Standards & Guidelines for Quality Assurance

TCAM
Training Center Administration Manual
Effective January 2009
NOTE — It is the responsibility of Training Center Directors and ASHI-authorized Instructors to remain current with these Standards and Guidelines for Quality Assurance. Please take note of the version number of this TCAM and check frequently for new versions. The most recent version of this document, as well as its appendices and answers to Frequently Asked Questions, can be found on ASHI’s website: www.ashinstitute.org.

SUBJECT TO CHANGE WITHOUT NOTICE
American Safety & Health Institute

The American Safety & Health Institute® (ASHI) is a worldwide innovator and leader in emergency care training programs for business, industry, and the general public. We provide nationally recognized training programs through approved Training Centers across the United States and around the world.

ASHI collaborates with a wide variety of organizations to produce public safety and health products, materials and services that meet the needs of our customers. ASHI is a member of the International First Aid Science Advisory Board co-founded by the American Red Cross (ARC) and American Heart Association®, Inc. (AHA), and was a participant in the International Liaison Committee on Resuscitation (ILCOR) 2005 International Conference on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations, hosted by the AHA. ASHI provides support as a corporate sponsor to the National Association of EMS Educators and the National Association of State Emergency Medical Service Officials. ASHI is also a member of ASTM International, one of the largest voluntary standards development organizations in the world.

Mission

We Make Learning to Save Lives Easy®

Vision

To be the preferred training resource for safety and health training centers.

Goals

- To provide Training Centers and Instructors with support and information that will help them practice and promote the highest professional standards in health and safety instruction—in the community, in the workplace, and in the healthcare industry.
- To use and promote principles of sound research and review to facilitate the development and revision of high-quality safety and health training programs.
- To provide opportunities for Training Centers and Instructors to improve themselves and the operation of their Training Centers by facilitating professional networking opportunities and continuing education through conferences, publications, and other means.

Training Centers

ASHI authorizes approved Training Centers (TC) to provide ASHI programs in accordance with the standards and guidelines for quality assurance in this Training Center Administrative Manual (TCAM). Training Center eligibility and authorization is determined by review of an application available at our website: www.ashinstitute.org. Training Center Directors agree to follow the rules and regulations contained in the TCAM.

Instructors

ASHI authorizes Instructors to certify participants in ASHI programs via courses conducted through approved Training Centers. Training Centers may apply to add authorized, affiliated Instructors by completing and submitting an Instructor application available at our website.

Quality Assurance

ASHI maintains a robust Quality Assurance program that includes a system of procedures, audits, and corrective actions designed to ensure that our training programs and Instructors are of the highest achievable quality.
Section 2 — Training Centers

Establishing a Training Center

To establish an ASHI Training Center, complete and submit the online Training Center Application available on our website: www.ashinstitute.org. There are only three requirements for ASHI Training Centers:

1. They must have at least one authorized affiliated Instructor.
2. They must purchase at least one ASHI training program.
3. The Director must agree to follow the requirements contained in the TCAM (see next section).

The affiliated Instructor can be the Training Center Director and can receive Instructor authorization at the same time that the Training Center is created. Please see Section 3 for information on becoming an ASHI Instructor.

Training Center Director

The Training Center Director is responsible for ensuring that the Training Center, its affiliated Instructors, and any Branches adhere to the standards and guidelines for quality assurance described in this TCAM and its appendices. This responsibility includes, but is not limited to:

1. Ensuring that all Instructors affiliated with or teaching classes for the Training Center are properly qualified and authorized by ASHI;
2. Immediately notifying ASHI of any change in the Training Center Director’s or an affiliated Instructor’s status;
3. Ensuring that Instructors are prepared to provide a high-quality educational experience for students;
4. Ensuring that appropriate equipment is available to Instructors for use during ASHI courses in sufficient quantities to allow each student adequate hands-on practice of required psychomotor skills;
5. Ensuring adequate classroom health and safety to prevent injury and minimize the risk of disease transmission;
6. Ensuring that Instructors dress in clean, professional attire suitable to the setting of the class;
7. Ensuring that classrooms are free from discrimination, harassment, prejudice, and abusive behaviors;
8. Removing Instructors from the Training Center teaching staff who have failed reasonable attempts at remediation, or those involved in dishonest, unprofessional, unethical, or illegal conduct, and notifying ASHI of their removal; and
9. Working with ASHI to investigate and correct any situation that endangers the goodwill associated with ASHI programs, ASHI Training Centers, or ASHI Instructors.

The Training Center Director may designate another staff member to assume day-to-day management of Training Center administration but remains personally responsible for all aspects of the Training Center’s operations.

Policies & Procedures

Each Training Center (TC) must have policies and procedures that address, at a minimum:

- Certification card and final examination security.
- Classroom and Instructor quality assurance.
- Equipment maintenance and decontamination.
- Professional conduct.
- Students’ ability to communicate with Training Center.

These policies and procedures must be available, in writing, for inspection upon request. Please see Appendix XII for sample Policies and Procedures. Training Center Directors may adopt these sample policies or develop their own Training Center-specific policies and procedures. Training Centers may also store their Policies and Procedures to their online personal documents.
Record Maintenance

Training Centers need comprehensive and legally sound document retention practices to protect themselves and their employees, officers, and directors in the case of litigation, investigation, or regulation by government entities. All Training Center records are official documents that must be made available upon request by ASHI staff or designees, and by appropriate state or federal officials. The Training Center is required to keep clear, legible, and orderly records pertaining to Instructors, courses and course evaluations for no less than three years, including:

1. A signed application for each Instructor;
2. Copies of all pertinent credentials;
   a. If the Instructor attained ASHI Instructor authorization through reciprocity, the Training Center must retain a copy of the original reciprocal certification (e.g. Instructor’s American Heart Association Instructor Card.)
   b. If the Instructor attained ASHI Instructor authorization through an Instructor Development Course, the Training Center must retain a copy of course completion documentation and/or the Instructor Trainer signature on the Instructor’s application.
3. A completed course roster reflecting the participants’ names, course date, time, and location, type of course, Instructor’s name, and Instructor’s signature for each course;
4. Records of students’ scores for courses in which written examinations were given;
5. Skill Performance Evaluation Sheets; and
6. All documentation related to Quality Assurance investigations or other types of problem resolution.

All records may be stored electronically. The Training Centers may store these in the personal documents folder in the Training Center Manager.

Training Center Branches

Organizations with multiple locations may choose to make each location an independent Training Center, or a branch of the Training Center. Instructors may be affiliated with either the primary Training Center or a specific branch. While the primary Training Center Director may assign a local director for each branch, he or she is ultimately responsible for the training activities at the branches.

Affiliated Instructors

Each Training Center must have at least one affiliated Instructor; likewise, all Instructors must be affiliated with one primary Training Center. An affiliated Instructor is one for whom the Training Center Director maintains responsibility. The Training Center Director may be the only affiliated Instructor, or there may be many affiliated Instructors. Training Center Directors may employ additional Instructors who are not affiliated with the Training Center but they are responsible for ensuring that each Instructor is currently authorized by ASHI to teach the programs offered. Training Center Directors may verify authorization by employing the Search Instructor/Training Center tool on the ASHI website. Training Centers with authorized Instructor Trainers may offer Instructor Development Courses to create affiliated Instructors or to train Instructors who intend to establish their own Training Centers. They may also allow Instructors authorized by reciprocity or by another ASHI Training Center to transfer affiliation to them. Training Centers must ensure that the applicable fee is paid for each affiliated Instructor, and Training Center Directors are responsible for renewing their affiliated Instructors’ authorization every two years. Please see Section 3 for more information on Instructors.

Course Offerings

In order for students to be certified in an ASHI program, they must successfully complete a course led by an Instructor who is authorized to certify students in that program. The Instructor may teach a given program only for an ASHI Training Center that has purchased that program. The Instructor may or may not be affiliated with the Training Center.
Training Center Designation

The Training Center designation refers to the type of ASHI programs the Training Center is qualified to purchase and in which they are authorized to provide courses.

Basic Training Centers are authorized to purchase and provide the following ASHI programs:

- Basic First Aid for the Community and Workplace
- CPR and AED for the Community and Workplace
- CPR Pro for the Professional Rescuer
- Bloodborne Pathogens
- Emergency Oxygen Administration
- Emergency Medical Response for Adults in the Workplace

Advanced Training Centers have $1,000,000 in professional liability insurance and are authorized to purchase and provide all of the above programs as well as:

- ASHI ACLS
- ASHI PALS

Training Centers may offer courses only for programs they have purchased. The ability to purchase training programs and certification materials is unrelated to the authorization of Instructors affiliated with a Training Center. For example, an Advanced Training Center may purchase ACLS certification cards without having an affiliated ASHI ACLS Instructor. However, only a currently authorized ASHI ACLS Instructor may issue ASHI ACLS certification. This policy allows a Training Center to centralize purchases and manage logistics without endangering the legitimate issuance of certification.

Training Center Segmentation

ASHI strives to provide meaningful benefits to our Training Centers based on their business structure. We recognize that there are two types of Training Centers and we endeavor to provide benefits accordingly. Entrepreneurial Training Centers are entities established for the purpose of providing health and safety training to customers who either desire or require it. For these entities, functioning as a Training Center is the focus of their business, and their benefits are designed to be commercially useful, such as marketing assistance and business referrals. Training Centers that charge tuition or course fees to any students will be designated Entrepreneurial. Corporate Training Centers use ASHI programs primarily to provide in-house training for their own personnel; they function primarily in another role, and maintain a Training Center to support that role. Public and private corporations, government agencies, and not-for-profit organizations often fall into this category. Corporate Training Center benefits are designed to lessen administrative burdens, facilitate compliance with regulations, and ensure consistent program delivery throughout organizations.

Training Center Referral List

Entrepreneurial Training Centers may choose whether to be listed on the ASHI website’s Training Center Directory. The purpose of this list is to serve as a referral resource for individuals and organizations seeking emergency care training. Entrepreneurial Training Centers may use the scheduling tool in the login area of the website to post classes they are offering to the public and to allow their customers to register for these classes.

Professional Liability Insurance

ASHI strongly recommends that all Training Centers maintain professional and general liability insurance for themselves and for their Instructors. Training Centers offering advanced-level programs (ACLS and PALS) are required to possess $1,000,000 in professional liability insurance. ASHI offers Training Centers and Instructors competitive pricing for insurance through Lockton Risk Services, Inc. For more information, visit the ASHI Insurance Center at http://ashi.lockton-ins.com/pl.
**Training Center Communication**

Training Center Directors must maintain a valid email address. This email address will be used by ASHI to communicate updates and other important information. The Training Center Director is responsible for disseminating all information provided by ASHI to all affiliated Instructors. The Director must provide each student with the means to contact the Training Center. Training Centers are required to respond to students, customers, affiliated Instructors, and ASHI promptly. Doing so is the best way to avoid formal complaints and quality assurance actions against the Training Center.

**Purchasing Training Materials**

Anyone may purchase any ASHI material or product, with the exception of certification materials. Training Centers may purchase training materials, products, and Student Certification Packs through our online store at www.ashinstitute.org or by calling Client Services at 800-246-5101. Our Client Services representatives are available from 6:00am to 4:30pm Pacific Time.

**Purchasing Certification Materials**

Only Training Centers may purchase certification materials, including Student Certification Packs and cards; Training Center Directors may authorize specific affiliated Instructors to make these purchases on their behalf. The Training Center may purchase certification materials only for programs for which it has purchased the Instructor materials.

**Training Center Relationship with ASHI**

ASHI designs and develops training programs and authorizes qualified individuals to teach courses in these programs and issue certification to students that have met the program's knowledge and skill objectives. ASHI is not a franchise, and Training Center Directors, staff and Instructors are not ASHI employees. ASHI Training Centers may not represent themselves as ASHI agents, employees, consultants, contractors, or legal representatives. ASHI encourages its entrepreneurial Training Centers to help improve health and safety through professional training in the community and workplace. Nonetheless, ASHI does not grant exclusive or protected territories. ASHI does not place a restriction on goods and services that may be offered for sale, and, excluding ASHI's Standards and Guidelines for Quality Assurance, ASHI does not impose control over or provide significant assistance in the method of operation, including any fees that Training Centers charge.

**Training Center Relationship with Training Center Customers**

Training Centers are responsible for all communication, scheduling and monetary dealing with their clients. ASHI will always endeavor to provide the necessary support to Training Centers so that the Training Centers may, in turn, provide excellent customer service to their clients. ASHI will become involved in the interactions between a Training Center and its clients only when quality assurance issues are present.
ASHI courses may be taught only by ASHI-authorized Instructors who are affiliated with approved Training Centers.

**Affiliation**

Although Instructors may teach for as many Training Centers as they wish, they must be affiliated with only one primary Training Center. Instructors may establish their own Training Centers or may affiliate with one that is already established. The affiliation link between an Instructor and a Training Center requires the written assent of both parties but may be dissolved at any time by either party. Instructors are free to change their Training Center affiliation at any time. Likewise, a Training Center Director may choose to accept or decline an Instructor’s affiliation with the Training Center. The Training Center Director is responsible for ensuring that all affiliated Instructors comply with the standards and guidelines set forth in this TCAM and its appendices, as well as for maintaining Instructor applications, applicable pertinent credentials, and all required course records for all affiliated Instructors.

**Becoming an Instructor**

Instructor Authorization may be obtained in one of two ways:

1. **Classroom Training**
   - Attendance at and successful completion of an ASHI Instructor Development Course. Current certification as a provider for at least one of the programs the candidate intends to teach is a minimum prerequisite to attendance.

2. **Reciprocity with other organizations whose program materials are evidence-based.** ASHI accepts current and valid Instructor and Instructor-Trainer credentials from:
   - American Heart Association®, Inc.
   - American Red Cross
   - MEDIC FIRST AID International, Inc.
   - National Safety Council
   - St. John Ambulance

Training Center Directors must attest that any credentials used for authorization are properly earned, legitimate credentials (licenses, certifications, or registrations). Evidence of falsification of any data on the application, including but not limited to credentials, will result in revocation of the Instructor’s authorization to teach ASHI programs and may result in revocation of the Training Center’s authorization, as well as criminal and/or civil legal actions. Training Center Directors who need help in determining the suitability or validity of an individual’s medical or teaching credentials should refer to Appendix VI: Instructor Development or contact Client Services at 800-246-5101.

Instructor authorization is subject to a $25.00 fee every 24 months, or upon upgrade to a different Instructor level, change of Training Center affiliation, or any other change that results in a new expiration date. ASHI charges a $5.00 replacement fee for Instructor authorization cards. Training Center Directors can find applications for new Instructor authorization or for Instructor re-authorization (Status Change Form) at ASHI’s website.

**NOTE —** Only ASHI may produce ASHI Instructor authorization cards and Training Center certificates. Any cards or certificates created or produced by individuals or entities other than ASHI are fraudulent and thus invalid.

Instructors are authorized to conduct ASHI courses within their scope of teaching or healthcare practice, consistent with the general requirements above. For more information on Instructor training and development, please see Appendix VI: Instructor Development.
Instructor authorizations are maintained in ASHI’s Instructor Registry, which allows ASHI to track each Instructor’s authorization process and training level over time. Only Instructors currently authorized by ASHI and actively affiliated with an ASHI-approved Training Center may issue ASHI certification cards. Prospective students and Training Center customers can look up the status of any ASHI Instructor or Training Center on ASHI’s website.

