TRAINING CENTER ADMINISTRATIVE MANUAL

Standards & Guidelines for Quality Assurance

hsi Health & Safety Institute™

AMERICAN SAFETY & HEALTH INSTITUTE | MEDIC First Aid | EMS SAFETY

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The TCAM is not intended to be all-inclusive or to address all the possible applications of, or exceptions to, the standards and guidelines described. For that reason, any questions concerning the applicability of these standards and guidelines should be directed to the Regulatory, Quality Assurance and Accreditation department. **THIS MATERIAL DOES NOT CONSTITUTE AND IS NOT A SUBSTITUTE FOR LEGAL ADVICE.**

-SUBJECT TO CHANGE WITHOUT NOTICE-

Changes in This Version

The following summary lists the substantive changes made to the Training Center and Program Standards in this version of the TCAM.

1. Added the following to the HSI Training Program Standards
    a. G2025 HSI First Aid
    b. G2025 HSI CPR AED
    c. G2025 HSI First Aid | Adult CPR AED
2. Revised the following HSI Training Program Standard
    a. G2025 HSI Instructor Development Course (IDC)

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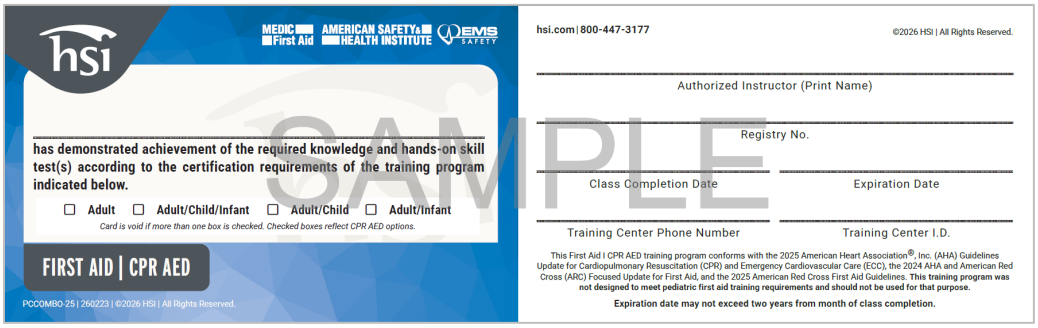
Brand Transition

In 2020, HSI began the process of transitioning several emergency care training brands (American Safety and Health Institute [ASHI], MEDIC First Aid, and EMS Safety) into a single unified one – HSI. While this brand consolidation is complete, HSI's certification cards and training materials continue to carry the ASHI, EMS Safety, and MEDIC First Aid logos to address the risk of confusion in the market, and among regulators and others. With time, these logos will be fully phased out..

HSI continues to revise and release new training programs to meet current science and treatment recommendations. This version of the TCAM contains TPS that reflect both current and previous guidelines. TPS that reflect previous guidelines will be updated as training programs are revised and released.



Section 1: Frequently Asked Questions and Key Word Definitions

Frequently Asked Questions

Who is the Health & Safety Institute?

HSI offers training, safety management and compliance solutions for businesses of all sizes. Our combination of technology and content solutions help safety, human resources, and operations leaders train and develop their workforce, keep workers safe, and meet regulatory and operational compliance requirements. HSI's emergency care training programs are currently in use by, or accepted, approved, or recognized as meeting the requirements of thousands of employers, state regulatory agencies, occupational licensing boards, professional associations, commissions, and councils in hundreds of occupations and professions.

What is TCAM?

The TCAM is a collection of standards and guidelines that establish the criteria for quality assurance and performance improvement of HSI, its approved Training Centers, authorized Instructors, and Instructor Trainers (ITs).

Who is the TCAM for?

The TCAM is for HSI approved Training Centers and Authorized Instructors and ITs who offer or teach HSI emergency care Training Programs. It is also for anyone with an interest in the quality assurance and improvement practices of HSI including regulatory authorities, occupational licensing boards, national and international organizations, professional associations, educational accreditors, and class participants.

Why is the TCAM necessary?

The TCAM documents the criteria for quality assurance and the procedures and processes HSI uses to continually improve the validity, defensibility, and effectiveness of HSI and its approved Training Centers, authorized Instructors, and ITs. Being able to demonstrate HSI has an effective quality assurance system in place is often required for approval or acceptance of HSI training programs by regulatory authorities and other approvers. It also helps reduce legal exposure for HSI, its Training Centers, Authorized Instructors, and ITs by identifying weaknesses in operating standards, procedures, and processes. Additionally, as transparency is of utmost importance in matters of health and safety training, the TCAM is freely available on the HSI emergency care compliance web page.

What is a Training Center?

An HSI Training Center is a self-governing entity that provides emergency care training and certification delivered by an authorized HSI Instructor or IT who possesses the necessary knowledge and teaching ability to direct learning. Training Centers exist in a wide variety of sizes

and business structures. A Training Center may be a small business owned by an individual who runs its day-to-day operations and provides instruction on a fee-for-service basis, or a Training Center may be a large corporation, organization, or government agency whose in-house Instructors and ITs provide training for its employees.

What is the relationship between the Training Center and the Training Center Director?

Each HSI approved Training Center must have a Training Center Director. The Training Center Director is the business owner, executive officer, or other individual associated with the organization that is responsible for managing the operation of the Training Center.

What is the role of the Training Center Director?

The Training Center Director is responsible for ensuring that the emergency care training activities for the organization adhere to these Training Center standards.

What is quality assurance?

Quality assurance is a set of standards designed to monitor and improve the performance of HSI, its approved Training Centers and Authorized Instructors and ITs so that the emergency care training provided consistently meets or exceeds the requirements of HSI, regulatory authorities, and class participants.

What is the difference between a standard and a guideline?

A standard is "something set up and established by an authority as a rule for the measure of quantity, weight, extent, value, or quality." A guideline is a rule or instruction that shows or tells how something should be done.[1] For the purpose of these standards and guidelines for quality assurance, a standard is something an HSI approved Training Center, Authorized Instructor or IT is required to do (mandatory). A guideline is a statement of desired, good, or best practice (non-mandatory).

What is the relationship between HSI and its Training Centers?

HSI designs and develops training programs, approves Training Centers (TCs) and authorizes Instructors and ITs to certify class participants according to the most current Training Center Standards (Fig. 1).

HSI **approves** Training Centers and **authorizes** Instructors and Instructor Trainers to **certify** class participants according to the most current Training Center and Program **Standards**

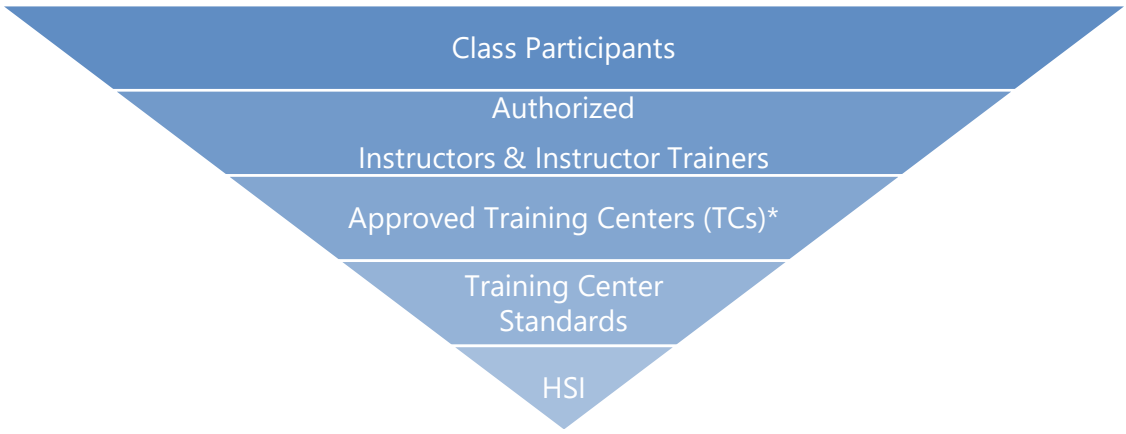


Figure 1

*External TCs provide training for a fee. Internal TC's provide training for employees/members at no charge. Business structures of TC's include sole proprietorships, partnerships, corporations, LLCs, non-profits, and government agencies.

Is HSI a franchise?

No, HSI is not a franchise. Training Center Directors Authorized Instructors, and ITs are not HSI employees, agents, consultants, contractors, intermediaries, or legal representatives. HSI does not grant exclusive or protected territories. HSI does not place a restriction on goods and services that may be offered for sale, and excluding these standards and guidelines for quality assurance, does not impose control over or provide significant assistance in the method of operation. HSI does not control the price or fees that TCs charge for classes. HSI does not share in any fees that TCs charge or collect from their students or customers. Except for the cost of class materials and certification cards purchased from HSI, any income derived from a training class does not represent income to HSI. Per student pricing of classes, including class materials and certification cards, is determined by the individual TCs and not HSI.

Is HSI accredited?

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

Are HSI training programs evidence-based?

Yes. HSI training programs are evidence-based and are in the process of being updated to conform to the latest first aid and resuscitation science and treatment recommendations, including:

- 2025 International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations (CoSTR)
- First Aid: 2025 International Liaison Committee on Resuscitation Consensus on Science with Treatment Recommendations
- 2025 American Heart Association®, Inc. (AHA) Guidelines Update for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC)
- 2024 AHA and ARC Focused Update for First Aid and 2025 American Red Cross First Aid Guidelines.

Are HSI training programs equivalent to the training programs of the AHA and the ARC?

Yes. The AHA, the ARC, and HSI are the largest providers of first aid and CPR training in the United States.[2,3]

Are HSI training programs accepted?

Yes. HSI's emergency care training programs are currently accepted, approved, or recognized as an industry credential meeting the requirements of thousands of employers, state, and federal regulatory agencies, occupational licensing boards, professional associations, commissions, and councils in hundreds of occupations and professions.* HSI emergency care training programs meet industry standards and best practices, including but not limited to:

- The recommendations of the U.S. Department of Labor Occupational Safety and Health Administration (OSHA) Best Practices Guide: Fundamentals of a Workplace First-Aid Program.
- The requirements of the United States Coast Guard, U.S. Department of Homeland Security, National Maritime Center for Course Approval.
- The recommendations for Pediatric First Aid and Pediatric CPR training as recognized by the Child Care Technical Assistance Network, Office of Child Care, Administration for

* It is not possible to guarantee that any HSI training program or HSI certification card will always be accepted or approved to meet a specific regulatory or occupational licensing requirement. HSI has no control over whether a particular institution or employer - including hospitals, private healthcare institutions, and other healthcare employers - will accept our certification as these entities set their own requirements for training and credentialing. Prospective students should be encouraged to check with their employer or accrediting, credentialing, or licensing agency to ensure HSI certification is accepted, approved, or meets requirements before beginning training.

Children & Families (ACF), U.S. Department of Health & Human Services and U.S. state Child Care Licensing Regulations.

Does issuance of a certification card require an in-person evaluation of hands-on skills?

Yes. HSI training programs that contain psychomotor skill objectives require a face-to-face, hands-on skill evaluation by an HSI authorized instructor to verify skill competency prior to legitimate issuance of a certification card.

Does online-only first aid or CPR training meet OSHA requirements?

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

How often is the TCAM revised?

The TCAM is revised, as necessary.

What if I have more questions?

If you have additional questions, please complete a contact request, send an email to customercare@hsi.com or call us at USA 800-447-3177 INTL 00-1-541-344-7099.

Key Word Definitions

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

Affiliation: Affiliation means to connect or associate oneself. Authorized HSI Instructors or ITs are required to maintain affiliation with one primary and currently approved HSI Training Center.

Approval: Approval is permission granted to operate as an HSI Training Center and to offer HSI training programs. Once granted, Training Center Approval is in effect until it is inactivated, suspended, or revoked.

Authentic: of undisputed origin; genuine.

Authorization: Authorization is the permission given by HSI to a qualified person to teach an HSI training program. The authorization period is each year (annually). Authorization may be denied, suspended, or revoked at any time at the sole discretion of HSI.

Certification: Certification means to confirm having met requirements. Qualified and authorized HSI Instructor or ITs legitimately issue authentic certification to individuals who meet the requirements of the applicable Training Program Standard.

Counterfeit Certification: Certification cards or certificates that are a reproduction, copy, or imitation of an authentic HSI certification card or HSI AVIRTcertificate made or issued by an approved training center, authorized instructor, or others with or without an intent to deceive.

Curriculum Scope: The planned sequence of instruction including the breadth and depth of both content and skills in a standardized HSI training program.

Harassment: Harassment is unwelcome, offensive, intimidating, hostile, or abusive behavior.

Inactive: Inactive means not active or in use. An HSI Instructor or Instructor Trainer's authorization becomes inactive when their authorization expires, they neglect to complete a required update, or fail to maintain affiliation with a TC. An approved Training Center becomes inactive when it no longer has at least one affiliated, currently authorized Instructor or IT or when it no longer owns at least one current HSI training program.

Qualified: Qualified means an individual has the necessary skill, experience, and knowledge to teach an HSI training program. Qualified individuals become eligible for authorization by meeting the requirements for successful completion of an HSI Instructor Development Course or IT Class (IDC/ITC) or by Reciprocity (the acceptance of current and valid credentials from another organization or institution). HSI does not currently accept reciprocity for authorization as an HSI IT or AVIRT Instructor.

Reauthorization: Reauthorization means to authorize again. An authorized HSI Instructor or IT who wishes to continue teaching HSI training programs must reauthorize annually.

Renewal: To renew means to do it again (repeat). A Renewal Class is designed for individuals who are currently certified and desire or are required to maintain certification. A 30-day grace period is allowed for entry into a renewal class. However, this grace period does not extend the certification period.

Requalify: Requalify means to qualify again. An HSI Authorized Instructor or IT whose authorization has expired 90 days or more must requalify prior to reauthorizing.

Update: To update means to give an authorized HSI Instructor or IT the latest information about something. Instructors and ITs are occasionally required to complete an HSI sponsored Update Class to ensure they are familiar with and teaching the most current information. For example, an Update Class is usually required when first aid, CPR or emergency cardiac care guidelines are revised. Completion of an Update Class qualifies the Instructor or IT for reauthorization.

Upgrade: To upgrade means to raise an HSI Instructor's level of authorization. An HSI Instructor may upgrade to the IT authorization level by meeting the requirements for successful completion of the HSI IT Class.

Section 2: Training Center Standards

Terms and Conditions of Training Center Approval

1. **Training Center Approval is a privilege, not a right, and may be denied, suspended, or revoked at any time at the sole discretion of HSI.**
2. Training Center Approval grants permission to offer HSI training programs. A print or digital Training Center application is required for approval.
3. Evidence of falsification of any information provided on the Training Center application will result in denial or revocation of approval.
4. The Training Center must appoint a Training Center Director. There may be only one Training Center Director per Training Center.
    a. The Training Center Director is responsible for ensuring that the emergency care training activities for the organization adhere to these Training Center and Training Program Standards.
    b. HSI training programs that take place at other branches, divisions, or locations of the HSI approved Training Center are the responsibility of the Training Center Director.
5. Training Center Directors agree that submission and approval of a print or electronic Training Center Application obligates the organization:
    a. To comply with the Training Center and Program Standards, and,
    b. To comply with all applicable local, state, provincial, federal laws and administrative rules governing operation of its training business and the approval, delivery, and administration of occupationally required training.
6. The commission of any illegal, dishonest, unethical, offensive, or unprofessional act or conviction of any crime substantially related to the duties, qualifications, or functions of the Training Center Director, including without limitation, conviction of a sex crime or a requirement to register as a sex offender, may result in denial, suspension, or revocation of the Training Center approval at any time.
7. If the Training Center Director has pled nolo contendere (no contest) or been convicted of a felony in any state, prior to or during their HSI approval period or had a government or professional license, permit, certification, official designation, or prior authorization suspended, revoked, or denied, they are required to submit a detailed explanation of the circumstances.
    a. Such circumstances do not preclude approval but are subject to the review and decision of the HSI Quality Assurance Board. Failure to do so is grounds for revocation.
8. Training Center Approval will remain in effect until inactivated, suspended, or revoked. Inactivation, suspension, or revocation will be effective at the time of notice.
9. HSI has the right to communicate the status of the Training Center (in good standing, inactive, suspended, and revoked) to law enforcement officials, regulators, occupational licensing boards, professional

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

associations, and others as HSI sees fit. All Training Center Directors consent to the release of this information as a condition of approval.

10. Training Center Directors agree to indemnify, defend, and hold HSI harmless from and against all claims, losses, and causes of action, liability, damages, and expenses asserted by third parties relating to or arising from any acts or omissions of the Training Center or its affiliated HSI approved Instructors, or ITs.
11. Subject Matter Experts (SMEs) and supplementary training materials or training devices that are not authorized, approved, or produced by HSI may be used to supplement HSI programs at the discretion of the Training Center Director. To assure the integrity of the HSI instructional system, these supplementary materials, or devices:
    a. May not be used in lieu of the HSI training materials.
    b. May not be used to shorten or otherwise alter the applicable HSI Training Program Standard.
    c. Must be clearly differentiated from the HSI training program.
    d. It must be made clear that supplementary materials or training devices are not a product, guideline, or invention of HSI.
    e. If a commercial relationship exists between the Training Center, SME and/or a commercial company and its products, they must be fully disclosed to class participants.
12. The HSI Approved Training Center logo provided by HSI is the only logo that may be used to advertise HSI TC approval in print and on the Internet (Fig. 2).
13. When used electronically, the logo(s) must be hyperlinked to www.hsi.com.

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

Figure 2

14. The Training Center will not contest ownership of any copyrights, trademarks (Marks), or other intellectual property rights involving the HSI brands, including HSI, ASHI, EMS Safety, MEDIC First Aid and AVIRT programs, instructor or IT authorization cards, certification cards, certificates, training materials, and products sold by HSI or its affiliates.
15. The Training Center will not place any HSI brand name or logo, including the HSI, ASHI, EMS Safety, MEDIC First Aid or AVIRT name, program name, logo, or Approved Training Center logo on any instructor or IT authorization card, certification card, certificate, class, program, training material, or product in any format,

invented, created, or produced by the Training Center or others so as to give the impression that the instructor, certification card, certificate, class, program, materials, or products were created, endorsed, recommended, approved, authorized or sold by HSI or its affiliates.

16. The Training Center will not use Marks including the HSI, ASHI, EMS Safety, MEDIC First Aid or AVIRT name, logos, Approved Training Center logos, words, or other symbols confusingly similar to Marks in connection with any Training Center trade name, corporate name, or business name, nor as a trademark or service mark nor shall the Training Center display the Approved Training Center logo in a more prominent position than its own logo or name.
17. The Training Center will not use the logo of any HSI accreditor or approver, including but not limited to, the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE) or Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE) in print or on the Internet without written permission received directly from the accreditor or approver.
18. No Mark shall be combined with any trademark or service mark or any other words or symbols to form, in effect, a new trademark or service mark, or to imply that the Marks are owned by anyone other than HSI or its affiliates.

The Training Center is Required to:

1. Maintain Internet access and a current, valid email address. Failure to do so is grounds for suspension or revocation.
2. Maintain a list of currently authorized, affiliated Instructors and ITs with contact information.
3. Promptly notify HSI if the current Training Center Director is replaced with a new Training Center Director using the *Training Center Update Form*.
    a. To prevent unauthorized replacement of the Training Center Director, the current Training Center Director must grant permission to their successor. If conditions prevent this, the circumstances must be described.
4. Refrain from engaging in or permitting affiliated Instructors or ITs to engage in illegal, dishonest, unethical, offensive, careless, or unprofessional conduct including, but not limited to:
    a. Issuing outdated, unearned, photocopied, or otherwise altered HSI certification cards.
    b. Withholding properly earned HSI certification cards.
    c. Fraud, forgery, counterfeiting, misrepresentation of class records, instructor authorization cards, HSI certification cards, or HSI AVIRT certificates.
    d. False advertisement.
    e. Discrimination.
    f. Unauthorized reproduction, translation, modification, or duplication of copyrighted materials, including HSI certification cards and HSI AVIRT certificates.
    g. Financial or other business-related misconduct.
    h. Harassment of HSI Instructors and ITs, Training Center Directors, class participants, or HSI staff.
5. Have at least one currently HSI Authorized Instructor or IT in good standing affiliated with the approved Training Center.

   a. The Training Center Director may be the only affiliated Instructor, or there may be many affiliated Instructors. The Training Center Director may choose to accept or decline an instructor's affiliation.
6. Ensure that all Instructors teaching for the Training Center are qualified and currently authorized, either by successful completion of an HSI Instructor Development Class (IDC) or by Reciprocity.
   a. HSI does not accept reciprocity for authorization as an HSI AVIRT Instructor.
7. Ensure that all credentials used for Instructor Authorization by reciprocity are current, properly earned, and legitimate (see Guidelines for Instructor Authorization for more details).
   a. HSI does not grant reciprocity for authorization as an IT. Authorization as an IT requires successful completion of an Online IT class. Additional fees apply.
8. Ensure that instructors authorizing by reciprocity complete the online HSI Instructor Reciprocity Course (IRC) within 60 days. The online IRC is provided without charge.
   a. Authorization of instructors by reciprocity is provisional. Failure to complete the IRC within 60 days will cause the instructor's registry status to become inactive. An inactive instructor is not authorized to issue HSI certification cards.
   b. Once the IRC is completed, the instructor's registry status will become active.
9. Ensure that all authorized Instructor or IT affiliated with the Training Center are properly reauthorized by HSI.
   a. Reauthorization is the responsibility of the Training Center and/or Instructor or IT, not HSI (see Terms and Conditions for Instructor or IT Reauthorization for details).
10. Maintain responsibility for affiliated instructors and ITs.
11. Pay the applicable Instructor or IT authorization or reauthorization fee **annually**.
12. Ensure the purchase of at least one current HSI training program.
13. Offer training and issue certification only for the HSI program(s) purchased.
   a. *Unless specifically stated otherwise*, one hundred twenty (120) days after an HSI, ASHI, EMS Safety, MEDIC First Aid, or AVIRT training program has been replaced by an updated version, the previous version is considered outdated. Training Centers may no longer offer classes using the outdated training program.
14. Ensure that each authorized Instructor or IT affiliated with the Training Center or shared with another Training Center:
   a. Has access to, understands, and complies with these Training Center and Training Program Standards.
   b. Provides students access to the current version of the student book and related class materials from the appropriate HSI training program.
   c. Has access to the current version of the HSI Instructor Guide for the class(s) they are authorized to teach (one per Instructor, print or digital).
   d. Preserves the maximum Student-to-Instructor Ratio (SIR) and Student-to-Manikin Ratio (SMR) for skill sessions under normal circumstances.
   e. Provides each student the opportunity to evaluate their class using the "Rate Your Program" digital or paper-based class evaluation forms.

i) Completion or submission of the Rate Your Program class evaluation by each student is not required as a term or condition for certification.

f. Legitimately issues authentic HSI certification cards or HSI AVIRT certificates (print or digital).

g. Keep all CPR manikins and CPR, AED, and first aid training devices clean and disinfected and in proper working order, according to the manufacturer's instructions.

