

## HS NEW Instructor Course Agenda

### **Part One: Prerequisites**

- I. The instructor candidate needs a **current provider card**, in the discipline they want to instruct, TCF should verify this before class;
- II. Instructor candidate to read & bring to class a HS Instructor Manual & Instructor Essentials Workbook (workbook emailed to student by TCF);
- III. Candidate to register on the [www.AHAInstructorNetwork.org](http://www.AHAInstructorNetwork.org)  
To bring 11 digit AHA number to class (found on Dashboard page of Instructor Network site after registration approved by training center).
- IV. Candidate to take the HS Instructor Essentials on the <https://elearning.heart.org/course/802> site, cost is \$35. Bring the certificate of completion to class. This may be viewed as a group in class.

### **Part Two: Classroom Training**

- I. Introduction: self, students. Discuss agenda of full course (prerequisites, classroom and course monitoring). All must be done to receive certification.
- II. Hand-out HS Profile forms and go through how to complete.
- III. Show the Instructor Essentials Course DVD, the HS portion.
- IV. Skills testing: Instructor candidates test out each other using the HS Skills sheets in the Profile pkt.
- V. Give the HS Instructor written exam and correct.  
  
BREAK
- VI. Show the *2020 HS Product & Course Orientation* on the AHA Instructor Network (under Courses>2020HS>P&CO); and do the *HS Guideline Update* on elearning.heart.org site.
- VII. Review, discuss and answer questions about all sections of Instructor manuals (HS & HS Ped)  
Spend time on provider course agendas, equipment lists and HeartCode courses.  
Discuss teaching options during COVID.
- VIII. Go over the Instructor Update form
- IX. Offer mentoring opportunities if possible. Set up plan for monitoring of first class—to be completed within 6 months of your class. Discuss training during COVID19.
- X. Candidate or TCF to keep HS Instructor Profile forms until monitoring is done.  
Then send (address on Profile) or email in Profile form & attach check or pay dues online.
- XI. Answer Questions and have students complete HS Instructor Evaluation form.

## HS Instructor Update Course Agenda

### Pre-requisites:

- I. Must have taught at least 4 courses in the past renewal period and entered in the database.
- II. To come to class with Monitoring Form completed from the past 2 yr renewal period.
- III. To have taken the 2020 Heartsaver Guideline Update.

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### Classroom 3-4 hours

- IV. Introductions.
- V. Hand out the HS Instructor Profile form and discuss how to complete during class.
- VI. Review the 2020 HS Guideline changes using the Interim Materials Lesson Map & Instructor Manual changes. (On AHA I.N.>News/Archives>Science/Guidelines scroll to Interim Materials).
- VII. **Test out on the skills**, test each other on skills using the
  - HS Skills Checklists in the 2020 HS Instructor Profile packet
- VIII. **Administer the 2020 HS Instructor Exam** and correct.
- IX. **AHA Update:** Reference Update form.  
Be sure to review the MRTC website/database-entering classes/online ordering site; and the AHA Instructor Network-show Product Orientation, Guideline info, answer any eCard questions or training during COVID questions.
- X. Open in Up to any general questions.
- XI. Students complete HS Instructor Course evaluation form.
- XII. Then email completed Profile form & pay dues online. Do not turn in the Profile form unless it is complete—see the checklist coversheet.

## HS Instructor Essentials & Renewal Course Agenda

### **Part One: Prerequisites**

(New Instructors)

- I. The instructor candidate needs a current HS provider card if new (instructor card if renewing). TCF should verify this before class;
- II. Instructor candidates to read & bring to class a HS Instructor Manual & HS Instructor Essentials Workbook (emailed to student by TCF);
- III. TCF or candidate to notify training center of alignment or for any assistance.
- IV. Candidate to register on the [www.AHAInstructorNetwork.org](http://www.AHAInstructorNetwork.org) and bring 11 digit AHA number to class (found on Dashboard page of Instructor Network site after registration approved by training center). MRTC TC ID is MN03788.
- V. Candidates to take the HS Instructor Essentials on the [www.elearning.heart.org](http://www.elearning.heart.org) sit.
- VI. Students may take as a group—the certificate of completion should list all the names on it.

(Renewing Instructors)

- VII. Renewing instructors must have taught 4 courses in the past 2 yrs and have them entered in the database or written on page 2 of the Profile form and bring completed course monitoring form.