General Instructor Requirements
As a condition of authorization, ASHI Instructors agree to:

- Maintain affiliation with an authorized ASHI Training Center;
- Maintain current authorization as an Instructor while actively teaching ASHI programs;
- Ensure a high-quality educational experience for students;
- Ensure that classrooms are free from discrimination, harassment, prejudice, and abusive behaviors;
- Use an instructional approach that gives priority to the care provider’s safety and the patient’s welfare;
- Teach in accordance with the most recent ASHI curriculum and administrative policies and procedures;
- Comply promptly with quality assurance monitoring, investigations or actions recommended by ASHI or its designees;
- Refrain from engaging in dishonest, unethical or unprofessional conduct including, but not limited to, issuing unearned certification cards and withholding properly earned certification cards;
- Refrain from engaging in fraudulent or illegal actions, such as financial or other business-related misconduct, false advertisement, discrimination, forgery, misrepresentation, and unauthorized duplication of copyrighted training materials;
- Complete and submit paperwork to the Training Center in a timely manner.

Reauthorization
Instructor reauthorization requires:

1. Current affiliation with an ASHI-approved Training Center;
2. Teaching at least two ASHI classes during the authorization period (two years);
3. Submission of the appropriate Instructor fee; and
4. Training Center submission of a re-authorization application for each two-year authorization period or completion of the online renewal process.

Individual Instructors are responsible for maintaining evidence of active teaching and providing this evidence to their Training Centers. Ultimately, however, it is the Training Center Director’s responsibility to maintain records of each Instructor’s teaching activity and to produce this evidence when an audit is conducted by ASHI.

- “Evidence” means a copy of two student course rosters.
- Instructors who do not meet the minimum teaching requirements may be required to submit further documentation or complete additional training (ASHI Instructor Development Course, or a portion thereof.)
- An Instructor whose ASHI authorization has expired must submit current credentials to the Training Center Director or complete the Instructor Development course or portion thereof to qualify for reauthorization in addition the instructor status change form and appropriate fees must be submitted through his or her Training Center.
Instructor Trainers (IT)

Instructors are authorized to certify class participants as providers of the skills taught in ASHI programs. Instructor Trainers are authorized to teach providers “how to teach,” and to provide documentation of course completion to support the providers’ application for authorization as Instructors. An IT is a training expert capable of communicating instructional knowledge and skills consistent with ASHI program design and the standards and guidelines for quality assurance herein. ASHI ITs also serve as role models to new Instructors. They provide competent, capable, and effective leadership by example. An ASHI IT is a valuable resource to ASHI and to ASHI-authorized Instructors and Training Center staff. The duration of authorization is two years for an Instructor Trainer.

Master Instructor Trainers (MIT)

Master Instructor Trainers (MITs) are authorized to conduct all levels of ASHI programs within their scope of expertise or healthcare practice, including the development of Instructors and Instructor Trainers. The duration of authorization is two years for an MIT. ASHI is not currently accepting applications for new MIT’s—changes to this status will be posted on the ASHI website.

Instructor Program Authorization and Cards

The programs that a given Instructor is authorized to teach are based on the Instructor’s credentials and past experience. ASHI authorizes Instructors in thirteen Instructor types. Each Instructor’s authorization card indicates the Instructor type attained by the holder, and the back of the Instructor card indicates which programs each Instructor type is authorized to teach.

For example, a BLS and First Aid Instructor is authorized to teach Basic First Aid, Wilderness and Basic Wilderness First Aid, Bloodborne Pathogens, Child & Babysitting Safety, CPR and AED for the Community and Workplace, CPR Pro for the Professional Rescuer, Emergency Oxygen Administration, EMR for Adults in the Workplace and Pet First Aid. In order to certify providers in any of these programs, the Instructor must teach for a Training Center that has purchased the Instructor materials for the programs.

Instructor Trainer and Master Instructor Trainer status, if appropriate, is also noted on an Instructor’s authorization card.
Training Programs — Section 4

Program Advisory Committee (PAC)
Created in 1996, the PAC was appointed by ASHI. It was comprised of experienced and knowledgeable ASHI members who provided expert peer review and input for ASHI training program development and revision. From its inception, and continuing through the 2005 consensus on science and treatment recommendations, the PAC was responsible for helping to ensure that all recommendations concerning ASHI curriculum changes or educational products were:

1. Based on evidence where available;
2. Consistent with widely-accepted medical, legal and educational guidelines.
3. Simple and teachable.

In anticipation of the publication of a revised consensus on science and treatment recommendations in late 2010, the Health and Safety Institute (HSI - ASHI’s parent company) has determined to restructure the PAC peer review and input process. The goal is to strengthen and streamline the process in order to assure the continued integrity, credibility, and quality of ASHI training materials. The restructuring process will begin in 2009 and be fully operational in 2010. More information on how to join and participate in the revised Advisory Group structure will be published as it becomes available.

Program Standards
For a complete list of ASHI’s programs, including prerequisites, times, certification periods, ratios, and other program information, please see Appendix IX: Program Standards.

Teaching Materials
In order to offer ASHI programs, an approved Training Center must purchase the appropriate teaching materials as defined in the Program Standards. Teaching materials may be purchased online at www.ashinstitute.org.

All students certified in ASHI programs must have unrestricted access to ASHI student handbooks during and after class for the duration of their certification period. Training Centers offering public, private, or community courses to non-employees must purchase and distribute the appropriate student handbooks to each student. ASHI allows corporate Training Centers to “library” student handbooks for “in-house” courses, where the course participants have daily access to the library. Training Centers taking advantage of this offer must maintain a library of at least 10 current student handbooks, in good condition, for each program offered and are advised to stock training materials well in advance of courses. Any student who wishes to make notes in a student handbook and keep it for his or her records must be allowed to do so.

Supplementary Materials
ASHI materials must be used when providing ASHI programs. This includes Instructor guides, audio-visual media, student handbooks, and exams. Additional non-ASHI materials may be used to enhance ASHI programs at the discretion of the Training Center Director, particularly when these are necessary to ensure regulatory compliance or consistency with physician-directed local protocol. These materials may not be used in lieu of ASHI materials. Any supplementary material must be clearly differentiated from ASHI program materials, and it must be made unequivocally clear that the materials or products are not a product, guideline, or invention of ASHI.

Certification
Only an authorized ASHI Instructor affiliated with an approved ASHI Training Center may certify that a student has successfully completed an ASHI course. The term “certification” or “successful completion” means verification by a qualified and authorized Instructor that a participant has met the required knowledge and skill objectives of the course. Certification does not guarantee future performance, or imply licensure or credentialing. Certification is documented by issuance of a correctly completed certification card. Samples of current cards are available at ASHI’s website.
Certification Materials

ASHI allows Training Centers to pre-purchase certification materials and issue them to students directly through the qualified Instructor conducting the class. Only authorized ASHI Training Centers may purchase Student Certification Packs from ASHI. Training Center Directors may designate affiliated Instructors or other staff to purchase student packs under the auspices of the Training Center, but the Director remains responsible for maintaining the continued trust and confidence of regulatory authorities, employers, other ASHI customers, and the public. Legitimate distribution means that certification may be awarded only after the skill and knowledge of the individual has been evaluated and determined to be acceptable in accordance with the Program Standards by the Instructor whose name appears on the card. The responsibilities regarding secure and proper handling of certification materials may not be assigned or transferred to any unauthorized individual or organization. It is not permissible to issue a certification card or any other indicator of successful completion contingent upon later course completion. Once a certification card has been rightfully earned by a student, it remains valid until the stated expiration date.

NOTE — ASHI does not issue certification cards directly to course participants. Please do not send course rosters in to ASHI except when specifically requested to do so.

Blended and Online Training

ASHI is working with its Training Centers and other partners to develop acceptable blended learning options to make certification more easily attainable for course participants. These self-study or online learning options are acceptable for covering the knowledge objectives of many programs. However, all programs including a physical skill component must include the student’s hands-on demonstration of that skill in a classroom setting. CPR courses in particular are inherently kinesthetic learning processes—no reputable certification organization or training agency supports online-only CPR certification and neither do regulatory agencies that require CPR certification. ASHI certification cards for programs including skills components may be issued only to those students who have competently demonstrated these skills in the presence of an ASHI-authorized Instructor.

Recognition of Participation

ASHI allows Training Centers to issue documents indicating recognition of participation to students who have participated in an ASHI course. Recognition of participation documents are not certificates of successful completion. The approved ASHI recognition of participation document may be found in Appendix X of this manual and may also be downloaded in the login area of the ASHI website. Students who take an online class as part of blended training can receive a recognition of participation document that indicates they have participated in the online portion of the class.

Instructors must issue certification cards or recognition of participation documents to students immediately upon successful completion of an ASHI course. Participant names must be correctly spelled and clearly legible (typed, computer-generated or handwritten), and the Training Center name, Training Center ID, and contact information must be clearly indicated on each card. For more information, please refer to Appendix V: Guidelines for Completing Certification Cards. Only certification cards and recognition of completion documents produced by ASHI may be distributed as evidence of participation in an ASHI course. Training Centers may not create or distribute any course completion documents bearing the name or marks of the American Safety & Health Institute unless these are explicitly approved by ASHI in writing.

NOTE — Only ASHI may create and distribute ASHI certification cards. Any cards or certificates purporting to convey ASHI certification created or produced by individuals or entities other than ASHI are fraudulent and thus invalid.
Course Equivalents
ASHI recognizes the validity of appropriately earned completion cards issued by authorized Instructors of MEDIC FIRST AID®, American Heart Association, American Red Cross, and the National Safety Council. Persons holding these credentials are welcome to participate in a comparable ASHI course for the purpose of retraining, recertification or continuing education. These certifications may also be used to fulfill prerequisite obligations for ASHI Instructor or Provider courses.

NOTE — Reciprocal acceptance of ASHI certification by Training Centers authorized by the American Heart Association, American Red Cross, and the National Safety Council cannot be guaranteed.

Medical Direction and Adjunctive Equipment
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 codes and administrative regulations.

Licensure and Local Protocol Variance
ASHI 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, or EMS authorities. ASHI 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. Guidelines for safety and emergency care cannot be given that will apply exactly in all cases. If local or organizational guidelines, practice protocols, or scientific data differ from treatment guidelines in any ASHI program, the local, physician-directed protocol should supersede ASHI guidelines.

Regulatory Acceptance
ASHI programs are well known and widely accepted. However, legislative requirements for health and safety training are constantly changing and it is not possible to guarantee unconditionally that any ASHI program will be accepted or approved for meeting a specific regulatory or occupational requirement. Our regulatory department monitors these changes on an ongoing basis, and works diligently to ensure acceptance of ASHI programs. A library of specific approvals of ASHI programs is maintained in the login area of our website. These documents are updated regularly, and ASHI Training Centers should develop familiarity with them and with the regulatory requirements of the industries in which they are training.
In order to maintain a high level of ethical, instructional, and operational excellence, the Training Center application requires the Training Center Director to agree to implement specific quality assurance measures for the Training Center's officers, employees, and ASHI-authorized Instructors. We reserve the right to investigate these measures at any time and to release our findings to appropriate officials upon request. Quality Assurance inquiries or investigations may be triggered either as a regular and random part of our Training Center review, or as a result of one of our other Quality Assurance instruments detailed below.

**Online “Rate Your Program”**
Encouraging students to provide feedback and then using that feedback to improve instruction is an essential aspect of any quality educational effort. ASHI requires that students have access to the “Rate Your Program” instrument in order to gather opinions of a particular program’s strengths and weaknesses. This survey allows students the opportunity to bypass the Instructor and Training Center and comment directly to ASHI on the Instructor's presentation style and effectiveness, and on the quality and quantity of psychomotor skills practice in a given course. The purpose of this evaluation process is to strengthen future training and quality assurance efforts. All information obtained by ASHI through this process is reviewed for legitimacy and possible incorporation into both programs and Quality Assurance practices.

The Rate Your Program link is located in the Quality Assurance section of the ASHI website at www.ashinstitute.org. Instructors must provide information on completing the “Rate Your Program” survey to students in all ASHI courses.

**Check Instructor/Training Center Status**
ASHI maintains a database of all current and past Instructors and Training Centers. As part of our Quality Assurance program, we maintain a search tool on our website indicating the status of these customers. Regulators, employers, and prospective customers can enter the name and state of an Instructor or Training Center into our search tool and immediately verify their authorization status. Results of the status search will show one of the following:

- **Instructor**
  - In good standing
  - Expired
  - Inactive
  - Suspended
  - Revoked

- **Training Center**
  - In good standing
  - Inactive
  - Suspended
  - Revoked

When the Instructor is in good standing, the search result will also indicate the Training Center with which the Instructor is affiliated, and the programs he or she is authorized to teach.

**Training Center Quality Assurance Review (QAR)**
Each year, ASHI selects a random sample of our Training Centers for a Quality Assurance document review. A Training Center audit may also be conducted in response to a complaint. These reviews allow the selected Training Centers the opportunity to demonstrate that they are in compliance with ASHI’s requirements, and if they are not, to receive help from ASHI to become so. The selected Training Centers receive written and electronic notification informing them of their selection. This notification instructs Training Center Directors to complete a short questionnaire, and to upload the administrative documents required by the ASHI Training Center Administrative Manual. A Training Center can be selected for a QAR only once during any calendar year, unless they are the subject of a specific complaint.
The documents that are required include, but are not limited to:

- Required Training Center policies and procedures;
- Rosters, skill performance evaluations and written exam scores (if given) for the last three ASHI courses conducted;
- Signed applications for each Instructor; and
- Copies of all pertinent Instructor credentials.

See Section 2 on Training Centers for more information on record maintenance.

ASHI reserves the right to require other documents at its discretion. Training Center documents will be examined by ASHI staff for adherence to ASHI standards and requirements. Training Center Directors will be informed of the results of their review and, if their documents fail to meet ASHI's standards, will be given specific direction on corrections to be made. A random QAR is designed to be educational and helpful with the intent of improving the quality and defensibility of training and certification; it is not a punitive process. Nonetheless, where weaknesses are found, reasonable corrective actions will be required to satisfy our quality assurance requirements. Training Centers that fail to promptly submit requested documents risk suspension.

ASHI may also anonymously attend classes conducted by Training Centers. This is sometimes necessary to evaluate allegations of very serious violations of the TCAM or Program Standards, or to substantiate reports of dishonest, unethical, illegal, or unprofessional conduct. Undisclosed reviews may also be performed randomly as part of ASHI's Quality Assurance program. ASHI will notify the Training Center Director of its findings and intended actions in writing promptly following the review.

Training Center Customer Complaints

Anyone with a complaint about an ASHI Instructor or Training Center can complete the online complaint questionnaire found in the Quality Assurance section of our website. Only persuasive written complaints will be acted upon. Reports of unprofessional conduct or fraudulent or illegal actions that are discovered by ASHI to have been falsely made for malicious, competitive, or political reasons are grounds for revocation.

On receipt of a complaint, ASHI will notify the Training Center Director of the complaint and request a thorough and explicit response within a reasonable period. ASHI will consider and carefully balance the response against the complaint, requesting additional information as necessary. At the conclusion of the investigation, ASHI may:

- Dismiss the complaint without action;
- Provide the Training Center Director with reasonable and specific quality assurance recommendations, which must be implemented; or
- Suspend or revoke the ASHI Training Center and/or Instructor authorization.

Failure of the Training Center Director to respond appropriately will result in the suspension or revocation of the Instructor and/or Training Center authorization.

After notifying the Training Center Director of the complaint and throughout the inquiry, ASHI reserves the right to restrict or prevent the sale of certification materials to the Training Center or its teaching staff. ASHI may also remove the Training Center from the referral section of its website. ASHI will follow up with the respondent in a timely and professional manner regarding its decision.