15. Monitor the performance of affiliated and shared Authorized Instructors and ITs to ensure they:
    a. Are proficient, up to date, and teach according to the required knowledge and skill objectives of the most current HSI training program.
    b. Maintain good personal hygiene, decorum, and an appearance that is both professional and suitable for the setting of the class.
    c. Create a learning environment that is physically safe, free from discrimination, harassment, prejudice, and is culturally sensitive.
    d. Take adequate precautions to prevent student injury and to minimize the risk of infectious disease transmission.
    e. Have enough CPR manikins, training devices and supplies to ensure adequate hands-on practice of required psychomotor skills by each student.
    f. Use only the most current version of the written exams, when required.
        i) When a written exam is not required by the applicable Training Program Standard, or by a regulatory agency, it is optional.
        ii) An optional exam may be used in class as an active learning tool; however, the participant's score on an optional exam may not be used to withhold a properly earned certification card.
        iii) HSI written exams may not be altered in any way, including raising or lowering the passing (cut) score or posting the exam to the Internet.
    g. Take reasonable precautions to ensure the security of print or digital certification cards and the integrity of print or digital written exams (i.e., protect them against unauthorized use, theft, and duplication).

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

16. Promptly notifies HSI if an authorized Instructor or IT is unaffiliated from the Training Center for violation of these standards, has a government or professional license, permit, certification or official designation suspended, revoked, or denied, or has pled nolo contendere (no contest) or been convicted of a felony during the authorization period.
17. Promptly and fully respond to complaints from regulatory authorities, students, customers, affiliated Instructors, ITs, and HSI.
18. Work cooperatively with regulatory authorities, law enforcement officials, students, customers, affiliated Instructors, ITs, and HSI to investigate and correct any situation that endangers the goodwill associated with HSI, its training programs, approved Training Centers, or authorized Instructors and ITs.
19. Provide reasonable accommodation to all persons with disabilities who seek access to HSI programs consistent with the Americans with Disabilities Act (ADA).

20. Offer continuing education hours (CEH) to EMS providers who complete HSI's Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE) approved programs (see EMS Continuing Education).
21. Comply with the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE) standards and criteria when offering continuing dental education (CDE) to dental professionals (see Continuing Dental Education).
22. Comply with the regulations for training of U.S. Mariners as administered by the National Maritime Center (NMC) of the United States Coast Guard (See, United States Coast Guard (USCG) Certification and Credential Requirements for Mariners).
23. Keep clear, legible, and orderly class rosters, including Instructor Development Class (IDC) class rosters (paper or electronic) for no less than three (3) years or as required for compliance with a specific state or federal regulation.
    a. The most current HSI class roster is the principal record of training.
24. Ensure that a complete, accurate, and legible class roster reflecting the actual class date(s) of the training class is signed by the Authorized Instructor or IT or electronically submitted through the HSI Platform for every HSI class.
    a. The class roster must be completed within 30 days of the training class. This time frame may be extended up to 60 days under extenuating circumstances.
25. Use a class roster with the same data fields and attesting statement as the most current HSI class roster (when using a class roster of Training Centers own making).
26. Keep each student's completed performance evaluation sheets (skill test) when required to do so by a regulatory agency.
27. Keep a copy of the Instructor or IT Application on file for the length of the affiliation with the Training Center.
    a. If the Instructor attained authorization through reciprocity, the Training Center must retain a copy of the original authorization that was used (for example, their American Heart Association®, Inc. *Basic Life Support Instructor* card.)
    b. An HSI authorized Instructor or IT is not required to maintain current certification in the reciprocal credentials provided the Instructor or IT meets the Terms and Conditions for Instructor or IT Reauthorization.
28. Promptly respond to a Quality Assurance Review (QAR) request.
    a. A QAR request requires that the Training Center submit documentation including, but not necessarily limited to, a roster from the last class conducted and the Instructor or IT documentation identified above.
    b. The QAR is not intended to be punitive; however, due to its important quality assurance purpose, failure to respond or refusal to cooperate in a QAR will result in the suspension or revocation of Training Center approval.
    c. A Training Center may be selected for a QAR only once every two years unless otherwise specified by legally binding Compliance Agreement (see Terms and Conditions for Credential Inquiries and Complaints).

29. Work with HSI to develop and nurture a strong, mutually beneficial business relationship built upon honest and respectful commercial transactions. Non-payment of a delinquent invoice is grounds for suspension or revocation of the Training Center approval.

Terms and Conditions for HSI Instructor or IT Authorization

1. **Instructor or IT authorization is a privilege, not a right, and may be denied, suspended, or revoked at any time at the sole discretion of HSI.**
2. Authorization grants permission to teach an HSI training program and to legitimately issue authentic HSI certification cards or HSI AVIRT certificates to people who successfully complete the class. A signed application is required for authorization. The authorization period is one (1) year.
3. Instructor authorization may only be obtained by meeting the requirements for successful completion of an HSI Instructor Development Class (IDC) or by Reciprocity. (See Guidelines for Instructor Authorization for details).
    a. HSI does not grant reciprocity for authorization as an IT (IT). Authorization as an IT requires successful completion of an Online IT class. Additional fees apply.
    b. HSI does not currently accept reciprocity for authorization as an HSI AVIRT Instructor.
4. Applications for Instructor or IT authorization must be submitted within 6 months of successfully completing an IDC/ITC. This time frame may be extended up to 1 year under extenuating circumstances.
    a. After one year, IDC/ITC applications will not be accepted for authorization.
5. Submission and approval of a print or electronic Instructor or IT Application obligates the applicant to:
    a. Comply with the terms and conditions of instructor or IT authorization, and
    b. Comply with all applicable local, state, and federal laws and administrative rules governing the approval, delivery, and administration of occupationally required training, whether inside or outside North America.
6. All credentials (licenses, certifications, or registrations) used for Instructor authorization by reciprocity must be current, properly earned, and legitimate. Evidence of falsification of any information on the application will result in denial or revocation of authorization.
7. The commission of any illegal, dishonest, unethical, offensive, or unprofessional act or the conviction of any crime substantially related to the duties, qualifications, or functions of an HSI authorized Instructor or Instructor Trainer, including without limitation, conviction of a sex crime or a requirement to register as a sex offender, may result in denial, suspension, or revocation of instructor or IT authorization at any time.
8. If an authorized instructor or IT has pled nolo contendere (no contest) or been convicted of a felony in any state, prior to or during their authorization period or had a government, professional, or private license, permit, certification, official designation, or prior authorization suspended, revoked, or denied, they are required to submit a detailed explanation of the circumstances. Such circumstances do not absolutely preclude authorization but are subject to the review and decision of the HSI Quality Assurance Board. Failure to do so is grounds for suspension or revocation.
9. HSI has the right to communicate the status of the authorized instructor or IT (in good standing, inactive, suspended, and revoked) to law enforcement officials, regulators, occupational licensing boards, professional

associations, and others as HSI sees fit. All instructors and IT's consent to the release of this information as a condition of authorization.

10. Submission and approval of a print or electronic application indemnifies, defends, and holds HSI harmless from and against all claims, losses, and causes of action, liability, damages, and expenses asserted by third parties relating to or arising from any acts or omissions of the authorized instructor or IT.

HSI Authorized Instructors and Instructor Trainers Are Required to:

1. Maintain a current, valid email and physical mailing address with HSI. Failure to do so is grounds for suspension or revocation.
2. Maintain affiliation with one primary and currently approved Training Center.
3. Be proficient, up to date, currently authorized and teach according to the curriculum scope as defined by the training program standard of the HSI training program used.
    a. *Unless specifically stated otherwise*, one hundred twenty (120) days after an HSI, ASHI, EMS Safety, MEDIC First Aid, or AVIRT training program has been replaced by an updated version, the previous version is considered outdated. Instructors may no longer teach classes using the outdated version of the training program.
4. Have good personal hygiene and an appearance that is both professional and suitable to the setting of the class.
5. Provide access to the most current student books and related class training materials from the appropriate HSI training program (print or digital) to students for use during and after the class.
6. Assure that the learning environment is physically safe, free from discrimination, harassment, prejudice and is culturally sensitive.
7. Take adequate precautions to prevent student injury and minimize the risk of disease transmission in the classroom.
8. Have enough CPR manikins, training devices and supplies to ensure adequate hands-on practice of required psychomotor skills by each student.
9. Preserve the maximum Student-to-Instructor Ratio (SIR) and Student-to-Manikin Ratio (SMR) for skill sessions under normal circumstances.
10. Give students the opportunity to evaluate their HSI class using the "Rate Your Program" digital or paper-based class evaluation.
11. Use only the most current version of the HSI written exams (when required).
12. Take reasonable precautions to prevent cheating on written exams (when required).
13. Sign or electronically submit a complete, accurate and legible Class Roster reflecting the actual class date(s) for every HSI class.
    a. The most current HSI Class Roster is the principal record of training.
    b. Signing or electronically submitting a Class Roster for an HSI class is confirmation that all participants listed met the Terms and Conditions for Certification.
14. Refrain from engaging in illegal, dishonest, unethical, offensive, careless or unprofessional conduct including, but not limited to:

a. Issuing outdated, unearned, photocopied, or otherwise improperly altered HSI certification cards, or HSI AVIRT certificates.
b. Withholding properly earned HSI certification cards or HSI AVIRT certificates.
a. Fraud, forgery, counterfeiting, or misrepresentation of HSI class records, HSI instructor authorization cards, HSI certification cards or HSI AVIRT certificates.
c. False advertisement.
d. Discrimination.
e. Unauthorized reproduction, translation, modification, duplication of copyrighted materials, including HSI certification cards or HSI AVIRT certificates.
f. Financial or other business-related misconduct.
g. Harassment of other HSI authorized instructors and ITs, Training Center Directors, class participants, or HSI staff.
h. For ITs, withholding properly earned Instructor authorization cards or failing to promptly submit Instructor Applications without good reason.

15. Promptly and fully respond to complaints from HSI, Training Center Directors, regulatory authorities, students, customers, and others.
16. Work cooperatively with the Training Center Director, regulatory authorities, law enforcement officials, students, customers, and HSI to investigate and correct any situation that endangers the goodwill associated with HSI, its training programs, approved Training Centers, and authorized instructors and ITs.
17. Provide reasonable accommodation to all persons with disabilities who seek access to an HSI training class.

Signing or electronically submitting a Class Roster for an HSI class is confirmation that all participants listed met the Terms and Conditions for Certification.

18. Authorized instructors and ITs are not required to maintain participant (student/provider) level certification.
    a. If an HSI authorized instructor or IT must show evidence of participant-level certification to meet occupational licensing or other requirements, then they must meet the required knowledge and skill objectives for successful completion of the participant-level class.
    b. As an HSI authorized instructor or IT cannot appropriately evaluate their own skills and knowledge, the evaluation must be conducted by a different authorized instructor or IT and be properly documented by signing or electronically submitting a Class Roster.
19. HSI authorized instructors and ITs may teach for as many Training Centers as they wish, but they must maintain affiliation with one primary Training Center. They may also establish a new Training Center or change their Training Center affiliation at any time.

Terms and Conditions for HSI Instructor or IT Reauthorization

1. **Ensuring that all authorized instructors or ITs are properly reauthorized by HSI is the responsibility of the Training Center and/or Instructor or Instructor Trainer, not HSI.**

2. Reauthorization obligates the instructor or IT to the Terms and Conditions for Instructor or IT Authorization. Reauthorization requires:
   a. The instructor or IT to be affiliated with a currently approved Training Center who has purchased at least one current HSI program.
   b. The authorized instructor taught (or co-taught) at least one (1) HSI student-level training class during the previous one-year authorization period.
   c. The authorized IT to have taught (or co-taught) at least one (1) HSI Instructor Development Class (IDC) during the previous one-year authorization period.
3. Authorized instructors and ITs are required to document the HSI training programs taught during their authorization period and provide this evidence of teaching to the Training Center Director for reauthorization. "Evidence" means at least one (1) HSI class roster.
4. After one year, instructor or IT authorization is expired and is no longer valid. An instructor or IT with an expired authorization may not legitimately issue HSI certification cards or HSI AVIRT certificates.
5. HSI does not recognize any HSI certification card or HSI AVIRT certificate issued by an instructor or IT with an expired, suspended or revoked authorization, nor accept responsibility or liability for the quality or competence of the Instructor or IT or the fitness, approval, recognition, content, quality, or outcome of the class.
6. An authorized instructor or IT who has met the minimum teaching requirements for reauthorization during their authorization period is allowed a maximum grace period of 90 days past the expiration date of their authorization to reauthorize. This grace period does not extend the authorization period.
7. An authorized instructor or IT who has not met the minimum teaching requirements for reauthorization during their authorization period, or who has been expired 90 days or more must requalify prior to reauthorizing. Requalification can be accomplished by:
   a. Successful completion of the online HSI Instructor Development Course, IT Course, or
   b. Successful completion of the online HSI Instructor Requalification Course
   c. For instructors, using current credentials via reciprocity.
   d. HSI does not grant reciprocity for authorization as an IT (IT). Authorization as an IT requires successful completion of an Online IT class. Additional fees apply.
8. An authorized instructor or IT who has been expired one year or more must meet the Terms and Conditions for Instructor or IT Authorization. This can be accomplished by:
   a. Successful completion of the blended (online & face-to-face) HSI Instructor Development Class, or reciprocity, and
   b. Successful completion of the online HSI IT Course.
9. Additional terms, conditions, and fees for reauthorization of HSI AVIRT instructors apply. Log in to the HSI Platform, complete a contact request, or call customer service at 800-447-3177.

Terms and Conditions for Certification

1. The term "certification" means verification that on the class completion date indicated on an authentic HSI certification card, the participant in the class demonstrated achievement of the student certification requirements of the applicable Training Program Standard to the satisfaction of a qualified and currently

authorized HSI instructor or IT. Certification does not guarantee future performance or imply licensure or credentialing.

a. All individually branded programs (ASHI, MEDIC First Aid, or EMS Safety) that follow the G2015 Guidelines that have been replaced by the new G2020 HSI programs will no longer be sold after September 16, 2022. All certifications of these programs must be issued prior to December 31, 2022.
b. Digital certification cards issued for updated versions of HSI training programs released after January 1st, 2022, may be validated by scanning the QR Code on the letter accompanying the digital certification card, or by following the instructions at https://emergencycare.hsi.com/validation.

2. The authorized instructor and IT is required to legitimately issue authentic HSI print or digital certification cards in all classes advertised as an HSI class. "Legitimately issue authentic" means that the certification card:
   a. Bears the HSI name and logo and was designed, produced, and sold by HSI.
   b. Is promptly awarded only to an individual who attended an HSI initial, renewal, blended, or challenge class that was designed, produced, or sold by HSI and taught by a properly authorized HSI instructor or IT who personally evaluated the individual's knowledge and skill competency and determined them acceptable in accordance with the curriculum scope, and certification requirements of the applicable Training Program Standard.
   c. Is current, complete, accurate, and legible. HSI certification cards must contain the name of the participant and the authorized instructor, the instructor's registry number, the class completion date, the expiration date, the training center phone number and the training center identification number (TCID).
   d. Is issued within 30 days of successful class completion.
3. *Unless specifically stated otherwise*, one hundred twenty (120) days after an HSI certification card has been replaced by an updated certification card, the previous version of the certification card is considered outdated. Training Centers, Authorized Instructors and ITs may not issue outdated HSI certification cards.
4. HSI does not recognize any HSI certification card issued to a student who successfully completed an outdated, discontinued version of an HSI training program.
5. HSI does not recognize any counterfeit HSI, ASHI, EMS Safety, or MEDIC First Aid certification card or AVIRT certificate. Additionally, HSI does accept any responsibility or liability for the Training Center, the quality or competence of the instructor or IT, or the fitness, approval, recognition, content, quality, or outcome of the class when counterfeit certification cards or certificates were issued.
6. An HSI print or digital certification card or HSI AVIRT certificate may not be altered in any manner. Altering the content or appearance of HSI print or digital certification card or HSI AVIRT certificate makes it invalid and is grounds for suspension or revocation.
7. The expiration date for an HSI certification card or HSI AVIRT certificate may not exceed two years from the month of issue unless this is superseded by a specific Training Program Standard or by state or federal statutes or regulations.

8. HSI certification cards or HSI AVIRT certificates may be legitimately issued that are valid for less than two years. The rationale for any Training Center policy or practice regarding shortened certification periods must be made available to class participants.
9. HSI does not recognize any HSI certification card issued to a participant who did not meet the certification requirements of the Training Program Standard.
10. A HSI Renewal Class is designed for individuals who are currently certified and desire or are required to maintain certification. Individuals without current certification may not participate in a HSI Renewal Class.
11. HSI certification cards or HSI AVIRT certificates may not be legitimately issued for successful completion of training programs that are not authentic HSI training programs.
12. No other certification cards or certificates may be legitimately issued as a substitute for an HSI certification card or HSI AVIRT certificate in classes that are advertised as an HSI class.
13. HSI cannot legitimately issue an HSI certification card or HSI AVIRT certificate on behalf of the Training Center Director, authorized instructor, or IT. Legitimate issuance of certification cards or HSI AVIRT certificates is the responsibility of the Training Center Director and the authorized instructor, not HSI.
14. The responsibility to legitimately issue HSI certification cards or HSI AVIRT certificates may not be assigned or transferred to anyone other than the HSI Training Center Director and/or HSI authorized instructors or ITs.
15. Once an HSI certification card or HSI AVIRT certificate has been rightfully earned by a student, it remains valid until the stated expiration.
16. Collecting payment for classes and failing to legitimately issue properly earned HSI certification cards or HSI AVIRT certificates are grounds for suspension or revocation. HSI will encourage affected parties to seek remedy by reporting the incident to the economic crime unit of the local law enforcement agency.
17. In circumstances where issuance of an HSI certification card is contingent upon a contractual agreement between the Training Center and its customer, the "Recognition of Participation" document may be issued to students until the certification card is issued according to the terms of the agreement.
    a. In circumstances where the Training Center has an employee relationship with participants who have been issued HSI certification cards, the Training Center has the right to retain the certification card according to employment policies and practice.
18. Anyone may purchase and teach with HSI training materials and choose not to issue HSI certification cards or HSI AVIRT certificates or choose to issue or not issue a certificate or certification card of their own making. **HOWEVER, IN THESE CASES, HSI DOES NOT:**
    a. Permit the HSI, ASHI, EMS Safety, or MEDIC First Aid or AVIRT name, logos, or trademarks to appear anywhere on class advertisements, websites, rosters, certification cards, or wall-type certificates.
    b. Permit the assigned registry identification number of the HSI authorized instructor or IT to appear anywhere on class advertisements, websites, rosters, certification cards, or wall-type certificates.

No other certification cards or certificates may be legitimately issued as a substitute for an HSI certification card or HSI AVIRT certificate in courses that are advertised as an HSI course.

c. Permit HSI certification cards or HSI AVIRT certificates to be issued to class participants.
d. Recognize the class, certification cards, or certificates issued.
e. Approve the Training Center or authorize the instructor or IT.
f. Accept any responsibility or liability for the Training Center, the quality or competence of the instructor or IT, or the fitness, approval, recognition, content, quality, or outcome of the class.

Terms and Conditions for Complaints and Credential Inquiries

1. A complaint is a written allegation that a Training Center Director or an authorized instructor or IT has committed a dishonest, unethical, offensive, or unprofessional, act or violated an applicable law, rule, or regulation.
2. A credential inquiry is a formal request by HSI to verify the credentials used for authorization of an instructor or IT.
3. Anyone may submit a written credential inquiry or complaint against an HSI Approved Training Center Director, authorized instructor, or IT, including HSI.
4. Complaints and credential inquiries must be submitted in English and in writing. HSI does not act on non-English, anonymous, or verbal complaints or credential inquiries.
5. The governing Training Center Standards are the ones in effect at the time the complaint or credential inquiry is submitted.
6. HSI's practice is to keep a complainant's identity confidential throughout the process. However, due to the specific nature of the events involved, some complaints or credential inquiries are difficult or impossible to keep confidential.
7. Those with a legitimate credential inquiry or complaint should not expect or experience retaliation. If reasonable evidence exists to suggest that a Training Center Director or authorized instructor or IT has retaliated against the complainant, HSI may opt, among other actions, to suspend or revoke the approval or authorization of the entity or person(s) retaliating.
8. Credential inquiries or complaints that are discovered by HSI to have been falsely made with malicious intent are grounds for suspension or revocation.
9. To substantiate complaints, HSI reserves the right to anonymously attend and evaluate classes conducted by HSI authorized instructors and ITs.

Process

1. Once HSI receives a complaint, it is evaluated. HSI may contact the complainant for additional information, if necessary.
    a. Except for clear and documented violations of the Training Center Standards, HSI does not and will not become involved in the resolution of business disputes, including but not limited to employee or contractor management, collection of business debts, contract provisions or truthful representation – all which are governed by law. In such cases, consult legal counsel.
2. HSI may decide not to accept the complaint.
    a. A decision not to accept the complaint does not imply that the complaint lacks merit. It may mean nothing more than that HSI has already considered the matter or that HSI does not have adequate resources or proper authority to handle it.

   b. If HSI declines the complaint, the complainant will be promptly notified.
3. If HSI accepts the complaint, we will conduct our complaint process in a professional, reasonable, fair, and consistent manner.
4. When verifying credentials or upon acceptance of a written complaint, HSI will:
   a. Promptly initiate the process.
   b. Notify the Training Center Director and authorized instructor or IT via email with delivery and read receipt requested.
   c. Request a thorough and explicit written response within a reasonable time period.
5. The Training Center Director and the authorized Instructor(s) are required to respond in English promptly, fully, and in writing within the stated time.
6. **For the legal protection of the Complainant, Training Center Director and instructor or IT, as well as HSI, all communication, including questions related to the inquiry or complaint must be in writing. HSI staff will not discuss credential inquiries or complaints over the telephone.**
7. Failure to respond thoroughly and explicitly in writing within the stated time will result in the suspension of the Training Center approval and instructor or IT authorization.
8. Failure to respond within 90 days will result in revocation of the Training Center approval and instructor or IT authorization.
9. After notifying the Training Center Director and Instructor or IT of the inquiry or complaint and throughout the process, HSI may:
   a. Request and verify additional documentation as necessary.
   b. Restrict, deny, or permit the sale of certification cards to the Training Center or its affiliated instructors or ITs.
   c. Restrict, deny, or permit replacement of the Training Center Director.
   d. Restrict, deny, or permit instructor or IT authorization or reauthorization to the Training Center.
10. Following review of the response, the HSI Quality Assurance Board (QAB) may:
    a. Dismiss the inquiry or complaint without further action.
    b. Require the Training Center Director and authorized instructor or IT to execute a legally binding Compliance Agreement specifying corrective action that must be taken to maintain approval and authorization.
    c. Suspend or revoke the Training Center approval.
    d. Downgrade, suspend, or revoke the instructor or IT authorization.
10. HSI will follow up with all parties in a timely manner regarding the decision of the QAB. Complaints that involve regulatory authorities or formal legal proceedings may result in unavoidable delays.
11. HSI will respond promptly to formal written orders issued by an authoritative body with jurisdiction.
12. Upon suspension or revocation of the Training Center Approval, all training with HSI programs must stop.
    a. The Training Center may no longer represent that it is authorized to provide HSI classes or issue HSI certification cards or HSI AVIRT certificates.
    b. The Training Center must also stop using, in any other manner whatsoever, the name, marks, symbols, and other identifying characteristics of HSI, including the ASHI, EMS Safety, MEDIC First Aid and AVIRT name, marks, and symbols.

c. All current and active affiliated authorized instructors or ITs will be notified of the revocation and encouraged to affiliate with another Training Center or start their own.
d. The Training Center suspension or revocation will not reflect negatively on any affiliated instructor or IT unassociated with the complaint.

