

Emergency Cardiovascular Care

Program Administration Manual

Appendices

Fourth Edition – Effective March 1, 2008

Appendices Contents

- A. Training Center Agreement**
- B. Authorized Provider Logo Guidelines**
- C. Training Center Forms**
- D. Training Center Review Process and Forms**
- E. Training Center Position Descriptions**

Appendix A: Training Center Agreement

Note: A sample TC Agreement is included in this appendix for reference purpose only. Do not sign or submit this agreement to become a Training Center. All TC applicants must submit a Training Center Application. If you are an approved Training Center, we suggest that you place a copy of your agreement in this section for your reference.

Training Center Agreement

This is an agreement between the American Heart Association, Inc., with offices at 7272 Greenville Ave, Dallas, TX 75231 (hereinafter the "AHA") and Sample Training Center, with its principal place of business at 2010 Training Ave, AnyCity, ST, 10001, (hereinafter "Training Center" or "TC").

WHEREAS, the AHA is a nonprofit organization dedicated to fighting heart disease and stroke and sets guidelines for emergency cardiovascular care ("ECC") and ECC training;

WHEREAS, TC would like to provide, and manage the provision by others of, ECC training under the guidelines and curriculum of the AHA;

NOW THEREFORE, in consideration of the mutual promises set out herein, the parties hereby agree as follows:

1. Definitions:

- 1.1. *AHA Materials*: "AHA Materials" shall mean all ECC materials published by the AHA, including, but not limited to, textbooks, instructor's manuals, exams, answer keys, toolkits, newsletters, and course completion cards.
- 1.2. *Courses*: "Course" or "Courses" shall mean the approved ECC courses listed below in which Course Cards will be distributed [list only the approved courses].
 - A. *Basic Life Support*
Provider Course(s)
Instructor Course(s)
 - B. *Advanced Cardiac Life Support*
Provider Course(s)
Instructor Course(s)
 - C. *Pediatric Advanced Life Support*
Provider Course(s)
Instructor Course(s)
- 1.3. *Course Cards*: "Course Cards" shall mean those cards bearing the AHA Servicemarks and ECC logo, which TC may distribute to students pursuant to Program Guidelines to indicate that the student participated in or successfully completed a Course.
- 1.4. *Geographic Territory*: The "Geographic Territory" shall mean the State(s) of ____
- 1.5. *Training Sites*: "Training Sites" shall mean persons or organizations engaged or authorized by TC to teach Courses and for whom TC will process course rosters.

- 1.6. *Instructors:* "Instructors" shall mean persons engaged or authorized by TC or Training Sites to teach Courses.
- 1.7. *Program Guidelines:* "Program Guidelines" shall mean the then current *Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*, and the then current *Program Administration Manual: Guidelines for Program Administration and Training* dated March 1, 2008, as they may be amended and/or supplemented by the AHA from time to time. The Program Guidelines are incorporated herein by reference as if fully set forth at length. TC acknowledges receipt of a set of Program Guidelines.

2. Responsibilities of Training Center:

- 2.1. *Courses:* TC shall conduct courses and shall authorize Instructors and/or Training Sites to conduct courses only within the Geographic Territory. TC shall ensure that all Courses taught by TC, Training Sites, and/or Instructors conform to the requirements of the Program Guidelines and the curriculum set out in the applicable AHA Instructor's Manuals. TC acknowledges and agrees that this Agreement is non-exclusive and that the AHA may enter into Training Center Agreements with other parties within the Geographic Territory.
- 2.2. TC shall comply with the requirements of the Program Guidelines including, but not limited to:
 - 2.2.1. TC shall promptly notify, forward, or otherwise communicate to its instructors all correspondence from the American Heart Association regarding changes to science or curricula.
 - 2.2.2. TC must issue course cards within thirty (30) calendar days following receipt of completed roster and course documents from instructors.
- 2.3. The TC will support Chain of Survival initiatives in cooperation with the AHA in their region and/or community, within available resources as outlined in Program Guidelines.
- 2.4. The TC will support local public advocacy Chain of Survival activities, e.g., public access defibrillation.
- 2.5. *Rosters and Course Completion Cards:*
 - 2.5.1. TC shall safeguard Course Cards from unauthorized distribution. It shall limit the distribution of Course Cards only to persons who are students of TC, Training Site and/or Instructors and who have met the requirements for receipt of Course Cards in accordance with Program Guidelines. Only the approved TC Coordinator or a TC employee designated by the TC Coordinator and acting under the direct supervision of the TC Coordinator may receive Course Cards from distributors and the TC will be solely responsible for the control and security of card issuance. This responsibility may not be assigned or transferred to any other organization or individual, including Training Sites or Instructors. TC shall

ensure that only the appropriate type of Course Card, as set out in the Program Guidelines, is issued to each student.

- 2.5.2. TC may not substitute any other organization's card for the appropriate AHA Course Card, or issue any Course Card not currently authorized for an AHA Course, or use non-AHA course materials in lieu of AHA materials to teach an AHA Course.
- 2.5.3. TC shall maintain rosters and records for all Courses conducted by TC and/or Training Site for at least 3 years after the date the Course was conducted.
- 2.5.4. TC shall submit statistical data and/or reports to the AHA as required under the Program Guidelines.

2.6. *AHA Materials:*

- 2.6.1. TC may purchase AHA Materials from third party distributors subject to the distributor's policies regarding payment terms, prices, shipping, and handling.
- 2.6.2. TC may sell AHA ECC textbooks and Instructor's Manuals to students, Instructors, and other third parties. However, it may not sell or distribute to any third party, other than Training Sites and/or Instructors, AHA Course exams and/or answer keys. AHA Course exams and/or answer keys may be used only for provision of Courses under this Agreement. Training Centers may duplicate, in whole, AHA Course exams, and authorize Training Sites and Instructors to duplicate, in whole, AHA Course exams to be used only for the provision of Courses under this Agreement. TC shall prohibit Training Sites or Instructors from unauthorized copying, re-selling or distributing AHA Course exams and answer keys.

2.7. *TC Coordinators:* TC shall designate a primary contact (hereinafter "TC Coordinator") between TC and the AHA regarding all administration of ECC training, including, but not limited to, customer service, Course scheduling, card issuance, and records maintenance and retention. TC shall ensure that new TC Coordinators attend an orientation with AHA within thirty (30) calendar days following execution of the TC Agreement or, in the case of staff turnover, within thirty (30) calendar days following designation as a TC Coordinator.

3. **Reviews:** The AHA may monitor and/or review TC's and Training Sites' performance and compliance with Program Guidelines and AHA curriculum at least once each year through a review of Course records, site reviews, and course audits. TC shall provide the AHA with access, as needed, to Training Site facilities and records. This shall be in addition to the monitoring of Instructors as a part of their review.

4. **Dispute Resolution:**

4.1. Subject to paragraph 4.2 below, TC agrees that any disputes regarding Course curriculum, TC's compliance with Program Guidelines, or other matters regarding

its delivery of AHA ECC training shall be resolved according to the Dispute Resolution Policy set out in the Program Guidelines.

- 4.2. Notwithstanding the terms of paragraph 4.1, each party to this Agreement shall at all times be entirely free to exercise its rights of termination under Section 10 without regard to whether a dispute exists at the time of such termination which, in the absence of such termination, would be resolved pursuant to Section 4.1, and, if such a dispute should then exist, without any requirement that such dispute be resolved pursuant to Section 4.1.
5. **Costs and Fees:** All costs of providing Courses and fees charged to students shall be the responsibility of the TC. The AHA shall not have any responsibility for any costs incurred, or fees charged, by TC or Training Sites. The AHA is paid no fees by TC or any Training Sites or Instructors, and the AHA has no financial interest in the business of TC, Training Sites or Instructors.
6. **Relationship of the Parties:** The parties acknowledge and agree that the relationship created by this Agreement is that of independent contractors, each is an independent business entity and, as such, neither party may represent itself as an employee, agent, or representative of the other, nor may it incur any obligations on behalf of the other party; nor are the parties joint venturers or partners; nor does the relationship created under this agreement constitute a franchise. TC is solely responsible for carrying out its responsibilities under this agreement. TC is solely responsible for Training Sites' performance under this Agreement and for its contractual relationship with Training Sites. Employees of TC and/or Training Sites are not, and shall not be considered employees of the AHA. Without limiting the foregoing, TC acknowledges and agrees that the AHA shall have no responsibility for any activities of TC or Training Sites, including, but not limited to, their conduct of courses, their employment, supervision and training of Instructors and other employees or agents, their scheduling of Courses, their obligation to provide Courses to third parties, their obligations to pay for AHA Materials or other supplies or services provided by third parties or any other obligations incurred in the course of business.
7. **Conflict of Interest:** TC acknowledges that the AHA's conflict of interest policy prohibits AHA volunteers from acting and being involved in any decision-making process on behalf of the AHA when the volunteer has any interest (whether financial, personal, or professional) in the activity. This policy may result in the disqualification of TC employees from acting as AHA volunteers in the ECC program. TC will not knowingly permit its employees or agents to take any actions that violate the AHA's conflict of interest policy.
8. **Proprietary Rights:**
 - 8.1. TC acknowledges and agrees that all Instructor information is proprietary to the AHA. Instructor information includes but is not limited to the date(s) on which Instructor took the Instructor Course(s) or Renewal Course(s), course location, monitoring reports, teaching history, and contact information for Instructor, including address, phone and email address. Instructor information must be delivered to the AHA upon request.

- 8.2. TC acknowledges and agrees that copyright in AHA Materials is owned by the AHA. AHA Materials may not be copied, in whole or in part, whether in print, electronically, on the World Wide Web ("Web") or in any other format, and may not be adapted without the prior express written consent of the AHA.
- 8.3. The name "American Heart Association," the heart-and-torch logo, and the slogan "Learn and Live" (hereinafter collectively "AHA Servicemarks") are servicemarks of the American Heart Association, Inc. TC acknowledges and agrees that it may not use them or display them in any fashion whatsoever, except as may be expressly set out in the Program Guidelines, and subject to the AHA's prior review and written approval.
- 8.4. TC's use of the AHA Servicemarks, and AHA Materials shall accrue exclusively to the AHA's benefit, and all ownership, copyrights, servicemarks, trademarks, and other rights, titles, and interests in them shall be in the AHA's name and shall belong to the AHA. TC shall not contest the validity of the AHA's copyrights, servicemarks, or trademarks or other AHA proprietary right, title or interest, including, without limitation, after the expiration or termination of this Agreement.

9. **Indemnification:**

- 9.1. TC hereby agrees to indemnify, defend, and hold harmless the AHA and its affiliates, and their officers, employees, volunteers, and agents, from and against all claims, damages, liabilities, suits, and expenses (including reasonable attorney's fees) arising out of or in connection with (a) Courses offered or provided by TC, Training Sites, Instructors, their employees or agents; (b) acts or omissions of TC, Training Sites and/or Instructors; and (c) any breach by TC and/or Training Sites of the terms of this Agreement. However, this indemnity obligation shall not extend to claims, damages, liabilities, suits and expenses caused solely from the science content of any AHA Materials when used by TC and/or Training Site in full compliance with the Program Guidelines and the curriculum set out in the applicable AHA Instructor's Manual.
- 9.2. In no event shall the AHA and/or its affiliates nor their officers, employees, volunteers or agents be liable to TC or Training Site for any direct, indirect, special, consequential, or incidental damages.
- 9.3. For the duration of this Agreement TC shall obtain and maintain at its expense general liability insurance from a carrier rated A, VII or better, with limits equal to or greater than \$300,000 if the only Courses conducted under this Agreement are Basic Life Support Courses listed under Section 1.2. of this Agreement and \$1,000,000 if any Course other than Basic Life Support Courses is listed in Section 1.2 of this Agreement. This policy shall specify that it may not be modified or canceled by the insurer, except after thirty (30) days prior written notice by the insurer to the AHA. TC must provide the AHA with a certificate of insurance evidencing this coverage upon execution of the Agreement and upon any renewals hereof.

10. **Term and Termination**

- 10.1. The term of this Agreement shall be for a **one (1) year period**, beginning on _____. It shall automatically renew for a twelve (12) month period at the end of the initial term and at the end of each term thereafter, so long as before the end of the term, the AHA provides the TC with written notice of renewal for the following period. Each party is free to decline to renew or extend the term of this Agreement.
- 10.2. Following expiration or termination of this agreement for any reason, TC may not issue any Course Cards.
- 10.3. All procedures listed in the Program Guidelines regarding the retention or handling of unused Course Cards, completed rosters, completed monitoring forms and other records must be followed upon termination or expiration, with or without cause. Notwithstanding, TC shall deliver all such records to the AHA upon request.
- 10.4. This agreement may be terminated by either party if the other party breaches any term or condition of the Agreement and fails to cure the breach within ten (10) business days after receipt of written notice describing the breach. TC acknowledges and agrees that breach includes, but is not limited to, failure by TC or Training Sites to comply with program and/or curriculum guidelines, and that neither the AHA nor its affiliates nor their officers, employees volunteers or agents shall have any liability for any resulting termination under this Agreement.
- 10.5. This Agreement may also be terminated by either party, without cause, upon sixty (60) days' prior written notice.

11. **General Terms:**

- 11.1. *Assignment:* This Agreement may not be assigned or transferred by TC without the prior written consent of the AHA.
- 11.2. *Entire Agreement:* This Agreement contains the entire agreement between the parties relating to the rights herein granted and the obligations herein assumed, and supersedes all prior written or oral agreements or communications between the parties. In the event of any conflict between the terms of this Agreement and the terms of the Program Guidelines, the terms of this Agreement shall prevail.
- 11.3. TC warrants and represents that upon execution hereof, this Agreement shall be the legal, valid and binding obligation of TC, enforceable against TC in accordance with its terms. The individual signing this Agreement warrants and represents that he/she is duly authorized to sign this Agreement on behalf of TC.
- 11.4. *Waiver:* No waiver of any term, provision, or condition of this Agreement, whether by conduct or otherwise, shall be deemed to be, or shall constitute, a waiver of any other provision hereof; nor shall such waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the party making the waiver.