As a general guideline, ASHI will keep the complainant's identity confidential throughout its inquiry. Some complaints, because of the specific nature of the events involved, are difficult and sometimes impossible to keep confidential. ASHI will initiate the investigation process for all complaints within 30 days of receipt.

Revocation of Other Authorization/ Felony Conviction

ASHI accepts reciprocity from other reputable organizations for Instructor authorization. Evidence of revocation of Instructor authorization by another organization may result in revocation of ASHI Instructor authorization. Similarly, conviction of a felony, while not absolutely precluding Instructor or Training Center Director authorization, may result in denial or revocation of ASHI Instructor authorization. Either of these circumstances requires submission of a detailed explanation by the Training Center Director. ASHI will review all submissions and inform candidates of its decision.
Revocation of Authorization

Authorization as an ASHI Training Center and/or Instructor is a privilege, not a right, and may be denied, suspended, or revoked at any time at the sole discretion of ASHI. As a term and condition of authorization, ASHI has the right to communicate revocation, suspension or other actions concerning an Instructor’s status to regulatory agencies, other nationally recognized organizations, and other interested parties as ASHI sees fit. All ASHI Instructors and Training Center Directors consent to the release of this information as a condition of their authorization. In addition, ASHI will make Instructor status information available to other nationally recognized training organizations upon request.

When an Instructor’s authorization is suspended or revoked, ASHI will:
1. Inform the Instructor in writing, both electronically and via the U.S. Postal Service;
2. Inform the Training Center with which the Instructor is affiliated in writing, both electronically and via the U.S. Postal Service;
3. Publish the Instructor’s change in status on the ASHI website; and
4. Inform regulatory agencies, other nationally recognized training organizations, and other interested parties as ASHI sees fit.

When a Training Center’s authorization is suspended or revoked, ASHI will:
1. Inform the Training Center in writing, both electronically and via the U.S. Postal Service;
2. Publish the Training Center’s change in status on the ASHI website; and
3. Inform regulatory agencies, other nationally recognized training organizations, and other interested parties as ASHI sees fit.

Reinstatement Process

Instructors or Training Centers that have had their authorization revoked may submit a persuasive and earnest request for reinstatement of authorization. After reviewing the request, ASHI may:
• Reinstate authorization without further action;
• Require reasonable and specific corrective action for reinstatement; or
• Make no change to revocation status.

Within 30 days of receiving the appeal, ASHI will communicate its decision to the individual or entity making the appeal.

Legal Action

Part of the purpose of ASHI’s quality assurance process is to manage conflict and, when necessary, to take corrective action. The legal system is the final means of dispute resolution. Once either party obtains an attorney regarding a complaint concerning an ASHI-authorized Training Center or Instructor, our policy is to intervene no further. ASHI and/or its legal counsel will be reasonably available to either party’s attorneys during their investigation, or if filed, their lawsuit. Additionally, if an Instructor or Training Center threatens legal action against ASHI, the authorization of Instructor or Training Center will be suspended immediately pending resolution between their legal representation and ASHI.

Good Faith

The purpose of this document is to help Training Centers provide their customers and employees with high-quality training and education. We have designed the TCAM to provide guidance to Training Center Directors to achieve this goal. It is impossible to address every circumstance that may arise in a single document; if authorized Training Center Directors or Instructors have questions pertaining to specific circumstances, they should call ASHI, and we will be happy to assist in determining the appropriate course of action.
About HSI

Eugene, Oregon-based Health & Safety Institute (HSI) unites the recognition and expertise of the American Safety & Health Institute (www.ashinstitute.org), MEDIC FIRST AID International (www.medicfirstaid.com), and 24-7 EMS (www.24-7ems.com and www.24-7emsnow.com) to create the largest privately held emergency care training organization in the industry. In partnership with more than 16,000 approved training centers, ASHI, MEDIC FIRST AID, and 24-7 EMS have authorized more than 200,000 professional safety and health educators who have certified more than 13 million emergency care providers in the US and more than 100 countries throughout the world. HSI’s vision is to be the preferred training resource for safety and health training centers. “We Make Learning to Save Lives Easy®”
Inclusiveness and diversity in all forms are essential aspects of any professional training organization. In addition to philosophical values, ASHI-authorized Training Centers must be familiar with laws against discrimination, such as the Americans with Disabilities Act (ADA). The ADA prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation. ADA Regulation for Title III, as printed in the Code of Federal Regulations (7/1/94), is the Department of Justice's regulation implementing Title III of the ADA and prohibits discrimination on the basis of disability in "places of public accommodation" which are defined as businesses and non-profit agencies that serve the public.

Part 36, Sec. 36.309 (Examinations and Courses) of the ADA is of special concern for ASHI Training Centers. This provision of the law requires that any private entity that offers examinations or courses related to applications, licensing, certification or credentialing for secondary or postsecondary education, professional or trade purposes shall offer such examinations or courses in a place and manner accessible to persons with disabilities or offer alternative accessible arrangements for such individuals. Because ASHI Training Centers provide courses or examinations that may be used for the purposes of credentialing, all ASHI Training Centers must provide reasonable accommodation to all those persons with disabilities who seek access to ASHI programs through our Training Centers. Reasonable accommodation generally means employing structural means, furnishings, assistive devices and/or alternative formats. Participants with disabilities or other conditions may adjust, adapt, alter, or modify how a skill is performed as long as they still meet the objective.

When encountering a person with a disability who is seeking to participate in a class, an ASHI Training Center must provide appropriate auxiliary aids and services for persons with impaired sensory, manual, or speaking skills unless the Training Center can demonstrate that offering a particular auxiliary aid or service would fundamentally alter the measurement of the skills or knowledge or would result in an undue burden. Auxiliary aids and services required by this section may include taped texts; interpreters or other effective methods of making orally-delivered materials available to individuals with hearing impairments; Braille or large print texts or qualified readers for individuals with visual impairments and learning disabilities; or classroom equipment adapted for use by individuals with manual impairments and other similar services and actions.

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

ADA Technical Assistance Program

The ADA Technical Assistance Program came into existence in 1991, shortly after the passage of the Americans with Disabilities Act. Since its inception, the Program has consisted of a diverse array of projects to further the understanding and implementation of the Act. The heart of the ADA Technical Assistance Program is the network of Disability Business Technical Assistance Centers (DBTACs) that have provided public awareness, technical assistance, training, materials, and referrals since the Program’s commencement. These Centers are located throughout the country and can be reached toll-free at 800-949-4232 (V/TTY). Each center works closely with local business, disability, governmental, rehabilitation, and other professional networks to provide ADA information and assistance. Find your regional ADA technical assistance center by visiting www.adata.org on the Internet or call (800) 949-4232.
ASHI-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. ASHI-authorized Instructors 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 courses.

**General**
1. Require participation of all students.
2. Treat students as individuals.
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 inform you otherwise.

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

**Race/Ethnicity**
1. Get to know your students at the beginning of the class and learn to pronounce their names correctly.
2. Do not assume the racial identity or affiliation of a student based on his/her physical appearances.
3. Be aware of the diverse composition of an ethnic group or community.
4. Avoid using racial categories to describe groups or individuals unless there is a legitimate reason for doing so (i.e., for identification purposes).
Sexual Orientation
1. Unless you are answering a student’s question, there is no reason to discuss sexual orientation in any ASHI program.
2. Instructors’ personal feelings regarding sexual orientation have no place in the classroom. All questions should be answered clinically and only as they relate to course objectives and supplementary material.

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. All questions should be answered clinically and only as they relate to course objectives and supplementary material.

Disability
1. Make reasonable accommodation for skills performance when students are unable to perform at the same level as the rest of the class. (i.e., arranging for the assistance of a sign interpreter, modifying skills sessions, etc.).
Ensuring Adequate Facilities for Learning
Most ASHI programs involve at least one skills component, and for these programs, the emphasis is on maximizing skill practice time and verifying skills acquisition. Training Centers must ensure that an adequate and appropriate space is provided for optimal learning. This requirement will change with the program offered and the intended audience but, in general, the following parameters should be adhered to:

- Classroom size of no less than 400 square feet.
- Chairs and tables to accommodate each participant and Instructor.
- For courses involving CPR, carpeting or mats on which students may kneel.
- Appropriate audio-visual equipment.

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 Instructors must:

- Follow all recommendations regarding decontamination and sanitary practice supplied by the manufacturer of the manikins used during training.
- Provide participants with sanitary personal protective equipment, including but not limited to, face shields or masks and gloves.
- Advise students not to participate in an ASHI program if their hands, mouth, or lips have uncovered open wounds or sores, or if they may have been exposed to or are in the active stage of an infectious disease.
- Clean their hands often with soap and water and encourage their students to do the same. Improved compliance with hand hygiene has been shown to terminate outbreaks of infectious illness and reduce transmission of antimicrobial resistant organisms. In addition to traditional hand washing with soap and water, ASHI recommends that alcohol-based hand rubs be made available in all ASHI programs and be used by all Instructors and students during training. For more information regarding the importance of improved hand hygiene, see the Centers for Disease Control and Prevention (CDC) guidelines at http://www.cdc.gov/handhygiene/.
- 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 Instructors must:

- Warn students to avoid awkward or extreme postures of the body. Improper lifting and moving is a leading cause of back injury. All students must pay attention to proper lifting and moving techniques during practice. Warn students that practice of these moves may aggravate previous back injuries and they should not practice moving simulated victims/patients if they have a history of back problems.
- Warn students about inappropriate student-on-student practice. Certain psychomotor skills are not appropriate for student-on-student practice and must be performed on training manikins designed for that purpose. Examples of these skills include abdominal thrusts, rescue breathing, intubation, and chest compressions.
• **Ensure a physically safe learning environment.** Make sure there are no obvious hazards in the classroom such as extension cords that present a tripping hazard. Know and share:
  • The location of the nearest telephone.
  • The location of the fire/emergency exits, fire alarm pull stations, and best emergency evacuation route.
  • The location of the first aid kit, AED, oxygen, and fire extinguisher.
  • An occupationally specific emergency plan in case of serious injury or illness.

Discourage students from smoking, eating, and engaging in inappropriate behavior. Take any and all other reasonable precautions to minimize the risk of injury as a result of participation in classroom activities.

• **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.
Appendix IV — Copyright of ASHI Materials & Logo Use Guidelines

Copyright is a form of protection provided by the laws of the United States (Title 17, U. S. Code) 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 ASHI products and materials 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. ASHI 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 (hardbound or softbound print, loose-leaf edition, video, online, CD-ROM/DVD). Include your anticipated date of publication and selling price. Send all requests to ASHI, and allow 30 days for processing.

ASHI Publications and Presentation Software

Training Centers may develop computer-projected teaching aids using presentation software (i.e., PowerPoint®) that are based on ASHI programs, subject to the following conditions:

1. The source material must be legible to the audience and referenced on the first slide.
   a. For example, “Based upon the text Basic First Aid for the Community & Workplace © 2006 American Safety & Health Institute, Inc.”

2. The following disclaimer must also be legible to the audience and appear on the first slide.
   a. “This presentation is not a product, guideline, or invention of ASHI. ASHI makes no guarantee as to, and assumes no responsibility for, the correctness, sufficiency, or completeness of information or recommendations. Other or additional emergency, safety or health measures may be required under particular circumstances.”

3. The presentation may not contain any direct reproduction of ASHI copyrighted work. For example, the presentation may not contained scanned images of text or graphics from ASHI publications.

4. If the presentation is being used as part of a training program that results in the issuance of ASHI certification, the second slide of the presentation must contain the following text:
   a. “The American Safety & Health Institute is an association of professional educators providing nationally-recognized health and safety training programs across the United States and in a number of foreign countries. Your ASHI authorized Instructor has agreed to professional standards of conduct and will use an instructional approach that places your safety and the ill or injured person’s welfare foremost in mind. Rate this Program online at www.ashinstitute.org”

5. Students must be provided a print version of the ASHI publication upon which the presentation is built.

ASHI takes copyright infringement seriously and will pursue all available remedies under 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 for each work infringed or actual damages, disgorgement of any profits earned and all costs of litigation, including attorney’s fees and court costs.
Logo
Training Centers may use the ASHI logo to advertise their Training Center in print and on the Internet according to the following requirements:

1. Only currently-approved ASHI Training Centers may use the logo.
2. The Training Center acknowledges and agrees not to contest ASHI’s ownership of all copyrights, trademarks (Marks), and intellectual property rights involving ASHI training programs, materials, and products.
3. When used electronically, the logo must be hyperlinked to the ASHI website at www.ashinstitute.org.
4. The statement, “An Independent ASHI-authorized Training Center” must appear just below the logo whenever and wherever it is used.

5. The statement “The American Safety & Health Institute logo is a registered trademark of the American Safety & Health Institute” must be included on the same page(s) as the ASHI logo.
6. The Training Center shall not transfer, assign, or place ASHI’s logo on any course, program, materials, or products in any format, invented, created, or produced by Training Centers or others so as to give the impression that the course, program, materials, or products were created, endorsed, recommended, approved, or sold by ASHI.
7. The Training Center shall not use marks, words, or symbols confusingly similar to ASHI's Marks in connection with any Training Center trade name, corporate name, or business name, nor as a trademark or service mark.
8. No ASHI 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 ASHI.

NOTE — Evidence of the failure to follow these requirements is a violation of the ASHI Training Center Agreement and Instructor authorization and constitutes principal grounds for revocation.
Appendix V — Guidelines for Completing Certification Cards

These Guidelines for Completing Certification Cards must be followed by all ASHI-authorized Instructors. Attention to these details is particularly important when issuing certification cards to students for the purpose of compliance with occupational (job) requirements. Failure to issue legible and complete cards may result in rejection of the card by regulatory authorities or other officials and additional effort and expense to the Training Center.

- Clearly print or type the name of the person who successfully completed the course.
- As of Jan 1, 2007 Instructors must issue CPR/AED cards that reflect inclusion of 2005 guidelines.
- Check each box that applies for skills covered in the course.
- Clearly print or type the date the course was completed.
- Clearly print or type your TCID. This allows your customer to be redirected to your Training Center for retraining by LearningLinks.
- Have the person who successfully completed the course sign the card. Card is void if not signed by the student.
- Clearly print or type your TC phone number. This helps students contact the Training Center for retraining and may be used for quality assurance purposes by ASHI or representatives of regulatory agencies.
- Clearly print or type the recommended or required renewal month and year.
- Clearly print or type the Instructor name. This is the person who taught the course and certified the student.

American Safety & Health Institute (ASHI)

CPR Pro
For the Professional Rescuer

Basic Life Support

Authorized Instructor (Print Name)

Cardholder's Signature

Date Completed

Renewal Date

Training Center Phone No.

Training Center I.D.

Successful completion indicates that the student has achieved the knowledge and skills objectives of the course to the satisfaction of an ASHI-authorized Instructor. Successful completion does not guarantee future performance, nor is it a guarantee of state certification or licensure. Program content is based upon American Heart Association Guidelines for CPR and ECC (Circulation 2005) and other evidence-based treatment recommendations.
Appendix VI: Instructor Development

Becoming an Instructor
Instructor Authorization may be obtained in one of three ways:

- Attendance at, and successful completion of, an ASHI Instructor Development Course.
- Reciprocity with other certification agencies whose instructional materials are evidence-based.
- Acceptable evidence of emergency medical care training and instructional training beyond the level required for Instructor certification.

IDC Overview
The goal of the ASHI Instructor Development Course (IDC) is to provide new ASHI Instructors with a strong foundation in teaching knowledge and skill and to provide current ASHI Instructors, or those whose authorization has lapsed, with a mechanism for continuing education. The fundamental objective of the IDC is to help individuals develop sufficient confidence and competence to teach, evaluate, and certify participants in ASHI training programs.