13. Upon suspension or revocation of authorization, the instructor or IT must stop teaching HSI training programs. The instructor or IT may no longer represent that they are authorized to provide HSI classes or issue HSI certification cards or HSI AVIRT certificates.

Appeal

1. A Training Center approval or an instructor or IT authorization that has been suspended or revoked may be appealed.
2. The Training Center Director or instructor or IT must submit a persuasive and earnest written appeal to the QAB for reinstatement within 30 days. This time may be extended up to 60 days under extenuating circumstances.
3. After reviewing the appeal, the QAB may:
   a. Reinstate the approval or authorization without further action.
   b. Reinstate the approval or authorization and require the Training Center Director or authorized instructor or IT to sign a legally binding Compliance Agreement that specifies corrective actions that must be taken.
   c. Deny the appeal.
4. If the appeal is not received within 30 days or is denied, HSI will not consider restoration of approval or authorization for a period of 5 years.
5. After 5 years, the Training Center Director or instructor or IT that has been suspended or revoked may appeal again. The appeal process will be repeated as described above.
6. HSI will promptly communicate its decision to the Training Center Director, instructor, or IT.

If the appeal is not received within 30 days or is denied, HSI will not consider restoration of approval or authorization for a period of 5 years.

International Quality Assurance

1. MEDIC First Aid quality assurance in Japan, and New Zealand is provided by offices in those countries.
2. In other countries outside the United States, Training Center Approval, instructor or IT authorization, and quality assurance oversight is provided by HSI.
3. Training Center Directors and authorized instructors and ITs outside the United States agree to comply with these Training Center Standards.
   a. This includes the requirement to comply with all applicable local, state, provincial, national, or federal laws and administrative rules as they pertain to the approval, delivery, and administration of required training.
   b. HSI does not proactively seek approval of its training programs for use outside of the United States. Persons interested in pursuing approval of an HSI training program in states or provinces outside the

United States should contact the contact the governmental agency responsible for the specific occupational licensing, certification, registration, or qualification desired. HSI will assist as requested and practical.

c. HSI will make reasonable exceptions and accommodations to these Training Center Standards when necessary to comply with country-specific laws, regulations, treaties, customs, or operational realities.

4. Translation.
   a. Authorizing a translation (making a derivative work) of HSI training program materials is the exclusive right of HSI and requires written permission. Unauthorized translation constitutes copyright infringement.
   b. Student books may be translated for local use. The translation is limited to text only, word-for-word, and may be provided in print or electronic form. A copy of the translated student book must be provided to HSI.
   c. Each student that receives a text only, word-for-word, translated student book must also receive an English version of the student book that was created and sold by HSI or its affiliates.
   d. HSI does not permit the use of HSI, ASHI, EMS Safety, MEDIC First Aid or AVIRT logos or trademarks to appear anywhere in the translated student book. The translation may not give the impression that it was created, produced, or sold by HSI.
   e. HSI does not accept any responsibility or liability for the accuracy, equivalency, fitness, approval, or recognition of the translation.
   f. For translation permission of HSI training program materials other than student books, see Copyright of HSI Training Materials.

Section 3: Training Program Standards

HSI Training Program Standards (TPS) are the minimum requirements for conducting training classes. *Unless specifically stated otherwise*, one hundred twenty (120) days after an HSI training program has been replaced by an updated version, the previous version is considered outdated. Training Centers authorized instructors, and ITs may no longer teach classes or issue certification cards or HSI AVIRT certificates for outdated versions of the training program.

G2025 HSI First Aid

Intended Audience	Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in adult first aid. *This program is not designed to meet pediatric first aid training regulatory requirements and should not be used for that purpose.*
Instructor Requirement	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See G2025 HSI First Aid | CPR AED Instructor Guide, Class Equipment and Materials Checklists
Class Length (See Notes)	1. Initial Instructor-Led Class: About 2.25 – 3.75 hours 2. Blended, Online component: About 2 – 3 hours 3. Blended, Face-to-face component: About 0.5 –1 hour 4. Renewal: Varies with instructional approach and strategy.
Maximum Student-to-Instructor Ratio (SIR)	12:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	1. Summarize the basic legal concepts that apply to providing first aid and/or CPR AED. 2. Recognize the steps to perform an assessment. 3. Recognize the main elements to the procedures for first aid and/or CPR AED. 4. Correctly demonstrate how to perform an assessment. 5. Describe how to recognize and provide first aid treatment for injury, medical, or environmental emergencies. 6. Recognize the benefits of a healthy lifestyle and a safety-oriented home and workplace culture.

	7. Correctly demonstrate how to follow the Procedure for Adult First Aid. 8. Correctly demonstrate how to control severe external bleeding.
Student Certification Requirements	**Written Exam:** Optional, except when required by an employer, regulatory or occupational licensing agency or when challenging the course. 1. Passing score: 65% (or better). (10/14 correct) a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 1. Demonstrate skill competency as indicated by the skill criteria on the following Performance Evaluation Sheets (individual or group skill testing). a. Performance Evaluation 1: Responding to an Emergency b. Performance Evaluation 3: Severe or Life-Threatening External Bleeding Control
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI First Aid | CPR AED Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	**1. <u>THIS PROGRAM IS NOT APPROVED BY CALIFORNIA EMSA FOR EPINEPHRINE AUTOINJECTOR TRAINING</u>** a. California state law and regulations require additional training and state certification to obtain a prescription for an epinephrine autoinjector, administer it to a person experiencing anaphylaxis and receive civil liability protection. b. The EMSA regulations do not apply to a school district or county office of education, or its personnel. **2. <u>THIS PROGRAM IS NOT YET APPROVED BY THE UNITED STATES COAST GUARD USCG FOR A MERCHANT MARINER CREDENTIAL.</u>** a. Continued use G2020 HSI Adult First Aid | CPR AED (Version 9.0) for the purpose of satisfying the First Aid and CPR training requirements of 46 CFR 11.201(i)(1) and 46 CFR 11.205(i)(2)(iii) for a merchant mariner credential. 3. **HSI G2025 FIRST AID IS NOT YET ACCEPTED BY NYSDOH** for First Aid Certifications for NYS Children's Camp Staff under Summer Day Camp First Aid. 4. **This program DOES NOT YET satisfy the New York State Commissioner of Education Commissioner's CPR and First Aid requirements for Coaches**.

5. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, group or individual skill testing, and number of students. These factors may increase or decrease the time needed to meet the required terminal objectives.
6. This program is currently available in English (and Spanish will be released soon).

G2025 HSI First Aid | CPR AED

Intended Audience	Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in adult first aid and CPR AED for adults. *This program is not designed to meet pediatric first aid training regulatory requirements and should not be used for that purpose.*
Instructor Requirement	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See HSI Adult First Aid | CPR AED Instructor Guide, Class Equipment and Materials Checklists
Class Length (See Notes)	1. Initial Instructor-Led Class: About 3 – 5 hours 2. Blended, Online Component: About 2.5 – 3.5 hours 3. Blended, Face-to-Face Component: About .75 – 1.75 hour(s) 4. Renewal: Varies with instructional approach and strategy.
Maximum Student-to-Instructor Ratio (SIR)	12:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	1. Summarize the basic legal concepts that apply to providing first aid and/or CPR AED. 2. Recognize the steps to perform an assessment. 3. Recognize the main elements to the procedures for first aid and/or CPR AED. 4. Correctly demonstrate how to perform an assessment. 5. Recognize the elements of high-quality adult and/or pediatric CPR AED and their importance on survival from cardiac arrest. 6. Identify the links in the cardiac arrest Chain of Survival. 7. Recognize when high-quality CPR is required. 8. Describe how to perform high-quality adult and/or pediatric CPR AED. 9. Describe how to provide treatment for a choking adult and/or child or infant. 10. Correctly perform high-quality adult and/or pediatric CPR AED. 11. Describe how to recognize and provide first aid treatment for injury, medical, or environmental emergencies. 12. Recognize the benefits of a healthy lifestyle and a safety-oriented home and workplace culture. 13. Correctly demonstrate how to follow the Procedure for Adult First Aid. 14. Correctly demonstrate how to control severe external bleeding.

Student Certification Requirements	**Written Exam:** Optional, except when required by an employer, regulatory or occupational licensing agency or when challenging the course. 1. Passing score: 69% (or better, 13/18 correct) a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 2. Demonstrate skill competency as indicated by the skill criteria on the Performance Evaluation Sheets (individual or group skill testing). a. Performance Evaluation 1: Responding to an Emergency b. Performance Evaluation 2: Adult – One-Provider CPR AED c. Performance Evaluation 3: Severe or Life-Threatening External Bleeding Control
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI Adult First Aid | CPR AED Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	**1. <u>THIS PROGRAM IS NOT APPROVED BY CALIFORNIA EMSA FOR EPINEPHRINE AUTOINJECTOR TRAINING</u>** **a.** California state law and regulations require additional training and state certification to obtain a prescription for an epinephrine autoinjector, administer it to a person experiencing anaphylaxis and receive civil liability protection. **b.** The EMSA regulations do not apply to a school district or county office of education, or its personnel. 2. **HSI ADULT FIRST AID CPR AED IS NOT YET ACCEPTED BY NYSDOH** for First Aid Certifications for NYS Children's Camp Staff under Summer Day Camp First Aid. 3. **This program DOES NOT YET satisfy the New York State Commissioner of Education Commissioner's CPR and First Aid requirements for Coaches.** 4. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, and number of students. These factors may increase or decrease the time needed to meet the required terminal objectives. 5. This program is currently available in English (and Spanish will be released soon).

G2025 HSI CPR AED

Intended Audience	Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in adult and/or child and/or infant CPR AED.
Instructor Requirement	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See HSI Adult First Aid | CPR AED Instructor Guide, Class Equipment and Materials Checklists
Class Length (See Notes)	1. Initial Instructor-Led Class: a. Adult Only: About 1.25 – 2.25 hours b. Adult and Child: 2 – 3.5 hours c. Adult and Infant: 2 – 3.5 hours d. All Ages (Adult, Child, and Infant): About 2.75 – 4.5 hours 2. Blended, Online Component: a. Adult Only: 1 – 1.25 hour(s) b. Adult and Child: 1.25 – 1.75 hours c. Adult and Infant: 1.25 – 1.75 hours d. All Ages (Adult, Child, and Infant): About 1.5 – 2.25 hours 3. Blended, Face-To-Face Component: a. Adult Only: About .5 – 1.25 hour(s) b. Adult and Child: About 1 – 2 hours c. Adult and Infant: About 1 – 2.25 hours d. All Ages (Adult, Child, and Infant): About 1.5 – 3 hours e. Renewal: Varies with instructional approach and strategy.
Maximum Student-to-Instructor Ratio (SIR)	12:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	1. Summarize the basic legal concepts that apply to providing first aid and/or CPR AED. 2. Recognize the steps to perform an assessment. 3. Recognize the main elements to the procedures for first aid and/or CPR AED. 4. Correctly demonstrate how to perform an assessment. 5. Recognize the elements of high-quality adult and/or pediatric CPR AED and their

	importance on survival from cardiac arrest. 6. Identify the links in the cardiac arrest Chain of Survival. 7. Recognize when high-quality CPR is required. 8. Describe how to perform high-quality adult and/or pediatric CPR AED. 9. Describe how to provide treatment for a choking adult and/or child or infant. 10. Correctly perform high-quality adult and/or pediatric CPR AED. 11. Correctly demonstrate how to provide treatment for a choking infant.
Student Certification Requirements	**Written Exam:** Optional, except when required by an employer, regulatory or occupational licensing agency or when challenging the course. 1. Passing score. Adult Only: 71% (8/10 correct). Adult and Child: 70% (10/13 correct). Adult and Infant: 70% (10/13 correct) All Ages: 69% (11/15 correct). a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 2. Demonstrate skill competency as indicated by the skill criteria on the Performance Evaluation Sheets (individual or group skill testing) by class type. a. CPR AED Adult (only): i. Performance Evaluation 1: Responding to an Emergency ii. Performance Evaluation 2: Adult – One-Provider CPR AED b. CPR AED Adult, Child, and Infant: i. Performance Evaluation 1: Responding to an Emergency ii. Performance Evaluation 2: Adult – One-Provider CPR AED iii. Performance Evaluation 4: Child – One-Provider CPR AED iv. Performance Evaluation 5: Infant – One-Provider CPR c. CPR AED Adult and Child: i. Performance Evaluation 1: Responding to an Emergency ii. Performance Evaluation 2: Adult – One-Provider CPR AED iii. Performance Evaluation 4: Child – One-Provider CPR AED d. CPR AED Adult and Infant: Performance Evaluation 1: Responding to an Emergency i. Performance Evaluation 2: Adult – One-Provider CPR AED ii. Performance Evaluation 5: Infant – One-Provider CPR
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.

Required Class Documentation	A complete, accurate, and legible HSI Adult First Aid | CPR AED Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	1. **HSI G2025 CPR AED is NOT YET accepted by NYSDOH** for "Level III and IV Aquatic Supervision Staff Cardiopulmonary Resuscitation (CPR) Certifications For NYS Bathing Facilities". 2. **This program DOES NOT YET satisfy the New York State Commissioner of Education Commissioner's CPR and First Aid requirements for Coaches**. 3. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, and number of students. These factors may increase or decrease the time needed to meet the required terminal objectives. 4. This program is currently available in English (and Spanish will be released soon).

G2020 HSI Basic Life Support (BLS)

Intended Audience	Healthcare providers and other public safety professionals working a wide variety of occupational settings—in and out of the hospital—and individuals enrolled in healthcare and public safety career training programs.
Instructor Requirement	A current and active, Level 2 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See BLS Instructor Guide; Preparation Checklists
Class Length (See Notes)	1. Initial Instructor-Led Class: About 5 hours. 2. Renewal Instructor-Led Class: About 2 hours. 3. Blended, Online Component: About 2 ¾ hours. 4. Blended, Face-to-Face component: About 2 ¼ hours
Maximum Student-to-Instructor Ratio (SIR)	10:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	1. Recognize the elements of high-quality CPR for an adult, child, and infant, and their importance on survival from cardiac arrest. 2. Identify the links in the chains of survival for inside and outside the hospital. 3. Recognize how to apply the BLS procedures in the chains of survival. 4. Recognize when high-quality CPR is required. 5. Correctly demonstrate how to provide effective rescue breaths using a CPR mask and bag-mask device. 6. Identify the steps to correctly use an AED. 7. Correctly demonstrate how to use an AED. 8. Perform high-quality CPR for an adult, a child, and an infant. 9. Recognize the value of team roles during high-performance resuscitation. 10. Correctly demonstrate how to perform CPR with two or more BLS Providers on an adult, child, or infant. 11. Recognize and provide treatment for a choking adult, child, or infant.
Student Certification Requirements	**Written Exam: Required.** 1. Passing score: 74% (or better) on the 21-question BLS exam (print or online). a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score

	is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 1. Demonstrate skill competency as indicated by the skill criteria on the "Adult BLS" and "Infant BLS" Performance Evaluation Sheets.
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.
Continuing Education Hours Available	Emergency Medical Services (CAPCE) and Dental Professionals (AGD/PACE) See Notes.
Required Class Documentation	A complete, accurate, and legible HSI BLS Class Roster reflecting the actual class date(s) of the HSI BLS class signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	1. Emergency Medical Services Continuing Education Hours (EMS CEH) provided through HSI, an organization accredited by the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE). a. 4.25 Hrs. Basic CEH for the Traditional Classroom, Initial Class. b. 2.75 Hrs. Basic CEH for the Online Portion of the Blended Learning Class 2. Training Centers are **required** to collect and submit information from all EMS professionals who complete HSI BLS. See EMS Continuing Education for details. 3. Continuing Dental Education (CDE). See Continuing Dental Education for details. 4. **HSI BLS is conditionally accepted by NYSDOH** for the health director of children's camps and other staff, including the aquatics director, lifeguards, and certain trip and activity leaders and for all lifeguards of swimming pools and bathing beaches. Acceptance by NYSDOH is subject to **substantial and inflexible conditions of acceptance** that apply to every HSI approved Training Center and authorized instructor or instructor trainer. Log in to the HSI Platform Learning Manager portal and search the approval database for more. 5. **This program satisfies the New York State Commissioner of Education Commissioner's CPR and First Aid requirements for Coaches**. Per the Department, content on concussion management, epinephrine, glucagon, and naloxone administration doesn't authorize individuals to administer these drugs and does not align precisely with the NYS regulations for concussion management's specific training requirements. 6. This program is currently only available in English.

G2020 HSI Adult First Aid

Intended Audience	Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in basic adult first aid. *This program is not designed to meet pediatric first aid training regulatory requirements and should not be used for that purpose.*
Instructor Requirement	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See HSI Adult First Aid | CPR AED Instructor Guide, Preparation Checklists
Class Length (See Notes)	1. Initial Instructor-Led Class: About 3.5 hrs. 2. Blended Online component: About 3 hrs. 3. Face-to-face component: About 1 hr. 4. Renewal: Varies with instructional approach and strategy.
Maximum Student-to-Instructor Ratio (SIR)	12:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	1. Summarize the basic legal concepts that apply to providing first aid and CPR AED. 2. Recognize the first aid provider's role, responsibilities, and priorities. 3. Recognize the main elements of the procedure for first aid and CPR AED. 4. Explain the Adult First Aid Procedure. 5. Describe how to recognize and provide first aid treatment for injury, medical, and environmental emergencies. 6. Recognize the benefits of a healthy lifestyle and a safety-oriented home and workplace culture. 7. Correctly demonstrate the removal of contaminated personal protective equipment. 8. Correctly demonstrate the Adult First Aid Procedure. 9. Correctly demonstrate how to control severe external bleeding. 10. Correctly demonstrate how to use an epinephrine autoinjector.
Student Certification Requirements	**Written Exam:** Optional, except when required by an employer, regulatory or occupational licensing agency or when challenging the course. 2. Passing score: 73% (or better). a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the

	passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 2. Demonstrate skill competency as indicated by the skill criteria on the following Performance Evaluation Sheets. a. Performance Evaluation Four: Adult First Aid –Severe, Life-Threatening External Bleeding b. Performance Evaluation Five: Adult First Aid – Severe Allergic Reaction
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI Adult First Aid | CPR AED Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	**7. <u>THIS PROGRAM IS NOT APPROVED BY CALIFORNIA EMSA FOR EPINEPHRINE AUTOINJECTOR TRAINING</u>** a. California state law and regulations require additional training and state certification to obtain a prescription for an epinephrine auto-injector, administer it to a person experiencing anaphylaxis and receive civil liability protection. HSI instructors in California should <u>not</u> conduct the skill practice for use of an epinephrine auto-injector in the G2020 programs. Additionally, the performance evaluation for use of an epinephrine autoinjector is <u>waived</u> for successful completion and certification of the G2020 training programs in California. b. The EMSA regulations do not apply to a school district or county office of education, or its personnel. 8. **HSI ADULT FIRST AID IS ACCEPTED BY NYSDOH** for First Aid Certifications for NYS Children's Camp Staff under Summer Day Camp First Aid. 9. **This program satisfies the New York State Commissioner of Education Commissioner's CPR and First Aid requirements for Coaches**. Per the Department, content on concussion management, epinephrine, glucagon, and naloxone administration does not authorize individuals to administer these drugs and does not align precisely with the NYS regulations for concussion management's specific training requirements. 10. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, and number of students. These factors may increase or decrease the time needed to meet the required terminal objectives. 11. This program is currently available in English and Spanish

G2020 HSI Adult First Aid | Adult CPR AED

Intended Audience	Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in basic adult first aid and CPR AED. *This program is not designed to meet pediatric first aid training regulatory requirements and should not be used for that purpose.*
Instructor Requirement	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See HSI Adult First Aid | CPR AED Instructor Guide, Preparation Checklists
Class Length (See Notes)	5. Initial Instructor-Led Class: About 4.5 hrs. 6. Blended, Online Component: About 3.5 hrs. 7. Blended, Face-to-Face Component: About 1.5 hrs. 8. Renewal: Varies with instructional approach and strategy.
Maximum Student-to-Instructor Ratio (SIR)	12:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	15. Recognize the main elements to the procedure for CPR AED. 16. Recognize the elements of high-quality adult CPR and their importance on survival from cardiac arrest. 17. Identify the links in the adult chain of survival. 18. Recognize when high-quality CPR is required. 19. Describe how to perform high-quality adult CPR. 20. Describe how to provide treatment for a choking adult. 21. Correctly demonstrate the removal of contaminated personal protective equipment. 22. Correctly demonstrate the adult CPR procedure. 23. Correctly demonstrate how to provide effective rescue breaths using a CPR mask. 24. Correctly perform high-quality adult CPR. 25. Correctly demonstrate how to use an AED on an adult. 26. Summarize the basic legal concepts that apply to providing first aid and CPR AED. 27. Recognize the first aid provider's role, responsibilities, and priorities. 28. Recognize the main elements to the procedure for first aid and CPR AED. 29. Explain the Adult First Aid Procedure. 30. Describe how to recognize and provide first aid treatment for injury, medical, and environmental emergencies.