### **Part Two: Classroom Training—New Instructors**

- I. Introduction: self, students. Discuss agenda of full course (prerequisites, classroom and course monitoring). All must be done to receive certification.
- II. Show the HS Instructor Essentials Course DVD.
- III. View the 2020 HS Guideline Update
- IV. Show the 2020 HS Product & Course Orientation on the **AHA Instructor Network** (under Courses>BLS>P&CO)
- V. Review, discuss and answer questions about all sections of Instructor manuals (BLS CPR/AED & FA) Spend time on agenda (how to teach the course), equipment list and HeartCode courses.

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### **New and Renewing Instructors**

- VI. Introductions
- VII. Go over the AHA Instructor **Update form** (spend time on eCards and training during COVID).
- VIII. Hand-out HS Profile forms and go through how to complete.
- IX. Skills testing: Instructor candidates test out each other using the 2020 HS Skills sheets in the Profile pkt.
- X. Give the HS Instructor written exam and correct.
- XI. Offer mentoring opportunities if possible. Set up plan for monitoring of first class—to be completed within 6 months of your classroom training.
- XII. Candidate or TCF to keep HS Instructor Profile forms until monitoring is done. Then email Profile form & pay \$60 dues online.
- XIII. Answer Questions and have students complete HS Instructor Course Evaluation form.

## AHA/MRTC Update Information for Instructors & Training Center Faculty

### 1. AHA Resources for you:

- **National Offices in Dallas**

- **AHA Instructor Network** site is full of instructor resources, support line 1/877-242-4277
- **eLearning.heart.org** online courses/HeartCode/Updates
- **[ShopCPR.heart.org](http://ShopCPR.heart.org)** order books/videos
- AHA YouTube videos, Class Connector, Course Matrix, Instructor Manuals, ECC Beat-emailed monthly newsletter

- **Regional Advocacy/Communications/Community Ed Committees**

- **Training Center Ric Chiodo MRTC Coordinator**

All instructors need to align with a training center via AHA Instructor Network. MRTC is a national training center. We maintain your instructor file. You must purchase certification cards through a Training Center. We have a website, database and online ordering site.

- ❖ Ric Chiodo 651-724-9701 or [ric.chiodo@minnstate.edu](mailto:ric.chiodo@minnstate.edu)
- ❖ Kelli Lyng 651-201-1795 or [kelli.lyng@minnstate.edu](mailto:kelli.lyng@minnstate.edu)

- **Training Center Faculty** MRTC leadership team, experienced instructors who provide initial and every 2 year renewal instructor classes & provide general instructor support and monitoring on behalf of the MRTC
- **Instructors** teach provider classes & are the key to community training  
The MRTC trains over 100,000 students every year.

### 2. 2020 ACLS, BLS, PALS & HS Guideline Updates/Curriculum released

All instructors need to take the Instructor Update for which they are certified Updates are free and on the [elearning.heart.org](http://elearning.heart.org) Email certificates to Ric.

### 3. Course Update 2020 ACLS, BLS & PALS courses released.

- PEARS coming out in early 2021.
- **2020 eCards** are now available. AHA will update to 2020 version in your inventory. Paper cards expired 2/1/2021—except HS K-12

New cards saw a price increase. A one level volume discount is still available for ACLS, BLS & PALS Provider ecards.

- **2020 eCard section** on Online Ordering site/Course cards this is a temporary folder while in transition-you must have taken the Guideline Update to order the 2020 ecards.  
**2020 Provider Exams** are being sent to instructors who have completed the Guideline Updates and emailed us their certificates. If you need a particular exam send **Ric** or **Kelli** an email.
- **New Skills Checklists, Rosters, Eval forms** for all 2020 courses on the Instructor Network under Courses/click on course/click Resource link.
- **Instructor course materials** were released 3/4/21. New Instructor Resource Guide, online Essentials and Classroom Essentials. TCF use the agendas on the website, which have some updates.
- **New Instructor Profile forms** please use new forms on website under ACLS/BLS or PALS>PrintableForms>(first bullet) Forms

#### 4. Training During COVID

- See AHA bulletins in the blue box on the top of the MRTC Home page.
- The MRTC office is closed. Staff are all working remotely. Avoid mailing.