Training Requirements
Authorization as an ASHI Instructor requires successful completion of a 50-question written exam on the 15 modules contained within the Student Handbook. Additionally, each Instructor candidate must be assessed by an ASHI-authorized Instructor Trainer or Master Instructor Trainer as he or she:

1. Presents a 5-10 minute pre-assigned lecture/discussion in a small group setting.
2. Presents a pre-assigned skill using one of the following instructional strategies:
   a. Whole-Part-Whole Method
   b. Peer Training Methods
   c. Practice-While-Watching Method
   d. Performance Evaluation

Training Center Affiliation
When an Instructor candidate successfully completes an Instructor Development Course, he or she must affiliate with an ASHI-approved Training Center in order to be eligible to teach. The Training Center with which the Instructor wishes to affiliate must submit each Instructor candidate’s application with the appropriate Instructor fees to ASHI and must retain appropriate documentation of the completed IDC (such as a roster or certificate of successful completion) for the duration of the Instructor’s affiliation with the Training Center. See TCAM Section 3—Instructors & Instructor Development for more information.

Recommended Minimum Age
The recommended minimum age to undertake an Instructor Development Course is seventeen. Maturity, responsibility, and classroom presence should always be considered, regardless of age. The core instructional knowledge for the IDC requires a 10th grade reading ability.
# Program Standards

## Instructor Development Course

### Intended Audience

| Community and Workplace | Persons with little or no previous teaching experience who desire or require sufficient competency to teach, evaluate, and certify participants in ASHI training programs, and/or Instructors whose teaching certification has lapsed, and/or Instructors required by ASHI to complete additional training as a result of a quality assurance action. |

### Prerequisites

1. Instructor candidates must demonstrate a strong cognitive grasp of the subject matter they wish to teach and be able to demonstrate proficiently all skills taught in the student-level program.
2. Current, valid student-level certification in the training program the Instructor candidate wishes to teach and/or competent demonstration of student-level skills assessed by an Instructor Trainer is required.¹
3. Medical knowledge and experience (clinical competence) is strongly recommended for Instructor candidates who intend to train healthcare professionals.

### ASHI-approved Training Materials

| ASHI Instructor Development Course Student Handbook (one per participant), Instructor Trainer Guide (one per IT), ASHI-approved IDC audiovisual presentation media (PowerPoint® and/or Computer Resident/Web-Based), and all training materials required for the ASHI program(s) to be conducted. |

### Recommended Initial Instruction Time

| 2 days |

### Maximum Student-to-Instructor Ratio

| 12:1 Maximum (6:1 recommended) |

### Successful Completion (certification)

| Written Exam: Required (70% or better). Performance Evaluation: Required. Competently demonstrate the ability to teach knowledge and skills. |

### Certification Period

| Up to 2 years. |

For complete information on the IDC, including required knowledge and skill objectives, program outlines, and presentation materials see the ASHI Instructor Development Course Instructor Trainer Guide.

¹ Instructor Trainers are not required to rely on certification cards alone to verify skills. Candidates may be required to demonstrate skill ability before the IDC.
ASHI Instructor Types

Depending on the candidate’s provider certification, or on the credentials presented for reciprocity, Instructors will be designated as holding specific Instructor types which correspond to the following authorization:

<table>
<thead>
<tr>
<th>ASHI Instructor Type</th>
<th>ASHI Programs Instructor is authorized to teach:</th>
</tr>
</thead>
</table>
| BLS and First Aid Instructor (184)        | • Basic First Aid for the Community and Workplace  
• Bloodborne Pathogens  
• Child and Babysitting Safety (CABS)  
• CPR/AED for the Community and Workplace  
• CPR Pro for the Professional Rescuer  
• Emergency O₂ Administration  
• Emergency Medical Response  
• Pet First Aid  
• Wilderness and Basic Wilderness First Aid |
| Child & Babysitting Safety Instructor (189) | • Child and Babysitting Safety (CABS)  
• Emergency O₂ Administration |
| CPR/AED Community Instructor (190)        | • CPR/AED for the Community and Workplace  
• Emergency O₂ Administration |
| First Aid Instructor (192)                | • Basic First Aid for the Community and Workplace  
• Bloodborne Pathogens  
• Child and Babysitting Safety (CABS)  
• CPR/AED for the Community and Workplace  |
| ACLS Instructor (226)                     | • ACLS  
• First Responder  
• Basic First Aid for the Community and Workplace  
• Bloodborne Pathogens  
• Child and Babysitting Safety (CABS)  
• CPR/AED for the Community and Workplace  
• CPR Pro for the Professional Rescuer  
• Emergency O₂ Administration  
• Emergency Medical Response  
• Pet First Aid  
• Wilderness and Basic Wilderness First Aid |
| PALS Instructor (227)                     | • PALS  
• First Responder  
• Basic First Aid for the Community and Workplace  
• Bloodborne Pathogens  
• Child and Babysitting Safety (CABS)  
• CPR/AED for the Community and Workplace  
• CPR Pro for the Professional Rescuer  
• Emergency O₂ Administration  
• Emergency Medical Response  
• Pet First Aid  
• Wilderness and Basic Wilderness First Aid |
| ACLS & PALS Instructor (228)              | • ACLS  
• PALS  
• First Responder  
• Basic First Aid for the Community and Workplace  
• Bloodborne Pathogens  
• Child and Babysitting Safety (CABS)  
• CPR/AED for the Community and Workplace  
• CPR Pro for the Professional Rescuer  
• Emergency O₂ Administration  
• Emergency Medical Response  
• Pet First Aid  
• Wilderness and Basic Wilderness First Aid |
<table>
<thead>
<tr>
<th>ASHI Instructor Type</th>
<th>ASHI Programs Instructor is authorized to teach:</th>
</tr>
</thead>
</table>
| First Responder Instructor (229)        | • First Responder  
• Basic First Aid for the Community and Workplace  
• Bloodborne Pathogens  
• Child and Babysitting Safety (CABS)  
• CPR/AED for the Community and Workplace  
• CPR Pro for the Professional Rescuer  
• Emergency O₂ Administration  
• Emergency Medical Response  
• Pet First Aid  
• Wilderness and Basic Wilderness First Aid |
| BLS Instructor (238)                    | • Bloodborne Pathogens  
• CPR/AED for the Community and Workplace  
• CPR for the Professional Rescuer  
• Emergency O₂ Administration |
| Bloodborne Pathogens Instructor (255)   | • Bloodborne Pathogens                                                                                           |
| Wilderness First Responder Instructor (273) | • First Responder  
• Wilderness First Responder  
• Basic First Aid for the Community and Workplace  
• Bloodborne Pathogens  
• Child and Babysitting Safety (CABS)  
• CPR/AED for the Community and Workplace  
• CPR Pro for the Professional Rescuer  
• Emergency O₂ Administration  
• Emergency Medical Response  
• Pet First Aid  
• Wilderness and Basic Wilderness First Aid |
| Advanced Wilderness Instructor (300)    | • First Responder  
• Wilderness First Responder  
• Wilderness EMT Upgrade  
• Basic First Aid for the Community and Workplace  
• Bloodborne Pathogens  
• Child and Babysitting Safety (CABS)  
• CPR/AED for the Community and Workplace  
• CPR Pro for the Professional Rescuer  
• Emergency O₂ Administration  
• Emergency Medical Response  
• Pet First Aid  
• Wilderness and Basic Wilderness First Aid |
| CPR/AED & First Aid Instructor (301)    | • Basic First Aid for the Community and Workplace  
• Bloodborne Pathogens  
• Child and Babysitting Safety (CABS)  
• CPR/AED for the Community and Workplace  
• Emergency O₂ Administration  
• Emergency Medical Response  
• Pet First Aid  
• Wilderness and Basic Wilderness First Aid |
Reciprocity Overview

ASHI accepts some credentials issued by other organizations whose instructional materials are evidence-based. We also recognize some forms of medical and other experience in combination with documented teaching experience. For teaching the wilderness programs, ASHI also requires a reasonable amount of wilderness experience (recreational or professional). Please see the chart below for a list of our standard reciprocity arrangements:

<table>
<thead>
<tr>
<th>Credential</th>
<th>Corresponding ASHI Instructor Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHA BLS Instructor initially certified before 01 June 2006²</td>
<td>BLS Instructor (238)</td>
</tr>
<tr>
<td>AHA BLS Instructor initially certified after 01 June 2006</td>
<td>BLS &amp; First Aid Instructor (184)</td>
</tr>
<tr>
<td>AHA Heartsaver Instructor</td>
<td>CPR/AED Community Instructor (190)</td>
</tr>
<tr>
<td>AHA ACLS Instructor</td>
<td>ACLS Instructor (226)</td>
</tr>
<tr>
<td>AHA PALS Instructor</td>
<td>PALS Instructor (227)</td>
</tr>
<tr>
<td>ARC Babysitter’s Training Instructor</td>
<td>Child &amp; Babysitting Safety Instructor (189)</td>
</tr>
<tr>
<td>ARC HIV/AIDS Instructor</td>
<td>Bloodborne Pathogens Instructor (255)</td>
</tr>
<tr>
<td>ARC Lay Responder First Aid and CPR/AED Instructor</td>
<td>CPR/AED &amp; First Aid Instructor (301)</td>
</tr>
<tr>
<td>ARC Lifeguard Instructor</td>
<td>BLS &amp; First Aid Instructor (184)</td>
</tr>
<tr>
<td>MEDIC FIRST AID Advanced First Aid and CPR/AED Instructor</td>
<td>First Responder Instructor (229)</td>
</tr>
<tr>
<td>MEDIC FIRST AID Bloodborne Pathogens Instructor</td>
<td>Bloodborne Pathogens Instructor (255)</td>
</tr>
<tr>
<td>MEDIC FIRST AID CPR/AED &amp; First Aid Instructor</td>
<td>CPR/AED &amp; First Aid Instructor (301)</td>
</tr>
<tr>
<td>MEDIC FIRST AID CPR/AED Instructor</td>
<td>CPR/AED Community Instructor (190)</td>
</tr>
<tr>
<td>MEDIC FIRST AID First Aid Instructor</td>
<td>First Aid Instructor (192)</td>
</tr>
<tr>
<td>NSC Basic First Aid Instructor</td>
<td>First Aid Instructor (192)</td>
</tr>
<tr>
<td>NSC Bloodborne and Airborne Pathogens Instructor</td>
<td>Bloodborne Pathogens Instructor (255)</td>
</tr>
<tr>
<td>NSC CPR/AED Instructor</td>
<td>CPR/AED Community Instructor (190)</td>
</tr>
<tr>
<td>NSC Pediatric First Aid, CPR and AED Instructor</td>
<td>CPR/AED &amp; First Aid Instructor (301)</td>
</tr>
<tr>
<td>NSC Standard First Aid, CPR and AED Instructor</td>
<td>CPR/AED &amp; First Aid Instructor (301)</td>
</tr>
<tr>
<td>EMS Instructor</td>
<td>First Responder Instructor (229)</td>
</tr>
<tr>
<td>NSP OEC Instructor (Must have experience as OEC Instructor of record)</td>
<td>Advanced Wilderness Instructor (300)</td>
</tr>
</tbody>
</table>

² AHA BLS Instructors initially certified before 01 June 2006 who took the Heartsaver upgrade and were issued a Heartsaver First Aid Instructor card are authorized to teach all ASHI Basic programs.
Experience Combinations

Experience in some fields confers enough knowledge to an Instructor that ASHI authorizes some additional teaching authorizations based upon it. Instructors who have emergency medical experience may teach the ASHI First Responder program. Instructors who have both emergency medical experience and wilderness experience are authorized to teach the Wilderness First Responder Program. EMS Instructors with wilderness experience are authorized to teach the Wilderness EMT Upgrade.

<table>
<thead>
<tr>
<th>Experience</th>
<th>Corresponding ASHI Instructor Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Service, Hospital Emergency Department, or Military equivalent</td>
<td>First Responder Instructor (229)</td>
</tr>
<tr>
<td>Emergency Medical and Wilderness (professional or recreational)</td>
<td>Wilderness First Responder Instructor (273)</td>
</tr>
<tr>
<td>State-certified EMS Instructor and Wilderness (professional or recreational)</td>
<td>Advanced Wilderness Instructor (300)</td>
</tr>
</tbody>
</table>

Other combinations of clinical experience and teaching experience may qualify Instructors for some of the authorization types listed above. For information on exceptions of this sort, please call Client Services at 800-246-5101 and we will assist you.

Instructor Trainers (IT)

An IT is a training expert capable of communicating instructional knowledge and skills consistent with ASHI program standards and guidelines for quality assurance. ASHI Instructor Trainers serve as role models to new instructors. They provide competent, capable, and effective leadership by example. They are persons of integrity, who are good listeners, good communicators, and are patient and kind problem-solvers. An ASHI IT is a valuable resource to ASHI and to ASHI-authorized Instructors and Training Center staff.

Authorization as an IT

Individuals desiring IT status must apply through the Training Center with which they are affiliated. Instructors may attain this status through reciprocity or by completing the ASHI Instructor Trainer Development Course (ITDC). The duration of authorization is two (2) years.

1. Reciprocity: Reciprocity with other certification agencies whose instructional materials are evidence–based is permitted. ASHI accepts current and valid Instructor Trainer credentialing (or its equivalent) from:
   a. American Heart Association®, Inc. (AHA)
   b. American Red Cross (ARC)
   c. MEDIC FIRST AID International, Inc. (MFA)
   d. National Safety Council (NSC)
   e. Individuals who can demonstrate successful completion of an instructor training program based on the United States Department of Transportation, National Highway Traffic Safety Administration, 2002 National Guidelines for Educating EMS Instructors.

2. ITDC: Current Instructors may participate in an ITDC offered in the classroom by an authorized Master Instructor Trainer or by completing ASHI’s online ITDC. Completion of the ITDC does not automatically result in upgrade to Instructor Trainer—the Instructor’s Training Center Director must submit a Status Change form to upgrade the Instructor.

Training Center Directors are responsible for obtaining and retaining proof of the above from prospective IT candidates for whom they will be submitting applications to ASHI.
IT Exam Requirement
With the exception of those candidates qualifying for reciprocity under 1(e), above, all IT candidates are required to take the online IDC exam before being authorized as ITs by ASHI. This requirement is to ensure mastery of the fundamentals and a common instructional knowledge basis for all ASHI Instructors.

Reauthorization (Renewal of Authorization)
Reauthorization as an IT requires:

- Current affiliation with an ASHI-approved Training Center.
- Teaching at least two ASHI Instructor Development Courses during the authorization period.
- Payment of a fee each two-year authorization period.

Both the Training Center Director and the individual IT are responsible for maintaining evidence of active teaching on the IT’s part. This evidence must be produced when a Quality Assurance Review is conducted by ASHI.

1) “Evidence” means a copy of one IDC course roster for each year authorized (total of two course rosters per IT).
2) ITs who do not meet the minimum teaching requirements may be required to complete additional training.
3) ITs whose ASHI certification has been expired for more than two years must go through the authorization process from the beginning.

Responsibility of ITs
ITs have both the right and the responsibility not to certify an Instructor candidate who demonstrates unacceptable skill, knowledge, or presentation ability. ITs do not have the right to withhold certification or delay processing Instructor applications for those who have earned it. ITs must make documentation of successful completion of the IDC available to candidates within 10 days of the date they successfully complete the IDC.