- 11.5. *Modification:* No supplement, modification, or amendment of any term, provision, or condition of this Agreement shall be binding or enforceable on either party hereto unless in writing signed by both parties.
- 11.6. *Parties Named:* Nothing in this Agreement, whether express or implied, is intended to confer upon any person, other than the parties identified herein and the AHA (and their respective heirs, representatives, successors, and permitted assigns), any rights or remedies under, or by reason of, this Agreement. Nothing in this Agreement is intended to relieve or discharge any liability of any party hereto or any third party. No provision in this Agreement shall give any entity any right of subrogation against any party hereto.
- 11.7. *Notices:* All notices shall be sent postage prepaid to the intended party at the address set forth above (unless notification of a change of address is given in writing) and two (2) business days following the date of mailing shall be deemed the date notice is given.
- 11.8. *Severability:* Should any part, term, or provision of this Agreement be declared to be invalid, void, or unenforceable, all remaining parts, terms, and provisions hereof shall remain in full force and effect, and shall in no way be invalidated, impaired, or affected thereby.
- 11.9. *Applicable Law:* This Agreement shall be governed by the laws of the State of Texas without regard to its conflict of laws provisions.
- 11.10. *Subject Headings:* The subject headings of the sections, paragraphs, and subparagraphs of this Agreement are included herein solely for the purposes of convenience and reference, and shall not be deemed to explain, modify, limit, amplify, or aid in the meaning, construction, or interpretation of any of the provisions of this Agreement.
- 11.11. *Survival:* The following paragraphs, including their subparagraphs, shall survive termination of this agreement: 4.2, 8, 9, 10.3, 11.2, 11.6, 11.7, 11.8, 11.9 and 11.11.

AGREED:

American Heart Association, Inc.

Training Center

SAMPLE AGREEMENT

NOT VALID UNLESS APPROVED BY AMERICAN HEART ASSOCIATION

Last revised: 8/25/04

Appendix B: Authorized Provider Logo Guidelines

Authorized Provider Logo Guidelines

Basic Principles and Requirements

These guidelines permit the TC to use the Authorized Provider Logo in limited situations to identify emergency cardiovascular care and CPR courses which it offers pursuant to its contract with the AHA and for which AHA course completion and participation cards can be issued. These guidelines also permit TCs to allow its Training Sites to use the Authorized Provider Logo, so long as the TC ensures that the Training Sites comply with these guidelines. Reference in these guidelines to “Training Sites” means the TC and Training Sites. It is the responsibility of the TC to manage and control the use of the Authorized Provider Logo according to these guidelines.

Because the Authorized Provider Logo serves to identify the AHA, it cannot be used by the Training Site as a part of its own name or logo. That is why these guidelines will not permit use of the Authorized Provider Logo on building signage, letterhead, business cards, or other items whose primary function is to identify the Training Site or any other entity.

The AHA Signature and Heart-and-Torch Symbol

The AHA owns the American Heart Association name, signature and heart-and-torch logo.

These guidelines do not permit Training Sites to use the American Heart Association signature or heart-and-torch symbol separate from its inclusion in the Authorized Provider Logo.

General

This document sets forth the standards for use of the Authorized Provider Logo.

1. The Authorized Provider Logo may only be used by:
 - a) Training organizations that have executed a TC Agreement with the AHA only so long as that agreement is in effect.

- b) Training Sites that have been authorized by their TC to use the Authorized Provider Logo.
2. The Authorized Provider Logo and its usage must conform to AHA standards as set forth in this document.
3. While these standards apply to individual TCs and their Training Sites, the primary responsibility for enforcing these standards lies with the individual TC.
4. Violation of these standards by the TC or by any of its Training Sites may result in termination of the TC’s contract with the AHA.
5. These guidelines are subject to change in accordance with the AHA’s scientific positions, government regulations and other circumstances. If there are any changes, updated guidelines will be sent to all current TCs with notification of changes and their effective dates. The TC shall be responsible for advising its Training Sites of such changes or updates.

Placement Guidelines

The Authorized Provider Logo must be positioned as follows:

1. The logo must be used in conjunction with a reference to AHA ECC Courses offered by the Training Sites.
2. The Authorized Provider Logo must be clearly and visually separated by white space equal to the height of the heart-and-torch in the Authorized Provider Logo from the Training Site’s name or from any text or graphic.
3. The logo cannot be altered or modified in any way.

So that we can assist in the placement and use of the Authorized Provider Logo, the TC must submit samples of all intended uses by the TC and/or any of its Training Sites to the Regional ECC Staff person for review before printing or distribution. Any required changes will be communicated to the TC within 10 working days of receipt of the sample.

Computerized versions (either PC or Macintosh) of the Authorized Provider Logo are available through the ECC extranet website.

Permissible Uses

The Authorized Provider Logo may be displayed only on the following types of materials:

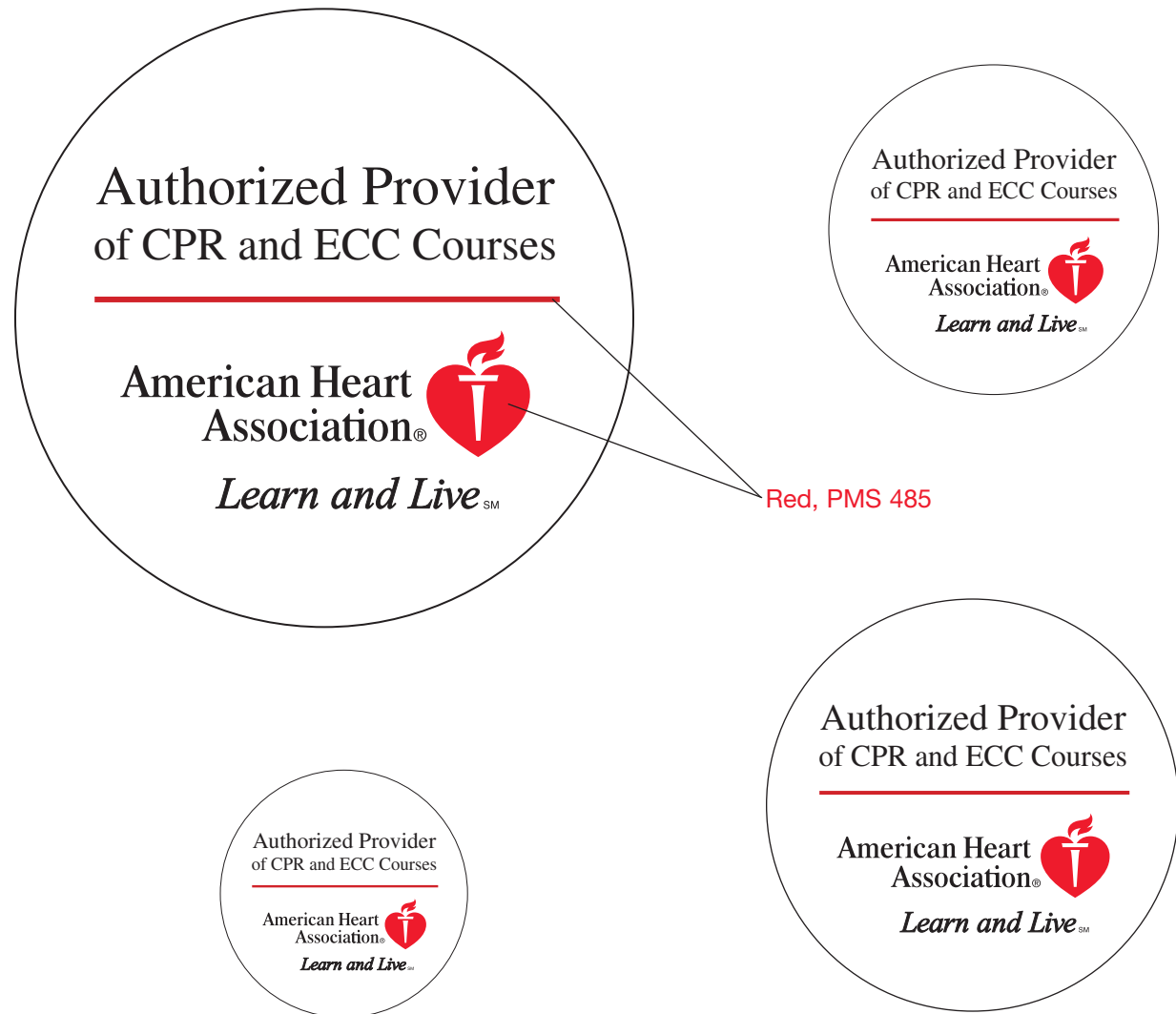
1. Schedules of AHA ECC Courses
2. Announcements of AHA ECC Courses
3. Brochures regarding AHA ECC Courses.
4. Flyers about AHA ECC Courses
5. Posters advertising AHA ECC Courses
6. AHA ECC Course Advertisements
7. Electronic or web-based Media announcing or advertising AHA ECC Courses
8. Telephone directory or Yellow Pages advertising AHA ECC Courses

The Authorized Provider Logo can only be displayed in association with ECC Courses that are taught with AHA materials by authorized AHA training organizations and in accordance with the AHA's current ECC Guidelines.

Prohibited Uses

Under no circumstances may the Authorized Provider Logo be placed on:

1. Letterhead
2. Business Cards
3. Building signage
4. Specialty Items (Cups, Pens, T-shirts, etc.)
5. Supplementary educational materials not published by the AHA, but used by the Training Site or instructors.
6. Non-AHA textbooks, charts, booklets, course outlines, etc.
7. Any advertisement or notice that includes non-AHA Courses
8. Next to the Training Site's name or logo without a clear graphic or space separator to unambiguously indicate that the Authorized Provider Logo is not a part of the Training Site's own identifying name or mark.



Authorized Provider
of CPR and ECC Courses



Authorized Provider
of CPR and ECC Courses



Authorized Provider
of CPR and ECC Courses



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of CPR and ECC Courses



Authorized Provider
of CPR and ECC Courses



Authorized Provider
of CPR and ECC Courses



Authorized Provider
of CPR and ECC Courses



Appendix C: Training Center Forms

This section includes the common form used by Training Centers. It does not contain forms found in the Instructor Manual CD ROMs.

Contents

- Course Evaluation
- Instructor Candidate Application
- Instructor Course Completion Notice to Primary TC
- Instructor Records Transfer Request
- Instructor/TCF Renewal Checklist
- Instructor Teaching Activity Notice to Primary TC
- Training Center Faculty (TCF) Candidate Application

Note: The Course Evaluation instrument is an optional document that may be changed or adapted to the individual TC's needs.

- 11. I would recommend this course to my colleagues. 1 2 3 4 5
- 12. The program was presented at an appropriate pace conducive to learning. 1 2 3 4 5
- 13. Instructors presented the material with knowledge and clarity. 1 2 3 4 5
- 14. Instructors provided adequate and helpful feedback 1 2 3 4 5

Please rate the instructor's overall effectiveness: 1 ----- 2 ----- 3 ----- 4 ----- 5
Poor Fair Satisfactory Good Excellent

| Instructor and Topic | 1 | 2 | 3 | 4 | 5 | Comments |
|----------------------|---|---|---|---|---|----------|
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Please use this space to make any additional comments:

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

(Optional)

If you would like feedback on your comments, please fill out the following:

Name _____

Address _____

Phone _____

Signature (required if any action is being requested) _____

Please submit your comments to the Instructor at course end, or if you prefer, you can mail this form either directly to the Training Center and/or the Regional ECC Office (call 1-888-CPR-LINE for the address).

Thank you for your participation!

**American Heart Association Emergency Cardiovascular Care Program
Instructor Candidate Application**

Instructions: To be completed by Instructor candidate with appropriate signatures. Please complete one application for *each* discipline.

Name (with credentials): _____

Mailing address: _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____

Type of Instructor Course: Heartsaver BLS ACLS PALS

Recommended renewal date of Provider card in discipline in which candidate is seeking Instructor status:

Instructor Commitment: As an AHA Instructor, I agree to teach at least four courses in two years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

Signature of Instructor Candidate

Date

TC Alignment: I approve this application and grant alignment with this Training Center for this applicant. I agree to all responsibilities for this Instructor as outlined in this manual.

Name of Training Center: _____

Signature of TC Coordinator: _____ Date: _____

Verification of Instructor Potential: I verify that this Instructor candidate has achieved a score of 84% or higher on the Provider written examination in the discipline for which he/she is applying and has completed at least *one* of the following options:

- Has been identified as having Instructor potential during performance in a Provider Course
- Has demonstrated Instructor potential during a screening evaluation
- Has demonstrated exemplary performance of Provider skills under my direct observation

Signature of TCF/Course Director/Lead Instructor (circle appropriate title)

Date

**American Heart Association Emergency Cardiovascular Care Program
Instructor Course Completion Notice to Primary TC**

Instructions: This form is to be used when an Instructor candidate completes an Instructor Course sponsored by a TC other than his/her primary TC. Upon completion of the Instructor Course the TC Faculty member completes this form and sends it to the candidate's primary TC with originals of the candidate's skills evaluation and written examination. (Copies of originals are to be kept with course records.)

Name of Candidate: _____

Discipline: HS BLS ACLS PALS

This is to confirm that the above-named candidate has successfully completed an Instructor Course sponsored by:

Name of TC: _____

TC Site (if applicable): _____

Date of course: _____ Location: _____

Discipline: BLS ACLS PALS

Name of TCF Member: _____

Signature of TCF Member: _____ Date: _____

This form is to be sent to the candidate's primary TC for monitoring and issuance of an Instructor card.