#### 5. Miscellaneous

- Lots of chatter about **requiring pediatric feedback manikins**  
Do not purchase any non-feedback manikins, they will be required soon.
- 3 Video options: DVD, USB and Digital (internet feed, load on 3 devices).
- **eTests** many issues with dispersing. We will not be using until these bugs are worked out.
- CEUs for AHA courses are only given to EMS students via the “EMS Student CE” link on the Dashboard page of the AHA Instructor Network. Instructors can give certificates of completion for the professional to use to submit for CEUs.

AHAMRTCUupdateMar2021

# 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



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

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

# Instructor Essentials Heartsaver Course Evaluation



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
  - a. Yes
  - b. No
2. Answered all of my questions before my skills test
  - a. Yes
  - b. No
3. Was professional and courteous to the students
  - a. Yes
  - b. No

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

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

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

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

3. I will respond in an emergency because of the skills I learned in this course.
  - a. Yes
  - b. No
  - c. Not sure
4. I took this course to obtain professional education credit or continuing education credit.
  - a. Yes
  - b. 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?

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

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

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### 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.





# MINNESOTA STATE

## Multi-Regional Training Center

### HS Instructor 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](mailto: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 7<sup>th</sup> St. E, Suite 350, St. Paul, MN 55101-7804

Office: 651-201-1795 Email IPFs to: [SO-MRTCIPF@minnstate.edu](mailto:SO-MRTCIPF@minnstate.edu)

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**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](mailto: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
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**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 7<sup>th</sup> St., E., Suite 350, St. Paul, MN 55101-7804  
 Office: 651-201-1795  
 Email : [SO-MRTCOnline@minnstate.edu](mailto: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 houts 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)**

**Adult Compressions**

Performs high-quality compressions\*:

- 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

**Adult Breaths**

Gives 2 breaths with a barrier device:

- Each breath given over 1 second
- Visible chest rise with each breath
- Gives 2 breaths in less than 10 seconds

*\*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).

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

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)**

**Child Compressions**

- Performs high-quality compressions\*:
- 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

**Child Breaths**

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

*\*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**

**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 \_\_\_\_\_



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

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

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**

<p><b>Instructor Notes</b></p> <ul style="list-style-type: none"> <li>Place a check in the box next to each step the student completes successfully.</li> <li>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).</li> </ul>		
<p><b>Test Results</b>    Check <b>PASS</b> or <b>NR</b> to indicate pass or needs remediation:</p>	<input type="checkbox"/> <b>PASS</b>	<input type="checkbox"/> <b>NR</b>
<p>Instructor Initials _____ Instructor Number _____ Date _____</p>		



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

**Instructions:** Training Faculty (TF) 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/TF Renewal Checklist.*

### Role of the TF Observer:

The role of the TF 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 TF in a class setting.

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

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

Yes

Yes with req.

No

Not observed

Reviewer's comments:

\_\_\_\_\_  
\_\_\_\_\_

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

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.4 Promotes retention by reinforcing key points

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.5 Delivers course in a safe and nonthreatening manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.7 Effectively operates technology used in the course

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

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2.8 Adapts terminology appropriate to location, audience, and culture

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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2.9 Accommodates students who have disabilities and other special needs

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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2.10 Provides timely and appropriate feedback to students

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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2.11 Uses principles of effective team dynamics during small group activities

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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2.12 Facilitates debriefings after scenarios to improve individual and team performance

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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

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

Yes                      Yes with req                      No                      Not observed  
                                                                 

Reviewer's comments:

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

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2.14 Provides feedback to students in a private and confidential manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.16 Retests students when indicated

Yes

Yes with req

No

Not observed

Reviewer's comments:

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**Professionalism:** Maintains a high standard of ethics and professionalism when representing the AHA  
2.17 Demonstrates professional behavior in physical presentation and teaching, including enthusiasm, honesty, integrity, commitment, compassion, and respect

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

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

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2.19 Recognizes and appropriately responds to ethical issues encountered in training

Yes

Yes with req

No

Not observed

Reviewer's comments:

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2.20 Maintains student confidentiality when appropriate

Yes

Yes with req

No

Not observed

Reviewer's comments:

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Overall comments from TF observer:

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Review completed:

Successful

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

Remediation needed

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

Unsuccessful

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

TF name: \_\_\_\_\_

TF signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**SECTION 3:**

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

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

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

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

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

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

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