Master Instructor-Trainers (MITs)
MITs are appointed at the sole discretion of ASHI. An MIT serves voluntarily and under the direction of ASHI. The MITs main function is the formal monitoring and reviewing of Instructors, Instructor Trainers, and program delivery, primarily in response to quality assurance matters. MITs are also authorized to conduct all levels of ASHI programs within their scope of expertise or healthcare practice, including the certification of Instructor Trainers. The duration of authorization is two (2) years. ASHI is not currently accepting applications for MIT status.
Appendix VII — Program Recognition, Guidelines, and Accreditation

Regulatory Environment
ASHI works on a regular and ongoing basis with federal, state, and local authorities to ensure regulatory compliance. ASHI programs have been reviewed by and/or satisfy the requirements of the Department of Labor, Occupational Safety & Health Administration (DOL/OSHA), Department of Homeland Security, and United States Coast Guard (DHS/USCG). ASHI programs are also recognized, endorsed, accepted, or approved by state regulatory agencies, including those licensing Emergency Medical Services, child care, education, public health, labor, and others. Additionally, ASHI programs have been found acceptable for meeting requirements established by a wide variety of professional associations, councils, academies and boards. ASHI programs comply with evidence-based treatment recommendations or sources referenced by endnote in ASHI publications, including the 2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.

Regulatory Compliance
ASHI programs are well-known and widely accepted. However, it is important to realize that in the United States, there is no single board, commission, bureau, office, or agency that provides national review, endorsement, acceptance, licensure, recognition, or certification of first aid, CPR, BLS, ACLS, or numerous other health and safety-related programs. Regulatory oversight generally occurs at the state level. This regulatory environment consists of countless local and state statutes and rules concerning health and safety (often at different stages of implementation or revision) that are administered and interpreted by a multitude of local, regional, and state department personnel. In addition to existing laws and regulations, approximately 160,000 new bills are introduced during state legislative sessions (44 state legislatures meet annually). Occasionally, new regulations, adjustments or amendments that affect safety and health training are embedded within these bills. In this complex, fluctuating, technical, and highly political setting, it is not possible to unconditionally guarantee that any ASHI program will be accepted or approved for meeting a specific regulatory or occupational requirement.

ASHI provides widely accepted educational programs and materials and authorizes Instructors to teach them according to specific standards and guidelines for quality assurance. ASHI Training Centers and their authorized Instructors must be completely familiar with the state licensing regulations and occupational requirements of persons to whom they offer training and certification. Training Centers and authorized Instructors must not advertise, represent, or otherwise promote that their courses will meet specific regulatory requirements unless and until such is confirmed with the state licensing authority and/or ASHI. ASHI Training Centers and their authorized Instructors assume the responsibility for the appropriate and lawful use of any ASHI program. ASHI will not accept financial or legal responsibility for false, deceptive, misleading, or incomplete advertisements produced by Training Centers and authorized Instructors. False advertisement is grounds for revocation of authorization and may also result in criminal and/or civil legal actions.

Legislative Acts and ASHI Approvals
Legislative requirements for health and safety training are constantly changing. ASHI’s regulatory department monitors these changes on an ongoing basis, and works diligently to ensure acceptance of ASHI programs. A library of specific approvals of ASHI programs is maintained in the login section of our website. These documents are updated regularly, and ASHI Instructors and Training Centers should develop familiarity with them and with the regulatory requirements of the states and industries in which they are training.
The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations [JCAHO])

The Joint Commission Resuscitation Standard (revised PC.9.30, EP 4 effective July 1, 2006) requires that resuscitation services are available throughout the hospital. “Elements of Performance” for PC.9.30 include the requirement that “an evidence-based training program(s) is used to train appropriate staff to recognize the need for and use of designated equipment and techniques in resuscitation efforts.” The Joint Commission defines evidence-based as “based on empirical evidence or in the absence of empirical evidence, expert consensus (such as consensus statements promoted by professional societies).” ASHI ACLS, ASHI PALS, and CPR Pro for the Professional Rescuer meet the Joint Commission requirements for PC.9.30. For questions related to the Joint Commission standards, visit www.jointcommission.org or contact the Standards Interpretation Group at 630-792-5900.
Appendix VIII — Continuing Education Credits

Continuing Education Credit Requirements for EMS Personnel

Continuing Education Credit requirements for EMS personnel vary among state EMS agencies. Most states recognize continuing education credits for EMS personnel approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).

To ensure an objective review and educational validation, ASHI has pursued and received CECBEMS approval for several of our programs. ASHI values, believes in, supports, and promotes CECBEMS accreditation. CECBEMS requires a report of the names of EMS personnel successfully completing a CECBEMS-approved activity as accompanied by the appropriate per-participant fee. This allows CECBEMS to verify attendance with national and state organizations that require continuing education hours as part of re-licensure and ensures that EMS providers do not lose credit for continuing education hours they have completed. This requirement is supported by CECBEMS parent organizations; NAEMT, NREMT, NASEMSD, NASEMSTC, NAEMSP, NAEMSE, ACEP, and ACOEP.

Although ASHI training programs have been CECBEMS approved, we do not directly teach EMS provider student-level courses and thus have no mechanism by which to meet the CECBEMS reporting requirement. Reporting and payment to CECBEMS is the responsibility of the individual ASHI Training Center, not ASHI. ASHI and CECBEMS recommend that ASHI Training Centers that wish to provide continuing education credit to EMS providers apply to CECBEMS to offer approved continuing education credit.

To receive CECBEMS accreditation and offer approved continuing education credit, you will have to provide information about your Training Center, its staff, how you will verify attendance, how you will verify participants’ knowledge and skills, how you will issue certificates, and how you will evaluate the program. You will also be asked to document that Instructors are qualified and that marketing materials give appropriate information about the program and are not misleading. Because ASHI programs have been through the CECBEMS peer-review/approval process, CECBEMS provides a modified application process that does not require ASHI Training Centers to submit CPRPro, ASHI ACLS or ASHI PALS course materials for further review or approval. The ASHI Training Center application is available at: http://www.cecbems.com/applications/Default.aspx.

Continuing Medical Education (CME) Requirements for MDs, DOs, NPs, RNs, and other Health Care Professionals

CME requirements for physicians vary among state medical boards and some states require all physician CME to meet accreditation standards of the American Medical Association (AMA). 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 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. ASHI has not (and cannot) apply for accreditation by ACCME because ASHI itself does not offer continuing medical education activities.

Continuing education credit may be available for other healthcare professionals (NPs, RNs, LPNs), but it is generally up to each participant to apply to their state licensing board, association, or other authority for credit.
Program Points of Information

Course Times
Course time frames are dependent on the Instructor-to-student ratio and the amount of equipment available for practice (manikins, AEDs, etc.). Classes are also influenced by the experience level of the student and the Instructor as well as other factors. As a result, course time frames are recommendations, not requirements. Regardless of actual training time, every Instructor bears the responsibility for ensuring that each participant who receives a certification card meets the knowledge and skill objectives for successful completion of the course.

Class Size
Class size is a controversial issue in the education world. Educational research cautions against classes with more than 20 students and supports class sizes in the mid-teens. The areas where smaller classes are most likely to be beneficial are those that emphasize acquisition of skills (such as CPR) rather than mastery of content. Emphasis in skill-based training should always be placed on the development of psychomotor skills, and Instructors should allow for the majority of class time to be spent doing hands-on practice. In ASHI programs, the maximum student-to-Instructor and student-to-manikin ratios should be preserved under normal circumstances. The student-to-Instructor ratio for lecture and discussion may be exceeded when organizational or institutional realities make small class size unachievable, pending additional time being allocated to accommodate adequate skill practice and testing. However, where classroom instruction requires supervision of each individual’s performance, it is recommended that class size not exceed 20 students with the published student-to-manikin ratio maintained. Due to the important nature of these educational programs, efforts should be made to ensure instruction of the highest quality.

Flexibility
Programs may be adapted to specific requirements of the workplace, with the exception of adaptations inconsistent with regulatory requirements.

Classroom Area
Classes must be conducted in a well-maintained facility that accommodates the students in a safe and comfortable environment conducive to learning. For example, a minimum of 36 square feet per student and 72 square feet per Instructor should be available in a CPR course to allow for adequate skills practice and monitoring.

Grace Period
A 30-day grace period from the renewal date on any certification card is allowed for entry into a renewal class whenever such course is available. However, the 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 successful completion card within the time constraints of the course. If, in the Instructor’s judgment, the student has not met the cognitive and psychomotor skill objectives of the program, the student should have an opportunity for remediation. Time and resources permitting, the Instructor should attempt to make improvements 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 another version of the test and/or perform the necessary skills.
The degree and extent of remediation depends on a large numbers of variables that will differ from Training Center to Training Center. There are, however, two general rules:

1. Do not certify anyone who has not earned it, and
2. It's 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.
## Basic Programs

For all Basic programs, recommended initial and renewal instruction times may be reduced via self-instruction or Blended Learning. Instructors bear the responsibility of ensuring that each participant meets the objectives for completion.

### Basic First Aid for the Community and Workplace

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Community and Workplace — Individuals who require or desire elementary first aid knowledge and skills with a focus on adults, children, or both; including emergency response teams in business and industry, school bus drivers, adult residential care personnel, child care workers, teachers, parents, and babysitters.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>None (CPR and AED recommended.)</td>
</tr>
<tr>
<td>ASHI-approved</td>
<td>ASHI Basic First Aid for the Community and Workplace Student Handbook (one per participant), Instructor Guide (one per Instructor) and ASHI-approved audio-visual presentation media (PowerPoint® and/or DVD and/or Computer Resident/Web-Based.)</td>
</tr>
<tr>
<td>Training Materials</td>
<td>ASHI-approved</td>
</tr>
</tbody>
</table>
| Recommended Initial Instruction Time | Basic Adult First Aid: 4 hours  
Basic Pediatric First Aid: 4 hours  
Universal First Aid (adult & pediatric): 5 hours |
| Recommended Renewal Instruction Time | About half of Initial Instructional Time |
| Maximum Student-to-Instructor Ratio | 10:1 |
| Student-to-Equipment Ratio | 3:1 Student-to-manikin ratio recommended in courses that use manikins for skills practice. |
| Successful Completion (certification) | Written Exam: Recommended for designated responders² (70% or better)  
Performance Evaluation: Required for all students (perform competently without assistance.)  
1. Demonstrate proper removal of contaminated gloves.  
2. Perform the emergency action steps for an unresponsive and a responsive victim.  
3. Place an unresponsive breathing victim in a recovery position.  
4. Control severe bleeding and manage shock.  
5. Manually stabilize an injured limb.  

### Card Issued

1. This refers to training in which the knowledge elements are on a computer or online and the skill elements are demonstrated and practiced in the classroom. Only ASHI-approved web-based media content may be used. Please contact ASHI for more information on Blended Learning training solutions.

2. Duty or employer expectation to respond.

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continued on following page
<table>
<thead>
<tr>
<th>Certification Period</th>
<th>Up to 3 years.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note(s):</strong></td>
<td>• Occupational regulatory or licensing agencies may require written tests, additional content, additional hours of instruction, or other practices. This program does not include basic life support, cardiopulmonary resuscitation, or automatic external defibrillation (BLS/CPR/AED.)</td>
</tr>
</tbody>
</table>
### Intended Audience

Community and Workplace—Persons who do not work in the healthcare field but are occupationally required to, or desire to, have CPR knowledge and skills, such as emergency response teams in business and industry, school bus drivers, adult residential care personnel, child care workers, teachers, parents and babysitters.

### Prerequisites

None (Basic First Aid recommended.)

### ASHI-approved Training Materials

ASHI CPR/AED for the Community and Workplace Student Handbook (one per participant), Basic Life Support Instructor Guide (one per Instructor), and ASHI-approved audio-visual presentation media (PowerPoint® and/or DVD/VHS and/or Computer Resident/Web-Based.)

### Recommended Initial Instruction Time

<table>
<thead>
<tr>
<th>Category</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult CPR only</td>
<td>2 hours</td>
</tr>
<tr>
<td>Child CPR only</td>
<td>2 hours</td>
</tr>
<tr>
<td>Infant CPR only</td>
<td>2 hours</td>
</tr>
<tr>
<td>All Ages CPR only</td>
<td>About 5 hours</td>
</tr>
</tbody>
</table>

### Recommended Renewal Instruction Time

About half of Initial Instructional Time.

### Maximum Student-to-Instructor Ratio

10:1

### Student-to-Equipment Ratio

3:1 Student to AED/manikin maximum. (1:1 Student-to-manikin recommended.)

### Successful Completion (certification)

**Written Exam:** Recommended for designated responders (duty or employer expectation to respond; 70% or better.)

**Performance Evaluation:** Required for all students (perform competently without assistance.)

1. Demonstrate proper removal of contaminated gloves.
2. Place an unresponsive breathing victim in a recovery position.
3. Perform effective rescue breathing with a face shield or pocket mask.
4. Perform effective chest compressions.
5. Perform effective CPR with 1 provider.
6. Perform the steps to manage choking in a responsive victim.
7. Safely and correctly attach and operate an AED.
8. Coordinate CPR and AED to minimize interruptions in chest compressions.

### Card Issued

Continued on following page ➤
### CPR and AED for the Community and Workplace

<table>
<thead>
<tr>
<th>Certification Period</th>
<th>Up to 2 years. Recommended annually.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note(s):</td>
<td>• Occupational regulatory or licensing agencies may require written tests, additional content, additional hours of instruction, or other practices.</td>
</tr>
<tr>
<td><strong>CPR Pro for the Professional Rescuer</strong></td>
<td></td>
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<tr>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Intended Audience</strong></td>
<td></td>
</tr>
<tr>
<td>Workplace — For healthcare providers, first responders, and professional rescuers in and outside the hospital or for those needing professional-level basic life support training as a job requirement.</td>
<td></td>
</tr>
<tr>
<td><strong>Prerequisites</strong></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>ASHI-approved Training Materials</strong></td>
<td></td>
</tr>
<tr>
<td>ASHI CPR Pro for the Professional Rescuer Student Handbook (one per participant), Instructor Guide (one per Instructor), and ASHI-approved audio-visual presentation media (PowerPoint® and/or DVD/VHS and/or Computer Resident/Web-Based.)</td>
<td></td>
</tr>
<tr>
<td><strong>Recommended Initial Instruction Time</strong></td>
<td></td>
</tr>
<tr>
<td>Adult: 3 hours</td>
<td></td>
</tr>
<tr>
<td>Child: 3 hours</td>
<td></td>
</tr>
<tr>
<td>Infant: 2 hours</td>
<td></td>
</tr>
<tr>
<td>All Ages: About 7 hours</td>
<td></td>
</tr>
<tr>
<td><strong>Recommended Renewal Instruction Time</strong></td>
<td></td>
</tr>
<tr>
<td>About half of Initial Instruction Time.</td>
<td></td>
</tr>
<tr>
<td><strong>Maximum Student-to-Instructor Ratio</strong></td>
<td></td>
</tr>
<tr>
<td>10:1</td>
<td></td>
</tr>
<tr>
<td><strong>Student-to-Equipment Ratio</strong></td>
<td></td>
</tr>
<tr>
<td>3:1 Student to AED/manikin maximum. (1:1 Student-to-manikin recommended.)</td>
<td></td>
</tr>
<tr>
<td><strong>Successful Completion (certification)</strong></td>
<td></td>
</tr>
<tr>
<td>Written exam: Required (77% or better.)</td>
<td></td>
</tr>
<tr>
<td>Performance Evaluation: Required for all (perform competently without assistance.)</td>
<td></td>
</tr>
<tr>
<td>1. Demonstrate proper removal of contaminated gloves.</td>
<td></td>
</tr>
<tr>
<td>2. Place an unresponsive breathing victim in a recovery position.</td>
<td></td>
</tr>
<tr>
<td>3. Perform effective rescue breathing with a pocket mask and bag-mask device (with or without supplemental oxygen.)</td>
<td></td>
</tr>
<tr>
<td>4. Perform effective chest compressions.</td>
<td></td>
</tr>
<tr>
<td>5. Perform effective CPR with 1 and 2 or more rescuers.</td>
<td></td>
</tr>
<tr>
<td>6. Safely and correctly attach and operate an AED. Coordinate CPR and AED to minimize interruptions in chest compressions.</td>
<td></td>
</tr>
<tr>
<td>7. Perform the steps to manage choking in the responsive and unresponsive victim.</td>
<td></td>
</tr>
<tr>
<td><strong>Card Issued</strong></td>
<td></td>
</tr>
<tr>
<td>[Image of ASHI-approved Certification Card]</td>
<td></td>
</tr>
<tr>
<td><strong>Certification Period</strong></td>
<td></td>
</tr>
<tr>
<td>Up to 2 years. Recommended annually.</td>
<td></td>
</tr>
<tr>
<td><strong>Note(s):</strong></td>
<td></td>
</tr>
<tr>
<td>• Occupational licensing agencies, organizational and institutional policies generally dictate required knowledge and skill competencies. These may require additional content, additional hours of instruction, or other practices.</td>
<td></td>
</tr>
</tbody>
</table>

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4 The passing (cut) score was raised from 70% to 77% in December 2006 after an item analysis was performed on a sample population taking the test.
### Intended Audience

**Workplace** — Any employee who has a reasonable anticipation of contact with blood or other potentially infectious materials as a result of performing designated job duties, including but not limited to: healthcare workers, public safety personnel, housekeeping, and custodial workers, educational and correctional workers, and designated first aid providers.