Name/address of Primary TC: _____

Name of Primary TC Coordinator: _____

**American Heart Association Emergency Cardiovascular Care Program
Instructor Records Transfer Request**

- 1. When a TC agrees to accept an Instructor, the TC Coordinator signs and sends this form to the Instructor.**

Our TC is willing to accept _____ as an Instructor at our facility. We agree to keep and maintain all Instructor records in accordance with the TC Agreement.

Signature of TC Coordinator: _____ Date: _____

TC address: _____

Phone: _____ Fax: _____

- 2. The Instructor completes the following information and sends it to the TC currently holding his/her Instructor records.**

I, _____, authorize the transfer of my Instructor records from _____ TC to _____ TC.

Instructor's home address: _____

Home phone: _____ Work phone: _____

Check discipline(s) for which you are requesting a records transfer:

BLS Heartsaver Instructor ACLS PALS

- 3. After verifying and completing this form, the Instructor's current TC transfers the Instructor's records to the new TC. All applicable Instructor records as outlined in Chapter 5 of this manual must be transferred.**

The transferring TC must keep copies of all transferred records for 30 days.

- 4. The new TC contacts the Instructor when the transfer is complete.**

- 5. The TC Coordinator from the current TC signs and dates this form when the records have been transferred.**

Signature of TC Coordinator: _____ Date: _____

TC Address: _____

Phone: _____ Fax: _____

**American Heart Association Emergency Cardiovascular Care Program
Instructor/TCF Renewal Checklist**

Instructions:

This checklist may be used to document successful completion of Instructor/TCF renewal requirements and contact information. It is recommended that the TC keep the completed form in the Instructor's file.

Instructor/TCF Contact Information

Name:

Address:

Phone:

Fax:

Email:

Other contact information:

Discipline: BLS ACLS PALS Instructor card expiration date: _____

Primary TC (for discipline seeking renewal):

Name of TC Coordinator:

Renewal Checklist

- Provider skills successfully demonstrated Date: _____ Method: _____
- Provider examination completed with a score of 84% or higher Date: _____
- Instructor/TCF update(s) attended Date(s): _____
- Instructor/TCF Monitor Form completed successfully Date: _____
- At least four Provider Courses taught in past two years or waiver obtained (see below)
- If applicable (for TCF), one Instructor/Instructor Renewal Course taught in past two years (see below)

Teaching Activity

| Course Name | Date | Location (TC/Site) | Station/Module |
|---|------|--------------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| Instructor/Instructor Renewal Course | | | |
| 1. | | | |

Additional courses may be attached or listed on the back of this form.

- New Instructor card issued Date: _____
- TCF status maintained Date: _____

**American Heart Association Emergency Cardiovascular Care Program
Instructor/TCF Teaching Activity Notice to Primary TC**

Instructions:

When an Instructor/TCF member teaches a course at a TC other than his/her primary TC, this form is to be completed and sent to the Instructor/TCF member's primary TC. A letter with the same information or a copy of the course roster (without scores) may also meet this requirement.

Primary TC Information

Name of TC Coordinator: _____

TC Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Name of Instructor/TCF member:

Discipline: HS BLS ACLS PALS

Instructor card expiration date: _____

Course Information

This confirms that the above-named Instructor/TCF member has taught the following course:

TC sponsoring course: _____

Training Site (if applicable): _____

Date of course: _____ Location: _____

Type of course taught: _____

Modules/stations taught: _____

Name of Course Director/Lead Instructor: _____

Signature of Course Director/Lead Instructor: _____ Date: _____

**American Heart Association Emergency Cardiovascular Care Program
Training Center Faculty (TCF) Candidate Application**

Instructions: To be completed by TCF candidate with appropriate signatures.

Name (with credentials) _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____

Expiration date of BLS Instructor card: _____

Letter of recommendation from Regional or TCF member attached

Training Center Faculty Commitment: As a Training Center Faculty member, I agree to teach at least four Provider Courses in two years plus one Instructor Course and to monitor Instructors/Instructor candidates/Course Directors in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

Signature of Training Center Faculty Candidate

Date

TC Alignment: I approve this application and have provided documentation that the candidate has been an Instructor for a minimum of two years or has taught a minimum of eight courses with positive evaluations by students. I grant alignment with this Training Center for this applicant and agree to all responsibilities for this Training Center Faculty member as outlined in this manual.

Name of Training Center: _____

Signature of TC Coordinator: _____ Date: _____

Appendix D: Training Center Review Process and Forms

Program for TC Monitoring/Mentoring Process: Guidelines for Implementation

Overview

The American Heart Association's ultimate goal is to ensure quality programs and better outcomes. Therefore, the focus will shift from being administrative and documentation focused to course monitoring and mentoring of the TC's course curriculum. The current process for TC evaluation and monitoring has been more subjective rather than objective.

This process will give the reviewer an objective method of scoring, references to AHA guidelines, and reviewer tips. This will ensure fairness (consistency) and equality among reviewers while giving the TC the tools necessary to improve the quality of its courses. When infractions do occur, the process will lend itself to mentoring versus disciplinary actions.

This process was developed to offer a consistent program for the review of TCs. The intent is to offer the Regional Faculty member/Reviewer objective standards with annotated references to be used as guidelines. The Regional Faculty member/Reviewer will be able to offer an objective score with rating, compliance, and requirements.

This process will also allow you to focus your assessment on improving the organization's performance. It allows reviewers an opportunity to discuss the data obtained and trended and view patterns on how the organization uses the data as opportunities for performance improvement.

Goals:

The Regional Faculty member/Reviewer will

- Ensure that all AHA standards have been addressed.
- Make overall observations about compliance.
- Provide consultation and education as time permits.

Objectives:

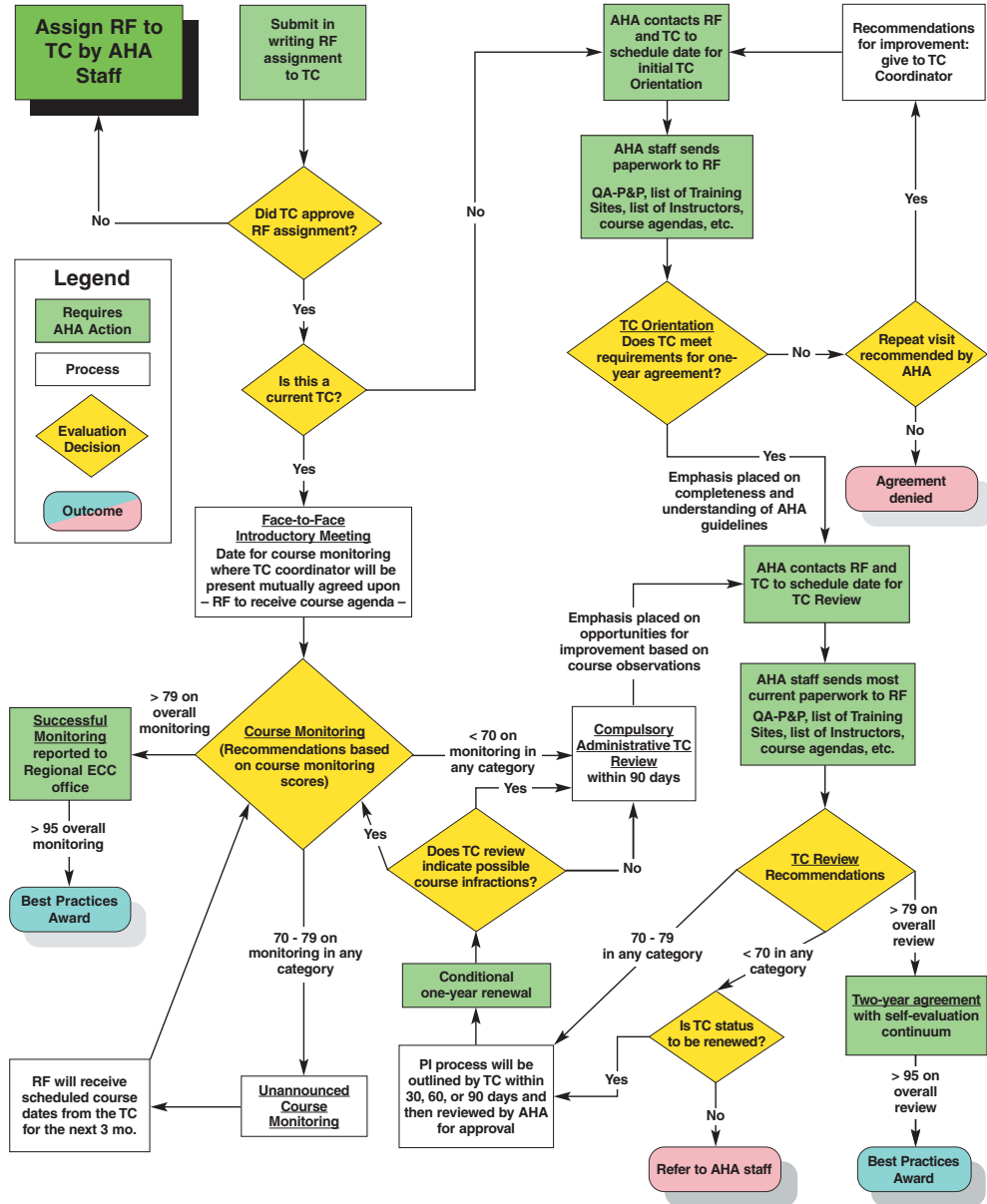
At the end of the review process, the TC will be able to

- Allocate resources to measure, analyze, and improve the organization's processes/performance.
- Use AHA materials and maintain security.
- Develop and maintain course and instructor files.

1.0 Assignment of National/Regional Faculty to Training Center by AHA Staff

- Submit to the TC in writing the name of the assigned RF member.
- Is there joint agreement on RF assignment?
 - If not, reassignment will occur.

The TC Mentoring/Monitoring by RF Process



Reviews will be scheduled by Regional AHA office and mutually agreed on by TC and RF.

- (For new TC applicants, a review will be conducted within 30 days of application approval.)

2.0 Course Monitoring (by assigned RF)

- Conduct a face-to-face introductory meeting.
- Determine the date of course review (to be mutually agreed on).
- Receive course agenda from TC.

3.0 Scoring (The following recommendations are based on course monitoring scores.)

- A score greater than 95% on overall monitoring is excellent compliance and leads to a best practice **award**.
- A score greater than 79% is acceptable compliance, and course monitoring will be reported to Regional ECC Office.
- A score of 70% to 79% in any category is not acceptable compliance and initiates unannounced course monitoring.
 - The RF member should have received a course schedule for the next three months at this time.
- A score of less than 70% is not acceptable compliance. Additional compliance within 30 days and a focused administrative review within 90 days should occur.

4.0 TC Administrative Review

Reviewer Note:

If the review is initiated because of unsuccessful course monitoring, emphasis is to be placed on opportunities for improvement based on course monitoring observations. If this review follows new TC orientation, emphasis is to be placed on completeness and understanding of AHA guidelines.

- **AHA contacts RF and TC to schedule date for TC Review.**
- **AHA staff sends RF the most current paperwork** (eg, QA-P&P, list of Training Sites, list of Instructors, agendas, etc).
- **TC recommendations based on scoring:**
 - Greater than 95% on overall monitoring is excellent compliance and leads to Best Practice Award and a two-year agreement with self-evaluation continuum.
 - Greater than 79% on overall review is acceptable compliance and leads to a two-year agreement with self-evaluation continuum.
 - From 70% to 79% on any category is not acceptable compliance and initiates the TC to outline a PI process within 30 to 90 days, as determined by the AHA, for a conditional one-year renewal.
 - Less than 70% is not acceptable compliance. At this time renewal status must be determined by AHA staff **in collaboration with the Regional ECC Committee**. If renewal status is deemed appropriate, the TC is to outline a PI process within 30 to 90 days, as determined by AHA, for a conditional one-year renewal.
- **Does this review initiate possible course infractions?**
 - If yes, initiates course monitoring.
 - If no, initiates another TC review.

Training Center—Course Monitoring Review

The Course Monitoring Review is divided into three sections:

| | |
|-------------|-------------------------------|
| Section I | Facility/Class Structure |
| Section II | Course Content |
| Section III | Equipment/Materials Available |

Purpose of Review:

- How the TC allocates resources to accommodate class size
- How the TC incorporates course content
- How the TC uses required equipment and AHA materials

Where Will the Review Take Place?

The review will be held at a location of your choice, ie, where the course is taught.

When Will the Review Take Place?

- Following an initial Administrative Review.
- Conducted every two years following successful completion of a Training Center Review.
- Unannounced following a noncompliant course and/or Administrative Review.
- Unannounced following complaints to Regional Office.

Who Will Participate:

Training Center:

- TC Faculty

AHA:

- Regional Faculty
- Staff (optional)

What Will Occur:

Regional Faculty will

- Monitor course to ensure that all pertinent standards have been met.
- Make overall observations about compliance.
- Provide consultation and education, as time permits.

What Are Some Tips for Success?

- Be familiar with the Instructor/Provider manual for the discipline being reviewed.
- Be familiar with the exams for the discipline being reviewed.
- Be familiar with your TC policies and procedures.

Scoring:

The scoring section includes a question(s) to help you focus on the performance expectation in the standard and identifies the levels of compliance expressed in frequency of compliance or quantitative or qualitative terms.

- The scoring reflects the level of compliance by section.
- Each standard is scored independently by “Yes” answers.
- An “NA” response will be scored as a “Yes.”
- In an area where more than one component is being reviewed, a “Yes” must be able to be scored for all. If any part scores a “No” then the entire component is a “No.”

Ratings:

- 1—95% to 100% Assessment provides evidence of excellent compliance.
- 2—80% to 94% Assessment provides evidence of acceptable compliance.
- 3—70% to 79% Assessment does not provide evidence of acceptable compliance.
- 4—<70% Assessment does not provide evidence of acceptable compliance.

