-9701 ric.chiodo@minnstate.edu. **Kelli Lyng** (MRTC Assistant) 651-605-0796 kelli.lyng@minnstate.edu.
- MRTC has website that can be found at: <https://www.minnstate.edu/system/asa/workforce/mrtc/index.html>. If you forget this website link then Google MRTC and you will want to click on the Multi Regional Training Center. **Use the MRTC website to enter the Instructor Network, enter the MRTC database and order E-cards.**
- **Use the MRTC website to find the current instructor profile packets.** Once on the MRTC website click on the appropriate discipline on the right side of the page. Use the cover page checklist to guide you. Please make sure all fields are filled out and everyone has signed the proper areas before sending the profile packet. Pay MRTC dues.
- **You must request provider and instructor exams via email to Ric or Kelli.**
- Training Center Faculty are experienced instructors who are given that title by the TC. The TCF designation does not supersede nor take the place of renewing your instructor status. TCF's train new instructors and renew instructors. They are responsible for all paperwork, assisting those they teach and are a vital part of the Training Center. TCF's renew every 2 years and need to teach at least 2 instructors in 2 years.



MINNESOTA STATE

Multi-Regional Training Center

HS Instructor Profile Check List

All boxes must be checked in order for your profile to be completed

- Check that all pages filled out completely, must have an email address
- Enter courses you taught in the **MRTC Database** (4 Minimum)
- Pay for MRTC biennial membership **dues**
- Sign and date last page
- Email completed Profile Form to: **SO-MRTCIPF@minnstate.edu**

Instructors

Please note: the Minnesota State MRTC Instructor Profile Form should be used for any Instructor Certification classes. Section A of this form should be re-submitted whenever any personal information in Section A changes or you may access your information and change online yourself.

The completion of this form confirms that you have successfully completed your Instructor Course (initial or renewal) per the AHA standards.

Members of the Minnesota State MRTC, will receive an American Heart Association, Instructor card and a packet of materials from the MRTC regarding resources (website/database/online ordering, etc.).

If you are not currently a member but would like to join our Multi-Regional Training Center, please see the “Joining the MRTC” page in this form, or call 651-724-9701

Any missing information will delay the process of updating your instructor status and may lead to suspension of account



MINNESOTA STATE

Heartsaver Instructor Profile Form

Minnesota State - Multi-Regional Training Center

30 7th St. E, Suite 350, St. Paul, MN 55101-7804

Office: 651-201-1795 Email for IPFs: SO-MRTCIPF@minnstate.edu

Section A: Instructor Profile Information-- This section is for information on instructors applying for membership or who are renewing their membership with the Minnesota State MRTC. **Please complete and return Section A any time this information changes or update on your database information page.**

Applicants' Name: _____ MRTC Member # _____

Home Address: _____ AHA ID # _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Preferred E-mail Address* _____

*Must have an email address

Telephone Numbers: *Home* _____ *Work:* _____

Employers' Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Fax: _____

I currently teach: BLS Heartsaver ACLS PALS

Specialized Health Care Qualifications (R.N., L.P.N., EMT, etc.) _____

Last Date of last Renewal: _____ Instructor Name: _____

HS Essential Course Completion Date (form attached if new Instructor): _____

Heartsaver Instructor Documentation Record

Section B

INSTRUCTIONS: Submit this entire form as documentation that the applicant has successfully completed the Instructor course. Instructors must retain copies of all provider documents (i.e. roster forms, test scores, skill and evaluation forms checklists) for a minimum of three years.

Instructor who taught this course: _____ Date(s) of Course: _____

Location where course was held: _____

Requesting **AHA Card** for: HS Instructor (Initial)

HS Instructor (Renewal)

Skills Evaluation: Pass Fail (Skills Checklist & Monitoring Form attached)

Written HS Instructor Test Score: _____

Minimum Teaching Requirements:

Note: Instructors must teach a minimum of four provider classes in two years.

Instructors: Please list minimum requirement of 4 classes taught:

If already entered online here: or list date/course taught/# of students below:

Provider: 1) Date: _____	2) _____	3) _____	4) _____
Course: _____	_____	_____	_____
# of Students: _____	_____	_____	_____

To enter classes online login <http://mymrtc.org/> then click “Enter Courses” in the navigation pane on the left.