### Prerequisites

None.

### ASHI-approved Training Materials

ASHI *Bloodborne Pathogens* Student Handbook (one per participant), Instructor Guide (one per Instructor), and ASHI-approved audio-visual presentation media (DVD/VHS, PowerPoint® and/or Computer Resident/Web-Based.)

### Recommended Initial Instruction Time

2 hours

### Recommended Renewal Instruction Time

About half of Initial Instructional Time.

### Maximum Student-to-Instructor Ratio

10:1

### Successful Completion (certification)

Documentation: Specific training record verifying student has completed the course is required.  
Written Exam: Optional  
Performance Evaluation: Optional.

### Card Issued

![Bloodborne Pathogens Certification Card](image)

### Certification Period

One year. Federal OSHA regulations require that bloodborne pathogens training be provided to employees with occupational exposure at least annually.

### Note(s):

- Occupational regulatory or licensing agencies may require written tests, additional content, additional hours of instruction, or other practices.

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5 The OSHA bloodborne pathogen standard requires that employers provide additional training in handling human pathogens and infectious agents to employees in HIV and HBV Research Laboratories and Production Facilities. Additionally, employees must be able to demonstrate proficiency in standard microbiological practices and techniques specific to their workplace before being allowed to work with HIV or HBV. This level of training and skill is beyond the scope of this program.
## Emergency Oxygen Administration

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Community and Workplace — Community and workplace lay rescuers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>BLS/CPR (with or without AED) and Basic First Aid (may be taught concurrently.)</td>
</tr>
<tr>
<td>ASHI-approved Training Materials</td>
<td>ASHI <em>Emergency Oxygen Administration</em> student text (one per participant), Emergency Oxygen Administration Instructor Guide (one per Instructor.)</td>
</tr>
<tr>
<td>Recommended Initial Instruction Time</td>
<td>1½-3 hours$^6$</td>
</tr>
<tr>
<td>Recommended Renewal Instruction Time</td>
<td>About half of Initial Instructional Time.</td>
</tr>
<tr>
<td>Maximum Student-to-Instructor Ratio</td>
<td>12:1</td>
</tr>
<tr>
<td>Student-to-Equipment Ratio</td>
<td>6:1 Student-to-Oxygen System.</td>
</tr>
<tr>
<td>Successful Completion (certification)</td>
<td>Written exam: Recommended for designated responders’ (70%) or better.) Performance Evaluation: Required for all (perform competently without assistance.) 1. Demonstrate how to assemble an emergency oxygen system. 2. Demonstrate how to turn an emergency oxygen system on and off and determine if oxygen is flowing. 3. Demonstrate how to safely and correctly integrate use of emergency oxygen when attending to a responsive victim who is breathing. 4. Demonstrate how to safely and correctly integrate use of emergency oxygen when attending to an unresponsive victim who is breathing. 5. Demonstrate how to safely and correctly integrate use of emergency oxygen when attending to an unresponsive victim who is not breathing (may be integrated into CPR performance evaluation.)</td>
</tr>
<tr>
<td>Card Issued</td>
<td><img src="sample_card.jpg" alt="Sample Card" /></td>
</tr>
<tr>
<td>Certification Period</td>
<td>Up to 2 years. Recommended annually.</td>
</tr>
<tr>
<td>Note(s):</td>
<td>• Prepare for this program by researching the specific emergency oxygen system and delivery devices participants will be using. Be familiar with any state or local emergency oxygen administration regulations and policies. • Occupational regulatory or licensing agencies may require written tests, additional content, additional hours of instruction, or other practices.</td>
</tr>
</tbody>
</table>

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$^6$ Initial instruction time for full stand alone program with written exam. Recommended instruction times may be reduced when experienced instructors integrate the objectives of this program with ASHI basic life support programs.

$^7$ Duty or employer expectation to respond.
# Emergency Medical Response for Adults in the Workplace

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Workplace — Laypersons in business and industry who require or desire basic emergency care (bloodborne pathogens, emergency oxygen administration, first aid, and CPR/AED) knowledge and skills with a focus on adults.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>None.</td>
</tr>
<tr>
<td>ASHI-approved</td>
<td>ASHI Emergency Medical Response for Adults in the Workplace Student Handbook (one per participant), Instructor Guide (one per Instructor) and ASHI-approved audio-visual presentation media (PowerPoint® and/or DVD/VHS and/or Computer Resident or Online.)</td>
</tr>
<tr>
<td>Training Materials</td>
<td></td>
</tr>
<tr>
<td>Recommended Initial Instruction Time</td>
<td>About 7 1/2 hrs.</td>
</tr>
<tr>
<td>Recommended Renewal Instruction Time</td>
<td>About half of Initial Instructional Time.</td>
</tr>
<tr>
<td>Maximum Student-to-Instructor Ratio</td>
<td>10:1</td>
</tr>
<tr>
<td>Student-to-Equipment Ratio</td>
<td>3:1</td>
</tr>
<tr>
<td>Successful Completion (certification)</td>
<td>Written Exam: Recommended for designated responders* (70% or better.) Performance Evaluation: Required for all (perform competently without assistance.) 1. Demonstrate proper removal of contaminated gloves. 2. Perform the emergency action steps for an unresponsive and responsive victim who is breathing normally (with or without emergency oxygen.) 3. Place an unresponsive breathing victim in a recovery position. 4. Perform effective rescue breaths with a face shield or pocket mask (with or without emergency oxygen.) 5. Perform effective chest compressions. 6. Perform effective adult CPR with one provider. 7. Safely and correctly attach and operate an AED. 8. Coordinate CPR and AED to minimize interruptions in chest compressions. 9. Perform the steps to manage choking in a responsive victim. 10. Control severe bleeding and manage shock. 11. Manually stabilize an injured limb. 12. Manually stabilize a suspected spinal injury.</td>
</tr>
</tbody>
</table>

---

* Designated responders are defined as those employees with a duty or employer expectation to respond to medical emergencies and render first aid.
<table>
<thead>
<tr>
<th>Certification Period</th>
<th>Up to 2 years. Recommended annually.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note(s):</strong></td>
<td></td>
</tr>
<tr>
<td>• This program is not designed to meet regulatory requirements for child care workers, lifeguards, healthcare, or EMS professionals and should not be used for this purpose.</td>
<td></td>
</tr>
<tr>
<td>• This program is not designed to meet all the required knowledge and training aspects of the OSHA bloodborne pathogen standard and is not intended to imply complete training or certification in the use of emergency oxygen.</td>
<td></td>
</tr>
<tr>
<td>• Occupational regulatory or licensing agencies may require written tests, additional content, additional hours of instruction, or other practices.</td>
<td></td>
</tr>
</tbody>
</table>
### Child and Babysitting Safety (CABS)

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Community — Young people providing babysitting and child care services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>None (CPR/AED and First Aid certification strongly recommended.)</td>
</tr>
<tr>
<td>ASHI-approved</td>
<td>Child and Babysitting Safety student text (one per participant); Instructor Guide (one per Instructor.)</td>
</tr>
<tr>
<td>Training Materials</td>
<td>Child and Babysitting Safety student text (one per participant); Instructor Guide (one per Instructor.)</td>
</tr>
<tr>
<td>Recommended Initial Instruction Time</td>
<td>4½–6 hours.</td>
</tr>
<tr>
<td>Recommended Renewal Instruction Time</td>
<td>About half of Initial Instructional Time.</td>
</tr>
<tr>
<td>Maximum Student-to-Instructor Ratio</td>
<td>10:1</td>
</tr>
<tr>
<td>Student-to-Equipment Ratio</td>
<td>3:1</td>
</tr>
</tbody>
</table>
| Successful Completion (certification) | Written Exam: Recommended (70% or better.) Performance Evaluation: Required for all (perform competently without assistance.)

1. Demonstrate proper hand washing technique with soap and water or an alcohol-based hand rub.
2. Demonstrate the proper method for changing diapers.
3. Demonstrate the steps to manage choking in a responsive infant and child.
4. Demonstrate how to control severe bleeding.
5. Demonstrate how to perform spinal motion restriction. |
| Card Issued | |
| Certification Period | Up to 2 years. |
| Note(s): | • Many experts feel that fourteen (14) is generally an appropriate age to begin babysitting, but maturity, responsibility, and the ability to react effectively in case of an emergency must always be considered regardless of age. |
### Pet First Aid (to be revised)

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Community — Pet owners.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>None.</td>
</tr>
<tr>
<td>ASHI-approved Training Materials</td>
<td>Pet First Aid student text (one per participant); Instructor Guide (one per Instructor.)</td>
</tr>
<tr>
<td>Recommended Initial Instruction Time</td>
<td>2–4 hours.</td>
</tr>
<tr>
<td>Recommended Renewal Instruction Time</td>
<td>About half of Initial Instructional Time.</td>
</tr>
<tr>
<td>Maximum Student-to-Instructor Ratio</td>
<td>N/A</td>
</tr>
<tr>
<td>Student-to-Equipment Ratio</td>
<td>N/A</td>
</tr>
<tr>
<td>Successful Completion (certification)</td>
<td>N/A</td>
</tr>
<tr>
<td>Card Issued</td>
<td><img src="sample" alt="Pet First Aid Certification Card" /></td>
</tr>
<tr>
<td>Certification Period</td>
<td>N/A</td>
</tr>
<tr>
<td>Note(s):</td>
<td></td>
</tr>
</tbody>
</table>
## ASHI Basic Wilderness First Aid

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Community and Workplace — Everyone who participates in wilderness activities and wants to know what to do in an emergency. Volunteers and professionals who lead groups on short trips in relatively low-risk situations, where they are not far from help.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>None.</td>
</tr>
<tr>
<td>ASHI-approved Training Materials</td>
<td>Wilderness Emergency Care student text (1 per participant); Instructor Guide (one per Instructor.)</td>
</tr>
<tr>
<td>Recommended Initial Instruction Time</td>
<td>8 hours.</td>
</tr>
<tr>
<td>Recommended Renewal Instruction Time</td>
<td>About half of Initial Instruction time.</td>
</tr>
<tr>
<td>Maximum Student-to-Instructor Ratio</td>
<td>20:1</td>
</tr>
<tr>
<td>Student-to-Equipment Ratio</td>
<td>2:1 for bandaging skills. Students should be encouraged to bring outdoor equipment they would have on trips to improvise splints.</td>
</tr>
<tr>
<td>Successful Completion (certification)</td>
<td>Performance Evaluation: Can reasonably perform skills/scenarios without continuous assistance.</td>
</tr>
<tr>
<td>Card Issued</td>
<td></td>
</tr>
<tr>
<td>Certification Period</td>
<td>Up to 3 years.</td>
</tr>
<tr>
<td>Note(s):</td>
<td>• Contact Steve Donelan, Wilderness Emergency Care author, program developer and Wilderness PAC Chairperson for more information: <a href="http://www.wildernessemergencycare.com">www.wildernessemergencycare.com</a>, or <a href="mailto:donelan@speakeasy.net">donelan@speakeasy.net</a>.</td>
</tr>
<tr>
<td><strong>Intended Audience</strong></td>
<td>Community and Workplace — Wilderness trip leaders and guides. People who participate in more extended wilderness trips.</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Prerequisites</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>ASHI-approved Training Materials</strong></td>
<td>Wilderness Emergency Care student text (1 per participant); Instructor Guide (one per Instructor.)</td>
</tr>
<tr>
<td><strong>Recommended Initial Instruction Time</strong></td>
<td>16–20 hours.</td>
</tr>
<tr>
<td><strong>Recommended Renewal Instruction Time</strong></td>
<td>8–10 hours.</td>
</tr>
<tr>
<td><strong>Maximum Student-to-Instructor Ratio</strong></td>
<td>10:1</td>
</tr>
<tr>
<td><strong>Student-to-Equipment Ratio</strong></td>
<td>2:1 for bandaging skills. Students should be encouraged to bring outdoor equipment they would have on trips to improvise splints.</td>
</tr>
<tr>
<td><strong>Successful Completion (certification)</strong></td>
<td>Performance Evaluation: Can reasonably perform skills/scenarios without continuous assistance.</td>
</tr>
<tr>
<td><strong>Card Issued</strong></td>
<td><img src="image.png" alt="Wilderness First Aid Certificate" /></td>
</tr>
<tr>
<td><strong>Certification Period</strong></td>
<td>Up to 3 years.</td>
</tr>
<tr>
<td><strong>Note(s):</strong></td>
<td>• Contact Steve Donelan, Wilderness Emergency Care author, program developer and Wilderness PAC Chairperson for more information: <a href="http://www.wildernessemergencycare.com">www.wildernessemergencycare.com</a>, or <a href="mailto:donelan@speakeasy.net">donelan@speakeasy.net</a>.</td>
</tr>
</tbody>
</table>
# First Responder

## Intended Audience
*Community and Workplace* — Firefighters, law enforcement officers, security personnel, public works employees, park rangers, customs agents, lifeguards, corporate Medical Emergency Response Teams, and other interested persons.

## Prerequisites
**Required:** ASHI CPRPro for the Professional Rescuer.
- Current, valid professional-level BLS certification (CPR/AED) for the Adult, Child and Infant (may be incorporated.)

## ASHI-approved Training Materials
**ASHI CPR Pro for the Professional Rescuer** (when incorporated.)
- One per participant: Student Handbook.
- One per Instructor: Instructor Guide (one per Instructor.)
- One per Training Center: ASHI-approved audio-visual presentation media (PowerPoint® and/or DVD/VHS and/or Computer Resident/Web-Based.)

**AND**
- 2. ASHI *First Responder Interim Instructor Resource Guide* CD-ROM.
  - One per Training Center: Course objectives, description, and directions, including written exam and performance evaluation.