**CATEGORY 2
COURSE CONTENT**

| | BLS | ACLS | PALS |
|--|---|---|---|
| 1. Are students provided with a course outline? <i>PAM, Chapter 5; BIM, Pt 2, Chapter 5</i> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Is course outline consistent with AHA guidelines? Comment: _____ _____ <i>Memo 3/12/01; BIM, Pt 2; AIM, Pt 2, Chapters 2, 5; PIM, Pt 2, Chapter 1</i> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Is core content covered? Comment: _____ _____ <i>PAM, Chapter 6; BIM, Pt 2; AIM, Pt 1, Chapter 3; Pt 2, Chapter 2; PIM, Pt 1, Chapter 2</i> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Are skills performance checklists used and competency evaluated? If not, please comment: _____ _____ If megacode is used for competency evaluation, please indicate group size: _____ <i>BIM, Pt 1, Chapter 4; Pt 3, Appendix A; AIM, Pt 1, Chapter 5; Pt 2, Chapter 5; Pt 5, Chapter 1; Appendix; PIM, Pt 2, Chapter 7</i> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5a. Provider course only: Is skills practice time appropriate? If not, please comment: _____ _____ <i>PIM, Pt 1, Chapter 3; Pt 2, Chapter 1</i> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 5b. Instructor Course only: Did participants give presentations with peer feedback? If not, please comment: _____ _____ <i>BIM, Pt 2, Chapter 8; AIM, Pt 5, Chapter 3; PIM, Pt 1, Chapter 3</i> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 6. Is the most current written examination used? Date on exam: _____ <i>PAM, Chapter 5; BIM, Pt 1, Chapter 4; AIM, Pt 1, Chapter 2; PIM, Pt 1, Chapter 4</i> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Is proficiency in performing CPR, including AED, evaluated during the course? If not, please comment: _____ _____ <i>BIM, Pt 3, Appendix A; AIM, Pt 2, Chapter 5; Pt 5, Chapter 3; PIM, Pt 1, Chapters 2-5, Appendix</i> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Numeric score for this section: | ___ of 8 | ___ of 8 | ___ of 8 |
| Percent score for this section: | % | % | % |
| Additional comments on this section: _____ _____ | | | |
| Note to reviewer: Questions 1, 2, and 3: TCs must have their own outline made available to every student during the course and to the reviewer before the course. This outline should reflect the core content of the course and that content should be consistent with AHA guidelines. Question 4: Skills performance check sheets provided in the AHA Instructor manuals may be used. If not, then the skills check sheets used must reflect whether the core skills for that discipline have or have not been met. Question 5a.: Can be broken down into two questions: Was every participant given equal opportunity to practice? Was practice time sufficient so that successful return demonstration of those skills could have been met? | | | |

**CATEGORY 3
EQUIPMENT/MATERIALS AVAILABLE**

| | BLS | ACLS | PALS |
|--|-----------------------|-----------------------|-----------------------|
| 1. Does each student have appropriate textbooks available for use before, during, and after the course? <i>PAM, Chapter 5; BIM, Pt 1, Chapter 3; AIM, Pt 1, Chapter 1; PIM, Pt 2, Chapter 1</i> | ___Y ___N | ___Y ___N | ___Y ___N |
| 2. Is the required equipment available? If anything is missing, please comment: _____ _____ <i>PAM, Chapter 6; AIM, Pt 2, Chapter 5; PIM, Pt 2, Chapter 7; Appendix B</i> | ___Y ___N | ___Y ___N | ___Y ___N |
| 3. Is all equipment clean and in good working order? Comment: _____ _____ <i>PAM, Chapter 6; AIM, Pt 2, Chapter 5; PIM, Pt 1, Chapter 6</i> | ___Y ___N | ___Y ___N | ___Y ___N |
| 4. Are AHA audiovisual materials used? Please comment: _____ _____ <i>PAM, Chapter 5; BLS video, BIM, Pt 2, Chapters 3-5; exception, Pt 2, Chapter 7; ACLS, PALS toolkit, video and CD</i> | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA |
| Numeric score for this section: | ___ of 4 | ___ of 4 | ___ of 4 |
| Percent score for this section: | % | % | % |
| Additional comments on this section: _____ _____ | | | |
| Note to reviewer: Question 4: The check off category "NA" counts in the scoring and is made available because some options are allowed regarding the use of AHA audiovisual aids, such as the renewal course where it is optional or when media equipment fails or becomes unavailable and the Instructor provides the information in the same manner. In any case, please comment on how the material is presented. | | | |

TOTAL SCORING

| | BLS | ACLS | PALS |
|-----------------------------|------------|-------------|-------------|
| Total numeric score: | ___ of 18 | ___ of 18 | ___ of 18 |
| Total percent score: | % | % | % |

| TRAINING CENTER SCORING | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|
| | BLS | ACLS | PALS |
| Section I | _____ of 6 = _____ % = | _____ of 6 = _____ % = | _____ of 6 = _____ % = |
| Rating (1-4) | | | |
| Section II | _____ of 8 = _____ % = | _____ of 8 = _____ % = | _____ of 8 = _____ % = |
| Rating (1-4) | | | |
| Section III | _____ of 4 = _____ % = | _____ of 4 = _____ % = | _____ of 4 = _____ % = |
| Rating (1-4) | | | |
| TOTAL | _____ of 18 = _____ % = | _____ of 18 = _____ % = | _____ of 18 = _____ % = |
| Rating (1-4) | | | |

| RATING | COMPLIANCE | REQUIREMENTS |
|-------------------------|--|---|
| 1 —(95% to 100%) | Assessment provides evidence of excellent compliance. | Compliant, no requirements, best practice for total score. |
| 2 —(80% to 94%) | Assessment provides evidence of acceptable compliance. | Compliant, no requirements. |
| 3 —(70% to 79%) | Assessment does not provide evidence of acceptable compliance. | Noncompliant, initiates an unannounced course monitoring. |
| 4 —(<70%) | Assessment does not provide evidence of acceptable compliance. | Noncompliant; additional documentation within 30 days and a focused administrative review within 90 days. |

REVIEWER'S SIGNATURE/COMMENTS

Reviewer's overall comments: _____

Reviewer(s)'s Name: _____ Name: _____

Reviewer(s)'s Signature: _____ Signature: _____ Date: _____

Lead Instructor's signature indicates that Regional Faculty member was present.

Lead Instructor's Signature: _____ Date: _____

**American Heart Association Emergency Cardiovascular Care Program
Training Center—Administrative Review**

Training Center (TC): _____ Review Date: _____

Location: _____ Review Type: _____
(Circle one: initial, one-year, course initiated)

Discipline: This administrative review may be used for more than one discipline.

Directions: Score 1 for every question marked **Yes** or **N/A**. Questions not in boldface type are for information only and are not part of the scoring guidelines throughout the document.

Note to reviewer: Some convenient references are made to the BLS, ACLS, and PALS Instructor’s Manuals and the Program Administration Manual (BIM, AIM, PIM, and PAM, respectively) for your evaluation criteria.

SECTION I

ORGANIZATION/ADMINISTRATION-FOCUSED FUNCTIONS

| REVIEWER TIPS: The TC Coordinator must be present for the TC review for each discipline. If the TC Coordinator is not present, STOP THE REVIEW AND RESCHEDULE IT. | BLS | ACLS | PALS |
|---|---|---|---|
| <p>1. The TC Coordinator(s) for each discipline must be available during a TC administrative review to answer any questions from reviewers and ensure that the requirements are understood. <i>(See PAM, Chapter 5)</i></p> <p>a. Was the TC Coordinator present and participating during the entire administrative review?</p> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <p>2. Each TC must carry and maintain general liability insurance coverage or waiver. TCs covered under waivers, ie, sovereign immunity, must initiate and keep on file a letter stating such coverage. <i>(See PAM, Chapter 5)</i> <i>(International is N/A)</i></p> <p>a. Does the TC have a <u>current certificate</u> for general liability insurance? (Check appropriate amount below) <input type="checkbox"/> \$5,000,000 for National TCs <input type="checkbox"/> \$1,000,000 for ACLS/PALS <input type="checkbox"/> \$300,000 for BLS</p> <p>b. Does the TC have a <u>current letter</u> on file stating coverage by waiver, ie, sovereign immunity?</p> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <p>REVIEWER TIPS: Question 2: TC must answer Yes to a or b to receive a positive score of 1. (Attach a current copy of appropriate document to send to Regional ECC staff.)</p> | | | |
| <p>3. Each TC may maintain its records in hard copy or electronically. All electronic files must be backed up on a regular basis. All records and backed-up information must be maintained for at least three years from issue date. All electronic files must be capable of printing as hard copy. TC records must be accessible during a TC review. <i>(See PAM, Chapter 5)</i></p> <p>a. Can the TC document that it stores records, including TCF/Instructor files? (Put a checkmark by applicable answers below.) <input type="checkbox"/> Hard copy <input type="checkbox"/> Electronically—If stored electronically: Are files backed up on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No Can all electronic files be printed as hard copies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <p>b. Can the TC show that all records are maintained for a minimum of three years from the date of issue?</p> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| <p>REVIEWER TIPS: Question 3b: Mark N/A for new TC applicants only and add a positive score of 1.</p> | | | |
| <p>REVIEWER TABULATION: SECTION I Score summary of Page 1</p> | <input type="checkbox"/> of 4 | <input type="checkbox"/> of 4 | <input type="checkbox"/> of 4 |

| SECTION I: ORGANIZATION/ADMINISTRATION FUNCTIONS continued | BLS | ACLS | PALS |
|--|---|---|---|
| 4. Each TC must maintain the following documents: TC Agreement, general liability insurance or waiver, official AHA correspondence, list of Training Sites and contacts, website agreement, and policies and procedures. (See PAM, Chapter 5) <u>Is there evidence that the TC maintains the following documents:</u> a. Original or copy of the current signed TC Agreement | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Website agreement (if applicable) | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| c. Documentation of any deficiencies identified during a review _____Corrective action taken? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| d. Current list of Training Sites and contact information | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 4.1 Copies of official correspondence from AHA: National and Regional? Can the TC show that there is a process for reviewing/distributing national and regional correspondence, ie, filed by date? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the TC have a process for timely distribution of information? <input type="checkbox"/> Yes <input type="checkbox"/> No Can the TC show that the timeline was followed? <input type="checkbox"/> Yes <input type="checkbox"/> No Can the TC show that the basic content of appropriate AHA correspondence was distributed to TCF/Instructors? <input type="checkbox"/> Yes <input type="checkbox"/> No Can the TC show that appropriate AHA correspondence was distributed to Training Sites if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| REVIEWER TIPS: Question 4c: New TC applicants will answer N/A and receive a positive score. Question 4.1: Training Sites that are TC applicants should have copies of AHA correspondence on file. | | | |
| 5. Each TC must have administrative policies and procedures (P&P) that address quality assurance, continuous quality (performance) improvement, internal dispute resolutions, equipment maintenance/decontamination, Training Site management/relations, and management of TCF/Instructor communication/updates. (See PAM, Chapter 5) <u>Does the TC have policies and procedures that address the following issues?</u> a. Written Quality Assurance Plan (updated annually)? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Can the TC show evidence of continuous quality improvement activity? (Performance Improvement: data, trends, and outcomes)? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Equipment maintenance/decontamination? _____Do policies and procedures address the cleaning of manikins and clothing if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Internal dispute resolution? Has the TC had any internal disputes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If <i>Yes</i> , were outcomes successful? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Management of TCF/Instructor communication/updates? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| f. Training Site management/relations? (May have contract in lieu of policies and procedures; N/A for new applicant TC) | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| REVIEWER TIPS: Question 5: Should be reflected in paperwork. | | | |
| 6. Each TC will support Chain of Survival initiatives within its resources, ie, mass training CPR, public access events, Operation Heartbeat/Operation Stroke initiatives through instructors, equipment, financial, manikins, or organizational support. (See PAM, Chapter 5) a. Is there evidence that the TC supports Chain of Survival initiatives? (Check all that apply.) _____Mass training CPR or _____public access events by: _____Instructors/TCF _____Equipment _____Financial _____Manikins _____Organizational support Other (be specific):_____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| REVIEWER TIPS Question 6: TC must show evidence of participating in <u>one</u> event to answer <i>Yes</i> and get a positive score of 1. | | | |
| REVIEWER TABULATION: | SECTION I Score summary of Page 2 | <input type="checkbox"/> of 12 | <input type="checkbox"/> of 12 |