Joining/Re-aligning with the MinnState Multi-Regional Training Center

New/Renewing Instructors: Complete this page of Instructor Profile Packet—and pay the bi-annual membership dues online. Your card, informational materials and receipt will be emailed upon receiving. Payment of the biennial \$60.00 membership dues can be made by one of three ways:

- A. **Credit card payment:** pay on our [MRTC Online site](#) (under the blue arrow).
- B. **Check** (please make checks payable to **MinnState-MRTC**, mail to address at bottom of page).
- C. **Purchase Order** include PO # and agency name here: # _____

*Must have Credit Application to invoice/PO - if not a state agency.

To request an application and to send a copy of your PO, email SO-MRTCOnline@minnstate.edu

PER PAYMENT CARD REGULATIONS WE CAN ONLY ACCEPT CREDIT CARD TRANSACTIONS THRU OUR SECURED ONLINE ORDERING SYSTEM.

[Home](#) [Browse Catalog](#) [Basket](#)



Order your MRTC products securely online. Click TAXABLE or TAX EXEMPT below to get started.

The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of the fees for materials, do not represent income to the AHA.

I agree to adhere to American Heart Association and Minnesota State Multi-Regional Training Center policies, using appropriate AHA materials and issuing certification cards.

Print Name

Signature

Date

MRTC Office Use Only:

Form of Payment: Check # _____ Name on Check _____
 Cash
 Credit Card (Type): _____

Date receipt sent: _____ Initials: _____ Date IPF to MRTC Asst.: _____

Minnesota State
Multi-Regional Training Center
 30 7th St., E., Suite 350, St. Paul, MN 55101-7804
 Office: 651-201-1795
 Email : SO-MRTCOnline@minnstate.edu

Heartsaver®
Adult CPR and AED
Skills Testing Checklist



Student Name _____ Date of Test _____

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

Assessment and Activation

Checks responsiveness Shouts for help/Sends someone to phone 9-1-1 and get an AED

Checks breathing

Once student shouts for help, instructor says, "Here's the barrier device. I am going to phone 9-1-1 and get the AED."

Cycle 1 of CPR (30:2)

<p>Adult Compressions</p> <p><input type="checkbox"/> Performs high-quality compressions*:</p> <ul style="list-style-type: none"> • Hand placement on lower half of breastbone • 30 compressions in no less than 15 and no more than 18 seconds • Compresses at least 2 inches (5 cm) • Complete recoil after each compression 	<p>Adult Breaths</p> <p><input type="checkbox"/> Gives 2 breaths with a barrier device:</p> <ul style="list-style-type: none"> • Each breath given over 1 second • Visible chest rise with each breath • Gives 2 breaths in less than 10 seconds
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**CPR feedback devices preferred for accuracy.*

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

Gives 30 high-quality compressions Gives 2 effective breaths

Instructor says, "Here is the AED."

AED (follows prompts of AED)

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

Presses button to deliver shock Student immediately resumes compressions

AED trainer says, "The shock has been delivered."

Cycle 3 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

Gives 30 high-quality compressions Gives 2 effective breaths

STOP TEST

Instructor Notes

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

<p>Test Results Check PASS or NR to indicate pass or needs remediation:</p>	<input type="checkbox"/> PASS	<input type="checkbox"/> NR
<p>Instructor Initials _____ Instructor Number _____ Date _____</p>		