	31. Recognize the benefits of a healthy lifestyle and a safety-oriented home and workplace culture. 32. Correctly demonstrate the removal of contaminated personal protective equipment. 33. Correctly demonstrate the Adult First Aid Procedure. 34. Correctly demonstrate how to control severe external bleeding. 35. Correctly demonstrate how to use an epinephrine autoinjector.
Student Certification Requirements	**Written Exam:** Optional, except when required by an employer, regulatory or occupational licensing agency or when challenging the course. 1. Passing score: 74% (or better). a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 3. Demonstrate skill competency as indicated by the skill criteria on the Performance Evaluation Sheets. a. Performance Evaluation One: Adult – One-Provider CPR AED b. Performance Evaluation Four: Adult First Aid –Severe, Life-Threatening External Bleeding c. Performance Evaluation Five: Adult First Aid – Severe Allergic Reaction
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI Adult First Aid | CPR AED Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	**6. <u>THIS PROGRAM IS NOT APPROVED BY CALIFORNIA EMSA FOR EPINEPHRINE AUTOINJECTOR TRAINING</u>** **a.** California state law and regulations require additional training and state certification to obtain a prescription for an epinephrine auto-injector, administer it to a person experiencing anaphylaxis and receive civil liability protection. HSI instructors in California should <u>not</u> conduct the skill practice for use of an epinephrine auto-injector in the G2020 programs. Additionally, the performance evaluation for use of an epinephrine autoinjector is <u>waived</u> for successful completion and certification of the G2020 training programs in California. If you wish to conduct EMSA approved epinephrine auto-injector training in California, you must purchase and use the ASHI *Use and Administration of Epinephrine Auto-Injectors* program which is EMSA approved until 9/30/2025.

   b. The EMSA regulations do not apply to a school district or county office of education, or its personnel.
7. **HSI ADULT FIRST AID CPR AED IS ACCEPTED BY NYSDOH** for First Aid Certifications for NYS Children's Camp Staff under Summer Day Camp First Aid.
8. **This program satisfies the New York State Commissioner of Education Commissioner's CPR and First Aid requirements for Coaches.** Per the Department, content on concussion management, epinephrine, glucagon, and naloxone administration doesn't authorize individuals to administer these drugs and does not align precisely with the NYS regulations for concussion management's specific training requirements.
9. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, and number of students. These factors may increase or decrease the time needed to meet the required terminal objectives.
10. This program is currently available in English and Spanish.

G2020 HSI CPR AED

Intended Audience	Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in adult and/or child and/or infant CPR AED.
Instructor Requirement	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See HSI Adult First Aid | CPR AED Instructor Guide, Preparation Checklists
Class Length (See Notes)	4. Initial Instructor-Led Class: Adult Only: About 1.25 hrs. Adult and Child: About 2 hrs. Adult and Infant: About 2 hrs., All Ages: About 3 hrs. 5. Blended, Online Component: Adult Only: About 40 min. Adult and Child: About 1 hr. Adult and Infant: About 1 hr. All Ages: About 1.75 hours. 6. Blended, Face-To-Face Component: Adult Only: About .75 hr. Adult and Child: About 1.25 hrs. Adult and Infant: About 1.5 hrs. All Ages: About 2 hrs. 7. Renewal: Varies with instructional approach and strategy.
Maximum Student-to-Instructor Ratio (SIR)	12:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	12. Recognize the main elements to the procedure for adult and/or pediatric CPR AED. 13. Recognize the elements of high-quality adult and/or pediatric CPR and their importance on survival from cardiac arrest. 14. Identify the links in the adult and/or pediatric chains of survival. 15. Recognize when high-quality CPR is required. 16. Describe how to perform high-quality adult and/or pediatric CPR. 17. Describe how to provide treatment for a choking adult and/or child or infant. 18. Correctly demonstrate the removal of contaminated personal protective equipment. 19. Correctly demonstrate the adult and/or pediatric CPR procedure. 20. Correctly demonstrate how to provide effective rescue breaths using a CPR mask. 21. Correctly perform high-quality adult and/or pediatric CPR. 22. Correctly demonstrate how to use an AED on an adult and/or child. 23. Correctly demonstrate how to provide treatment for a choking infant.

Student Certification Requirements	**Written Exam:** Optional, except when required by an employer, regulatory or occupational licensing agency or when challenging the course. 1. Passing score. Adult Only: 73% Adult and Child: 72%. Adult and Infant: 72%, All Ages: 70%. a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 3. Demonstrate skill competency as indicated by the skill criteria on the following Performance Evaluation Sheets (by class type). a. ADULT, CHILD, AND INFANT CPR AED i. Performance Evaluation One: Adult – One-Provider CPR AED ii. Performance Evaluation Two: Child – One-Provider CPR AED iii. Performance Evaluation Three: Infant – One-Provider CPR b. ADULT AND CHILD CPR AED i. Performance Evaluation One: Adult – One-Provider CPR AED ii. Performance Evaluation Two: Child – One-Provider CPR AED c. ADULT AND INFANT CPR AED i. Performance Evaluation One: Adult – One-Provider CPR AED ii. Performance Evaluation Three: Infant – One-Provider CPR d. ADULT CPR AED i. Performance Evaluation One: Adult – One-Provider CPR AED
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI Adult First Aid | CPR AED Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	5. **HSI CPR AED is conditionally accepted by NYSDOH** for "Level III and IV Aquatic Supervision Staff Cardiopulmonary Resuscitation (CPR) Certifications For NYS Bathing Facilities". Acceptance by NYSDOH is subject to **substantial and inflexible conditions of acceptance** that apply to every HSI approved Training Center and authorized instructor or instructor trainer. Log in to the HSI Platform and search the approval database for more. 6. **This program satisfies the New York State Commissioner of Education Commissioner's CPR and First Aid requirements for Coaches**. Per the Department, content on concussion management, epinephrine, glucagon, and

naloxone administration does not authorize individuals to administer these drugs and does not align precisely with the NYS regulations for concussion management's specific training requirements.

7. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, and number of students. These factors may increase or decrease the time needed to meet the required terminal objectives.
8. This program is currently available in English and Spanish.

Age Range for Pediatric First Aid and Pediatric CPR

There is no universally established definition for the age range of pediatric first aid. However, minors, or those under the age of eighteen, are generally not legally qualified to give their consent to treatment. Consequently, it is reasonable to consider that the age range for pediatric first aid is people under the age of eighteen. That differs from Pediatric CPR, where an infant is defined as younger than 1 year of age (excluding newly born infants) and a child is defined as 1 year of age until the onset of puberty (identified by breast development in females and the presence of armpit hair in males). For those with signs of puberty, adult CPR is provided.

Of note, the Federal Food, Drug, and Cosmetic Act (FD&C Act) defines pediatric patients as persons aged twenty-one or younger at the time of their diagnosis or treatment.

See: https://www.fda.gov/medical-devices/products-and-medical-procedures/pediatric-medical-devices#:~:text=The%20Federal%20Food%2C%20Drug%2C%20and,to%20less%20than%202%20years

Also, of note since 1988 the American Academy of Pediatrics (AAP) has identified the upper age limit as 21 years with a note that exceptions could be made for an older age, such as a child with special health care needs. However, the AAP now discourages setting arbitrary age limits on pediatric care.

See: https://publications.aap.org/pediatrics/article/140/3/e20172151/38333/Age-Limit-of-Pediatrics

G2020 HSI Pediatric First Aid | CPR AED

Intended Audience	Individuals who are not healthcare providers or professional rescuers, and desire, or are occupationally required, to be trained and certified in pediatric first aid and/or CPR AED for the child, infant, and adult.
Instructor Requirement	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See HSI Pediatric First Aid | CPR AED Instructor Guide, Preparation Checklists
Class Length (See Notes)	1. Initial Instructor-Led Class: Pediatric First Aid, All Ages CPR AED: About 6 hrs. Pediatric First Aid, Child, and Infant CPR AED: About 5 hrs. 2. Blended, Online Component: Pediatric First Aid, All Ages CPR AED: About 4.5 hrs. Pediatric First Aid, Child, and Infant CPR AED: About 4 hrs. 3. Blended, Face-To-Face Component: Pediatric First Aid, All Ages CPR AED: About 3 hrs. Pediatric First Aid, Child, and Infant CPR AED: About 2.5 hrs. 4. Renewal: Varies with instructional approach and strategy.

Maximum Student-to-Instructor Ratio (SIR)	12:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	1. Recognize the main elements of the procedure for pediatric CPR AED. 2. Recognize the elements of high-quality CPR and their importance on survival from cardiac arrest. 3. Identify the links in the pediatric chain of survival. 4. Recognize when high-quality CPR is required. 5. Describe how to perform high-quality child/infant/adult CPR. 6. Describe how to provide treatment for a choking child/infant/adult. 7. Correctly demonstrate the removal of contaminated personal protective equipment. 8. Correctly demonstrate the pediatric and adult CPR AED procedure. 9. Correctly demonstrate how to provide effective rescue breaths using a CPR mask. 10. Correctly perform high-quality child, infant, and adult CPR. 11. Correctly demonstrate how to use an AED on a child and adult. 12. Correctly demonstrate how to provide treatment for a choking infant. 13. Summarize the basic legal concepts that apply to providing pediatric first aid, CPR AED. 14. Recognize the pediatric first aid provider's role, responsibilities, and priorities. 15. Recognize the main elements of the procedure for pediatric first aid. 16. Explain the Pediatric First Aid Procedure. 17. Describe how to recognize and provide pediatric first aid treatment for injury, medical, and environmental emergencies. 18. Recognize the benefits of a safety-oriented home and workplace culture. 19. Correctly demonstrate the removal of contaminated personal protective equipment. 20. Correctly demonstrate the Pediatric First Aid Procedure. 21. Correctly demonstrate how to control severe external bleeding. 22. Correctly demonstrate how to use an epinephrine autoinjector.
Student Certification Requirements	**Written Exam:** Optional, except when required by an employer, regulatory, or occupational licensing agency or when challenging the course. 1. Passing score. a. Pediatric First Aid, All Ages CPR AED: 70% b. Pediatric First Aid, Child, and Infant CPR AED: 70% c. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing

	score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 1. Demonstrate skill competency as indicated by the skill criteria on the following Performance Evaluation Sheets (by class type). a. Pediatric First Aid, All Ages CPR AED i. Performance Evaluation One: Child – One-Provider CPR AED ii. Performance Evaluation Two: Infant – One-Provider CPR AED iii. Performance Evaluation Three: Adult – One-Provider CPR i. Performance Evaluation Four: Pediatric First Aid –Severe, Life-Threatening External Bleeding iv. Performance Evaluation Five: Pediatric First Aid – Severe Allergic Reaction b. Pediatric First Aid, Child, and Infant CPR AED i. Performance Evaluation One: Child – One-Provider CPR AED ii. Performance Evaluation Two: Infant – One-Provider CPR AED ii. Performance Evaluation Four: Pediatric First Aid –Severe, Life-Threatening External Bleeding iii. Performance Evaluation Five: Pediatric First Aid – Severe Allergic Reaction
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI Pediatric First Aid | CPR AED Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	**1. THIS PROGRAM IS APPROVED FOR TRAINING CHILD CARE PROVIDERS IN CONNECTICUT.** a. There are specific conditions of approval for teaching the Pediatric First Aid portion that apply to every HSI approved Training Center and authorized Instructor or IT. Log in to the HSI Platform to access this information in the regulatory approval database. **2. THIS PROGRAM IS APPROVED FOR TRAINING CHILD CARE PROVIDERS AND SCHOOL BUS DRIVERS IN CALIFORNIA.** a. Do not teach this program to childcare providers in California until you and your training center are approved as an HSI affiliate program for EMSA. **3. THIS PROGRAM IS NOT APPROVED BY CALIFORNIA EMSA FOR EPINEPHRINE AUTOINJECTOR TRAINING** a. HSI's G2020 Pediatric First Aid | CPR AED training programs were not designed to meet EMSA regulations for lay rescuer epinephrine auto-

injector certification standards. California state law and regulations require additional training and state certification to obtain a prescription for an epinephrine auto-injector, administer it to a person experiencing anaphylaxis and receive civil liability protection. HSI instructors in California should not conduct the skill practice for use of an epinephrine auto-injector in the G2020 programs. Additionally, the performance evaluation for use of an epinephrine autoinjector is waived for successful completion and certification of the G2020 training programs in California. If you wish to conduct EMSA approved epinephrine auto-injector training in California, you must purchase and use the ASHI *Use and Administration of Epinephrine Auto-Injectors* program which is EMSA approved until 9/30/2025.

   b. The EMSA regulations do not apply to a school district or county office of education, or its personnel.

4. **HSI PEDIATRIC FIRST AID CPR AED IS ACCEPTED BY NYSDOH** for First Aid Certifications for NYS Children's Camp Staff under Summer Day Camp First Aid.
5. **This program satisfies the New York State Commissioner of Education Commissioner's CPR and First Aid requirements for Coaches**. Per the Department, content on concussion management, epinephrine, glucagon, and naloxone administration does not authorize individuals to administer these drugs and does not align precisely with the NYS regulations for concussion management's specific training requirements.
6. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, and number of students. These factors may increase or decrease the time needed to meet the required terminal objectives.
7. This program is currently available in English and Spanish.

G2020 HSI Pediatric CPR AED

Intended Audience	Individuals who are not healthcare providers or professional rescuers who desire, or are occupationally required, to be trained and certified in pediatric CPR AED for the child, infant, and adult.
Instructor Requirement	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See HSI Pediatric First Aid | CPR AED Instructor Guide, Preparation Checklists
Class Length (See Notes)	1. Initial Instructor-Led Class: Pediatric CPR AED, All Ages: About 2.5 hrs. Pediatric CPR AED Child and Infant: About 1.5 hrs. 2. Blended, Online Component: Pediatric CPR AED, All Ages: About 2 hrs. Pediatric CPR AED Child and Infant: About 1 hr. 3. Blended, Face-To-Face Component: Pediatric CPR AED, All Ages: About 2 hrs. Pediatric CPR AED Child and Infant: About 1 hr. 4. Renewal: Varies with instructional approach and strategy.
Maximum Student-to-Instructor Ratio (SIR)	12:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	1. Recognize the main elements of the procedure for pediatric CPR AED. 2. Recognize the elements of high-quality CPR and their importance on survival from cardiac arrest. 3. Identify the links in the pediatric chain of survival. 4. Recognize when high-quality CPR is required. 5. Describe how to perform high-quality child, infant, and adult CPR. 6. Describe how to provide treatment for a choking child, infant, and adult. 7. Correctly demonstrate the removal of contaminated personal protective equipment. 8. Correctly demonstrate the pediatric and adult CPR AED procedure. 9. Correctly demonstrate how to provide effective rescue breaths using a CPR mask. 10. Correctly perform high-quality child, infant and adult CPR. 11. Correctly demonstrate how to use an AED on a child and adult. 12. Correctly demonstrate how to provide treatment for a choking infant.

Student Certification Requirements	**Written Exam:** Optional, except when required by an employer, regulatory, or occupational licensing agency or when challenging the course. 1. Passing score. a. Pediatric CPR AED, All Ages: 70% b. Pediatric CPR AED, Child, and Infant: 67% c. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 2. Demonstrate skill competency as indicated by the skill criteria on the following Performance Evaluation Sheets (by class type). a. Pediatric CPR AED, All Ages: i. Performance Evaluation One: Child – One-Provider CPR AED ii. Performance Evaluation Two: Infant – One-Provider CPR AED iii. Performance Evaluation Three: Adult – One-Provider CPR b. Pediatric CPR AED, Child, and Infant: i. Performance Evaluation One: Child – One-Provider CPR AED ii. Performance Evaluation Two: Infant – One-Provider CPR AED
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI Pediatric First Aid | CPR AED Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	1. **THIS PROGRAM IS APPROVED FOR TRAINING CHILD CARE PROVIDERS AND SCHOOL BUS DRIVERS IN CALIFORNIA.** a. Do not teach this program to childcare providers in California until you and your training center are approved as an HSI affiliate program for EMSA. 2. **HSI Pediatric CPR AED is conditionally accepted by NYSDOH** for "Level III and IV Aquatic Supervision Staff Cardiopulmonary Resuscitation (CPR) Certifications For NYS Bathing Facilities". Acceptance by NYSDOH is subject to **substantial and inflexible conditions of acceptance** that apply to every HSI approved Training Center and authorized instructor or instructor trainer. Log in to the HSI Platform and search the approval database for more. 3. **This program satisfies the New York State Commissioner of Education Commissioner's CPR and First Aid requirements for Coaches**. Per the

Department, content on concussion management, epinephrine, glucagon, and naloxone administration doesn't authorize individuals to administer these drugs and does not align precisely with the NYS regulations for concussion management's specific training requirements.

4. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, and number of students. These factors may increase or decrease the time needed to meet the required terminal objectives.
5. This program is currently available in English and Spanish.

G2020 HSI Pediatric First Aid

Intended Audience	Individuals who are not healthcare providers or professional rescuers who desire, or are occupationally required, to be trained and certified in pediatric first aid.
Instructor Requirement	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See HSI Pediatric First Aid | CPR AED Instructor Guide, Preparation Checklists
Class Length (See Notes)	1. Initial Instructor-Led Class: Pediatric First Aid, About 4 hrs. 2. Blended, Online Component: Pediatric First Aid, About 1.5 hrs. 3. Blended, Face-To-Face Component: Pediatric First Aid, About 1.5 hrs. 4. Renewal: Varies with instructional approach and strategy.
Maximum Student-to-Instructor Ratio (SIR)	12:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	1. Summarize the basic legal concepts that apply to providing pediatric first aid, 2. Recognize the pediatric first aid provider's role, responsibilities, and priorities. 3. Recognize the main elements of the procedure for pediatric first aid. 4. Explain the Pediatric First Aid Procedure. 5. Describe how to recognize and provide pediatric first aid treatment for injury, medical, and environmental emergencies. 6. Recognize the benefits of a safety-oriented home and workplace culture. 7. Correctly demonstrate the removal of contaminated personal protective equipment. 8. Correctly demonstrate the Pediatric First Aid Procedure. 9. Correctly demonstrate how to control severe external bleeding. 10. Correctly demonstrate how to use an epinephrine autoinjector.
Student Certification Requirements	**Written Exam:** Optional, except when required by an employer, regulatory, or occupational licensing agency or when challenging the course. 1. Passing score. a. Pediatric First Aid: 70% b. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam.

	Performance Evaluation: Required. 1. Demonstrate skill competency as indicated by the skill criteria on the following Performance Evaluation Sheets (by class type). a. Pediatric First Aid i. Performance Evaluation Four: Pediatric First Aid –Severe, Life-Threatening External Bleeding ii. Performance Evaluation Five: Pediatric First Aid – Severe Allergic Reaction
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI Pediatric First Aid | CPR AED Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	**1. THIS PROGRAM IS APPROVED FOR TRAINING CHILD CARE PROVIDERS IN CONNECTICUT.** a. There are specific conditions of approval for teaching the Pediatric First Aid portion that apply to every HSI approved Training Center and authorized Instructor or IT. Log in to the HSI Platform to access this information in the regulatory approval database. **2. THIS PROGRAM IS APPROVED FOR TRAINING CHILD CARE PROVIDERS AND SCHOOL BUS DRIVERS IN CALIFORNIA.** a. There are specific conditions of approval for teaching Pediatric First Aid for child care providers that apply to every HSI approved Training Center and authorized Instructor or IT. Log in to the HSI Platform to access this information in the regulatory approval database. b. **Do not teach this program to childcare providers in California until you and your training center are approved as an HSI affiliate program for the California Emergency Medical Services Authority (EMSA). Contact customer service for more information.** 3. Training centers are prohibited from using the EMSA logo, name, or wording on their websites to suggest their training businesses, programs, or courses are approved by EMSA. 4. **HSI PEDIATRIC FIRST AID IS ACCEPTED BY NYSDOH** for First Aid Certifications for NYS Children's Camp Staff under Summer Day Camp First Aid. 5. **This program satisfies the New York State Commissioner of Education Commissioner's CPR and First Aid requirements for Coaches**. Per the Department, content on concussion management, epinephrine, glucagon, and naloxone administration doesn't authorize individuals to administer these drugs

and does not align precisely with the NYS regulations for concussion management's specific training requirements.

6. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, and number of students. These factors may increase or decrease the time needed to meet the required terminal objectives.
7. This program is currently available in English and Spanish.

G2022 HSI Emergency Use of Medical Oxygen (EUMO)

Intended Audience	The intended audience for EUMO is adult first aid and adult and child CPR AED providers and basic life support (BLS) trained healthcare providers, professional rescuers, or public safety professionals working a wide variety of occupational settings who desire or are required to be certified in the emergency use of medical oxygen.
Instructor Requirement	1. Current authorization as a Level 1 HSI Instructor is required to teach the First Aid | CPR AED provider level EUMO class. 2. Current authorization as a Level 1 & 2 HSI Instructor is required to teach the BLS provider level EUMO class. 3. Instructors must demonstrate a strong cognitive grasp of the subject matter and be able to proficiently demonstrate all skills taught in the EUMO program.
Participant Prerequisites	1. At a minimum, current certification in Adult First Aid and CPR AED for the adult and child is required for the First Aid | CPR AED provider level EUMO class. 2. Current certification in Basic Life Support (BLS) is a required prerequisite for BLS provider level EUMO class. 3. The BLS EUMO certification is intended for first responders, healthcare providers, and public safety professionals who also have at a minimum, current and valid BLS and first aid certification.
Required Equipment and Materials	See HSI EUMO Instructor Guide, Preparation Checklists
Class Length (See Notes)	1. Blended, Online Component: About 1 hr. 2. Blended, Face-to-Face Component a. First Aid CPR AED Providers: About 1. 75 hrs. b. BLS providers: About 2.5 hrs. 3. Renewal: Varies with instructional approach and strategy.
Maximum Student-to-Instructor Ratio (SIR)	12:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	1. Define medical oxygen. 2. Define hypoxia. 3. Identify when medical oxygen can be given without a prescription. 4. Recognize when giving medical oxygen may be harmful. 5. List the essential components of a medical oxygen delivery system. 6. Recognize standard safety precautions of medical oxygen delivery systems. 7. Describe the steps to assemble, disassemble, and reassemble a portable medical oxygen delivery system.