| SECTION I: ORGANIZATION/ADMINISTRATION FUNCTIONS continued | BLS | ACLS | PALS | | | | | | | | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|------|-------------|--|--|--|------------|--|--|--|--------------------|--------------------|--------------------|
| <p>7. Each TC will have administrative capability to support the functions of the Training Network, eg, issuance of cards, maintenance of records, submission of training reports, maintenance of Instructor/TCF files, etc. (See PAM, Chapter 5)</p> <p>a. Does the TC have the administrative capability to support the functions of the Training Network?</p> <p>____ Issuance of cards ____ Maintenance of records ____ Submission of training reports ____ Maintenance of Instructor/TCF files</p> | <p>__Y __N</p> | <p>__Y __N</p> | <p>__Y __N</p> | | | | | | | | | | | | |
| REVIEWER TIPS: Question 7: TC must meet all four components to answer Yes and get a positive score of 1. | | | | | | | | | | | | | | | |
| <p>8. Each TC will use an AHA disclaimer on all marketing tools and use the ECC logo appropriately. Each TC will offer courses to the community unless prohibited by law or policy. (See PAM, Chapters 5, 8)</p> <p>a. Is the AHA disclaimer clear on all marketing tools where a course fee is indicated?</p> | <p>__Y __N</p> | <p>__Y __N</p> | <p>__Y __N</p> | | | | | | | | | | | | |
| <p>b. Is the authorized Provider logo used appropriately?</p> | <p>__Y __N __NA</p> | <p>__Y __N __NA</p> | <p>__Y __N __NA</p> | | | | | | | | | | | | |
| REVIEWER TIPS: Question 8a: If law or policy prohibits the TC from offering community courses and there are no marketing materials or community courses, mark as a Yes for disclaimer use. Question 8b: If TC does not use the ECC Provider logo, mark N/A and score as 1. | | | | | | | | | | | | | | | |
| <p>9. Each TC has a computer with Internet access to receive national and regional memos, exams, etc. (See PAM, Chapter 5)</p> <p>a. Does the TC have a computer with Internet access or is one available to the TC for its use?</p> | <p>__Y __N</p> | <p>__Y __N</p> | <p>__Y __N</p> | | | | | | | | | | | | |
| <p>b. Does the TC have access to a computer with external email? (Bulletin 10/02)</p> | <p>__Y __N</p> | <p>__Y __N</p> | <p>__Y __N</p> | | | | | | | | | | | | |
| REVIEWER TIPS: Question 9: If the TC has difficulty receiving AHA correspondence/exams, confirm that it has the Adobe Acrobat Reader software, which is a free download. Offer to help with downloading the program. | | | | | | | | | | | | | | | |
| <p>10. Each TC must maintain an adequate number of Instructors and TC Faculty to meet the needs of its customers. (See PAM, Chapter 5)</p> <p>a. Does the TC maintain an adequate number of Instructors and TC Faculty to meet the needs of its customers? (Please indicate total number of the following):</p> <table border="1" data-bbox="228 1192 1013 1283"> <thead> <tr> <th></th> <th>BLS</th> <th>ACLS</th> <th>PALS</th> </tr> </thead> <tbody> <tr> <td>Instructors</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TC Faculty</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | BLS | ACLS | PALS | Instructors | | | | TC Faculty | | | | <p>__Y __N</p> | <p>__Y __N</p> | <p>__Y __N</p> |
| | BLS | ACLS | PALS | | | | | | | | | | | | |
| Instructors | | | | | | | | | | | | | | | |
| TC Faculty | | | | | | | | | | | | | | | |
| REVIEWER TIPS: Question 10: Suggested ratios: Number of Instructors to meet largest class size offered; suggested 48 as largest. BLS/ACLS/PALS 1 TCF and/or RF member to 8 Instructors, 1 Instructor to 8 students | | | | | | | | | | | | | | | |
| <p>11. Each TC will appoint TC Faculty to ensure that the TC is able to conduct Instructor Courses. (See PAM, Chapter 5)</p> <p>a. Is there evidence that the TC has appointed TC Faculty?</p> | <p>__Y __N</p> | <p>__Y __N</p> | <p>__Y __N</p> | | | | | | | | | | | | |
| REVIEWER TABULATION: | | | | | | | | | | | | | | | |
| <p>SECTION I Score summary of Page 3</p> | <p>__of 7</p> | <p>__of 7</p> | <p>__of 7</p> | | | | | | | | | | | | |

| SECTION I: ORGANIZATION/ADMINISTRATION FUNCTIONS continued | BLS | ACLS | PALS |
|--|---|---|---|
| 17. Each TC will ensure that TCF/Instructors have a current textbook to teach each level of course taught within the TC. Toolkits are available to TCF/Instructors to teach each level of course taught within the TC. (See PAM, Chapter 6) a. Can the TC demonstrate that TCF/Instructors <u>have</u> the most current and appropriate textbooks and toolkits are made <u>available</u> to teach? <input type="checkbox"/> Does the TC purchase all textbooks for each TCF member/Instructor? <input type="checkbox"/> Must TCF/Instructors purchase their own textbooks? <input type="checkbox"/> Do the TC and TCF/Instructors share the cost of textbooks? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 18. Each TC will submit required reports by stated deadline. (See PAM, Chapter 5) a. Can the TC show evidence of submitting reports by stated deadline? <input type="checkbox"/> Course/participant statistics | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| REVIEWER TIPS: Question 18: Mark N/A for new TC applicants and add a positive score of 1 for each. | | | |
| REVIEWER TABULATION: | SECTION I Total score: Add scores of previous summaries and above question. | | |
| | ___ of 38 | ___ of 38 | ___ of 38 |

| PROGRAM ENHANCEMENT (NO SCORING) | BLS | ACLS | PALS |
|---|--|--|--|
| Does the TC use any AHA self-instructional learning system, eg, Heartcode? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Does the TC offer contact hours? <input type="checkbox"/> Training courses <input type="checkbox"/> Retraining courses <input type="checkbox"/> Nursing <input type="checkbox"/> Respiratory <input type="checkbox"/> Other; be specific: _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Does the TC offer CME for physicians? <input type="checkbox"/> Training courses <input type="checkbox"/> Retraining courses | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Does the TC offer courses in a language other than English on a routine basis? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Does the TC offer courses in a language other than English on special request? <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Creole <input type="checkbox"/> Sign <input type="checkbox"/> Other; be specific: _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Does the TC subscribe to the publication <i>Currents</i>? <input type="checkbox"/> Is there a process in place for storing <i>Currents</i> ? <input type="checkbox"/> Is there evidence that the TC encouraged its TCF/Instructors to subscribe to <i>Currents</i> ? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| It is recommended that each TC Coordinator maintain current Instructor status in at least one discipline. (See PAM, Chapter 5) a. Is there evidence that the TC Coordinator maintains Instructor status in at least one discipline? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Is there evidence that the TC Coordinator attended <u>any</u> Instructor updates? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

**SECTION II
COURSE-FOCUSED FUNCTIONS**

| | BLS | ACLS | PALS |
|---|---|--------------------|--------------------|
| 1. Each TC or its TS must offer classes open to the community unless prohibited by law or institutional policy. (See PAM, Chapter 5) a. Is there evidence that the TC/TS offers classes to the community? | __Y __N __NA | __Y __N __NA | __Y __N __NA |
| REVIEWER TIPS: Question 1: If the TC is prohibited by law to open classes to the community, check NA and score as a Yes. | | | |
| 2. Each TC shall have an agenda for each course taught. (See BIM, Part 2, Chapter 5; AIM, Part 2, Chapter 5) a. Does the TC have an agenda for each course taught? | __Y __N __NA | __Y __N __NA | __Y __N __NA |
| b. If the agenda has been adapted for the individual needs of the TC, does the agenda reflect required core content? | __Y __N __NA | __Y __N __NA | __Y __N __NA |
| c. Do the agendas for Instructor Courses reflect qualified faculty? | __Y __N | __Y __N | __Y __N |
| REVIEWER TIPS: Question 2: Program agendas are used to allow both the instructor and students to know the format of the course taught within that TC. | | | |
| 3. The TC conducting the course is responsible for card issuance and security. (See PAM, Chapter 5; Extranet) a. Does the TC use current AHA cards? | __Y __N | __Y __N | __Y __N |
| b. Is there evidence of a process in place for securing cards? | __Y __N | __Y __N | __Y __N |
| c. Is there evidence of a process in place for issuing cards for a two-year period? | __Y __N | __Y __N | __Y __N |
| d. Can the TC show evidence of controlling the access of the security number for ordering cards? | __Y __N | __Y __N | __Y __N |
| e. Can the TC demonstrate that it issues cards within 30 days of receipt of paperwork? | __Y __N | __Y __N | __Y __N |
| f. Can the TC show evidence that cards are completed correctly (eg, date: month/year)? | __Y __N | __Y __N | __Y __N |
| 4. Each TC must maintain course documents. (See PAM, Chapter 5; Appendix C) <u>Does the TC maintain the following in its course files?</u> a. Agendas | __Y __N | __Y __N | __Y __N |
| b. Completed roster | __Y __N | __Y __N | __Y __N |
| c. Written exam for students who are “not yet complete” | __Y __N | __Y __N | __Y __N |
| d. Psychomotor skills evaluations for students who are “not yet complete” | __Y __N | __Y __N | __Y __N |
| e. Dispute resolutions if applicable (attached to roster) | __Y __N __NA | __Y __N __NA | __Y __N __NA |
| f. Instructor Candidate Application (Instructor Courses only) | __Y __N __NA | __Y __N __NA | __Y __N __NA |
| REVIEWER TIPS: Question 4: Review 10 or 5%, whichever is greater. If the section you are reviewing is missing from any course files, that section would score a No. Due to the volume of courses, there may be a master agenda for the files and not one in each course roster for BLS. This should be reviewed as appropriate. Question 4f: If the TC has not held an instructor course, check NA and count as a Yes for the score. | | | |
| REVIEWER TABULATION: | SECTION II Score summary of Page 6 | __ of 16 | __ of 16 |
| | | __ of 16 | __ of 16 |

| SECTION II: COURSE-FOCUSED FUNCTIONS continued | BLS | ACLS | PALS |
|--|--|--|--|
| 5. Each TC will use a Course/Instructor evaluation tool for every participant in each course taught. (See PAM, Chapter 6) | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| a. Can the TC produce the course/instructor evaluation form? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Is there evidence that the TC uses this form for every class? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Is there evidence that the Course/Instructor evaluation tool is summarized? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Summary of Course/Instructor evaluations maintained in course files and individual evaluations maintained for those with potential issues/problems? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Is there evidence that individual Instructors are evaluated? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| ___ Is there evidence that the TC used the information on the Course/Instructor evaluation tool for improvement? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| ___ Is there evidence that the overall TC program administration is evaluated, ie, course structure, overall management, etc? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| REVIEWER TIPS: Question 5e: Both items listed must be present for a <i>Yes</i> and positive score. | | | |
| 6. Each TC is responsible for providing the current exam to its TCF/Instructors, maintaining exam security, and communicating the importance of maintaining security to TCF/Instructors. (See PAM, Chapters 5, 6; PIM, Part 1, Chapter 3) | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| a. Does the TC use current exams? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| ___ Is the precourse exam given before the course? (Only <u>required</u> in PALS) | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Is there evidence of a process in place for securing exams? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Is there evidence of a process in place for who has access to exams? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Is there evidence of a process in place for distributing the exams to TCF/Instructors? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Is there evidence that course exams are issued to students and proctored? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Each TC will complete a roster meeting AHA guidelines at the close of the course and retain it for a minimum of three years. (See PAM, Appendix A, TC Agreement; Appendix C) | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| a. Does the TC use rosters with AHA guidelines for all courses? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Is there evidence that rosters are used for every class? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Are all areas of the roster completed? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 7-1. <u>Whether an AHA roster is used or not, are all of the following components included?</u> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| a. Name of organization (TC and TS if applicable) | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Type of course | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Instructors listed and their station or position Was a physician instructor available (ACLS/PALS only)? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Number of participants | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Number of participants remediated | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| f. Number of participants incomplete | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| REVIEWER TABULATION: | SECTION II Score summary of Page 7 | ___ of 19 | ___ of 19 |

| SECTION II: COURSE-FOCUSED FUNCTIONS continued | BLS | ACLS | PALS |
|---|--------------|--------------|--------------|
| g. Instructor-student-manikin ratio (determine from number of participants/instructors listed) | ___Y ___N | ___Y ___N | ___Y ___N |
| h. Total hours of instruction (start and finish times) | ___Y ___N | ___Y ___N | ___Y ___N |
| i. Signed and dated by Lead Instructor or Course Director | ___Y ___N | ___Y ___N | ___Y ___N |
| j. Test scores (optional) REVIEWER: Do not score this question. | ___Y ___N | ___Y ___N | ___Y ___N |
| REVIEWER TIPS: Question 7-1: Review 10 or 5%, whichever is greater. If any aspect is missing, per the roster, that section becomes a <i>No</i> . | | | |
| 8. Each TC will have adequate space for courses that is conducive to learning. (<i>See BIM, Part 2, Chapter 5</i>) | | | |
| a. Does the TC have adequate space to conduct courses? Does the TC consistently use one facility? Yes ___ No ___ Does the TC use multiple facilities? Yes ___ No ___ If using multiple facilities, how does the TC ensure that the atmosphere is conducive to learning? | ___Y ___N | ___Y ___N | ___Y ___N |
| REVIEWER TIPS Question 8: Review rosters for average number of participants. Note criteria in <i>BIM</i> : Adult Learning. Questions not in boldface type are for information only. | | | |
| 9. Each TC will have a textbook available for each participant before, during, and after each course. (<i>See PAM, Chapter 5</i>) | ___Y ___N | ___Y ___N | ___Y ___N |
| <u>Is there evidence that the TC provides access to textbooks:</u> | | | |
| a. Prior to the course | ___Y ___N | ___Y ___N | ___Y ___N |
| b. During the course | ___Y ___N | ___Y ___N | ___Y ___N |
| c. After the course | ___Y ___N | ___Y ___N | ___Y ___N |
| d. Does the TC have an adequate supply of appropriate textbooks for courses offered? | ___Y ___N | ___Y ___N | ___Y ___N |
| REVIEWER TIPS: Question 8: Review rosters for average number of participants. Note criteria in <i>BIM</i> : Adult Learning. Questions not in boldface type are for information only. | | | |
| REVIEWER TABULATION: SECTION II Total score: Add scores for all questions in this section. | ___ of 44 | ___ of 44 | ___ of 44 |