Adult CPR and AED Skills Testing Critical Skills Descriptors

- 1. Assesses the person and activates emergency response system (this must precede starting compressions) within a maximum of 30 seconds. After determining that the scene is safe:**
 - Checks for responsiveness by tapping and shouting
 - Shouts for help/directs someone to use a cell phone to phone 9-1-1 or leave to find a phone and get AED
 - Checks for no breathing or no normal breathing (only gasping)
 - Scans from the head to the chest for a minimum of 5 seconds and no more than 10 seconds
- 2. Cycle 1: Performs high-quality chest compressions (initiates compressions immediately after recognition of cardiac arrest)**
 - Correct hand placement
 - Lower half of the breastbone
 - 2-handed (second hand on top of the first)
 - Compression rate of 100 to 120/min
 - Delivers 30 compressions in 15 to 18 seconds
 - Compression depth and recoil—at least 2 inches (5 cm)
 - Use of a commercial feedback device/manikin is highly recommended
 - Complete chest recoil after each compression
- 3. Cycle 1: Provides 2 breaths by using a barrier device**
 - Opens airway adequately
 - Uses a head tilt–chin lift maneuver
 - Delivers each breath over 1 second
 - Delivers breaths that produce visible chest rise
 - Avoids excessive ventilation
 - Resumes chest compressions in less than 10 seconds
- 4. Cycle 2: Performs same steps for compressions and breaths as in Cycle 1**
- 5. AED use**
 - Powers on AED
 - Turns AED on by pushing button or lifting lid as soon as it arrives
 - Correctly attaches pads
 - Places proper-sized pads for person's age in correct location
 - Clears for analysis
 - Clears rescuers from person for AED to analyze rhythm (pushes analyze button if required by device)
 - Verbalizes and visually demonstrates to stay clear of the person
 - Clears to safely deliver shock
 - Verbalizes and visually demonstrates to stay clear of the person
 - Presses button to deliver a shock
 - Resumes chest compressions immediately after shock delivery
 - Does not turn off AED during CPR
- 6. Cycle 3: Performs same steps for compressions and breaths as in Cycle 1**

Heartsaver®
Child CPR
Skills Testing Checklist



Student Name _____ Date of Test _____

Scenario: "You are at a park and notice a child suddenly collapse. The scene is safe, but you do not have a cell phone or AED nearby. Demonstrate what you would do next."

Assessment and Activation
 Checks responsiveness Shouts for help/Sends someone to phone 9-1-1 Checks breathing

Once student shouts for help, instructor says, "Here's the barrier device. I am going to phone 9-1-1."

Cycle 1 of CPR (30:2)

<p>Child Compressions</p> <input type="checkbox"/> Performs high-quality compressions*: <ul style="list-style-type: none"> • Hand placement on lower half of breastbone • 30 compressions in no less than 15 and no more than 18 seconds • Compresses at least one third the depth of the chest, approximately 2 inches (5 cm) • Complete recoil after each compression 	<p>Child Breaths</p> <input type="checkbox"/> Gives 2 breaths with a barrier device: <ul style="list-style-type: none"> • Each breath given over 1 second • Visible chest rise with each breath • Gives 2 breaths in less than 10 seconds
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*CPR feedback devices preferred for accuracy.

Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed
 Gives 30 high-quality compressions Gives 2 effective breaths

Cycle 3 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed
 Gives 30 high-quality compressions Gives 2 effective breaths

Instructor says, "EMS has arrived and is taking over."

STOP TEST

<p>Instructor Notes</p> <ul style="list-style-type: none"> • Place a check in the box next to each step the student completes successfully. • If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation). 		
<p>Test Results Check PASS or NR to indicate pass or needs remediation:</p>	<input type="checkbox"/> PASS	<input type="checkbox"/> NR
<p>Instructor Initials _____ Instructor Number _____ Date _____</p>		

Child CPR Skills Testing Critical Skills Descriptors

- 1. Assesses the child and activates emergency response system (this must precede starting compressions) within a maximum of 30 seconds. After determining that the scene is safe:**
 - Checks for responsiveness by tapping and shouting
 - Phones 9-1-1
 - Checks for no breathing or no normal breathing (only gasping)
 - Scans from the head to the chest for a minimum of 5 seconds and no more than 10 seconds
- 2. Cycle 1: Performs high-quality chest compressions (initiates compressions immediately after recognition of cardiac arrest)**
 - Correct hand placement
 - Lower half of breastbone
 - 1- or 2-handed (second hand on top of the first) compressions
 - Compression rate of 100 to 120/min
 - Delivers 30 compressions in 15 to 18 seconds
 - Compression depth and recoil—compress at least one third the depth of the chest, about 2 inches (5 cm)
 - Use of a commercial feedback device/manikin is highly recommended
 - Complete chest recoil after each compression
- 3. Cycle 1: Provides 2 breaths by using a barrier device**
 - Opens airway adequately
 - Uses a head tilt–chin lift maneuver
 - Delivers each breath over 1 second
 - Delivers breaths that produce visible chest rise
 - Avoids excessive ventilation
 - Resumes chest compressions in less than 10 seconds
- 4. Cycle 2: Performs same steps for compressions and breaths as in Cycle 1**
- 5. Cycle 3: Performs same steps for compressions and breaths as in Cycle 1**