	8. Explain how to assess oxygen deficiency in an emergency and use a pulse oximeter to monitor oxygen saturation. 9. Identify medical oxygen delivery devices and flow rates used to give medical oxygen in an emergency. 10. Correctly demonstrate how to use a pulse oximeter to assess for hypoxia and to monitor oxygen saturation. 11. Correctly demonstrate how to give medical oxygen in an emergency to an adult using a simple face mask. 12. Correctly demonstrate how to give medical oxygen in an emergency to an adult using a non-rebreather mask. 13. Correctly demonstrate how to give medical oxygen in an emergency to an adult/child and infant using a CPR mask. 14. Correctly demonstrate how to give medical oxygen in an emergency to an adult/child and infant using a bag-mask device (BLS Providers Only).
Student Certification Requirements	**Written Exam:** Optional, except when required by an employer, regulatory or occupational licensing agency or when challenging the course. 1. First Aid | CPR AED provider level passing score: 73% (or better). 2. BLS provider level passing score: 72% (or better). a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 1. Demonstrate skill competency as indicated by the skill criteria on the Performance Evaluation Sheets. a. Performance Evaluation One: Unresponsive Person, Not Breathing Normally. Single Provider. b. Performance Evaluation Two: Unresponsive Person, Pulse Felt. Not Breathing Normally. Two BLS Providers (BLS Providers Only).
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI Adult First Aid | CPR AED Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	1. EUMO BLS certification may only be issued to currently certified BLS providers. 2. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, and number of students. 3. This program is currently available in English.

G2020 Child and Babysitting Safety (CABS)

Intended Audience	Young people providing babysitting services.
Instructor Prerequisites	A current and active, Level 1 (or above) HSI Authorized Instructor
Participant Prerequisites	None. Pediatric First Aid and Pediatric CPR strongly recommended.
Required Equipment and Training Materials	See CABS Instructor Guide, Class Requirements, Equipment and Materials List.
Course Length	1. Initial Instructor-Led Class: About 4 hours. 2. Blended, Online Component: About 2 hours. 3. Face-to-face component: About 2 hours.
Student-to-Instructor Ratio Skill Session Maximum	12:1 (6:1 recommended)
Certification Requirements	**Written Exam:** Optional except when required by organizational policy. 1. Passing score when required: 78% or better. **Class Exercises:** Required participation: 1. What Does a Good Babysitter Do? 2. Babysitting Orientation 3. Safety Check 4. Playtime Activities 5. Recognizing Problems **Required Student Skill Practices:** 1. Handwashing 2. Control of Bleeding **Performance Evaluation:** Optional unless required by organizational policy. Correctly demonstrate: 1. Proper hand-washing steps and timing. 2. How to control heavy bleeding.
Certification Period	May not exceed 2 years from month of issue. More frequent reinforcement of skills is recommended.
Required Class Documentation	1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the CABS class signed by the Authorized Instructor or electronically submitted through the HSI Platform.

Notes	1. CABS is not designed to meet regulatory requirements for pediatric first aid and pediatric CPR training of childcare providers and should not be used for that purpose. 2. Participants must be able to read and speak English.

G2020 HSI Advanced Cardiac Life Support (ACLS)

Intended Audience	Trained and skilled healthcare providers who either direct or participate in cardiopulmonary emergencies and resuscitation efforts.
Instructor Requirement	A current and active, Level 4 Authorized HSI Instructor
Participant Prerequisites	All participants *must be* trained, skilled, and be able to: 1. Perform high-quality basic life support (HQ-BLS). 2. Read and interpret basic electrocardiograms (ECGs). 3. Understand basic resuscitation pharmacology, prepare, and administer essential medications.
Required Equipment and Materials	See ASHI ACLS Instructor Resource Guide; Class Requirements, Equipment and Materials List.
Class Length (See Notes)	1. Initial Instructor-Led Class: About 15 hours. 2. Renewal Instructor-Led Class: About 7 hours.
Maximum Student-to-Instructor Ratio (SIR)	10:1 (6:1 recommended)
Maximum Student-to-Manikin Ratio (SMR)	3:1
Terminal Learning Objectives	1. Discuss the phases of cardiac arrest, the Chain of Survival, the elements of high-quality cardiac pulmonary resuscitation (CPR), common barriers to effective CPR, techniques, and adjuncts to improve the quality of CPR, and monitoring the patient's response and rescuer performance during CPR. 2. Discuss the roles and responsibilities of each member of the resuscitation team, the importance of effective communication among team members, and communicating with families. 3. Discuss common therapies performed by members of a rapid response or resuscitation team in the first few minutes of a respiratory or cardiovascular emergency. 4. Differentiate between respiratory distress, respiratory failure, and respiratory arrest, and implement a treatment plan based on the severity of a patient's respiratory compromise. 5. Identify bradycardia rhythms through ECG recognition and discuss treatments for patients who are experiencing bradycardia as asymptomatic, stable but symptomatic, symptomatic and unstable, or pulseless.

	6. Identify tachycardia rhythms through ECG recognition and discuss treatments for patients with who are experiencing a tachycardia as asymptomatic, stable but symptomatic, symptomatic and unstable, or pulseless. 7. Discuss the pathophysiology, history, and clinical presentation of a patient experiencing an Acute Coronary Syndrome. 8. Discuss types of strokes, stroke system of care, and the initial emergency care for acute ischemic stroke. 9. Correctly demonstrate the necessary skills HQ-BLS in a team setting. 10. Correctly demonstrate how to properly manage respiratory arrest in a team setting. 11. Correctly demonstrate how to properly manage respiratory arrest in a team setting. 12. Correctly demonstrate cardiac rhythm management in a team setting.
Student Certification Requirements	**Written Exam:** Required 1. Passing score: 75% on the ASHI ACLS Exam. a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required. 1. Demonstrate skill competency in a team setting as indicated by the skill criteria on the Performance Evaluation Sheets: a. HQ-BLS b. Respiratory arrest c. Cardiac rhythm management including, pulseless VT/VF and 2 other rhythms (e.g., "Megacode")
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.
Continuing Education Hours (CEH) Available	**Emergency Medical Services** (see Notes)
Required Class Documentation	A complete, accurate, and legible ACLS Class Roster reflecting the actual class date(s) of the class, signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	1. Emergency Medical Services Continuing Education Hours (EMS CEH) provided through HSI, an organization accredited by the

Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE).

a. 15 Hrs. Advanced CEH for the Initial Class.
b. 7 Hrs. Advanced CEH for the Renewal Class.

2. **TRAINING CENTERS ARE REQUIRED TO COLLECT AND SUBMIT INFORMATION FROM ALL EMS PROFESSIONALS WHO COMPLETE HSI ACLS.**
3. This program is currently only available in English.

G2025 HSI Instructor Development Course (IDC)[†]

Intended Audience	**Persons with little or no previous teaching experience who desire or require sufficient competency to teach, evaluate, and certify participants in HSI emergency care training programs or Instructors whose teaching authorization has lapsed, or otherwise affected by a quality assurance issue.**
IT Requirement	A current and properly authorized HSI IT in good standing.
Participant Prerequisites	1. Instructor candidates must demonstrate a strong cognitive grasp of the subject matter they wish to teach and be able to proficiently demonstrate all skills taught in the student-level program. 2. Current, valid student-level certification in the training program the candidate wishes to teach and/or at minimum, competent demonstration of student-level skills for: a. Responding to an Emergency b. Adult – One-Provider CPR AED c. Adult – Severe or Life-Threatening External Bleeding Control d. Child – One Provider CPR AED e. Infant – One Provider CPR AED 3. Medical knowledge and experience (clinical competence) is strongly recommended for Instructor candidates who intend to train healthcare professionals. 4. The recommended minimum age to undertake an Instructor Development Class is seventeen (17). Maturity, responsibility, and classroom presence should always be considered, regardless of age.
Required Equipment and Materials	1. See HSI Instructor Development Course, IT Guide, Required Face-to-Face Classroom Equipment and Materials.
Class Length	1. Blended: Online component: About 1.75 hours. 2. Face-to-face component: About 3.5 hours.
Maximum Instructor Candidate-to-IT Ratio Skill Session Maximum	10:1 (6:1 recommended).

[†] This course is currently scheduled for revision. At present, the timeline is undetermined.

Maximum Instructor Candidate-to-Manikin Ratio (SMR)	3:1 (1:1 recommended)
Terminal Learning Objectives	1. Summarize the training requirements for HSI instructor authorization. 2. Recognize universal concepts underlying instructional design, training, and learning. 3. Describe the role and responsibilities of an HSI instructor. 4. Describe HSI administrative tools and training programs. 5. Recognize the influence of regulation, accreditation, and guidelines on emergency care training. 6. Identify the main elements of HSI's instructional materials. 7. Explain how to use the main elements of HSI's instructional materials. 8. Describe the requirements for class completion. 9. Summarize the requirements for instructor candidate evaluation and documentation. 10. Correctly demonstrate how to present a cognitive lesson. 11. Correctly demonstrate how to conduct hands-on student practices. 12. Correctly demonstrate how to conduct a performance evaluation (individual or group).
Instructor Authorization Requirements	**Written Exam:** Required 1. Passing score: 70% or better on the online IDC Exam* **Performance Evaluation:** Required. 1. Successfully complete an IDC Performance Evaluation of *at least one* of the randomly selected instructional skills listed below. a. Present a cognitive lesson, or b. Conduct a small group practice using Video-Guided Practice, or c. Perform a skill demonstration and conduct a small group practice using a Skill Sheet, or d. Conduct a small group practice using a Scenario Sheet, or e. Conduct a Performance Evaluation.
Authorization Period	May not exceed 1 year from month of issue.
Required Class Documentation	The Training Center conducting the IDC must electronically submit an online IDC Roster on the HSI Platform to finalize the class.

Notes	1. An individual student's time to complete the online portion of the class may vary. 2. The time to complete the face-to-face portion is based on a class size of 6 candidates. Add additional time when more candidates are enrolled. 3. Class times can be influenced by preparation, available equipment, and IT efficiency. 4. Candidates must be able to read and speak English. 5. Upon successful completion of the IDC, candidates must affiliate with a Training Center and submit an Instructor Application to finalize authorization. 6. Instructor candidates who plan to teach above the layperson level must submit with their application current provider credentials for the programs they wish to teach.

G2022 HSI IT Course (ITC)

Intended Audience	**Persons who desire or require sufficient knowledge to instruct, coach, and mentor candidates in the process of becoming authorized HSI Instructors.**
Participant Prerequisites	Current authorization as an HSI Instructor.
Class Length	Online class: About 1.75 hrs.
Terminal Learning Objectives	1. Explain what the TCAM is for. 2. Explain the difference between a standard and guideline for the purpose of the TCAM. 3. Explain Instructor and/or IT Authorization. 4. Explain the HSI QA Board function and process. 5. Explain what a Training Program Standard is. 6. Explain what functions are available to Instructors in the HSI Platform. 7. Explain how to conduct HSI training courses using different delivery methods. 8. Explain how to conduct HSI training courses using different instructional approaches. 9. Explain the instructional elements found in HSI Training Programs. 10. Explain the different student hands-on practice methods found in HSI programs. 11. Explain HSI Training Program Procedures. 12. Explain HSI Training Program Continuums. 13. Explain Constructive Feedback.
IT Authorization Requirements	**Written Exam:** Required (online). 1. Passing score: 74% or better on the online ITC Exam. a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam.
Authorization Period	May not exceed 1 year from month of issue.
Notes	1. The time to complete the online class is an estimate based on an average adult reading speed of 200 words per minute. An individual student's time to complete may vary. 2. IT Candidates must be able to read English

G2020 HSI Stop Life-Threatening Bleeding (SLTB)

Intended Audience	This class audience is individuals from a broad range of backgrounds in the community and workplace who desire, or are occupationally required, to be trained to stop life-threatening bleeding.
Instructor Requirement	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	None
Required Equipment and Materials	See HSI SLTB Instructor Guide, Class Equipment and Materials Checklist
Class Length (See Notes)	1. Initial Instructor-Led Class: About 1.5 hrs. 2. Blended, Online Component: About .5 hrs. 3. Blended, Face-To-Face Component: About 1 hr. 4. Renewal: Varies with instructional approach and strategy.
Maximum Student-to-Instructor Ratio (SIR)	24:1 (6:1 recommended)
Maximum Student-to-Bleeding Control Equipment Ratio	6:1 (4:1 recommended)
Terminal Learning Objectives	1. Describe the difference between a bystander and an immediate responder. 2. Summarize the basic legal concepts that apply to providing aid in a bleeding emergency. 3. Explain the elements of the procedure to stop life-threatening external bleeding. 4. Recognize the immediate responders' role, responsibilities, and priorities. 5. Describe how to recognize life-threatening external bleeding. 6. Recognize the best means to stop life-threatening external bleeding based on the availability of a bleeding control kit and wound location. 7. Explain how to care for a person after life-threatening external bleeding has stopped. 8. Correctly demonstrate the removal of contaminated gloves. 9. Correctly demonstrate how to stop life-threatening external bleeding using direct manual pressure. 10. Correctly demonstrate how to stop life-threatening external bleeding by packing the wound. 11. Correctly demonstrate how to stop life-threatening external bleeding using a commercial tourniquet. 12. Correctly demonstrate how to stop life-threatening external bleeding using an improvised tourniquet. (Optional)

	13. Correctly demonstrate the procedure to stop life-threatening external bleeding.
Student Certification Requirements (Optional, see Note 1).	**Written Exam:** Optional, except when required by an employer, regulatory, or occupational licensing agency or when challenging the course. 1. Passing score: 71% a. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam. **Performance Evaluation:** Required for Certification. 1. Demonstrate skill competency as indicated by the skill criteria on the Stop Life-Threatening Bleeding Performance Evaluation.
Certification Period	May not exceed 2 years from month of issue. Spaced practice every 3-6 months is strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI SLTB Class Roster reflecting the actual class date(s) signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	1. To receive a SLTB Recognition of Participation (ROP), students must complete the required lessons and hands-on practices. To receive an SLTB certification card, the student must successfully complete the SLTB Performance Evaluation (skill test). 2. The HSI SLTB training program is not associated or affiliated with and is not sponsored or endorsed by the United States Department of Defense (DOD). "Stop The Bleed®" is a registered trade and service mark of the DOD.

HSI Bloodborne Pathogens (BBP)

Intended Audience	Individuals who are designated as a CPR and/or first aid provider or have an identified job classification in which there are tasks or procedures that increase the risk of exposure to blood or other potentially infectious materials.
Instructor Prerequisites	A current and active, Level 1 (or above) Authorized HSI Instructor (see Note 1 below).
Participant Prerequisites	None.
Required Equipment and Materials	1. See BBP Instructor Guide; Class Requirements, Equipment and Materials List.
Class Length	1. Initial Instructor-Led Class: About 1 hour. 2. Blended, Online Component: About 30 minutes. 3. Face-to-face component: About 30 minutes.
Student Certification Requirements	**Written Exam:** Optional except when required by a regulatory agency. 1. Passing score when required: 70% or better. **Performance Evaluation:** 1. Optional, except when required by a regulatory agency.
Certification Period	May not exceed **1 year** from month of issue. See OSHA 1910.1030(g)(2)(ii)(B)
Required Class Documentation	A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BBP class signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	1. U.S. DOL/OSHA regulations require that the person conducting the training is knowledgeable in the subject matter *as it relates to the employee's workplace*. Instructors must also meet specific requirements for training records, including documenting their qualifications and the contents of the training program among other requirements. See OSHA 1910.1030 (Bloodborne Pathogens standard) for more information. 2. Proficiency in standard microbiological practices for HIV and HBV research and production facilities is beyond the scope of this program. 3. No Student-to-Instructor Ratio, Skill Session Maximum is identified as there is no required assessment of skill competency.

G2023 HSI Emergency Medical Response for Non-EMS Personnel (EMR)

Intended Audience	**Individuals interested in learning more than basic adult or pediatric first aid who do not wish to pursue a state license or credential to work as an Emergency Medical Responder (See Notes).**
Instructor Requirement	A current and active, Level 3 (or above) Authorized HSI Instructor
Participant Prerequisites	Current, valid professional-level Basic Life Support (BLS) certification (may be done concurrently).
Required Materials	1. HSI *Emergency Medical Response* Instructor Resource Guide 2. Class Roster 3. Written Exam Documents 4. Rate Your Program Class Evaluation (print or digital) 5. *Emergency Medical Responder: First on Scene,* Instructional Materials, 12th Edition, Le Baudor. Pearson ©2024 a. Lesson Plans b. Chapter Slide Presentations c. Chapter Handouts 6. *Emergency Medical Responder: First on Scene Text*, 12th Edition, Le Baudor. Pearson ©2024 (One per Student, Print or Digital) 7. If HSI BLS is conducted concurrently: a. HSI G2020 Instructor Guide (Print or Digital) b. HSI G2020 Student Skill Guide (one per student, print or digital) c. HSI G2020 BLS Class Presentation d. HSI G2020 Performance Evaluations e. HSI G2020 Written Exam Documents f. Class Roster g. Rate Your Program Class Evaluation
Class Length (See Notes)	1. Initial Class 47-50 Hours. Classroom method only, not including BLS. 2. Renewal Class 16 hours. Classroom method only.
Maximum Student-to-Instructor Ratio (SIR)	1. Cognitive Sessions, 24:1 2. Skill Sessions, 12:1 (6:1 recommended)
Terminal Learning Objectives	1. See *Emergency Medical Responder: First on Scene Text, 12th Edition,* pgs. xiii and xiv.
Student Certification Requirements (Initial and Renewal)	2. Written Exam Required a. 74% or better on the 100 questions HSI Emergency Medical Response exam. b. HSI exams are valid, appropriately matched to content, and consistent with established item writing standards. Subjectively raising the passing score is improper as it may result in a person who has an adequate level of knowledge competence failing the exam.

Certification Period	May not exceed 2 years from month of issue. Spaced skill practices every 3-6 months are strongly recommended.
Required Class Documentation (Initial and Renewal)	1. A complete, accurate, and legible HSI EMR Class Roster (and HSI BLS Class Roster when HSI BLS is conducted concurrently) reflecting the reflecting the actual dates of the class signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	1. **Intended Audience.** It is not the intent of the HSI EMR program to cross into the EMS scope of practice. US states license and credential Emergency Medical Responders (EMRs) and legally enforce their scope of practice. Consequently, there is the potential for student confusion and regulatory/legal conflict when training people in EMR skills who are not pursuing a state license to work as an EMR (or as an EMR Instructor for a state-approved EMS training program). As in any licensed practice, having the required education does not permit any individual to legally practice. Unlicensed or unauthorized practice may be a criminal offense. EMS provider and instructor licensing and credentialing are legal activities performed by the state, not HSI. An individual who has been trained and certified in HSI EMR (or authorized as an HSI EMR Instructor) will not be licensed or credentialed to practice or teach emergency medical care as an EMS provider or EMS Instructor within a state regulated EMS system. Individuals who require or desire licensure and credentialing within the state EMS system must complete specific requirements established by the regulating authority – typically, the state EMS agency within the state health department. The HSI EMR program is not intended to prepare individuals to make clinical judgments, communicate effectively, or exhibit leadership skills required during the management of an Emergency Medical Service (EMS) call within a state EMS system. The HSI EMR program does not provide state or national certification, licensure, or credentialing as an EMS provider. HSI does not seek state EMS approval for its EMR training program. HSI approved Training Centers providing HSI EMR training classes must understand and comply with all state laws and regulations related to EMS instruction and practice. 2. Class length is influenced by class preparation, available equipment, skill practice method, instructor efficiency, and number of students. These factors may increase or decrease the time needed to meet the required terminal objectives. 3. Participants must be able to read and speak English.

HSI Active Violence Immediate Response Training (AVIRT)

Intended Audience	**Individuals who are not professional first responders, who desire training in emergency actions for active violence situations.**
Instructor Requirement	A current and active HSI instructor authorized to teach HSI AVIRT.
Participant Prerequisites	None
Required Equipment and Materials	See HSI AVIRT Instructor Guide, Class Requirements, Equipment and Materials list.
Class Length	1. Instructor-Led Class: About 2 hours. 2. Blended, Online Component: About 1 hour. a. Face-to-Face Component: About 1 hour. 3. Online-Only Course: About 1 hour.
Maximum Student-to-Instructor Ratio (SIR)	15:1 (8:1 recommended) Traditional Classroom/Face-to-Face session Blended Learning
Terminal Learning Objectives	1. Describe how you can recognize warning signs of and best prepare for the possibility of active violence. 2. Describe how to protect yourself and the importance of responding immediately to life-threatening bleeding with three bleeding control methods. 3. Describe three strategies to respond to violence in progress to better protect yourself until law enforcement arrives.
Course Completion Requirements	1. Traditional Classroom a. Participate in all class exercises as appropriate with each student's comfort level. See Notes. 2. Blended Learning a. Completion of the online portion of the blended course. b. Participate in all class exercises in the Face-to-Face portion of the blended learning course as appropriate with each student's comfort level.
Course Certificate	May not exceed 2 years from month of issue. More frequent training is strongly recommended.
Required Class Documentation	A complete, accurate, and legible HSI AVIRT Class Roster reflecting the actual class date(s) of the HSI AVIRT class signed by an authorized HSI AVIRT instructor or electronically submitted through the HSI Platform.

Notes

1. **Intended Audience.** Individuals that are not professional responders with a "duty to act". US states have specific laws and regulations to train, license, or otherwise credential professional responders such as police officers, firefighters, and emergency medical technicians (EMTs). An individual who has been trained and received a course certificate in HSI AVIRT (or is authorized as an HSI AVIRT Instructor) is not trained, licensed, or credentialed to practice or teach active shooter training for professional first responders within a state regulated licensing system. Individuals who require or desire active shooter training, licensure, or credentialing within a state licensing system must complete specific requirements established by state statute and/or the regulating authority. HSI AVIRT is not intended to prepare individuals to make professional judgments, communicate effectively, or exhibit the leadership skills required during the management of an active violence situation. HSI approved Training Centers providing HSI AVRIT must understand and comply with all state laws, regulations, policies, procedures, and legal principles related to active shooter instruction and practice.
2. **No Weapons Allowed**. It is strictly prohibited for any Instructor or participant to bring a firearm, edged weapon, or any other weapon to class. This includes weapons that have been emptied of ammunition or that an instructor or participant is licensed, trained, and authorized to use.
3. **Comfort Level**. Students should be encouraged to participate fully in all class exercises. However, some students may find certain aspects of the exercises distressing and should not be required to participate beyond their personal comfort level (degree of physical ease or well-being).
4. **Course Certificate.** The course certificate is a document recognizing participation in the HSI AVIRT course. The document does not imply that the individual has met specific requirements to practice in an occupation or profession or imply state licensing or credentialing.
5. This program is only available in English.