**AND**
- 3. BRADY Student Text and Instructor Materials.
  - One per Instructor: *First Responder* Instructor Guide.
  - One per Training Center: First Responder Toolkit, CD-ROM PowerPoint.

**OR**
- MOSBY/JEMS Student Text and Instructor Materials.
  - One per Instructor: Instructor Toolkit (CD-ROM PowerPoint, Instructor Guide.)

## Recommended Initial Instruction Time
40 hours.

## Recommended Renewal Instruction Time
14 hours.

## Maximum Student-to-Instructor Ratio
6:1 for scenario and skills practices.

## Student-to-Equipment Ratio
3:1 (1:1 Student-to-manikin recommended.)

## Successful Completion (certification)
**Written exam:** Required (68% or better on 50-question ASHI First Responder exam.)

**Performance Evaluation:** Required.
Working as the lead first responder in a scenario-based team setting, adequately direct the initial assessment and care of:
1. An unresponsive medical or trauma patient.
2. A responsive medical or trauma patient.

*Continued on following page ➤*
## First Responder (continued)

<table>
<thead>
<tr>
<th>Card Issued</th>
<th><img src="image" alt="ASHI First Responder Card" /></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Certification Period</strong></td>
<td>Up to 3 years.</td>
</tr>
<tr>
<td><strong>Note(s):</strong></td>
<td>• Training Centers wishing to offer ASHI First Responder must have physician-level (MD or DO) oversight. The role of the physician is to supervise patient care protocols and to respond to questions about patient care issues.</td>
</tr>
</tbody>
</table>

### State Licensure and Credentialing of First 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 First Responder program is designed to train and certify — not to license or credential — first responders. Individuals who require or desire licensure and credentialing within the state EMS system as a First Responder or Emergency Medical Responder must complete specific requirements established by the regulating authority (typically, a state EMS Agency within the state health department.) EMS agencies may require state-specific written exams and practical skill evaluations, in addition to other administrative practices. Currently 45 states require certification by the National Registry of EMTs in order to obtain a license as an EMS provider (see National Registry below.)

It is not the intent of ASHI's First Responder program to cross the EMS scope of practice threshold. EMS Provider licensing and credentialing are legal activities performed by the state, not ASHI. ASHI Training Centers and authorized Instructors teaching the First Responder program must be completely familiar and comply with, their state EMS agency rules regarding licensing and credentialing.

### National Registry as a First Responder

The National Registry of Emergency Medical Technicians (NREMT) is an independent EMS certification agency that provides entry-level competency assessment (written and practical), a registry of nationally certified EMS professionals, and a re-certification process. Individuals who wish to take the written and practical examination for certification as a nationally registered First Responder must have successfully completed (within the last two years) a state-approved program based on the First Responder: National Standard Curriculum and pay a non-refundable fee of $65.00. An individual who has completed an ASHI First Responder program is eligible for certification as a nationally registered First Responder only where the ASHI First Responder program (and at times, the primary Instructor) has been previously state approved.
<table>
<thead>
<tr>
<th><strong>Wilderness First Responder</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intended Audience</strong></td>
</tr>
<tr>
<td><strong>Prerequisites</strong></td>
</tr>
<tr>
<td><strong>ASHI-approved Training Materials</strong></td>
</tr>
<tr>
<td><strong>Recommended Initial Instruction Time</strong></td>
</tr>
<tr>
<td><strong>Recommended Renewal Instruction Time</strong></td>
</tr>
<tr>
<td><strong>Maximum Student-to-Instructor Ratio</strong></td>
</tr>
<tr>
<td><strong>Student-to-Equipment Ratio</strong></td>
</tr>
<tr>
<td><strong>Successful Completion (certification)</strong></td>
</tr>
<tr>
<td><strong>Card Issued</strong></td>
</tr>
<tr>
<td><strong>Certification Period</strong></td>
</tr>
<tr>
<td><strong>Note(s):</strong></td>
</tr>
</tbody>
</table>
### Wilderness EMT Upgrade

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Community and Workplace — Urban EMT’s with an interest in or need for instruction in wilderness emergency care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>Emergency Medical Technician – Basic (if desired, the EMT Wilderness upgrade may be integrated into an EMT Program.) Other medical professionals may take the course for the training (and CE’s if they are available from the provider) but only participants certified as EMT-B, EMT-I, OEC-T, or EMT-P are eligible for the WEMT certification.</td>
</tr>
<tr>
<td>ASHI-approved Training Materials</td>
<td>Wilderness Emergency Care Student Handbook (1 per participant); Instructor Guide (one per Instructor.)</td>
</tr>
<tr>
<td>Recommended Initial Instruction Time</td>
<td>40 hours.</td>
</tr>
<tr>
<td>Recommended Renewal Instruction Time</td>
<td>20 hours.</td>
</tr>
<tr>
<td>Maximum Student-to-Instructor Ratio</td>
<td>10:1</td>
</tr>
<tr>
<td>Student-to-Equipment Ratio</td>
<td>2:1</td>
</tr>
<tr>
<td>Successful Completion (certification)</td>
<td>Written exam: Required (80% or better.) Performance Evaluation: Can reasonably perform skills/scenarios without assistance.</td>
</tr>
<tr>
<td>Card Issued</td>
<td><img src="image" alt="ASHI-approved Certification Card" /></td>
</tr>
<tr>
<td>Certification Period</td>
<td>Up to 2 years.</td>
</tr>
<tr>
<td>Note(s):</td>
<td>- Contact Steve Donelan, Wilderness Emergency Care author, program developer and Wilderness PAC Chairperson for more information: <a href="http://www.wildernessemergencycare.com">www.wildernessemergencycare.com</a>, or <a href="mailto:donelan@speakeasy.net">donelan@speakeasy.net</a>.</td>
</tr>
</tbody>
</table>
### Advanced Cardiac Life Support

**Intended Audience**

Community and Workplace — Emergency personnel in intensive care or critical care departments and emergency medical providers.

**Prerequisites**

Training and/or education in basic cardiac rhythm analysis (ECG interpretation.) Professional-level Basic Life Support (BLS/CPR/AED) required or included in ACLS course.

**ASHI-approved Training Materials**

ASHI ACLS Student Handbook, *ACLS Quick Review Study Guide*, Third Ed. Aehlert. Elsevier ©2007 (one per participant), ASHI ACLS Resource Guide (one per Training Center), and ASHI approved ACLS audio-visual presentation media (PowerPoint® and/or DVD/VHS and/or Computer Resident/Web-Based.)

**Recommended Initial Instruction Time**

16 hours.

**Recommended Renewal Instruction Time**

8 hours (for healthcare providers with a strong background in cardiac rhythms and medications who practice ACLS on a regular basis.)

**Maximum Student-to-Instructor Ratio**

10:1 (8:1 recommended.)

**Student-to-Equipment Ratio**

3:1

**Successful Completion (certification)**

Written exam: Required (82% or better.)

Performance Evaluation: Working as a group leader in a team setting, competently direct the initial emergency care for respiratory/cardiac arrest, and management of the patient with a pulse.

**Card Issued**

![Sample Certification Card]

**Certification Period**

Up to 2 years. Recommended annually.

**Note(s):**

- Instructors bear responsibility of ensuring that each participant meets the core knowledge and skill objectives for successful completion.
- Recommended instruction time may be reduced via self-instruction, blended learning.


10. The passing (cut) score was raised from 70% to 82% or greater in December 2006 after an item analysis was performed on a sample population taking the test.
### Pediatric Advanced Life Support

<table>
<thead>
<tr>
<th><strong>Intended Audience</strong></th>
<th>Community and Workplace — Emergency personnel in intensive care or critical care departments and emergency medical providers.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prerequisites</strong></td>
<td>Training and/or education in basic cardiac rhythm analysis (ECG interpretation.) Professional-level Basic Life Support (BLS/CPR/AED) required or included in PALS course.</td>
</tr>
<tr>
<td><strong>ASHI-approved Training Materials</strong></td>
<td><em>PALS Study Guide</em>, Second Ed., Aehlert. Elsevier, ©2007 (one per participant), ASHI PALS Resource Guide (one per Training Center), and ASHI-approved PALS audio-visual presentation media (PowerPoint® and/or DVD/VHS and/or Computer Resident/Web-Based.)</td>
</tr>
<tr>
<td><strong>Recommended Initial Instruction Time</strong></td>
<td>16 hours.</td>
</tr>
<tr>
<td><strong>Recommended Renewal Instruction Time</strong></td>
<td>8 hours (for healthcare professionals with a strong background in cardiac rhythms and medications who practice PALS on a regular basis.)</td>
</tr>
<tr>
<td><strong>Maximum Student-to-Instructor Ratio</strong></td>
<td>10:1 (8:1 recommended.)</td>
</tr>
<tr>
<td><strong>Student-to-Equipment Ratio</strong></td>
<td>3:1 (1:1 recommended.)</td>
</tr>
</tbody>
</table>
| **Successful Completion (certification)** | **Written exam:** Required (70% or better.)  
**Performance Evaluation:** Working as a group leader in a team setting, competently direct the initial emergency care for a pediatric patient in two randomly selected case/scenarios:  
1. Upper Airway Obstruction  
2. Lower Airway Obstruction  
3. Tachycardia with Adequate Perfusion  
4. Tachycardia with Inadequate Perfusion  
5. Symptomatic Bradycardia  
6. Absent/Pulseless Rhythms  
7. Hypovolemic Shock  
8. Trauma |
| **Card Issued** | |
| **Certification Period** | Up to 2 years, recommended annually. |
| **Note(s):** | • Instructors bear responsibility of ensuring that each participant meets the core knowledge and skill objectives for successful completion.  
• Recommended instruction time may be reduced via self-instruction, Blended Learning. |
Recognition of Participation

has attended the following
American Safety & Health Institute Training Program.

Your emergency care training helps prepare you to be a confident responder in an emergency.

______________________________________________  ________________________________________________
Training Center  Class Date  Training Center Telephone

This is not a document of successful completion. Verification that a participant has met the required knowledge and skill objectives of the course is documented by a separately issued certification card.
Appendix XI: Required Training Materials

Required Instructional Materials for Student-level ASHI Resuscitation Courses

In order to offer ASHI programs, an approved Training Center must purchase the appropriate teaching materials as defined in the Program Standards.

Basic Training Center

BLS Instructional Materials

Each Training Center must acquire:
1. An authorized version of the appropriate video/DVD for each program to be taught.
2. An authorized version of the appropriate PowerPoint CD for each program to be taught.
3. An ASHI Instructor Guide for each program to be taught.
4. Each Instructor must have access to:
   (a) The latest version of the ASHI Instructor Guide and
   (b) At least 10 copies of the latest version ASHI-approved Student Handbook for each program to be taught.

Advanced Training Center

ACLS Instructional Materials

Each Training Center must acquire:
1. An authorized version of the Instructor’s Electronic Resource CD-ROM that follows the ASHI-approved ACLS textbook chapter by chapter.
2. An authorized version of the ASHI Instructor Resource Guide CD-ROM, which contains:
   (a) Directions for conducting student and Instructor courses, and course forms.
   (b) Final written exams.
3. Each Instructor must have access to:

Advanced Training Center

PALS Instructional Materials

Each Training Center must acquire:
1. An authorized version of the PALS Instructor’s Electronic Resource CD-ROM that follows the ASHI-approved PALS textbook chapter by chapter.
2. An authorized version of the ASHI Instructor Resource Guide CD-ROM, which contains:
   (a) Directions for conducting student and Instructor courses and course forms.
   (b) Final written exams.
3. Each Instructor must have access to:
Required Training Equipment for Student-level ASHI Resuscitation Courses
Each Training Center Director must ensure that all appropriate resuscitation equipment is available for use by Instructors and students. All equipment must be clean, operable, and ready for use in adequate quantities at each course conducted. Equipment needs may vary according to target audience and workplace protocol and may include the following:

**Basic Training Center**

*BLS Training Equipment*

1. Infant, child and/or adult CPR manikins with protective and sanitizing accessories.
2. Automated external defibrillator trainer.
3. Barrier devices (face shields, masks) in adult, child, and infant sizes.
5. Supplemental oxygen delivery devices in adult, child, and infant sizes.
6. Nasopharyngeal/Oropharyngeal Airway Set in adult, child, and infant sizes.
7. Portable suction unit and adult, child, and infant suction catheters.

**Advanced Training Center**

*ACLS Training Equipment*

1. Adult CPR/defibrillation manikins with protective and sanitizing accessories.
2. Adult airway manikins.
3. Adult IV training manikin/simulator.
4. Automated external defibrillator trainer.
5. Bag-valve-mask devices in adult sizes.
6. Supplemental oxygen delivery devices in adult sizes.
7. Nasopharyngeal/Oropharyngeal Airway Set in adult sizes.
8. Laryngeal mask airways of various sizes.
9. Portable suction unit and suction catheters of various sizes.
10. Laryngoscope and blades, endotracheal tubes in adult sizes, stylets, water-soluble lubricant, endotracheal tube securing device, syringes, extra batteries and bulbs, esophageal detector device, end-tidal CO2 detector.
11. Monitor/defibrillator/transcutaneous pacemaker with electrodes, cables, defibrillation pads or gel (or adult ECG rhythm cards.)
12. Over-the-needle IV catheters of various sizes, tape, alcohol swabs, IV tubing, syringes, normal saline IV fluids, sharps container.
13. Pulse oximeter.
Advanced TRAINING CENTER

**PALS Training Equipment**

1. Infant, child, and adult CPR manikins with protective and sanitizing accessories.
2. Adult and pediatric airway manikins.
3. Laryngoscope and blades of all sizes, endotracheal tubes in various sizes (cuffed and uncuffed), stylets of various sizes, endotracheal tube securing device, water-soluble lubricant, extra batteries and bulbs, esophageal detector device, end-tidal CO2 detector.
4. Intraosseous IV training manikins / simulator.
5. IO needles, over-the-needle IV catheters of various sizes, tape, alcohol swabs, IV tubing, syringes, normal saline IV fluids, sharps container.
6. Pediatric enabled automated external defibrillator trainer.
7. Barrier devices (face shields, masks) in adult, child, and infant sizes.
8. Bag-mask devices in adult, child, and infant sizes.
9. Supplemental oxygen delivery devices in adult, child, and infant sizes.
10. Oral and nasal airways, tongue blades, rigid and soft suction catheters, bulb syringe.
11. Laryngeal mask airways of various sizes.
12. Portable suction unit and adult, child, and infant suction catheters.
13. Monitor/defibrillator/transcutaneous pacemaker with electrodes, cables, defibrillation pads or gel (or pediatric ECG rhythm cards.)
15. Glucometer.
17. Needle cricothyrotomy equipment.
18. Length-based resuscitation tape.
20. Materials to demonstrate vagal maneuver (e. g., straw for child, bag of ice for infant.)
21. Immobilization equipment including rigid cervical collars of various sizes, infant and child safety seat, long padded board splints, long spine board.
Appendix XII: Sample Training Center Policies & Procedures

NOTE — These Policies and Procedures are samples only, not ASHI requirements. ASHI Training Centers are free to use these Policies and Procedures for themselves, or may institute their own. However, ASHI Training Centers are required to have Policies and Procedures addressing all these topics.

Certification Card Security Policy
Training Centers are expected to take precautions to preserve the value of ASHI certification, and to ensure that it continues to be widely accepted. In order for a course participant to be certified by an authorized ASHI Instructor, the participant must have met the required knowledge and skill objectives of the course. Certification is indicated by issuance of a certification card. Certification cards must not be issued, or in any other way made available, to course participants except by an authorized ASHI Instructor as a result of successful completion of an ASHI course. In order to prevent unauthorized possession of a certification card, the Training Center must have implemented the following procedures.