Heartsaver®
Infant CPR
Skills Testing Checklist



Student Name _____ Date of Test _____

Scenario: "While you are pushing a baby in a stroller at the park, you notice something is wrong with the baby. You do not have a phone nearby. You ensure that the scene is safe and take the baby out of the stroller. Demonstrate what you would do next."

Assesses and Shouts for Help

Checks responsiveness Shouts for help Checks breathing

Once student shouts for help, instructor says, "No one is around to help."

Cycle 1 of CPR (30:2)

<p>Infant Compressions</p> <p><input type="checkbox"/> Performs high-quality compressions*:</p> <ul style="list-style-type: none"> • Uses 2 fingers of 1 hand, 2 thumbs, or the heel of 1 hand to give compressions in the center of the chest, just below the nipple line • 30 compressions in no less than 15 and no more than 18 seconds • Compresses at least one third the depth of the chest, about 1½ inches (4 cm) • Complete recoil after each compression 	<p>Infant Breaths</p> <p><input type="checkbox"/> Gives 2 breaths with a barrier device:</p> <ul style="list-style-type: none"> • Each breath given over 1 second • Visible chest rise with each breath • Gives 2 breaths in less than 10 seconds
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*CPR feedback devices preferred for accuracy.

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

Gives 30 high-quality compressions Gives 2 effective breaths

Cycle 3 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

Gives 30 high-quality compressions Gives 2 effective breaths

Instructor says, "You have just completed 5 sets of 30 compressions and 2 breaths."

Activates Emergency Response System (9-1-1)

Verbalizes the need to leave to phone 9-1-1

STOP TEST

Instructor Notes

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

<p>Test Results Check PASS or NR to indicate pass or needs remediation:</p>	<input type="checkbox"/> PASS	<input type="checkbox"/> NR
<p>Instructor Initials _____ Instructor Number _____ Date _____</p>		

Infant CPR Skills Testing Critical Skills Descriptors

- 1. Assesses infant and shouts for help (this must precede starting compressions) within a maximum of 30 seconds. After determining that the scene is safe:**
 - Checks for responsiveness by tapping and shouting
 - Shouts for help
 - Checks for no breathing or no normal breathing (only gasping)
 - Scans from the head to the chest for a minimum of 5 seconds and no more than 10 seconds
- 2. Cycle 1: Performs high-quality chest compressions (initiates compressions immediately after recognition of cardiac arrest)**
 - Correct placement of fingers in center of chest
 - 2 fingers of one hand, 2 thumbs, or the heel of 1 hand placed just below the nipple line to give compressions.
 - Compression rate of 100 to 120/min
 - Delivers 30 compressions in 15 to 18 seconds
 - Compression depth and recoil—compress at least one third the depth of the chest, about 1½ inches (4 cm)
 - Complete chest recoil after each compression
 - Use of a commercial feedback device/manikin is highly recommended
- 3. Cycle 1: Provides 2 breaths by using a barrier device**
 - Opens airway adequately
 - Uses a head tilt–chin lift maneuver
 - Delivers each breath over 1 second
 - Delivers breaths that produce visible chest rise
 - Avoids excessive ventilation
 - Resumes chest compressions in less than 10 seconds
- 4. Cycle 2: Performs same steps for compressions and breaths as in Cycle 1**
- 5. Cycle 3: Performs same steps for compressions and breaths as in Cycle 1**
- 6. Activates emergency response (9-1-1)**

Heartsaver®
First Aid
Skills Testing Checklist



Student Name _____ Date of Test _____

Scenario: "EMS has arrived and takes over. You may now remove your gloves. Demonstrate what you would do next."