Discontinued Program. Certificates May No Longer Be Legitimately Issued For:

- Active Violence Emergency Response Training (AVERT)

HSI Remote

Skills Verification (RSV)

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

Intended Audience	**Individuals who desire or are required to be certified in an HSI class.**	
Instructor Prerequisites	A current and properly authorized HSI Instructor or IT in good standing.	
Participant Prerequisites	None	
Required Training Materials	1. HSI Instructor Guide (one per Instructor)	
Class Length	1. Blended, Online component: Varies. See Class Length in the related HSI Training Program Standard 2. Face-to-face RSV component: Flexible, generally 30 -90 minutes.	
Student-to-Instructor Ratio Skill Session Maximum	1:1 (individual student skill evaluation)	
Student Certification Requirements	1. Successful completion of the blended, online component of an HSI training program. 2. Correctly demonstrate the required skills in the related HSI Training Program Standard.	
Certification Period	May not exceed 2 years from month of issue. More frequent practice of skills is strongly recommended.	
Notes	1. RSV may be used to remotely evaluate and verify skill competence of Instructors. There must be at least one additional person available to play the role of student for skills practice/evaluation lessons. 2. **RSV IS KNOWN TO BE PROHIBITED IN CERTAIN REGULATED OCCUPATIONS IN CALIFORNIA AND NEW YORK STATE SKILL PRACTICE AND EVALUATION MUST TAKE PLACE IN PERSON**. a. Log in to the HSI Platform and search the approval database for more. 3. See also, Occupational Licensing and Regulatory Issues with VILT and RSV.	
Technical Requirements	Instructor or Instructor Trainer	Participant
High-Speed Internet Connection	3.2 megabyte per second (MB/s)	Same
Minimum Recommended Computer Requirements	**Desktop, tablet or laptop with webcam** **Operating System:** Windows: Windows 10 and later Mac: MacOS 10.11 and later	**Desktop, tablet or laptop or smartphone with camera**

	Web Browser: (latest version) • Chrome • Firefox • Microsoft Edge	
Well Lit Room	The most typical cause of poor video quality is lack of light.	Same
Equipment	As required in the HSI Program, including appropriate resuscitation manikin, ventilation device(s), dressings, and bandages, etc. In the absence of a full body manikin, there is at least one other person who can play the role of an injured or ill person.	Same
Documentation	A complete, accurate, and legible Class Roster signed by the Authorized Instructor or electronically submitted through the HSI Platform.	Digital Certification Card

HSI Virtual Instructor Led Training (VILT)

VILT is the use of interactive videoconferencing technology to remotely deliver training and certification when the instructor and learner are in separate locations.

Intended Audience	**Individuals who desire or are required to be certified in an HSI training program**	
Instructor Prerequisites	A current and properly authorized HSI Instructor or IT in good standing.	
Participant Prerequisites	Varies. See the related Training Program Standard.	
Required Training Materials	Varies. See the related Training Program Standard.	
Class Length	1. Initial Instructor-Led Class: Varies. See the related Training Program Standard. 2. Renewal: Varies. See the related HSI Training Program Standard.	
Student-to-Instructor Ratio Skill Session Maximum	1. Varies. See Student-to-Instructor ratio in the related Training Program Standard.	
Student Certification Requirements	Varies. See the related HSI Training Program Standard.	
Certification Period	Varies. See the related HSI Training Program Standard.	
Notes	1. **VILT IS KNOWN TO BE PROHIBITED IN CERTAIN REGULATED OCCUPATIONS IN CALIFORNIA AND NEW YORK STATE WHERE SKILL PRACTICE AND EVALUATION MUST TAKE PLACE IN PERSON**. a. Log in to the HSI Platform and search the approval database for more. **2.** See also, Occupational Licensing and Regulatory Issues with VILT and RSV. **3.** VILT may be used to remotely evaluate and verify skill competence of Instructors. There must be at least one additional person available to play the role of student for skills practice/evaluation lessons.	
Technical Requirements	**Instructor or Instructor Trainer**	**Participant**
High-Speed Internet Connection	3.2 megabyte per second (MB/s)	Same
Minimum Recommended Computer Requirements	Desktop, tablet or laptop with webcam Commercially available video-conferencing application**.**	Same

Well Lit Room	The most typical cause of poor video quality is lack of light.	Same
Equipment	As required in the HSI Training Program, including appropriate resuscitation manikin(s), ventilation device(s), dressings, and bandages, etc.	Same
Documentation	A complete, accurate, and legible Class Roster signed by the Authorized Instructor or electronically submitted through the HSI Platform.	Digital Certification Card

ASHI Training Program Standards

G2015 ASHI Wilderness First Aid (WFA)

Intended Audience	**Individuals who require or desire wilderness first aid knowledge and skills, but are not professional responders; including adventure guides, outdoor enthusiasts, camp counselors and administrators, camp participants, park and forest rangers, and other occupations that work in a wilderness environment**
Instructor Prerequisites	A current and active, Level 1 (or above) Authorized HSI Instructor
Participant Prerequisites	1. Adult CPR and AED are recommended and required for Boy Scouts of America WFA. Basic First Aid is recommended. 2. Students must be 14 years of age (meets age requirement for Boy Scouts of America High Adventure Camp participation and wilderness first aid certification requirements).
Required Equipment and Materials	See Wilderness First Aid Instructor Guide, Class Requirements, Equipment and Materials List.
Class Length	16 hours to meet core knowledge and skill objectives.
Student-to-Instructor Ratio Skill Session Maximum	10:1 (6:1 recommended)
Student Certification Requirements	**Written Exam:** Optional except when required by a regulatory agency. 1. Passing score when required: 73% or better. **Performance Evaluation:** Required 1. Each student or student team must correctly demonstrate all skill objectives in the proper sequence according to the skill criteria as they appear in the Student Book Skill Sheet, Scenario Sheet, or Performance Evaluation Sheet.
Certification Period	Up to 3 years (recommended every 2 years). More frequent practice of skills is strongly recommended.
Required Class Documentation	1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the ASHI class signed by the Authorized Instructor or electronically submitted through the HSI Platform.
Notes	1. American Camping Association, Inc. (ACA) ASHI Wilderness First Aid meets ACA standards when access to the EMS is 30 minutes or more. 2. Participants must be able to read and speak English.

G2010 ASHI Advanced First Aid (AFA)

Intended Audience	**This class is designed for non-EMS responders including government, corporate, industry, lifeguards, security personnel, law enforcement, corrections personnel, or other individuals who are not EMS or healthcare providers but desire or require certification in Advanced First Aid.**
Instructor Prerequisites	A current and active, Level 2 (or above) Authorized HSI Instructor
Participant Prerequisites	Current, valid professional-level BLS certification. May be incorporated/conducted in conjunction with the AFA program.
Required Training Materials	1. ASHI Basic Life Support (when incorporated) a. One per participant: Student Handbook b. One per Instructor: Instructor Guide c. One per Training Center: ASHI-approved audio-visual presentation media. 2. ASHI Advanced First Aid Digital Resource Kit a. One per Training Center: i. Program Resource Documents ii. Preparatory iii. PowerPoint® presentations iv. Exam Documents **AND** 3. BRADY Student Text a. One per participant: *Emergency Responder: Advanced First Aid for Non-EMS Personnel*, (Le Baudour, © 2012 Pearson).
Class Length	1. Initial class is about 17 hours; renewal class about 7 hours. Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.
Student-to-Instructor Ratio Skill Session Maximum	10:1 (6:1 recommended)
Student Certification Requirements	**Written Exam:** Required 1. 70% or better on the ASHI Advanced First Aid Exam. **Performance Evaluation:** Required. Correctly demonstrate how to: 1. Working as the Lead Responder in a scenario–based team setting, adequately direct the primary assessment and care of: a. Patient Assessment/Management – Trauma. b. Patient Assessment/Management – Medical.

Certification Period	May not exceed 2 years from month of issue. More frequent practice of skills is strongly recommended.
Required Class Documentation	1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BLS class signed by the Authorized Instructor or electronically submitted through the HSI Platform.

Discontinued ASHI Programs. *Unless Specifically Stated Otherwise*, Certification Cards May No Longer Be Legitimately Issued For:

- G2015 ASHI Use and Administration of Epinephrine Auto Injectors (EAI)
- G2015 ASHI Advanced Cardiac Life Support (ACLS)
- G2015 ASHI Bloodborne Pathogens (BBP)
- G2015 ASHI Basic First Aid (BFA)
- G2015 ASHI Advanced Bleeding Control (ABC)
- G2015 ASHI CPR and AED (CPRAED)
- G2015 ASHI CPR, AED, and Basic First Aid (Combo)
- G2015 ASHI Pediatric CPR, AED, and First Aid (Peds)
- G2015 ASHI High-Performance CPR
- G2015 ASHI Basic Life Support (BLS)
- G2010 ASHI Emergency Oxygen
- G2010 ASHI Bloodborne Pathogens (BBP)
- G2010 ASHI Basic First Aid (BFA)
- G2010 ASHI CPR and AED (CPR AED)
- G2010 ASHI CPR, AED, and Basic First Aid (Combo)
- G2010 ASHI Pediatric CPR, AED, and First Aid (PEDS)
- G2010 ASHI CPR Pro for the Professional Rescuer (CPRPRO)
- G2010 ASHI Pediatric Advanced Life Support (PALS)
- G2010 ASHI Advanced Cardiac Life Support (ACLS)
- G2010 ASHI Wilderness First Aid (WFA)
- G2010 Child and Babysitting Safety (CABS)
- G2010 ASHI Emergency Medical Response (EMR)
- ASHI Wilderness First Responder (WFR)
- ASHI Wilderness EMT Upgrade (WEMTU)

MEDIC First Aid Training Program Standards

Discontinued MEDIC First Aid Programs. Certification Cards May No Longer Be Legitimately Issued For:

- G2015 MEDIC First Aid BasicPlus CPR, AED, and First Aid for Adults (BasicPlus)
- G2015 MEDIC First Aid Advanced Bleeding Control (ABC)
- G2015 MEDIC First Aid Use and Administration of Epinephrine Auto Injectors (EAI)
- G2015 MEDIC First Aid CarePlus CPR and AED (CarePlus)
- G2015 MEDIC First Aid PediatricPlus (PediatricPlus)
- G2015 MEDIC First Aid High-Performance CPR (HP-CPR)
- G2015 MEDIC First Aid Bloodborne Pathogens in the Workplace (BBP)
- G2015 MEDIC First Aid Child/Infant CPR and AED Supplement (CHLDINFSUP)
- G2010 MEDIC First AID Emergency Oxygen
- G2010 MEDIC First Aid, Bloodborne Pathogens in the Workplace (BBP)
- G2010 MEDIC First Aid, BasicPlus CPR, AED, and First Aid for Adults
- G2010 MEDIC First Aid, PediatricPlus CPR, AED, and First Aid for Children, Infants, and Adults
- G2010 MEDIC First Aid CarePlus CPR and AED
- G2010 Child/Infant CPR and AED Supplement

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

Discontinued Co-Branded Programs. Certification Cards May No Longer Be Legitimately Issued For:

- G2015 Child and Babysitting Safety (CABS)

EMS Safety Training Program Standards

Discontinued EMS Safety Training Programs. Certification Cards May No Longer Be Legitimately Issued For:

- G2015 EMS Safety CPR, AED and First Aid (CORE)
- G2015 EMS Safety BLS for Healthcare Providers (E-BLS)
- G2015 EMS Safety Childcare Provider CPR, AED, and First Aid
- G2015 EMS Safety Caregiver CPR, AED and First Aid
- G2015 EMS Safety Emergency Oxygen Administration
- G2015 EMS Safety: Bloodborne Pathogens (E-BBP)
- EMS Safety CPR Instructor Class

Section 4: Training Center Guidelines

Training Center Guidelines are statements of desired, good, or best practice and other related quality assurance information.

Code of Ethics for HSI Instructors

HSI expects its authorized instructors and instructor trainers will comply with the following code of ethics, consistent with our Training Center Standards (TCS). Violations of the TCS may result in disciplinary action, including suspension or revocation of authorization.

The authorized instructor will:

1. Wear clean, professional clothing.
2. Obey all local, state, and federal laws.
3. Maintain accurate and truthful records.
4. Accept responsibility for their own actions.
5. Treat each student with respect, dignity, and worth.
6. Use professional verbal, nonverbal, and written communications.
7. Teach only those HSI classes they have been authorized by HSI teach.
8. Use hygienic practices and maintain an appropriate level of personal hygiene.
9. Provide an environment that is safe, healthy, and comfortable for all students.
10. Refrain from any behavior that results in illegal, discriminatory, or unethical actions.
11. Refrain from teaching under the influence of alcohol, drugs, or any illegal substance.

Attributes of a Proficient Instructor

These attributes were compiled by a group of professional health and safety instructors. They are intended to help in determining the qualities of a skilled instructor. On average, it takes a new instructor at least eight classes of six students to become proficient. A proficient instructor can certify about 150 competent students per month.

1. Teaches often.
2. Has good people skills.
3. Manages time effectively.
4. Objectively evaluates students.
5. Properly documents each class.
6. Has adequate subject knowledge.
7. Understands adult learning styles.
8. Is intelligent, ethical, and dependable.
9. Has an appropriate, professional appearance.
10. Has demonstrated competency in essential skills.

11. Can teach with or without audiovisual presentations.
12. Is motivated, well-prepared, self-confident, and patient.
13. Can effectively use problem solving scenarios as teaching tools.

Guidelines for New Instructor or IT Authorization

An instructor is authorized to certify participants who successfully complete an HSI training program. An IT (IT) is authorized to train individuals as Instructors and to certify participants who successfully complete an HSI training program (Fig. 3).

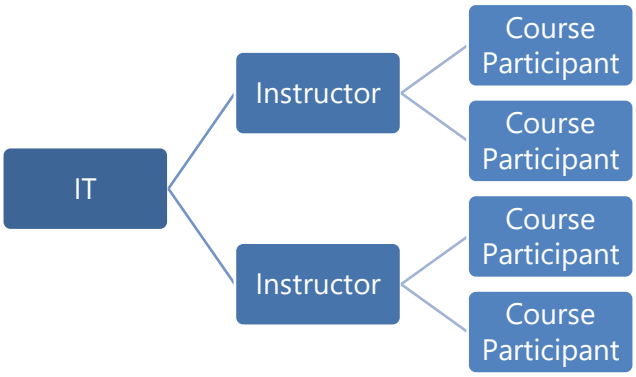


Figure 3

Instructor Authorization Methods

HSI Instructors are authorized by two methods: successful completion of an HSI Instructor Development Course (IDC) or reciprocity.

IT Authorization Methods

HSI ITs are authorized by one method, successful completion of the HSI IT Course (ITC). HSI does not accept reciprocity for authorization as an Instructor Trainer.

Authorization via IDC or ITC

The Instructor or IT candidate attends an HSI IDC or ITC and meets the requirements for Instructor or IT Authorization as described in the IDC or ITC program standard.

Instructor Authorization via Reciprocity

HSI defines reciprocity as the acceptance of current credentials from another nationally recognized organization or institution as the basis for authorization as an HSI Instructor. HSI does not currently accept reciprocity for authorization as an IT or HSI AVIRT Instructor.

Teaching Credentials[‡]

HSI recognizes the following current credentials as equivalent or exceeding its Instructor Development Course:

1. AAP Instructor
2. Academic Degree in Education
3. Academic Degree in Medicine
4. AHA Instructor
5. ARC Instructor
6. Certified Emergency Nurses Association Instructor
7. Certified EMS Instructor
8. Certified Fire Instructor
9. Certified Law Enforcement Instructor
10. Certified Mine Safety and Health Administration Instructor
11. Certified National Traffic Safety Institute Instructor
12. Certified Scuba Diving Instructor
13. Certified Teacher
14. DAN Instructor
15. ECSI/AAOS Instructor
16. EFR Instructor
17. ILTP Instructor
18. Military Training Instructor
19. NOLS/WMI Instructor
20. NSC Instructor
21. NSP Instructor
22. OSHA-authorized Trainer
23. SAI Instructor
24. SOLO Instructor
25. WMA Instructor
26. YMCA Lifeguard Instructor

[‡] Abbreviations: AAP= American Academy of Pediatrics, AHA=American Heart Association, DAN = Divers Alert Network, ECSI/AAOS= Emergency Care Safety Institute/American Academy of Osteopathic Surgeons, EFR= Emergency First Response, , ITLP=International Lifeguard Training Program, NOLS/WMI-National Outdoor Leadership School/Wilderness Medical Institute, NSC= National Safety Council, NSP=National Ski Patrol, SAI= Starfish Aquatics Institute, SOLO = Stonehearth Open Learning Opportunities (Wilderness Courses), WMA- Wilderness Medical Associates, YMCA=Young Men's Christian Association

Other current instructor credentials may be accepted on a case-by-case basis. Individuals with Instructor credentials from another nationally recognized organization typically receive reciprocity. Instructors receiving reciprocity are required to complete the Instructor Reciprocity Course (IRC) within 60 days of their authorization or will become inactive until the IRC is completed. IT candidates are required to complete the online IT Course (ITC) PRIOR to THE FINALIZATION of their IT Authorization.

Provider Credentials (Certifications, Qualifications, Licenses)

When combined with an appropriate teaching credential (above), HSI recognizes the following current provider credentials when used for instructor authorization by reciprocity:

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

HSI does not accept any online-only certification as provider credentials for reciprocity. HSI does not currently accept reciprocity for authorization as an HSI IT or HSI AVIRT Instructor.

Establishing Reciprocity

One form of reciprocity is where an equivalent authorization is given in return for the one presented. For example, an individual who is a current and valid American Heart Association® Inc. Basic Life Support (BLS) Instructor is given equivalent authorization as an HSI BLS Instructor. This is a straightforward condition of reciprocity (Fig. 4). Another form of reciprocity is based on the combination of participant (student) level credentials and teaching credentials (Fig. 5). The combination can be used to determine what HSI program(s) the individual is qualified to teach. For example, to receive a Certified Law Enforcement Instructor credential, a person must demonstrate their ability to teach. To receive a current and valid BLS certification at the healthcare provider level, a person must demonstrate their ability to perform basic life support skills. Therefore, a person who is both a current and valid Certified Law Enforcement Instructor and currently certified BLS provider has demonstrated both participant and instructor level knowledge and skills. They would qualify for authorization as a level two HSI Instructor. Here is another example of reciprocal instructor authorization based on a combination of participant level credentials and teaching credentials; a current and valid OSHA-authorized Trainer who is also currently certified in first aid and pediatric CPR AED. This individual could receive reciprocity as an level one HSI Instructor. There are many potential combinations that could be used. If you have questions about establishing reciprocity, log in to the HSI Platform or contact us.

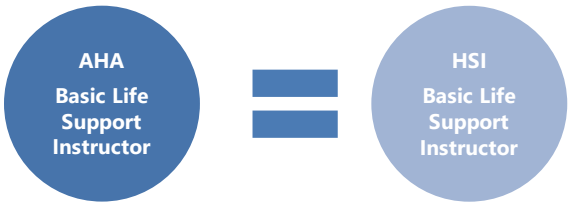


Figure 4

Figure 5

Reciprocal acceptance of HSI Instructor authorization by other nationally or internationally recognized organizations or institutions cannot be guaranteed.

Training Center Referral List

Training Centers may choose whether to be listed on the HSI website's Training Center Directory. The purpose of this list is to serve as a referral resource for individuals and organizations seeking training. Log in to the HSI Platform to enable or disable this feature.

Insurance

HSI strongly recommends that all Training Centers obtain and maintain both general and professional liability insurance for themselves and for their instructors. For more information, visit https://locktonaffinityhealth.com/other-professions/

Training Center Matters

Training Center Business Name

To avoid confusion and potential legal issues, you should choose a business name for your Training Center carefully. This is particularly true if you provide fee-for-service training. Your Training Center name should be distinctive. It should not be similar to HSI, ASHI, EMS Safety or MEDIC First Aid or the name of other Training Centers doing business in your area. You should not use similar logos, styles, or colors. If you have not already, you should strongly consider registering and trademarking your business name. For more information, see the U.S. Small Business Administration; Register Your Business.

Class Time Advertisements

Advertisements for class times must be truthful and not mislead consumers. Training Centers must have evidence to back up their claims that each participant who received an HSI certification card met the knowledge and skill objectives for successful completion of the class. Training Centers should routinely review their advertisements and should assure that their claims can be fully supported. For more information, see the Federal Trade Commission's Bureau of Consumer Protection Advertising Guide for Small Business.

HSI Platform

All HSI Approved Training Centers have the option to utilize the Online Training & Information System (HSI Platform). The HSI Platform serves as the main platform for managing training programs and certifications. Use of the HSI Platform is subject to additional terms and conditions. Before the first use of the HSI Platform, the Training Center Director and each individual end user must review and accept these additional terms and conditions. Anyone may choose not to accept the terms and conditions, but they will be unable to utilize the HSI Platform. The terms and conditions for HSI Approved Training Centers are different from those for individual end users.

Instructional System Use

HSI instructional material is an organized collection of interrelated products – student books, instructor and skill guides, class presentation material, videos, and other digital tools. All these materials are designed to work together to help students efficiently and effectively gain specific knowledge and skills. Using the instructional system as it is designed helps Training Centers and Instructors:

1. Follow program standards.
2. Validate proper curriculum scope.
3. Enhance long-term retention of class knowledge and skills.
4. Provide training that is professional, consistent, and dependable.
5. Determine and document a student's successful completion of the class.

Online Learning

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

On the other hand, online training only involves cognitive learning (acquiring factual knowledge). Comprehensive emergency care training involves learning psychomotor (physical) skills that require movement, coordination, strength, and speed - such as CPR. The only way to really learn physical skill is through substantial hands-on practice. Emergency care skills - particularly CPR skills- decay rapidly, often in as little as 3 months after initial training.[4] As a result, skill practice and evaluation are a critical component of all classes offered by reputable, nationally accredited organizations that issue certification cards for classes with practical skill components. Individuals may only be issued an HSI certification card after they practice the required skills and demonstrate their skill competency in the presence of a currently authorized HSI instructor or IT.

Blended Learning

Blended learning combines the convenience of online learning with a practical skills session to meet both knowledge and skill objectives for learners. A U.S. Department of Education meta-analysis and review of evidence-based practices in online learning found that, on average, blended learning was more effective than either face-to-face or online learning alone.[5] The International

Liaison Committee on Resuscitation (ILCOR) recommends blended-learning over a nonblended approach for life support training.[6]

The time to complete the online portion of a blended class is an estimate based on video running times and an average adult reading speed of two hundred words per minute. As the online component is designed to allow students to learn at their own pace individual times to complete it may vary. Once the online component is completed, a skills session should be completed within 60 days.