**SECTION III
INSTRUCTOR-FOCUSED FUNCTIONS**

| | BLS | ACLS | PALS |
|--|--------------|--------------|--------------|
| 1-1. Each TC must maintain a current file on TCF/Instructors in all disciplines. (<i>See PAM, Chapter 5; Appendix D; Extranet</i>) | ___Y ___N | ___Y ___N | ___Y ___N |
| a. Is there evidence of a file for each TCF member/Instructor? | | | |
| REVIEWER TIPS Question 1: Review 10 or 5%, whichever is greater. Review ALL TCF files. If any aspect is missing, per folder, that section becomes a <i>No</i> . | | | |
| 1-2. All files should be complete. Note the following criteria: | ___Y ___N | ___Y ___N | ___Y ___N |
| a. Name | | | |
| b. Job status (eg, MD, RN, EMT-P, etc) | ___Y ___N | ___Y ___N | ___Y ___N |
| c. Mailing address ___ Email addresses optional | ___Y ___N | ___Y ___N | ___Y ___N |
| d. Phone number | ___Y ___N | ___Y ___N | ___Y ___N |
| e. Copy of card | ___Y ___N | ___Y ___N | ___Y ___N |

| | | | | |
|---|---|-----------------------|-----------------------|-----------------------|
| Reviewer Tabulation: | SECTION III Score summary of Page 8 | ___of 6 | ___of 6 | ___of 6 |
| SECTION III: INSTRUCTOR-FOCUSED FUNCTIONS Continued | | BLS | ACLS | PALS |
| f. Initial recognition date | | ___Y ___N | ___Y ___N | ___Y ___N |
| g. Renewal date | | ___Y ___N | ___Y ___N | ___Y ___N |
| h. Instructor Monitoring Form every two years for renewal instructors and within 1 year of Instructor Course for Instructor candidates | | ___Y ___N | ___Y ___N | ___Y ___N |
| i. Instructor Renewal Checklists: ___ Written exam ___ Psychomotor skills ___ Provider card (optional) | | ___Y ___N | ___Y ___N | ___Y ___N |
| j. Instructor Activity Notice to Primary TC (if teaching outside primary TC) | | ___Y ___N | ___Y ___N | ___Y ___N |
| k. Instructor Candidate Letters of Alignment with a TC on file | | ___Y ___N | ___Y ___N | ___Y ___N |
| l. Instructor Course Completion letter to Primary TC | | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA |
| m. Records Transfer Requests ___ Were records transfer requests completed within 30-day time frame? | | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA |
| 2. Each TC will maintain documentation of TCF/Instructors' teaching activity (four courses in a two-year period). (See PAM, Chapter 5) | | | | |
| a. Is there evidence of teaching activity for TCF/Instructors? ___ Individual Instructor file ___ Master list ___ Both | | ___Y ___N | ___Y ___N | ___Y ___N |
| 3. Each TC will ensure an adequate number of courses each year to allow all TCF/Instructors to maintain their status. (See PAM, Chapter 5) | | | | |
| a. Is there evidence of an adequate number of provider courses? | | ___Y ___N | ___Y ___N | ___Y ___N |
| b. Is there evidence that the TC has conducted any Instructor Courses? | | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA |
| 4. Each TC will update TCF/Instructors with the latest information on AHA courses, science guidelines, policies and procedures, and training bulletins. (See PAM, Chapter 5) | | | | |
| Is there evidence that appropriate faculty attended required AHA updates? (Use most current required update as documentation of evidence) | | ___Y ___N | ___Y ___N | ___Y ___N |
| a. AHA courses | | ___Y ___N | ___Y ___N | ___Y ___N |
| b. Science guidelines | | ___Y ___N | ___Y ___N | ___Y ___N |
| c. Policies and procedures | | ___Y ___N | ___Y ___N | ___Y ___N |
| d. Training bulletins | | ___Y ___N | ___Y ___N | ___Y ___N |
| e. Is there evidence that the TC updates TS with the latest information? | | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA |
| REVIEWER TIPS: Question 4d: Training sites applying for TC status should have copies of AHA correspondence on file. | | | | |
| REVIEWER TABULATION: | SECTION III Total score: Add scores for all questions in this section. | ___of 22 | ___of 22 | ___of 22 |

**SECTION IV
EQUIPMENT-FOCUSED FUNCTIONS**

| | BLS | ACLS | PALS |
|---|---|---|---|
| 1. Each TC is responsible for ensuring that appropriate equipment in sufficient quantity is available and in good working order at each course. (See PAM, Chapter 6) | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| a. Can the TC produce a list of training equipment for courses taught? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Is there a sufficient amount of equipment available for each course? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Is the equipment in good working order? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | |
| 2. Each TC is responsible for ensuring that equipment is appropriately cleaned/decontaminated. (See PAM, Chapters 5, 6) | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| a. Does the TC provide records showing that training equipment was cleaned? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Are enough AED trainers available? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Is there evidence that the TC has inspected course equipment in their Training Site(s)? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| REVIEWER TIPS: | | | |
| Question 2: If the TC does not maintain Training Sites, c will have to be scored as an NA. Count the NA as a Yes. | | | |
| Reviewer Tabulation: | SECTION IV Total score: Add scores for all questions in this section. | | |
| | <input type="text"/> of 6 | <input type="text"/> of 6 | <input type="text"/> of 6 |

| | | | |
|--|------------------|------------------|------------------|
| NOTE: The following is a basic list of equipment necessary for a successful course. For specific equipment requirements, refer to the Instructor Manual in the appropriate discipline. | | | |
| REVIEWER: This is general information. There is no score for this section. | | | |
| | BLS | ACLS | PALS |
| Manikins: Number of manikins: ____ Adult ____ Child ____ Infant ____ Are manikins accessible for inspection? ____ If manikins are available, are they in good working order? ____ Adequate space for storage? | ____ Y ____ N | ____ Y ____ N | ____ Y ____ N |
| AEDs: ____ Number of AED trainers available. | ____ Y ____ N | ____ Y ____ N | ____ Y ____ N |
| Defibrillators/simulators (ACLS/PALS): ____ Number of defibrillators ____ Number of simulators | ____ Y ____ N | ____ Y ____ N | ____ Y ____ N |
| Airway equipment: ____ Number of masks ____ Number of valves ____ Number of bag masks Intubation equipment (ACLS/PALS): ____ Number of handles/blades ____ Tracheal tubes (assorted sizes) ____ Combitubes (ACLS only) ____ Laryngeal mask airways | ____ Y ____ N | ____ Y ____ N | ____ Y ____ N |
| Intraosseous needles for PALS (ACLS optional): ____ Number of needles ____ Bones or simulations for intraosseous access | ____ Y ____ N | ____ Y ____ N | ____ Y ____ N |

| TRAINING CENTER SCORING | | | |
|--------------------------------|------------------------|------------------------|------------------------|
| | BLS | ACLS | PALS |
| SECTION I | ____ of 38 = ____ % = | ____ of 38 = ____ % = | ____ of 38 = ____ % = |
| Rating (1-4) | | | |
| SECTION II | ____ of 44 = ____ % = | ____ of 44 = ____ % = | ____ of 44 = ____ % = |
| Rating (1-4) | | | |
| SECTION III | ____ of 22 = ____ % = | ____ of 22 = ____ % = | ____ of 22 = ____ % = |
| Rating (1-4) | | | |
| SECTION IV | ____ of 6 = ____ % = | ____ of 6 = ____ % = | ____ of 6 = ____ % = |
| Rating (1-4) | | | |
| TOTAL | ____ of 111 = ____ % = | ____ of 111 = ____ % = | ____ of 111 = ____ % = |
| Rating (1-4) | | | |

| RATING | COMPLIANCE | REQUIREMENTS |
|---------------------|--|---|
| 1 (95%-100%) | Assessment provides evidence of excellent compliance. | Compliant, no requirements, best practice for total score. |
| 2 (80%-94%) | Assessment provides evidence of acceptable compliance. | Compliant, no requirements. |
| 3 (70%-79%) | Assessment does not provide evidence of acceptable compliance. | Noncompliant, additional documentation within 30 days. |
| 4 (<70%) | Assessment does not provide evidence of acceptable compliance. | Noncompliant, additional documentation within 30 days and a focused administrative review within 90 days. |

A score of 70% to 79% (rating of 3) in any individual section will result in the TC supplying additional documentation within 30 days.

A score of less than 70% (rating of 4) in any individual section will result in additional documentation and a focus review within 90 days.

Comments:

Regional Faculty: _____ Print _____ Signature Date: _____

Regional Faculty: _____ Print _____ Signature Date: _____

Regional Faculty: _____ Print _____ Signature Date: _____

AHA Staff: _____ Print _____ Signature Date: _____

TC Coordinator: _____ Print _____ Signature Date: _____

American Heart Association Emergency Cardiovascular Care Program Training Center—Administrative Self-Review

Training Center: _____ Review Date: _____

Location: _____

Discipline: This administrative review may be used for more than one discipline.

Directions: Score 1 for every question with a “Yes” or “NA” marked. Non-boldface questions are for information only and not part of the scoring guidelines throughout the document.

Note to reviewer: Some convenient references are made to the BLS, ACLS, and PALS Instructor’s Manuals and Program Administrative Manual (BIM, AIM, PIM, and PAM, respectively) for your evaluation criteria.

| SECTION I ORGANIZATION/ADMINISTRATION-FOCUSED FUNCTIONS | | | | |
|--|-----------------------|-----------------------|-----------------------|--|
| | BLS | ACLS | PALS | |
| 1. Purposely omitted. | | | | |
| 2. a. Does the TC have a <u>current certificate</u> for general liability insurance? _____ \$5,000,000 for National TCs _____ \$1,000,000 for ACLS/PALS _____ \$300,000 for BLS | ___Y ___N | ___Y ___N | ___Y ___N | |
| b. Does the TC have a <u>current letter</u> on file stating coverage by waiver, ie, sovereign immunity? | | | | |
| 3. a. Is there evidence that the TC stores records, including TCF/Instructor files? (Check applicable boxes below.) : _____ Hard copy _____ Electronically If stored electronically, are files backed-up on a regular basis? ___Yes ___No Is the TC capable of printing all electronic files as hard copies? ___Yes ___No | ___Y ___N | ___Y ___N | ___Y ___N | |
| b. Is there evidence that all records are maintained for a minimum of three years from the date of issue? | ___Y ___N | ___Y ___N | ___Y ___N | |
| 4. Is there evidence that the TC maintains the following documents? | ___Y ___N | ___Y ___N | ___Y ___N | |
| a. An original or copy of the current signed TC Agreement | ___Y ___N | ___Y ___N | ___Y ___N | |
| b. Website agreement (if applicable) | ___Y ___N | ___Y ___N | ___Y ___N | |
| c. Documentation of any deficiencies identified during a review _____ Corrective action taken? | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA | |
| d. Current list of Training Sites and contact information | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA | |
| 4.1 Copies of official correspondence from AHA: National and Regional? Can the TC show evidence that there is a process for reviewing/ distributing national and regional correspondence, ie, filed by date? ___Y ___N Does the TC have a process for timely distribution of information? ___Y ___N Can the TC show documentation that the timeline was followed? ___Y ___N Can the TC document that the basic content of appropriate AHA correspondence was distributed to TCF/Instructors? ___Y ___N Can the TC show documentation that appropriate AHA correspondence was distributed to TS if applicable? ___Y ___N ___NA | ___Y ___N | ___Y ___N | ___Y ___N | |
| REVIEWER TABULATION: SECTION I Score summary of Page 1 | ___ of 8 | ___ of 8 | ___ of 8 | |

| SECTION I: ORGANIZATION/ADMINISTRATION FUNCTIONS continued | | | | BLS | ACLS | PALS |
|---|-----|------|------|-----------------------|-----------------------|-----------------------|
| 5. Does the TC have policies and procedures that address the following issues: | | | | | | |
| a. Quality Assurance Plan (updated annually)? | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| b. Continuous Quality Improvement (Performance improvement-data, trends, and outcomes?) | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| c. Equipment maintenance/decontamination? ___ Does policies and procedures address cleaning of manikin and clothing if applicable? | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| d. Internal dispute resolution? Has the TC had any internal disputes? ___Y ___N ___NA If yes, were the outcomes successful? ___Y ___N ___NA | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| e. Management of TCF/Instructor communication/updates? | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| f. Training Site management/relations? (May have contract in lieu of policies and procedures) | | | | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA |
| 6. a. Is there evidence that the TC supports Chain of Survival initiatives? ___ Mass training CPR, or ___ public access events, by providing: ___ Instructors/TCF ___ Equipment ___ Financial ___ Manikins ___ Organizational support ___ Other | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| REVIEWER TIPS: Question 6: TC must show evidence of participating in one of the above to obtain a Yes and a positive score of 1. | | | | | | |
| 7. a. Does the TC have administrative capability to support the functions of the Training Network? ___ Issuance of cards ___ Maintenance of records ___ Submission of training reports ___ Maintenance of Instructor/TCF files | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| REVIEWER TIP: Question 7: TC must meet all four components to obtain a Yes and a positive score of 1. | | | | | | |
| 8. a. Is the AHA disclaimer clear on all marketing tools where a course fee is indicated? | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| b. Is the ECC provider logo used appropriately? | | | | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA |
| REVIEWER TIP: Question 8a: If law or policy prohibits TC from offering community courses and there are no marketing materials or community courses, mark Yes for disclaimer use. Question 8b: If TC does not use the ECC Provider logo, mark NA and score as 1. | | | | | | |
| 9. a. Does the TC have access to a computer with Internet access? | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| b. Does the TC have access to a computer with external email? | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| REVIEWER TIPS: Question 9: If there are problems/issues with receiving AHA correspondence/exams, make sure TC has the free download Adobe Acrobat Reader. | | | | | | |
| 10. a. Does the TC maintain an adequate number of TCF and Instructors to meet the needs of its customers? Please indicate total number of the following: | | | | | | |
| | BLS | ACLS | PALS | ___Y ___N | ___Y ___N | ___Y ___N |
| Instructors | | | | | | |
| TC Faculty | | | | | | |
| REVIEWER TIPS: Question 10: Suggested ratios-number of Instructors to meet largest class size offered; suggested 48 as largest. BLS/ACLS/PALS 1 TCF and/or RF to 8 Instructors 1 Instructor to 8 students | | | | | | |
| 11. a. Has the TC appointed TCF? | | | | ___Y ___N | ___Y ___N | ___Y ___N |
| REVIEWER TABULATION: | | | | | | |
| SECTION I Score summary of Page 2 | | | | ___ of 14 | ___ of 14 | ___ of 14 |

| PROGRAM ENHANCEMENT (NO SCORING) | BLS | ACLS | PALS |
|---|----------------|----------------|----------------|
| Does the TC use any AHA self-instructional learning system, for example, Heartcode? ____Y ____N | ____Y ____N | ____Y ____N | ____Y ____N |
| Does the TC offer contact hours? ____ Training courses ____ Retraining courses ____ Nursing ____ Respiratory ____ Other; be specific: _____ | ____Y ____N | ____Y ____N | ____Y ____N |
| Does the TC offer CME for physicians? ____ Training courses ____ Retraining courses | ____Y ____N | ____Y ____N | ____Y ____N |
| Does the TC offer courses in a language other than English on a routine basis? | ____Y ____N | ____Y ____N | ____Y ____N |
| Does the TC offer courses in a language other than English on special request? ____ Spanish ____ French ____ Creole ____ Sign ____ Other, be specific _____ | ____Y ____N | ____Y ____N | ____Y ____N |
| Does the TC subscribe to <i>Currents</i> ? ____ Is there a process in place for storing the publication <i>Currents</i> ? ____ Is there evidence that the TC encourages TCF/Instructors to subscribe to <i>Currents</i> ? | ____Y ____N | ____Y ____N | ____Y ____N |
| It is recommended that each TC Coordinator maintain current Instructor status in at least one discipline. (See PAM, Chapter 5) a. Is there evidence that the TC Coordinator maintain Instructor status in at least one discipline? | ____Y ____N | ____Y ____N | ____Y ____N |
| b. Is there evidence that the TC Coordinator attended <u>any</u> Instructor updates? | ____Y ____N | ____Y ____N | ____Y ____N |