Removing Gloves

- Grips one glove on the outside, near the cuff, to peel it off
- Cups the inside-out glove with the gloved hand
- Places 2 fingers of the bare hand inside the cuff to peel the second glove off, with the first glove inside it
- Verbalizes the need to dispose of the gloves properly

Scenario: "You find a coworker lying on the floor in the break room. A phone, a first aid kit, and an AED are on the wall. Demonstrate on how you would find the problem."

Finding the Problem

- Verbalizes that the scene is safe
- Taps and shouts*
- Shouts for help/Phones 9-1-1/Gets the first aid kit and AED
- Checks breathing†
- Looks for injury and medical information jewelry‡
- Verbalizes that he or she will stay with the person until EMS arrives

*After the student taps and shouts, the instructor says, "The person is unresponsive."

†After the student verbalizes that they have checked for breathing, the instructor says, "The person is breathing normally."

‡After the student checks for injury and medical information jewelry, the instructor says, "The person is not injured, and there is no medical information jewelry."

Scenario: "A coworker has a severe allergic reaction, has an epinephrine pen, and needs help using it. You have completed all previous steps and are now ready to use the epinephrine pen. You have read the manufacturer's instructions, which state to inject for 3 seconds. Demonstrate what you would do next."

Using an Epinephrine Pen

- Holds epinephrine pen in fist
- Takes off safety cap
- Holds leg in place; presses epinephrine pen firmly against outer side of thigh for 3 seconds
- Removes epinephrine pen
- Rubs injection site for 10 seconds

Scenario: "You will demonstrate controlling bleeding and then bandaging a small cut on the person's forearm. You have the first aid kit and are now ready to begin."

Controlling Bleeding and Bandaging

- Verbalizes putting on gloves, and places pressure over cut with a clean dressing*
- Presses harder to ensure that bleeding is stopped†
- Applies bandages over the dressings

*After about 15 seconds, the instructor says, "The bleeding is not stopping."

†After another 5 seconds, the instructor says, "The bleeding has stopped."

STOP TEST

Instructor Notes

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

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

Instructor Initials _____ Instructor Number _____ Date _____



American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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

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

Role of the TCF Observer:

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

Evaluating the Critical Actions:

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

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

SECTION 1:
General information for the individual and course being observed.

Instructor or instructor candidate name: _____

Instructor ID #: _____ Instructor card expiration date: _____

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

Purpose of review: Initial application Instructor renewal Remediation

SECTION 2:
Instructor competencies and indicators. Observed by TCF in a class setting.

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

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

- Yes Yes with req. No Not observed

Reviewer's comments:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.4 Promotes retention by reinforcing key points

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.5 Delivers course in a safe and nonthreatening manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.7 Effectively operates technology used in the course

Yes

Yes with req

No

Not observed

Reviewer's comments:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

2.8 Adapts terminology appropriate to location, audience, and culture

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.9 Accommodates students who have disabilities and other special needs

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.10 Provides timely and appropriate feedback to students

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.11 Uses principles of effective team dynamics during small group activities

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.12 Facilitates debriefings after scenarios to improve individual and team performance

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

2.14 Provides feedback to students in a private and confidential manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.16 Retests students when indicated

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

2.19 Recognizes and appropriately responds to ethical issues encountered in training

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.20 Maintains student confidentiality when appropriate

Yes

Yes with req

No

Not observed

Reviewer's comments:

Overall comments from TCF observer:

Review completed:

Successful

Comment: _____

Remediation needed

Comment: _____

Unsuccessful

Comment: _____

TCF name: _____

TCF signature: _____ Date: _____

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

SECTION 3:

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

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

Candidate or instructor name: _____

Candidate or instructor signature: _____ Date: _____

TC Coordinator name: _____

TC Coordinator signature: _____ Date: _____

Heartsaver® Classroom Course Evaluation



American Heart Association.