Conducting Environmental, Health and Safety (EHS) Compliance Training

At present, HSI does not offer Instructor or IT Development Courses or authorize instructors or ITs to teach EHS Compliance Classes. OSHA Training Institute Education Centers (OTI) authorize trainers for the 10-and 30-hour Construction and General Industry outreach training classes. HSI is not an OTI. Similar to the trainer requirement in the OSHA Bloodborne Pathogens standard (1910.1030(g)(2)(viii)), OSHA generally requires the person conducting any safety or compliance training "be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address". See this long standing and still applicable OSHA Letter of Interpretation that addresses the issue of who is and who is not qualified to instruct safety and compliance classes. For more information on the OSHA Outreach Training Program and becoming an OSHA authorized trainer, visit https://www.osha.gov/training/outreach

Responsibility for the verification of EHS subject matter competence rests with the Training Center, not HSI.

Conducting 24-7 EMS Continuing Education (CE) Classes

24-7 EMS is an HS company. 24-7 EMS provides high-quality, technically accurate EMS CE classes for Emergency Medical Responders, EMTs, and Paramedics to help them meet their state or National Registry of Emergency Medical Technicians licensing/certification requirements. Each 24-7 EMS class provides 1.0 to 1.5 hours of CE approved by HSI who is organizationally accredited by the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE).

At present, HSI does not offer Instructor or IT Development Courses or authorize instructors or ITs to teach 24-7 EMS continuing education classes. Individuals wishing to teach CE classes are obligated to comply with the laws, regulations, and instructor qualification standards required by each state. The specificity of these requirements varies greatly. For example, New Jersey requires EMS instructors to become a state licensed instructor before being permitted to teach EMS classes. In Texas, one must hold an EMT certification or higher and successfully complete a Texas-approved EMT instructor class. To learn more about the laws, regulations, and instructor

qualification standards, contact your State EMS Agency or State Fire Marshal's Office (see also Continuing Education).

Responsibility for compliance with state laws and regulations regarding EMS instructor qualification rests with the individual instructor, not HSI.

Americans with Disabilities Act

Inclusiveness and diversity in all forms are essential aspects of any professional training effort. In addition to philosophical values, all approved Training Centers must comply with laws against discrimination, such as the Americans with Disabilities Act (ADA). The ADA prohibits discrimination and ensures equal opportunity for people with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation. The ADA requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants, unless doing so would cause undue hardship. Generally, the individual with a disability must inform the employer that accommodation is needed.

Reasonable accommodation means employing structural means, furnishings, assistive devices and/or alternative formats. Class participants with disabilities or other conditions may adjust, adapt, alter, or modify how a skill is performed if they still meet the objectives. For example, current resuscitation guidelines state that it is preferred to perform CPR on a firm surface and with the person in the supine position, when feasible and it does not delay chest compressions.[7] It's reasonable that a student with a knee disability might request that the CPR training manikin be placed on a table instead of the floor. However, even after making this accommodation, the instructor must evaluate the student's skill competency. The student must be able to demonstrate skills properly according to the skill criteria as it appears on the CPR skill guide or performance evaluation sheet. A student who cannot perform the required skills competently according to the skill criteria does not meet the Terms and Conditions for Certification.[8]

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

Of special concern for external Training Centers (those that provide training for individuals or organizations for a fee) is Part 36, Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities. This provision of the law requires that any private entity that offers examinations or classes related to applications, licensing, certification, or credentialing for secondary or post-secondary education, professional or trade purposes shall offer such examinations or classes in a place and manner accessible to people with disabilities or offer alternative accessible arrangements for such individuals.

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

Closed captioning is available on HSI G2020 and G2025 class presentation videos and the digital student books have been made accessible to users with disabilities and have passed the ISO Standard 14289: PDF for Universal Access - PDF/UA.

ADA National Network

The ADA National Network provides information, guidance, and training on the Americans with Disabilities Act (ADA), tailored to meet the needs of business, government and individuals at local, regional and national levels. The ADA National Network consists of ten Regional ADA National Network Centers located throughout the United States that provide personalized, local assistance to ensure that the ADA is implemented wherever possible. They are not enforcement or regulatory agencies, but a helpful resource for Training Center information and guidance.

Medical Direction

HSI programs for healthcare providers contain instruction in medical procedures and adjunctive equipment that should be performed by people with a legal duty to act. Normally, basic, and advanced cardiac life support (BLS and ACLS) providers perform medical procedures in emergencies by the authority of a licensed physician who functions as a Medical Director. Standard Operating Procedures (or Standing Orders) are issued by the Medical Director. These are direct orders to perform specific BLS or ALS (Advanced Life Support) tasks. All HSI Instructors teaching healthcare providers must be aware of and function under the appropriate state or provincial codes and administrative regulations.

HSI does not provide local Medical Direction, Standard Operating Procedures, or licensure. Licensure is the responsibility of local or state public health departments, medical specialty boards, hospitals, and other authorities. HSI has made every effort to ensure that information contained within its programs is consistent with accepted treatment recommendations and guidelines.

Science and technology are constantly creating new knowledge and practice in safety and health education. Published materials may become out of date over time. Guidelines for safety and treatment recommendations cannot be given that will apply in all cases as the circumstances of each incident often vary widely. Signs and symptoms may be incomplete and can vary from person to person. Do not use the information in any program as a substitute for professional evaluation, diagnosis, and treatment from an appropriately qualified and licensed healthcare provider. Local or organizational physician-directed practice protocols may supersede treatment recommendations in any HSI training program.

Copyright of HSI Training Materials

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HSI takes copyright infringement seriously and will pursue all available remedies under international, federal, and state law. Remedies include seizure, impoundment and destruction of infringing articles and the means to produce them, the award of monetary damages of up to $150,000 U.S. for each work infringed or actual damages, disgorgement of any profits earned and all costs of litigation, including attorney's fees and court costs.

Continuing Education

HSI is an accredited and approved continuing education provider for EMS and Dental professionals.

Mission Statement

- To advance emergency care knowledge and skill competence via flexible, high-quality, valid, and effective distance and in-person adult learning.

Organizational Goals

- Continuously and systematically review and revise all continuing education program materials based on the best available evidence at least every three years or sooner when deemed appropriate due to new science, treatment recommendations, or practice guidelines.

Educational Goals

- Determine specific and measurable terminal and enabling lesson objectives for all courses to identify what participants should comprehend and can successfully demonstrate.
- Construct and deliver appropriate curriculum for students that promotes contextual learning, deliberate skill practice, and mastery learning.
- Promote a collaborative and cooperative learning environment that values professional development.
- Assess students learning with valid, defensible, and appropriate assessment methods and materials.

EMS Continuing Education

As an accredited organization of CAPCE, HSI is committed to providing high quality EMS Continuing Education. Our CAPCE Organizational Accreditation demonstrates that HSI has voluntarily submitted to an objective assessment of its ability to meet established standards for educational planning, implementation, and evaluation and that it has met or exceeded those criteria.[9]

CAPCE accreditation exists so that EMS providers have access to standard-driven continuing education activities and are awarded credit for participating in those activities. HSI classes offering CAPCE-approved EMS continuing education hours (CEH) provide a CEH certificate for students who wish to claim CEH credit. **HSI and its Training Centers and Instructors are required to collect and submit information from each EMS provider who completes a CAPCE accredited class.** While this information must be collected and submitted to HSI, students who are EMS providers are not obligated to accept the CEH or to claim the CEH certificate.

To Offer CEH for HSI Classes:

1. Before, during, or within 30 days of the class, use the CAPCE *Data Collection Form* to collect the required information from each EMS professional.
    a. The form can be found in the HSI Platform>Documents> Curriculum/Program Tool> CAPCE CEH for EMS Professionals
2. Purchase CAPCE CEH credits for EMS Professionals
    a. The HSI Platform>Store>Store Search> "CAPCE"
3. Enter the required information from each EMS Professional into the CAPCE roster.
4. HSI will report the CEH directly to CAPCE.
5. Print or email the CAPCE CEH certificate to the student(s).

The following HSI classes are currently approved for CEH for EMS Professionals

- BLS. Traditional Classroom, Initial and Renewal Class and the Online Portion of the Blended Learning Class
- ACLS. Traditional Classroom, Initial and Renewal Class.

If you have questions about purchasing CEH for EMS professionals who complete a CAPCE-approved HSI class, log in to the HSI Platform, send an email to customercare@hsi.com, or give us call at 800.447.3177.

Continuing Dental Education

The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE) was created to assist members of the AGD and the dental profession in identifying and participating in quality continuing dental education (CDE). HSI is a nationally approved AGD PACE-approved CDE provider. As such, HSI and its Approved Training Centers (TCs) and Instructors are permitted to award CDE hours to licensed dental professionals such as dentists (DDS), registered dental hygienists (RDH) and registered dental assistants (RDA).

The following HSI classes are currently approved for CDE:

- CPR AED
- BLS

HSI bears the overall administrative responsibility for ensuring compliance with the 13 PACE Standards and Criteria . These standards are based on the best practices of any type of CE provider and are intended to bring uniformity to CDE providers. However, AGD considers HSI, the TC and the instructor to be "joint program providers." **This means that the TC and authorized instructor share responsibility with HSI for compliance with PACE Standards and Criteria for publicity, evaluation, class records, and conflict of interest** (Standards 9-12). Every TC and instructor

teaching HSI training programs who wish to offer PACE-approved CDE are expected to comply with these Standards and Criteria.

To Learn More About How to Offer CDE: Log in to the HSI Platform and download the **2025 AGD PACE DOCUMENT PACKAGE.**

The Health & Safety Institute
Nationally Approved PACE Program Provider for FAGD/MAGD credit.
Approval does not imply acceptance by any regulatory authority or AGD endorsement.
9/1/2025 to 8/31/2029.
Provider ID# 355121

The award of continuing education hours is not certification. Certification requires successful completion of a hands-on skills performance evaluation with an authorized instructor. Certification is documented by a separately issued certification card. Continuing education hours are not available to dental professionals who challenge the program.

Physician Continuing Medical Education

Some states require all Continuing Medical Education (CME) for physicians meet the accreditation standards of the American Medical Association. These standards specifically require that educational activities be sponsored by an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME). ACCME accredits organizations that offer continuing medical education activities for physicians; they do not review, approve, or certify individual CME activities, such as HSI resuscitation programs. Therefore, if the organization offering the program (for example, a hospital) is accredited by ACCME, then the organization may designate the program as an educational activity that offers CME. HSI is not accredited by ACCME and does not offer ACCME CME.

Other Professionals

Continuing education credit for successful completion of HSI training programs may be available for other professionals, including healthcare and non-healthcare related occupations. Training Centers who wish to offer CE hours or credit to other licensed professionals should consider applying to the appropriate accrediting organization, occupational licensing board, or regulatory agency.

Remote Training and Skill Verification Matters

Overview

Videoconferencing has been established as a successful method for providing medical education over long distances for twenty years.[10] Virtual meetings on desktops, tablets or mobile devices permit efficient face-to-face conversation and collaboration without having to be in the same room, state, or country. Virtual instructor led training (VILT) refers to training that is delivered in a virtual or simulated environment, or when instructor and learner are in separate locations. Virtual instruction environments are designed to simulate the traditional classroom or learning experience.[11] VILT is accepted as traditional live activities by the National Registry of Emergency Medical Technicians (NREMT) and many state EMS agencies because they provide synchronous interaction between students and instructor." [12] Research has demonstrated that use of videoconferencing technology can produce learning outcomes (knowledge, skill, and confidence) that are as effective as the same instruction provided in a face-to-face format.[13,14]

Remote Skills Verification (RSV) has also been shown to be acceptable and feasible for class participants and remote skill evaluators for many years now.[15, 16, 17] Particularly for individuals working in remote settings, opportunities to get the training necessary to comply with occupational regulation or licensing requirements are often limited by the accessibility and availability of authorized instructors. In these settings and others, including public health emergencies like the COVID-19 pandemic, RSV offers a practical and useful alternative to conventional face-to-face training.[18, 19, 20.] Both the American National Red Cross and the American Heart Association®, Inc. offer remote (virtual) options for training and certification. [21,22]

Limited "Just in Time" Use

The need for on-site training equipment (manikins, CPR feedback devices, AED trainers, bag - masks, etc.) limits the ability to use RSV for individual "just in time" training and certification (i.e., "I need my card today"). Participants and clients who do not have the necessary on-site training equipment to demonstrate skills so remote instructors can adequately judge competency must either be assessed at a facility that does, purchase it, rent, or borrow it. CPR manikins must be sanitary and operable. They should permit obstruction of the airway, so the participant can correctly demonstrate necessary airway maneuvers. To ensure the highest quality CPR, manikins should provide audible and visual feedback to both the remote instructor or IT and the participant regarding the rate and depth of chest compressions during CPR training. HSI offers a fully integrated portal that delivers remote hands-on skills verification with blended training options, available 24-7 through the HSI Platform. HSI manages the scheduling, email notifications and digital certification delivery upon completion. For more, see https://emergencycare.hsi.com/remote-skills-verification.

Learning Curve

There is a learning curve for RSV. The remote instructor or IT must gain experience in remotely viewing participant skill performance with sufficient reliability to judge competency. The remote instructor or IT may need to ask participants to speak louder, to reposition, or occasionally ask that a skill be repeated. It will also take some time for participants to become familiar with positioning themselves and adjusting the onsite camera position, so the remote instructor or IT has an adequate view, and the participant can perform effectively. Plan approximately 25% more time than it takes in a traditional classroom to allow for this.

Legal Matters

Occupational Licensing and Regulatory Issues with VILT and RSV

Due to the proliferation of online only "certification" (certification without instructor assessment of participants hands-on skill), many state licensing regulations concerning emergency care training have been revised to require face-to-face or in-person evaluation of skill by a qualified instructor. Certification by VILT/RSV permits remote face-to-face skill evaluation, but a specific regulatory agency may interpret face-to-face to require physical presence in the same location as the student, as opposed to a remote "tele-presence".

RSV/VILT is known to be prohibited in certain regulated occupations in California and New York State where skill practice and evaluation must take place physically in person. HSI strongly recommends that Training Centers verify the consent of the appropriate regulatory or licensing authority prior to any use of RSV/VILT.

Wiretapping

If you plan to record the VILT or RSV session, be aware that there are federal, provincial, and state wiretapping laws that may limit your ability to do so. Federal law and many state wiretapping statutes permit recording if one party to the phone call or conversation consents. Other states require that all parties consent. HSI recommends that the Training Center and instructor or IT get the consent of all parties to a recorded video teleconference.

For more information, see https://www.justia.com/50-state-surveys/recording-phone-calls-and-conversations/.

Classroom Matters

Flexibility

All HSI programs may be adapted to specific requirements of the workplace, except for adaptations that alter the program standards, requirements for certification, or those that are

inconsistent with safe, sensible practice, occupational licensing, or other lawful requirements. For more information, see OSHA's *Best Practices Guide: Fundamentals of a Workplace First-Aid Program.*

Student Books

HSI Student Books contain a sequential presentation of class information. They are excellent teaching aids and a valuable resource for both instructors and students. Student Books are intended for individual use.

Written Exams

HSI implemented open-book exams more than a decade ago. Open-book exams emphasize critical thinking and problem solving over recall of memorized facts and decrease test anxiety.[23] Open book exams mean that students may use reference materials to take exams when they are required. Reference materials include any notes taken during the class, as well as a printed or digital Student Book. Although students may use reference materials while taking the exam, they should not be allowed to openly discuss the exam with other students or the instructor. Their answers should be their own. Instructors may verbally read the exam to the students as necessary without providing the answers.

Student-to-Instructor Ratio in Large Groups

There is no strictly defined student to instructor ratio for communicating the *knowledge* objectives of an HSI training program. In theory, this means that one could use a large space such as a lecture hall for instruction of a large group, so long as acceptable audio-visual equipment such as a large projection screens and microphones are available for the presentation and to help the instructor be heard. However, a lecture hall setting is typically not feasible to conduct the skill practice and evaluations that are required for certification. Consequently, if a large capacity space is used for instruction of a large group (including mass training events), adequate space, such as nearby conference rooms or classrooms, must be available.

Student-to-Instructor Ratio Skill Session Maximums

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

Classroom Simulation Equipment

HSI Instructor Guides specify what simulation equipment is required for classroom use. For optimal realism, CPR manikins should be available for each age group covered (infant, child, and adult). In the absence of child manikins, an adult manikin may be substituted. At least one manikin

manufacturer provides an adjustable chest compression depth feature for both adult and child in a single manikin. For AED trainers, students should be able to connect the AED trainer to a manikin with training pads. The student should also be able to physically push a button to simulate charging the AED and delivering shocks. The training device should give the student step-by-step instructions consistent with standard AEDs.

CPR Feedback Devices

Feedback devices transmit evaluative or corrective information on compression rate, depth, release, and hand position during CPR training. Current resuscitation education science guidelines recommend feedback devices for use during CPR training.[24] The feedback device can be integrated into a manikin or be used as an accessory with it.

HSI strongly recommends the use of an instrumented directive feedback device in all classes that teach the skills of CPR.

Foreign Language Translation

Providing live foreign language translation or interpretation services in the classroom can enhance communication, learning, and engagement for students who are not proficient in the primary language of instruction. Consequently, live foreign language translation is both appropriate and advisable when an instructor fluent in the student's primary language is unavailable.

Classroom Space

Suitable classroom space is necessary for skill sessions. Instructors must ensure a physically safe, comfortable, and appropriate learning environment. The room should be well lit, well ventilated, and comfortable in temperature. Avoid cramped classroom setups. Allow 15 to 17 square feet per participant whenever possible.[25]

Class Equivalency

Individuals holding legitimately earned participant (student) level certification cards issued by authorized instructors and ITs of other recognized training organizations are welcome to participate in a comparable HSI training class for retraining, recertification, or continuing education.

Renewal

The Renewal Class is designed for individuals who are currently certified and want (or are required) to refresh knowledge and skill competency and maintain their certification. Individuals without current certification may *not* participate in a Renewal Class. Without ongoing practice, CPR and first aid skills deteriorate rapidly following initial training and certification, within 1 to 6 months.

Renewal training may improve the effectiveness of training, limit skill deterioration, and improve confidence.[26]

Grace Period

A 30-day grace period is allowed for entry into a renewal class. However, this grace period does not extend the certification period.

Remediation

Occasionally some learners may perform less than adequately or fall short of the necessary objectives to receive a certification card within the time constraints of the class. If, in the instructor's judgment, the student has not met the learning objectives of the program, the student should have an opportunity for remediation. Time and resources permitting, the Instructor or IT should attempt to facilitate improvement in the student's knowledge and/or skills in the same class, or the student may be asked to come back within a reasonable period and retake the test and/or perform the necessary skills. The remediation date should be documented. The degree and extent of remediation depends on many variables that will differ from Training Center to Training Center. There are, however, two general rules: 1) Do not certify anyone who has not earned it, and 2) It is better to have high standards than it is to have low ones. Professionalism, patience, and positive coaching in a relaxed environment of mutual respect should assist most students in reaching their goal of successful completion.

Recognition of Participation

HSI recommends that Training Centers issue an HSI "Recognition of Participation" document to individuals who participated in an entire HSI class but who did not or could not meet the certification requirements. For example, a student's physical disability prevented them from being able to provide proper chest compressions. As they could not properly perform the skill, they may not be issued a certification card. Another reason to issue a HSI "Recognition of Participation" document instead of an HSI certification card is when a person or persons participated in a class, but did not meet the certification requirements, including passing the Written Exam or Performance Evaluation when required by the Program Standard. These documents cannot be substituted for issuing an HSI certification card to those that legitimately earn them. Log in to the HSI Platform to download these documents.

Diversity

When authorizing instructors, HSI does not discriminate based on gender-identity, ethnicity, religion, age, disability, socioeconomic status, and/or sexual orientation. Likewise, authorized instructors and ITs teach programs in front of a diverse audience - racially, ethnically, linguistically, culturally, background, national origin, religious and political belief, age, physical ability, and sexual orientation. A professional commitment to diversity requires an atmosphere that

encourages learning and communication among people with diverse backgrounds, abilities, and perspectives. Authorized instructors and ITs should aspire to attitudes and actions that foster respect and consideration for all individuals and groups. Their classrooms should be free from discrimination, harassment, prejudice, and abusive behaviors. The following are general guidelines to promote uniformity, clarity, and the highest level of professionalism in all HSI training classes.

General Diversity Guidelines

General

1. Require participation of all students.
2. Treat all students equally.
3. Admit when you don't know the answer to something and then follow up. This helps build trust.
4. Assume that your students can perform all skills unless they demonstrate otherwise.

Gender/Appearance

1. Establish a professional atmosphere comfortable for all students.
2. Give all students equal attention and constructive feedback.
3. If you observe students making sexist remarks, whether in front of the whole class or in smaller groups, it is best to confront the student(s) privately and tell them that such remarks are inappropriate.
4. Do not comment on physical appearance.
5. Do not make remarks that belittle students, even when intended as humor, as these may constitute sexual harassment.
6. Avoid using words ending in "man" (example, policeman or fireman). Instead, use firefighter, police officer, etc.

Race/Ethnicity

1. Get to know your students at the beginning of the class and learn to pronounce their names correctly.
2. Do not assume the racial identity or ethnic affiliation of a student based on his/her physical appearance.
3. Be aware of the diverse composition of an ethnic group or community.
4. Avoid using racial categories to describe groups or individuals unless there is a legitimate reason for doing so (i.e., for identification purposes).

Sexual/Gender Orientation

1. Unless you are answering a student's question, there is no reason to discuss sexual or gender orientation in any program.
2. Instructors' personal feelings regarding sexual and gender orientation have no place in the classroom.

Age

1. Do not make older or younger students feel excluded or singled out.
2. Do not feel intimidated by a difference in age.
3. Take advantage of the life experience as well as the different perspectives the older students bring into your class.

Religion and Political Beliefs

1. Assume that your students have diverse religious and political views.
2. Assume each student has their specific beliefs and rituals and cannot "speak for" an entire religion.
3. Never criticize a religious or political belief.
4. Show respect for all religious and political beliefs.
5. Avoid discussions involving religious or political beliefs that are not relevant to the topic.
6. Instructors' personal feelings regarding religion and political beliefs have no place in the classroom.

Disability

1. Make reasonable accommodation when students are unable to perform at the same level as the rest of the class (i.e., modifying skills sessions, arranging for the assistance of a sign interpreter, etc.)

Learning Environment

The ideal learning environment is comfortable, efficient, and distraction free with enough space, seating, resources, and equipment. However, instructors must often create a makeshift classroom out of a noisy shop floor, poorly lit cafeteria, or cramped conference room. Such challenges should be anticipated, and the learning environment be made as favorable as possible. Most HSI training programs require hands-on practice and evaluation of skills. Instructors should ensure that adequate and appropriate space for these activities is provided. With personal safety and professionalism in mind, *HSI strongly advises against conducting classes in the place where one lives - particularly private, one-to-one classes*. Whenever possible, training should take place in a professional business setting, office, or meeting space.