Certification Card Security Procedure
To ensure proper security and handling of certification cards, the following procedures will be implemented by all Training Center staff.

1. All certification cards will be stored inside the Training Center office in a locked file until issued to Instructors to take to class.
2. The Training Center will maintain an updated inventory of all cards in its possession, along with records of issuance or destruction of cards no longer in its possession. These records must tally with ASHI’s records of cards purchased.
3. Certification cards issued to participants must be completed in ink by the Instructor prior to being issued. No student is to be given access to a certification card with either the holder or the date fields blank, except in circumstances where the student fills in the name field in the Instructor’s presence.
4. In circumstances where cards are not issued in class, such as when insufficient cards have been ordered by the Training Center, or where issuance of cards is contingent upon a contractual agreement between the Training Center and its customer, ASHI “Recognition of Participation” documents will be issued to the students.
5. On completion of a course, Instructors will return all un-issued certification cards to the Training Center, along with rosters for the class. Instructors will also retain copies of rosters for their own records.
6. The Training Center will not re-sell cards, except as authorized by ASHI in a distributor agreement. Only authorized ASHI Training Centers may purchase cards.

Final Examination Security Policy
Training Centers are expected to take precautions to preserve the value of ASHI certification, and to ensure that it continues to be widely accepted.

In order for a course participant to be certified by an authorized ASHI Instructor, the participant must have met the required knowledge and skill objectives of the course. For some ASHI courses, knowledge is measured and reinforced by the student’s successfully completing a written examination. In order for these examinations to be valid instruments of measurement, students must not have access to them outside of the classroom environment. When written examinations are used, Training Center staff will follow these procedures.
Final Examination Security Procedure
To ensure the integrity of final examinations, the following procedures will be implemented by all Training Center staff.

1. Hard copies of final examinations will be stored in a secure, locked location in the Training Center.
2. Final examinations will be duplicated only in the number needed for testing, and will be numbered before being distributed in class. Instructors will check out each numbered hard copy and will check them back in after testing.
3. Except during testing, Instructors will secure hard copies of final examinations on their persons for the duration of the time that the examinations are not secured in the Training Center.
4. Training Center staff will destroy copies of any final examinations which are no longer to be used in class.
5. If a student refuses to relinquish a copy of the examination, that student is not to be issued a certification card, and the incident must be reported to the Training Center immediately. The Training Center will follow up with the customer, and will report the loss of the examination to ASHI.
6. Any use or distribution of an ASHI final examination other than indicated above is grounds for dismissal and for dissolution of the Instructor affiliation with the Training Center.

Quality Assurance and Improvement Policy
It is the Training Center’s responsibility to maintain the goodwill associated with ASHI and its programs. The Training Center’s policy is continually to strive for high standards of quality in the administration and delivery of ASHI programs.

Quality Assurance and Improvement Procedure
As part of the Training Center’s efforts continually to improve the quality of its courses, the following procedures will be implemented by all Training Center staff.

1. Instructor courses will be conducted according to ASHI’s published standards. Normal class parameters with respect to class length, student-to-instructor ratio, student-to equipment ratio, classroom characteristics, audio-visual materials, etc., are defined in the ASHI Program Standards. When one of these variables exceeds the limits as defined by ASHI, the Training Center policy is to adjust one or more of the other variables to account for this (for instance, if there are additional students and the Instructor number cannot be increased, the course length must be increased). In these instances, Instructors will confirm with the Training Center the acceptable accommodations to be made for students.
2. Instructors will review class materials and check equipment no later than 24 hours before classes start to ensure that nothing is missing, inoperable, or out of date. If any piece of equipment needs to be replaced or repaired, Instructors will communicate with the Training Center to ensure their readiness for the class.
3. Instructors will confirm classes with customers no later than 3 days before classes start to confirm course, class location, start time, maximum size, and other variables including if there are any students who require specific accommodations per the Americans with Disabilities Act (see Appendix I). If the confirmation call identifies any issue, the Instructor will verify that the customer has the correct contact information for the Training Center, and will request that the customer communicate with the Training Center. The Instructor will also personally inform the Training Center of the issue. The Training Center will resolve the issue with the customer before the class date.
4. Course evaluations will be made available to every student at the end of every class. At the beginning of class, the Instructor will ask a volunteer among the students to collect the evaluations. After the class has been completed, this volunteer will collect the completed evaluations and place them into the envelope provided in the class package. The volunteer will seal the envelope, sign his or her name across the seal, and give the envelope to the Instructor. The Instructor will return the sealed envelope to the Training Center with the class rosters. Instructors are not to have students complete the evaluations prior to the end of the class, and are not to have access to the completed evaluations until after they have been received by the Training Center.
5. The Training Center will make a follow-up call to the customer after each class has been completed to ascertain that the class was conducted according to Training Center standards. Among the questions asked will be whether the Instructor arrived at the time scheduled, whether the class length was within the normal parameters as set forth by ASHI, whether the Instructor was appropriately dressed, whether the Instructor’s hygiene was appropriate, whether the classroom was left in reasonable condition, and any other questions specific to the customer.

6. The Training Center Director will review all student evaluations and results of follow-up calls, and after review, will make them available to the Instructor. If these documents indicate that an Instructor is in need of remediation or disciplinary action, the Training Center will address this need, giving the Instructor the opportunity to make appropriate corrections or modifications, and escalating to termination of the Instructor-Training Center relationship when these measures are unsuccessful.

7. Periodically, the Training Center may arrange with a customer for an Instructor, Instructor Trainer, Master Instructor Trainer, or other authorized representative not known to an Instructor to participate in a class as a student. After the class is completed, the monitoring person will submit a teaching evaluation to the Training Center Director for review with the Instructor who taught the class.

8. The Training Center will monitor its Instructors to ensure that they comply with all Training Center and ASHI requirements. When an Instructor fails to comply with a requirement, the Training Center will institute appropriate corrective measures. If an Instructor consistently fails to comply with requirements, the Training Center will dissolve its affiliation with the Instructor.

9. The Training Center will inform ASHI of any instance of its terminating its relationship with an affiliated Instructor, and of its reasons for doing so.

**Equipment Maintenance and Decontamination Policy**

All equipment used to train Training Center customers must be in good working condition and decontaminated appropriately after each use.

**Equipment Maintenance and Decontamination Procedure**

To ensure the proper working condition of teaching equipment, the following procedures will be implemented by all Training Center staff.

1. Instructors will check their equipment no later than 24 hours prior to the start of class to ensure fully charged batteries, all equipment is working appropriately, and all equipment has been cleaned and stored appropriately.

2. If equipment needs maintenance or cleaning, Instructors will perform these tasks, or will swap out equipment with the Training Center so as to be prepared for class.

3. After class, Instructors will decontaminate all equipment according to the manufacturer’s specifications.

4. For equipment that is stored at the Training Center, Training Center staff will receive equipment from Instructors after class, and will check to ensure that all parts are present and functional. Prior to sending out equipment to the next class, the Training Center will correct any deficiencies in equipment.

**Professional Conduct Policy**

As representatives of ASHI and of the Training Center, all staff members are expected to maintain the highest levels of professionalism in their interaction with each other, with customers and with the public. Standards of conduct, dress, and hygiene must be maintained. Personal biases must not be identifiable from the actions or words of any employee. Behavior indicative of prejudice or in any way inappropriate for the workplace will not be tolerated.
Professional Conduct Procedure

All Training Center staff members are expected to adhere to the following:

1. Staff must behave in a professional and polite manner at all times. Staff must be respectful of each other, all customers, and the public.
2. Problems arising with customers and the public must be addressed outside of the classroom and out of earshot of the students.
3. Telephone and email communication is held to the same standard as face-to-face and written communication.
4. Disagreements between staff members should be resolved out of the public eye.
5. Staff members interacting with the public are to be dressed in business-casual attire, with the exception of Instructors teaching in facilities where the customer has indicated that a different level of attire will be more suitable. Business-casual means:
   a. No jeans.
   b. No athletic attire, including shoes and T-shirts.
   c. No visible underclothing.
   d. No bare midriffs.
   e. No flip-flops.
   f. No scrubs.
   g. No uniforms from other places of business.
   h. No clothing advertising other businesses or products, especially bars, alcohol, musical bands, or cigarettes.
   i. Makeup and jewelry should be subtle and understated.
   j. Women’s skirts must fall below the knee.
   k. In most cases, shorts are not appropriate. If shorts are worn, they must be neatly pressed, and fall below the knee.
   l. In most cases, polo shirts are not appropriate. If polo shirts are worn, they must be neatly pressed and tucked into trousers or skirts.
   m. Clothing should fit—neither too loose nor too tight.
   n. Clothing should not be frayed or threadbare.
6. During work hours, all employees will conform to common standards of personal hygiene (odor-free, hair neatly combed, teeth brushed, clean, appropriately shaved, etc.)

Training Center Communication Policy

The Training Center is committed to communicating effectively with its staff and its customers. Training Center customers must be able to contact the Training Center whenever they wish to schedule a class, ask a question, or provide feedback about an experience with the Training Center or its staff. In addition, all customers receiving ASHI programs must be given contact information for ASHI.
Training Center Communication Procedure
To ensure appropriate communication, the following procedures will be implemented by all Training Center staff.

1. Instructors will inform students in each class of ASHI’s “Rate Your Program” tool, and how to access it on the ASHI website.

2. Instructors will maintain a means of communication with the Training Center. The Training Center must be able to contact Instructors within one business day of any issue being brought to its attention.

3. The Training Center will establish a regular method of communication with Instructor staff. Instructors must check the Training Center’s communication methods on a regular and frequent basis (i.e. website, newsletter, emails, etc.).

4. Instructors will provide all students with the Training Center’s telephone number and the Training Center Director’s email address.

5. All communications with the public, customers, and fellow employees will be kept confidential under most circumstances. Customer information such as name, address, telephone number, and electronic communication is considered secure and confidential, and will not be made available outside the Training Center.
Appendix XIII: Glossary of Terms

**Affiliated** — An affiliated Instructor is one for whom the Training Center Director maintains responsibility. This responsibility includes verifying the Instructor's credentials, paying the Instructor's initial and renewal authorization fees. Every Instructor must be affiliated with one Training Center; likewise, each Training Center must have at least one affiliated Instructor. Training Center Directors may employ additional Instructors who are not affiliated with the Training Center but they are responsible for ensuring that each Instructor is currently authorized by ASHI to teach the programs offered.

**Authorization** — ASHI authorizes Training Centers to offer courses to students via Instructors. ASHI authorizes Instructors to conduct classes as agents of the offering Training Center. Training Centers must reauthorize (renew) their affiliated Instructors at the end of the authorization period (2 years.)

**Certification** — The term ‘certification’ means that a qualified and authorized Instructor has witnessed and verified that a participant has met the required knowledge and skill objectives of a course.

**Certification Card** — A certification card indicates successful completion of an ASHI course. Only certification cards produced by ASHI may be distributed as evidence of successful completion of any ASHI course. TC's may not create or distribute any course completion documents bearing the name or marks of ASHI unless these are explicitly approved by ASHI in writing.

**Class** — A class is an individual session of a course. Some courses are completed in one class, where others require multiple classes over several days.

**Course** — A course is an instance of a program being offered by a Training Center. Courses must be taught by ASHI Instructors who are authorized to teach the program being offered.

**Distributor** — A Distributor is a customer who has entered into a contract to purchase ASHI products for resale to third parties. Distributors do not have affiliated Instructors and are barred from operating Training Centers, either directly or indirectly.

**Instructor** — An Instructor is a person authorized by ASHI to certify participants at the provider level in ASHI programs via courses conducted through approved Training Centers.

**Instructor Development Course (IDC)** — The IDC is one of ASHI’s published programs. Through it, currently certified providers receive the necessary knowledge and training to become Instructors. Completion of the IDC does not automatically confer Instructor authorization—once the course is successfully completed, the candidate must present documentation to their Training Center Director, who will submit an Instructor application to ASHI for processing. The IDC is currently available only via classroom training.

**Instructor Level** — The Instructor Level indicates whether the Instructor is authorized to certify Instructors. There are three Instructor Levels: Instructor, Instructor Trainer, and Master Instructor Trainer.

**Instructor Trainer (IT)** — An IT is an Instructor authorized by ASHI to conduct the Instructor Development Course (IDC) for a Training Center that has purchased the IDC program to train providers as Instructors.

**Instructor Trainer Development Course (ITDC)** — The ITDC is one of ASHI’s published programs. Through it, currently authorized Instructors receive the necessary knowledge to become Instructor Trainers. Completion of the ITDC does not automatically confer Instructor Trainer authorization—once the course is successfully completed, the candidate must present documentation to his or her Training Center Director, who will submit an Instructor application to ASHI for processing. The ITDC can be conducted by a Master Instructor Trainer in a classroom setting, or can be completed online through ASHI’s web portal.

**Instructor Type** — The Instructor Type indicates which programs an Instructor is authorized to teach. ASHI has many Instructor types. For more information, please see Appendix VI: Instructor Development.

**Master Instructor Trainer (MIT)** — An MIT is an Instructor authorized by ASHI to conduct Instructor Trainer Development Courses (ITDC) for a Training center that has purchased the ITDC program to train Instructors as Instructor Trainers. MITs are appointed at the sole discretion of ASHI.
**Program** — Programs are the instructional materials published by ASHI. In order to offer courses in a program, a Training Center must “own” the program—that is, have purchased the program instructional materials. For some programs, Training Centers must meet specific requirements before being authorized to purchase the materials.

**Program Standards** — Technical specifications and characteristics of a specific ASHI Training Program, including what students are expected to know and do.

**Quality Assurance Review (QAR)** — Each year, ASHI selects a random sample of its Training Centers for a Quality Assurance Review. These reviews allow the Training Centers selected the opportunity to demonstrate that they are in compliance with ASHI’s requirements, and if they are not, to receive help from ASHI to become so. Training Centers may track their progress through the review at the login section of the website, and will receive a public acknowledgement of successful completion of the QAR. Training Centers may request to receive a QAR if they are not selected at random.

**Reauthorization/Renewal** — Instructor authorization has a period of two years. Before the end of this period, the Training Center Director must submit the appropriate fee and application to reauthorize the Instructor.

**Recognition of Participation Document** — The Recognition of Participation document is an instrument that can be issued to a student who has been unable to successfully complete a course or in conjunction with a certification card if desired. These documents are not certification cards, and do not indicate successful completion of any ASHI course. Only certification cards and recognition of completion documents produced by ASHI may be distributed as evidence of participation in an ASHI course. Training Centers may not create or distribute any course completion documents bearing the name or marks of the American Safety & Health Institute unless these are explicitly approved by ASHI in writing.

**Student Certification Pack** — A package consisting of a Student Handbook and a certification card.

**Training Center (TC)** — A Training Center is an organization that is authorized by ASHI to offer programs that it has purchased via authorized Instructors. A Training Center must have a Director and at least one affiliated Instructor to remain active.

**Training Center Administrative Manual (TCAM)** — The TCAM is a reference document produced by ASHI to help Training Center Directors and staff fulfill their responsibilities to ASHI and to their students. It indicates the standards and guidelines for operating a Training Center.

**Training Center Director** — The Training Center Director is the authorized representative of the Training Center. He or she is responsible for ensuring that the Training Center, its affiliated Instructors, and any Branches adhere to the standards and guidelines for quality assurance described in the TCAM and its appendices.

**Training Center ID (TCID)** — The TCID is the code that identifies the Training Center. It should be printed on each card issued by the Training Center, and used in any interaction with students or with ASHI.