Date _____ Instructor(s) _____

Training Center _____ Location _____

Please answer the following questions about your **Instructor**.

My Instructor:

1. Provided instruction and help during my skills practice session
 Yes
 No
2. Answered all of my questions before my skills test
 Yes
 No
3. Was professional and courteous to the students
 Yes
 No

Please answer the following questions about the **course content**.

1. The course learning objectives were clear.
 Yes
 No
2. The overall level of difficulty of the course was
 Too hard
 Too easy
 Appropriate
3. The content was presented clearly.
 Yes
 No
4. The quality of videos and written materials was
 Excellent
 Good
 Fair
 Poor
5. The equipment was clean and in good working condition.
 Yes
 No

Please answer the following questions about your **skill mastery**.

1. The course prepared me to successfully pass the skills session.
 Yes
 No
2. I am confident I can use the skills the course taught me.
 Yes
 No
 Not sure

3. I will respond in an emergency because of the skills I learned in this course.

- Yes
 No
 Not sure

4. I took this course to obtain professional education credit or continuing education credit.

- Yes
 No

Optional questions:

Have you previously taken this course via another method, such as in a classroom or online?

Which learning method do you prefer and why?

Were there any strengths or weaknesses of the course that you would like to comment on?

What would you like to see in future courses developed by the AHA?

After Completing This Evaluation

Please return this evaluation to your Instructor before you leave the class.

Alternatively, you can send the evaluation to your Instructor's Training Center. Ask your Instructor for the contact information.

If you have significant problems or concerns with your course, please contact the AHA at 877-AHA-4CPR.



Heartsaver® Course Roster

Emergency Cardiovascular Care Programs

Course Information

- Heartsaver CPR AED
 - Child CPR AED Infant CPR Exam
- Heartsaver First Aid CPR AED
 - Child CPR AED Infant CPR
 - Exam Heartsaver Total Office Educator
- Heartsaver First Aid
 - Exam
- Heartsaver Pediatric First Aid CPR AED
 - Adult CPR Exam
 - Heartsaver Pediatric Total Babysitter Water Safety
- Heartsaver for K-12 Schools
 - Child CPR AED Infant CPR First Aid Exam
- Heartsaver Instructor

Additional Course/Path Information _____

Lead Instructor _____
 Lead Instructor ID# _____
 Card Expiration Date _____
 Training Center _____
 Training Center ID# _____
 Training Site Name (if applicable) _____
 Address _____
 City, State ZIP _____
 Course Location _____

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

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

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

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

Signature of Lead Instructor _____ Date _____

Course Participants



American Heart Association.

Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

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

Heartsaver Pathways Optional Topics Checklist

Instructors: Please complete the checklist below for participants who take the optional topics for the following course paths:

- Adult**
- Heartsaver
 - Office
 - Educator
- Pediatric**
- Heartsaver Pediatric
 - Babysitter
 - Water Safety

Check Table 4 in your instructor manual to determine whether the topics below are optional for each participant's course path. After completing this checklist, you will also need to select these topics for each participant's certificate. You may want to prepare and print your certificates before class.

CPR AED

- How to Help an Adult With a Drug Overdose Emergency (Adult)
- Drug Overdose (Pediatric)
- Water Safety/Drowning

First Aid Medical Emergencies

- Breathing Problems (Asthma) (Adult)
- Choking in an Adult, a Child, or an Infant (Adult)
- Fainting
- Diabetes and Low Blood Sugar
- Seizure

First Aid Injury Emergencies

- Shock
- Bleeding From the Nose
- Bleeding From the Mouth
- Tooth Injuries
- Eye Injuries
- Penetrating and Puncturing Injuries

First Aid Injury Emergencies (continued)

- Amputation
- Internal Bleeding
- Concussions
- Head, Neck, and Spine Injuries
- Broken Bones and Sprains
- Splinting
- Burns and Electrical Injuries
- Bites and Stings
- Heat-Related Emergencies
- Cold-Related Emergencies
- Poison Emergencies

First Aid Prevention

- Risks of Smoking and Vaping
- Benefits of a Healthy Lifestyle
- Preventing Illness and Injury