**SECTION II
COURSE-FOCUSED FUNCTIONS**

| | BLS | ACLS | PALS |
|---|--------------------------|--------------------------|--------------------------|
| 1. a. Is there evidence that the TC/TS offers classes to the community? ____Y ____N ____NA | ____Y ____N ____NA | ____Y ____N ____NA | ____Y ____N ____NA |
| REVIEWER TIPS: Question 1: If the TC is prohibited by law to open classes to the community, check NA and count as a Yes. | | | |
| 2. a. Does the TC have an agenda for each course taught? ____Y ____N | ____Y ____N | ____Y ____N | ____Y ____N |
| b. If the agenda been adapted for the individual needs of the TC, does the agenda reflect required core content? ____Y ____N ____NA | ____Y ____N ____NA | ____Y ____N ____NA | ____Y ____N ____NA |
| c. Do agendas for Instructor Courses reflect qualified faculty? ____Y ____N | ____Y ____N | ____Y ____N | ____Y ____N |
| REVIEWER TIPS: Question 2: Program agendas are used to allow both the Instructor and student to know the format of the course taught within that TC. | | | |
| REVIEWER TABULATION: SECTION II Score summary of Page 4 | ____ of 4 | ____ of 4 | ____ of 4 |

| SECTION II: COURSE-FOCUSED FUNCTIONS continued | BLS | ACLS | PALS |
|--|---|--------------------|--------------------|
| 3. a. Does TC use current AHA cards? | __Y __N | __Y __N | __Y __N |
| b. Is there evidence of a process in place for securing cards? | __Y __N | __Y __N | __Y __N |
| c. Is there evidence of a process in place for issuing cards for a two-year period? | __Y __N | __Y __N | __Y __N |
| d. Can the TC show evidence of controlling the access of the security number for ordering cards? | __Y __N | __Y __N | __Y __N |
| e. Can the TC demonstrate that it issues cards within 30 days of receipt of paperwork? | __Y __N | __Y __N | __Y __N |
| f. Can the TC show evidence that cards are completed correctly? (ie, date: month/year) | __Y __N | __Y __N | __Y __N |
| 4. Does the TC maintain the following in its course files? | | | |
| a. Agendas? | __Y __N | __Y __N | __Y __N |
| b. Completed roster? | __Y __N | __Y __N | __Y __N |
| c. Written exam for students who are "Incomplete"? | __Y __N | __Y __N | __Y __N |
| d. Psychomotor skills evaluations for students who are "not yet complete"? | __Y __N | __Y __N | __Y __N |
| e. Dispute resolutions if applicable? (attached to roster) | __Y __N __NA | __Y __N __NA | __Y __N __NA |
| f. Instructor Candidate Application? (Instructor Courses only) | __Y __N __NA | __Y __N __NA | __Y __N __NA |
| REVIEWER TIPS: Question 4: Review 10 or 5%, whichever is greater. If the section you are reviewing is missing from any course files, that section scores a No. Due to the volume of courses, there <u>may</u> be a master agenda for the files and not one in each course roster for BLS. This should be reviewed as appropriate. Question 4f: If the TC has not held an Instructor Course, check NA and count as a Yes for the score. | | | |
| 5. a. Can the TC produce the course/Instructor evaluation form? | __Y __N | __Y __N | __Y __N |
| b. Is there evidence that the TC uses this form for every class? | __Y __N | __Y __N | __Y __N |
| c. Is there evidence that the course/Instructor evaluation tool is summarized? | __Y __N | __Y __N | __Y __N |
| d. Is a summary of course/Instructor evaluations maintained in course files and individual evaluations maintained for those with potential issues/problems? | __Y __N | __Y __N | __Y __N |
| e. Are individual Instructors evaluated? ____ Is there evidence that the TC used the information on the course/Instructor evaluation tool for improvement? ____ Is there evidence that the overall TC program administration has been evaluated, ie, course structure, overall management, etc? | __Y __N | __Y __N | __Y __N |
| REVIEWER TIPS: Question 5e: Both items listed in e must be present for a Yes and a positive score. | | | |
| REVIEWER TABULATION: | SECTION II Score summary of page 5 | | |
| | __ of 17 | __ of 17 | __ of 17 |

| SECTION II: COURSE-FOCUSED FUNCTIONS continued | | BLS | ACLS | PALS |
|---|---|--------------|--------------|-------------|
| 6. a. Does the TC use current exams? _____ Is the precourse exam given before the course? (Only <u>required</u> in PALS.) | ___Y ___N | ___Y ___N | ___Y ___N | |
| b. Is there evidence of a process in place for securing exams? | ___Y ___N | ___Y ___N | ___Y ___N | |
| c. Is there evidence of a process in place as to who has access to the exams? | ___Y ___N | ___Y ___N | ___Y ___N | |
| d. Is there evidence of a process in place for distributing the exams to TCF/Instructors? | ___Y ___N | ___Y ___N | ___Y ___N | |
| e. Is there evidence that course exams are issued to students and proctored? | ___Y ___N | ___Y ___N | ___Y ___N | |
| 7. a. Does the TC use rosters with AHA guidelines for all courses? | | | | |
| ___Y ___N | | | | |
| b. Is there evidence that rosters are used for every class? | | | | |
| ___Y ___N | | | | |
| c. Are all areas of the roster completed? | | | | |
| ___Y ___N | | | | |
| 7-1. <u>Whether an AHA roster is used or not, are all the following components included?</u> | | | | |
| a. Name of organization? (TC and TS if applicable) | | | | |
| ___Y ___N | | | | |
| b. Type of course? | | | | |
| ___Y ___N | | | | |
| c. Instructors listed and their status or position? Was a physician instructor available (ACLS/PALS only)? | | | | |
| ___Y ___N | | | | |
| d. Number of participants? | | | | |
| ___Y ___N | | | | |
| e. Number of participants remediated? | | | | |
| ___Y ___N | | | | |
| f. Number of participants incomplete? | | | | |
| ___Y ___N | | | | |
| g. Instructor-student-manikin ratio? (Determine from number of participants/Instructors listed) | | | | |
| ___Y ___N | | | | |
| h. Total hours of instruction? (Time of start and finish) | | | | |
| ___Y ___N | | | | |
| i. Signed and dated by Lead Instructor or Course Director? | | | | |
| ___Y ___N | | | | |
| j. Test scores (optional) REVIEWER: Do not score this question. | | | | |
| ___Y ___N | | | | |
| 8. a. Does the TC have adequate space to conduct courses? Does the TC consistently use one facility? Yes ___ No ___ Does the TC use multiple facilities? Yes ___ No ___ If using multiple facilities, how does the TC ensure an atmosphere that is conducive to learning? | | | | |
| ___Y ___N | | | | |
| REVIEWER TIPS Question 8: Review rosters for average number of participants. Note criteria in <i>BIM</i> : Adult Learning. Non-boldface questions are for information only. | | | | |
| REVIEWER TABULATION: | SECTION II Score summary of Page 6 | ___ of 19 | ___ of 19 | ___ of 19 |

| SECTION II: COURSE-FOCUSED FUNCTIONS continued | | BLS | ACLS | PALS |
|--|--|--|------------|------------|
| 9. Is there evidence that the TC provides access to textbooks: | | __Y __N | __Y __N | __Y __N |
| a. Before the course? | | __Y __N | __Y __N | __Y __N |
| b. During the course? | | __Y __N | __Y __N | __Y __N |
| c. After the course? | | __Y __N | __Y __N | __Y __N |
| d. Does the TC have an adequate supply of appropriate textbooks for courses offered? | | __Y __N | __Y __N | __Y __N |
| REVIEWER TABULATION: | | SECTION II Total score: Add scores of previous summaries and above questions. | __ of 44 | __ of 44 |

**SECTION III
INSTRUCTOR-FOCUSED FUNCTIONS**

| | | BLS | ACLS | PALS |
|---|--|--|--------------------|--------------------|
| 1-1. Each TC must maintain a current file on Instructors/TCF in all disciplines. (See PAM, Chapter 5; Appendix D; Extranet) | | __Y __N | __Y __N | __Y __N |
| a. Is there evidence of a file for each Instructor/TCF member? | | __Y __N | __Y __N | __Y __N |
| 1-2. All files should be complete. Note the following criteria: | | __Y __N | __Y __N | __Y __N |
| a. Name | | __Y __N | __Y __N | __Y __N |
| b. Job status (ie, MD, RN, EMT-P, etc) | | __Y __N | __Y __N | __Y __N |
| c. Mailing address? ____ Email addresses optional | | __Y __N | __Y __N | __Y __N |
| d. Phone number? | | __Y __N | __Y __N | __Y __N |
| e. Copy of card? | | __Y __N | __Y __N | __Y __N |
| f. Initial recognition date? | | __Y __N | __Y __N | __Y __N |
| g. Renewal date? | | __Y __N | __Y __N | __Y __N |
| h. Instructor/TCF Monitor Form every two years for renewal instructors and within 90 days of Instructor course for Instructor candidates? | | __Y __N | __Y __N | __Y __N |
| i. Instructor/TCF Renewal Checklists: _____ Written exam _____ Psychomotor skills _____ Provider card (optional) | | __Y __N | __Y __N | __Y __N |
| j. Instructor/TCF Teaching Activity Notice to Primary TC (if teaching outside primary TC) | | __Y __N | __Y __N | __Y __N |
| k. Instructor Candidate letters of alignment with a TC on file? | | __Y __N | __Y __N | __Y __N |
| l. Instructor Course Completion Notice to Primary TC? | | __Y __N __NA | __Y __N __NA | __Y __N __NA |
| m. Instructor/TCF Records Transfer Requests? ____ Within 30-day time frame? | | __Y __N __NA | __Y __N __NA | __Y __N __NA |
| REVIEWER TABULATION: | | SECTION III Score summary of Page 7 | __ of 14 | __ of 14 |

| SECTION III: INSTRUCTOR-FOCUSED FUNCTIONS continued | | BLS | ACLS | PALS | |
|--|--|---|-----------------------|-----------------------|-----------|
| 2. | a. Is there evidence of teaching activity for TCF/Instructors. _____ Individual Instructor file _____ Master list _____ Or both | ___Y ___N | ___Y ___N | ___Y ___N | |
| 3. | a. Is there evidence that the TC has conducted an adequate number of provider courses? | ___Y ___N | ___Y ___N | ___Y ___N | |
| | b. Is there evidence that the TC conducted any Instructor Courses? | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA | |
| 4. | Is there evidence that the TC updated Instructors/TCF with the latest information on: | ___Y ___N | ___Y ___N | ___Y ___N | |
| | a. AHA courses? | ___Y ___N | ___Y ___N | ___Y ___N | |
| | b. Science guidelines? | ___Y ___N | ___Y ___N | ___Y ___N | |
| | c. Policies and procedures? | ___Y ___N | ___Y ___N | ___Y ___N | |
| | d. Training bulletins? | ___Y ___N | ___Y ___N | ___Y ___N | |
| | e. Has the TC updated TS with the latest information? | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA | |
| REVIEWER TABULATION: | | SECTION III Total score: Add scores for all questions in this section. | ___ of 22 | ___ of 22 | ___ of 22 |