Student Illness

Training Centers should advise students not to attend class if they are feeling ill or exhibiting any of the following symptoms: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting or diarrhea.

Participants must meet all requirements for certification. Training Centers should offer reasonable assistance in making up missed work (e.g., planning for class or skill sessions which meet at other times). In the classroom, Instructors should activate EMS for any student who appears weak,

seriously ill, or in severe pain. Calm, reassure and care for the student until EMS personnel take over.

Minimizing the Risk of Disease Transmission

There have been no documented cases where the use of CPR training manikins has been responsible for the transmission of bacterial, fungal, or viral diseases.[27] [28] To continue to protect the health and safety of students and instructors and prevent the spread of infectious diseases, HSI Instructors and students should:

1. Wash their hands often with soap and water for at least 20 seconds. Keeping hands clean is one of the most important steps instructors and students can take to avoid getting sick and spreading germs to others. For more information, visit the Centers for Disease Control and Prevention hand washing website.
2. In addition to washing hands with soap and water, HSI recommends that alcohol-based hand rubs be made available during training and be used by all instructors and students before, during, and after training.[§]
3. Follow all recommendations regarding decontamination and sanitary practice supplied by the manufacturer of the manikins used during training.
4. Provide participants with sanitary personal protective equipment, including but not limited to face shields, pocket masks with one-way valves, HEPA filters, and gloves.
5. Not participating in training if they are ill or if their hands, mouth, or lips have uncovered open wounds or sores.
6. Take all other reasonable precautions to minimize the risk of infectious disease transmission.

Preventing Injury

To protect the health and safety of students and instructors and to prevent injury, HSI Instructors should:

1. Warn students to avoid awkward or extreme postures of the body. Improper lifting and moving is a leading cause of back injury. All students must pay attention to proper lifting and moving techniques during practice.
2. Warn students that classroom activities involving lifting and moving may aggravate previous back injuries and they should not practice moving simulated victims/patients if they have a history of back problems.
3. Certain psychomotor skills are not appropriate for student-on-student practice and must be performed on training manikins designed for that purpose. Examples of these skills

[§]Instructors and students should not use alcohol-based hand sanitizers if conducting training with medical oxygen. Ignition of alcohol-based hand sanitizers in oxygen-enriched environments (for example, by a static electricity spark) can lead to serious fires and injury.

include abdominal thrusts, rescue breathing, administration of medical oxygen, chest compressions, defibrillation, or any invasive procedure involving cutting or puncturing the skin or by inserting instruments into the body.

4. Ensure a physically safe learning environment. Make sure there are no obvious hazards in the classroom such as extension cords that present a tripping hazard.
5. Verify that each AED Trainer is not a live AED, and the device is incapable of delivering a shock. Never connect a live AED or an AED training device to a human being during training.
6. Under no circumstances should a live auto injector be used for training.
7. Know and share with students:
   a. The location of the nearest telephone.
   b. The location of the fire/emergency exits, fire alarm pull stations, and best emergency evacuation route.
   c. The location of the first aid kit, AED, medical oxygen, and fire extinguisher.
   d. An occupationally specific emergency plan in case of severe injury or illness.
8. Discourage students from smoking, eating, and engaging in inappropriate behavior.

Acceptance, Approval, and Accreditation

Log in to the HSI Platform to access this information in the approval database.

Legislative Monitoring and Advocacy

HSI regulatory, accreditation, and quality assurance staff monitors laws and regulations affecting its health and safety training programs. HSI works diligently to ensure that its programs comply with laws and administrative rules. HSI regularly communicates with regulatory authorities to promote changing administrative rules that restrain competition or unfairly grant an exclusive market to other nationally recognized organizations.

It is important to understand that in North America there is no single board, commission, bureau, office, or agency that provides review, endorsement, acceptance, recognition, or approval of first aid, CPR AED, BLS, or numerous other health and safety-related programs on a national level. Approval occurs at the state or federal agency level. The environment consists of countless regulations concerning health and safety that are administered and enforced by a multitude of state and federal personnel.

HSI appraises hundreds of active bills and thousands of proposed regulations moving through the legislative and rulemaking process. Some directly affect safety and health training. In this technically and legally complex, bureaucratic, fluctuating, and political setting, it is not possible to guarantee that any HSI training program will always be accepted or approved to meet a specific

regulatory or occupational licensing requirement. *Consequently, HSI approved Training Centers and Authorized Instructors and ITs must be completely familiar with the state licensing regulations and occupational requirements of people to whom they offer training and certification.* Training Centers and authorized instructors and ITs should not advertise, represent, or otherwise promote that their classes will meet specific regulatory requirements unless and until such is confirmed with the state or provincial licensing authority and/or HSI. Training Centers and their authorized instructors and ITs assume the responsibility for the appropriate and lawful use of any HSI training program.

Prospective students should be encouraged to check with their employer or accrediting, credentialing, or licensing agency to ensure HSI certification is accepted, approved, or meets the requirements before beginning training.

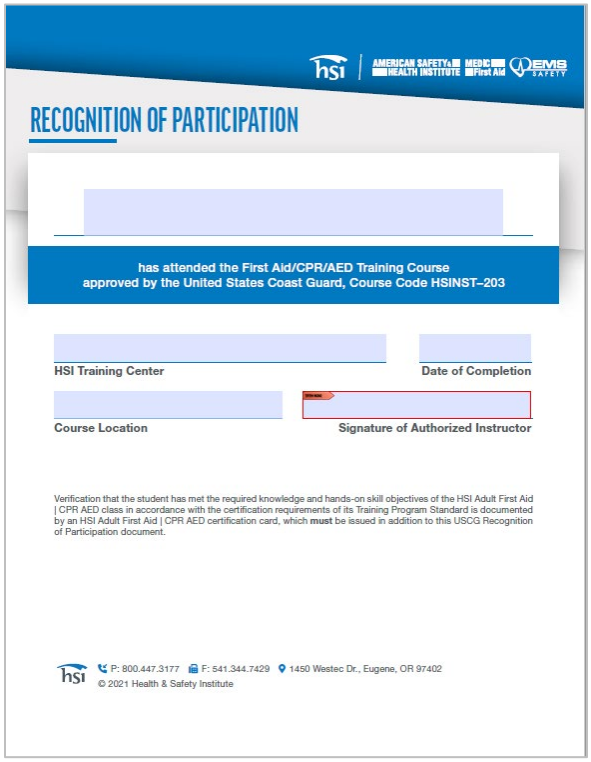
United States Coast Guard (USCG) Certification and Credential Requirements for Mariners

All mariners (persons employed in a sea-going vessel) employed aboard U.S. merchant vessels and operators of uninspected passenger vessels (such as charter fishing guides and tour boat operators) are required to have a currently valid certificate of completion of an USCG approved first aid and CPR class. HSI Adult First Aid | CPR AED (Version 9.0) is approved effective May 1, 2022, by the USGC/NMC for the purpose of satisfying the First Aid and CPR training requirements of 46 CFR 11.201(i)(1) and 46 CFR 11.205(i)(2)(iii) for a merchant mariner credential. All certificates provided to students completing a USCG approved class MUST contain the following specific information:

1. Name of the class or program.
2. Name of the training organization.
3. A specific class code, which will be provided by the National Maritime Center.
4. Date of completion.
5. Location where the training was conducted.
6. Name of the Student.
7. Signature of authorized representative of the school.

To facilitate these requirements, **a USCG approved HSI Recognition of Participation document must be issued to each student** along with the HSI Adult First Aid | CPR AED certification card (Fig. 6). No other class completion documents or certification cards may be legitimately issued as a substitute for USCG approved HSI class. *The USCG HSI Recognition of Participation document is not a certificate of successful completion and does not replace a certification card.* See the document package titled "United States Coast Guard Regulatory Compliance Requirements for Training U.S.

Mariners", available in the approval section of the HSI Platform- https://hsi.com/login>Dashboard>Approvals.


RECOGNITION OF PARTICIPATION

has attended the First Aid/CPR/AED Training Course
approved by the United States Coast Guard, Course Code HSINST-203

HSI Training Center

Date of Completion

Course Location

Signature of Authorized Instructor

Verification that the student has met the required knowledge and hands-on skill objectives of the HSI Adult First Aid | CPR AED class in accordance with the certification requirements of its Training Program Standard is documented by an HSI Adult First Aid | CPR AED certification card, which **must** be issued in addition to this USCG Recognition of Participation document.

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Training Centers and Authorized Instructors and ITs that offer mariner training and certification will need to issue (and Mariners must present) **BOTH** documents to meet the regulatory requirements for a Merchant Mariner Credential.

Marketing Statement

As long as the Training Center remains approved and its instructors remain current and authorized by HSI, and as long as the HSI Adult First Aid | CPR AED is taught and documented according to the applicable TC and Program Standards and the USGC/NMC Certification and Credential Requirements for Mariners described here, the TC may use the following language on its marketing materials; *"[TC Name] is an HSI approved provider of USCG FA CPR AED courses*".

Figure 6

For questions about providing credentials to Mariners please contact the National Maritime Center (NMC) Customer Service Center (Phone:1-888-427-5662, Email: iasknmc@uscg.mil).

The USCG approval for the ASHI, MEDIC First Aid, and EMS Safety courses expired December 31, 2022. The G2020 HSI Adult First Aid | CPR AED training program (Version 9.0) is the ONLY USCG APPROVED PROGRAM for this purpose at this time. Specific conditions apply. For more, download the United States Coast Guard Regulatory Compliance Requirements for Training U.S. Mariners from the HSI Platform.

The Joint Commission Resuscitation Standard

The Joint Commission is an independent, not-for-profit organization that accredits and certifies health care organizations and programs in the United States. The Joint Commission's Revised Requirements for Resuscitation - Standard PC.02.01.11 (Effective January 1, 2022) - requires "Resuscitative services are available throughout the hospital." The format and content of education and training are determined by the hospital.[29]

Training Program Quality Assurance

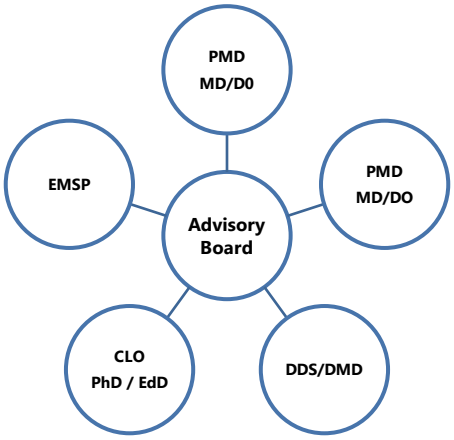

Figure 7

HSI Advisory Board

HSI's Advisory Board is responsible for reviewing the medical and educational content of our accredited and non-accredited training programs and classes. Advisory Board members provide clarification, guidance, expert review, and recommendations to ensure our medical training content is accurate and current. Advisory Board Members include two Physician Medical Directors, a licensed Dentist, Chief Learning Officer, and licensed EMS Professional (Figure 7).

"Rate Your Program"

Encouraging class participants to provide feedback and then using that feedback to improve instruction is an essential aspect of any quality educational effort. HSI requires that students be given the opportunity to evaluate their HSI class using the "Rate Your Program" digital or paper-based class evaluation form. All information obtained by HSI through this process is reviewed and shared with the Training Center, Instructor, or IT as appropriate.

Professional Membership

HSI is a member of the following professional organizations:

1. American National Standards Institute. ANSI promotes and facilitates U.S. voluntary consensus standards and conformity assessment systems.
2. The Council on Licensure, Enforcement and Regulation. CLEAR is the premiere international resource for professional regulation stakeholders.

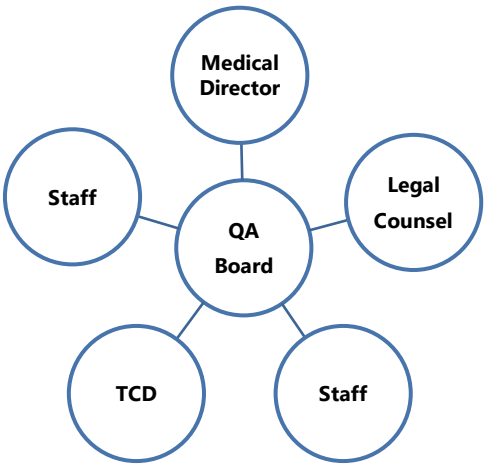

Figure 8

Quality Assurance Board

The goal of the Quality Assurance Board is to resolve complaints and to monitor and improve the performance of HSI, its Training Centers, and Authorized Instructors and ITs so that the products and services provided satisfy the requirements of regulatory authorities and other approvers. Its membership consists of a Physician Medical Director, legal counsel, at least two HSI senior management staff, and an external, independent Training Center Director (Figure 8).

Registry Status Database

Training Center approval and instructor or IT authorization are maintained in HSI's Registry. An identification number is assigned to each approved Training Center, and a registry number is assigned to each authorized instructor and IT. As part of our commitment to Quality Assurance, HSI maintains an online registry status database of all approved Training Centers, authorized instructors and ITs (both current and past). Using the search tool regulators, employers, and prospective customers can verify the status of the Training Center and of the authorized instructor or IT:

- **Active:** The Training Center is approved to provide classes. The instructor or IT is authorized to issue HSI certification cards (or in the case of ITs, to certify an individual has successfully completed the IDC).
- **Inactive:** The Training Center is not approved to provide classes. The instructor or IT is not authorized to issue HSI certification cards (or in the case of ITs, not authorized to certify an individual has successfully completed the IDC).
- **Expired/Lapsed:** The instructor or IT's authorization period has ended, and they must requalify and reauthorize. The instructor or IT is not authorized to issue HSI certification cards (or in the case of ITs, not authorized to certify an individual has successfully completed the IDC).
- **Suspended:** There is an unresolved quality assurance matter. The Training Center is not approved to provide classes. The instructor or IT is not authorized to issue HSI certification cards (or in the case of ITs, not authorized to certify an individual has successfully completed the IDC).

- **Revoked:** A quality assurance matter has resulted in revocation. The Training Center or instructor or IT relationship with HSI no longer exists. The Training Center is not approved to provide classes. The instructor or IT is not authorized to issue HSI certification cards (or in the case of ITs, not authorized to certify an individual has successfully completed the IDC).

DISCLAIMER

These standards and guidelines for quality assurance are not intended to be all-inclusive or to address all the possible applications interpretations, or exceptions to the standards and guidelines described. For that reason, any questions concerning the applicability of these standards and guidelines should be directed to Regulatory, Accreditation, and Quality Assurance staff. These standards and guidelines for quality assurance may be modified or discontinued by HSI from time to time. Every attempt will be made to inform Training Centers and Authorized Instructors and ITs when these documents are revised. However, it is the responsibility of Training Centers and Authorized Instructors and ITs to keep current with these standards and guidelines and to request any clarification needed. Violation of HSI's standards may result in disciplinary action, including revocation of Training Center approval and instructor or IT authorization. HSI is not a professional accreditor recognized by the U.S. Department of Education or the Council for Higher Education Accreditation. This material does not constitute and is not a substitute for legal advice.

Authentic HSI certification cards, certificates, or continuing education credit hours may not be recognized or accepted by certain occupational licensing agencies or employers.

References

[1] Merriam-Webster, Incorporated Available: http://www.merriam-webster.com/dictionary/guideline [Retrieved 4/23/2026]

[2] Anderson ML, et al. Rates of cardiopulmonary resuscitation training in the United States. JAMA Intern Med. 2014 Feb 1;174(2):194-201 Available: https://pubmed.ncbi.nlm.nih.gov/24247329/ [Retrieved 4/23/2026]

[3]2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association. Awareness and Treatment Available: https://www.ahajournals.org/doi/10.1161/CIR.0000000000001209 [Retrieved 4/23/2026]

[4] National Center for Biotechnology Information, U.S. National Library of Medicine, PubMed literature search Available: https://tinyurl.com/yajjv44g [Retrieved 4/23/2026]

[5] Evaluation of Evidence-Based Practices in Online Learning: A Meta-Analysis and Review of Online Learning Studies. U.S. Department of Education, Office of Planning, Evaluation, and Policy Development, Policy and Program Studies Service Revised September 2010 Available: https://www2.ed.gov/rschstat/eval/tech/evidence-based-practices/finalreport.pdf [Retrieved 4/23/2026]

[6] Greif R, et al. Education, Implementation, and Teams Task Force Collaborators. Education, Implementation, and Teams: 2025 International Liaison Committee on Resuscitation Consensus on Science With Treatment Recommendations. Circulation. 2025 Oct 21;152(16_suppl_1):S205-S249. doi: 10.1161/CIR.0000000000001359. Epub 2025 Oct 22. PMID: 41122840. [Retrieved 4/23/2026]

[7] Kleinman ME, et al. Part 7: Adult Basic Life Support: 2025 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation. 2025 Oct 21;152(16_suppl_2):S448-S478. doi: 10.1161/CIR.0000000000001369. Epub 2025 Oct 22. PMID: 41122888. [Retrieved 4/23/2026]

[8] See also; TUPAY v. MAXIM HEALTHCARE SVCS INC., Dist. Court, D. Connecticut 2015 [Retrieved 4/23/2026]

[9] CAPCE represents only that its accredited programs have met CAPCE standards for accreditation. CAPCE accreditation does not represent that the content conforms to any national, state or local standard or best practice of any nature.

[10] Elford R. Telemedicine activities at memorial University of Newfoundland: a historical review, 1975-1997. Telemed J. 1998 Fall; 4(3):207-24. Available: https://pubmed.ncbi.nlm.nih.gov/9831746/ [Retrieved 4/23/2026]

[11] Virtual Instructor-Led Training (VILT). Available: https://trainingindustry.com/wiki/remote-learning/virtual-instructor-led-training-vilt/ [Retrieved 4/23/2026]

[12] Commission on Accreditation for Pre-Hospital Continuing Education, 2020 Accreditation Manual 2.8 Virtual Instructor Led Training (VILT) Activities pg. 34.

[13] Weeks DL, Molsberry DM. Pediatric advanced life support re-training by videoconferencing compared to face-to-face instruction: a planned non-inferiority trial. *Resuscitation. 2008 Oct; 79(1):109-17.* Available: https://pubmed.ncbi.nlm.nih.gov/18617310/ [Retrieved 4/23/2026]

[14] Haney M, et al. A comparison of tele-education versus conventional lectures in wound care knowledge and skill acquisition. *J Telemed Telecare*. 2012 Mar;18(2):79-81 Available: https://pubmed.ncbi.nlm.nih.gov/22198960/ [Retrieved 4/23/2026]

[15] Weeks DL, Molsberry DM. Feasibility and reliability of remote assessment of PALS psychomotor skills via interactive videoconferencing. *Resuscitation*. 2009 Mar; 80(3):354-8. Available: https://pubmed.ncbi.nlm.nih.gov/19150165/ [Retrieved 4/23/2026]

[16] Okrainec et al. Remote FLS testing in the real world: ready for "prime time". *Surg Endosc*. 2015 Nov 18. Available: https://pubmed.ncbi.nlm.nih.gov/26581618/ [Retrieved 4/23/2026]

[17] Mikrogianakis A. et al. Telesimulation: an innovative and effective tool for teaching novel intraosseous insertion techniques in developing countries. *Acad Emerg Med*. 2011 Apr;18(4):420-7. Available: https://pubmed.ncbi.nlm.nih.gov/21496146/ [Retrieved 4/23/2026]

[18] Jain A, Agarwal R, Chawla D, Paul V, Deorari A. Tele-education vs. classroom training of neonatal resuscitation: a randomized trial. *J Perinatol*. 2010 Apr 1. Available: https://pubmed.ncbi.nlm.nih.gov/20357810/ [Retrieved 4/23/2026]

[19] Reynolds PA, Eaton KA, Mason R. Seeing is believing: dental education benefits from developments in videoconferencing. *Br Dent J*. 2008 Jan 26; 204(2):87-92. Available: https://pubmed.ncbi.nlm.nih.gov/18223586/ [Retrieved 4/23/2026]

[20] Han S, Park HJ, Nah S, Lee EH, Lee HJ, Park JO, Lee CA. Instructor-led distance learning for training students in cardiopulmonary resuscitation: A randomized controlled study. PLoS One. 2021 May 6;16(5):e0251277. doi: 10.1371/journal.pone.0251277. PMID: 33956873; PMCID: PMC8101908. [Retrieved 4/23/2026]

[21] Available: https://www.redcross.org/take-a-class/train-my-employees [Retrieved 4/23/2026]

[22] Available: https://cpr.heart.org/en/cpr-courses-and-kits/heartsaver/heartsaver-virtual [Retrieved 4/23/2026]

[23] Afshin Gharib and William Phillips. Test Anxiety and Performance on Open Book and Cheat Sheet Exams in Introductory Psychology. Available: https://files.eric.ed.gov/fulltext/ED537423.pdf [Retrieved 4/23/2026]

[24] Donoghue AJ, et al. Part 12: Resuscitation Education Science: 2025 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation. 2025 Oct 21;152(16_suppl_2):S719-S750. doi: 10.1161/CIR.0000000000001374. Epub 2025 Oct 22. PMID: 41122895. [Retrieved 4/23/2026]

[25] Laird, Holton, Naquin. Approaches to Training and Development: Third Edition Revised and Updated (New Perspectives in Organizational Learning, Performance, and Change) 2003. Available: https://www.amazon.com/Approaches-Training-Development-Perspectives-Organizational/dp/0738206989 [Retrieved 4/23/2026]

[26] Cheng A, et al. Resuscitation Education Science: Educational Strategies to Improve Outcomes from Cardiac Arrest A Scientific Statement From the American Heart Association, *Circulation*. 2018; 138:00 Available: https://pubmed.ncbi.nlm.nih.gov/29930020/ [Retrieved 4/23/2026]

[27] Mejicano GC, Maki DG. Infections acquired during cardiopulmonary resuscitation: estimating the risk and defining strategies for prevention. *Ann Intern Med*. 1998 Nov 15; 129 (10):813-28. Available: https://pubmed.ncbi.nlm.nih.gov/9841588/ [Retrieved 4/23/2026]

[28] Sun D, Bennett RB, Archibald DW. Risk of acquiring AIDS from salivary exchange through cardiopulmonary resuscitation courses and mouth-to-mouth resuscitation. Semin Dermatol. 1995;14(3):205–211. Available: https://pubmed.ncbi.nlm.nih.gov/7488536/ [Retrieved 4/23/2026]

[29] What are the key concepts organizations need to understand regarding the new Resuscitative Services requirements? ©2025 The Joint Commission Available: https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/provision-of-care-treatment-and-services-pc/000002366/ [Retrieved 4/23/2026]