**SECTION IV
EQUIPMENT-FOCUSED FUNCTIONS**

| | | BLS | ACLS | PALS | |
|--|---|--|-----------------------|-----------------------|----------|
| 1. | a. Can TC produce a list of training equipment for courses taught? | ___Y ___N | ___Y ___N | ___Y ___N | |
| | b. Is there a sufficient amount of equipment available for each course? | ___Y ___N | ___Y ___N | ___Y ___N | |
| | c. Is the equipment in good working order? | ___Y ___N | ___Y ___N | ___Y ___N | |
| 2. | a. Does the TC provide records that training equipment was cleaned? | ___Y ___N | ___Y ___N | ___Y ___N | |
| | b. Are enough AED trainers available? | ___Y ___N | ___Y ___N | ___Y ___N | |
| | c. Has the TC inspected course equipment in its TS? | ___Y ___N ___NA | ___Y ___N ___NA | ___Y ___N ___NA | |
| REVIEWER TIPS: | | | | | |
| Question 2: If the TC does not maintain Training Sites, "c" will have to be scored as an "NA." Count the "NA" as a "Yes." | | | | | |
| REVIEWER TABULATION: | | SECTION IV Total score: Add scores for all questions in this section. | ___ of 6 | ___ of 6 | ___ of 6 |

| | | | |
|--|----------------|----------------|----------------|
| NOTE: The following is a list of necessary equipment, including but not limited, to provide a successful course. For specific equipment requirements refer to the Instructor Manual in the appropriate discipline. | | | |
| REVIEWER: This is general information. There is no score for this section. | | | |
| | BLS | ACLS | PALS |
| Manikins: Number of manikins: _____ Adult _____ Child _____ Infant _____ Are manikins accessible for inspection? _____ If manikins are available, are they in good working order? _____ Adequate space for storage? | ____Y ____N | ____Y ____N | ____Y ____N |
| AEDs: _____ Number of AED trainers available. | ____Y ____N | ____Y ____N | ____Y ____N |
| Defibrillators/simulators (ACLS/PALS): _____ Number of defibrillators _____ Number of simulators | ____Y ____N | ____Y ____N | ____Y ____N |
| Airway equipment: _____ Number of masks _____ Number of valves _____ Number of bag masks | ____Y ____N | ____Y ____N | ____Y ____N |
| Intubation equipment (ACLS/PALS): _____ Number of handles/blades _____ Tracheal tubes (assorted sizes) _____ Combitubes (ACLS only) _____ LMA | ____Y ____N | ____Y ____N | ____Y ____N |
| IO needles for PALS (ACLS optional): _____ Number of IO needles _____ Bones or simulations for IO access | ____Y ____N | ____Y ____N | ____Y ____N |

| TRAINING CENTER SCORING | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| | BLS | ACLS | PALS |
| SECTION I | _____ of 37 = _____ % = | _____ of 37 = _____ % = | _____ of 37 = _____ % = |
| Rating (1-4) | | | |
| SECTION II | _____ of 44 = _____ % = | _____ of 44 = _____ % = | _____ of 44 = _____ % = |
| Rating (1-4) | | | |
| SECTION III | _____ of 22 = _____ % = | _____ of 22 = _____ % = | _____ of 22 = _____ % = |
| Rating (1-4) | | | |
| SECTION IV | _____ of 6 = _____ % = | _____ of 6 = _____ % = | _____ of 6 = _____ % = |
| Rating (1-4) | | | |
| TOTAL | _____ of 110 = _____ % = | _____ of 110 = _____ % = | _____ of 110 = _____ % = |
| Rating (1-4) | | | |

| RATING | COMPLIANCE | REQUIREMENTS |
|--------------------------|--|---|
| 1 —(95% to 100%) | Assessment provides evidence of excellent compliance. | Compliant, no requirements, best practice for total score. |
| 2 —(80% to - 94%) | Assessment provides evidence of acceptable compliance. | Compliant, no requirements. |
| 3 —(70% to 79%) | Assessment does not provide evidence of acceptable compliance. | Noncompliant; additional documentation within 30 days. |
| 4 —(<70%) | Assessment does not provide evidence of acceptable compliance. | Noncompliant; additional documentation within 30 days and a focused administrative review within 90 days. |

A score of 70% to 79% (rating of 3) in any individual section will result in the TC supplying additional documentation within 30 days.

A score of <70% (rating of 4) in any individual section will result in additional documentation and a focus review within 90 days.

Comments:

AHA Staff _____ **Print** _____ **Signature** _____ **Date:** _____

TC Coordinator _____ **Print** _____ **Signature** _____ **Date:** _____

STANDARDS AND REFERENCES

SECTION I: ORGANIZATION/ADMINISTRATION-FOCUSED FUNCTIONS

1. Purposely omitted.
2. Each TC must carry and maintain general liability insurance or waiver. For those TCs covered under a waiver, ie, sovereign immunity, a letter stating coverage must be initiated and maintained on file stating such. *(See PAM, Chapter 5)*
3. Each TC may store records either in hard copy or electronically. All electronic files must be backed up on a regular basis. All records and backed-up information must be maintained for at least three years from issue date. All electronic files must be capable of printing as a hard copy. TC records must be accessible during a TC review. *(See PAM, Chapter 5)*
4. Each TC must maintain the following documents: TC Agreement, general liability insurance or waiver, official AHA correspondence, list of Training Sites and contacts, website agreement, and policies and procedures. *(See PAM, Chapter 5)*
- 4.1 Can the TC demonstrate evidence that there is a process for reviewing/distributing national and regional correspondence? *(See PAM, Chapter 5)*
5. Each TC must have administrative policies and procedures (P&P) that address quality assurance, continuous quality (performance) improvement, internal dispute resolutions, equipment maintenance/decontamination, TS management/relations, management of Instructor/TCF communication/updates. *(See PAM, Chapter 5)*
6. Each TC will support the Chain of Survival initiatives within its resources, ie, mass training CPR, public access events, Operation Heartbeat/Operation Stroke initiatives through instructors, equipment, financial, manikins, or organizational support. *(See PAM, Chapter 5)*
7. Each TC will have administrative capability to support the functions of the Training Network, eg, issuance of cards, maintenance of records, submission of training reports, maintenance of Instructor/TCF files, etc. *(See PAM, Chapter 5)*
8. Each TC will use an AHA disclaimer on all marketing tools and use the ECC Logo appropriately. Each TC will offer courses to the community unless prohibited by law or policy. *(See PAM, Chapter 5; Chapter 8)*
9. Each TC will have a computer with Internet access to receive national and regional memos, exams, etc. *(See PAM, Chapter 5)*
10. Each TC must maintain an adequate number of Instructors/TCF to meet the needs of its customers. *(See PAM, Chapter 5)*
11. Each TC will appoint TCF to ensure the ability of the TC to conduct Instructor Courses. *(See PAM, Chapter 5)*
12. Each TC will have a current list of instructors. *(See PAM, Chapter 5)*
13. TCs are responsible for the overall activities of the Training Sites. *(See PAM, Chapter 5)*
14. Each Training Site will comply with all AHA and TC policies and procedures. *(See PAM, Chapter 5)*
15. Each TC's documentation must indicate that the QA plan is operational and monitors course quality, TCF/Instructor performance and TC administrative operations. *(See PAM, Chapter 5)*
16. Each TC will have available the *PAM* and it will be readily available for TCF/Instructors. *(See PAM, Chapter 6; TC Agreement)*
17. Each TC will ensure that TCF/Instructors will have a current textbook for each level of course taught within the TC. Toolkits are made available to Instructors/TCF to teach each level of course. *(See PAM, Chapter 6)*
18. Each TC will submit required reports by stated deadline. *(See PAM, Chapter 5)*

SECTION II: COURSE-FOCUSED FUNCTIONS

1. Each TC or its TS must offer classes open to the community unless prohibited by law or institutional policy. *(See PAM, Chapter 5)*
2. Each TC shall have an agenda for each course taught. *(See BIM, Part 2, Chapter 5; AIM, Part 2, Chapter 5)*
3. The TC conducting the course is responsible for card issuance and security. *(See PAM, Chapter 5; Extranet)*
4. Each TC must maintain course documents. *(See PAM, Chapters 5, 6; Appendix C)*
5. Each TC will use a course/instructor evaluation tool for every participant in each course taught. *(See PAM, Chapter 6)*
6. Each TC is responsible for providing the current exam to its TCF/Instructors, maintaining exam security, and communicating the importance of maintaining security to Instructors/TCF. *(See PAM, Chapters 5, 6; PIM, Part 1, Chapter 3)*
7. Each TC will use a roster meeting AHA guidelines at the close of the course and retain for a minimum of three years. *(See PAM, Appendix A, TC Agreement; Appendix B)*
8. Each TC will have adequate space for courses and an atmosphere that is conducive to learning. *(See BIM, Part 2, Chapter 5)*
9. Each TC will have a textbook available for each participant before, during, and after each course. *(See PAM, Chapter 5)*

SECTION III: INSTRUCTOR-FOCUSED FUNCTIONS

1. Each TC must maintain a current file on TCF/Instructors in all disciplines. *(See PAM, Chapter 5; Appendix C; Extranet)*
2. Each TC will maintain documentation of TCF/Instructors' teaching activity (four courses in a two-year period) *(See PAM, Chapter 5)*
3. Each TC will ensure an adequate number of courses each year to allow all TCF/Instructors to maintain their status. *(See PAM, Chapter 5)*
4. Each TC will update TCF/Instructors with the latest information on AHA courses, science guidelines, policies and procedures, and training bulletins. *(See PAM, Chapter 5)*

SECTION IV: EQUIPMENT-FOCUSED FUNCTIONS

1. Each TC is responsible for ensuring that appropriate equipment in sufficient quantity is available and in good working order at each course. *(See PAM, Chapter 6)*
2. Each TC is responsible for ensuring appropriate cleaning/decontamination of equipment. *(See PAM, Chapters 5, 6)*

Appendix E: Training Center Position Descriptions

Training Center Coordinator

Position

The TC Coordinator is a representative of the TC and is the primary contact for the AHA. The TC is responsible for selecting the TC Coordinator. The AHA expects the TC Coordinator to have the appropriate skills to either perform or manage all TC responsibilities as described in this manual. It is recommended but not mandatory that the TC Coordinator be a current Instructor in at least one discipline. The Training Center must notify the American Heart Association ECC Customer Support Center within 30 days of any change of the TC Coordinator.

Training Center Faculty

Position

The TCF are responsible for quality assurance and is the educational leadership of the TC. All TCs should appoint at least one TCF member in each discipline they teach. The purpose of this appointment is to ensure that the TC is able to conduct quality Instructor Courses within the TC. The number of TCF members is determined by the needs of the TC. TCF members serve only in the TC from which they are appointed. A TCF member's status is not transferable between TCs. TCF members who move from one TC to another must reapply for TCF status in their new TC and are subject to acceptance by that TC.

Criteria

Must be a current Regional Faculty member or meet the following criteria:

- Active Instructor (BLS, ACLS, or PALS) for a minimum of two years
- ACLS and PALS TCF members must also be a Course Director
- Willing to participate in a TCF orientation and AHA regional updates
- Has received positive evaluations of teaching ability from students
- Completion of orientation by Regional Faculty before conducting first Instructor Course

Method of Appointment/Reappointment

Appointed and reappointed by TC, which sets the term served by TCF members.\

Responsibilities

- Serves as an expert resource on ECC issues and protocols to the TC, Instructors, and staff.
- Conducts Instructor Courses for TC while adhering to AHA guidelines.
- Cannot serve as Regional Faculty member for his/her own TC
- Acts as a change agent to facilitate transitions in the ECC Program.
- Supports Chain of Survival initiatives in the community.
- Responsible for TCF development by conducting updates/training for TC.
- Oversees quality assurance at the TC level.
- Monitors Instructors' teaching abilities and completes required documentation.
- Teaches at least one Instructor Course every two years.
- Monitors Course Directors.
- Cultivates and mentors TC Instructors, new Instructors, and potential candidates for future Instructor/TCF positions.
- May act as a mentor to TC Coordinator.

Reporting Structure

- To TC Coordinator for internal TC issues
- To RF/NF for program and science issues

Course Director (ACLS and PALS)

Position

ACLS and PALS Course Directors are members of the TC's faculty, and responsible for quality assurance and management of AHA courses offered by the TC. The Course Director is an AHA Instructor appointed by the TC. The number of Course Directors is determined by the needs of the TC. Course Directors are required to be on-site throughout the course.

Criteria

- Active Instructor (taught at least eight courses) in the same discipline as the Course Director appointment
- Completion of TC Course Director orientation
- Positive evaluations of teaching ability from students
- Successful monitoring by TCF or RF member in the same discipline

Method of Appointment

Appointed by TC Coordinator

Responsibilities

- Selects course faculty with Lead Instructor and TC Coordinator/Faculty
- Monitors appropriateness of educational presentations
- Supervises student performance and evaluation by Instructors
- Is readily available during the course to answer student questions
- Monitors Instructor performance
- Monitors Instructor candidates after an Instructor Course
- Resolves disputes that may arise during the course in accordance with the TC dispute resolution policy and the AHA Dispute Resolution Procedure
- Identifies and recommends potential Instructors for Instructor Courses
- Cultivates and mentors TC Instructors, new instructors, and, potential candidates for future Instructor/Course Director/TCF positions
- Remediate or oversees remediation of students during the course
- Serves as an Instructor as needed

Reporting Structure

- To TC for course administrative and management issues
- To RF/NF/TCF for program and science issues

Specialty Faculty

Position

Specialty Faculty are content experts in a particular area of the program being presented, eg, pulmonologist, anesthesiologist, perinatologist. All specialty faculty must hold current or recent provider status in the discipline in which they are instructing.

Specialty Faculty may teach in skills stations but may not evaluate students or be involved in the evaluation process. Specialty faculty must be willing to attend a program orientation before teaching in the course.

Criteria

- Must be an expert in content required by course discipline
- Must be a current or recent past provider in appropriate discipline
- Willing to participate in a program orientation by Course Director before teaching in the course
- Positive evaluations of teaching ability from students

Method of Appointment/Reappointment

Appointed and reappointed by the TC on an as-needed basis. The TC sets the term served.

Responsibilities

- Serves as a content expert required by the course discipline.
- Provides necessary content while adhering to AHA guidelines.
- Completes a program orientation by Course Director before teaching in the course.
- Does not evaluate students or participate in the evaluation process.

Reporting Structure

- To TC Coordinator for internal TC issues
- To NF/RF/TCF/Course Director for program and science issues